

# STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON DIRECTOR

October 14, 2019

Keri Rosenbloom Toback, Project Officer Division of Medicaid and Children's Health Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601

Dear Ms. Rosenbloom-Toback,

Re: Project Number 11-W-00245/5 – Healthy Michigan Plan

Enclosed is the quarterly report for Healthy Michigan Plan. It covers the second quarter of calendar year 2019. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

Should you have any questions related to the information contained in this report, please contact Jacqueline Coleman by phone at (517) 284-1190, or by e-mail at colemanj@michigan.gov.

Sincerely,

Penny Rutledge, Director Actuarial Division

cc: Ruth Hughes Angela Garner

Enclosure (3)

1. Title page for the state's eligibility and coverage policies demonstration or eligibility and coverage policies components of the broader demonstration

State	Michigan
Demonstration name	Healthy Michigan Plan Project No. 11-W-00245/5
Approval date	December 21, 2018
Approval period	January 1, 2019 through December 31, 2023
Implementation date	January 1, 2020

#### 2. Executive summary

On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the FPL. To accompany this expansion, the Michigan "Adult Benefits Waiver" was amended and transformed to establish the Healthy Michigan Plan (HMP), through which the state intended to test innovative approaches to beneficiary cost sharing and financial responsibility for care for the new adult eligibility group, which was authorized under section 1902(a)(10)(A)(i)(VIII) of the Act (the "adult group"). Beneficiaries receiving coverage under the sunsetting ABW program transitioned to the state plan and the HMP on April 1, 2014. Individuals in the new adult population with incomes above 100 percent of the FPL are required to make contributions equal to two percent of their family income toward the cost of their health care. In addition, all newly eligible adults with income from 0 to 133 percent of the FPL are required to pay copayments through an account operated in coordination with the Medicaid Health Plan (MHP).

A MI Health Account was established for each enrolled individual to track beneficiaries' contributions and how they were expended. Beneficiaries receive quarterly statements that summarized the MI Health Account funds balance and flows of funds into and out of the account, and the use of funds for health care service copayments. Beneficiaries have opportunities to reduce their regular monthly contributions or average utilization based contributions by demonstrating achievement of recommended Healthy Behaviors. HMP beneficiaries receive a full health care benefit package as required under the Affordable Care Act, which includes all of the Essential Health Benefits and the requirements for an alternative benefit plan, as required by federal law and regulation, and there are no limits on the number of individuals who can enroll.

In September 2015, the state sought CMS approval of an amendment to HMP to implement additional directives contained in the state law (Public Act 107 of 2013). CMS approved the amendment on December 17, 2015, which effectuated the Marketplace Option, a premium assistance program for a subset of HMP eligible beneficiaries. However, the Marketplace Option was never implemented. In December 2017, the state submitted an application to extend the HMP demonstration. In September 2018, the state submitted an additional application to amend certain elements of the HMP to comply with new state law provisions, including a community engagement requirement, and changes to eligibility for health care coverage and cost-sharing requirements for certain beneficiaries. The state also requested to end the Marketplace Option program.

As approved, beneficiaries in the demonstration between 100 percent and 133 percent of the FPL who have had 48 months of cumulative eligibility for health care coverage through HMP will be required to pay premiums of five percent of income and have completed a health risk assessment (HRA) at their next redetermination or have engaged in specified healthy behaviors within the twelve month period prior to the annual redetermination deadline as conditions of eligibility. Additionally, beneficiaries ages 19 through 62 will be required to meet a community engagement requirement as a condition of HMP eligibility.

## 3. Narrative information on implementation, by eligibility and coverage policy

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_1. Specify community enga	agement policies		
CE.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to the overall community engagement enrollment count.  Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	CE_1-8	The state's Community Engagement requirements do not begin until January 1, 2020.
1.1.2 Discuss any data trends related to community engagement requirement qualifying activities.  Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	CE_9-14	The state's Community Engagement requirements do not begin until January 1, 2020.
1.1.3 Discuss any data trends related to beneficiaries exempt from community engagement requirements. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	CE_15-24	The state's Community Engagement requirements do not begin until January 1, 2020.
☐ The state has no metrics related to	this reporting topic		

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_1.2 Implementation updat	e		
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines:  a) Beneficiaries exempt from community engagement requirements  b) Qualifying community engagement activities and required hours  c) Reporting frequency and hours measurement  d) Situations that give rise to good cause  e) Compliance actions  f) Other policy changes	DY 10 – Q2		The state submitted its draft Implementation Plan to CMS shortly after the end of this reporting quarter. The state was awaiting pending state legislation this quarter regarding Community Engagement hours requirements, reporting frequency and hours measurement, and opportunity to cure/grace periods. The legislation (Public Act 50 of 2019) was passed after the reporting quarter and is expected to reduce barriers to Community Engagement reporting.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_2. Establish beneficiary s	upports and modi	fications	
CE.Mod_2.1 Metric trends			
<ul> <li>2.1.1 Discuss any data trends related to supports and assistance:</li> <li>a) Overall</li> <li>b) Transportation assistance</li> <li>c) Childcare assistance</li> <li>d) Language supports</li> <li>e) Assistance with placement</li> <li>f) Other supports, including assistance from other agencies and entities complementing Medicaid efforts</li> <li>Describe and explain changes</li> <li>(+ or -) greater than two percent.</li> </ul>	DY 10 – Q2	CE 25-30	The state's Community Engagement requirements do not begin until January 1, 2020. The state is exploring data sources to provide a meaningful metric for beneficiary supports.  The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
2.1.2 Discuss any data trends related to beneficiaries who request or are granted reasonable modifications to community engagement requirements due to disability.  Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	CE 31-32	The state's Community Engagement requirements do not begin until January 1, 2020. The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_2.2 Implementation updat	e		
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in provided transportation, childcare assistance, language supports, placement assistance, or other supports, including assistance from other agencies and entities complementing Medicaid efforts.	DY 10 – Q2		The state submitted its draft Implementation Plan to CMS shortly after the end of this reporting quarter. No additional changes have been made to the demonstration design. Michigan is working to identify additional beneficiary supports and will be providing updated information when available.
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in public programs that the state Medicaid agency is partnering with to leverage existing employment and training supports.	DY 10 – Q2		Michigan will leverage its existing partnerships to provide employment and training supports. The state is working to identify additional beneficiary employment and training supports and will be providing updated information when available.
2.2.3 Describe any other program changes that have impacted the availability and accessibility of community engagement activities.	DY 10 – Q2		The state is continuing to explore ways to support the availability and accessibility of community engagement activities.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
2.2.4 Compared to the demonstration design details outlined implementation plan, describe any changes or expected changes to how the state provides reasonable modifications for beneficiaries with disabilities or connects beneficiaries with disabilities to needed supports and services.	DY 10 – Q2		MDHHS is working to identify how to connect beneficiaries with disabilities to needed supports and services and will be providing updated information when available.  MDHHS will be compliant with ADA requirements.

<sup>☑</sup> The state has no implementation updates to report for this reporting topic.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_3. Establish procedures for	r enrollment, veri	fication and 1	reporting
CE.Mod_3.1 Metric trends – No met	tric trend analysis	is required fo	r this reporting topic.
CE.Mod_3.2 Implementation update	e		
<ul> <li>3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges to the state's:</li> <li>a) Application/enrollment processes to identify beneficiaries subject to or exempt from CE</li> <li>b) Renewal processes for the CE demonstration population</li> <li>c) Other planned modifications to the state's eligibility determination and enrollment processes and operations as a result of implementation of CE requirements.</li> </ul>	DY 10 – Q2		The state submitted its draft Implementation Plan to CMS shortly after the end of this reporting quarter. No additional changes have been made to the demonstration design. Michigan will be making changes to its paper and electronic Medicaid applications to allow exemption attestation and reporting of community engagement compliance for those previously noncompliant. The state is also making changes to its redetermination packets to allow beneficiaries to attest to exemptions. Michigan plans to modify eligibility determination logic to recognize exemptions before enforcing community engagement reporting requirements and/or closures for noncompliance.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.2.2 From the design details outlined in the implementation plan, describe any changes or challenges with the state's procedures for beneficiaries to report community engagement activities.	DY 10 – Q2		As described in section 1.2.1, the state has passed legislation that will offer members an opportunity to cure previous months of non-compliance. This will allow beneficiaries to attest to an exemption or the completion of qualifying activities within a 60-day calendar reporting period.
3.2.3 From the design details outlined in the implementation plan, describe any changes or challenges with the state's procedures for CE entities, such as employers, volunteer supervisors, schools, and other institutions, to report community engagement activities, if applicable.	DY 10 – Q2		The State is working to educate community partners so they can assist beneficiaries with reporting (e.g., use of community partner resources [computers]). Michigan does not plan to develop the capacity for other entities to directly report individual beneficiary compliance at this time, but will continue to explore options to decrease barriers to reporting.
3.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state's process for beneficiaries to file for an exemption.	DY 10 – Q2		Exemptions will be reported through the MI Bridges (online electronic portal) and via telephone Interactive Voice Response (IVR). There will be an option to speak to a Customer Service Representative (CSR) to report compliance. Additionally, the state has developed a paper form to report exemptions through January 31, 2020. The state does not expect changes to the state's process for beneficiaries to file for an exemption.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how the state will verify beneficiaries' compliance with CE requirements.	DY 10 – Q2		In Michigan, compliance reviews will be completed by the centrally located Special Processing Office (SPO). The department will sample 10% of beneficiaries who report compliance or are deemed in a compliance activity. Compliance reviews will included a review of case records and use other sources available to determine compliance. Instances where information is not obtained or does not support the compliance activity will be subject to additional review that may include a referral to the Office of Inspector General (OIG) and/or removal of the compliance month that will be replaced with a countable non-compliant month. Michigan is working with CMS to define this process.
3.2.6 Describe the actions taken by the state to use additional data sources or leverage other entities to verify compliance with or identify potential exemptions from CE requirements.	DY 10 – Q2		Michigan will utilize Bridges to identify TANF and SNAP recipients and exempt this population from community engagement reporting requirements. MDHHS SPO staff will utilize system data sources, external data sources such as Equifax, or a Verification Check List to request verification directly from a beneficiary to verify compliance or identify potential exemptions.

The state has no implementation updates to report for this reporting topic.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_4. Operationalize strategie	s for noncomplia	nce	
CE.Mod_4.1 Metric trends			
<ul> <li>4.1.1 Discuss any data trends related to the number of beneficiaries who have experienced:</li> <li>a) new suspensions</li> <li>b) new disenrollments</li> <li>Describe and explain changes</li> <li>(+ or -) greater than two percent.</li> </ul>	DY 10 – Q2	CE_33-34	The state's Community Engagement requirements do not begin until January 1, 2020.
4.1.2 Discuss any data trends related to the number of beneficiaries who have experienced reinstatement of benefits after suspension. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	CE_35-40	The state's Community Engagement requirements do not begin until January 1, 2020. The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
4.1.3 Discuss any data trends related to the number of beneficiaries who have experienced re-entry after disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	CE_41-46	The state's Community Engagement requirements do not begin until January 1, 2020. The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_4.2 Implementation update	e		
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to policies around identifying beneficiaries at risk of noncompliance and strategies to assist beneficiaries at risk of noncompliance in meeting the requirements.	DY 10 – Q2		The state submitted its draft Implementation Plan to CMS shortly after the end of this reporting quarter. No additional changes have been made to the demonstration design. The State is developing system functionality to identify and track "failed" months. Michigan will send a letter to each beneficiary after every "failed" non-compliance month (a month in which the beneficiary had a reporting requirement and failed to report qualifying activity compliance, failed to report an exemption, or attested to not meeting community engagement requirements).
4.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process for compliance actions or benefit reactivation (from suspension) and/or reenrollment (from termination) once community engagement requirements are met.	DY 10 – Q2		Once a beneficiary who is not exempt has reached the third "failed" month, they will receive a closure notice more than 10 days before a negative action takes place. This notice will include instructions on opportunity to cure per state legislation. Once the beneficiary's HMP case closes for non-compliance with community engagement requirements, they must serve a one-month penalty period. After that time, they may reapply and attest to completing the requisite qualifying activities to gain eligibility. Michigan will develop a new functionality to track those beneficiaries who lose coverage for non-compliance.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
4.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how a beneficiary who is about to be suspended or disenrolled will be screened for other Medicaid eligibility groups.	DY 10 – Q2		Michigan will utilize current functionality in Bridges to cascade through the Medicaid categories as well as utilization of the established ex-parte review process before certification of Healthy Michigan Plan closure.
4.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes from the current renewal process, including changes for beneficiaries in suspension status due to noncompliance with CE requirements.	DY 10 – Q2		The state is making changes to its redetermination packet to allow beneficiary exemption self-attestation.
4.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process by which beneficiaries may reenroll after disenrollment or suspension for failure to comply with CE requirements.	DY 10 – Q2		Michigan will add questions to the Health Care Coverage applications (paper and electronic) to collect beneficiary attestation of compliance with community engagement requirements in any of the previous 12 months (including the application month) for which the month has not already been reported, as well as add questions to collect attestation to an exemption. Beneficiaries attesting to an exemption will be approved without having to serve the penalty month. Beneficiaries attesting to completion of qualifying activities will be approved for the first eligible month following the penalty month.

Prompts	Demonstration year (DY) and quarter first reported		Summary	
4.2.6 Report any modifications to the appeals processes for beneficiaries enrolled in the 1115 CE demonstration.	DY 10 – Q2		Michigan will utilize the current appeals process for beneficiaries enrolled in the community engagement demonstration, including appeals for disenrollment for noncompliance and denials of exemption requests.	
☐ The state has no implementation updates to report for this reporting topic.				

In e state has no implementation updates to report for this reporting topic.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_5. Develop comprehensive	communications	strategy	
CE.Mod_5.1 Metric trends - No me	tric trend analysis	is required for	r this reporting topic
CE.Mod_5.2 Implementation update	e		
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any change or expected changes to the state's strategy to communicate with beneficiaries about:  a) General CE policies b) Exempt populations and good cause circumstances c) Suspension or disenrollment for noncompliance d) Reactivation following suspension or reentry after disenrollment for noncompliance	DY 10 – Q2		The state submitted its draft Implementation Plan to CMS shortly after the end of this reporting quarter. No additional changes have been made to the demonstration design. Michigan has updated department websites and issued an "FYI" letter in February 2019 to every active HMP beneficiary and provided high level information about upcoming changes to the HMP program. Future communication, the first scheduled for September 2019, will contain additional details regarding exemptions. Michigan will utilize its Health Care Coverage Determination Notice to communicate disenrollment for noncompliance and the actions needed to attest to an exemption or attest to compliance with community engagement requirements. Michigan will communicate to beneficiaries regarding benefits after disenrollment for noncompliance in its Health Care Coverage Determination Notice. Members can view the disenrollment notice in MI Bridges, can contact the Beneficiary Help Line, use the MI Health Button to check healthy behavior information, and review the program informational booklet.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
5.2.2 Describe any outreach or education activities that were conducted with CE partners, such as qualified health plans, managed care organizations, providers, or community organizations, during this reporting period.	DY 10 – Q2		MDHHS regularly meets with the staff of Medicaid Health Plans to address operational issues, programmatic issues, and policy updates and clarifications. MDHHS continues to work closely with provider groups through meetings, Medicaid provider policy bulletins, and various interactions with community partners and provider trade associations. Progress reports are provided by MDHHS to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings.
5.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups.	DY 10 – Q2		Michigan's Implementation Plan includes components to support communication with beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups. Changes are not expected at this time.
5.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state's plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.	DY 10 – Q2		Michigan does not have modifications to the requirements based on disability; however, beneficiaries with a disability can be exempted from community engagement requirements under several categories, such as medically frail or good cause.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
5.2.5 Describe any communication or outreach conducted to CE partner organizations during this reporting period.	DY 10 – Q2		The state continually communicates in regular meetings with the MCAC, Medicaid Health Plans, provider groups, and community organizations regarding upcoming changes to the Healthy Michigan Plan. This quarter, the state also made plans to intensify its communication strategy on community engagement requirements, exemptions, and reporting to community engagement partner organizations and providers for the next quarter.
5.2.6 Describe any internal staff training conducted during this reporting period.	DY 10 – Q2		This quarter, Michigan began identifying areas and types of internal staff training. For example, the state will ensure that call center scripts are updated and local office staff receive policy-specific training prior to implementation.

<sup>☑</sup> The state has no implementation updates to report for this reporting topic.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_6. Establish continuous m	onitoring		
CE.Mod_6.1 Metric trends - No met	tric trend analysis i	is required for	r this reporting topic
CE.Mod_6.2 Implementation updat	e		
6.2.1 Describe any analyses that the state has conducted to inform its monitoring beyond the required monitoring reports. Describe if these analyses have suggested the need to make changes in any CE policies.	DY 10 – Q2		The state submitted its draft Implementation Plan to CMS shortly after the end of this reporting quarter. No additional changes have been made to the demonstration design. Additionally, the state cannot submit its Monitoring Protocol prior to Implementation Plan approval. The state has not conducted any analyses to inform its monitoring beyond the required monitoring reports.
6.2.2 Describe if the state has assessed the availability of transportation. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 10 – Q2		Michigan continues to explore other support opportunities and will provide updated information when available. The state will continue to connect members to existing resources (ex. 211 and local organizations) for the purpose of serving the Healthy Michigan Plan Community Engagement population.
6.2.3 Describe if the state has assessed the availability of childcare supports. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 10 – Q2		Michigan continues to explore other support opportunities and will provide updated information when available. The state will continue to connect members to 211 for existing resources and pursue discussions with the Michigan Department of Education to determine if Healthy Michigan Plan Community Engagement activities could qualify members for Child Development and Care (CDC) program eligibility.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
6.2.4 Describe if the state has assessed the availability of language supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 10 – Q2		Michigan continues to explore other support opportunities and will provide updated information when available. The Medicaid beneficiary help line will be used to identify language access services.
6.2.5 Describe if the state has assessed the availability of placement assistance supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.			Michigan continues to explore other support opportunities and will provide updated information when available.
6.2.6 Describe if the state has assessed the availability of other supports, including assistance from other agencies and entities complementing Medicaid efforts. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.			Michigan continues to explore other support opportunities and will provide updated information when available.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
6.2.7 Describe the state's assessment of whether qualifying community engagement activities are available during a range of times, through a variety of means, and throughout the year.	DY 10 – Q2		MDHHS continues to explore other support opportunities and will provide updated information when available.
6.2.8 Describe if the state has conducted an assessment for areas with high unemployment, limited economic opportunities, and/or limited educational activities. If the state has identified any, has the state adjusted CE requirements in those areas?	DY 10 – Q2		Michigan will examine a variety of sources to identify geographic areas with high unemployment and limited economic and/or education opportunities. The state plans to utilize data for county-specific unemployment rates and possible Bridges logic previously used to for the Time-Limited Food Assistance (TLFA) requirement by county when unemployment was high. The state is exploring means to identify areas with high unemployment and subsequent actions to adjust community engagement requirements. Additional information will be provided as available.
6.2.9 Describe if the state has assessed that reasonable modifications and supports are available for beneficiaries with disabilities by region. Describe how the state will address gaps in supports. Note the frequency with which the state will assess reasonable modifications and the availability of supports.	DY 10 – Q2		Beneficiaries with a reported disability can be exempt from community engagement requirements under several categories, such as medically frail or good cause.

Prompts	Demonstration year (DY) and quarter first reported		Summary	
☑ The state has no implementation updates to report for this reporting topic.				

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_7. Develop, modify, and m	aintain systems		
CE.Mod_7.1 Metric trends - No med	tric trend analysis	is required for	r this reporting topic
CE.Mod_7.2 Implementation updat	e		
<ul> <li>7.2.1 Describe if the state has developed or enhanced its systems capabilities as described in the implementation plan for: <ul> <li>a) Eligibility and enrollment system</li> <li>b) CE reporting for beneficiaries</li> <li>c) CE reporting for other CE entities</li> <li>d) Integration of data from other public programs, such as SNAP and TANF</li> <li>e) Suspension of benefits and payments and/or termination of eligibility</li> <li>f) Benefit reactivation and/or reenrollment once community engagement requirements are met</li> <li>g) Other significant systems changes and modifications</li> </ul> </li> </ul>	DY 10 – Q2		Michigan is in the process of enhancing its eligibility and enrollments system to allow for eligibility determinations to be made on beneficiaries who are subject to Community Engagement requirements. Additionally, the state is enhancing its systems for beneficiaries to report compliance with Community Engagement requirements. Michigan is currently not planning to enhance or develop systems which allow employers, volunteers, schools, etc. to report community engagement activities completed by beneficiaries. Michigan will utilize known information within its integrated eligibility system, Bridges, to allow data from programs such as SNAP and TANF to be utilized in determining eligibility for beneficiaries who are subject to community engagement requirements.  Systems will be modified to terminate eligibility for beneficiaries who do not comply with the community engagement and/or 48-month requirement criteria or do not have an exemption from that criteria. Bridges has existing functionality that allows for the reactivation of benefits once eligibility criteria is met. Additional functionality will be added to allow MDHHS staff to enter reported compliance information after the closure and reactivate eligibility.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary	
7.2.2 Describe any additional systems modifications that the state is planning to implement.	DY 10 – Q2		The state does not have additional changes to note at this time.	
☐ The state has no implementation updates to report for this reporting topic.				

#### 4. Narrative information on implementation for any eligibility and coverage demonstration

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
AD.Mod_1. Metrics and opera demonstration)	tions for demonst	trations with a	ny eligibility and coverage policies (report for all beneficiaries in the
AD.Mod_8.1 Metric trends			
8.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	AD_1-5	Overall enrollment in the Healthy Michigan Plan demonstration this quarter was consistent with typical program enrollment. No significant changes to enrollment were reported. Metrics specific to Community Engagement will not be available until after its January 2020 implementation.
8.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.	DY 10 – Q2	AD_6-11	Metrics related to mid-year loss of demonstration eligibility are currently in development. During this quarter, the state discussed the data sources and staff resources needed to collect this information. The state intends to report the required metrics in future quarterly reports.
8.1.3 Discuss any data trends related to enrollment duration at time of disenrollment.  Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	AD_12-14	The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
8.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	AD_15-22	Metrics related to demonstration renewals are currently in development. During this quarter, the state discussed the data sources and staff resources needed to collect this information. The state intends to report the required metrics in future quarterly reports.
8.1.5 Discuss any data trends related to cost sharing limits.  Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	AD_23	The state generated these metrics on a retrospective basis as opposed to point-in-time due to the timing of the metric's release. As a result, the data lag makes it difficult to determine data trends. The state is working toward providing this metric on a point-in-time basis as defined by CMS for future quarterly reports.
8.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	AD_24-28	The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
8.1.7 Discuss any data trends related to access to care.  Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	AD_29-37	The state reported required access to care metrics for the first time this quarter and will continue to monitor this metric for changes. Metrics related to Emergency Department utilization are currently in development. The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
8.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	AD_38-44	Metrics related to quality of care are currently in development. During this quarter, the state engaged in discussions on data sources and staff resources needed to collect this information. Additional discussions on meeting this reporting requirement are expected to continue. The state intends to report the required metrics in future quarterly reports.

☐ The state has no implementation updates to report for this reporting topic.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary		
8.1.9 Discuss any data trends related to administrative costs.  Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q2	AD_45	Total computable demonstration administrative costs for this quarter amounted to \$2,438,481 as reported on the CMS 64.10 WAIV form.		
☐ The state has no metrics trends	to report for this	reporting topic			
AD.Mod_8.2 Implementation up	odate				
provision of services, budget neutror any other provision that has pot for beneficiary impacts. Also note activity that may accelerate or credelays or impediments in achievin demonstration's approved goals or objectives, if not already reported	onstration operations or policy iderations that could positively or tively impact beneficiary Ilment, compliance with irements, access to services, timely ision of services, budget neutrality, by other provision that has potential eneficiary impacts. Also note any ity that may accelerate or create ys or impediments in achieving the onstration's approved goals or ctives, if not already reported where in this document. See report		This quarter, the state continued to prepare for the implementation of upcoming Community Engagement and Healthy Behavior demonstration requirements. The state engaged in legislative discussions to provide input on bills designed to reduce barriers to member reporting of Community Engagement compliance. Michigan also engaged in communication planning activities including letters to beneficiaries, drafting program specific policies, updating the website and preparing for public presentations. Additionally, the state worked across Medicaid programs areas to complete a draft comprehensive Implementation Plan. Shortly after the quarter ended Michigan submitted its Implementation Plan to CMS for review. Since this reporting quarter has ended, the state has decided to implement the community engagement and 48-month cost-sharing and healthy behavior requirements separately. The state will implement community engagement requirements on January 1, 2020. The healthy behavior and cost-sharing demonstration components related to 48-months of Healthy Michigan Plan enrollment is currently delayed until October 1, 2020. The state believes it can achieve greater success with implementation if these demonstration		

## 5. Narrative information on other reporting topics

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary		
1. Financial/budget neutrality					
1.1 Current status and analysis	s				
1.1.1 Discuss the current status of financial/budget neutrality and provide an analysis of the budget neutrality to date. If the CE component is part of a comprehensive demonstration, the state should provide an analysis of the CE-related budget neutrality and an analysis of budget neutrality as a whole.	DY 10 – Q2				
☐ The state has no metrics trends	s to report for this	reporting topic.			
1.2 Implementation update					
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.	DY 10 – Q2		The state does not have expected program changes with financial or budget neutrality impact.		
☐ The state has no implementation updates to report for this reporting topic.					

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary			
2. Demonstration evaluation u	pdate					
2.1 Narrative information						
2.1.1 Provide updates on CE evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	DY 10 – Q2		The state's independent evaluator, University of Michigan's Institute for Healthcare Policy & Innovation (IHPI), worked this quarter with the state to draft the new demonstration evaluation design.			
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.			With respect to the prior Demonstration approval period, IHPI completed the data analyses for the 2018 HMV Cohort 2 Beneficiary Survey. A report highlighting the key findings is nearly complete and will be submitted to the state. The weights for the 2018 Healthy Michigan Voices (HMV) Follow-Up 2 Beneficiary Survey have been calculated and data coding is underway. Additionally, after much discussion, it was decided that there will not be a 2019 HMV Beneficiary Survey conducted. The HMV Survey Team is planning for the 2020 beneficiary surveys, as part of the next phase of the evaluation and contributing to the development of the new evaluation design.			
	DY 10 – Q2		The state will continue working with IHPI and CMS to complete a comprehensive demonstration evaluation design.			
☐ The state has no CE demonstration evaluation update to report for this reporting topic.						

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3. Other demonstration report	ing		
3.1 General reporting requirem	nents		
3.1.1 Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?	DY 10 – Q2		The state expects future changes may be needed to demonstration STCs based on technical corrections and state legislation.
<ul> <li>3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to:</li> <li>a) The schedule for completing and submitting monitoring reports?</li> <li>b) The content or completeness of submitted reports? Future reports?</li> </ul>			The state expects to request a change to the monitoring report schedule. Michigan has historically experienced issues with a 60-day timeline to complete quarterly monitoring reports due to data lag. The state believes it can meet reporting requirements within 90 days of a quarter's end.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary				
3.1.3 Has the state identified any real or anticipated issues submitting timely post approval demonstration deliverables, including a plan for remediation?	DY 10 – Q2		Yes, as described in section 3.1.2 above the state experiences challenges in submitting complete quarterly reports 60 days after the quarter ends. Michigan believes that it can complete quarterly reports within 90 days of a quarter's end.				
☐ The state has no updates on g	☐ The state has no updates on general reporting requirements to report for this reporting topic.						
3.2 Post-award public forum							
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual report.	DY 10 – Q2		Yes, the state's Medical Care Advisory Council met on June 25, 2019. The meeting minutes have been included as an attachment to this report.				
	☐ There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.						

