



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

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July 12, 2016

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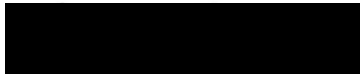
Dear Ms. Kostasich,

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 federal fiscal year 2016. 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. She may be reached by phone at (517) 241-7172, or by e-mail at [colemanj@michigan.gov](mailto:colemanj@michigan.gov).

Sincerely,



Penny Rutledge, Director  
Actuarial Division

cc: Ruth Hughes  
Angela Garner

Enclosure (5)

Michigan Adult Coverage Demonstration  
Section 1115 Quarterly Report

Demonstration Year: 7 (01/01/2016 – 12/31/2016)  
Federal Fiscal Quarter: 2 (01/01/2016 – 03/31/2016)

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## Introduction

On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the Federal Poverty Level (FPL). To accompany this expansion, the Michigan Adult Benefits Waiver (ABW) was amended and transformed to establish the Healthy Michigan Plan, through which the Michigan Department of Health & Human Services (MDHHS) will test innovative approaches to beneficiary cost sharing and financial responsibility for health care for the new adult eligibility group. Healthy Michigan Plan provides a full health care benefit package as required under the Affordable Care Act including all of the Essential Health Benefits as required by federal law and regulation. There will not be any limits on the number of individuals who can enroll. Beneficiaries who received coverage under the ABW program transitioned to the Healthy Michigan Plan on April 1, 2014.

The new adult population with incomes above 100 percent of the FPL are required to make contributions toward the cost of their health care. In addition, all newly eligible adults from 0 to 133 percent of the FPL are subject to copayments consistent with federal regulations. In October 2014, the MI Health Account was established for individuals enrolled in managed care plans to track beneficiaries' cost-sharing and service utilization. Healthy Michigan Plan beneficiaries receive statements that summarize the MI Health Account activity. Beneficiaries also have opportunities to reduce their cost-sharing amounts by agreeing to address or maintain certain healthy behaviors.

State law requires MDHHS to partner with the Michigan Department of Treasury to garnish state tax returns and lottery winnings for members consistently failing to meet payment obligations associated with the Healthy Michigan Plan. Prior to the initiation of the garnishment process, members are notified in writing of payment obligations and rights to a review. Debts associated with the MI Health Account are not reported to credit reporting agencies. Members non-compliant with cost-sharing requirements do not face loss of eligibility, denial of enrollment in a health plan, or denial of services. In July 2015, MDHHS initiated the MI Health Account garnishment process as described in the Special Terms and Conditions of this demonstration.

On December 17, 2015, CMS approved the state's September 1, 2015 request to amend the Healthy Michigan Section 1115 Demonstration. The state sought approval of this amendment to implement requirements of state law ([MCL 400.105d\(20\)](#)). With this approval, non-medically frail individuals above 100 percent of the FPL with 48 cumulative months of Healthy Michigan Plan coverage will have the choice of one of two coverage options:

1. Select a Qualified Health Plan offered on the Federal Marketplace. These individuals will pay premiums but can enroll in the Healthy Michigan Plan when a healthy behavior requirement is met; or
2. Remain in the Healthy Michigan Plan with increased cost-sharing and contribution obligations. These individuals are also required to meet a healthy behavior requirement.

Approval of the waiver request has allowed Michigan to continue coverage for approximately 600,000 members.

To reflect its expanded purpose, the name of the demonstration was changed to Healthy Michigan Plan. The overarching themes used in the benefit design will be:

- Increasing access to quality health care;
- Encouraging the utilization of high-value services; and

- Promoting beneficiary adoption of healthy behaviors and using evidence-based practice initiatives.

Organized service delivery systems will be utilized to improve coherence and overall program efficiency.

MDHHS's goals in amending the demonstration are to:

- Improve access to healthcare for uninsured or underinsured low-income Michigan citizens;
- Improve the quality of healthcare services delivered;
- Reduce uncompensated care;
- Encourage individuals to seek preventive care and encourage the adoption of healthy behaviors;
- Help uninsured or underinsured individuals manage their health care issues;
- Encourage quality, continuity, and appropriate medical care; and
- Study the effects of a demonstration model that infuses market-driven principles into a public healthcare insurance program by examining:
  - The extent to which the increased availability of health insurance reduces the costs of uncompensated care borne by hospitals;
  - The extent to which availability of affordable health insurance results in a reduction in the number of uninsured/underinsured individuals who reside in Michigan;
  - Whether the availability of affordable health insurance, which provides coverage for preventive and health and wellness activities, will increase healthy behaviors and improve health outcomes; and
  - The extent to which beneficiaries feel that the Healthy Michigan Plan has a positive impact on personal health outcomes and financial well-being.

## Enrollment and Benefits Information

Enrollment into the Healthy Michigan Plan began April 1, 2014. Beneficiaries who were enrolled in the ABW were automatically transitioned into the Healthy Michigan Plan effective April 1, 2014. MDHHS enrolled new beneficiaries into the program beginning April 1, 2014. Potential enrollees can apply for the program via the MDHHS website, by calling a toll-free number or by visiting their local MDHHS office. At this time, MDHHS does not anticipate any changes in the population served or the benefits offered. Program enrollment and disenrollment during this quarter has been similar to that of previous quarters. Michigan continues to see evidence of the high demand for services offered.

<b>Table 1: Healthy Michigan Plan New Enrollments by Month</b>			
January 2016	February 2016	March 2016	Total
45,038	38,784	29,768	113,590

January 2016	February 2016	March 2016	Total
31,307	37,781	36,382	105,470

Most Healthy Michigan Plan beneficiaries elect to choose a health plan as opposed to automatic assignment to a health plan. As of March 15, 2016, 346,542 or, 72 percent, of the State's 481,997 Healthy Michigan Plan health plan enrollees selected a health plan. The remaining managed care enrolled beneficiaries were automatically assigned to a health plan. All Medicaid Health Plan members have an opportunity to change their plan within 90 days of enrollment into the plan. During this quarter, 10,548 of all Healthy Michigan Plan health plan enrollees changed health plans. This quarter, 5,321, or approximately 50 percent, of beneficiaries that changed plans were previously automatically assigned to a health plan. The remaining beneficiaries were those that changed plans after selecting a health plan.

Healthy Michigan Plan members have the opportunity to reduce cost-sharing requirements through the completion of Health Risk Assessments and engaging in healthy behaviors. MDHHS has developed a standard Health Risk Assessment form to be completed annually. Health Risk Assessment forms and reports are located on the [MDHHS website](#). New members are informed that an annual preventative visit is a covered benefit of the Healthy Michigan Plan. The Health Risk Assessment document is intended to be completed in two parts. The member typically completes the first sections of the form with the assistance of the Healthy Michigan Plan enrollment broker. Members that are automatically assigned to a health plan are not surveyed. The remainder of the form is completed at the member's initial primary care visit.

The initial assessment questions section of the Health Risk Assessments completed through the MDHHS enrollment broker had a completion rate of 95 percent this quarter. MDHHS is encouraged by the high level of participation by beneficiaries at the initial point of contact.

The following table details the Health Risk Assessment data collected by the enrollment broker for the quarter:

Month	Number of Completed HRAs	Percent of Total	Number of Refused HRAs	Percent of Total	Total Enrollment Calls
January 2016	8,609	95%	456	5%	9,065
February 2016	8,227	95%	398	5%	8,625
March 2016	6,195	96%	256	4%	6,451
Total	23,031	95%	1,110	5%	24,141

Completion of the remaining Health Risk Assessment sections (beyond those completed through the State's enrollment broker) requires beneficiaries to schedule an annual appointment, select a Healthy Behavior, and have member results completed by their primary care provider. The primary care provider then securely sends the completed Health Risk Assessment to the appropriate Medicaid Health Plan.

Healthy Michigan Plan members that successfully complete the Health Risk Assessment process and agree to address or maintain healthy behaviors may qualify for reduction in copayments and/or contributions and gift cards. The following opportunities are available to Healthy Michigan Plan beneficiaries:

- Reduction in copayments: A 50 percent reduction in copayments is available to members that have agreed to address or maintain healthy behaviors and have paid 2 percent of their income in copayments.
- Reduction in contributions: A 50 percent reduction in contributions can be earned by members that have agreed to address or maintain healthy behaviors and have completed a Health Risk Assessment with a Primary Care Practitioner attestation.
- Gift card incentives: A \$50.00 gift card is available to beneficiaries at or below 100 percent FPL that have agreed to address or maintain healthy behaviors and have completed a Health Risk Assessment with a Primary Care Practitioner attestation.

This quarter, 7,288 Health Risk Assessments for Healthy Michigan Plan beneficiaries participating in the healthy behaviors incentive program were recorded by Medicaid Health Plans. Of these, health plans have reported that 5,755 of the earned incentives are gift card incentives. Additionally, 1,472 reductions in future contribution requirements have been earned. In this quarter, 2,453 reductions were applied. The remaining contribution reductions earned will be applied when those beneficiaries receive their first quarterly statement. The details of Health Risk Assessment completion can be found in the enclosed March 2016 Health Risk Assessment Report.

The following table details Health Risk Assessment data collected by the Medicaid Health Plans for the quarter:

<b>Table 4: Health Risk Assessment Health Plan Data</b>				
	January 2016	February 2016	March 2016	Total
Health Risk Assessments Submitted	2,327	2,214	2,747	7,288
Gift Cards Earned	1,889	1,737	2,149	5,775
Reductions Earned	430	461	581	1,472
Reductions Applied	940	752	761	2,453

## **Enrollment Counts for Quarter and Year to Date**

Enrollment counts below are for unique members for identified time periods. The unique enrollee count will differ from the March 2016 count from the Beneficiary Month Reporting section as a result of disenrollment that occurred during the quarter. Disenrollment can occur for a variety of reasons including change in eligibility status, such as an increase in income, or as part of a redetermination cycle, for example.

In addition to substantial Healthy Michigan Plan enrollment, MDHHS saw a significant number of disenrollments from the plan as reported in the Monthly Enrollment Reports to CMS. Healthy Michigan disenrollment reflects individuals who were disenrolled during a redetermination of eligibility or switched coverage due to eligibility for other Medicaid program benefits. In most cases beneficiaries disenrolled from the Healthy Michigan Plan due to eligibility for other Medicaid programs. This disenrollment can be a result of MDHHS's validation of self-attested information from the beneficiary. After a beneficiary is approved for Healthy Michigan Plan coverage, MDHHS performs authentication processes to determine the beneficiary is in fact eligible as attested in the application for benefits. MDHHS matches beneficiary information provided with that available through State and Federal databases. Movement between Medicaid



programs is not uncommon and MDHHS expects that beneficiaries will continue to shift between Healthy Michigan and other Medicaid programs as their eligibility changes.

**Table 5: Enrollment Counts for Quarter and Year to Date**

Demonstration Population	Total Number of Demonstration Beneficiaries Quarter Ending – 03/2016	Current Enrollees (year to date)	Disenrolled in Current Quarter
ABW Childless Adults	N/A	N/A	N/A
Healthy Michigan Adults	714,346	714,346	105,834

## Outreach/Innovation Activities to Assure Access

On March 20, 2014, Governor Snyder announced to the public that the State would begin taking applications for the new Healthy Michigan Plan effective April 1, 2014. MDHHS developed a [Healthy Michigan Program website](#) with information available to both beneficiaries and providers. The Healthy Michigan Plan website provides the public with information on eligibility, how to apply, services covered, cost sharing requirements, frequently asked questions, Health Risk Assessment completion, and provider information. The site also provides a link for members to make MI Health Account payments. MDHHS also has a mailbox, [healthymichiganplan@michigan.gov](mailto:healthymichiganplan@michigan.gov), for questions or comments about the Healthy Michigan Plan.

MDHHS has worked closely with provider groups through meetings, Medicaid provider policy bulletins, and various interactions with community partners and provider trade associations. MDHHS continues to provide progress reports to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings. These meetings provide an opportunity for attendees to provide program comments or suggestions. The February 29, 2016 MCAC meeting occurred during the quarter covered by this report. The minutes for this meeting have been attached as an enclosure. MCAC meeting agendas and minutes are also available on the [MDHHS website](#).

## Collection and Verification of Encounter Data and Enrollment Data

As a mature managed care state, all Medicaid Health Plans submit encounter data to MDHHS for the services provided to Healthy Michigan Plan beneficiaries following the existing MDHHS data submission requirements. MDHHS continues to utilize encounter data to prepare MI Health Account statements with a low volume of adjustments. MDHHS works closely with the plans in reviewing, monitoring and investigating encounter data anomalies. MDHHS and the Medicaid Health Plans work collaboratively to correct any issues discovered as part of the review process. This quarter, MDHHS issued a schedule for Encounter Quality Initiative (EQI) activities. Medicaid Health Plans are scored based on timely submissions of encounter data, site visit availability and the submission of an Explanation of Variances detailing variances and corrective action plans as necessary.

MDHHS staff effectively collaborate with the MI Health Account vendor to continue the garnishment process. As of May 10, 2016 MDHHS has successfully offset 1,890 individuals for a total of \$184,862.90. A detailed breakdown is included in the following table:

Garnishment Source	Individuals Garnished	Amount Garnished
Tax	1,887	\$184,625.90
State Lottery	3	\$237.00
Total	1,890	\$184,862.90

Staff will continue to work with the MI Health Account vendor and the Michigan Department of Treasury to ensure data quality and accuracy.

## Operational/Policy/Systems/Fiscal Developmental Issues

MDHHS holds bi-monthly meetings with the staff of Medicaid Health Plans to address operational issues, programmatic issues, and policy updates and clarifications. Updates and improvements to the Community Health Automated Medicaid Processing System (CHAMPS), the State's Medicaid Management Information System (MMIS) happen continually, and MDHHS strives to keep the health plans informed and functioning at the highest level. At these meetings, Medicaid policy bulletins and letters that impact the program are discussed, as are other operational issues. Additionally, these operational meetings include a segment of time dedicated to the oversight of the MI Health Account contactor. MDHHS and the health plans receive regular updates regarding MI Health Account activity and functionality.