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary						
4. Notable state achievements a	4. Notable state achievements and/or innovations								
4.1 Narrative information									
summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the CE hypotheses (or if broader demonstration, then CE related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	DY 10 – Q2		This quarter, the state worked to design communication materials that support Healthy Michigan Plan member's ability to understand and comply with program requirements. Michigan is striving to avoid loss of enrollment due to confusion over reporting requirements. The state is exploring innovative ways to communicate program changes to retain membership as much as allowable. This includes focus group testing and utilizing a "human-centered" approach to the language and design of beneficiary communication. Additionally, the state completed the challenging process of drafting its Implementation Plan deliverable this quarter. Michigan was able to achieve its completion through effective time management, input from a dedicated cross-functional team, and collaboration with CMS.						
☐ The state has no notable achievements or innovations to report for this reporting topic.									

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Protocol - Planned metrics (AD)

State Michigan

Demonstration Name Healthy Michigan Plan Section 1115 Demonstration

Submitted on 10/14/2019

				Star
State will report (Y/N)	Reporting topic <sup>a</sup>	Reporting priority	#	Metric name
	1.1.1 Enrollment	Required	AD_1	Total enrollment in the demonstration
Y	1.1.1 Enrollment	Required	AD_2	Beneficiaries in suspension status for noncompliance
	1.1.1 Enrollment	Required	AD_3	Beneficiaries in a non-eligibility period who are prevented from re-enrolling for a defined period of time
Υ	1.1.1 Enrollment	Required	AD_4	New enrollees
Y	1.1.1 Enrollment	Required for states with a defined re- enrollment or re- instatement pathway	AD_5	Re-enrollments or re-instatements using defined pathways after disenrollment or suspension of benefits for noncompliance with demonstration policies
	1.1.1 Enrollment	Required	AD_6	Re-enrollments or re-instatements for beneficiaries not using defined pathways after disenrollment or suspension of benefits for noncompliance
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_7	Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal
Υ	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_8	Beneficiaries no longer eligible for Medicaid, failure to provide timely change in circumstance information
Υ	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_9	Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary
Υ	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_10	Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group
N	1.1.2 Mid-year loss of demonstration eligibility	Recommended	AD_11	Beneficiaries no longer eligible for the demonstration due to transfer to CHIP
N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_12	Enrollment duration, 0-3 months

N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_13	Enrollment duration, 4-6 months
N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_14	Enrollment duration 6-12 months
Υ	1.1.4 Renewal	Required	AD_15	Beneficiaries due for renewal
Υ	1.1.4 Renewal	Required	AD_16	Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid
Υ	1.1.4 Renewal	Required	AD_17	Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category
Υ	1.1.4 Renewal	Required	AD_18	Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP
Υ	1.1.4 Renewal	Required	AD_19	Beneficiaries who did not complete renewal, disenrolled from Medicaid
Υ	1.1.4 Renewal	Required	AD_20	Beneficiaries who had pending/uncompleted renewals and were still enrolled
Υ	1.1.4 Renewal	Required	AD_21	Beneficiaries who retained eligibility for the demonstration after completing renewal forms
N	1.1.4 Renewal	Recommended	AD_22	Beneficiaries who renewed ex parte
Y	1.1.5 Cost sharing limit	Required	AD_23	Beneficiaries who reached 5% limit
N	1.1.6 Appeals and grievances	Recommended	AD_24	Appeals, eligibility
N	1.1.6 Appeals and grievances	Recommended	AD_25	Appeals, denial of benefits
N	1.1.6 Appeals and grievances	Recommended	AD_26	Grievances, care quality
N	1.1.6 Appeals and grievances	Recommended	AD_27	Grievances, provider or managed care entities
N N	1.1.6 Appeals and grievances	Recommended	AD_28	Grievances, other
Υ	1.1.7 Access to care	Required	AD_29	Primary care provider availability
	1.1.7 Access to care	Required	AD_30	Primary care provider active participation
Y	1.1.7 Access to care	Required	AD_31	Specialist provider availability

	1.1.7 Access to care	Required	AD_32	Specialist provider active participation
Y N	1.1.7 Access to care	Recommended	AD_33	Preventive care and office visit utilization
N	1.1.7 Access to care	Recommended	AD_34	Prescription drug use
N	1.1.7 Access to care	Recommended	AD_35	Emergency department utilization, total
Υ	1.1.7 Access to care	Recommended. Required for states with copayments for non-emergency use.	AD_36	Emergency department utilization, non-emergency
N	1.1.7 Access to care	Recommended	AD_37	Inpatient admissions
	1.1.8 Quality of care and health outcomes	Required (AD_38A or AD_38B-1 - 3. States do not have to report both.)	AD_38A	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS measure]
	1.1.8 Quality of care and health outcomes	Required (AD_38A or AD_38B. States do not have to report both.)	AD_38B	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (rate 1)  [PCPI Foundation; NQF #0028]
	1.1.8 Quality of care and health outcomes	Required	AD_39-1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)  [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]

Υ	1.1.8 Quality of care and health outcomes	Required	AD_39-2	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)  [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]
	1.1.8 Quality of care and health outcomes	Required	AD_40	Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)  [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]
Υ	1.1.8 Quality of care and health outcomes	Required	AD_41	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)
Υ	nearth outcomes			[AHRQ; NQF #0272; Medicaid Adult Core Set]
	1.1.8 Quality of care and health outcomes	Required	AD_42	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)
Υ				[AHRQ; NQF #0275; Medicaid Adult Core Set]
Υ	1.1.8 Quality of care and health outcomes	Required	AD_43	PQI 08: Heart Failure Admission Rate (PQI08-AD)  [AHRQ; NQF #0277; Medicaid Adult Core Set]
Υ	1.1.8 Quality of care and health outcomes	Required	AD_44	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)  [AHRQ; NQF #0283; Medicaid Adult Core Set]
N	1.1.9 Administrative cost	Recommended	AD_45	Administrative cost of demonstration operation

Add rows for any additional state-identified metrics

<sup>&</sup>lt;sup>a</sup> The reporting topics correspond to the prompts for reporting topic AD.Mod\_1 in the monitoring report template. End of workbook

ndard information on CMS-provided metrics			
Metric description	Data source	Calculation lag	Measurement period
The unduplicated number of beneficiaries enrolled in the demonstration at any time during			
the measurement period. This indicator is a count of total program enrollment. It includes	Adams to the trade of		
those newly enrolled during the measurement period and those whose enrollment	Administrative records	30 days	Month
continues from a prior period. This indicator is not a point-in-time count. It captures			
beneficiaries who were enrolled for at least one day during the measurement period.			
The number of demonstration beneficiaries in suspension status for noncompliance with	Administrative	30 days	Month
demonstration policies as of the last day of the measurement period	records	•	
The number of prior demonstration beneficiaries who are in a non-eligibility period,			
meaning they are prevented from re-enrolling for some defined period of time, because they were disenrolled for noncompliance with demonstration policies. The count should	Administrative records	30 days	Month
include those prevented from re-enrolling until their redetermination date.	records		
Number of beneficiaries in the demonstration who began a new enrollment spell during the			
measurement period, have not had Medicaid coverage within the prior 3 months and are	Administrative	30 days	Month
not using a state-specific pathway for re-enrollment after being disenrolled for	records	30 days	MONUT
noncompliance  Number of beneficiaries in the demonstration who began a new enrollment spell (or had			
benefits re-instated) in the current measurement period by using a state-defined pathway			
for re-enrollment (or re-instatement of benefits), i.e., meeting certain requirements, after	Administrative	30 days	Month
being disenrolled (or having benefits suspended) for noncompliance with premium	records	30 days	MONUT
requirements, community engagement requirements, or other demonstration-specific requirements.			
Number of beneficiaries in the demonstration who began a new enrollment spell (or had			
benefits re-instated) in the current measurement period, have had Medicaid coverage	Administrative		
within the prior 3 months and are not using a state-specific pathway for re-enrollment after	records	30 days	Month
being disenrolled for noncompliance (or re-instatement of benefits after being suspended for noncompliance)			
Total number of beneficiaries in the demonstration determined ineligible for Medicaid and	A destrict out		
disenrolled during the measurement period (separate reasons reported in other indicators),	Administrative records	30 days	Month
other than at renewal	records		
Number of beneficiaries enrolled in the demonstration and who lost eligibility for Medicaid during the measurement period due to failure to provide timely change in circumstance	Administrative	30 days	Month
information	records	00 00,0	
Number of beneficiaries who were enrolled in the demonstration and lost eligibility for	Administrative		
Medicaid during the measurement period because they are determined ineligible after the state processes a change in circumstance	records	30 days	Month
Number of beneficiaries who were enrolled in the demonstration and transferred from the			
demonstration to a Medicaid eligibility group not included in the demonstration during the	Administrative records	30 days	Month
measurement period	records		
Number of beneficiaries who were enrolled in the demonstration and transferred from the	Administrative	30 days	Month
demonstration to CHIP during the measurement period	records	20 44,5	
Number of demonstration beneficiaries who lost eligibility for Medicaid during the	Administrative		
measurement period and whose enrollment spell had lasted 3 or fewer months at the time of disenrollment	records	30 days	Month
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Number of demonstration beneficiaries who lose eligibility for Medicaid during the measurement period whose enrollment spell had lasted between 4 and 6 months at the time of disenrollment	Administrative records	30 days	Month
Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period whose enrollment spell had lasted 6 or more months (up to 12 months) at the time of disenrollment	Administrative records	30 days	Month
Total number of beneficiaries enrolled in the demonstration who were due for renewal during the measurement period	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and are determined ineligible for Medicaid	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and move from the demonstration to a Medicaid eligibility group not included in the demonstration	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process, but move from the demonstration to CHIP	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who are disenrolled from Medicaid for failure to complete the renewal process	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period for whom the state had not completed renewal determination by the end of the measurement period and were still enrolled	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled in the demonstration after responding to renewal notices	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled as determined by third-party data sources or available information, rather than beneficiary response to renewal notices	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration who reached the 5% of income limit on cost sharing and premiums during the month	Administrative records	30 days	Month
Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding Medicaid eligibility	Administrative records	None	Quarter
Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding denial of benefits	Administrative records	None	Quarter
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding the quality of care or services provided	Administrative records	None	Quarter
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding a provider or managed care entity. Managed care entities include Managed Care Organizations (MCO), Prepaid Inpatient Health Plans (PIHP), and Prepaid Ambulatory Health Plans (PAHP).	Administrative records	None	Quarter
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding other matters that are not subject to appeal	Administrative records	None	Quarter
Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases Provider	90 days	Quarter
Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	enrollment databases and claims and encounters	90 days	Quarter
Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days	Quarter

Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters Claims and	90 days	Quarter
Total utilization of preventive care and office visits per 1,000 demonstration beneficiary months during the measurement period	encounters and other administrative records	90 days	Quarter
Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the measurement period	Claims and encounters; other administrative records	90 days	Quarter
Total number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	Quarter
Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period.  If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the differential copayment.  If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.	Claims and encounters; other administrative records	90 days	Quarter
Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	Quarter
This metric consists of the following components; each assesses 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	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan survey, Adult Version	90 days	Calendar year
This metric consists of the following components:  1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months  2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention  3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	Claims and encounters	90 days	Calendar year
Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:  1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).  2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).	Claims and encounters	90 days	Calendar year

follow-up within 7 days of the ED visit (8 total days).

Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported:  1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).  2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).	Claims and encounters	90 days	Calendar year
Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following:  1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis  2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit	Claims and encounters or EHR	90 days	Calendar year
The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.			
Number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries age 18 and older	Claims and encounters	90 days	Calendar year
Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older	Claims and encounters	90 days	Calendar year
Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older	Claims and encounters	90 days	Calendar year
Number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39	Claims and encounters	90 days	Calendar year
Cost of contracts or contract amendments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, premium assistance, community engagement requirements and/or retroactive eligibility waivers	Administrative records	None	Demonstration year

	Baseline, a	nnual goals, and demonst	ration target	Alig
Reporting frequency	Baseline reporting period (MM/DD/YYYY MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)
Quarterly				
	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	N/A	N/A	N/A	N/A
Quarterly				
	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly				
	04/01/2020-06/30/2020	TBD	TBD	Υ
Quarterly				
0	04/01/2020-06/30/2020	TBD	TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N

Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly	01/01/2020-03/31/2020		TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	21/2	N/A	A1/A	
Quarterly	N/A 01/01/2020-03/31/2020	N/A TBD	N/A TBD	N Y
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly				
Quarterly	N/A	N/A N/A	N/A N/A	N N
Quarterly	01/01/2020-03/31/2020		TBD	Υ
Quarterly				
	01/01/2020-03/31/2020	TBD	TBD	Υ
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Υ

Quarterly	01/01/2020-03/31/2020	) TBD	TBD	Υ
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly				
	01/01/2020-03/31/2020	) TBD	TBD	N
Quarterly	N/A	N/A	N/A	N
Annually				
	TBD	TBD	TBD	TBD
Annually				
	TBD	TBD	TBD	TBD
Annually				
	01/01/2020-12/31/2020	) TBD	TBD	TBD

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	01/01/2020-12/31/2020	) TBD	TBD	TBD
Annually				
	01/01/2020-12/31/2020	) TBD	TBD	TBD
Annually	01/01/2020-12/31/2020	) TBD	TBD	TBD
Annually				
	01/01/2020-12/31/2020	) TBD	TBD	TBD
Annually	01/01/2020-12/31/2020	) TBD	TBD	TBD
Annually	01/01/2020-12/31/2020	) TBD	TBD	TBD
Annually	N/A	N/A	N/A	N

nment with CMS-provided technical specifications			Initi
	Dates covered by first	Report name of first report in	
Explanation of any deviations from the CMS-provided specifications Could include different data sources or state-specific definitions,	. measurement period for metric (MM/DD/YYYY -	which the metric will be submitted (Format: DY1 Q3	report in which the metric will be reported
policies, codes, target populations, etc.	MM/DD/YYYY)	quarterly report)	(MM/DD/YYYY)
N/A	04/01/2019 - 06/30/2019	DY10 Q2	9/30/2019
N/A	N/A	N/A	N/A
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	04/04/2040 06/20/2040	DV40 03	0/20/2040
N/A	04/01/2019 - 06/30/2019	DY10 Q2	9/30/2019
N/A	04/01/2020-06/30/2020	DY11 Q1	8/31/2020
N/A	04/01/2020-06/30/2020	DY11 Q1	8/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	04 /04 /2020 02 /24 /2222	DV44 O4	- /a4 /aaaa
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	N/A	N/A	N/A
NI/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	
N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	N/A	N/A	N/A	
N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	
N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020

N/A	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	
TBD	01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A	N/A	N/A	N/A	
TBD	TBD	TBD	TBD	
TBD	TBD	TBD	TBD	
TBD	01/01/2020-12/31/2020	DY11 Annual Report		3/31/2021

TBD	01/01/2020-12/31/2020	DY11 Annual Report		3/31/2021
TBD	01/01/2020-12/31/2020	DY11 Annual Report		3/31/2021
TBD	01/01/2020-12/31/2020	DY11 Annual Report		3/31/2021
TBD	01/01/2020-12/31/2020	DY11 Annual Report		3/31/2021
TBD	01/01/2020-12/31/2020	DY11 Annual Report		3/31/2021
TPD	01/01/2020-12/31/2020	DY11 Annual Report		3/31/2021
TBD	01/01/2020-12/31/2020	DTII Allilual Keport		5/31/2021
N/A	N/A	N/A	N/A	

al reporting date	
State plans to phase in reporting (Y/N)	Explanation of any plans to phase in reporting over time
N	N/A
N	The state does not have a suspension policy.
N	N/A
N	N/A
N	N/A
N	N/A
N	Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting
N	becomes established.  Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting
N1	hoomes established

becomes established.

Ν

incorporating recommended metrics when demonstration waiver reporting Ν becomes established. Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established. N/A Ν N/A N/A Ν N/A N/A N/A Ν N/A Ν Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established. Ν N/A Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established. Ν Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting Ν becomes established. Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established. Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting Ν N/A N/A N/A Ν

Michigan will prioritize required metrics and will evaluate the feasibility of

N/A Ν Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting Ν becomes established. Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established. Ν Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting Ν becomes established. N/A Ν Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting Ν becomes established. TBD TBD TBD TBD

N/A

Ν

N N/A

N N/A

N N/A

N N/A

N N/A

N N/A

Ν

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Protoco

State Michigan

Demonstration Name Healthy Michigan Plan Section 1115 Demonstration

Submitted on 10/14/2019

State will report (Y/N)	Reporting Topic <sup>a</sup>	Reporting priority	#
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_1
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_2
Υ	CE.Mod_1: Specify community engagement policies CE.Mod_1: Specify	Required	CE_3
N	community engagement policies	Required	CE_4
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_5
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_6
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_7
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_8

Υ	CE.Mod_1: Specify community engagement policies	Required	CE_9
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_10
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_11
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_12
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_13
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_14
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_15
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_16
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_17

Υ	CE.Mod_1: Specify community engagement policies	Required	CE_18
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_19
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_20
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_21
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_22
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_23
Υ	CE.Mod_1: Specify community engagement policies	Required	CE_24
N	CE.Mod_2: Establish beneficiary supports and modifications	Required	CE_25
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_26
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_27
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_28
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_29

N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_30
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_31
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_32
N	CE.Mod_4: Operationalize strategies for noncompliance CE.Mod_4:	Required	CE_33
ı	Operationalize strategies for noncompliance	Required	CE_34
N	CE.Mod_4: Operationalize strategies for noncompliance	Required if state has a suspension policy	CE_35
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_36
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_37
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_38
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_39
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_40

Υ	CE.Mod_4: Operationalize strategies for noncompliance	Required	CE_41
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_42
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_43
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_44
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_45
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_46

## I - Planned metrics (CE)

## Stand Metric name

Total beneficiaries subject to the community engagement requirement, not exempt

Total beneficiaries who were exempt from the community engagement requirement in the month

Beneficiaries with approved good cause circumstances

Beneficiaries subject to the community engagement requirement and in suspension status due to failure to meet requirement

Beneficiaries subject to the community engagement requirement and receiving benefits who met the requirement for qualifying activities

Beneficiaries subject to the community engagement requirement and receiving benefits, but in a grace period or allowable month of noncompliance

Beneficiaries who successfully completed make-up hours or other activities to retain active benefit status after failing to meet the community engagement requirement in a previous month

Beneficiaries in a non-eligibility period who were disenrolled for noncompliance with the community engagement requirement and are prevented from reenrolling for a defined period of time

Beneficiaries who met the community engagement requirement by satisfying requirements of other programs

Beneficiaries who met the community engagement requirement through employment for the majority of their required hours

Beneficiaries who met the community engagement requirement through job training or job search for the majority of their required hours

Beneficiaries who met the community engagement requirement through educational activity for the majority of their required hours

Beneficiaries who met the community engagement requirement who were engaged in other qualifying activity for the majority of their required hours

Beneficiaries who met the community engagement requirement by combining two or more activities

Beneficiaries exempt from Medicaid community engagement requirements because they were exempt from requirements of SNAP and/or TANF

Beneficiaries exempt from Medicaid community engagement requirements on the basis of pregnancy

Beneficiaries exempt from Medicaid community engagement requirements due to former foster youth status

Beneficiaries exempt from Medicaid community engagement requirements due to medical frailty

Beneficiaries exempt from Medicaid community engagement requirements on the basis of caretaker status

Beneficiaries exempt from Medicaid community engagement requirements on the basis of unemployment insurance compensation

Beneficiaries exempt from Medicaid community engagement requirements due to substance abuse treatment status

Beneficiaries exempt from Medicaid community engagement requirements due to student status

Beneficiaries exempt from Medicaid community engagement requirements because they were excused by a medical professional

Beneficiaries exempt from Medicaid community engagement requirements, other

Total beneficiaries receiving supports to participate and placement assistance

Beneficiaries provided with transportation assistance

Beneficiaries provided with childcare assistance

Beneficiaries provided with language supports

Beneficiaries assisted with placement in community engagement activities

Beneficiaries provided with other non-Medicaid assistance

Beneficiaries who requested reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries who were granted reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries newly suspended for failure to complete community engagement requirements

Beneficiaries newly disenrolled for failure to complete community engagement requirements

Total beneficiaries whose benefits were reinstated after being in suspended status for noncompliance

Beneficiaries whose benefits were reinstated because their time-limited suspension period ended

Beneficiaries whose benefits were reinstated because they completed required community engagement activities

Beneficiaries whose benefits were reinstated because they completed "on-ramp" activities other than qualifying community engagement activities

Beneficiaries whose benefits were reinstated because they newly meet community engagement exemption criteria or had a good cause circumstance

Beneficiaries whose benefits were reinstated after successful appeal of suspension for noncompliance

Total beneficiaries re-enrolling after disenrollment for noncompliance

Beneficiaries re-enrolling after completing required community engagement activities

Beneficiaries re-enrolling after completing "on-ramp" activities other than qualifying community engagement activities

Beneficiaries re-enrolling after re-applying, subsequent to being disenrolled for noncompliance with community engagement requirements

Beneficiaries re-enrolling because they newly met community engagement exemption criteria or had a good cause circumstance

Beneficiaries re-enrolling after successful appeal of disenrollment for noncompliance

lard information on CMS-provided metrics	
Metric description	Data source
The number of beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the community engagement requirement and who did not have an individual exemption from the requirement or an approved good cause circumstance	Administrative records
The number of beneficiaries enrolled in income and eligibility groups that were subject to the community engagement requirement, but had an individual exemption from the policy. This excludes circumstances that give rise to good cause.	Administrative records
The number of beneficiaries enrolled in the demonstration who met the state criteria for good cause circumstances, such as serious illness, birth or death of a family member, severe weather, family emergencies, or life-changing event	Administrative records
The number of demonstration beneficiaries in suspension status due to failure to meet the community engagement requirement, including those newly suspended for noncompliance during the measurement period	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in qualifying activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement, but did not meet the requirement. This includes beneficiaries who have not yet begun qualifying activities and those who logged some hours, but failed to meet total required hours.	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met additional requirements to retain active benefit status after previously failing to meet the requirement. This captures beneficiaries who successfully satisfy the "opportunity to cure" requirement and therefore are not suspended (if state has this policy).	Administrative records
The number of prior demonstration beneficiaries who were disenrolled from Medicaid for noncompliance with the community engagement requirement and are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time. The count should include those prevented from re-enrolling until their redetermination date.	Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by satisfying requirements in other programs such as SNAP or TANF, regardless of whether they are "deemed" by the state to be in compliance with Medicaid requirements or must take reporting action

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement, who were self-employed or employed in subsidized and/or unsubsidized settings. Includes both those "deemed" by the state to be in compliance with Medicaid requirements because they are working more than the number of required hours and those who must report their hours.

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in on-the-job training, job skills training, vocational education and training, job search activities, job search training, a statesponsored workforce program, or similar activity

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in education related to employment, general education, accredited English-as-a-second-language education, accredited homeschooling, or a state-designated class

Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement through a state-specified activity not captured by other reporting categories, including community work experience, community service/public service, volunteer work, caregiving for a dependent, participation records in substance use disorder treatment, enrollment in Medicaid employer-sponsored insurance premium assistance, or other activity

Administrative

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in a combination of activities defined in metrics CE 10 through CE 13, such as a combination of employment and education

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were exempt from the SNAP and/or TANF work requirements. This does not include beneficiaries who are meeting SNAP and/or TANF work requirements.

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are pregnant

Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were formerly part of the foster care system

Administrative records

	number of beneficiaries enrolled in the demonstration who were exempt from the nmunity engagement requirement because they are identified as medically frail	Administrative records
con	number of beneficiaries enrolled in the demonstration who were exempt from the nmunity engagement requirement because they are primary caregiver of a dependent d or incapacitated/disabled household member	Administrative records
con	number of beneficiaries enrolled in the demonstration who were exempt from the nmunity engagement requirement because they are receiving unemployment insurance appensation	Administrative records
con	number of beneficiaries enrolled in the demonstration who were exempt the nmunity engagement requirement because they are participating in a drug or alcohol atment and rehabilitation program	Administrative records
con	number of beneficiaries enrolled in the demonstration who were exempt from the nmunity engagement requirement because they are a student enrolled a number of irs/week, defined by state	Administrative records
con	number of beneficiaries enrolled in the demonstration who were exempt from the nmunity engagement requirement because a medical professional determined the eficiary had an acute medical condition separate from disability or frailty	Administrative records
con cap	number of beneficiaries enrolled in the demonstration who were exempt from the nmunity engagement requirement because they are exempt for another reason not tured by other reporting categories, including age above the upper limit defined by the se and enrollment in employer-sponsored insurance through premium assistance	Administrative records
ena	number of beneficiaries enrolled in the demonstration who were given supports to ble them to participate, including supports due to disability and assistance from other ncies and entities complementing Medicaid efforts	Administrative records
	number of beneficiaries enrolled in the demonstration who were given transportation stance to enable participation in community engagement activities	Administrative records
	number of beneficiaries enrolled in the demonstration who were given childcare stance to enable participation in community engagement activities	Administrative records
	number of beneficiaries enrolled in the demonstration who were given language ports to enable participation in community engagement activities	Administrative records
	number of beneficiaries enrolled in the demonstration who were given placement stance, including through state department of labor support centers	Administrative records

The number of beneficiaries enrolled in the demonstration who were given other assistance, Administrative including assistance from other agencies and entities complementing Medicaid efforts, to records participate in community engagement activities The number of beneficiaries enrolled in the demonstration who requested a reasonable Administrative modification of community engagement processes (such as assistance with exemption records requests or appeals) or requirements (such as the number of hours) due to disability The number of beneficiaries enrolled in the demonstration who were granted a modification Administrative of community engagement processes (such as assistance with exemption requests or records appeals) or requirements (such as the number of hours) due to disability The number of demonstration beneficiaries newly suspended for noncompliance during the Administrative measurement period (if state has a suspension policy) records The number of demonstration beneficiaries newly disenrolled for noncompliance with Administrative community engagement requirements during the measurement period records The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with Administrative community engagement requirements, including those reinstated due to compliance, records determination of exemption, and successful appeal or good cause circumstances The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with Administrative community engagement requirements (if state has a suspension policy), because a defined records suspension period ended The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with Administrative community engagement requirements (if state has a suspension policy), because they records completed qualifying activities The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with Administrative community engagement requirements (if state has a suspension policy) because they used a records special pathway for re-enrollment such as a state-approved educational course The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with Administrative community engagement requirements (if state has a suspension policy) because they were records newly determined exempt or had a good cause circumstance The number of demonstration beneficiaries whose benefits were reinstated during the Administrative measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they records

successfully appealed

Total number of beneficiaries re-enrolled in the demonstration during the measurement period after disenrollment in the last 12 months for noncompliance or because they were in Administrative suspended status on their redetermination date (depending on state policy), including those records re-enrolling after being determined exempt or after successful appeal

Total number of beneficiaries re-enrolled in the demonstration during the measurement period because they completed qualifying activities, subsequent to disenrollment in the last Administrative 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy)

records

Total number of demonstration beneficiaries re-enrolled during the measurement period because they used a special pathway for re-enrollment such as a state-approved educational Administrative course, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy)

records

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they re-applied, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date). This includes those who re-applied immediately after disenrollment and those who did so after a disenrollment (non-eligibility) period.

Administrative records

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they were newly determined exempt, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)

Administrative records

The number of beneficiaries re-enrolled in the demonstration during the measurement period after successful appeal (including retroactive determination of a good cause circumstance by the state), subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)

Administrative records

			Baseline, an
Calculation lag	Measurement period	Reporting frequency	Baseline reporting period (MM/DD/YYYY MM/DD/YYYY)
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020

30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020

30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A

30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A

## 01/01/2020-03/31/2020

30 days	Month	Quarterly	
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A

nual goals, and demonstration target		Alig	
	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)
TBD		TBD	Υ
TBD		TBD	Υ
TBD		TBD	Υ
N/A		N/A	N
TBD		TBD	Υ

TBD	TBD	Y
TBD	TBD	N
TBD	TBD	Υ
TBD	TBD	Y
TBD	TBD	Y

TBD	TBD	Υ
TBD	TBD	Υ
N/A	N/A	N

N/A	N/A	
		N
N1/0	NI / A	
N/A	N/A	N
		IN
N/A	N/A	
		N
N/A	N/A	N
,	,	
TBD N/A	TBD N/A	Υ
14//	14/70	
		N
N/A	N/A	
.,,	,	N
N/A	N/A	
		N
21/2	N/A	
N/A	N/A	
		N
N/A	N/A	
		N
N/A	N/A	
•	,	N

TBD TBD Y

N/A N/A

N

nment with CMS-provided technical specifications	
Explanation of any deviations from the CMS-provided specifications.  Could include different data sources or state-specific definitions,  policies, codes, target populations, etc.	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020
N/A	N/A
N/A	01/01/2020-03/31/2020

N/A	01/01/2020-03/31/2020
Michigan does not plan to collect hours associated with qualifying activites. Michigan will be able to report on qualifying activites by category but not with an hourly breakout.	01/01/2020-03/31/2020
Michigan does not plan to collect hours associated with qualifying activities. Michigan will be able to report on qualifying activities by category but not with an hourly breakout.	01/01/2020-03/31/2020
Michigan does not plan to collect hours associated with qualifying activites. Michigan will be able to report on qualifying activites by category but not with an hourly breakout.	01/01/2020-03/31/2020
Michigan does not plan to collect hours associated with qualifying activites. Michigan will be able to report on qualifying activites by category but not with an hourly breakout.	01/01/2020-03/31/2020
Michigan does not plan to collect hours associated with qualifying activites. Michigan will be able to report on qualifying activites by category but not with an hourly breakout.	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020

01/01/2020-03/31/2020

N/A

N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020
N/A	N/A

N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	01/01/2020-03/31/2020
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	
	N/A
N/A	N/A
N/A	N/A

N/A	01/01/2020-03/31/2020
N/A	N/A

	Initial	reporting date
Report name of first report in which the metric will be submitted (Format: DY1 Q3 quarterly report)	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)
quarterly reports	16portea (14111)	reporting (1714)
DY11 Q1	5/31/2020 N	

	<u> </u>		<u> </u>
DY11 Q1			5/31/2020 N
DY11 Q1			5/31/2020 N
DY11 Q2			8/31/2020 N
N/A		N/A	N
DY11 Q1			5/31/2020 N
DY11 Q2			8/31/2020 N
DY11 Q2			8/31/2020 N

DY11 Q2	8/31/2020 N
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DY11 Q1	5/31/2020 N
DY11 Q1	5/31/2020 N

DY11 Q1		5/31/2020 N
DY11 Q1		5/31/2020 N
N/A	N/A	N
N/A	N/A	N
N/A	N/A	N
N/A	N/A	N
N/A	N/A	N

N/A	N/A	N
N/A	N/A	N
N/A	N/A	N
N/A	N/A	N
DY11 Q2		8/31/2020 N
N/A	N/A	N
N/A	N/A	N
N/A	N/A	N
N/A	N/A	N
N/A	N/A	N
N/A	N/A	N

DY11 Q2		8/31/2020 N
N/A	N/A	N

Explanation of any plans to phase in reporting over time
N/A
N/A
Michigan requires at least one quarter lag to report this metric.
Michigan does not have a suspension policy.
N/A
Michigan requires at least one quarter lag to report this metric.
Michigan requires at least one quarter lag to report this metric.

 $\label{eq:michigan requires at least one quarter lag to report this metric. \\$ 

N/A N/A N/A N/A N/A N/A N/A N/A N/A

N/A			
N/A			

Michigan is assessing its ability to collect data on beneficiary supports.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

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Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan does not have a suspension policy.

Michigan requires at least one quarter lag to report this metric.

Michigan does not have a suspension policy.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

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Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan requires at least one quarter lag to report this metric.

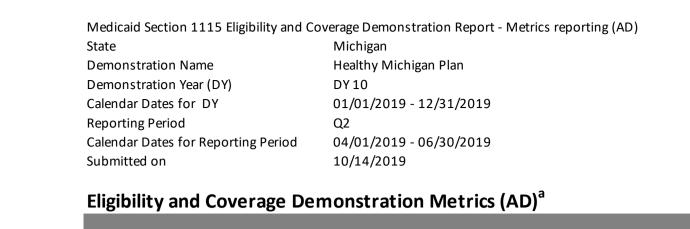
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

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Eligibility and Coverage Demonstration Metrics (AD) <sup>a</sup>	Demonstration < 50% FPL <sup>f</sup> 50-100% FPL <sup>f</sup> >100% FPL <sup>f</sup>	Age 19-26 Age 27-35 Age 36-45 Age 46-55	Age 56-64 Male Female White	Black or African American American Asian American Indian or Alaskan N	lative Other race Unknown race Hispanic ethnicity	Specific eligibility groups Non-Hispanic ethnicity Unknown ethnicity Exempt groups <sup>g</sup> New Adult Group
Reporting topic <sup>b</sup> # Metric name Metric description Data source Cal  The unduplicated number of beneficiaries enrolled in the demonstration at any time during the	Calculation lag Denominator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denomi	/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator Numerator Numerat	Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator Numerator <sup>e</sup> Rate/Percentage <sup>e</sup> Denominator Numerator <sup>e</sup> Rate/Perc	Rate/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> 5,358  8,521	Rate/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator 27,902	minator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> 675,379  - Honominator Numerator <sup>d</sup> Rate/Percentage <sup>e</sup> Denominator Numerator <sup>d</sup> 648,042
measurement period. This indicator is a count of total program enrollment. It includes those  1.1.1 Enrollment  AD_1  Total enrollment in the demonstration  prior period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is a count of total program enrollment. It includes those	30 days 691,302 410,398 150,594 130,310 681,364 408,479 151,560 131,325	166,940       164,325       132,407       129,591         163,629       161,823       130,649       127,713	98,039     352,693       97,550     346,779       334,585     395,381	164,646       5,226       8,379         162,217       5,052       8,197	35,225       76,489       27,746         34,999       75,518       27,727	663,556 - 638,193 653,637 - 630,322
1.1.1 Enrollment AD_2 Beneficiaries in suspension status for noncompliance The number of demonstration beneficiaries in suspension status for noncompliance demonstration policies as of the last day of the measurement period records	N/A       N/A       N/A         N/A       N/A       N/A	N/A	N/A	N/A  N/A  N/A  N/A  N/A  N/A	N/A  N/A  N/A  N/A  N/A  N/A	N/A       N/A         N/A       N/A         N/A       N/A
The number of prior demonstration beneficiaries who are in a non-eligibility period, meaning  1.1.1 Enrollment  AD_3  Beneficiaries in a non-eligibility period who are prevented from they are prevented from re-enrolling for some defined period of time, because they were re-enrolling for a defined period of time disenrolled for noncompliance with demonstration policies. The count should include those records	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
Number of beneficiaries in the demonstration who began a new enrollment spell during the  1.1.1 Enrollment AD_4 New enrollees  Number of beneficiaries in the demonstration who began a new enrollment spell during the measurement period, have not had Medicaid coverage within the prior 3 months and are not records  30	0     0     0     0       26,891     15,907     5,890     5,094       30 days     26,473     15,513     5,848     5,112	8,551 6,605 4,990 3,972 8,495 6,617 4,849 3,747	- 0 0 0 14,177 14,719 2,765 12,187 14,286 14,236	0     0       6,938     123       6,934     110       337	0 0 0 1,741 3,043 1,560 1,791 3,065 1,581	0     0       25,316     15       24,881     0       22,404       22,127
using a state-specific pathway for re-enrollment after being disenrolled for noncompliance records  Number of beneficiaries in the demonstration who began a new enrollment spell (or had	24,738 14,156 5,662 4,920 0 0 0	7,963 6,215 4,581 3,580 0 0 0	2,399 11,335 13,403 13,265 0 0 0	6,485 89 304	1,787 2,808 0 0	23,132 12 0 20,782 0 0 0
Re-enrollments or re-instatements using defined pathways  1.1.1 Enrollment  AD_5  after disenrollment or suspension of benefits for noncompliance with demonstration policies  Re-enrollments or re-instatements using defined pathways benefits re-instated) in the current measurement period by using a state-defined pathway for re-enrollment (or re-instatement of benefits), i.e., meeting certain requirements, after being records  records  community engagement requirements, or other demonstration-specific requirements.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
Number of beneficiaries in the demonstration who began a new enrollment spell (or had  Re-enrollments or re-instatements for beneficiaries not using  1.1.1 Enrollment  AD_6  defined pathways after disenrollment or suspension of benefits for noncompliance  benefits for noncompliance  Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period who have had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being suspended for	0 0 0 0 30 days 0 0 0					
1.1.2 Mid-year loss of demonstration eligibility  AD_7  Monthly count of beneficiaries determined ineligible for Medicaid, any reason, other than at renewal  Medicaid, any reason, other than at renewal  noncompliance).  Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal  Administrative records	0 0 0 TBD 30 days					
1.1.2 Mid-year loss of demonstration  Monthly count of beneficiaries determined ineligible for  Beneficiaries no longer eligible for Medicaid, failure to provide timely change in circumstance  Administrative	TBD TBD					
eligibility  AD_8  Medicaid after state processes a change in circumstance information  records  10  10  10  10  10  10  10  10  10  1	TBD  TBD  TBD					
1.1.2 Mid-year loss of demonstration AD_9 Medicaid after state processes a change in circumstance eligibility Medicaid after state processes a change in circumstance reported by a beneficiary Medicaid after state processes a change in circumstance reported by a beneficiary Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	TBD TBD					
1.1.2 Mid-year loss of demonstration AD_10 demonstration due to transfer to another Medicaid eligibility group  Monthly count of beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility eligibility group  Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid Administrative eligibility group  records	30 days TBD TBD					
1.1.2 Mid-year loss of demonstration AD_11 Monthly count of beneficiaries no longer eligible for the eligibility  AD_11 Monthly count of beneficiaries no longer eligible for the Beneficiaries no longer eligible for the demonstration due to transfer to CHIP  Administrative records	N/A	N/A     N/A       N/A     N/A       N/A     N/A       N/A     N/A	N/A       N	N/A       N/A         N/A       N/A         N/A       N/A	N/A       N/A         N/A       N/A         N/A       N/A	N/A       N/A       N/A       N/A         N/A       N/A       N/A       N/A
Number of demonstration beneficiaries who lost eligibility for Medicaid during the  1.1.3 Enrollment duration at time of disenrollment  AD_12  Enrollment duration 0-3 months  measurement period and whose enrollment spell had lasted 3 or fewer months at the time of records  disenrollment	N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A       N/A       N/A         N/A       N/A       N/A
1.1.3 Enrollment duration at time of demonstration beneficiaries who lose eligibility for Medicaid during the disenrollment duration 4-6 months measurement period whose enrollment spell had lasted between 4 and 6 months at the time of disenrollment disenrollment	N/A	N/A     N/A       N/A     N/A       N/A     N/A       N/A     N/A       N/A     N/A	N/A       N/A       N/A       N/A         N/A       N/A       N/A       N/A	N/A       N/A         N/A       N/A         N/A       N/A	N/A       N/A         N/A       N/A         N/A       N/A	N/A       N/A       N/A         N/A       N/A       N/A         N/A       N/A       N/A
	N/A	N/A	N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A
Number of demonstration beneficiaries who lost eligibility for Medicaid during the 4 Administrative 4 Administrative 4 Administrative 5 Modisenrollment 4 Enrollment duration 6-12 months 4 Tecords 4 Tecords 4 Tecords 4 Tecords 4 Tecords 6 Or more months (up to 12 months) 4 Tecords 6 Tecords 6 Or more months (up to 12 months) 4 Tecords 6 Tecords	N/A N/A N/A N/A N/A N/A TBD	N/A	N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A
Total number of beneficiaries enrolled in the demonstration who were due for renewal during Administrative the measurement period records	TBD  TBD					
Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid  Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid  Beneficiaries determined ineligible for the demonstration at renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process and are determined ineligible for measurement period who complete the renewal process are determined ineligible for measurement period who complete the renewal process are determined in the demonstration and measurement period	30 days TBD TBD					
Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category  Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category  Beneficiaries determined ineligible for the demonstration at renewal during the measurement period who complete the renewal process and move from the demonstration to a Medicaid eligibility group not included in the demonstration  Medicaid eligibility group not included in the demonstration	TBD  TBD  TBD					
Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP  Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP  Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP  Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process but move from the demonstration to records  CHIP	TBD 30 days					
Beneficiaries who did not complete renewal, disenrolled from  1.1.4 Renewal  AD_19  Beneficiaries who did not complete renewal, disenrolled from Medicaid for failure to complete the renewal records  Administrative measurement period who are disenrolled from Medicaid for failure to complete the renewal records  Administrative process	TBD  TBD  TBD  TBD  TBD					
	TBD TBD					
	TBD  TBD					
1.1.4 Renewal AD_21 Beneficiaries who retained eligibility for the demonstration after completing renewal forms  Beneficiaries who retained eligibility for the demonstration after completing renewal forms  Beneficiaries who retained eligibility for the demonstration after responding to renewal forms  Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled in the demonstration after responding to renewal forms  notices	TBD  TBD  N/A  N/A  N/A  N/A  N/A	N/A N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
Number of beneficiaries enrolled in the demonstration and due for renewal during the  1.1.4 Renewal AD_22 Beneficiaries who renewed ex parte measurement period who remained enrolled as determined by third-party data sources or records  available information, rather than beneficiary response to renewal notices  Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled as determined by third-party data sources or available information, rather than beneficiary response to renewal notices	30 days       N/A       <	N/A	N/A	N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A
1.1.5 Cost sharing limit AD_23 Monthly count of beneficiaries who reached 5% limit Beneficiaries who reached 5% limit records		22,025     23,169       12,113     11,604       9,693     9,424       5,771     5,471	15,181     46,499       5,433     21,154       4,236     17,000       17,791     20,762	21,820     512       10,251     237       8,201     211	3,925     9,842       1,960     4,417       1,564     3,573       1,263	92,225
1.1.6 Appeals and grievances  AD_24  Appeals, eligibility  Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding Medicaid eligibility  1.1.6 Appeals and grievances  AD_25  Appeals, denial of benefits  Administrative period regarding Medicaid eligibility  Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding denial of benefits  Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement records  Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement records  Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement records  Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement records  Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement records  Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement records	None N/A  None N/A					
1.1.6 Appeals and grievances  AD_26 Grievances, care quality  Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding the quality of care or services provided records  Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding a provider or managed care entities include Administrative measurement period regarding a provider or managed care entity. Managed care entities include Administrative measurement period regarding a provider or managed care entity. Managed care entities include Administrative measurement period regarding a provider or managed care entities include Administrative Managed Care Organizations (MCO), Prepaid Inpatient Health Plans (PIHP), and Prepaid records  Ambulatory Health Plans (PAHP).	None N/A					
1.1.6 Appeals and grievances  AD_28 Grievances, other  Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding other matters that are not subject to appeal  Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period  Provider enrollment measurement period  Mumber of primary care providers enrolled to deliver Medicaid services at the end of the measurement period  Mumber of primary care providers enrolled to deliver Medicaid services at the end of the measurement period						
1.1.7 Access to care  AD_30  Primary care provider active participation  Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 databases and or more demonstration beneficiaries during the measurement period claims and encounters	90 days 17,520					
1.1.7 Access to care  AD_31 Specialist provider availability Number of specialists enrolled to deliver Medicaid services at the end of the measurement databases Provider enrollment databases Provider enrollment databases  Provider enrollment databases Provider enrollment databases Provider enrollment databases and demonstration beneficiaries during the measurement period  Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more databases and claims and encounters	90 days 63,448 90 days 41,572					
Claims and	90 days N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A		N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A
Claims and  1.1.7 Access to care  AD_34  Prescription drug use  Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the encounters; other administrative records	90 days N/A	N/A	n/A	/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A
Claims and  1.1.7 Access to care  AD_35  Emergency department utilization, total  months during the measurement period  Total number of emergency department (ED) visits per 1,000 demonstration beneficiary encounters; other administrative records	90 days TBD	TBD	IBD TBD TBD TBD TBD TBD TBD TBD TBD	BD TBD TBD TBD TBD TBD TBD TBD	TBD TBD TBD TBD TBD TBD TBD TBD TBD	TBD TBD TBD TBD TBD TBD TBD TBD TBD
Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period.  If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the administrative differential copayment.  Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period.  If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the administrative records.	90 days N/A	N/A	N/A	/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A
If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.  Claims and  Total number of inpatient admissions per 1,000 demonstration beneficiary months during the encounters; other	90 days N/A	N/A	N/A	/a	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A
measurement period administrative records  Consumer  Medical Assistance with Smoking and Tobacco Use Cessation  Medical Assistance with Smoking and Tobacco Us						
1.1.8 Quality of care and health outcomes  AD_38A  [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS measure] <sup>j</sup> AD_38A  [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS measure] <sup>j</sup> AD_38A  [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS measure] <sup>j</sup> Discussing cessation strategies  Discussing cessation strategies  This metric consists of the following components:	90 days TBD TBD TBD TBD TBD TBD TBD TBD TBD					
1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one						
Preventive Care and Screening: Tobacco Use: Screening and outcomes  1.1.8 Quality of care and health outcomes  AD_38B  Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Cessation Intervention  [PCPI Foundation; NQF #0028]  Preventive Care and Screening: Tobacco Use: Screening and tobacco user  1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months  Claims and encounters or registry data  Claims and	90 days TBD TBD TBD TBD TBD TBD TBD TBD TBD					TBD TBD
2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention registry data  3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a encounters or tobacco user registry data	90 days TBD					TBD TBD  TBD TBD
Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:  1.1.8 Quality of care and health outcomes  AD_39-1  A	 90 days TBD					TBD TBD
macural <sup>j</sup>	90 days TBD					TBD TBD
measure] <sup>j</sup>	90 days TBD					TBD TBD
received follow-up within 7 days of the ED visit (8 total days)  Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following:  1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an	90 days TBD					TBD TBD
inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis						
The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence,  (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.  Claims and						
Initiation of Alcohol and Other Drug Abuse or Dependence  Treatment (IET-AD)  1.1.8 Quality of care and health AD_40  Initiation of Alcohol and Other Drug Abuse or Dependence  Treatment (IET-AD)  2. Initiation of AOD Treatment - Opioid abuse or dependence (rate 1, cohort 2)  AD_40  encounters or EHR	90 days TBD					
4. Initiation of AOD Treatment - Total AOD abuse or dependence (rate 1, cohort 4)  encounters or EHR	90 days TBD					TBD TBD
6. Engagement of AOD Treatment - Opioid drug abuse or dependence (rate 2, cohort 2)  encounters or EHR	90 days TBD					TBD TBD  TBD TBD
	90 days TBD					TBD TBD  TBD TBD
PQI 01: Diabetes Short-Term Complications Admission Rate  1.1.8 Quality of care and health outcomes  AD_41  PQI 01: Diabetes Short-Term Complications Admission Rate  (PQI01-AD)  Number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, Claims and hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries age 18 and older encounters  [AHRQ; NQF #0272; Medicaid Adult Core Set]	90 days TBD					TBD TBD
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or	90 days TBD					TBD TBD
	90 days TBD					TBD TBD
	90 days TBD					TBD TBD
Cost of contract amendments and staff time equivalents required to administer demonstrative cost AD_45 Administrative cost of demonstration operation demonstration policies, including premium collection, health behavior incentives, premium records assistance, community engagement requirements and/or retroactive eligibility waivers  Add rows for any additional state-identified metrics	None \$2,438,481					

Note: States must prominently display the following notice on any display of Measure rates:

<sup>f</sup> Add columns as necessary to report additional income groups.

<sup>g</sup> Add columns as necessary to report exempt groups.

<sup>h</sup> Add columns as necessary to report specific edibility groups.

The MSC-AD, FUA-AD, FUM-AD, and IET\_AD measures (metrics AD\_38A, AD\_39, and AD\_40) are Healthcare Effectiveness Data and Information Set ("HEDIS®") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

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<sup>a</sup> States should create a new metrics report for each reporting quarter.

<sup>b</sup> The reporting topics correspond to the prompts for reporting topic AD.Mod\_1 in the monitoring report template.

<sup>c</sup> Report metrics that are one annual value for a demonstration year only in the report specified in the reporting schedule.

<sup>d</sup> Report count metrics in the numerator column. Administrative costs (AD\_45) should also be reported in the numerator column.

<sup>e</sup> If applicable. See CMS-provided technical specifications.

iAdd columns as necessary to report phase-in cohorts, if applicable.

j Rates for these metrics reflect Uncertified, Unaudited HEDIS rates.

Checks:

AD\_8, AD\_9, AD\_11, AD\_12, AD\_13, AD\_14 should each be less than or equal to



Medicaid Section 1115 Eligibility and Coverage Demons

State Michigan

Demonstration Name Healthy Michigar

Demonstration Year (DY) DY 10

Calendar Dates for DY 01/01/2019 - 12,

Reporting Period Q2

Calendar Dates for Reporting Period 04/01/2019 - 06, Submitted on 10/14/2019

## **Eligibility and Coverage Demonstratic**

Reporting Topic <sup>b</sup>	#
CE.Mod_1: Specify community engagement policies	CE_1
CE.Mod_1: Specify community engagement policies	CE_2
CE.Mod_1: Specify community engagement policies	CE_3
CE.Mod_1: Specify community engagement policies	CE_4
CE.Mod_1: Specify community engagement policies	CE_5
CE.Mod_1: Specify community engagement policies	CE_6
CE.Mod_1: Specify community engagement policies	CE_7
CE.Mod_1: Specify community engagement policies	CE_8

CE.Mod_1: Specify community engagement policies	CE_9
CE.Mod_1: Specify community engagement policies	CE_10
CE.Mod_1: Specify community engagement policies	CE_11
CE.Mod_1: Specify community engagement policies	AD_12
CE.Mod_1: Specify community engagement policies	CE_13
CE.Mod_1: Specify community engagement policies	CE_14
CE.Mod_1: Specify community engagement policies	CE_15
CE.Mod_1: Specify community engagement policies	CE_16
CE.Mod_1: Specify community engagement policies	CE_17
CE.Mod_1: Specify community engagement policies	CE_18
CF Mod 1. Specify community	

engagement policies	CE_19
CE.Mod_1: Specify community engagement policies	CE_20
CE.Mod_1: Specify community engagement policies	CE_21
CE.Mod_1: Specify community engagement policies	CE_22
CE.Mod_1: Specify community engagement policies	CE_23
CE.Mod_1: Specify community engagement policies	CE_24
CE.Mod_2: Establish beneficiary supports and modifications	CE_25
CE.Mod_2: Establish beneficiary supports and modifications	CE_26
CE.Mod_2: Establish beneficiary supports and modifications	CE_27
CE.Mod_2: Establish beneficiary supports and modifications	CE_28
CE.Mod_2: Establish beneficiary supports and modifications	CE_29
CE.Mod_2: Establish beneficiary supports and modifications	CE_30
CE.Mod_2: Establish beneficiary supports and modifications	CE_31
CE.Mod_2: Establish beneficiary supports and modifications	CE_32

CL.IVIOU_4. Operationalize strategies for noncompliance	CE_33
CE.Mod_4: Operationalize strategies for noncompliance	CE_34
CE.Mod_4: Operationalize strategies for noncompliance	CE_35
CE.Mod_4: Operationalize strategies for noncompliance	CE_36
CE.Mod_4: Operationalize strategies for noncompliance	CE_37
CE.Mod_4: Operationalize strategies for noncompliance	CE_38
CE.Mod_4: Operationalize strategies for noncompliance	CE_39
CE.Mod_4: Operationalize strategies for noncompliance	CE_40
CE.Mod_4: Operationalize strategies for noncompliance	CE_41

CE.Mod\_4: Operationalize strategies for noncompliance

CE\_42

CE.Mod\_4: Operationalize strategies for noncompliance

CE\_43

CE.Mod\_4: Operationalize strategies for noncompliance

CE\_44

CE.Mod\_4: Operationalize strategies for noncompliance

CE\_45

CE.Mod\_4: Operationalize strategies for noncompliance

Add rows for any additional state-identified metrics

## Checks:

CE\_1 should be I

CE\_1 should be  $\epsilon$ 

CE 4 should be I

CE\_8 should be I

CE\_2 should be ε

<sup>&</sup>lt;sup>a</sup> States should create a new metrics report for each rep

<sup>&</sup>lt;sup>b</sup> The reporting topics correspond to the reporting topic

<sup>&</sup>lt;sup>c</sup> The reporting topics correspond to the reporting topic

 $<sup>^{\</sup>rm d}$  Report count metrics in the numerator column.

<sup>&</sup>lt;sup>e</sup> If applicable. See CMS-provided technical specification

<sup>&</sup>lt;sup>f</sup> Add columns as necessary to report additional income

<sup>&</sup>lt;sup>g</sup> Add columns as necessary to report exempt groups.