MDHHS is proposing changes to the MI Health Account quarterly statement in response to the University of Michigan early evaluation as well as feedback from stakeholders and health literacy staff. The revised MI Health Account statement will be designed to improve member understanding of the statement and Healthy Michigan Plan payment obligations. Additionally, MDHHS staff have collected proposed additions to the Healthy Michigan Plan chronic conditions list exempt from cost sharing. Stakeholders participated in discussions with MDHHS to provide suggestions. Proposed additions to the chronic conditions list will be submitted to department leadership and CMS for approval.

The following policies with Healthy Michigan Plan impact were issued by the State during the quarter covered by this report:

Issue Date	Subject	Link
01/15/2016	Clarification of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Covered Services and Definition of "Medically Necessary"	<a href="#">MSA 16-01</a>
03/01/2016	Medicaid Coverage of Lactation Support Services	<a href="#">MSA 15-46</a>
03/01/2016	Transition to Managed Care Common Formulary	<a href="#">MSA 16-06</a>
03/01/2016	Updates to the Medicaid Provider Manual	<a href="#">MSA 16-07</a>
03/31/2016	Update of Maternal Infant Health Program Staff Qualifications	<a href="#">MSA 16-09</a>

## Financial/Budget Neutrality Development Issues

MDHHS did not experience budget neutrality issues this quarter. The completed budget neutrality table provided below reflects updates as expenditures are adjusted over time. For the purposes of completing the Healthy Michigan Plan Budget Neutrality Monitoring Table, MDHHS collects Healthy Michigan Plan expenditures from information included in the CMS 64.9VIII files

submitted to CMS. Expenditures include those that both occurred and were paid in the same quarter in addition to adjustments to expenditures paid in quarters after the quarter of service. Expenditures for all eligible groups within the Healthy Michigan Plan were included. The State will continue to update data for each demonstration year as it becomes available.

**Table 8: Healthy Michigan Plan Budget Neutrality Monitoring Table**

	DY 5 - PMPM	DY 6 - PMPM	DY 7 - PMPM	DY 8 - PMPM	DY 9 - PMPM
Approved HMP PMPM	\$667.36	\$602.21	\$569.80	\$598.86	\$629.40
Actual HMP PMPM (YTD)	\$461.31	\$439.36	\$409.91	-	-
Total Expenditures (YTD)	\$1,722,952,326.00	\$3,190,185,407.00	\$795,659,631.00	-	-
Total Member Months (YTD)	3,734,898	7,260,933	1,941,059	-	-

## Beneficiary Month Reporting

The beneficiary counts below include information for each of the designated months during the quarter, and include retroactive eligibility through March 31, 2016.

**Table 9: Healthy Michigan Plan Beneficiary Month Reporting**

Eligibility Group	January 2016	February 2016	March 2016	Total for Quarter Ending 03/16
Healthy Michigan Adults	647,542	648,707	642,351	1,938,600

## Consumer Issues

This quarter, the total number of Healthy Michigan Plan complaints reported to MDHHS was 212. Issues obtaining prescriptions comprised 76 percent of total complaints received by MDHHS. This was largely due to other insurance showing on the beneficiary record. Beneficiaries experiencing issues obtaining transportation consisted of 8 percent of total complaints reported to MDHHS. Beneficiaries, especially in rural areas, can experience difficulty in utilizing transportation services due to a lack of drivers. This issue is one that preceded the implementation of the Healthy Michigan Plan. Complaints related to other covered services consisted of 12 percent of total complaints. Complaints on other issues comprised 4 percent of total complaints and included dental and behavioral health services. Overall, with 1,938,600 member months during the quarter, MDHHS is encouraged by its low rate of contacts related to Healthy Michigan Plan complaints. MDHHS will continue to monitor calls to the Beneficiary Helpline to identify problems or trends that need to be addressed.

**Table 10: Healthy Michigan Plan Complaints Reported to MDHHS**

January 2016– March 2016					
	Obtaining Prescriptions	Transportation	Other Covered Services	Other Issues	Total
Count	161	17	25	8	212
Percent	76%	8%	12%	4%	

## Quality Assurance/Monitoring Activity

MDHHS completes Performance Monitoring Reports (PMR) for the thirteen Medicaid Health Plans that are licensed and approved to provide coverage to Michigan's Medicaid beneficiaries. These reports are based on data submitted by the health plans. Information specific to the Healthy Michigan Plan are included in these reports. The measures for the Healthy Michigan

Plan population will mirror those used for the traditional Medicaid population. In addition, MDHHS will monitor trends specific to this new population over time. MDHHS continues to collect data for PMR purposes. All of the Healthy Michigan Plan measures are informational until standards are set. The most recently published Bureau of Medicaid Program Operations & Quality Assurance quarterly PMR with Healthy Michigan Plan specific measures is enclosed with this report.

## Managed Care Reporting Requirements

MDHHS has established a variety of reporting requirements for the Medicaid Health Plans, many of which are compiled, analyzed and shared with the plans in the Performance Monitoring Reports described in the Quality Assurance/Monitoring Activity section of this report. This quarter, applicable Healthy Michigan Plan members received MI Health Account quarterly statements. Beneficiaries are able to make payments online and by mail.

The MI Health Account Call Center handles questions regarding the MI Health Account welcome letters and MI Health Account quarterly statements. MDHHS' Beneficiary Help Line number is listed on all MI Health Account letters. Staff are cross trained to provide assistance on a variety of topics. Commonly asked questions for callers contacting the MI Health Account Call Center relate to general MI Health Account information and payment amounts. Members calling regarding the quarterly statements have asked about amounts owed, requested clarification on the contents of the statement, and reported an inability to pay amounts owed.

MDHHS engaged in discussions with the Medicaid health plans various strategies to increase MI Health Account collections. Two options explored this quarter were reminder phone calls made by the MI Health Account vendor and allowing credit cards as a payment option. The MI Health Account vendor presented available information regarding cost and experiences of other states.

During this quarter, Healthy Michigan Plan members continued making payments for contributions and copays to the MI Health Account. Detailed MI Health Account activity is documented in the following tables. The MI Health Account Executive Summary Report is currently under revision. For this reason, data available for this quarter is incomplete. MI Health Account activity for the month of March will be included in the next quarterly report as available.

Table 11 illustrates MI Health Account statement mailing activity for the current quarter. Additionally this table includes co-pay and contribution amounts owed when the statements were mailed. The chart also shows total activity for the 2016 calendar year and from the time MI Health Account statements were first issued in October 2014.

<b>Table 11: MI Health Account Statement Mailing</b>					
Month Statement Mailed	Statements Mailed	Statements Requiring a Copay Only	Statements Requiring a Contribution Only	Statements Requiring a Copay and Contribution	Percentage of Statements Requiring Payment
January 2016	86,889	12,562	12,048	6,280	36%
February 2016	60,514	8,991	9,138	5,080	38%
March 2016	-	-	-	-	-
Calendar YTD	147,403	21,553	21,186	11,360	37%
Program Total	1,061,281	252,257	96,165	102,525	42.49%

Table 12 contains the collection history of the Healthy Michigan Plan members that have paid copayments and contributions. The chart also shows total activity for the 2016 calendar year and from the time MI Health Account statements were first issued in October 2014.

**Table 12: MI Health Account Collection Summary**

Statement Month	Amount of copays owed	Amount of copays paid	Percentage of copays paid	Number of beneficiaries who owed copays	Number of beneficiaries who paid copays
<b>Copays</b>					
January 2016	\$87,537.34	\$31,471.65	36%	18,842	7,056
February 2016	\$67,493.20	\$23,987.48	36%	14,071	5,231
March 2016	-	-	-	-	-
Calendar YTD	\$155,030.54	\$55,459.13	36%	32,913	12,287
Program Total	\$2,357,102.98	\$843,895.70	36%	353,752	125,543
<b>Contributions</b>					
Statement Month	Amount of contributions owed	Amount of contributions paid	Percentage of contributions paid	Number of beneficiaries who owed contributions	Number of beneficiaries who paid contributions
January 2016	\$957,423.10	\$278,106.20	29%	18,328	6,677
February 2016	\$727,890.65	\$208,867.28	29%	14,218	5,232
March 2016	-	-	-	-	-
Calendar YTD	\$1,685,313.75	\$486,973.48	29%	32,546	11,909
Program Total	\$10,814,955.97	\$3,229,115.00	30%	198,686	72,397

Table 13 displays the total amount collected by enrollment month and quarterly pay cycle since the implementation of the MI Health Account. For example, beneficiaries that enrolled in October 2014 received their first quarter statement in April 2015. It should be noted that Percentage Collected can change even in complete quarters as payments are applied to the oldest invoice owed.

**Table 13: MI Health Account Quarterly Collection**

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
April 2014	Oct 2014 - Dec 2014	\$24,297.41	\$13,929.84	57%
	Jan 2015 - Mar 2015	\$201,500.16	\$104,702.89	52%
	Apr 2015 - Jun 2015	\$169,924.10	\$77,551.14	46%
	Jul 2015 - Sept 2015	\$144,950.93	\$71,070.33	49%
	Oct 2015 - Dec 2015	\$152,474.82	\$57,338.26	38%
	Jan 2016 - Mar 2016	\$116,093.23	\$42,710.33	37%
May 2014	Nov 2014 - Jan 2015	\$40,289.73	\$22,652.47	56%
	Feb 2015 - Apr 2015	\$62,089.63	\$31,340.34	50%
	May 2015 - Jul 2015	\$48,589.02	\$24,054.02	49%
	Aug 2015 - Oct 2015	\$31,543.04	\$19,577.32	62%
	Nov 2015 - Jan 2016	\$37,076.71	\$17,285.91	47%
	Feb 2016 - Apr 2016	\$37,337.61	\$13,119.26	35%

**Table 13: MI Health Account Quarterly Collection Continued**

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
June 2014	Dec 2014 - Feb 2015	\$445,844.32	\$279,022.87	62%
	Mar 2015 - May 2015	\$345,470.73	\$204,301.77	59%
	Jun 2015 - Aug 2015	\$354,224.61	\$195,775.28	55%
	Sept 2015 - Nov 2015	\$333,129.95	\$166,257.12	50%
	Dec 2015 - Feb 2016	\$237,772.64	\$102,878.15	43%
July 2014	Jan 2015 - Mar 2015	\$369,486.84	\$177,657.55	48%
	Apr 2015 - Jun 2015	\$276,576.70	\$119,082.68	43%
	Jul 2015 - Sept 2015	\$223,679.40	\$111,067.66	50%
	Oct 2015 - Dec 2015	\$224,470.79	\$87,786.72	39%
	Jan 2016 - Mar 2016	\$164,393.22	\$63,332.40	38%
August 2014	Feb 2015 - Apr 2015	\$182,250.29	\$90,452.07	50%
	May 2015 - Jul 2015	\$133,147.78	\$57,162.36	43%
	Aug 2015 - Oct 2015	\$91,072.51	\$51,912.58	57%
	Nov 2015 - Jan 2016	\$100,289.02	\$42,886.93	43%
	Feb 2016 - Apr 2016	\$99,879.08	\$29,575.08	30%
September 2014	Mar 2015 - May 2015	\$226,671.99	\$98,728.27	43%
	Jun 2015 - Aug 2015	\$160,855.58	\$61,991.14	38%
	Sept 2015 - Nov 2015	\$152,683.36	\$57,615.46	38%
	Dec 2015 - Feb 2016	\$123,470.74	\$38,670.49	31%
October 2014	Apr 2015 - Jun 2015	\$181,727.82	\$79,142.82	43%
	Jul 2015 - Sept 2015	\$109,335.92	\$52,825.94	48%
	Oct 2015 - Dec 2015	\$124,291.14	\$46,357.82	37%
	Jan 2016 - Mar 2016	\$103,407.13	\$37,376.59	36%
November 2014	May 2015 - Jul 2015	\$201,107.64	\$85,111.13	42%
	Aug 2015 - Oct 2015	\$96,873.32	\$49,553.38	51%
	Nov 2015 - Jan 2016	\$126,466.83	\$51,014.17	40%
	Feb 2016 - Apr 2016	\$140,331.37	\$40,201.54	29%
December 2014	Jun 2015 - Aug 2015	\$108,416.46	\$50,021.86	46%
	Sept 2015 - Nov 2015	\$83,902.06	\$32,243.29	38%
	Dec 2015 - Feb 2016	\$67,139.96	\$22,770.79	34%
January 2015	Jul 2015 - Sept 2015	\$176,673.11	\$105,867.66	60%
	Oct 2015 - Dec 2015	\$167,046.15	\$69,433.15	41%
	Jan 2016 - Mar 2016	\$140,682.99	\$60,511.34	43%
February 2015	Aug 2015 - Oct 2015	\$157,089.23	\$91,830.59	58%
	Nov 2015 - Jan 2016	\$121,266.56	\$57,567.92	47%
	Feb 2016 - Apr 2016	\$152,178.22	\$56,439.49	37%
March 2015	Sept 2015 - Nov 2015	\$216,321.79	\$87,351.56	40%
	Dec 2015 - Feb 2016	\$99,153.30	\$34,555.04	35%
April 2015	Oct 2015 - Dec 2015	\$259,068.89	\$107,448.26	41%
	Jan 2016 - Mar 2016	\$79,772.79	\$53,537.37	67%
May 2015	Nov 2015 - Jan 2016	\$157,532.16	\$71,633.26	45%
	Feb 2016 - Apr 2016	\$107,684.22	\$45,197.55	42%
June 2015	Dec 2015 - Feb 2016	\$144,535.12	\$53,060.33	37%
July 2015	Jan 2016 - Mar 2016	\$109,957.92	\$52,109.82	47%
August 2015	Feb 2016 - Apr 2016	\$153,310.92	\$48,321.84	31%

Payments can be made to the MI Health Account by mail or online. Table 14 includes the current quarter's MI Health Account payments by payment method.

<b>Table 14: MI Health Account Methods of Payment</b>			
	January 2016	February 2016	March 2016
Percent Paid Online	29%	31%	-
Percent Paid by Mail	71%	69%	-

Cost sharing exemptions are applied to specific groups by law, regulation and program policy. The MI Health Account adjustment activity is detailed in Table 15. The following table displays the number of members that met cost sharing exemption adjustments and adjustment amounts by month, for the current calendar year, and for the program in total.

<b>Table 15: MI Health Account Adjustment Activities</b>						
	January 2016		February 2016		March 2016	
	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount
Beneficiary is Under Age 21	467	\$23,310.84	515	\$26,303.75	-	-
Pregnancy	482	\$17,582.86	32	\$1,092.68	-	-
Hospice	0	\$0.00	0	\$0.00	-	-
Native American	51	\$1,097.00	45	\$912.50	-	-
Five Percent Cost Share Limit Met	22,665	\$296,284.38	15,536	\$236,078.64	-	-
FPL No Longer >100% - Contribution	0	\$0.00	0	\$0.00	-	-
<b>Total</b>	<b>23,665</b>	<b>\$338,275.08</b>	<b>16,128</b>	<b>\$264,387.57</b>	<b>-</b>	<b>-</b>
	January 2016 – February 2016		Calendar YTD		Program YTD	
	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount
Beneficiary is Under Age 21	982	\$49,614.59	982	\$49,614.59	5,791	\$313,870.09
Pregnancy	514	\$18,675.54	514	\$18,675.54	4,791	\$141,327.11
Hospice	0	\$0.00	0	\$0.00	0	\$0.00
Native American	96	\$2,009.50	96	\$2,009.50	590	\$26,237.50
Five Percent Cost Share Limit Met	38,201	\$532,363.02	38,201	\$532,363.02	372,612	\$5,386,370.16
FPL No longer >100% - Contribution	0	\$0.00	0	\$0.00	20	\$1,152.50
<b>Total</b>	<b>39,793</b>	<b>\$602,662.65</b>	<b>39,793</b>	<b>\$602,662.65</b>	<b>383,804</b>	<b>\$5,868,957.36</b>

Healthy Michigan Plan members may qualify for reductions in copayments and/or contributions after successful participation in the Healthy Behaviors program. Table 16 shows the number of qualified beneficiaries who have earned a reduction in copayments, contributions, and/or gift cards. The following table includes Healthy Behaviors rewards earned by month, current calendar year and for the program in total.

<b>Table 16: Healthy Behaviors Incentive Activity</b>						
	January 2016		February 2016		March 2016	
	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount
Copay	983	\$5,736.61	723	\$1,817.84	-	-
Contribution	2,891	\$101,650.78	2,416	\$82,573.83	-	-
Gift Cards	3,786	n/a	2,794	n/a	-	-
Total	7,660	\$107,387.39	5,933	\$84,391.67	-	-
	January 2016 – February 2016		Calendar YTD		Program YTD	
	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount
Copay	1,706	\$7,554.45	1,706	\$7,554.45	2,953	\$12,596.97
Contribution	5,307	\$184,224.61	5,307	\$184,224.61	28,357	\$937,386.30
Gift Cards	6,580	n/a	6,580	n/a	71,345	n/a
Total	13,593	\$191,779.06	13,593	\$191,779.06	102,655	\$949,983.27

Healthy Michigan Plan members that do not meet payment obligations for three consecutive months are deemed “consistently failing to pay.” Consequences for consistently failing to pay include healthy behavior reduction and garnishment of tax refunds and lottery winnings. Table 16 provides cumulative past due collection amounts and the number of members that have past due balances that are eligible for collection through the Michigan Department of Treasury for this reporting quarter.

<b>Table 17: MI Health Account Past Due Collection Amounts</b>		
Month	Number of Beneficiaries with Past Due Co-Pays/Contributions	Number of Beneficiaries with Past Due Co-Pays/Contributions that are Collectible Debt
January 2016	74,026	4,948
February 2016	82,216	2,984
March 2016	-	-

Table 17 includes the total amount of past due balances by the length of time the account has been delinquent. The information below is cumulative and not limited to the current quarter.

<b>Table 18: MI Health Account Delinquent Co-pay and Contribution Amounts by Aging Category</b>						
Days	0-30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days	Total
Amount Due	\$739,491.82	\$596,453.00	\$527,306.91	\$487,257.57	\$3,953,199.30	\$6,303,708.60
Number of Beneficiaries That Owe	59,615	47,802	40,322	38,064	87,811	129,551



MDHHS has refined the Managed Care Organization grievance and appeal reporting process to collect Healthy Michigan Plan specific data. Grievances are defined in the MDHHS Medicaid Health Plan Grievance/Appeal Summary Reports as an expression of dissatisfaction about any matter other than an action subject to appeal. Appeals are defined as a request for review of the Health Plan's decision that results in any of the following actions:

- The denial or limited authorization of a requested service, including the type or level of service;
- The reduction, suspension, or termination of a previously authorized service;
- The denial, in whole or in part, of a payment for a properly authorized and covered service;
- The failure to provide services in a timely manner, as defined by the State; or
- The failure of the Health Plan to act within the established timeframes for grievance and appeal disposition.

MDHHS has included grievance and appeals data reported by the Medicaid Health Plans from this quarter in the following tables:

<b>Table 19: Managed Care Organization Appeals</b>			
<b>January 2016 – March 2016</b>			
	Decision Upheld	Overtured	Total
Count	47	63	110
Percent	43%	57%	

<b>Table 20: Managed Care Organization Grievances</b>						
<b>January 2016 – March 2016</b>						
	Access	Quality of Care	Administrative/Service	Billing	Transportation	Total
Count	266	78	213	90	392	1,039
Percent	26%	8%	21%	9%	38%	

From January to March 2016, there were 110 total appeals among all the Medicaid Health Plans. Medicaid Health Plan decisions were upheld in 43 percent of the appeals. From January to March 2016 there were a total of 1,039 grievances. The greatest number of grievances came from the Transportation category. Transportation grievances relate to issues with the transportation benefit and often mirror the complaints members directly reported to MDHHS. Access grievances can include a primary care physician not accepting new patients, limited specialist availability, the refusal of a primary care physician to complete a referral or write a prescription, a lack of services provided by the primary care physician, long wait times for appointments and denied services. Grievances related to quality of care pertain to the level of care issues experienced by beneficiaries. Administrative/Service grievances can range from issues with claims, enrollment, eligibility, out-of-network providers and benefits not covered. Issues reported under the Billing category pertain to billing issues. MDHHS will continue to monitor the Medicaid Health Plans Grievance/Appeal Summary Reports to ensure levels of grievances remain low and resolution of grievances is completed in a timely manner.

## Lessons Learned

MDHHS continues to learn from the experience of launching a program the size and scope of the Healthy Michigan Plan. This quarter the University of Michigan's Institute for Healthcare Policy and Innovation (IHPI) published a summary of the Primary Care Practitioners' Views of the Impact of the Healthy Michigan Plan survey findings. This provided the much needed perspective of Michigan's primary care practitioners. All primary care practitioners in Michigan with twelve or more Healthy Michigan Plan members were surveyed. Ultimately, the final response rate was 56 percent with 2,104 respondents. There were several takeaways from the survey regarding primary care practitioner perceptions of the Health Risk Assessment process. Primary care practitioners mostly reported familiarity with Health Risk Assessment completion, but less so with beneficiary cost-sharing and health behavior incentives. Additionally, many reported having completed at least one Health Risk Assessment, but many did not know if their practice received an incentive for Health Risk Assessment completion. Overall, most primary care practitioners reported that the Health Risk Assessments were a helpful component of caring for Healthy Michigan Plan members. These primary care practitioners found that the Health Risk Assessment process facilitated the discussion and identification of health risks. Additional impacts and suggestions are contained in the full summary report. The survey executive summary is included with this report as an attachment.

## Demonstration Evaluation

MDHHS has commissioned the University of Michigan's Institute for Healthcare Policy and Innovation (IHPI) to serve as the Healthy Michigan Plan independent evaluator. The IHPI has developed a comprehensive plan to address the needs of the State and CMS. In accordance with paragraph 67 of the waiver special terms and conditions, the State submitted a draft of its initial evaluation design to CMS on April 28, 2014 and, after a period of revisions, CMS formally approved the evaluation plan on October 22, 2014.

Demonstration evaluation activities for the Healthy Michigan Plan are utilizing an interdisciplinary team of researchers from the IHPI. The activities of the evaluation will carry in six domains over the course of the 5 year evaluation period:

- I. An analysis of the impact the Healthy Michigan Plan on uncompensated care costs borne by Michigan hospitals;
- II. An analysis of the effect of Healthy Michigan Plan on the number of uninsured in Michigan;
- III. The impact of Healthy Michigan Plan on increasing healthy behaviors and improving health outcomes;
- IV. The viewpoints of beneficiaries and providers of the impact of Healthy Michigan Plan;
- V. The impact of Healthy Michigan Plan's contribution requirements on beneficiary utilization, and;
- VI. The impact of the MI Health Accounts on beneficiary healthcare utilization.

### Domain I

IHPI has engaged in activities to find and compare baseline uncompensated care results from hospital cost reports and IRS filings to understand the distribution of uncompensated care in

Michigan. In the previous quarter, IHPI updated baseline uncompensated care results and submitted estimates to MDHHS. Additionally, IHPI began working with cost report data to ascertain changes in uncompensated care from 2013 to 2014, which will provide the foundation for comparing Michigan to other states. This quarter, IHPI continued with further analysis of Medicare cost report data.

### **Domain II**

IHPI continues to analyze extracts of Current Population Survey (CPS) data and American Community Survey (ACS) data to ascertain differences between these two US Census Bureau data sources. Last quarter, IHPI analyzed changes in insurance status in Michigan utilizing data in the 2014 ACS and the 2015 CPS. This quarter, IHPI prepared an application to the US Census Research Data Center to access restricted elements of the ACS data. This will be used to more precisely identify the impact of the Healthy Michigan Plan's effect on coverage. Further research in ascertaining comparative states for Michigan continue and IHPI recently engaged a PhD student in economics to prepare a white paper with various alternatives for a comparison group. A "differences-in-differences" approach may be utilized to compare Michigan to other states' experiences.

### **Domain III**

This quarter, IHPI determined exclusion criteria for baseline rate analyses. These baseline rates include primary care visits, Emergency Department visits, Health Risk Assessment completion, influenza vaccination, breast cancer screening, and cervical cancer screening for Healthy Michigan Plan beneficiaries enrolled from April 1, 2014 to September 30, 2014. Additionally, sampling continued for the Healthy Michigan Voices Survey in addition to monitoring responses to assess representativeness. Future discussion is scheduled to ascertain how to best assist MDHHS in the Healthy Behaviors Incentives Initiative.

### **Domain IV**

Domain IV will examine beneficiary and provider viewpoints of the Healthy Michigan Plan through surveys. Activities for this quarter included the following:

#### **Primary Care Practitioner (PCP) Survey**

- PCP Survey data analyzed and included in a draft report to MDHHS
- Draft PCP Report included qualitative analysis of PCP interviews
- IHPI continues analysis of interviews with other providers, including Emergency Department physicians, dentists, mental health providers, and community health workers

#### **Healthy Michigan Voices (HMV) Beneficiary Survey**

- HMV Survey development fielded in January 2016 with 600 responses as of this quarter
- Finalizing content and sampling plans for beneficiaries no longer enrolled (surveying will commence in late summer of 2016)

### **Domains V/VI**

Domains V and VI entail analyzing data to assess the impact of contributions and the MI Health Account statements on beneficiary utilization of health care services, respectively. In the current quarter, IHPI contacted data managers within MDHHS to specify data needs and ascertain the availability of data. Analyses concerning cost sharing and beneficiary participation also continue to be refined. Finally, IHPI has identified specific HMV survey questions that can be juxtaposed to administrative data for comparison purposes. Communication with the Domain IV team is ongoing and will continue throughout the completion of the HMV survey.

## Enclosures/Attachments

1. Health Risk Assessment Report, March 2016
2. MCAC Meeting Minutes, February 2016
3. Performance Monitoring Report, April 2016
4. PCP Views of the Impact of the Healthy Michigan Plan Executive Summary, March 2016

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## **Date Submitted to CMS**

July 12, 2016

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

*Healthy Michigan Plan - Health Risk Assessment Report*



March 2016

Produced by:

Quality Improvement and Program Development - Managed Care Plan Division

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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 primary care provider completes the last section. It includes questions on a wide range of health issues, a readiness to change assessment, an annual physical exam and a discussion about behavior change with their primary 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 are annual physicals, BMI, blood pressure, cholesterol and blood sugar monitoring, healthy diet, regular physical exercise and tobacco use.

# 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 electronically transmitted to the appropriate health plan on a monthly basis to assist with outreach and care management.

The data displayed in Part 1 of this report reflect the responses to questions 1-9 of Section 1 of the Health Risk Assessment completed through Michigan ENROLLS. As shown in Table I, a total of 275,839 Health Risk Assessments were completed through Michigan ENROLLS as of March 2016. This represents a completion rate of 95.75%. Responses are reported in Tables 1 through 9. 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 gender.