<sup>&</sup>lt;sup>h</sup> Add columns as necessary to report specific eligibility {

<sup>&</sup>lt;sup>i</sup> Add columns as necessary to report phase-in cohorts, i

CE\_35 should be CE\_41 should be

stration Report - Metrics reporting (CE)

n Plan

/31/2019

/30/2019

## on Metrics (CE)<sup>a</sup>

## **Metric name**

Total beneficiaries subject to the community engagement requirement, not exempt

Total beneficiaries who were exempt from the community engagement requirement in the month

Beneficiaries with approved good cause circumstances

Beneficiaries subject to the community engagement requirement and in suspension status due to failure to meet requirement

Beneficiaries subject to the community engagement requirement and receiving benefits who met the requirement for qualifying activities

Beneficiaries subject to the community engagement requirement and receiving benefits but in a grace period or allowable month of noncompliance

Beneficiaries who successfully completed make-up hours or other activities to retain active benefit status after failing to meet the community engagement requirement in a previous month

Beneficiaries in a non-eligibility period who were disenrolled for noncompliance with community engagement requirement and are prevented from reenrolling for a defined period of time

Beneficiaries who met the community engagement requirement by satisfying requirements of other programs

Beneficiaries who met the community engagement requirement through employment for the majority of their required hours

Beneficiaries who met the community engagement requirement through job training or job search for the majority of their required hours

Beneficiaries who met the community engagement requirement through educational activity for the majority of their required hours

Beneficiaries who met the community engagement requirement who were engaged in other qualifying activity for the majority of their required hours

Beneficiaries who met the community engagement requirement by combining two or more activities

Beneficiaries exempt from Medicaid community engagement requirements because they were exempt from requirements of SNAP and/or TANF

Beneficiaries exempt from Medicaid community engagement requirements on the basis of pregnancy

Beneficiaries exempt from Medicaid community engagement requirements due to former foster youth status

Beneficiaries exempt from Medicaid community engagement requirements due to medical frailty

Ranaficiarias avamnt from Madicaid community

engagement requirements on the basis of caretaker status

Beneficiaries exempt from Medicaid community engagement requirements on the basis of unemployment insurance compensation
Beneficiaries exempt from Medicaid community engagement requirements due to substance abuse treatment status

Beneficiaries exempt from Medicaid community engagement requirements due to student status

Beneficiaries exempt from Medicaid community engagement requirements because they were excused by a medical professional

Beneficiaries exempt from Medicaid community engagement requirements, other

Total beneficiaries receiving supports to participate and placement assistance

Beneficiaries provided with transportation assistance

Beneficiaries provided with childcare assistance

Beneficiaries provided with language supports

Beneficiaries assisted with placement in community engagement activities

Beneficiaries provided with other non-Medicaid assistance

Beneficiaries who requested reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries who were granted reasonable modifications to community engagement processes or requirements due to disability

Ranaficiarias nawly suspandad for failura to complata

community engagement requirements

Beneficiaries newly disenrolled for failure to complete community engagement requirements

Total beneficiaries whose benefits were reinstated after being in suspended status for noncompliance

Beneficiaries whose benefits were reinstated because their time-limited suspension period ended

Beneficiaries whose benefits were reinstated because they completed required community engagement activities

Beneficiaries whose benefits were reinstated because they completed "on-ramp" activities other than qualifying community engagement activities

Beneficiaries whose benefits were reinstated because they newly meet community engagement exemption criteria or had a good cause circumstance

Beneficiaries whose benefits were reinstated after successful appeal of suspension for noncompliance

Total beneficiaries re-enrolling after disenrollment for noncompliance

Beneficiaries re-enrolling after completing required community engagement activities

Beneficiaries re-enrolling after completing "on-ramp" activities other than qualifying community engagement activities

Beneficiaries re-enrolling after re-applying, subsequent to being disenrolled for noncompliance with community engagement requirements

Beneficiaries re-enrolling because they newly met community engagement exemption criteria or had a good cause circumstance

Beneficiaries re-enrolling after successful appeal of disenrollment for noncompliance

porting quarter.

s in the CE.Mod\_1 section of the monitoring report templates in section CE.Mod\_1 of the monitoring report template.

ıs.

groups.

groups.

f applicable.

ess than or equal to AD\_1
equal to the sum of metrics CE\_5 and CE\_6
ess than or equal to AD\_2
ess than or equal to AD\_3
equal to the sum of metrics CE\_15 - CE\_24

## **Metric description**

The number of beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the community engagement requirement and who did not have an individual exemption from the requirement.

The number of beneficiaries enrolled in income and eligibility groups that were subject to the community engagement requirement, but had an individual exemption from the policy. This excludes circumstances that give rise to good cause.

The number of beneficiaries enrolled in the demonstration who met the state criteria for good cause circumstances, such as serious illness, birth or death of a family member, severe weather, family emergencies, or life-changing event

The number of demonstration beneficiaries in suspension status due to failure to meet the community engagement requirement, including those newly suspended for noncompliance during the measurement period

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in qualifying activities

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement but did not meet the requirement. This includes beneficiaries who have not yet begun qualifying activities and those who logged some hours, but failed to meet total required hours.

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met additional requirements to retain active benefit status after previously failing to meet the requirement. This captures beneficiaries who successfully satisfy the "opportunity to cure" requirement and therefore are not suspended (if state has this policy).

The number of prior demonstration beneficiaries who were disenrolled from Medicaid for noncompliance with the community engagement requirement and are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time. The count should include those prevented from re-enrolling until their redetermination date.

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by satisfying requirements in other programs such as SNAP or TANF, regardless of whether they are "deemed" by the state to be in compliance with Medicaid requirements or must take reporting action

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement, who were self-employed or employed in subsidized and/or unsubsidized settings. Includes both those "deemed" by the state to be in compliance with Medicaid requirements because they are working more than the number of required hours and those who must report their hours.

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in on-the-job training, job skills training, vocational education and training, job search activities, job search training, a state-sponsored workforce program, or similar activity

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in education related to employment, general education, accredited English-as-a-second-language education, accredited homeschooling, or a state-designated class

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement through a state-specified activity not captured by other reporting categories, including community work experience, community service/public service, volunteer work, caregiving for a dependent, participation in substance use disorder treatment, enrollment in Medicaid employer-sponsored insurance premium assistance, or other activity.

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in a combination of activities defined in metrics CE\_35 through CE\_38, such as a combination of employment and education

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were exempt from the Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance to Needy Families (TANF) work requirements. This does not include beneficiaries who are meeting SNAP and/or TANF work requirements

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are pregnant

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were formerly part of the foster care system

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are identified as medically frail

The number of beneficiaries enrolled in the demonstration who were exempt from the

community engagement requirement because they are primary caregiver of a dependent child or incapacitated/disabled household member

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are receiving unemployment insurance compensation.

The number of beneficiaries enrolled in the demonstration who were exempt the community engagement requirement because they are participating in a drug or alcohol treatment and rehabilitation program.

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are a student enrolled a number of hours/week, defined by state

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because a medical professional determined the beneficiary had an acute medical condition separate from disability or frailty

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are exempt for another reason not captured by other reporting categories, including age above the upper limit defined by the state and enrollment in employer-sponsored insurance through premium assistance.

The number of beneficiaries enrolled in the demonstration who were given supports to enable them to participate, including non-Medicaid supports and supports due to disability

The number of beneficiaries enrolled in the demonstration who were given transportation assistance to enable participation in community engagement activities

The number of beneficiaries enrolled in the demonstration who were given childcare assistance to enable participation in community engagement activities.

The number of beneficiaries enrolled in the demonstration who were given language supports to enable participation in community engagement activities

The number of beneficiaries enrolled in the demonstration who were given placement assistance, including through Department of Labor support centers.

The number of beneficiaries enrolled in the demonstration who were given other non-Medicaid assistance to participate in community engagement activities

The number of beneficiaries enrolled in the demonstration who requested a reasonable modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability

The number of beneficiaries enrolled in the demonstration who were granted a modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability

the measurement period (if state has a suspension policy)

The number of demonstration beneficiaries newly disenrolled for noncompliance with community engagement requirements during the measurement period

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements, including those reinstated due to compliance, determination of exemption, and successful appeal or good cause circumstances

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because a defined suspension period ended.

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because they completed qualifying activities

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because they used a special pathway for re-enrollment such as a state-approved educational course

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they were newly determined exempt or had a good cause circumstance

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they successfully appealed

Total number of beneficiaries re-enrolled in the demonstration during the measurement period after disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy), including those re-enrolling after being determined exempt or after successful appeal.

Total number of beneficiaries re-enrolled in the demonstration during the measurement

period because they completed qualifying activities, subsequent to disensollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy).

Total number of demonstration beneficiaries re-enrolled during the measurement period because they used a special pathway for re-enrollment such as a state-approved educational course, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy).

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they re-applied, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date). This includes those who re-applied immediately after disenrollment and those who did so after a disenrollment (non-eligibility) period.

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they were newly determined exempt, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date).

The number of beneficiaries re-enrolled in the demonstration during the measurement period after successful appeal (including retroactive determination of a good cause exemption by the state), subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)

te.

## Attest that reporting matches CMSprovided specification (Y/N)

Administrative records 30 days

Data source

**Calculation lag** 

Administrative records 30 days

Administrative records 30 days Administrative records 30 days Administrative records 30 days Administrative records 30 days Administrative records 30 days Administrative records 30 days Administrative records 30 days Administrative records 30 days

Administrative records 30 days

Administrative records 30 days

Administrative records 30 days

Administrative records 30 days

Reporting issue (Y/N)

Describe any deviations from CMS- (further describe in the data and reporting provided measure specifications issues tab [CE])

Measurement period (month, quarter, year <sup>c</sup> )	Dates covered by measurement period (MM/DD/YYYY-MM/DD/YYYY)	Denominator	Demonstration  Numerator <sup>d</sup>
Month 1	, 22, ,		
Month 2			
Month 3			
Month 1			
Month 2			
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Month 2
Month 3

		< 50% FPL <sup>f</sup>	
Rate/Percentage <sup>e</sup>	Denominator	Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>

	50-100% FPL <sup>f</sup>		
Denominator	Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>	Denominator

>100% FPL <sup>f</sup>			Age 19-26
Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>	Denominator	Numerator <sup>d</sup>

Rate/Percentage <sup>e</sup>	Denominator	Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>	

	Age 36-45		
Denominator	Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>	Denominator

Age 46-55			Age 56-64
Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>	Denominator	Numerator <sup>d</sup>

Male			
		4	
Denominator	Numerator <sup>c</sup>	Rate/Percentage <sup>d</sup>	
	Denominator		

	Female		
		d	
Denominator	Numerator <sup>c</sup>	Rate/Percentage <sup>d</sup>	Denominator

White		Bla	ck or African America
Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>	Denominator	Numerator <sup>d</sup>

n	Asian			
		d		
Rate/Percentage <sup>e</sup>	Denominator	Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>	

America			
Denominator	Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>	Denominator

Other race			Unknown race
d	<i>I</i> e		d
Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>	Denominator	Numerator <sup>d</sup>

Hispanic ethnicity			
	d	e	
Denominator	Numerator	Rate/Percentage <sup>e</sup>	
	Denominator		

Non-Hispanic ethnicity			
Denominator	Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>	Denominator

Unknown ethnicity			Exempt groups <sup>g</sup>
Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>	Denominator	Numerator <sup>d</sup>

	Spe	cific eligibility group	os <sup>h</sup>
Rate/Percentage <sup>e</sup>	Denominator	Numerator <sup>d</sup>	Rate/Percentage <sup>e</sup>

Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Data and reporting issues (AD)

State Michigan

**Demonstration Name** Healthy Michigan Plan

Demonstration Year (DY) DY 10

01/01/2019 - 12/31/2019 Calendar Dates for DY

**Reporting Period** 

Calendar Dates for Reporting Period 04/01/2019 - 06/30/2019

Submitted on 43752

# **Data Reporting Issues (AD)**

Category	Metric(s) impacted
EXAMPLE: Appeals and grievances	EXAMPLE:
(Delete row before submitting)	AD_23 Grievance, other
Enrollment	AD_7 - AD_10
☐ The state does not have any data and reporting issues relat	ed to this section. All associated metrics are reported as outlined in monitori
Mid-year loss of demonstration eligibility	[Add rows as needed]
☐ The state does not have any data and reporting issues relat	ed to this section. All associated metrics are reported as outlined in monitori
Enrollment duration at time of disenrollment	[Add rows as needed]
The state does not have any data and reporting issues relat	ed to this section. All associated metrics are reported as outlined in monitori
Renewal	AD_15 - AD_21
The state does not have any data and reporting issues relat	ed to this section. All associated metrics are reported as outlined in monitori
Cost sharing limit	[Add rows as needed]
✓ The state does not have any data and reporting issues rela	ted to this section. All associated metrics are reported as outlined in monitor
Appeals and grievances	[Add rows as needed]
✓ The state does not have any data and reporting issues rela	ted to this section. All associated metrics are reported as outlined in monitor
Access to care	AD_35
The state does not have any data and reporting issues related	ted to this section. All associated metrics are reported as outlined in monitor
Quality of care and health outcomes	AD_36 - AD_44
The state does not have any data and reporting issues rela	ted to this section. All associated metrics are reported as outlined in monitor
Administrative cost	[Add rows as needed]
The state does not have any data and reporting issues related	ted to this section. All associated metrics are reported as outlined in monitor
Note: States must prominently display the following	notice on any display of Measure rates:

The MSC-AD, FUA-AD, FUM-AD, and IET\_AD measures (metrics AD\_38A, AD\_39, and AD\_40) are Healthcare Effe copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warra reports performance measures and NCQA has no liability to anyone who relies on such measures or specification

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not valid Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudi

Certain non-NCQA measures in the CMS 1115 eligibility and coverage demonstration contain HEDIS Value Sets (\ contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of t NCOA mascurae and any coding contained in the VC

<sup>a</sup>The state should also use this column to provide updates on any data or reporting issues described in previous End of workbook

	Date and report in which
Summary of issue	issue was first reported
EXAMPLE:	EXAMPLE:
Difficulty collecting data for metric AD_23.	8/1/18; DY 1 Qtr. 1
Difficulty collecting data	DATE; DY10 Q2
ing protocol.	
ng protocol.	
ing protocol.	
Difficulty collecting data	DATE; DY10 Q2
ing protocol.	
ing protocol.	
ing protocol.	
Difficulty collecting data	DATE; DY10 Q2
ing protocol.	
Difficulty collecting data	DATE; DY10 Q2
ring protocol.	
ing protocol.	

ctiveness Data and Information Set ("HEDIS®") measures that are owned and anties, or endorsement about the quality of any organization or physician that uses or ns.

dated the adjusted measure specifications but has granted CMS permission to adjust. ted HEDIS rates."

VS) developed by and included with the permission of the NCQA. Proprietary coding is hese code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-

reports. When applicable, the state should note when issues are resolved. If an issue was noted as resolved in the pre

Estimated number of	
impacted beneficiaries	Known or suspected cause(s) of issue (if applicable)
EXAMPLE: 24	EXAMPLE: Grievances are submitted via hardcopy through the mail to regional field offices. Often the field offices are slow to report the number of grievances they have received to the central office.
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format

Remediation plan and timeline for resolution (if applicable)/Status update if issue previously reported
EXAMPLE:  Central office is working on an electronic grievance filing system. That system will be completed by the end of the calendar year, and we will be able to quickly generate monthly, quarterly and yearly reports regarding grievances.
The state will acquire the needed data and receive training on new data sources
The state will acquire the needed data and receive training on new data sources
The state will acquire the needed data and receive training on new data sources
The state will acquire the needed data and receive training on new data sources

Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Data and reporting issues (CE)

State Michigan

Demonstration Name Healthy Michigan Plan

Demonstration Year (DY) DY 10

Calendar Dates for DY 01/01/2019 - 12/31/2019

Reporting Period Q2

Calendar Dates for Reporting Period 04/01/2019 - 06/30/2019

Submitted on 43752

# **Data Reporting Issues (CE)**

Reporting Topic  EXAMPLE: CE.Mod_2: Establish beneficiary supports and modifications  (Delete before submitting)	Metric(s) impacted  EXAMPLE:  CE_32 Beneficiaries exempt from Medicaid  community engagement requirements for good  cause
CE.Mod_1: Specify community engagement policies	All
	is section. All associated metrics are reported as outlined in monitor
CE.Mod_2: Establish beneficiary supports and modifications	All
The state does not have any data and reporting issues related to the	nis section. All associated metrics are reported as outlined in monitor
CE.Mod_4: Operationalize strategies for noncompliance	All
The state does not have any data and reporting issues related to the End of workbook	nis section. All associated metrics are reported as outlined in monitor

Summary of issue	Date and report in which issue was first reported
EXAMPLE:	EXAMPLE:
Awaiting additional data for metric CE_32 for September 2018.	8/1/18; DY 1 Qtr. 1
Michigan's Community Engagement requirements due not begin until 01/01/2020	
ing protocol.	
Michigan's Community Engagement requirements due not begin until 01/01/2020	
ring protocol.	
Michigan's Community Engagement requirements due not begin until 01/01/2020	
ring protocol.	

Estimated number of impacted beneficiaries  EXAMPLE: 100	Known or suspected cause(s) of issue (if applicable)  EXAMPLE:  Good cause exemption requests filed for the September 2018 are still being processed.

Remediation plan and timeline for resolution (if applicable)/Status update if issue
previously reported
FXAMPI F:
Good cause exemption processing for September 2018 will be completed in November and at that time we will be able to report this metric accurately. An additional case worker is being assigned to these requests for more timely processing in the future.

Version 1.0. End of workbook

# Michigan Department of Health and Human Services Medical Services Administration Bureau of Medicaid Care Management and Quality Assurance

# Healthy Michigan Plan Healthy Behaviors Incentives Program Report



Quarterly Report April-June 2019

Produced by:

Quality Improvement and Program Development - Managed Care Plan Divison

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#### Introduction

Pursuant to PA 107 of 2013, sections 105d(1)e and 105d(12), a Health Risk Assessment has been developed for the Healthy Michigan Plan (form DCH-1315). It is designed as a two part document, where the beneficiary completes the first three sections and the health care provider completes the last section. It includes questions on a wide range of health issues, a readiness to change assessment, and a discussion about behavior change between the beneficiary and the health care provider. The topics in the assessment cover all of the behaviors identified in PA 107 including alcohol use, substance use disorders, tobacco use, obesity and immunizations. It also includes the recommended healthy behaviors identified in the Michigan Health and Wellness 4X4 Plan, which include annual physicals, healthy diet, regular physical exercise and reducing tobacco use. As of April 2018, three new questions were added on the topics of annual dental visit, access to transportation and unmet basic needs. The question on anxiety and depression was removed and replaced with a question on chronic stress based on feedback regarding the most meaningful ways to ask about self-reported behavioral health status.

#### **Health Risk Assessment Part 1**

#### Health Risk Assessments completion through Michigan ENROLLS

In February 2014, the enrollment broker for the Michigan Department of Health and Human Services (Michigan ENROLLS) began administering the first section of the Health Risk Assessment to Healthy Michigan Plan beneficiaries who call to enroll in a health plan. In addition to asking new beneficiaries all of the questions in Section 1 of the Health Risk Assessment, call center staff inform beneficiaries that an annual preventive visit, including completion of the last three sections of the Health Risk Assessment, is a covered benefit of the Healthy Michigan Plan.

Completion of the Health Risk Assessment is voluntary; callers may refuse to answer some or all of the questions. Beneficiaries who are auto-assigned into a health plan are not surveyed. Survey results from Michigan ENROLLS are updated daily in CareConnect360 for secure transmission to the appropriate health plan to assist with outreach and care management.

The data displayed in Part 1 of this report reflect the responses to 12 questions in Section 1 of the Health Risk Assessment completed through Michigan ENROLLS. As shown in Table I, a total of 418,140 Health Risk Assessments were completed through Michigan ENROLLS as of June 2019. This represents a completion rate of 95.64%. Responses are reported in Tables 1 through 12. Beneficiaries who participated in the Health Risk Assessment but refused to answer specific questions are included in the total population and their answers are reported as "Refused". Responses are also reported by age and Federal Poverty Level (FPL).

The completion of the Health Risk Assessment with the enrollment broker was temporarily put on hold in May 2019.

June 2019

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# Health Risk Assessment Completion through Michigan ENROLLS

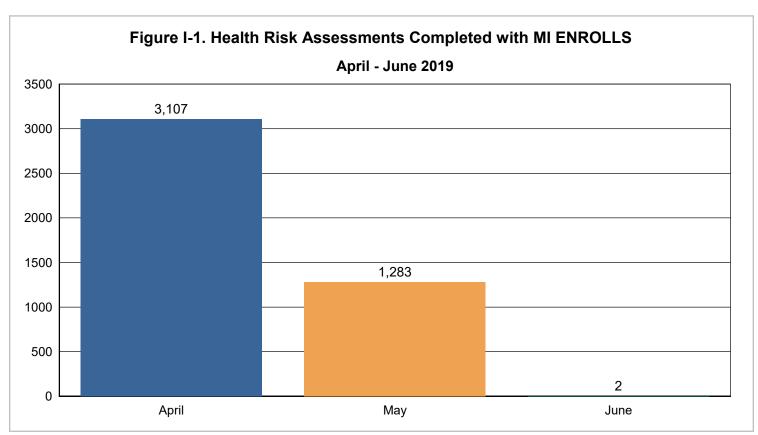
Table I. Count of Health Risk Assessments (HRA) 12 Questions Completed with MI Enrolls Total Aggregate to June 2019

MONTH	COMPLETE	TOTAL
July 2018	3,389	390,150
August 2018	3,404	393,554
September 2018	2,727	396,281
October 2018	2,703	398,984
November 2018	2,379	401,363
December 2018	3,000	404,363
January 2019	3,363	407,726
February 2019	2,839	410,565
March 2019	3,183	413,748
April 2019	3,107	416,855
May 2019	1,283	418,138
June 2019	2	418,140

Table II. Demographics of Population that Completed HRA 12 Questions with MI ENROLLS

April	2019	- June	2019

AGE GROUP	COMPLETED HRA	
19 - 34	1,576	35.88%
35 - 49	1,367	31.13%
50 +	1,449	32.99%
GENDER		
F	2,267	51.62%
М	2,125	48.38%
FPL		
< 100% FPL	3,506	79.83%
100 - 133% FPL	886	20.17%
TOTAL	4,392	100.00%

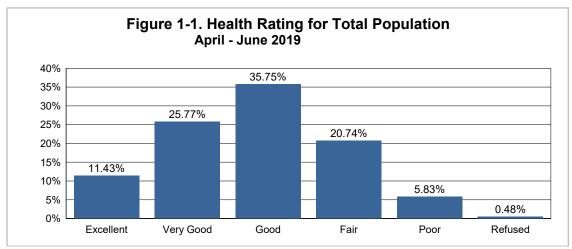


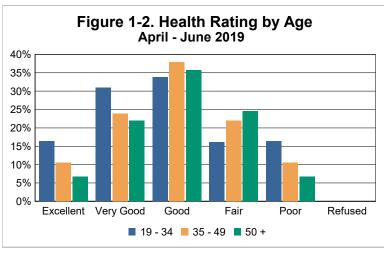
# **Question 1. General Health Rating**

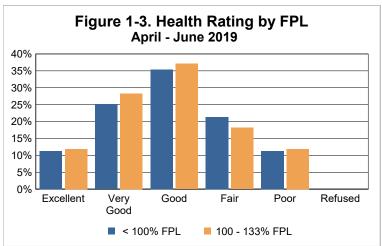
Question 1. In general, how would you rate your health? This question is used to assess self-reported health status. Healthy Michigan Plan enrollees were given the answer options of excellent, very good, good, fair or poor. Table 1 shows the overall answers to this question for the quarter April-June 2019. Among enrollees who completed the survey, this question had a 0.48% refusal rate. Figures 1-1 through 1-3 show the health rating reported for the total population, and by age and FPL.

Table 1. Health Rating for Total Population April - June 2019

HEALTH RATING	TOTAL	PERCENT
Excellent	502	11.43%
Very Good	1,132	25.77%
Good	1,570	35.75%
Fair	911	20.74%
Poor	256	5.83%
Refused	21	0.48%
TOTAL	4,392	100.00%





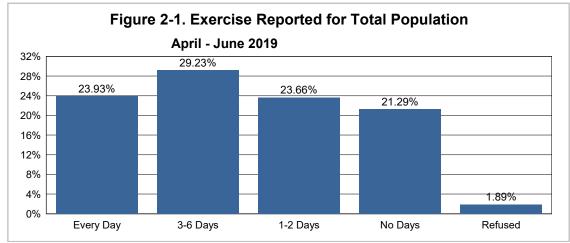


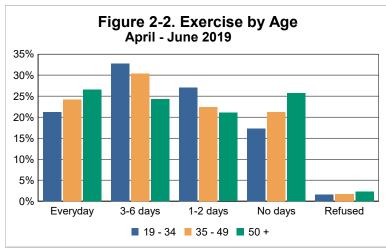
#### **Question 2. Exercise**

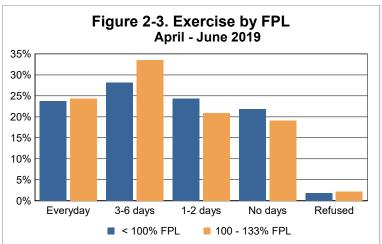
Question 2. In the last 7 days, how often did you exercise for at least 20 minutes a day? This question is used to assess self-reported exercise frequency as an important component of maintaining a healthy weight. Healthy Michigan Plan enrollees were given the answer options of every day, 3-6 days, 1-2 days or 0 days. Table 2 shows the overall answers to this question for April-June 2019. Among enrollees who participated in the survey, there was a 1.89% refusal rate for this question. Figures 2-1 through 2-3 show the exercise frequency reported for the total population, by age and FPL.

Table 2. Exercise Reported for Total Population April - June 2019

EXERCISE	TOTAL	PERCENT
Every Day	1,051	23.93%
3-6 Days	1,284	29.24%
1-2 Days	1,039	23.66%
No Days	935	21.29%
Refused	83	1.89%
TOTAL	4,392	100.00%







June 2019

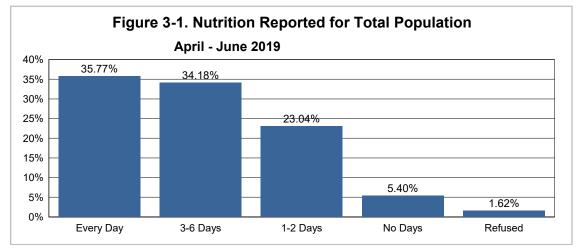
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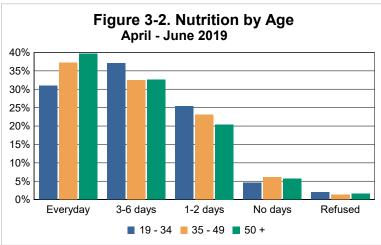
## **Question 3. Nutrition (Fruits and Vegetables)**

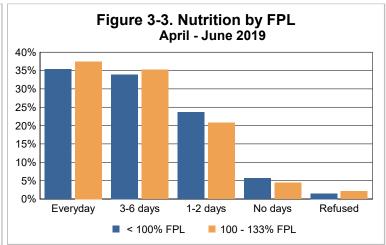
Question 3. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day? This question is used to assess self-reported nutrition as an important component of maintaining a healthy weight. Healthy Michigan Plan enrollees were given the answer options of every day, 3-6 days, 1-2 days or 0 days. Table 3 shows the overall answers to this question for April-June 2019. Among enrollees who participated in the survey, there was a 1.62% refusal rate for this question. Figures 3-1 through 3-3 show the nutrition reported for the total population, and by age and FPL.

Table 3. Nutrition Reported for Total Population April - June 2019

NUTRITION	TOTAL	PERCENT
Every Day	1,571	35.77%
3-6 Days	1,501	34.18%
1-2 Days	1,012	23.04%
No Days	237	5.40%
Refused	71	1.62%
TOTAL	4,392	100.00%





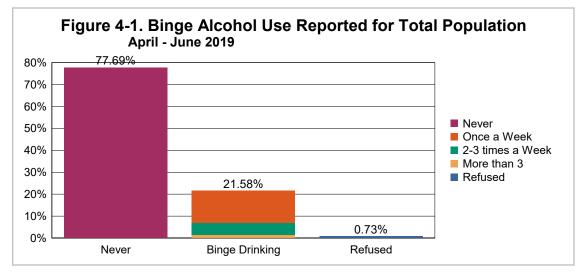


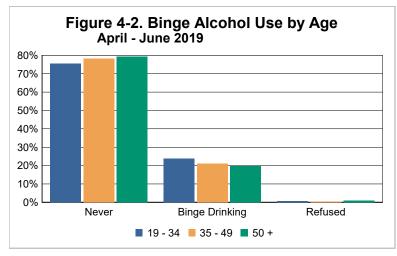
## **Question 4. Binge Alcohol Use**

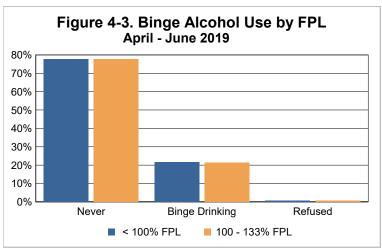
Question 4. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time? This question is used to assess self-reported binge alcohol use. Healthy Michigan Plan enrollees were given the answer options of never, once a week, 2-3 a week and more than 3 times during the week. Table 4 shows the combined overall answers to these questions for April-June 2019. Among enrollees who participated in the survey, there was a 0.73% refusal rate for this question. Figures 4-1 through 4-3 show binge alcohol use status reported for the total population, and by age and FPL.