## Health Risk Assessment Completion through Michigan ENROLLS

**Table I. Count of Health Risk Assessments (HRA) Questions 1-9 Completed with MI Enrolls**

MONTH	COMPLETE	DECLINED
April 2015	192,208	7,839 (3.92%)
May 2015	201,861	8,222 (3.91%)
June 2015	209,090	8,618 (3.96%)
July 2015	216,850	8,996 (3.98%)
August 2015	224,671	9,413 (4.02%)
September 2015	231,838	9,810 (4.06%)
October 2015	238,891	10,161 (4.08%)
November 2015	245,410	10,554 (4.12%)
December 2015	252,808	11,129 (4.22%)
January 2016	261,417	11,585 (4.24%)
February 2016	269,644	11,983 (4.26%)
March 2016	275,839	12,239 (4.25%)

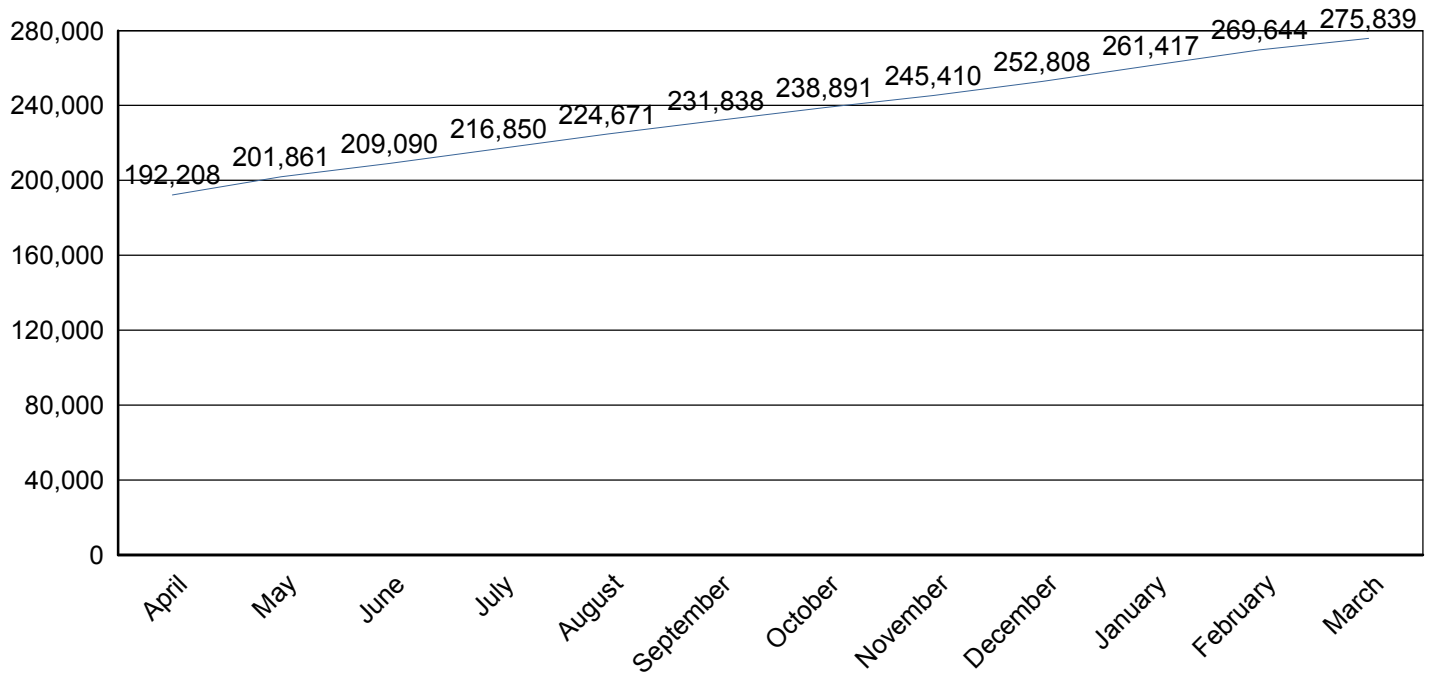
**Table 11. Demographics of Population that Completed HRA Questions 1-9 with MI ENROLLS**

January 2014 - March 2016

AGE GROUP	COMPLETED HRA	
19 - 29	69,182	25.08%
30 - 39	57,271	20.76%
40 - 49	57,635	20.89%
50 - 59	66,891	24.25%
60 +	24,860	9.01%
<b>GENDER</b>		
F	149,208	54.09%
M	126,631	45.91%
<b>FPL</b>		
< 100% FPL	226,126	81.98%
100 - 133% FPL	49,713	18.02%
<b>TOTAL</b>	<b>275,839</b>	<b>100.00%</b>

**Figure I-1. Health Risk Assessments Completed with MI ENROLLS**

March 2016

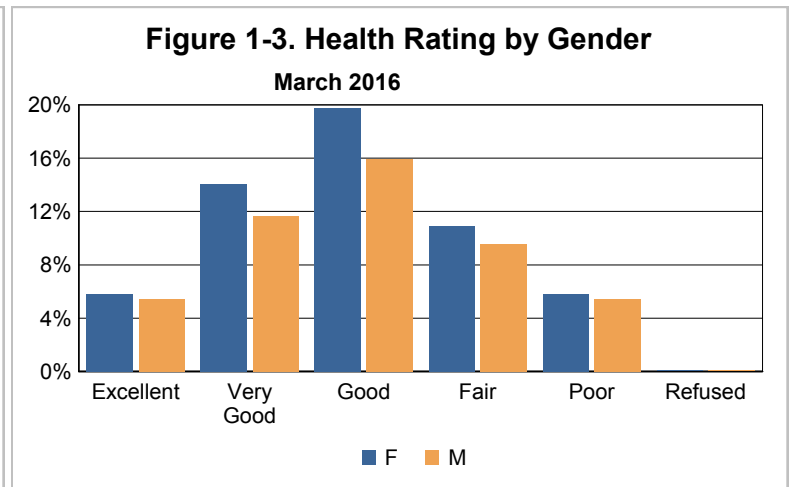
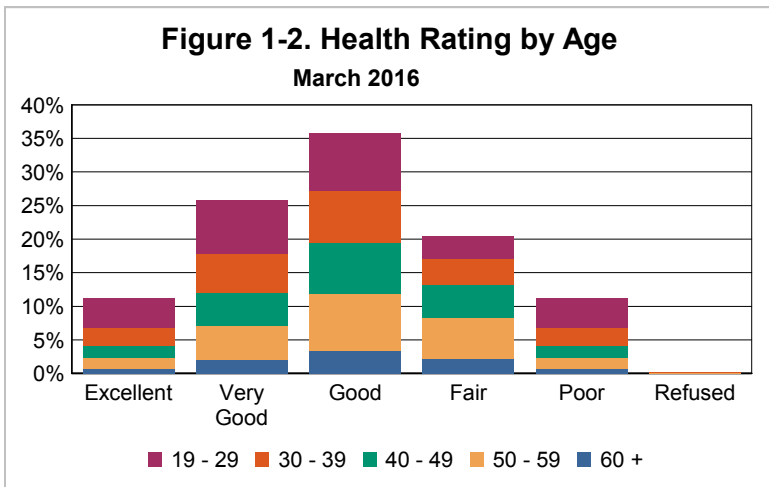
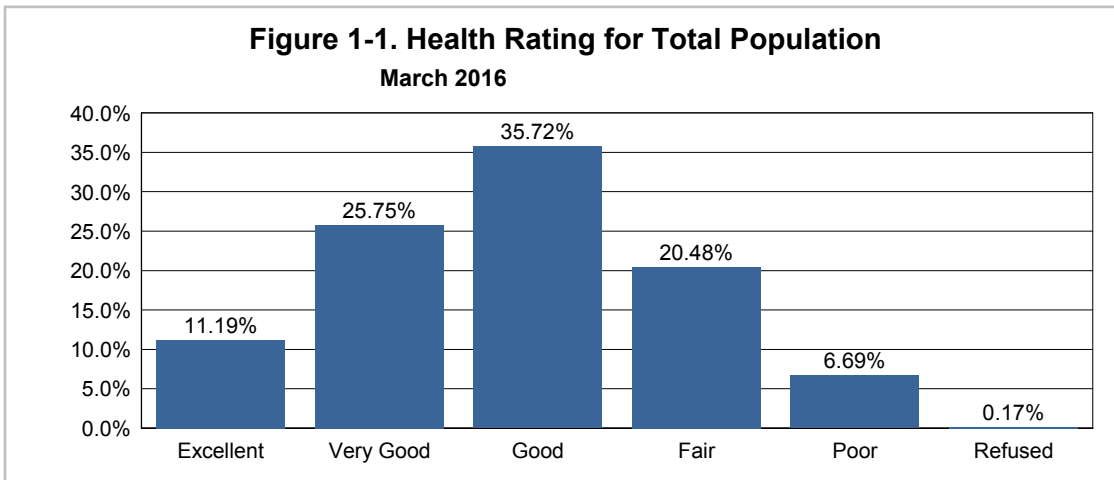


## Question 1. General Health Rating

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 March 2016. Among enrollees who completed the survey, this question had a 0.17% refusal rate. Figures 1-1 through 1-3 show the health rating reported for the total population, and by age and gender.

**Table 1. Health Rating for Total Population**  
March 2016

HEALTH RATING	TOTAL	PERCENT
Excellent	30,874	11.19%
Very Good	71,031	25.75%
Good	98,526	35.72%
Fair	56,486	20.48%
Poor	18,464	6.69%
Refused	458	0.17%
<b>TOTAL</b>	<b>275,839</b>	<b>100.00%</b>



## 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 March 2016. Among enrollees who participated in the survey, there was a 1.53% refusal rate for this question. Figures 2-1 through 2-3 show the exercise frequency reported for the total population, by age and gender.

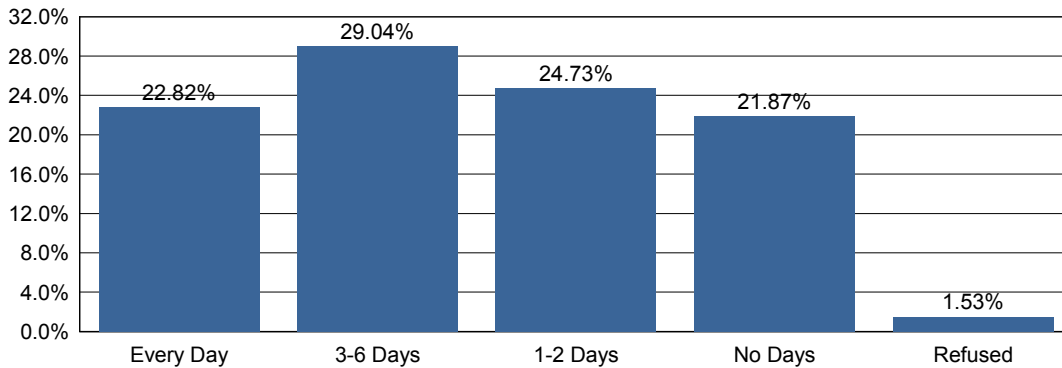
**Table 2. Exercise Reported for Total Population**

**March 2016**

EXERCISE	TOTAL	PERCENT
Every Day	62,960	22.83%
3-6 Days	80,097	29.04%
1-2 Days	68,221	24.73%
No Days	60,336	21.87%
Refused	4,225	1.53%
<b>TOTAL</b>	<b>275,839</b>	<b>100.00%</b>

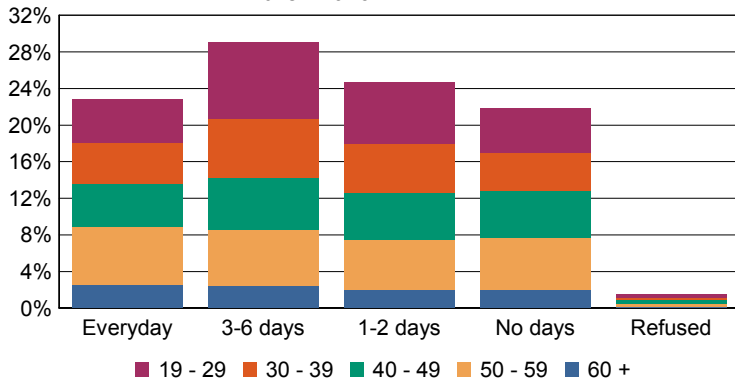
**Figure 2-1. Exercise Reported for Total Population**

**March 2016**



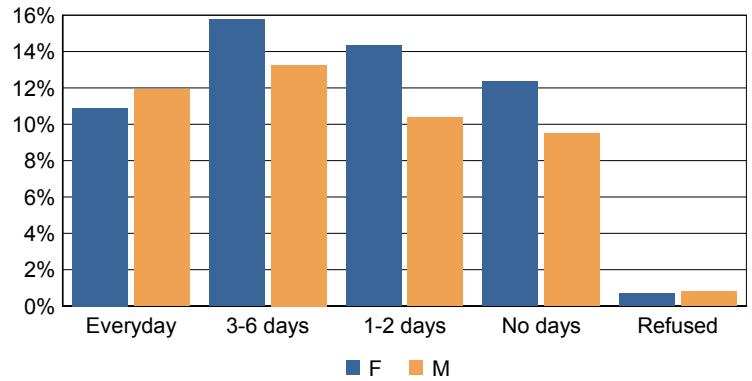
**Figure 2-2. Exercise Reported by Age**

**March 2016**



**Figure 2-3. Exercise by Gender**

**March 2016**



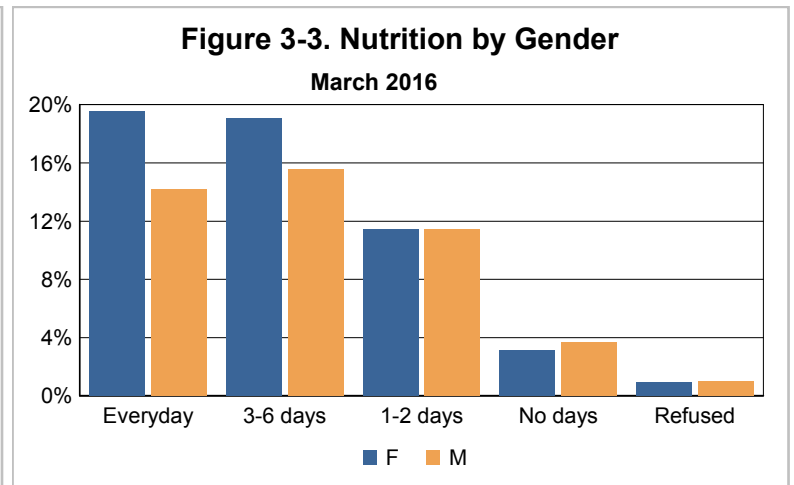
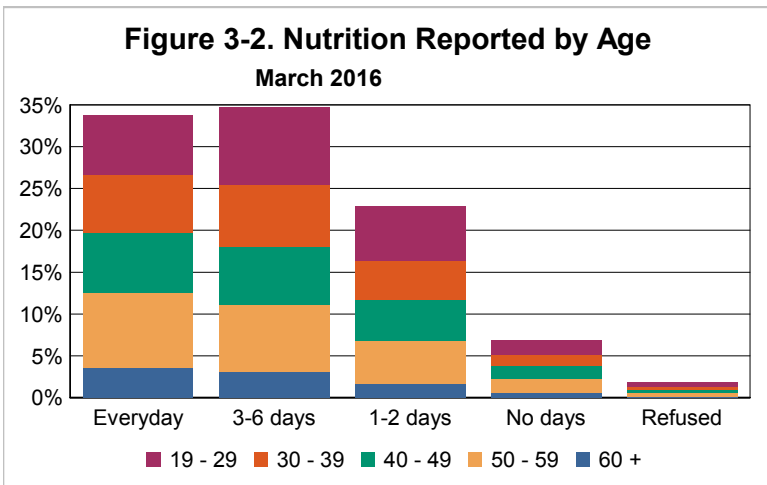
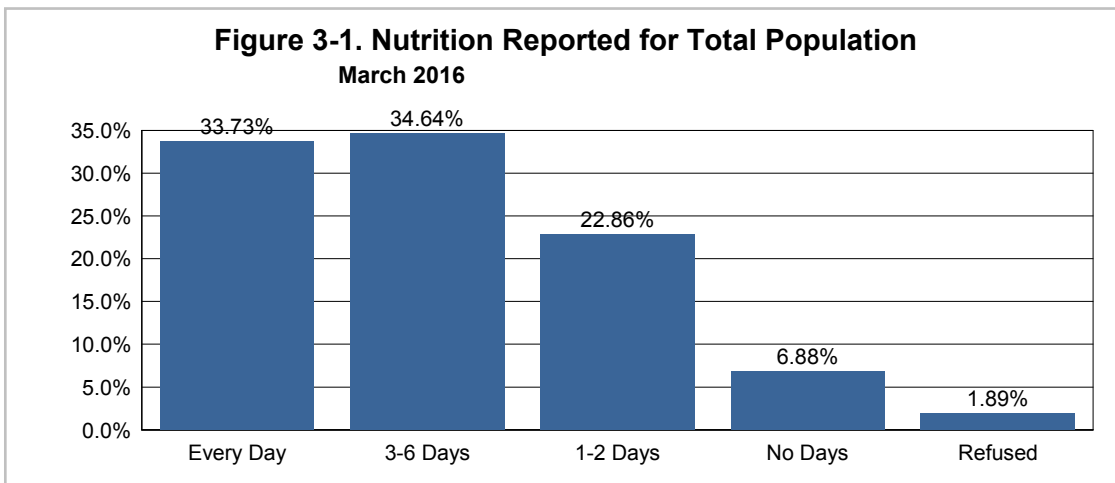
### Question 3. Nutrition (Fruits and Vegetables)

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 March 2016. Among enrollees who participated in the survey, there was a 1.89% refusal rate for this question. Figures 3-1 through 3-3 show the nutrition reported for the total population, and by age and gender.

**Table 3. Nutrition Reported for Total Population**

March 2016

NUTRITION	TOTAL	PERCENT
Every Day	93,028	33.73%
3-6 Days	95,563	34.64%
1-2 Days	63,053	22.86%
No Days	18,989	6.88%
Refused	5,206	1.89%
<b>TOTAL</b>	<b>275,839</b>	<b>100.00%</b>

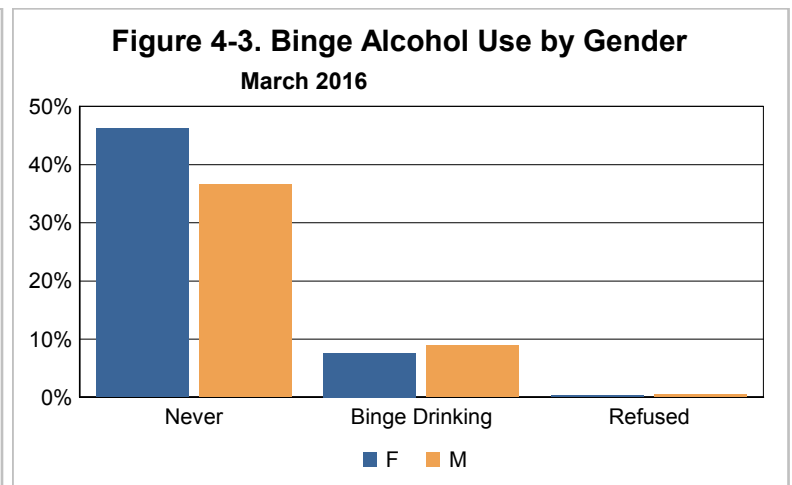
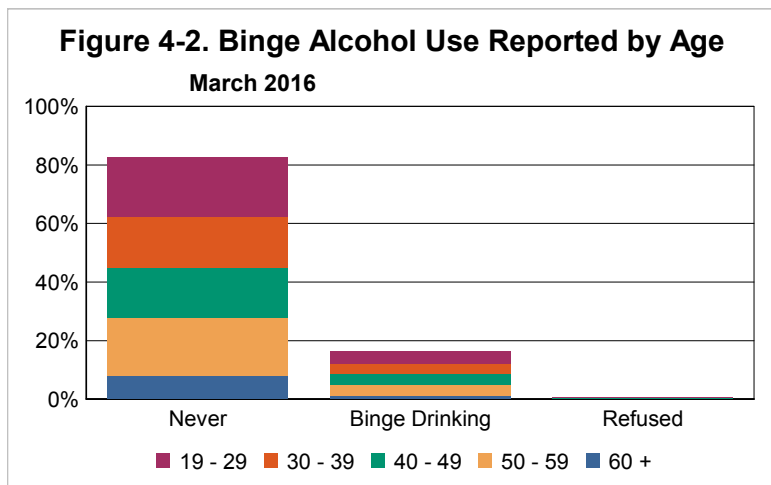
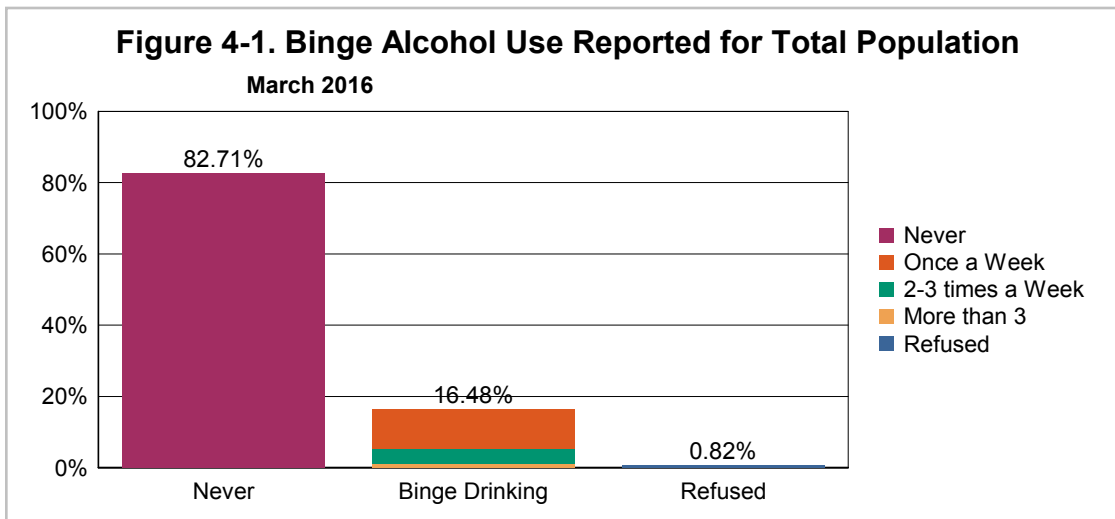


## Question 4. Binge Alcohol Use

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 March 2016. Among enrollees who participated in the survey, there was a 0.82% 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 gender.

**Table 4. Binge Alcohol Use Reported for Total Population**  
March 2016

ALCOHOL	TOTAL	PERCENT
Never	228,138	82.71%
Once a Week	30,632	11.11%
2-3 times a Week	11,978	4.34%
More than 3	2,837	1.03%
Refused	2,254	0.82%
<b>TOTAL</b>	<b>275,839</b>	<b>100.00%</b>

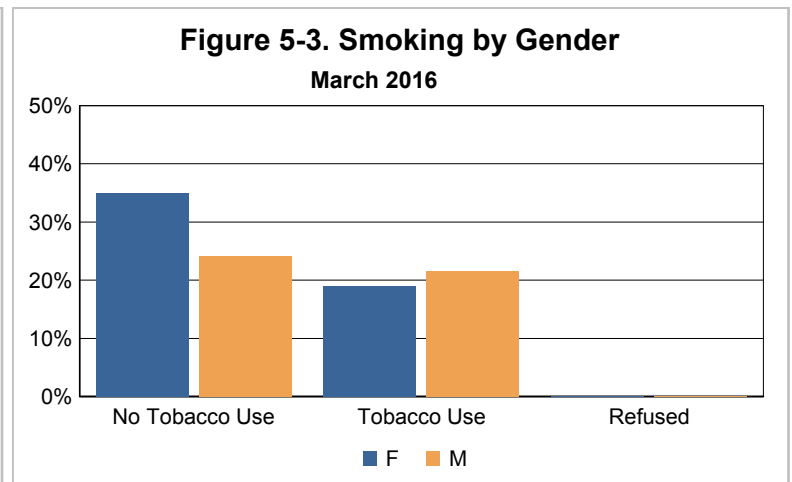
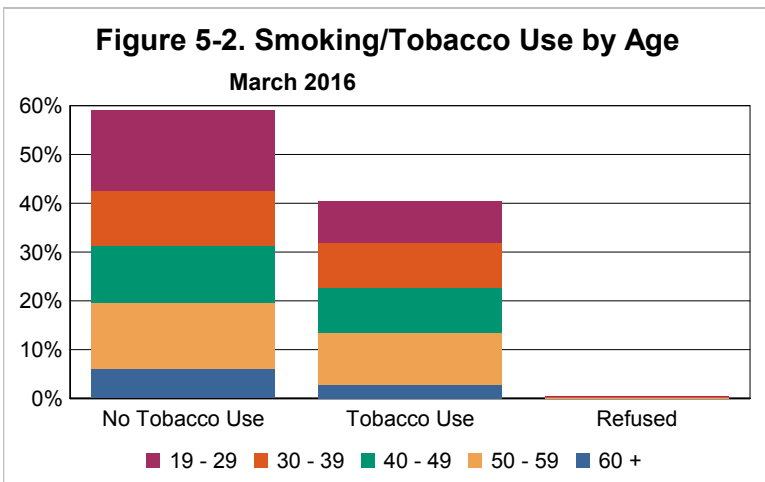
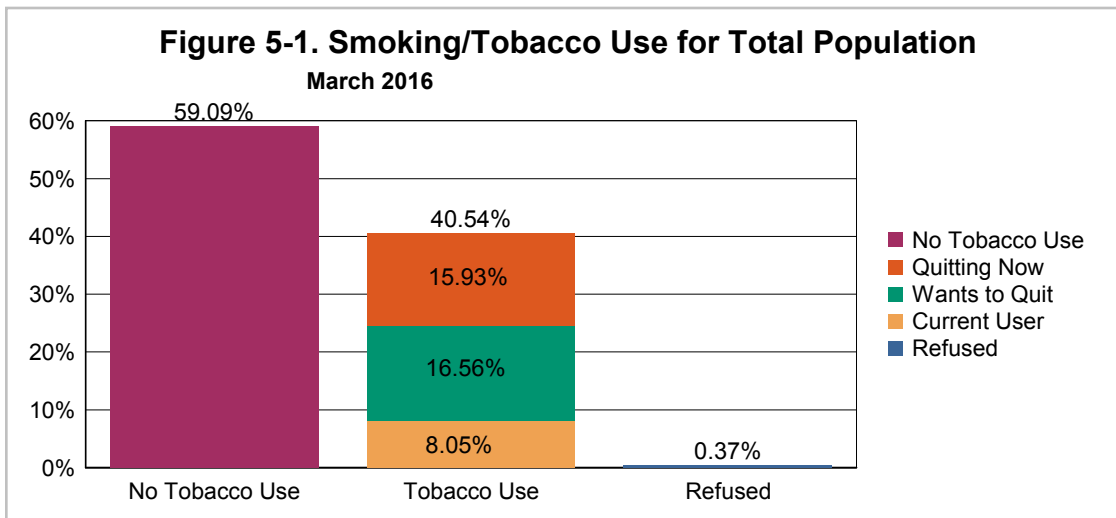


## Question 5. Smoking/Tobacco Use

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 March 2016. Question 5 had a 0.37% refusal rate. Figures 5-1 through 5-3 show smoking/tobacco use reported for the total population, and by age and gender.