Table 4. Binge Alcohol Use Reported for Total Population April - June 2019

ALCOHOL	TOTAL	PERCENT
Never	3,412	77.69%
Once a Week	645	14.69%
2-3 times a Week	241	5.49%
More than 3	62	1.41%
Refused	32	0.73%
TOTAL	4,392	100.00%





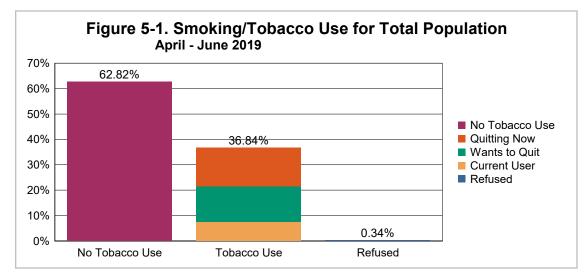


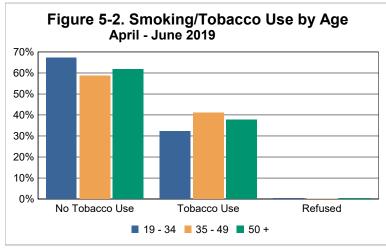
# Question 5. Smoking/Tobacco Use

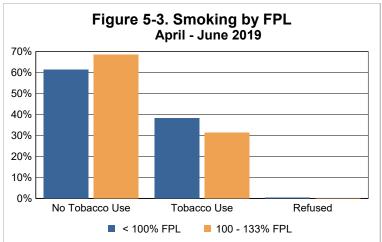
Question 5. In the last 30 days, have you smoked or used tobacco? This question is used to assess self-reported smoking/tobacco use. Healthy Michigan Plan enrollees were given the answer options of yes or no. Enrollees who answered yes, were asked a follow-up question: If YES, do you want to quit smoking or using tobacco? For this follow-up question, enrollees were given the answer options of yes, I am working on quitting or cutting back right now and no. Table 5 shows the combined overall answers to these questions for April-June 2019. Question 5 had a 0.34% refusal rate. Figures 5-1 through 5-3 show smoking/tobacco use reported for the total population, and by age and FPL.

Table 5. Smoking/Tobacco Use Reported for Total Population April - June 2019

TOBACCO USE	TOTAL	PERCENT
No Tobacco Use	2,759	62.82%
Quitting Now	671	15.28%
Wants to Quit	617	14.05%
Current User	330	7.51%
Refused	15	0.34%
TOTAL	4,392	100.00%





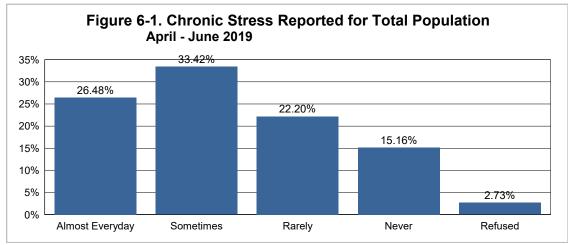


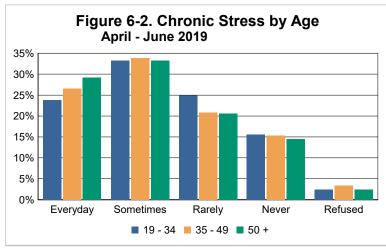
#### **Question 6. Chronic Stress**

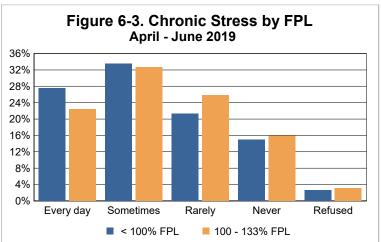
Question 6. How often is stress a problem for you in handling everyday things such as your health, money, work, or relationships with family and friends? This question is used to assess selfreported mental health status. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 6 shows the overall answers to this question for April-June 2019. Among enrollees who participated in the survey, there was a 2.73% refusal rate for this question. Figures 6-1 through 6-3 show anxiety and depression reported for the total population, and by age and FPL.

Table 6. Chronic Stress Reported for Total Population April - June 2019

STRESS	TOTAL	PERCENT
Almost Every day	1,163	26.48%
Sometimes	1,468	33.42%
Rarely	975	22.20%
Never	666	15.16%
Refused	120	2.73%
TOTAL	4,392	100.00%





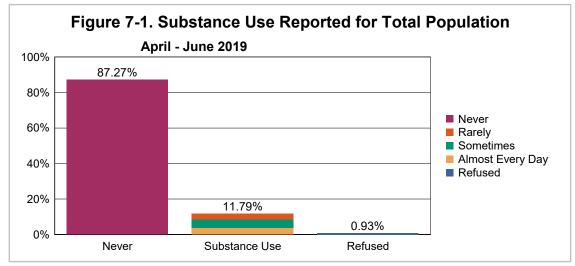


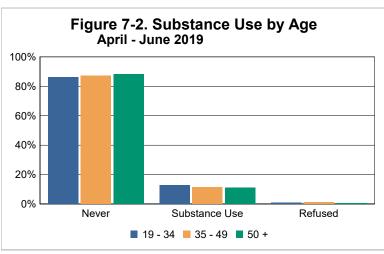
# **Question 7. Drugs and Substance Use**

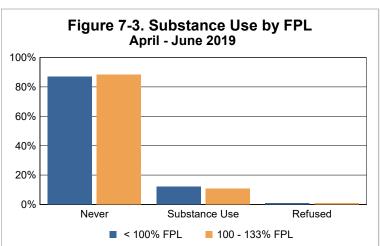
Question 7. Do you use drugs or medications (other than exactly as prescribed for you) which affect your mood or help you to relax? This question is used to assess self-reported substance use. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 7 shows the overall answers to this question for April-June 2019. Among enrollees who participated in the survey, there was a 0.93% refusal rate for this question. Figures 7-1 through 7-3 show substance use reported for the total population, and by age and FPL.

Table 7. Substance Use Reported for Total Population April - June 2019

SUBSTANCE USE	TOTAL	PERCENT
Almost Every Day	169	3.85%
Sometimes	203	4.62%
Rarely	146	3.32%
Never	3,833	87.27%
Refused	41	0.93%
TOTAL	4,392	100.00%





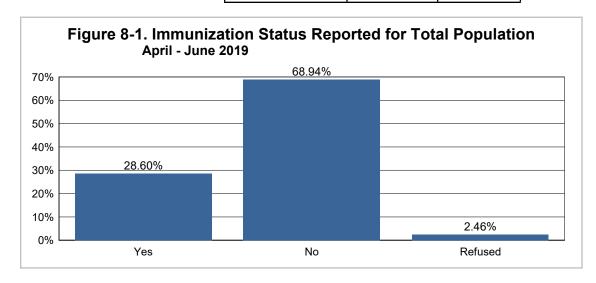


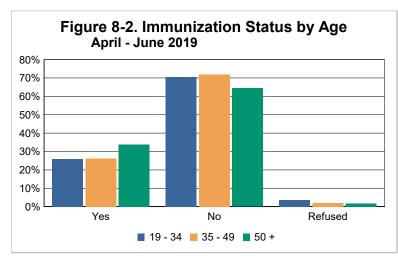
## **Question 8. Immunization Status (Annual Flu Vaccine)**

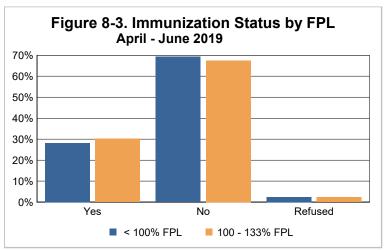
Question 8. The flu vaccine can be a shot in the arm or a spray in the nose. Have you had a flu shot or flu spray in the last year? This question is used to assess self-reported annual flu vaccine as an indicator of immunization status. Healthy Michigan Plan enrollees were given the answer options of yes or no. Table 8 shows the overall answers to this question for April-June 2019. Among enrollees who participated in the survey, there was a 2.46% refusal rate for this question. Figures 8-1 through 8-3 show immunization status reported for the total population, and by age and FPL.

Table 8. Immunization Status Reported for Total Population April - June 2019

IMMUNIZATION	TOTAL	PERCENT
Yes	1,256	28.60%
No	3,028	68.94%
Refused	108	2.46%
TOTAL	4,392	100.00%





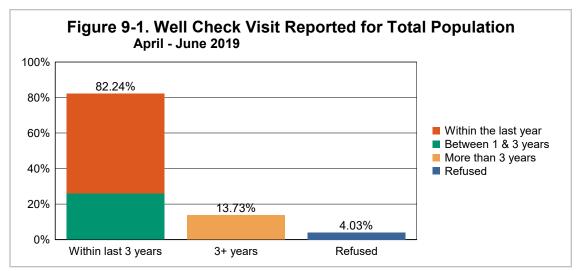


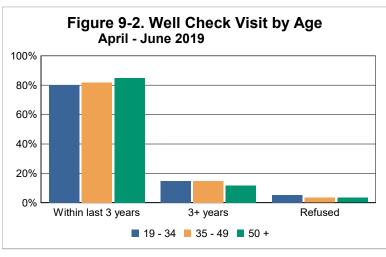
#### **Question 9. Well Check Visit**

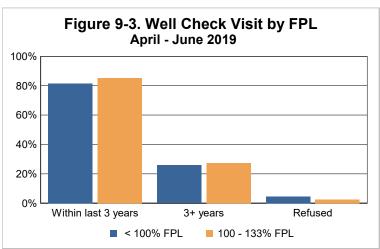
Question 9. A checkup is a visit to a doctor's office that is NOT for a specific problem. How long has it been since your last check-up? This question is used to assess self-reported well check visit. Healthy Michigan Plan enrollees were given the answer options of within the last year, between 1-3 years and more than 3 years. Table 9 shows the overall answers to this question for April-June 2019. Among enrollees who participated in the survey, there was a 4.03% refusal rate for this question. Figures 9-1 through 9-3 show well check visit reported for the total population, and by age and FPL.

Table 9. Well Check Visit Reported for Total Population April - June 2019

CHECK-UP	TOTAL	PERCENT
Within the last year	2,465	56.13%
Between 1 & 3 years	1,147	26.12%
More than 3 years	603	13.73%
Refused	177	4.03%
TOTAL	4,392	100.00%





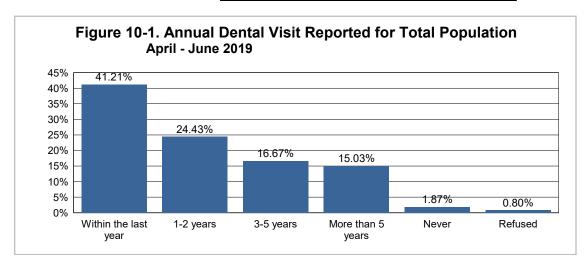


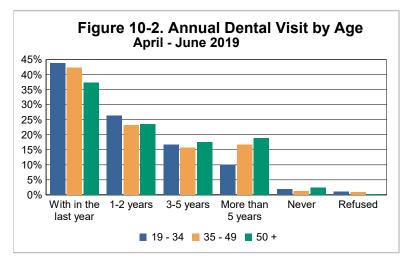
#### **Question 10. Annual Dental Visit**

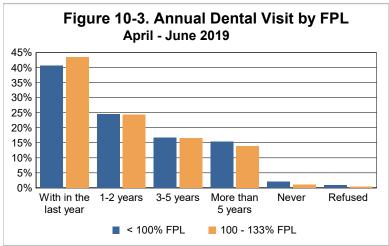
Question 10. How long it has been since you last visited dentist or dental clinic for any reason? This question is used to assess self-reported annual dental visit. Healthy Michigan Plan enrollees were given the answer options of within the last year, between 1-2 years, between 3-5 years, more than 5 years and never. Table 10 shows the overall answers to this question for April-June 2019. Among enrollees who participated in the survey, there was a 0.80% refusal rate for this question. Figures 3-1 through 3-3 show well check visit reported for the total population, and by age and FPL.

Table 10. Annual Dental Visit Reported for Total Population April - June 2019

DENTAL VISIT	TOTAL	PERCENT
Within the last year	1,810	41.21%
1-2 years	1,073	24.43%
3-5 years	732	16.67%
More than 5 years	660	15.03%
Never	82	1.87%
Refused	35	0.80%
TOTAL	4,392	100.00%





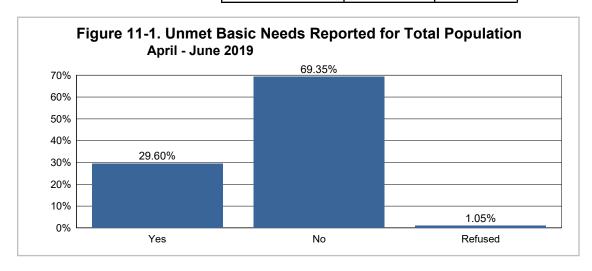


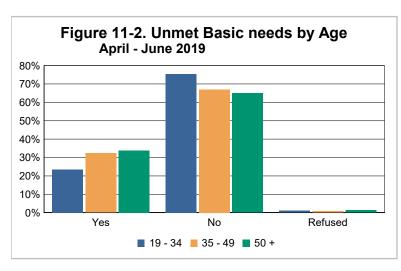
### **Question 11. Unmet Basic Needs**

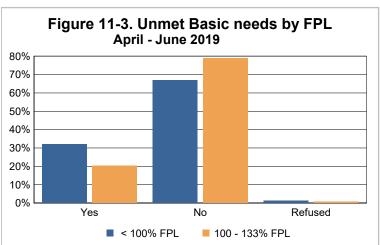
Question 11. Do you need help with food, clothing, or housing? This question is used to assess self-reported access to basic needs and services for health. Healthy Michigan Plan enrollees were given the answer options of yes or no. Table 11 shows the overall answers to this question for April-June 2019. Among enrollees who participated in the survey, there was a 1.05% refusal rate for this question. Figures 11-1 through 11-3 show unmet basic needs reported for the total population, and by age and FPL.

Table 11.Unmet Basic Needs Reported for Total Population April - June 2019

BASIC NEEDS	TOTAL	PERCENT
Yes	1,300	29.60%
No	3,046	69.35%
Refused	46	1.05%
TOTAL	4,392	100.00%





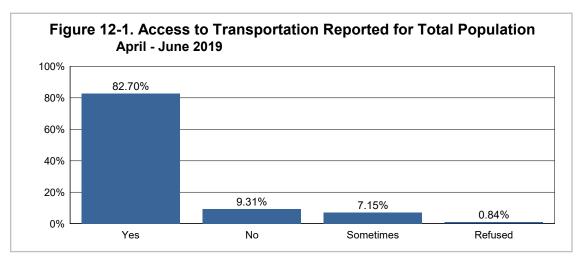


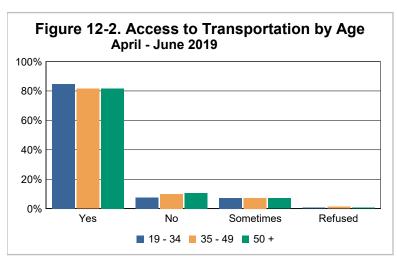
### **Question 12. Access to Transportation**

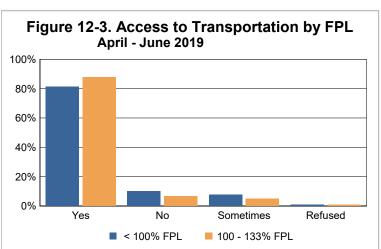
Question 12. Do you have access to transportation for medical appointments? This question is used to assess self-reported access to non-emergent medical transportation(NEMT). NEMT is a Healthy Michigan Plan benefit for Enrollees who need assistance with transportation to medical appointments. Healthy Michigan Plan enrollees were given the answer options of yes, Sometimes or no. Table 12 shows the overall answers to this question for April-June 2019. Among enrollees who participated in the survey, there was a 0.84% refusal rate for this question. Figures 12-1 through 12-3 access to transportation reported for the total population, and by age and FPL.

Table 12. Access to Transportation Reported for Total Population April - June 2019

TRANSPORTATION	TOTAL	PERCENT
Yes	3,632	82.70%
No	409	9.31%
Sometimes	314	7.15%
Refused	37	0.84%
TOTAL	4,392	100.00%







### **Health Risk Assessment Part 2**

#### Health Risk Assessments completion with Provider Attestation

In April 2014, the Healthy Michigan Plan was launched, and an initial preventive health visit to a primary care provider was promoted for all new beneficiaries. Beneficiaries were also encouraged to complete the last section of the Health Risk Assessment at this initial appointment. This final section of the Health Risk Assessment is designed as a tool for identifying annual healthy behavior goals.

Completion of this section of the Health Risk Assessment is also voluntary. Healthy Michigan Plan Beneficiaries who complete a Health Risk Assessment with a health care provider attestation and agree to maintain or address healthy behaviors are eligible for an incentive. Beginning in April 2018, in discussion with the beneficiary, health care providers also choose between 4 statements to attest to whether the beneficiary achieved or made significant progress towards the healthy behavior goal(s) he or she had previously selected to work on the year before. Only beneficiaries who both made significant progress towards the previous year goal AND select one or more goals for the upcoming year are eligible for an incentive.

The data displayed in Part 2 of this report reflect the healthy behavior goals selected in the final section of the Health Risk Assessment. As shown in Table 13, a total of 12,681 Health Risk Assessments were completed in the April-June 2019 quarter. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 14.

Among beneficiaries who completed the Health Risk Assessment, 10,927 or 86.2% of beneficiaries agreed to address health risk behaviors. In addition, 1,526 or 12.0% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 98.2% of beneficiaries are choosing to address or maintain healthy behaviors. The healthy behaviors goal statements selected are reported in Table 15. Healthy behavior goal statements are also reported by age and FPL in Figures 15-2 and 15-3.

Of the 10,927 beneficiaries who agreed to address health risk behaviors, 58.2% chose to address more than one healthy behavior. Tables 13 and 14 report the most frequently selected health risk behaviors to address, alone and in combination. Figure 18 is a Venn diagram representing the overlapping nature of the multiple healthy behaviors selected.

## **Health Risk Assessment Completion with Health Care Provider**

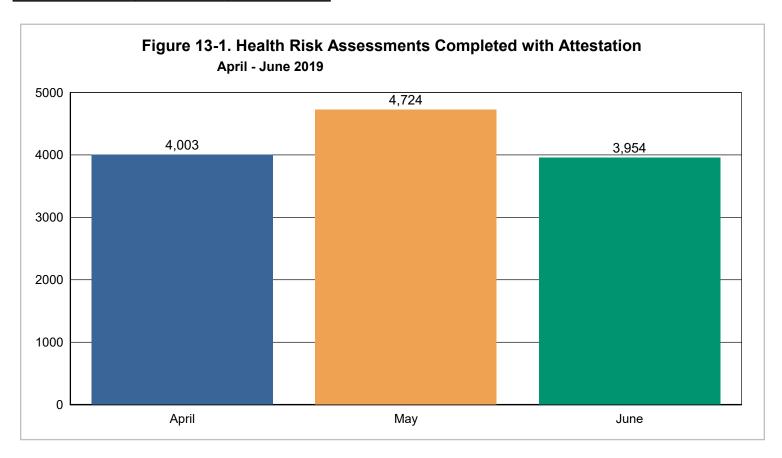
Table 13. Count of Health Risk Assessments (HRA) Completed with Attestation by Month submitted

MONTH	COMPLETE	TOTAL
July 2018	5,773	290,655
August 2018	3,878	294,533
September 2018	5,707	300,240
October 2018	3,743	303,983
November 2018	4,841	308,824
December 2018	4,917	313,741
January 2019	2,920	316,661
February 2019	3,277	319,938
March 2019	4,671	324,609
April 2019	4,003	328,612
May 2019	4,724	333,336
June 2019	3,954	337,290

Table 14. Demographics of Population that Completed HRA with Attestation

**April 2019 - June 2019** 

AGE GROUP	COMPLETED HRA	
19 - 34	4,101	32.34%
35 - 49	3,479	27.44%
50 +	5,101	40.23%
GENDER		
F	7,116	56.12%
М	5,565	43.89%
FPL		
< 100% FPL	10,140	79.96%
100 - 133% FPL	2,541	20.04%
TOTAL	12,681	100.00%



### **Healthy Behaviors Statement Selection**

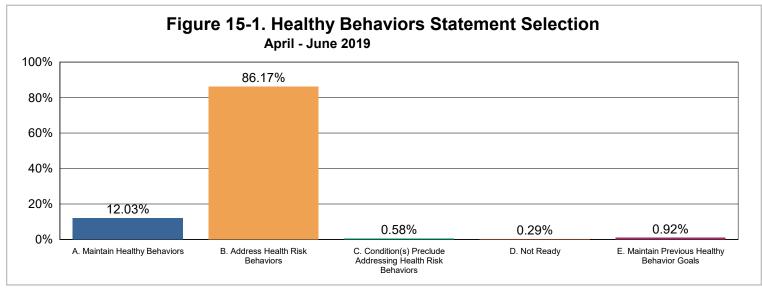
<u>Section 4. Healthy Behaviors:</u> In discussion with the beneficiary, health care providers choose between 4 statements to attest to the healthy behaviors goals that the beneficiary will strive for this year. The 4 statements are:

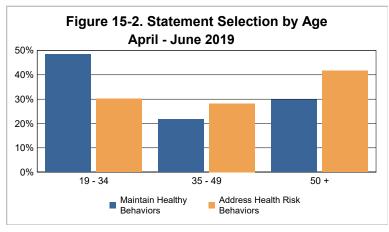
- A. Patient does not have health risk behaviors that need to be addressed at this times
- B. Patient has identified at least one behavior to address over the next year to improve their health
- C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing unhealthy behaviors at this time.
- D. Unhealthy behaviors have been identified, patient's readiness to change has been assessed, and patient is not ready to make changes at this time.

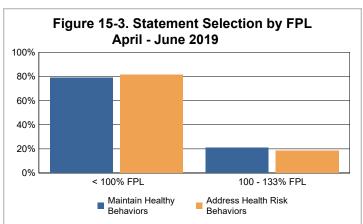
Figures 10-2 through 10-4 show Healthy Behaviors Statement Selections for the total population, and by age and FPL.

Table 15. Healthy Behaviors Statement Selection April - June 2019

СНЕСК-UP	TOTAL	PERCENT
A. Maintain Healthy Behaviors	1,526	12.03%
B. Address Health Risk Behaviors	10,927	86.17%
C. Condition(s) Preclude Addressing Health Risk Behaviors	74	0.58%
D. Not Ready	37	0.29%
E. Maintain Previous Healthy Behavior Goals	117	0.92%
TOTAL	12,681	100.00%







#### Selection of Health Risk Behaviors to Address

<u>Section 4. Healthy Behaviors:</u> In discussion with the beneficiary, when Statement B, "Patient has identified at least one behavior they intend to address over the next year to improve their health" is selected, providers choose one or more of the following 11 statements to identify the healthy behaviors the beneficiary has chosen to address for the year:

- 1. Increase physical activity, Learn more about nutrition and improve diet, and/or weight loss
- 2. Reduce/quit tobacco use
- 3. Annual Influenza vaccine
- 4. Agrees to follow-up appointment for screening or management (if necessary) of hypertension, cholesterol and/or diabetes
- 5. Reduce/quit alcohol consumption
- 6. Treatment for Substance Use Disorder
- 7. Dental Visit
- 8. Follow-up appointment for maternity care/reproductive health
- 9. Follow-up appointment for recommended cancer or other preventative screening(s)
- 10. Follow-up appointment for mental health/behavioral health
- 11. Other: explain \_\_\_\_\_

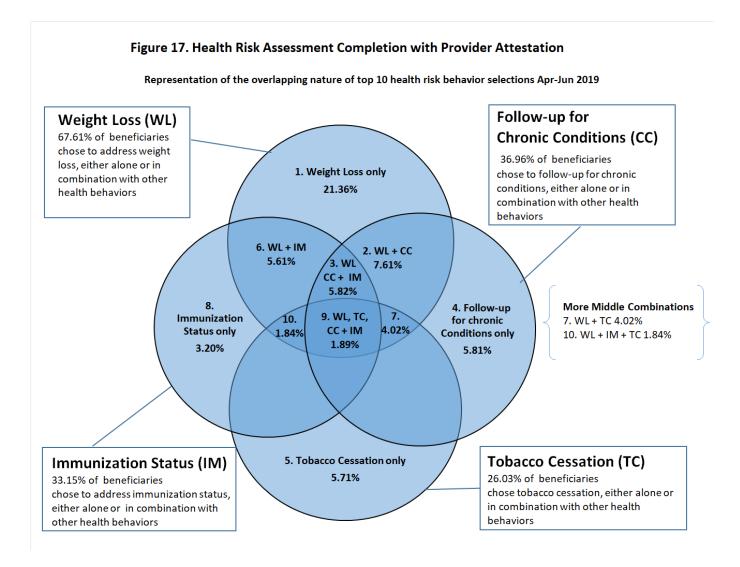
Of the 10,927 HRAs submitted through April-June 2019 where the beneficiary chose to address health risk behaviors, 58.18% of beneficiaries chose more than one healthy behavior to address. The top 10 most selected behavior combinations and the rate that each behavior was selected in combination and alone are presented in the tables below:

Table 16. Health Risk Behaviors Selected in Combination and Alone

Health Risk Behavior	Chose this behavior and at least one more	Chose ONLY this behavior
Weight Loss	67.61%	21.36%
Tobacco Cessation	26.03%	5.71%
Immunization Status (Annual Flu Vaccine)	33.15%	3.20%
Follow-up for Chronic Conditions	36.96%	5.81%
Addressing Alcohol Abuse	4.50%	0.46%
Addressing Substance Abuse	1.33%	0.22%
Dental visit	9.24%	0.48%
Follow-up appointment for maternity care/reproductive health	1.31%	0.22%
Follow-up appointment for recommended cancer or other preventative screening(s)	12.72%	1.34%
Follow-up appointment for mental health/behavioral health	6.76%	1.37%
Other	4.65%	1.66%

Table 17. Top 10 Most Selected Health Risk Behavior Combinations

Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	2,334	21.36%
2. Weight Loss, Follow-up for Chronic Conditions	832	7.61%
3. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	636	5.82%
4. Follow-up for Chronic Conditions	635	5.81%
5. Tobacco Cessation ONLY	624	5.71%
6. Weight Loss, Immunization Status	613	5.61%
7. Weight Loss, Tobacco Cessation	439	4.02%
8. Immunization Status (Annual Flu Vaccine)	350	3.20%
9. Weight Loss, Tobacco Cessation, Immunization Status, Follow-up for Chronic Conditions	207	1.89%
10. Weight Loss, Tobacco Cessation, Immunization Status	201	1.84%
Total for Top 10	6,871	62.88%
Total for All Other Combinations	4,056	37.12%
Total	10,927	100.00%



### **Healthy Behaviors Goals Progress**

<u>Section 4. Healthy Behaviors Goals Progress:</u> In discussion with the patient, health care providers choose between 4 statements to attest to whether the patient achieved or made significant progress towards the health behavior goal(s) he or she had previously selected to work on the year before. The 4 statements are:

A. Not applicable - this is the first known Healthy Michigan Plan Health Risk Assessment for this patient.

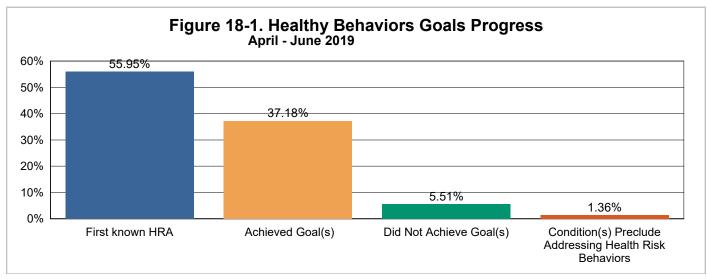
- B. Yes
- C. No
- D. Patient had a serious medical, behavioral, or social condition or conditions which precluded addressing unhealthy behaviors.

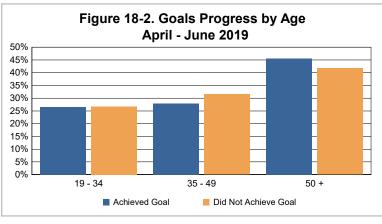
1,557 Health Risk Assessments were submitted during this quarter where this question was not available because the Healthy Behavior Goals Progress question was not available on the original form of the Health Risk Assessment.

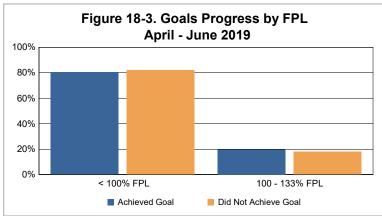
Figures 18-1 through 18-3 show Healthy Behavior Goals Progress for the total population, and by age and FPL.

Table 18. Healthy Behaviors Goals Progress
April - June 2019

GOALS PROGRESS	TOTAL	PERCENT
A. First known HRA	6,224	55.95%
B. Achieved Goal(s)	4,136	37.18%
C. Did Not Achieve Goal(s)	613	5.51%
D. Condition(s) Preclude Addressing Health Risk Behaviors	151	1.36%
TOTAL	11,124	100.00%







#### **Additional Healthy Behaviors**

To improve the ability of individuals to participate in the Healthy Behaviors Incentives Program, additional mechanisms to document healthy behaviors were added April 1, 2018 for individuals who may have completed healthy behavior activities but do not have a submitted Health Risk Assessment for documentation. The mechanisms include documented participation in approved wellness and population health management programs and claims/encounters review for beneficiaries who utilize preventive and wellness services. Completion of these additional healthy behavior options is also voluntary. The data displayed in this section of the report reflect counts of the number of wellness programs and preventive services completed by beneficiaries. Beneficiaries may choose to complete one or more of these programs in a given 12 month period and could therefore be counted more than once in this report. However, they will still only be eligible for one incentive per year.

A total of 7,583 wellness programs were completed in the April-June 2019 quarter. Wellness Program completion is reported by age, gender and Federal Poverty Level in Table 20. Wellness Programs are reported by health domain in Table 21.

A total of 272,747 Preventive Services were completed in the April-June 2019 quarter. Preventive Services completion is reported by age, gender and Federal Poverty Level in Table 23. Preventive Services are reported by health domain in Table 24.

## **Wellness Programs**

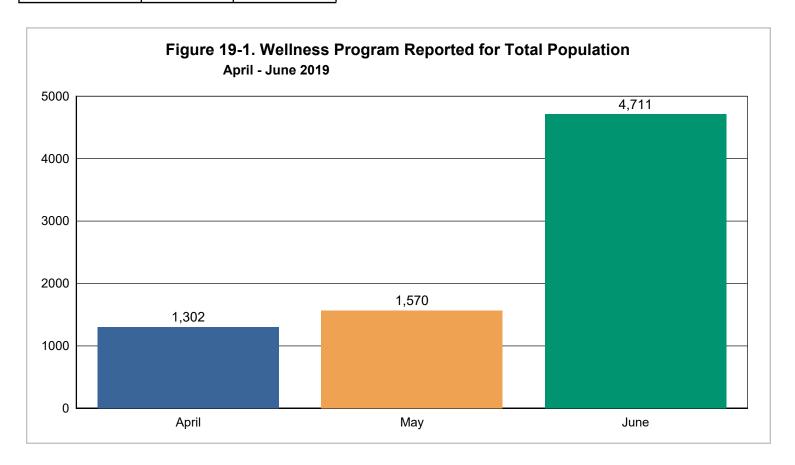
Table 19. Count of Wellness Programs Reported for Total population by Months submitted

MONTH	COMPLETE	TOTAL
July 2018	3,181	12,601
August 2018	3,902	16,503
September 2018	1,041	17,544
October 2018	2,110	19,654
November 2018	1,304	20,958
December 2018	1,234	22,192
January 2019	1,495	23,687
February 2019	1,190	24,877
March 2019	3,333	28,210
April 2019	1,302	29,512
May 2019	1,570	31,082
June 2019	4,711	35,793

Table 20. Wellness Programs Reported for Age Group, Gender and FPL

**April 2019 - June 2019** 

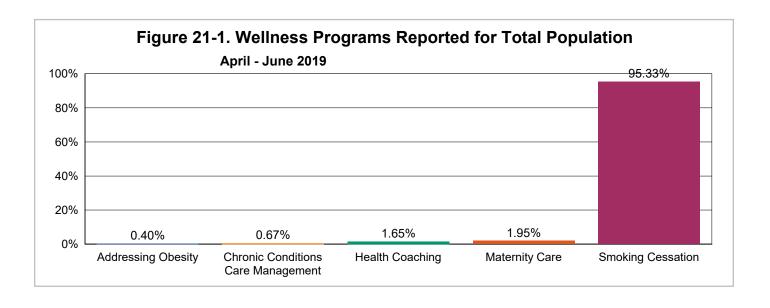
AGE GROUP	COMPL	ETED
19 - 34	1,923	25.36%
35 - 49	2,643	34.85%
50 +	3,017	39.79%
GENDER		
F	3,950	52.09%
М	3,633	47.91%
FPL		
< 100% FPL	6,470	85.32%
100 - 133% FPL	1,113	14.68%
TOTAL	7,583	100.00%



**Wellness Programs:** The Managed Care Plans offer a range of wellness and population health management programs to their members as part of the Healthy Behaviors Incentives Program. Ten of the eleven Managed Care Plans offer a tobacco cessation program which follows standardized criteria. For this reason, 95.33% of wellness programs reported are tobacco cessation programs. Completed wellness programs are displayed in Table 21 for the quarter April-June 2019.

Table 21. Particiation in Wellness Programs for Total Population
April - June 2019

Wellness Programs	TOTAL	PERCENT
Addressing Obesity	30	0.40%
Chronic Conditions Care Management	51	0.67%
Health Coaching	125	1.65%
Maternity Care	148	1.95%
Smoking Cessation	7,229	95.33%
TOTAL	7,583	100.00%



## **Preventive Sevices**

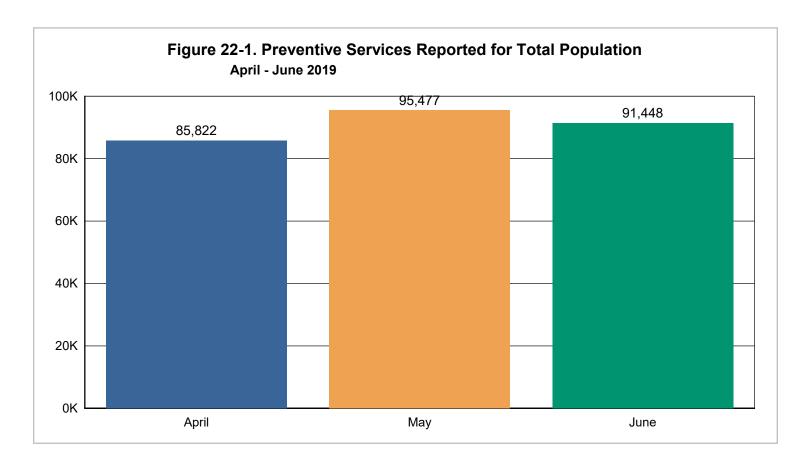
Table 22. Count of Preventive Services Reported for Total population by Months submitted

MONTH	COMPLETE	TOTAL
July 2018	117,357	1,289,407
August 2018	125,568	1,414,975
September 2018	104,945	1,519,920
October 2018	127,191	1,647,111
November 2018	224,064	1,871,175
December 2018	101,734	1,972,909
January 2019	87,404	2,060,313
February 2019	77,296	2,137,609
March 2019	98,688	2,236,297
April 2019	85,822	2,322,119
May 2019	95,477	2,417,596
June 2019	91,448	2,509,044

Table 23. Preventive Services Reported for Age Group, Gender and FPL

**April 2019 - June 2019** 

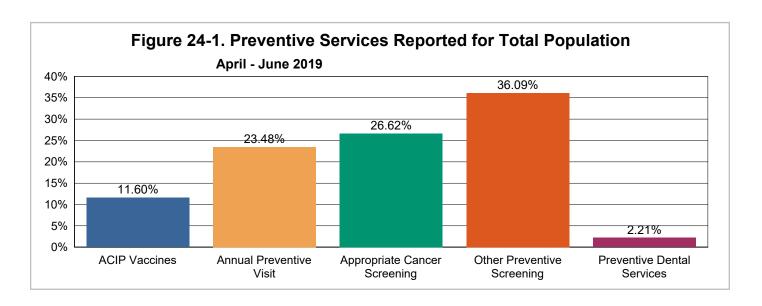
AGE GROUP	COMPL	ETED
19 - 34	119,478	43.81%
35 - 49	70,312	25.78%
50 +	82,957	30.42%
GENDER		
F	197,910	72.56%
М	74,837	27.44%
FPL		
< 100% FPL	215,978	79.19%
100 - 133% FPL	56,769	20.81%
TOTAL	272,747	100.00%



**Preventive Services Reported:** All Healthy Michigan Plan Enrollees can participate in the Healthy Behaviors Incentives Program by utilizing select preventive services. Utilization of these services are identified through claims/encounter review. The preventive services utilized and their percentage of total preventive services reported are displayed in Table 24 for the quarter April-June 2019. The associated codes for the selected preventive services can be found in Appendix 1.

Table 24. Particiation in Preventive Services for Total Population April - June 2019

Preventive Services	TOTAL	PERCENT
ACIP Vaccines	31,641	11.60%
Annual Preventive Visit	64,031	23.48%
Appropriate Cancer Screening	72,606	26.62%
Other Preventive Screening	98,449	36.10%
Preventive Dental Services	6,020	2.21%
TOTAL	272,747	100.00%



Appendix 1: Healthy Behaviors incentives Program - Preventive Services Procedure and Diagnosis Codes

PREVENTIVE DENTAL SERVICES	
PROCEDURE CODE	DIAGNOSIS CODE
D0120	Z0120, Z0121, Z1384
D0191	Z0120, Z0121, Z1384
D1110	Z0120, Z0121, Z1384
D1354	Z0120, Z0121

D1334	20120, 20121	
ACIP VACCINES		
PROCEDURE CODE	DIAGNOSIS CODE	
90620	NA	
90621	NA	
90630	NA	
90632	NA	
90636	NA	
90649	NA	
90650	NA	
90651	NA	
90654	NA	
90656	NA	
90658	NA	
90661	NA	
90670	NA	
90673	NA	
90674	NA	
90686	NA	
90688	NA	
90707	NA	
90714	NA	
90715	NA	
90716	NA	
90732	NA	
90733	NA	
90734	NA	
90736	NA	
90740	NA	
90744	NA	
90746	NA	
90747	NA	
G0008	NA	
G0009	NA	
G0010	NA	
Q2034	NA	
Q2035	NA	
Q2036	NA	
Q2037	NA	
Q2038	NA	
Q2039	NA	

ANNUAL PREVENTIVE VISIT	
PROCEDURE CODE	DIAGNOSIS CODE
99385	NA
99386	NA
99395	NA
99396	NA
99401	NA
99402	NA

CANCER SCREENING: BREAST	
PROCEDURE CODE	DIAGNOSIS CODE
77063	NA
77067	NA
G0202	NA

CANCER SCREENING: CERVICAL/VAGINAL	
PROCEDURE CODE	DIAGNOSIS CODE
87623	NA
87624	NA
87625	NA
88141	NA
88142	NA
88143	NA
88147	NA
88148	NA
88155	NA
88164	NA
88165	NA
88166	NA
88167	NA
88174	NA
88175	NA
G0101	NA
G0476	NA
Q0091	NA

CANCER SCREENING: COLORECTAL	
PROCEDURE CODE	DIAGNOSIS CODE
45330	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45331	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45333	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45338	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45346	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45378	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45380	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45384	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45385	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45388	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
81528	NA
82270	NA
82274	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
G0104	NA
G0105	NA
G0121	NA
G0328	NA

CANCER SCREENING: LUNG	
PROCEDURE CODE	DIAGNOSIS CODE
71250	F172, Z122, Z720, Z87891
G0297	NA

CANCER SCREENING: PROSTATE	
PROCEDURE CODE	DIAGNOSIS CODE
84152	Z125, Z8042
84153	Z125, Z8042
84154	Z125, Z8042
G0102	NA
G0103	NA

HEP C VIRUS INFECTION SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
86803	NA
G0472	NA

HIV SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
86689	Z114
86701	Z114
86702	Z114
86703	Z114
87389	Z114
87390	Z114
87391	Z114
87534	Z114
87535	Z114
87536	Z114
87537	Z114
87538	Z114
87539	Z114
87806	Z114
G0432	NA
G0433	NA
G0435	NA

OSTEOPOROSIS SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
76977	Z13820, Z8262
77078	Z13820, Z8262
77080	Z13820, Z8262
77081	Z13820, Z8262

STI SCREENING: CHLAMYDIA				
PROCEDURE CODE DIAGNOSIS CODE				
87110	NA			
87270	NA			
87320	NA			
87490	NA			
87491	NA			
87492	NA			
87810	NA			

STI SCREENING: GONORRHEA			
PROCEDURE CODE DIAGNOSIS CODE			
87590	NA		
87591	NA		
87592	NA		
87850	NA		

STI SCREENING: HEP B (NONPREGNANT)				
PROCEDURE CODE DIAGNOSIS CODE				
86704	NA			
86705	NA			
86706	NA			
87340	NA			
G0499	NA			

STI SCREENING: SYPHILIS (NONPREGNANT)				
PROCEDURE CODE	DIAGNOSIS CODE			
86592	NA			
86593	NA			
	TUBERCULOSIS SCREENING			
PROCEDURE CODE	DIAGNOSIS CODE			
86480	Z111, Z201			
86481	Z111, Z201			
86580	Z111, Z201			
87116	Z111, Z201			

# Medical Services Administration Bureau of Medicaid Care Management and Quality Assurance

## PERFORMANCE MONITORING REPORT

Healthy Michigan Plan Measures

**Composite – All Plans** 





**July 2019** 

Produced by:

Quality Improvement and Program Development – Managed Care Plan Division

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## **Executive Summary**

This Performance Monitoring Report (PMR) is produced by the Quality Improvement and Program Development (QIPD) Section of the Managed Care Plan Division (MCPD) to track quality, access, and utilization in the Michigan Medicaid program to better support high quality care for beneficiaries.

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through 27 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include MDHHS Administrative Measures, Healthy Michigan Plan (HMP) Measures, HMP Dental Measures, CMS Core Set Measures, Health Equity HEDIS Measures, HEDIS Measures and Managed Care Quality Measures. This report focuses only on the following HMP Measures:

Healthy Michigan Plan (HMP) Measures						
Adults' Generic Drug Utilization	Completion of Annual HRA	Outreach & Engagement to Facilitate Entry to PCP	Transition into Consistently Fail to Pay (CFP) Status	Transition out of Consistently Fail to Pay (CFP) Status		

Data for these measures are represented on a quarterly basis. The body of the report contains a cross-plan analysis of the most current data available for each of these measures. Measurement Periods may vary and are based on the specifications for that individual measure. Appendix A contains specific three letter codes identifying each of the MHPs. Appendix B contains the one-year plan specific analysis for each measure.

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2019 unless otherwise noted.

Table 1: Fiscal Year 2019<sup>1</sup>

Quarterly Reported Measures	Reported in 1st Quarter		Reported in 2 <sup>nd</sup> Quarter		Reported in 3 <sup>rd</sup> Quarter		Reported in 4 <sup>th</sup> Quarter	
Adults' Generic Drug Utilization	N/	A	N/A		N/A			
Completion of Annual HRA	N/	A	N/A		N	/A		
Outreach & Engagement to Facilitate	9/11		4,	/10	6/	11		
Entry to PCP								
	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL
Transition into CFP Status – Cohort 1	10/11	11/11	10/11	10/11	9/9	9/9		
Transition into CFP Status – Cohort 2	10/11	9/11	10/10	10/11	9/9	9/9		
Transition into CFP Status – Cohort 3	11/11	10/11	11/11	10/11	9/9	9/9		
Transition out of CFP Status – Cohort 1	7/11	10/11	10/10	9/10	8/9	9/9		
Transition out of CFP Status – Cohort 2	10/11	9/11	9/10	9/9	9/9	9/9		
Transition out of CFP Status – Cohort 3	8/11	10/11	8/9	10/10	8/9	9/9		

 $<sup>^{1}</sup>$  N/A will be shown for measures where the standard is Informational Only.

July 2019 HMP 3

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## **Healthy Michigan Plan Enrollment**

Michigan Medicaid Managed Care (MA-MC) enrollment has remained steady over the past year. In June 2019, enrollment was 522,049, down 32,230 enrollees (5.8%) from July 2018. An increase of 210 enrollees (0.0%) was realized between May 2019 and June 2019.

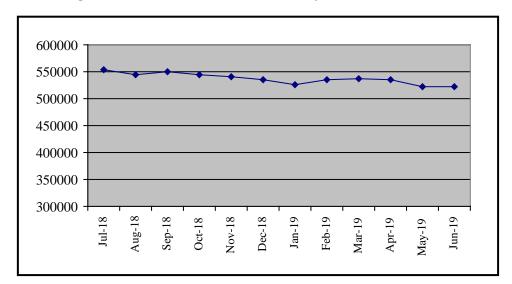
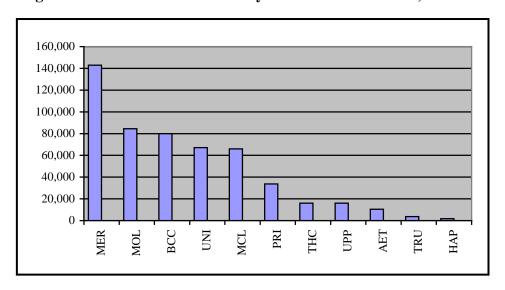


Figure 1: HMP-MC Enrollment, July 2018 – June 2019





#### **Medicaid Health Plan News**

The Performance Monitoring Report contains data for all Healthy Michigan Medicaid Health Plans, where data is available. Eleven Medicaid Health Plans are contracted with the State of Michigan to provide comprehensive health care services.

As of January 1, 2019, HAP Midwest (MID) has changed their name to HAP Empowered (HAP). All references to MID in this report should now reflect the new HAP acronym.

As of April 1, 2019, Harbor Health Plan (HAR) has changed their name to Trusted Health Plan Michigan, Inc. (TRU). All references to HAR in this report should now reflect the new TRU acronym.

## **Cross-Plan Performance Monitoring Analyses**

The following section includes a cross-plan analysis for each performance measure. An analysis of the most current data available for each performance measure is included. For detailed questions regarding measurement periods or standards, see the Performance Monitoring Specifications.

## Adults' Generic Drug Utilization

#### Measure

The percentage of generic prescriptions filled for adult members of health plans during the measurement period.

Standard

N/A – Informational Only

**Measurement Period**October 2018 – December 2018

**Data Source** 

MDHHS Data Warehouse

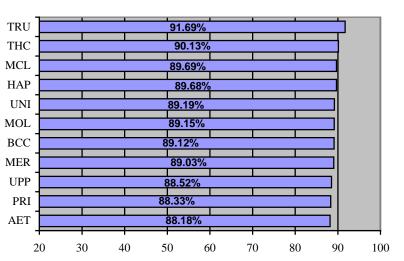
**Measurement Frequency** 

Quarterly

**Table 2: Comparison across Medicaid Programs** 

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,109,879	4,609,976	89.15%
Fee For Service (FFS) only	10,533	11,866	88.77%
Managed Care only	4,065,719	4,560,783	89.15%
MA-MC	2,026,999	2,281,115	88.86%
HMP-MC	1,999,872	2,236,337	89.43%

Figure 3: Adults' Generic Drug Utilization



#### Numerator/ Denominator\*

12,941 / 14,114 148,320 / 164,567 472,146 / 526,424 4,598 / 5,127 593,205 / 665,077 825,373 / 925,813 488,112 / 547,695 1,095,619 1,230,633 100,517 / 113,550 219,416 / 248,416 95,600 / 108,410

Adult's Generic Drug Utilization Percentages

<sup>\*</sup>Numerator depicts the number of eligible beneficiaries who had generic prescriptions filled. Denominator depicts the total number of eligible beneficiaries.

## Completion of Annual Health Risk Assessment (HRA)

#### Measure

The percentage of Healthy Michigan Plan beneficiaries enrolled in a health plan who had a Health Risk Assessment (HRA) completed during the measurement period.

#### Standard

N/A – Informational Only

#### **Data Source**

MDHHS Data Warehouse

**Measurement Period** 

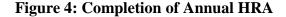
January 2018 – December 2018

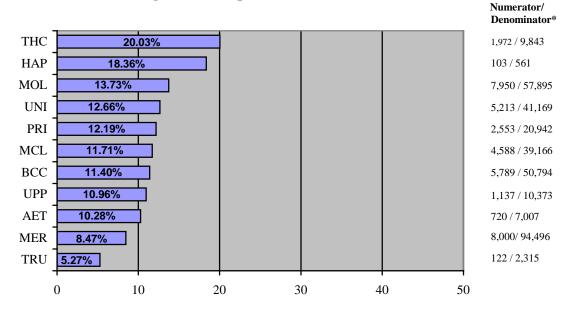
#### **Measurement Frequency**

Quarterly

**Table 3: Program Total** 

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	44,622	402,909	11.07%





#### Completion of Annual HRA Percentages

<sup>\*</sup>Numerator depicts the number of eligible beneficiaries who completed a second HRA within one year (defined as 11-15 months) of their first HRA. Denominator depicts the total number of eligible beneficiaries.

## Outreach and Engagement to Facilitate Entry to Primary Care

#### Measure

The percentage of Healthy Michigan Plan health plan enrollees who have an ambulatory or preventive care visit within 150 days of enrollment into a health plan who had not previously had an ambulatory or preventive care visit since enrollment in Healthy Michigan Plan.

Standard Enrollment Dates

At or above 50% (as shown on bar graph below)

July 2018 – September 2018

Data Source Measurement Frequency

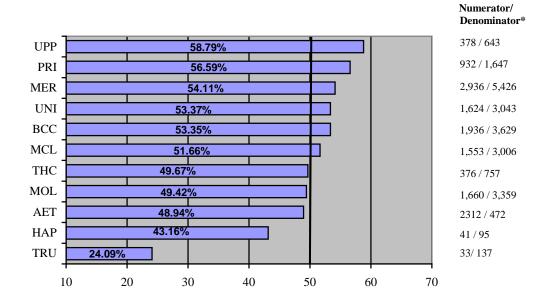
MDHHS Data Warehouse Quarterly

**Summary:** Six plans met or exceeded the standard, while five plans (AET, HAP, MOL, THC, and TRU) did not. Results ranged from 24.09% to 58.79%.

**Table 4: Program Total<sup>2</sup>** 

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	16,286	26,800	60.77%

Figure 5: Outreach & Engagement to Facilitate Entry to Primary Care



Outreach & Engagement to Facilitate Entry to Primary Care Percentages

July 2019 HMP 8

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<sup>\*</sup>Numerator depicts the number of eligible beneficiaries who had an ambulatory or preventive care visit within 150 days of enrollment in a health plan. Denominator depicts the total number of eligible beneficiaries.

<sup>&</sup>lt;sup>2</sup> This includes visits during the HMP FFS period prior to enrollment in a Medicaid health plan.

### Transition into Consistently Fail to Pay (CFP) Status

#### Measure

The percentage of Healthy Michigan Plan beneficiaries who transitioned from non-CFP status into CFP status during the last quarter of the measurement period.

# **Standard**Income level over 100% FPL - At or **below** 30% Measurement Period May 2018 – June 2019

Income level up to 100% FPL – At or **below** 7%

**Measurement Frequency** 

MDHHS Data Warehouse

Quarterly

\*\*This is a reverse measure. A lower rate indicates better performance.

#### **Summary:**

**Data Source** 

In *Cohort 1*, for income levels over 100% FPL, nine plans met or exceeded the standard. Results ranged from 5.77% to 10.15%. For income levels up to 100% FPL, nine plans met or exceeded the standard. Results ranged from 2.94% to 5.05%.

In *Cohort 2*, for income levels over 100% FPL, nine plans met or exceeded the standard. Results ranged from 5.94% to 14.75%. For income levels up to 100% FPL, nine plans met or exceeded the standard. Results ranged from 1.72% to 4.72%.

In *Cohort 3*, for income levels over 100% FPL, nine plans met or exceeded the standard. Results ranged from 8.24% to 10.67%. For income levels up to 100% FPL, nine plans met or exceeded the standard. Results ranged from 2.41% to 4.12%.

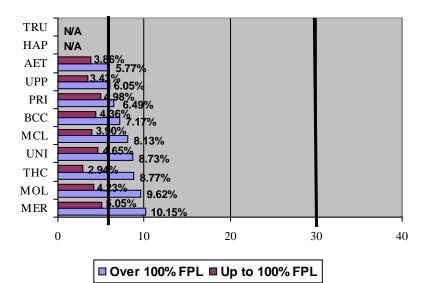
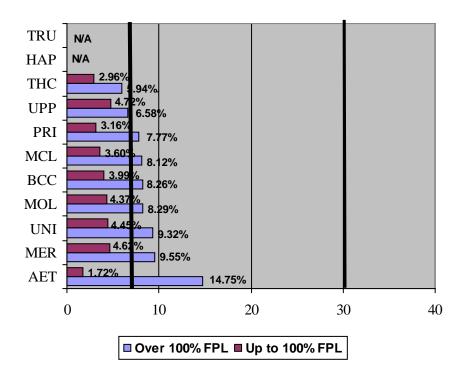
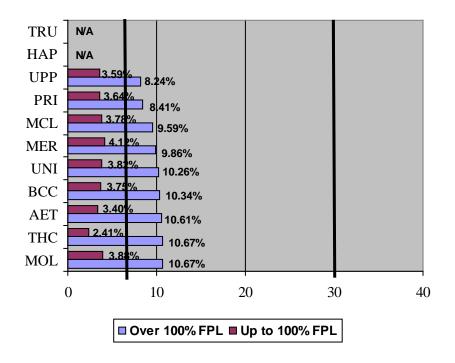


Figure 6: Transition into CFP Status - Cohort 1

Figure 7: Transition into CFP Status - Cohort 2



**Figure 8: Transition into CFP Status - Cohort 3** 



## Transition out of Consistently Fail to Pay (CFP) Status

#### Measure

The percentage of Healthy Michigan Plan beneficiaries who transitioned from CFP status to non-CFP status during the last quarter of the measurement period.