**Table 5. Smoking/Tobacco Use Reported for Total Population  
March 2016**

TOBACCO USE	TOTAL	PERCENT
No Tobacco Use	162,983	59.09%
Quitting Now	43,953	15.93%
Wants to Quit	45,674	16.56%
Current User	22,200	8.05%
Refused	1,029	0.37%
<b>TOTAL</b>	<b>275,839</b>	<b>100.00%</b>



## Question 6. Anxiety and Depression

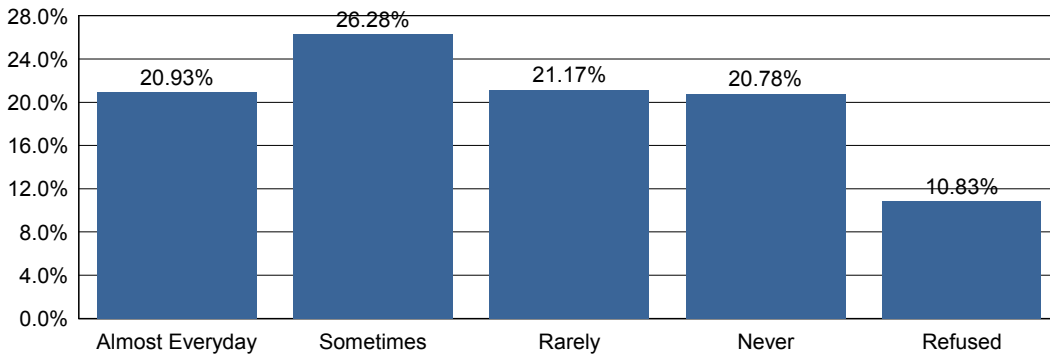
Question 6. In the last 30 days, how often have you felt tense, anxious or depressed? This question is used to assess self-reported mental health status. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 6 shows the overall answers to this question for March 2016. Among enrollees who participated in the survey, there was a 10.83% refusal rate for this question. Figures 6-1 through 6-3 show anxiety and depression reported for the total population, and by age and gender.

**Table 6. Anxiety and Depression Reported for Total Population**

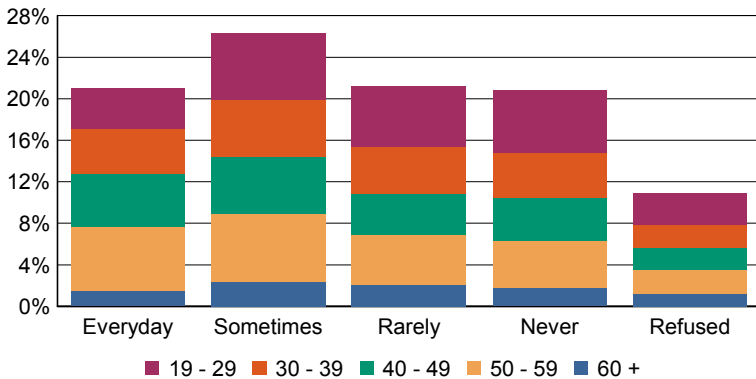
**March 2016**

DEPRESSION	TOTAL	PERCENT
Almost Every day	57,741	20.93%
Sometimes	72,492	26.28%
Rarely	58,403	21.17%
Never	57,320	20.78%
Refused	29,883	10.83%
<b>TOTAL</b>	<b>275,839</b>	<b>100.00%</b>

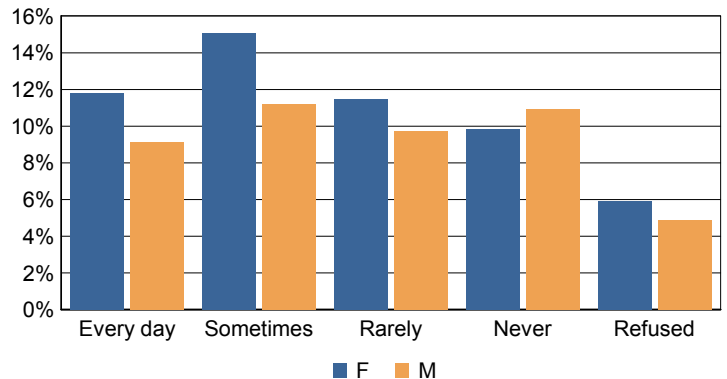
**Figure 6-1. Anxiety and Depression Reported for Total Population  
March 2016**



**Figure 6-2. Anxiety and Depression Reported by Age  
March 2016**



**Figure 6-3. Anxiety and Depression by Gender  
March 2016**

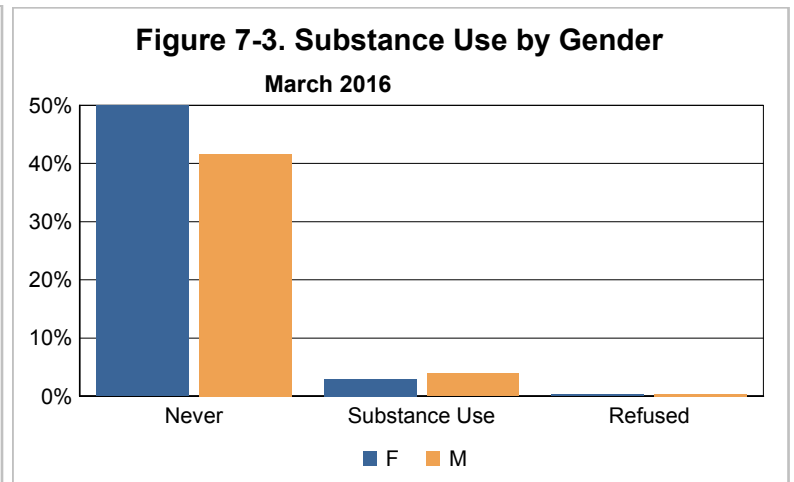
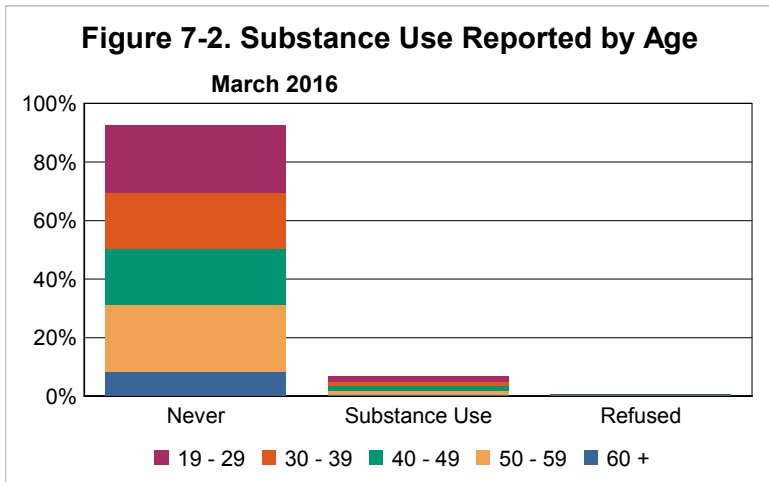
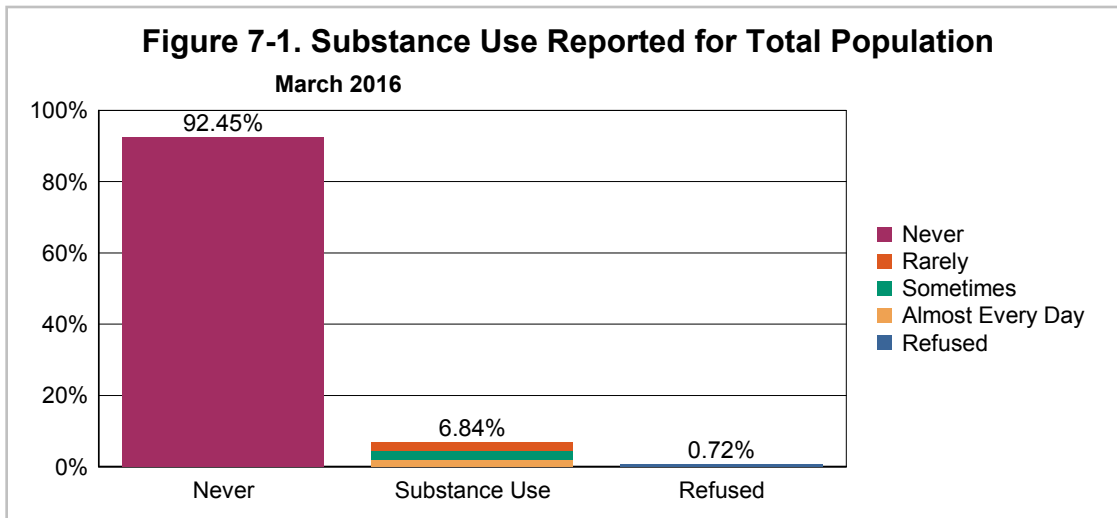


## Question 7. Drugs and Substance Use

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 March 2016. Among enrollees who participated in the survey, there was a 0.72% refusal rate for this question. Figures 7-1 through 7-3 show substance use reported for the total population, and by age and gender.

**Table 7. Binge Alcohol Use Reported for Total Population  
March 2016**

SUBSTANCE USE	TOTAL	PERCENT
Almost Every Day	5,351	1.94%
Sometimes	7,053	2.56%
Rarely	6,454	2.34%
Never	255,001	92.45%
Refused	1,980	0.72%
<b>TOTAL</b>	<b>275,839</b>	<b>100.00%</b>



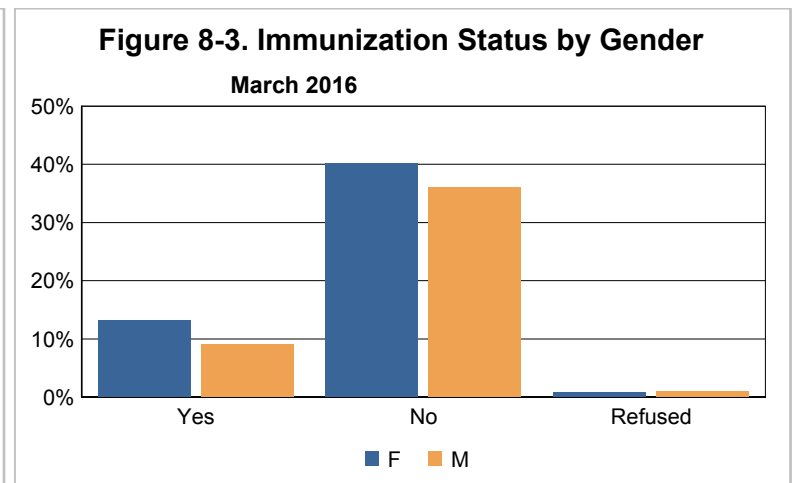
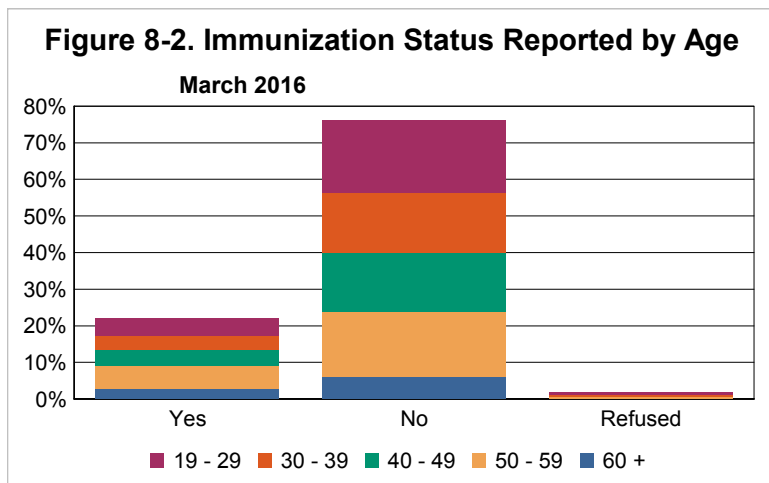
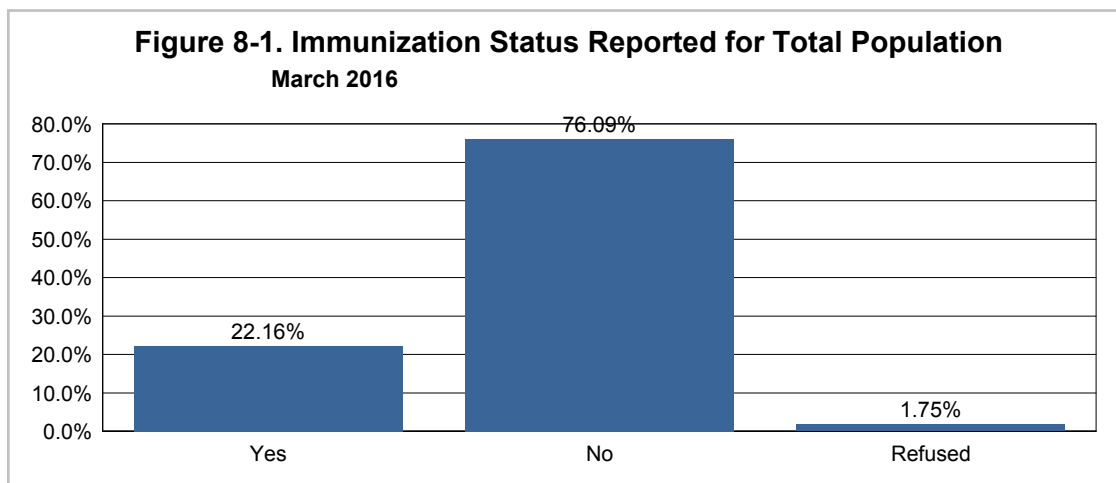


## Question 8. Immunization Status (Annual Flu Vaccine)

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 March 2016. Among enrollees who participated in the survey, there was a 1.75% refusal rate for this question. Figures 8-1 through 8-3 show immunization status reported for the total population, and by age and gender.

**Table 8. Immunization Status Reported for Total Population  
March 2016**

IMMUNIZATION	TOTAL	PERCENT
Yes	61,132	22.16%
No	209,882	76.09%
Refused	4,825	1.75%
<b>TOTAL</b>	<b>275,839</b>	<b>100.00%</b>

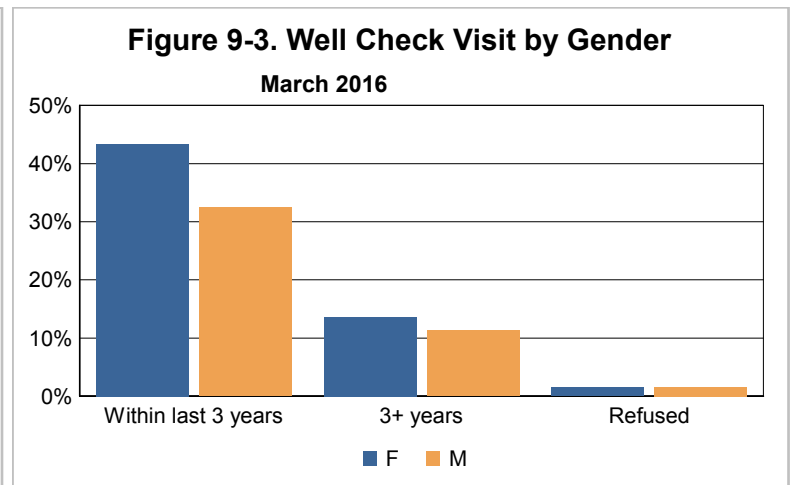
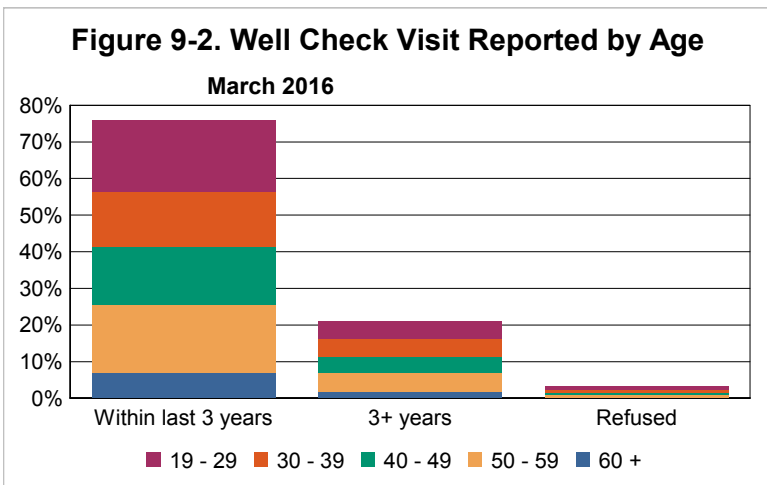
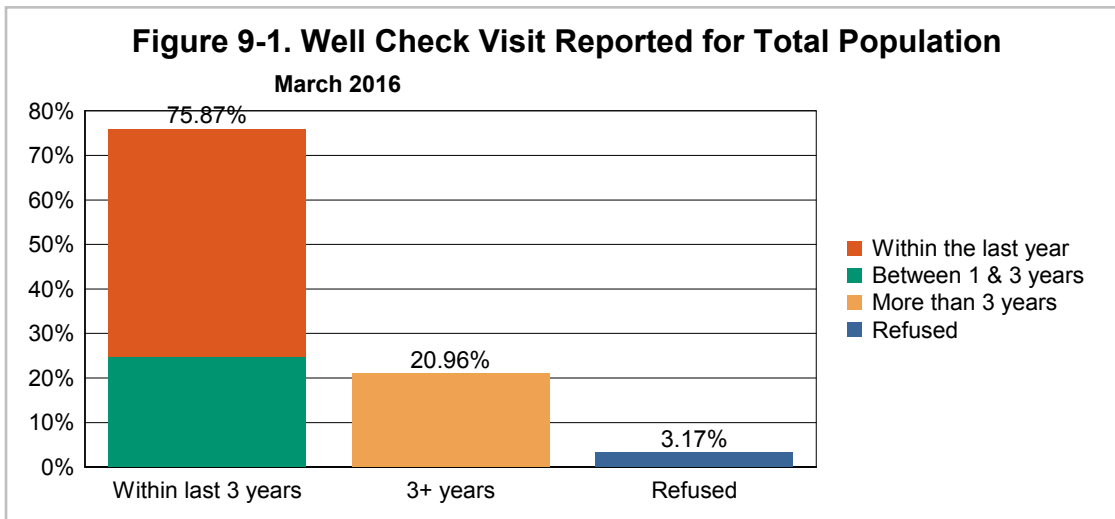


## Question 9. Well Check Visit

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 March 2016. Among enrollees who participated in the survey, there was a 3.17% refusal rate for this question. Figures 9-1 through 9-3 show well check visit reported for the total population, and by age and gender.

**Table 9. Well Check Visit Reported for Total Population**  
March 2016

CHECK-UP	TOTAL	PERCENT
Within the last year	140,671	51.00%
Between 1 & 3 years	68,599	24.87%
More than 3 years	57,815	20.96%
Refused	8,754	3.17%
<b>TOTAL</b>	<b>275,839</b>	<b>100.00%</b>



## Health Risk Assessment Part 2

### Health Risk Assessments completion with Primary Care Provider

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 completed jointly by beneficiaries and their primary care provider. It is designed as a tool for identifying annual health 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 primary care provider attestation and agree to maintain or address healthy behaviors are eligible for an incentive. Of the 619,228 beneficiaries who have been enrolled in a health plan for at least six months, 96,521 or 15.6% have completed the Health Risk Assessment with their primary care provider as of March 2016.

The data displayed in Part 2 of this report reflect the healthy behavior goals selected jointly by Healthy Michigan Plan beneficiaries and their primary care provider in the final section of the Health Risk Assessment. As shown in Table 10, a total of 110,010 Health Risk Assessments were completed with primary care providers as of March 2016. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 11.

Among beneficiaries who completed the Health Risk Assessment, 94,387 or 85.8% of beneficiaries agreed to address health risk behaviors. In addition, 14,526 or 13.2% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 99.0% of beneficiaries are choosing to address or maintain healthy behaviors. The healthy behaviors goal statements selected are reported in Table 12. Healthy behavior goal statements are also reported by age and gender in Figures 10-3 and 10-4.

Of the 94,387 beneficiaries who agreed to address health risk behaviors, 60.9% 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 10-5 is a Venn diagram representing the overlapping nature of the multiple healthy behaviors selected.

## Health Risk Assessment Completion with Primary Care Provider

**Table 10. Count of Health Risk Assessments (HRA) Completed with Primary Care Provider by Attestation**

MONTH	COMPLETE	TOTAL
April 2015	5,020	59,086
May 2015	4,762	63,891
June 2015	5,719	69,646
July 2015	7,353	77,016
August 2015	6,245	83,272
September 2015	5,314	88,599
October 2015	5,043	93,656
November 2015	4,104	97,771
December 2015	4,142	101,925
January 2016*	4,087	106,022
February 2016*	3,228	109,254
March 2016*	756	110,010

\*Many completed HRAs for these months have not yet been submitted.

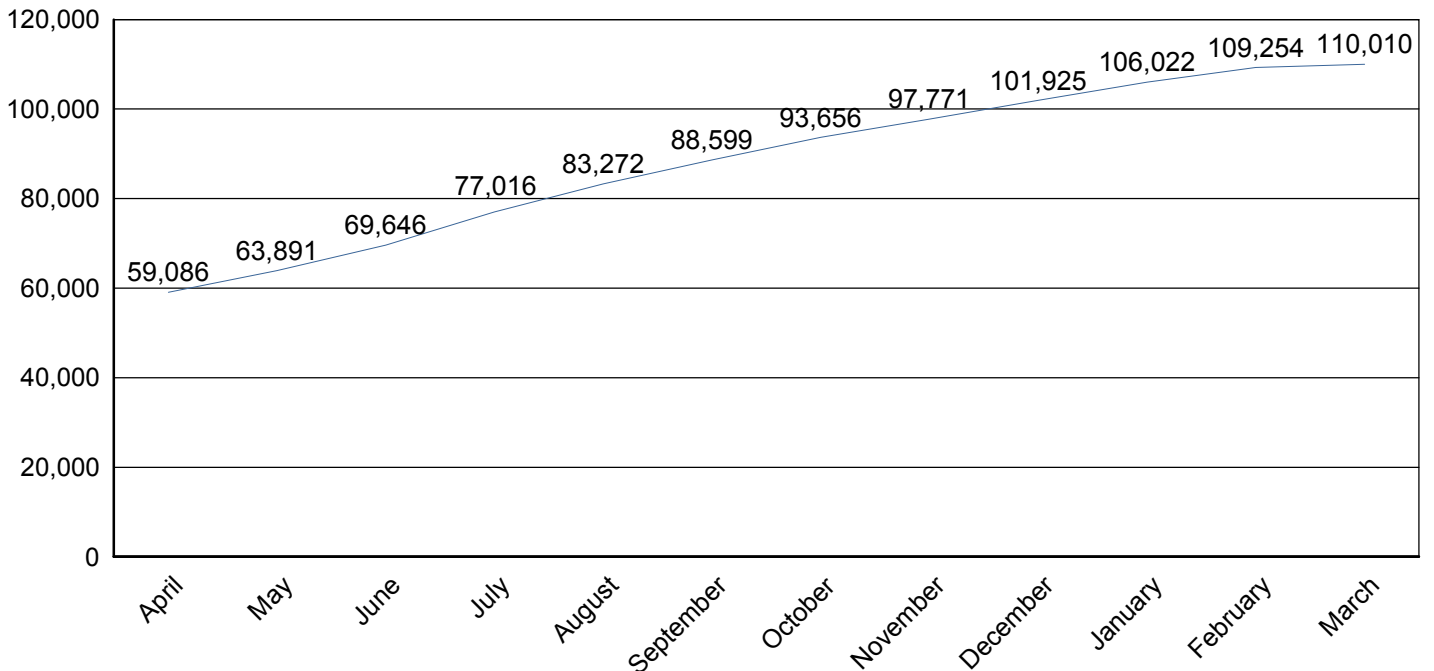
**Table 11. Demographics of Population that Completed HRA with Primary Care Provider**

September 2014 - March 2016

AGE GROUP	COMPLETED HRA	
19 - 29	21,859	19.87%
30 - 39	18,852	17.14%
40 - 49	21,932	19.94%
50 - 59	32,680	29.71%
60 +	14,687	13.35%
GENDER		
F	63,485	57.71%
M	46,525	42.29%
FPL		
< 100% FPL	88,498	80.45%
100 - 133% FPL	21,512	19.56%
<b>TOTAL</b>	<b>110,010</b>	<b>100.00%</b>

**Figure 10-1. Health Risk Assessments Completed with Primary Care Provider**

March 2016



## Healthy Behaviors Statement Selection

Section 4. Healthy Behaviors: In discussion with the beneficiary, primary 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.

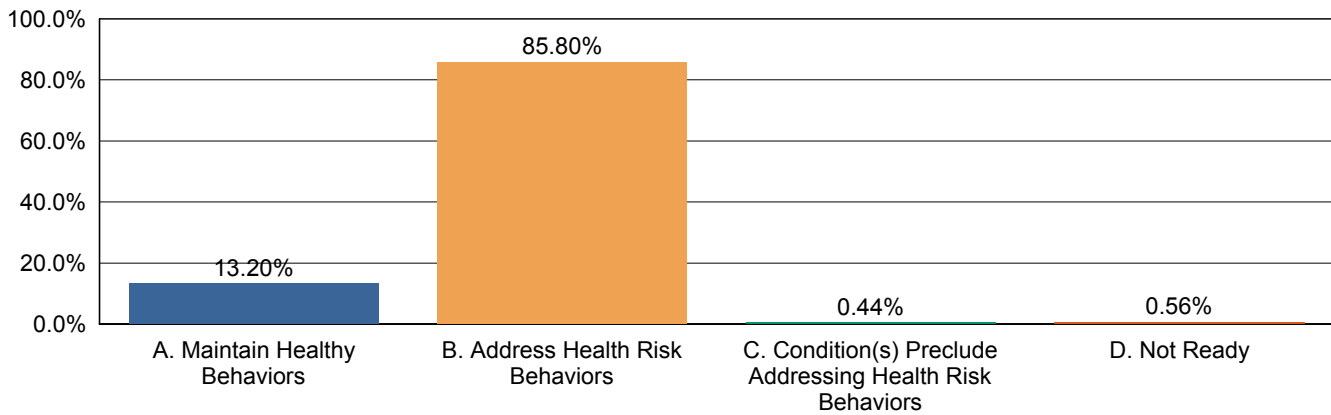
Figures 10-2 through 10-4 show Healthy Behaviors Statement Selections for the total population, and by age and gender.