#### Standard

Income level over 100% FPL - At or above 2% Income level up to 100% FPL - At or above **2**%

#### **Measurement Period**

February 2018 – March 2019

#### **Data Source**

MDHHS Data Warehouse

#### **Measurement Frequency**

Quarterly

#### **Summary:**

In *Cohort 1*, for income levels over 100% FPL, eight plans met or exceeded the standard, while one plan (THC) did not. Results ranged from 1.25% to 4.02%. For income levels up to 100% FPL, nine plans met or exceeded the standard. Results ranged from 2.74% to 5.18%.

In *Cohort 2*, for income levels over 100% FPL, nine plans met or exceeded the standard. Results ranged from 2.62% to 5.04%. For income levels up to 100% FPL, nine plans met or exceeded the standard. Results ranged from 2.36% to 6.94%.

In *Cohort 3*, for income levels over 100% FPL, eight plans met or exceeded the standard, while one plan (AET) did not. Results ranged from 1.32% to 5.45%. For income levels up to 100% FPL, nine plans met or exceeded the standard. Results ranged from 3.59% to 7.93%.

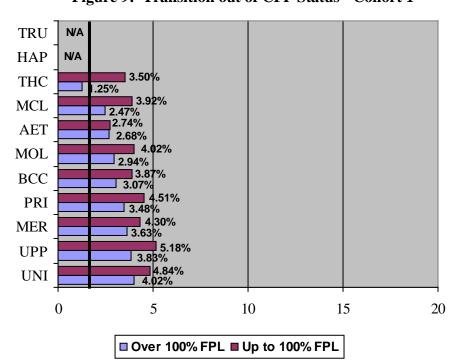


Figure 9: Transition out of CFP Status - Cohort 1

Figure 10: Transition out of CFP Status - Cohort 2

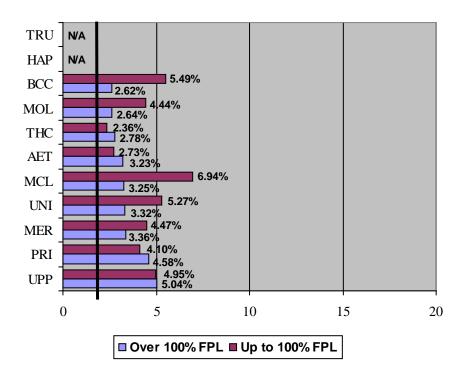
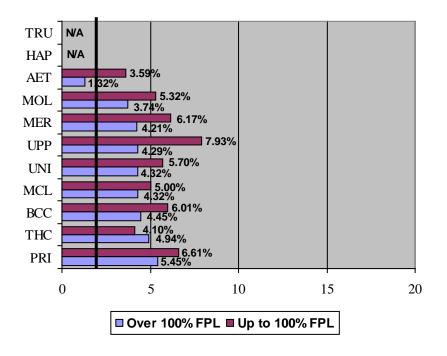


Figure 11: Transition out of CFP Status - Cohort 3



## **Appendix A: Three Letter Medicaid Health Plan Codes**

Below is a list of three letter codes established by MDHHS identifying each Medicaid Health Plan.

AET	Aetna Better Health of Michigan
BCC	Blue Cross Complete of Michigan
HAP	HAP Empowered
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
THC	Total Health Care
TRU	Trusted Health Plan Michigan, Inc.
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

## **Appendix B: One Year Plan-Specific Analysis**

## **Aetna Better Health of Michigan – AET**

## **HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	88.28%	N/A
	Jul 18 – Sep 18	Informational Only	88.14%	N/A
	Oct 18 – Dec 18	Informational Only	88.18%	N/A

	Jul 17 – Jun 18	Informational Only	10.55%	N/A
Completion of Annual HRA	Oct 17 – Sep 18	Informational Only	10.69%	N/A
-	Jan 18 – Dec 18	Informational Only	10.28%	N/A

Outreach/Engagement to	Jan 18 – Mar 18	50%	56.69%	Yes
Facilitate Entry to Primary Care	Apr 18 – Jun 18	50%	55.49%	Yes
	Jul 18 – Sep 18	50%	48.94%	No

	Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]							
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
30%	16.67%	Yes	25.40%	Yes	19.44%	Yes		
30%	27.27%	Yes	12.50%	Yes	16.92%	Yes		
30%	5.77%	Yes	14.75%	Yes	10.61%	Yes		
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
7%	4.45%	Yes	5.88%	Yes	4.39%	Yes		
7%	5.32%	Yes	3.86%	Yes	5.61%	Yes		
7%	3.86%	Yes	1.72%	Yes	3.40%	Yes		

<sup>\*</sup>This is a reverse measure. A lower rate indicates better performance.

	Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]							
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
2%	1.85%	No	3.92%	Yes	1.23%	No		
2%	4.17%	Yes	2.86%	Yes	0.60%	No		
2%	2.68%	Yes	3.23%	Yes	1.32%	No		
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
2%	2.58%	Yes	1.98%	No	2.69%	Yes		
2%	2.97%	Yes	4.83%	Yes	4.72%	Yes		
2%	2.74%	Yes	2.73%	Yes	3.59%	Yes		

<sup>-</sup> Shaded areas represent data that are newly reported this month.

 $<sup>-</sup> For questions \ regarding \ measurement \ periods \ or \ standards, see \ the \ Performance \ Monitoring \ Specifications$ 

## **Appendix B: One Year Plan-Specific Analysis**

## **Blue Cross Complete of Michigan – BCC**

## **HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Apr 18 – Jun 18	Informational Only	89.23%	N/A
Adults' Generic Drug Utilization	Jul 18 – Sep 18	Informational Only	89.03%	N/A
	Oct 18 – Dec 18	Informational Only	89.12%	N/A

	Jul 17 – Jun 18	Informational Only	12.26%	N/A
Completion of Annual HRA	Oct 17 – Sep 18	Informational Only	11.81%	N/A
_	Jan 18 – Dec 18	Informational Only	11.40%	N/A

Outreach/Engagement to	Jan 18 – Mar 18	50%	59.60%	Yes
Facilitate Entry to Primary Care	Apr 18 – Jun 18	50%	49.21%	No
	Jul 18 – Sep 18	50%	53.35%	Yes

	Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]							
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
30%	11.14%	Yes	12.90%	Yes	12.26%	Yes		
30%	12.71%	Yes	10.80%	Yes	10.65%	Yes		
30%	7.17%	Yes	8.26%	Yes	10.34%	Yes		
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
7%	5.31%	Yes	5.84%	Yes	5.68%	Yes		
7%	5.19%	Yes	4.33%	Yes	4.17%	Yes		
7%	4.36%	Yes	3.99%	Yes	3.75%	Yes		

<sup>\*</sup>This is a reverse measure. A lower rate indicates better performance.

	Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]							
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
2%	2.04%	Yes	2.58%	Yes	3.87%	Yes		
2%	3.82%	Yes	3.54%	Yes	3.83%	Yes		
2%	3.07%	Yes	2.62%	Yes	4.45%	Yes		
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
2%	4.83%	Yes	6.12%	Yes	4.53%	Yes		
2%	4.31%	Yes	4.58%	Yes	4.78%	Yes		
2%	3.87%	Yes	5.49%	Yes	6.01%	Yes		

<sup>-</sup> Shaded areas represent data that are newly reported this month.

 $<sup>-</sup> For questions \ regarding \ measurement \ periods \ or \ standards, see \ the \ Performance \ Monitoring \ Specifications$ 

## **Appendix B: One Year Plan-Specific Analysis**

## **HAP Empowered – HAP**

## **HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Apr 18 – Jun 18	Informational Only	91.19%	N/A
Adults' Generic Drug Utilization	Jul 18 – Sep 18	Informational Only	89.02%	N/A
	Oct 18 – Dec 18	Informational Only	89.68%	N/A

	Jul 17 – Jun 18	Informational Only	8.77%	N/A
Completion of Annual HRA	Oct 17 – Sep 18	Informational Only	15.13%	N/A
	Jan 18 – Dec 18	Informational Only	18.36%	N/A

Outreach/Engagement to	Jan 18 – Mar 18	50%	46.34%	N/A
Facilitate Entry to Primary Care	Apr 18 – Jun 18	50%	31.45%	No
	Jul 18 – Sep 18	50%	43.16%	No

	Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]									
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved				
30%	12.50%	Yes	28.57%	Yes	12.50%	Yes				
30%	12.50%	Yes	0.00%	No	12.50%	Yes				
30%	N/A	N/A	N/A	N/A	N/A	N/A				
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved				
7%	0.00%	Yes	14.29%	No	11.11%	No				
7%	9.09%	No	50.00%	No	28.57%	No				
7%	N/A	N/A	N/A	N/A	N/A	N/A				

<sup>\*</sup>This is a reverse measure. A lower rate indicates better performance.

	Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]								
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved			
2%	0.00%	No	14.29%	Yes	0.00%	No			
2%	0.00%	No	14.29%	Yes	0.00%	No			
2%	N/A	N/A	N/A	N/A	N/A	N/A			
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved			
2%	0.00%	No	0.00%	No	0.00%	No			
2%	0.00%	No	0.00%	No	0.00%	No			
2%	N/A	N/A	N/A	N/A	N/A	N/A			

<sup>-</sup> Shaded areas represent data that are newly reported this month.

 $<sup>-</sup> For questions \ regarding \ measurement \ periods \ or \ standards, see \ the \ Performance \ Monitoring \ Specifications$ 

## **Appendix B: One Year Plan-Specific Analysis**

## McLaren Health Plan – MCL

## **HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Apr 18 – Jun 18	Informational Only	91.06%	N/A
Adults' Generic Drug Utilization	Jul 18 – Sep 18	Informational Only	89.78%	N/A
	Oct 18 – Dec 18	Informational Only	89.69%	N/A

	Jul 17 – Jun 18	Informational Only	14.56%	N/A
Completion of Annual HRA	Oct 17 – Sep 18	Informational Only	13.42%	N/A
_	Jan 18 – Dec 18	Informational Only	11.71%	N/A

Outreach/Engagement to	Jan 18 – Mar 18	50%	54.99%	Yes
Facilitate Entry to Primary Care	Apr 18 – Jun 18	50%	46.70%	No
	Jul 18 – Sep 18	50%	51.66%	Yes

	Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]									
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved				
30%	10.85%	Yes	10.65%	Yes	10.57%	Yes				
30%	10.32%	Yes	8.84%	Yes	8.89%	Yes				
30%	8.13%	Yes	8.12%	Yes	9.59%	Yes				
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved				
7%	5.08%	Yes	4.50%	Yes	4.68%	Yes				
7%	6.28%	Yes	5.14%	Yes	3.73%	Yes				
7%	3.90%	Yes	3.60%	Yes	3.78%	Yes				

<sup>\*</sup>This is a reverse measure. A lower rate indicates better performance.

	Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]									
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved				
2%	3.67%	Yes	5.08%	Yes	3.92%	Yes				
2%	3.64%	Yes	3.01%	Yes	2.53%	Yes				
2%	2.47%	Yes	3.25%	Yes	4.32%	Yes				
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved				
2%	5.64%	Yes	5.60%	Yes	5.40%	Yes				
2%	5.76%	Yes	4.87%	Yes	3.66%	Yes				
2%	3.92%	Yes	6.94%	Yes	5.00%	Yes				

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Appendix B: One Year Plan-Specific Analysis

## Meridian Health Plan of Michigan – MER

## **HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Apr 18 – Jun 18	Informational Only	88.09%	N/A
Adults' Generic Drug Utilization	Jul 18 – Sep 18	Informational Only	89.10%	N/A
	Oct 18 – Dec 18	Informational Only	89.03%	N/A
	Jul 17 – Jun 18	Informational Only	9.33%	N/A
Completion of Annual HRA	Oct 17 – Sep 18	Informational Only	8.65%	N/A

Outreach/Engagement to	Jan 18 – Mar 18	50%	56.36%	Yes
Facilitate Entry to Primary Care	Apr 18 – Jun 18	50%	50.17%	Yes
	Tul 19 Con 19	500/	54 110/	Voc

**Informational Only** 

8.47%

N/A

Jan 18 – Dec 18

	Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]									
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved				
30%	10.11%	Yes	12.34%	Yes	12.32%	Yes				
30%	11.40%	Yes	10.31%	Yes	11.07%	Yes				
30%	10.15%	Yes	9.55%	Yes	9.86%	Yes				
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved				
7%	5.30%	Yes	5.01%	Yes	4.71%	Yes				
7%	5.21%	Yes	4.58%	Yes	5.07%	Yes				
7%	5.05%	Yes	4.62%	Yes	4.12%	Yes				

<sup>\*</sup>This is a reverse measure. A lower rate indicates better performance.

	Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]									
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved				
2%	3.13%	Yes	3.33%	Yes	3.61%	Yes				
2%	3.41%	Yes	3.46%	Yes	2.45%	Yes				
2%	3.63%	Yes	3.36%	Yes	4.21%	Yes				
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved				
2%	4.57%	Yes	5.19%	Yes	4.65%	Yes				
2%	4.78%	Yes	5.19%	Yes	4.17%	Yes				
2%	4.30%	Yes	4.47%	Yes	6.17%	Yes				

<sup>-</sup> Shaded areas represent data that are newly reported this month.

 $<sup>-</sup> For questions \ regarding \ measurement \ periods \ or \ standards, see \ the \ Performance \ Monitoring \ Specifications$ 

## **Appendix B: One Year Plan-Specific Analysis**

## Molina Healthcare of Michigan – MOL

## **HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	89.31%	N/A
	Jul 18 – Sep 18	Informational Only	89.12%	N/A
	Oct 18 – Dec 18	Informational Only	89.15%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	17.21%	N/A
	Oct 17 – Sep 18	Informational Only	15.66%	N/A
	Jan 18 – Dec 18	Informational Only	13.73%	N/A

Outreach/Engagement to	Jan 18 – Mar 18	50%	50.56%	Yes
Facilitate Entry to Primary Care	Apr 18 – Jun 18	50%	44.99%	No
	Jul 18 – Sep 18	50%	49.42%	No

	Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]							
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
30%	13.58%	Yes	12.47%	Yes	10.83%	Yes		
30%	11.44%	Yes	9.99%	Yes	11.84%	Yes		
30%	9.62%	Yes	8.29%	Yes	10.67%	Yes		
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
7%	5.00%	Yes	5.52%	Yes	4.56%	Yes		
7%	6.21%	Yes	4.62%	Yes	4.29%	Yes		
7%	4.23%	Yes	4.37%	Yes	3.88%	Yes		

<sup>\*</sup>This is a reverse measure. A lower rate indicates better performance.

	Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]								
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved			
2%	3.52%	Yes	4.43%	Yes	2.81%	Yes			
2%	3.85%	Yes	2.33%	Yes	2.25%	Yes			
2%	2.94%	Yes	2.64%	Yes	3.74%	Yes			
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved			
2%	4.13%	Yes	4.19%	Yes	4.02%	Yes			
2%	3.93%	Yes	4.29%	Yes	3.14%	Yes			
2%	4.02%	Yes	4.44%	Yes	5.32%	Yes			

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## **Appendix B: One Year Plan-Specific Analysis**

## **Priority Health Choice – PRI**

## **HEALTHY MICHIGAN PLAN:**

Performance Measure	rmance Measure Measurement St Period		Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	88.58%	N/A
	Jul 18 – Sep 18	Informational Only	88.33%	N/A
	Oct 18 – Dec 18	Informational Only	88.33%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	12.32%	N/A
	Oct 17 – Sep 18	Informational Only	12.20%	N/A
	Jan 18 – Dec 18	Informational Only	12.19%	N/A

Outreach/Engagement to	Jan 18 – Mar 18	50%	60.97%	Yes
Facilitate Entry to Primary Care	Apr 18 – Jun 18	50%	53.03%	Yes
	Jul 18 – Sep 18	50%	56.59%	Yes

	Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]							
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
30%	10.00%	Yes	9.84%	Yes	10.79%	Yes		
30%	11.13%	Yes	8.52%	Yes	7.00%	Yes		
30%	6.49%	Yes	7.77%	Yes	8.41%	Yes		
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
7%	5.16%	Yes	5.64%	Yes	3.88%	Yes		
7%	4.09%	Yes	4.12%	Yes	3.73%	Yes		
7%	4.98%	Yes	3.16%	Yes	3.64%	Yes		

<sup>\*</sup>This is a reverse measure. A lower rate indicates better performance.

	Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]								
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved			
2%	3.76%	Yes	5.16%	Yes	5.52%	Yes			
2%	4.48%	Yes	4.46%	Yes	4.77%	Yes			
2%	3.48%	Yes	4.58%	Yes	5.45%	Yes			
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved			
2%	6.18%	Yes	5.77%	Yes	5.72%	Yes			
2%	4.44%	Yes	5.86%	Yes	3.83%	Yes			
2%	4.51%	Yes	4.10%	Yes	6.61%	Yes			

<sup>-</sup> Shaded areas represent data that are newly reported this month.

 $<sup>-</sup> For questions \ regarding \ measurement \ periods \ or \ standards, see \ the \ Performance \ Monitoring \ Specifications$ 

# **Appendix B: One Year Plan-Specific Analysis**

## **Total Health Care – THC**

# **HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Apr 18 – Jun 18	Informational Only	90.24%	N/A
Adults' Generic Drug Utilization	Jul 18 – Sep 18	Informational Only	90.12%	N/A
	Oct 18 – Dec 18	Informational Only	90.13%	N/A

	Jul 17 – Jun 18	Informational Only	18.87%	N/A
Completion of Annual HRA	Oct 17 – Sep 18	Informational Only	18.35%	N/A
	Jan 18 – Dec 18	Informational Only	20.03%	N/A

Outreach/Engagement to	Jan 18 – Mar 18	50%	57.58%	Yes
Facilitate Entry to Primary Care	Apr 18 – Jun 18	50%	42.47%	No
	Jul 18 – Sep 18	50%	49.67%	No

	Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]							
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
30%	13.79%	Yes	10.92%	Yes	7.69%	Yes		
30%	14.75%	Yes	11.30%	Yes	10.56%	Yes		
30%	8.77%	Yes	5.94%	Yes	10.67%	Yes		
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
7%	3.46%	Yes	4.41%	Yes	3.82%	Yes		
7%	4.52%	Yes	4.35%	Yes	3.61%	Yes		
7%	2.94%	Yes	2.96%	Yes	2.41%	Yes		

<sup>\*</sup>This is a reverse measure. A lower rate indicates better performance.

	Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]							
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
2%	0.64%	No	2.61%	Yes	1.99%	No		
2%	5.75%	Yes	1.23%	No	3.50%	Yes		
2%	1.25%	No	2.78%	Yes	4.94%	Yes		
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
2%	2.95%	Yes	2.93%	Yes	5.11%	Yes		
2%	1.75%	No	2.91%	Yes	3.29%	Yes		
2%	3.50%	Yes	2.36%	Yes	4.10%	Yes		

<sup>-</sup> Shaded areas represent data that are newly reported this month.

 $<sup>-</sup> For questions \ regarding \ measurement \ periods \ or \ standards, see \ the \ Performance \ Monitoring \ Specifications$ 

# **Appendix B: One Year Plan-Specific Analysis**

## Trusted Health Plan - TRU

# **HEALTHY MICHIGAN PLAN:**

Performance Measure	Performance Measure Measurement Period		Plan Result	Standard Achieved
	Apr 18 – Jun 18	Informational Only	90.74%	N/A
Adults' Generic Drug Utilization	Jul 18 – Sep 18	Informational Only	91.03%	N/A
	Oct 18 – Dec 18	Informational Only	91.69%	N/A

	Jul 17 – Jun 18	Informational Only	8.50%	N/A
Completion of Annual HRA	Oct 17 – Sep 18	Informational Only	8.47%	N/A
-	Jan 18 – Dec 18	Informational Only	5.27%	N/A

Outreach/Engagement to	Jan 18 – Mar 18	50%	28.04%	No
Facilitate Entry to Primary Care	Apr 18 – Jun 18	50%	N/A	N/A
	Jul 18 – Sep 18	50%	24.09%	No

	Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]							
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
30%	54.55%	No	33.33%	No	8.33%	Yes		
30%	40.00%	No	25.00%	Yes	16.67%	Yes		
30%	N/A	N/A	N/A	N/A	N/A	N/A		
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
7%	2.27%	Yes	7.32%	No	4.35%	Yes		
7%	3.00%	Yes	3.17%	Yes	3.59%	Yes		
7%	N/A	N/A	N/A	N/A	N/A	N/A		

<sup>\*</sup>This is a reverse measure. A lower rate indicates better performance.

	Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]							
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
2%	0.00%	No	0.00%	No	3.23%	Yes		
2%	7.14%	Yes	0.00%	No	0.00%	No		
2%	N/A	N/A	N/A	N/A	N/A	N/A		
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved		
2%	5.17%	Yes	2.78%	Yes	2.88%	Yes		
2%	4.00%	Yes	0.00%	No	2.22%	Yes		
2%	N/A	N/A	N/A	N/A	N/A	N/A		

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# **Appendix B: One Year Plan-Specific Analysis**

# **UnitedHealthcare Community Plan – UNI**

# **HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Apr 18 – Jun 18	Informational Only	89.47%	N/A
Adults' Generic Drug Utilization	Jul 18 – Sep 18	Informational Only	89.18%	N/A
	Oct 18 – Dec 18	Informational Only	89.19%	N/A
	Jul 17 – Jun 18	Informational Only	13.12%	N/A
Completion of Annual HRA	Oct 17 – Sep 18	Informational Only	12.84%	N/A
	Jan 18 – Dec 18	Informational Only	12.66%	N/A

Outreach/Engagement to	Jan 18 – Mar 18	50%	54.21%	Yes
Facilitate Entry to Primary Care	Apr 18 – Jun 18	50%	46.48%	No
	Jul 18 – Sep 18	50%	53.37%	Yes

Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	10.29%	Yes	12.00	Yes	11.95%	Yes
30%	9.48%	Yes	8.22%	Yes	8.34%	Yes
30%	8.73%	Yes	9.32%	Yes	10.26%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.04%	Yes	5.34%	Yes	5.40%	Yes
7%	6.14%	Yes	4.92%	Yes	4.54%	Yes
7%	4.65%	Yes	4.45%	Yes	3.82%	Yes

<sup>\*</sup>This is a reverse measure. A lower rate indicates better performance.

Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	4.59%	Yes	4.13%	Yes	4.05%	Yes
2%	5.55%	Yes	3.27%	Yes	2.75%	Yes
2%	4.02%	Yes	3.32%	Yes	4.32%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	6.95%	Yes	6.26%	Yes	5.40%	Yes
2%	5.11%	Yes	5.45%	Yes	4.84%	Yes
2%	4.84%	Yes	5.27%	Yes	5.70%	Yes

<sup>-</sup> Shaded areas represent data that are newly reported this month.

 $<sup>-</sup> For questions \ regarding \ measurement \ periods \ or \ standards, see \ the \ Performance \ Monitoring \ Specifications$ 

# **Appendix B: One Year Plan-Specific Analysis**

# **Upper Peninsula Health Plan – UPP**

# **HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Apr 18 – Jun 18	Informational Only	88.68%	N/A
Adults' Generic Drug Utilization	Jul 18 – Sep 18	Informational Only	88.66%	N/A
	Oct 18 – Dec 18	Informational Only	88.52%	N/A

	Jul 17 – Jun 18	Informational Only	13.53%	N/A
Completion of Annual HRA	Oct 17 – Sep 18	Informational Only	12.09%	N/A
	Jan 18 – Dec 18	Informational Only	10.96%	N/A

Outreach/Engagement to	Jan 18 – Mar 18	50%	58.43%	Yes
Facilitate Entry to Primary Care	Apr 18 – Jun 18	50%	59.85%	Yes
	Jul 18 – Sep 18	50%	58.79%	Yes

Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	8.67%	Yes	9.33%	Yes	9.68%	Yes
30%	10.40%	Yes	8.92%	Yes	7.72%	Yes
30%	6.05%	Yes	6.58%	Yes	8.24%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	4.44%	Yes	4.73%	Yes	4.99%	Yes
7%	4.52%	Yes	6.12%	Yes	4.15%	Yes
7%	3.43%	Yes	4.72%	Yes	3.59%	Yes

<sup>\*</sup>This is a reverse measure. A lower rate indicates better performance.

Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	3.50%	Yes	3.24%	Yes	5.17%	Yes
2%	6.45%	Yes	4.49%	Yes	5.04%	Yes
2%	3.83%	Yes	5.04%	Yes	4.29%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	7.57%	Yes	7.14%	Yes	6.68%	Yes
2%	3.98%	Yes	5.50%	Yes	7.23%	Yes
2%	5.18%	Yes	4.95%	Yes	7.93%	Yes

<sup>-</sup> Shaded areas represent data that are newly reported this month.

 $<sup>-</sup> For questions \ regarding \ measurement \ periods \ or \ standards, see \ the \ Performance \ Monitoring \ Specifications$ 

# Medical Services Administration Bureau of Medicaid Care Management and Quality Assurance

## PERFORMANCE MONITORING REPORT

Healthy Michigan Plan - Dental Measures

**Composite – All Plans** 



**July 2019** 

Produced by: Quality Improvement and Program Development – Managed Care Plan Division

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### **Executive Summary**

This Dental Performance Monitoring Report (PMR) is produced by the Quality Improvement and Program Development (QIPD) Section of the Managed Care Plan Division (MCPD) to track quality, access, and utilization in the Michigan Medicaid program to better support high quality care for beneficiaries.

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through 27 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include MDHHS Administrative Measures, Healthy Michigan Plan (HMP) Measures, HMP Dental Measures, CMS Core Set Measures, Health Equity HEDIS Measures, HEDIS Measures and Managed Care Quality Measures. **This report focuses only on the following HMP Dental Measures:** 

Healthy Michigan Plan					
Diagnostic Dental Services	Preventive Dental Services	Restorative (Dental Filings)			
		Dental Services			

Data for these measures will be represented on a quarterly basis. The body of the report contains a cross-plan analysis of the most current data available for each of these measures. Measurement Periods may vary and are based on the specifications for that individual measure. Appendix A contains specific three letter codes identifying each of the MHPs. Appendix B contains the one-year plan specific analysis for each measure.

The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2019 unless otherwise noted.

Table 1: Fiscal Year 2019<sup>1</sup>

Quarterly Reported Measures	Reported in 1 <sup>st</sup> Quarter	Reported in 2 <sup>nd</sup> Quarter	Reported in 3 <sup>rd</sup> Quarter	Reported in 4 <sup>th</sup> Quarter
Diagnostic Dental Services	N/A	N/A	N/A	
Preventive Dental Services	N/A	N/A	N/A	
Restorative (Dental Fillings) Dental Services	N/A	N/A	N/A	

July 2019 HMP - Dental PMR

3

<sup>&</sup>lt;sup>1</sup> N/A will be shown for measures where the standard is Informational Only.

## **Healthy Michigan Plan Enrollment**

Michigan Medicaid Managed Care (MA-MC) enrollment has remained steady over the past year. In June 2019, enrollment was 522,049, down 32,230 enrollees (5.8%) from July 2018. An increase of 210 enrollees (0.0%) was realized between May 2019 and June 2019.

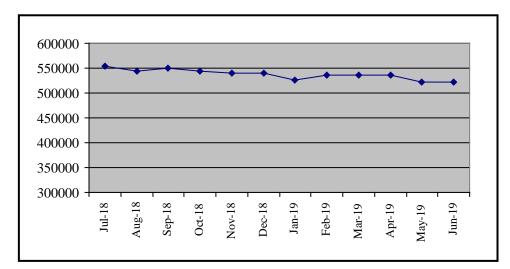
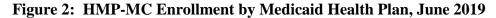
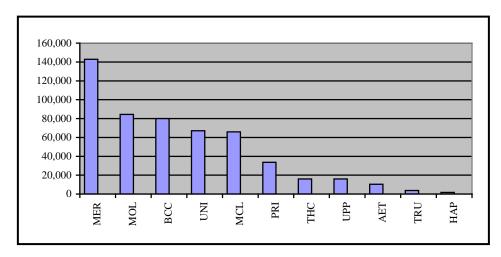


Figure 1: HMP-MC Enrollment, July 2018 – June 2019





#### **Medicaid Health Plan News**

The Performance Monitoring Report contains data for all Healthy Michigan Medicaid Health Plans, where data is available. Eleven Medicaid Health Plans are contracted with the State of Michigan to provide comprehensive health and services.

As of January 1, 2019, HAP Midwest (MID) has changed their name to HAP Empowered (HAP). All references to MID in this report should now reflect the new HAP acronym.

As of April 1, 2019, Harbor Health Plan (HAR) has changed their name to Trusted Health Plan Michigan, Inc. (TRU). All references to HAR in this report should now reflect the new TRU acronym.

## **Cross-Plan Performance Monitoring Analyses**

The following section includes a cross-plan analysis for each performance measure. An analysis of the most current data available for each performance measure is included. For detailed questions regarding measurement periods or standards, see the Performance Monitoring Specifications.

## Diagnostic Dental Services

#### Measure

The percentage of Healthy Michigan Plan enrollees between the ages of 19 and 64 who received at least one diagnostic dental service within the measurement period.

Standard Measurement Period

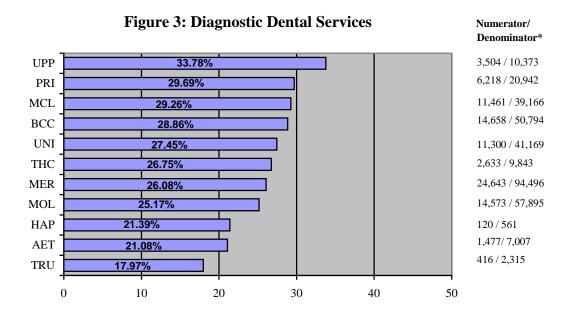
N/A – Informational Only January 2018 – December 2018

Data Source Measurement Frequency

MDHHS Data Warehouse Quarterly

**Table 2: Comparison across Medicaid Programs** 

Medicaid Program	Numerator	Denominator	Percentage		
HMP Fee For Service (FFS) Only	1,114	6,564	16.97%		
HMP Managed Care (MC) Only	93,619	341,410	27.42%		



Diagnostic Dental Services Percentages

<sup>\*</sup>Numerator depicts the number of eligible beneficiaries between the ages of 19 and 64 who had at least one diagnostic dental service. Denominator depicts the total number of eligible beneficiaries.

## **Preventive Dental Services**

#### Measure

The percentage of Healthy Michigan Plan enrollees between the ages of 19 and 64 who received at least one preventive dental service within the measurement period.

Standard Measurement Period

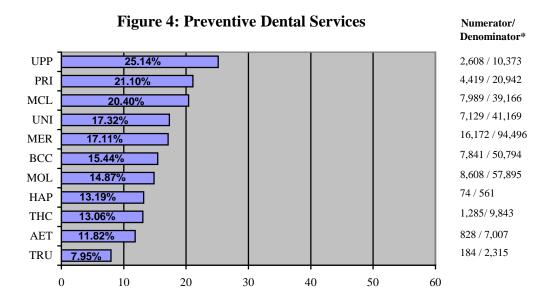
N/A – Informational Only January 2018 – December 2018

Data Source Measurement Frequency

MDHHS Data Warehouse Quarterly

**Table 3: Comparison across Medicaid Programs** 

Medicaid Program	Numerator	Denominator	Percentage		
HMP Fee For Service (FFS) Only	594	6,564	9.05%		
HMP Managed Care (MC) Only	58,673	341,410	17.18%		



#### Preventive Dental Services Percentages

<sup>\*</sup>Numerator depicts the number of eligible beneficiaries between the ages of 19 and 64 who had at least one preventive dental service. Denominator depicts the total number of eligible beneficiaries.

## Restorative (Dental Fillings) Services

#### Measure

The percentage of total eligible Healthy Michigan Plan enrollees between the ages of 19 and 64 who received at least one restorative (dental fillings) dental service within the measurement period.

Standard

N/A – Informational Only

Measurement Period
January 2018 – December 2018

**Data Source** 

MDHHS Data Warehouse

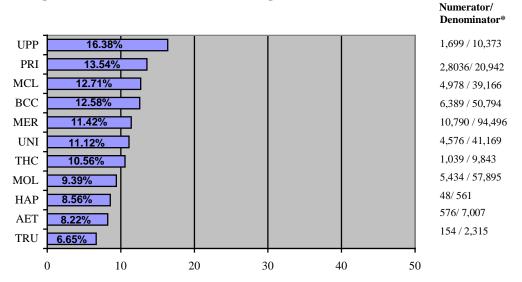
**Measurement Frequency** 

Quarterly

**Table 4: Comparison across Medicaid Programs** 

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	438	6,564	6.67%
HMP Managed Care (MC) Only	39,659	341,410	11.62%

Figure 5: Restorative (Dental Fillings) Dental Services



Restorative (Dental Fillings) Dental Services Percentages

<sup>\*</sup>Numerator depicts the number of eligible beneficiaries between the ages of 19 and 64 who had at least one restorative dental service. Denominator depicts the total number of eligible beneficiaries.

# **Appendix A: Three Letter Medicaid Health Plan Codes**

Below is a list of three letter codes established by MDHHS identifying each Medicaid Health Plan.

AET	Aetna Better Health of Michigan
BCC	Blue Cross Complete of Michigan
HAP	HAP Empowered
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
THC	Total Health Care
TRU	Trusted Health Plan Michigan, Inc.
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

# **Appendix B: One Year Plan-Specific Analysis**

# **Aetna Better Health of Michigan – AET**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Jul 17 – Jun 18	Informational Only	19.85%	N/A
Diagnostic Dental Services	Oct 17 – Sep 18	Informational Only	20.17%	N/A
	Jan 18 – Dec 18	Informational Only	21.08%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	11.01%	N/A
	Oct 17 – Sep 18	Informational Only	11.16%	N/A
	Jan 18 – Dec 18	Informational Only	11.82%	N/A

Dental Services	Jan 18 – Dec 18	Informational Only	8.22%	N/A
Restorative (Dental Fillings)	Oct 17 – Sep 18	Informational Only	8.00%	N/A
	Jul 17 – Jun 18	Informational Only	8.10%	N/A

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# **Appendix B: One Year Plan-Specific Analysis**

## **Blue Cross Complete – BCC**

## <u>HEALTHY MICHIGAN PLAN – DENTAL MEASURES:</u>

Oct 17 – Sep 18

Jan 18 – Dec 18

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Jul 17 – Jun 18	Informational Only	28.79%	N/A
Diagnostic Dental Services	Oct 17 – Sep 18	Informational Only	28.67%	N/A
	Jan 18 – Dec 18	Informational Only	28.86%	N/A
			11.700	
Preventive Dental Services	Jul 17 – Jun 18 Oct 17 – Sep 18	Informational Only Informational Only	14.58% 14.72%	N/A N/A
Preventive Dental Services		<del>' ' '</del>		
Preventive Dental Services	Oct 17 – Sep 18	Informational Only	14.72%	N/A

Informational Only

**Informational Only** 

12.65%

12.58%

N/A

N/A

Restorative (Dental Fillings)

**Dental Services** 

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# **Appendix B: One Year Plan-Specific Analysis**

## **HAP Empowered – HAP**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Jul 17 – Jun 18	Informational Only	18.60%	N/A
Diagnostic Dental Services	Oct 17 – Sep 18	Informational Only	19.30%	N/A
	Jan 18 – Dec 18	Informational Only	21.39%	N/A

	Jan 18 – Dec 18	Informational Only	13.19%	N/A
Preventive Dental Services	Oct 17 – Sep 18	Informational Only	12.35%	N/A
	Jul 17 – Jun 18	Informational Only	11.09%	N/A

	Jul 17 – Jun 18	Informational Only	8.05%	N/A
Restorative (Dental Fillings)	Oct 17 – Sep 18	Informational Only	8.70%	N/A
Dental Services	Jan 18 – Dec 18	Informational Only	8.56%	N/A

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# **Appendix B: One Year Plan-Specific Analysis**

## McLaren Health Plan – MCL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Jul 17 – Jun 18	Informational Only	32.80%	N/A
Diagnostic Dental Services	Oct 17 – Sep 18	Informational Only	30.03%	N/A
	Jan 18 – Dec 18	Informational Only	29.26%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	23.12%	N/A
	Oct 17 – Sep 18	Informational Only	20.75%	N/A
	Jan 18 – Dec 18	Informational Only	20.40%	N/A

	Jul 17 – Jun 18	Informational Only	14.38%	N/A
Restorative (Dental Fillings)	Oct 17 – Sep 18	Informational Only	13.07%	N/A
Dental Services	Jan 18 – Dec 18	Informational Only	12.71%	N/A

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# **Appendix B: One Year Plan-Specific Analysis**

# **Meridian Health Plan of Michigan – MER**

N/A
N/A
N/A

	Jan 18 – Dec 18	Informational Only	17.11%	N/A
Preventive Dental Services	Oct 17 – Sep 18	Informational Only	16.42%	N/A
	Jul 17 – Jun 18	Informational Only	16.69%	N/A

Dental Services	Jan 18 – Dec 18	Informational Only	11.42%	N/A
Restorative (Dental Fillings)	Oct 17 – Sep 18	Informational Only	11.44%	N/A
	Jul 17 – Jun 18	Informational Only	11.70%	N/A

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# **Appendix B: One Year Plan-Specific Analysis**

# Molina Healthcare of Michigan – MOL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	24.33%	N/A
	Oct 17 – Sep 18	Informational Only	24.80%	N/A
	Jan 18 – Dec 18	Informational Only	25.17%	N/A

	Jan 18 – Dec 18	Informational Only	14.87%	N/A
Preventive Dental Services	Oct 17 – Sep 18	Informational Only	14.27%	N/A
	Jul 17 – Jun 18	Informational Only	13.89%	N/A

	Jul 17 – Jun 18	Informational Only	9.03%	N/A
Restorative (Dental Fillings)	Oct 17 – Sep 18	Informational Only	9.27%	N/A
Dental Services	Jan 18 – Dec 18	Informational Only	9.39%	N/A

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# **Appendix B: One Year Plan-Specific Analysis**

# **Priority Health Choice – PRI**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
	Jul 17 – Jun 18	Informational Only	28.58%	N/A
Diagnostic Dental Services	Oct 17 – Sep 18	Informational Only	29.24%	N/A
	Jan 18 – Dec 18	Informational Only	29.69%	N/A
	Jun 10 Dec 10	inormational only	27.07/0	14/11
	Jul 17 Jun 19	Informational Only	20.220/	NI/A

	Jul 17 – Jun 18	Informational Only	20.23%	N/A
Preventive Dental Services	Oct 17 – Sep 18	Informational Only	20.73%	N/A
	Jan 18 – Dec 18	Informational Only	21.10%	N/A

	Jul 17 – Jun 18	Informational Only	13.28%	N/A
Restorative (Dental Fillings)	Oct 17 – Sep 18	Informational Only	13.49%	N/A
Dental Services	Jan 18 – Dec 18	Informational Only	13.54%	N/A

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# **Appendix B: One Year Plan-Specific Analysis**

## **Total Health Care – THC**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	25.87%	N/A
	Oct 17 – Sep 18	Informational Only	26.26%	N/A
	Jan 18 – Dec 18	Informational Only	26.75%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	12.13%	N/A
	Oct 17 – Sep 18	Informational Only	12.62%	N/A
	Jan 18 – Dec 18	Informational Only	13.06%	N/A

Dental Services	Jan 18 – Dec 18	Informational Only	10.56%	N/A
Restorative (Dental Fillings)	Oct 17 – Sep 18	Informational Only	10.78%	N/A
	Jul 17 – Jun 18	Informational Only	10.85%	N/A

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# **Appendix B: One Year Plan-Specific Analysis**

## Trusted Health Plan - TRU

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	19.77%	N/A
	Oct 17 – Sep 18	Informational Only	18.66%	N/A
	Jan 18 – Dec 18	Informational Only	17.97%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	8.27%	N/A
	Oct 17 – Sep 18	Informational Only	8.24%	N/A
	Jan 18 – Dec 18	Informational Only	7.95%	N/A

	Jul 17 – Jun 18	Informational Only	7.76%	N/A
Restorative (Dental Fillings)	Oct 17 – Sep 18	Informational Only	7.13%	N/A
Dental Services	Jan 18 – Dec 18	Informational Only	6.65%	N/A

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# **Appendix B: One Year Plan-Specific Analysis**

# **UnitedHealthcare Community Plan – UNI**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	28.02%	N/A
	Oct 17 – Sep 18	Informational Only	27.13%	N/A
	Jan 18 – Dec 18	Informational Only	27.45%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	16.86%	N/A
	Oct 17 – Sep 18	Informational Only	16.76%	N/A
	Jan 18 – Dec 18	Informational Only	17.32%	N/A

Dental Services	Jan 18 – Dec 18	Informational Only	11.12%	N/A
Restorative (Dental Fillings)	Oct 17 – Sep 18	Informational Only	11.05%	N/A
	Jul 17 – Jun 18	Informational Only	11.58%	N/A

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

# **Appendix B: One Year Plan-Specific Analysis**

# **Upper Peninsula Health Plan – UPP**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	34.97%	N/A
	Oct 17 – Sep 18	Informational Only	34.40%	N/A
	Jan 18 – Dec 18	Informational Only	33.78%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	25.95%	N/A
	Oct 17 – Sep 18	Informational Only	25.75%	N/A
	Jan 18 – Dec 18	Informational Only	25.14%	N/A

	Jul 17 – Jun 18	Informational Only	17.28%	N/A
Restorative (Dental Fillings)	Oct 17 – Sep 18	Informational Only	16.41%	N/A
Dental Services	Jan 18 – Dec 18	Informational Only	16.38%	N/A

<sup>-</sup> Shaded areas represent data that are newly reported this month.

<sup>-</sup> For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Michigan Department of Health and Human Services



**Medical Services Administration** 

## **Medical Care Advisory Council**

**Meeting Minutes** 

**Date:** Tuesday, June 25, 2019 **Time:** 9:00 a.m. – 12:00 p.m.

Where: Michigan Public Health Institute

2436 Woodlake Circle, Suite 380

Okemos, MI 48864

Attendees: Council Members: Chris George, Barry Cargill, Alison Hirschel, April

Stopczynski, Amy Zaagman, Jeff Towns, Marie Armstrong (for Deb Brinson), Dawne Velianoff, Kim Singh, Kristen Reese, Bill Mayer, Melissa Samuel, Vicki Kunz (for Marilyn Litka-Klein), Alan Bolter (for Robert Sheehan), Stacie Saylor (for Rebecca Blake), Kelly Bidelman (for Mario Azzi), Linda Gibson (for Jim

Milanowski)

<u>Staff</u>: Kate Massey, Joneigh Khaldun, Kathy Stiffler, Farah Hanley, Erin Emerson, Brian Keisling, Brian Barrie, Jeff Wieferich, Jackie Prokop, Marie LaPres, Pam Diebolt, Cindy Linn, Phil Kurdunowicz, Erin Bancroft, Steve Prichard

Other Attendees: Joe Pawluszka, Salli Pung, Randy Walainis

#### Welcome, Introductions, Announcements

Jackie Prokop opened the meeting and introductions were made. Following initial introductions, Kate Massey was introduced as the new director of the Medical Services Administration, and Dr. Joneigh Khaldun was introduced as the Michigan Department of Health and Human Services (MDHHS) Chief Medical Officer and Chief Deputy for Health. Ms. Massey and Dr. Khaldun each shared opening remarks, and attendees recognized Kathy Stiffler for her service as Acting Medicaid Director.

#### **MCAC Chair Update**

MDHHS staff reported that the position of Medical Care Advisory Council (MCAC) chairperson is still open, and invited attendees to indicate if they are interested in serving in this role. Kathy Stiffler also recalled that the idea of appointing co-chairs for the MCAC was discussed at the previous meeting.

#### **Department Update**

Kathy Stiffler shared that all leadership positions within MDHHS have now been filled, including three Chief Deputy positions:

• Chief for Administration – Elizabeth Hertel

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- Chief for Opportunity Erin Frisch
- Chief Deputy for Health Dr. Joneigh Khaldun

#### **Budget Update**

### **FY19 Budget Issues**

On June 24, 2019, Governor Whitmer approved a supplemental budget for FY19 which provided funding for the following MDHHS priorities:

- \$3 million General Fund (GF) for public health services necessary as a result of lead and copper rule changes, including:
  - \$820,000 for public education;
  - o \$484,000 for drinking water investigations in homes; and
  - \$1.7 million for water filters for families living in communities with elevated lead levels.
- \$5 million for census-related services.

Farah Hanley indicated that one or more additional supplemental budgets for FY19 are likely to be needed to ensure adequate funding for the state's entitlement programs.

## FY20 Budget Status

Ms. Hanley provided an overview of the FY20 budget as passed by the legislature, and made a note of four areas of concern for MDHHS included in the House version of the budget, including:

- a 25% across-the-board cut to information technology (IT) funding for all agencies;
- proposed cuts to all areas of MDHHS that had surplus funds in FY19;
- a 3% across-the-board cut in administrative funding; and
- while the Executive Budget Recommendation included a request for \$10 million to fund the administration of Medicaid workforce engagement requirements, this amount was not included in the House version of the FY20 budget.

In total, The House version of the FY20 budget proposes a general fund that is \$107.5 million less than the Executive Budget Recommendation for MDHHS. Additional highlights from the FY20 Executive Budget Recommendation for the Medical Services Administration included in the House and Senate versions of the budget include:

- coverage for actuarial soundness;
- \$28 million for an adult home help wage adjustment;
- \$1.7 million for Medicaid neonatal rate increase to 80% of the Medicare reimbursement rate;
- \$5.8 million to increase Medicaid pediatric psychiatry rates to 80% of Medicare reimbursement levels;

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- \$40.5 million to increase MI Choice Waiver capitated rates by 5%, including an increase of 1,000 available Waiver slots;
- Reduction of \$19 million for the Medicaid Health Maintenance Organization Administration rate that was tied to the pharmacy benefit:
- Savings achieved as a result of limiting opioid prescriptions to a 7-day supply without prior authorization;
- Elimination of \$1.5 million funding for My Community Dental Clinics in agreement with the Executive Budget Recommendation;
- The Senate version of the budget concurred with the Governor's recommendation of 12 new full-time equivalent (FTE) positions to assist with forensic investigations, while the house version included only seven new FTE positions;
- \$2 million included in the House version of the budget for the Michigan Cares Behavioral Health Line; and
- The Senate version of the budget assumed \$8 million gross (\$2.5 million general fund) savings for autism cost containment.

Ms. Hanley advised meeting attendees that the legislature will convene a conference committee when the members return from recess to resolve the differences in the House and Senate versions of the FY20 budget. MDHHS staff and meeting attendees continued to discuss the details of the proposed FY20 budget, and attendees were encouraged to contact the members of the conference committee with any concerns about funding for MDHHS priorities. Alison Hirschel offered to draft a letter on behalf of the MCAC in support of the governor's budget recommendation for funding MDHHS IT systems. Attendees also suggested including in the letter support for restoring the legislature's proposed cuts to funding for all areas of MDHHS that had surplus funds in FY19, restoring the proposed cut to administrative funding, as well as support for the \$10 million requested by the Governor for funding the administration of Medicaid work requirements.

## **Behavioral Health Updates**

Jeff Wieferich reported that the Behavioral Health and Developmental Disabilities Administration (BHDDA) is currently on track to receive Centers for Medicare & Medicaid Services (CMS) approval for its pending 1915(c) waiver renewal applications for an effective date of October 1, 2019. The waiver renewals include the Children's Waiver Program (CWP), Habilitation Supports Waiver (HSW) and Waiver for Children with Serious Emotional Disturbances (SEDW). One of the changes noted in the waiver renewal applications include a change to a capitated reimbursement model from a fee-for-service reimbursement model for CWP and SEDW. The waiver applications are currently posted for public comment on the MDHHS website at <a href="www.michigan.gov/MDHHS">www.michigan.gov/MDHHS</a> >> Keeping Michigan Healthy >> Behavioral Health & Developmental Disability.

In addition, BHDDA is preparing to submit a State Plan Amendment to move behavioral health community-based services that were previously authorized under the Managed Specialty Services and Supports 1915(b1)(b3) waivers to a 1915(i) State Plan Amendment.

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In response to an inquiry, Mr. Wieferich indicated that BHDDA is continuing to work with the Department of Licensing and Regulatory Affairs (LARA) to develop Substance Use Disorder (SUD) treatment license requirements.

#### Section 298 Update

Erin Emerson reported that on June 12, 2019, MDHHS issued a press release to indicate that the Section 298 pilot programs to integrate behavioral health and physical health services will be delayed until October 1, 2020. At that time the Department also rescinded letter L 19-16, which was issued April 18, 2019 to Tribal Chairs and Health Directors as notice of intent to submit amendment applications for the Section 1115 Demonstration (Pathway to Integration), and Comprehensive Health Care Plan for Section 298 of PA107 of 2017. Due to the decision to delay the Section 298 pilot programs, MDHHS is not seeking an amendment to the Section 1115 Demonstration (Pathway to Integration) waiver at this time. Information regarding the Section 298 pilot has been removed from the Section 1915(c) Waiver applications for renewal of the Children's Waiver Program (CWP), Children with Serious Emotional Disturbance Waiver (SEDW), and Habilitation Supports Waiver (HSW), which have been re-posted to the MDHHS website for public comment at <a href="https://www.michigan.gov/mdhhs">www.michigan.gov/mdhhs</a> > Keeping Michigan Healthy >> Behavioral Health and Developmental Disabilities Administration. Meeting attendees were invited to submit comments by July 15, 2019. Additional updates about the Section 298 process are available on the web at <a href="https://www.michigan.gov/stakeholder298">www.michigan.gov/stakeholder298</a>.

### **Healthy Michigan Plan**

#### Legislative Changes – Senate Bill 362 and 363

Meeting attendees were provided with copies of Senate Bill (SB) 362 and SB 363, which propose changes to the Healthy Michigan Plan. SB 362 proposes to allow Medicaid beneficiaries the entire month to report compliance with workforce engagement requirements in a given month, as well as to allow beneficiaries up to 60 days to report compliance for a previous month. SB 363 proposes to allow MDHHS to use administrative data that is currently available to the department to determine beneficiary compliance with workforce engagement requirements. MDHHS staff estimate that if the legislation were to go into effect that approximately 83,000 current Healthy Michigan Plan beneficiaries would be automatically counted as compliant with workforce engagement requirements and be exempt from manual reporting on a monthly basis. SB 362 and SB 363 have both passed in the Senate and are awaiting action in the House of Representatives.

#### **Timeline Handout**

Meeting attendees were provided with copies of a draft project timeline for the third waiver for the Healthy Michigan Plan and implementation of work requirements, and the document was discussed.

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#### **Community-Based Organization Supports and Assistance**

Kathy Stiffler shared that MDHHS is seeking assistance from community-based organizations to help educate beneficiaries on the new workforce engagement and Healthy Behavior and cost-sharing requirements for the Healthy Michigan Plan that will take effect on January 1, 2020. In particular, the Department would like to conduct focus groups in which beneficiaries review printed informational materials to assess their understanding of MDHHS communications for the new requirements. To assist with this process, Ms. Stiffler requested that meeting attendees share suggestions for community-based organizations that could partner with MDHHS in these efforts. The Department also plans to conduct informational webinars for providers and the general public to provide information on this process.

### Health Risk Assessment (HRA) Unit

MDHHS staff shared that to assist with implementing the healthy behavior and cost sharing requirements for Healthy Michigan Plan beneficiaries who have been enrolled in the program for 48 cumulative months and have incomes above 100% of the federal poverty level, the Department will allow the Medicaid Health Plans to complete the HRA on behalf of their members. In addition, the Department will re-establish the HRA unit to assist beneficiaries who have lost coverage and subsequently complete the HRA process.

#### **Long Term Care Updates**

Brian Barrie provided updates on the following issues related to Long Term Care:

- Passive enrollment of beneficiaries into the MI Health Link Demonstration for individuals
  who are dually eligible for Medicare and Medicaid has resumed following a temporary
  suspension to address systems issues. Additionally, MDHHS is in the process of
  discussing with CMS and interested stakeholders the potential for continuing the
  MI Health Link demonstration beyond its current sunset date of December 31, 2020.
- MDHHS is continuing work to implement a Managed Long-Term Services and Supports program, which includes working with five different design teams to address quality improvements that were included in the chart report and reaching out to various stakeholder groups for input.
- MDHHS has received funding to conduct a feasibility study of public-private partnership
  options for the implementation of Managed Long Term Services and Supports. The
  Department is planning a public forum to discuss this process to be held in September.
- The Department is also continuing to explore the implementation of an Electronic Visit Verification (EVV) system for personal care services.

#### **Universal Caseload Update**

MDHHS staff provided an update on the implementation of a universal caseload process for handling public assistance cases. The universal caseload system works by allowing a pool of caseworkers to handle pooled cases, rather than assigning each case to a caseworker whom

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clients must call, often leaving a message. The universal caseload program began in Michigan with a pilot in February 2018 and rolled out to 50 counties by October of 2018. The 50 counties are now grouped into 10 areas, known as geo-groups, each of which serves individuals from the entire area. While the goal of universal caseload implementation was to enable more reliable service for beneficiaries and greater efficiency, the Department has experienced a large volume of backlog in workload that staff have been working to resolve. Some changes that have been implemented to address this issue include implementing new call technology with a voicemail system and staffing a live call center from 9 am to 3 pm Monday through Friday. MDHHS is also working to collect feedback on the new system from local Department offices, as well as beneficiaries in order to apply lessons learned.

#### **Policy Updates**

A policy update handout was distributed, and the following items were discussed:

- Proposed Policy 1909-Dental Clarification of Dental Anesthesia Policy
- Bulletin MSA 19-09 Update to the Coverage of Certified Nurse Midwife Services
- Bulletin MSA 19-10 Program Enrollment of Clinical Nurse Specialists; Updates to the Collaborative Practice Agreement Utilized by Nurse Practitioners and Clinical Nurse Specialists.
- Bulletin MSA 19-13 Beneficiary Co-Payment Increase for Outpatient Hospital Visits.

#### **CGM Updates**

Jackie Prokop also provided an update on the implementation of bulletin MSA 19-04 – Continuous Glucose Monitoring Systems, which was issued on March 1, 2019.

#### Other

A meeting attendee requested that staff distribute a copy of the MDHHS organizational chart to show MDHHS and MSA leadership to the members of the MCAC.

The meeting was adjourned at 11:50 a.m.