**Table 12. Healthy Behaviors Statement Selection  
March 2016**

CHECK-UP	TOTAL	PERCENT
A. Maintain Healthy Behaviors	14,526	13.20%
B. Address Health Risk Behaviors	94,387	85.80%
C. Condition(s) Preclude Addressing Health Risk Behaviors	486	0.44%
D. Not Ready	611	0.56%
<b>TOTAL</b>	<b>110,010</b>	<b>100.00%</b>

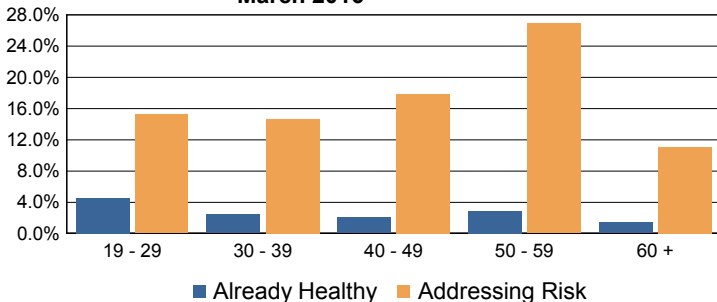
**Figure 10-2. Healthy Behaviors Statement Selection**

March 2016



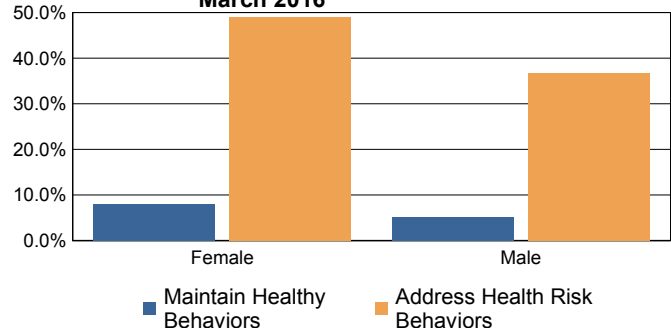
**Figure 10-3. Maintain or Addressing Health Risk Behaviors Statement Selection by Age**

March 2016



**Figure 10-4. Statement Selection by Gender**

March 2016



## Selection of Health Risk Behaviors to Address

Section 4. Healthy Behaviors: 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 7 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. Other: explain \_\_\_\_\_

Of the 94,387 HRAs submitted through March 2016 where the beneficiary chose to address health risk behaviors, 60.89% of beneficiaries chose more than one healthy behavior to address. The top 7 most selected behavior combinations and the rate that each behavior was selected in combination and alone are presented in the tables below:

**Table 13. Top 7 Most Selected Health Risk Behavior Combinations**

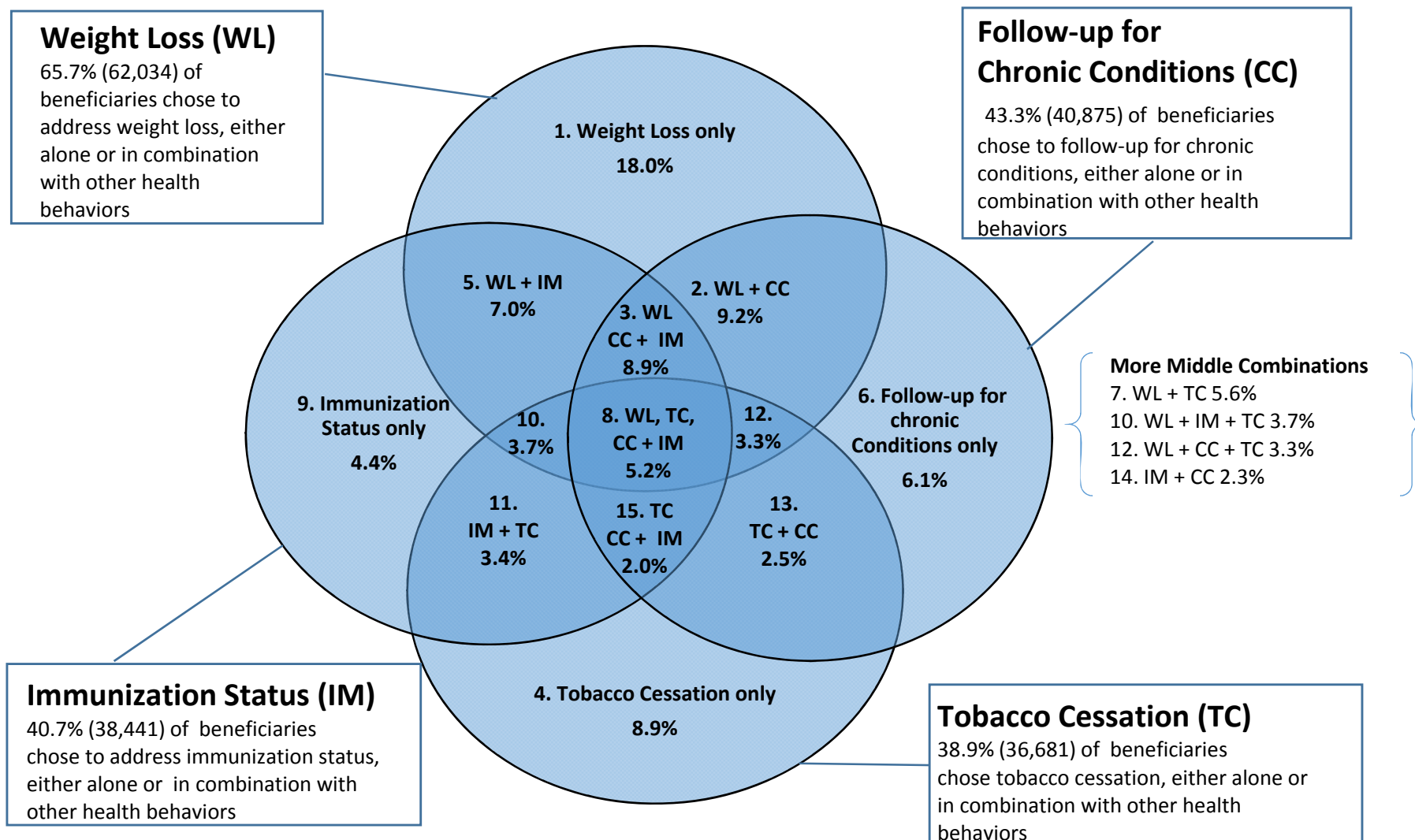
Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	17,012	18.02%
2. Weight Loss, Follow-up for Chronic Conditions	8,670	9.19%
3. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	8,410	8.91%
4. Tobacco Cessation ONLY	8,381	8.88%
5. Weight Loss, Immunization Status	6,580	6.97%
6. Follow-up for Chronic Conditions	5,736	6.08%
7. Weight Loss, Tobacco Cessation	5,244	5.56%
Total for Top 7	60,033	63.60%
Total for All Other Combinations	34,354	36.40%
<b>Total</b>	<b>94,387</b>	<b>100.00%</b>

**Table 14. 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	65.72%	18.02%
Tobacco Cessation	38.86%	8.88%
Immunization Status (Annual Flu Vaccine)	40.72%	4.36%
Follow-up for Chronic Conditions	43.30%	6.08%
Addressing Alcohol Abuse	4.74%	0.40%
Addressing Substance Abuse	1.18%	0.11%
Other	4.38%	1.26%

## Health Risk Assessment Completion with Primary Care Provider

Representation of the overlapping nature of top 15 health risk behavior selections March 2016





Michigan Department of Health and Human Services  
Medical Services Administration

## Medical Care Advisory Council

### Minutes

**Date:** Monday, February 29, 2016

**Time:** 1:00 pm – 4:30 pm

**Where:** Michigan Public Health Institute (MPHI)  
2436 Woodlake Circle  
Okemos, MI

**Attendees:** **Council Members:** Robin Reynolds, Karlene Ketola, Cheryl Bupp, Marie DeFer, Warren White, Cindy Schnetzler, Jan Hudson, Barry Cargill, Marion Owen, Alison Hirschel, Marilyn Litka-Klein, Robert Sheehan, Amy Zaagman, Elmer Cerano, Linda Vail, Rebecca Blake, Mark Klammer, Kimberly Singh, Dave Lalumia, Andrew Farmer, Eric Roath, Susan Yontz, (for Dave Herbel), William Mayer, April Stopczynski, Lydia Starrs (for Rebecca Cienki)

**Staff:** Chris Priest, Dick Miles, Kathy Stiffler, Lynda Zeller, Farah Hanley, Jackie Prokop, Brian Keisling, Erin Emerson, Pamela Diebolt, Cindy Linn, Michelle Best, Logan Dreasky

**Other Attendees:** Marc Arnold, Dominic Pallone

### Welcome and Introductions

Robin Reynolds opened the meeting and introductions were made.

### Update on Flint

The Michigan Department of Health and Human Services (MDHHS) has submitted a waiver request to the Centers for Medicare and Medicaid Services (CMS) to address issues related to the Flint water crisis. Pending CMS approval, MDHHS will:

- Expand Medicaid eligibility to children up to age 21 and pregnant woman who;
  - Are served by the Flint water system or were served by the Flint water system between April 2014 and the date on which the Flint water system is deemed safe by the appropriate authorities, AND
  - Have household incomes up to 400 percent of the federal poverty level (FPL). Individuals up to age 21 and pregnant women with household income above 400 percent FPL can buy in to unsubsidized coverage under the program.
- Establish a targeted case management group and services for children up to age 21 and pregnant women as described above.
- Utilize Medicaid resources for lead abatement in Flint.

The waiver documents are available on the MDHHS website at [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) >> Section 1115 Waiver – Expanded Medicaid Eligibility for Flint Residents. Individuals may submit comments related to the waiver to [MSAPolicy@michigan.gov](mailto:MSAPolicy@michigan.gov) until March 17, 2016. MDHHS expects that up to 15,000 individuals will be newly eligible for Medicaid coverage under the waiver, and is working with its health plan partners in the area on testing and outreach to vulnerable populations.

A council member requested that MDHHS consider submitting a State Plan Amendment to expand Children's Health Insurance Program (CHIP) coverage to lawfully present immigrant children and pregnant women in the Flint area who have resided in the United States for less than five years.



## Medical Care Advisory Council

Meeting Minutes

February 29, 2016

Page 2

### Healthy Michigan Plan

#### Waiver Approval

MDHHS has received CMS approval for a second waiver related to the Healthy Michigan Plan. Under the terms of the waiver beginning April 1, 2018, which is 48 months after the initial implementation of the Healthy Michigan Plan, individuals who have been enrolled in the Healthy Michigan Plan for at least 12 months and have incomes above 100 percent FPL may either:

- Complete a Health Risk Assessment (HRA) and choose to engage in one or more healthy behaviors, and remain on the Healthy Michigan Plan, or
- Leave the Healthy Michigan Plan and receive insurance from the Federally Facilitated Marketplace (FFM).

Copayment and cost-sharing obligations for beneficiaries who elect to leave the Healthy Michigan Plan and receive insurance through the FFM will remain the same; however, they will only be eligible for reductions in their copayment and cost-sharing requirements if they remain on the Healthy Michigan Plan and choose to engage in one or more healthy behaviors. Wraparound services will be available to Healthy Michigan Plan beneficiaries who purchase coverage on the FFM through Medicaid Fee-for-Service. MDHHS must also seek approval for revised Healthy Behavior Protocols from CMS.

As discussed at the Medical Care Advisory Council (MCAC) meeting in November, Kathy Stiffler announced that MDHHS intends to distribute a Provider Satisfaction Survey for providers who actively participate with the Medicaid Health Plans in the spring of 2016.

A meeting attendee also requested that MDHHS allow beneficiaries to submit their own documentation related to the HRA and Healthy Behavior attestations instead of relying on the Medicaid Health Plans (MHPs).

### FY2017 Executive Budget Recommendation

#### Budget Recommendation

The Governor recommended an appropriation of \$24.7 billion gross and \$4.4 billion General Fund (GF) for MDHHS in FY 2017, which accounts for an expected decline in traditional Medicaid caseload in FY 2017. Other highlights of the Executive Budget Recommendation include:

- \$26.3 million in spending to reflect cost increases driven by a new policy that expands autism coverage for children up to age 21
- \$118 million in spending for a 2% actuarial soundness rate increase for Medicaid Health Maintenance Organizations (HMOs) and a 1.5% increase for Prepaid Inpatient Health Plans (PIHPs)
- Approximately \$105 million in GF savings anticipated in FY 2017, FY 2018 and FY 2019 from the Healthy Michigan Plan hospital provider tax payments
- \$58 million revenue adjustment from the anticipated discontinuation of the use tax on December 31, 2016 and corresponding increase in the Health Insurance Claims Assessment (HICA) tax from 0.75% to 1%
- \$7.6 million to support opening a wing at the Center for Forensic Psychiatry in Ypsilanti to treat an additional 30 patients
- Approximately \$50 million Gross and \$4.9 million GF Information Technology (IT) funding for the Integrated Services Delivery (ISD) Model
- \$7.7 million GF for the Michigan State Automated Child Welfare System (MiSACWS)
- \$26 million Gross and \$9 million GF to expand the **Healthy Kids Dental** program in Wayne, Oakland and Macomb Counties to cover children up to age 21
- \$5.2 million reduction for the counties related to services for foster care due to the implementation of a county cost-sharing requirement
- \$4.7 million Gross and \$1 million GF to expand the current supplemental for food-related resources in Flint, including \$150,000 for food inspection costs

## **Medical Care Advisory Council**

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February 29, 2016

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- \$1.1 million to support Child and Adolescent Health Centers in Flint, including 6 additional Pathways to Potential Community Health Workers (CHWs)
- \$7 million Gross and \$5 million GF for behavioral health services in Flint
- \$1.5 million Gross and \$1 million GF for additional lead investigations
- \$2.2 million GF supplemental appropriation for Flint

In response to an inquiry regarding the proposed IT funding for the ISD model, MDHHS staff noted that the Department intends to streamline service delivery into a single system, and that existing systems are not being replaced.

A meeting attendee also asked whether additional funds will be made available to assist adults who have been exposed to lead in Flint. In response, MDHHS staff noted that most funds appropriated in response to the Flint water crisis are not age-specific, such as supplemental Community Mental Health (CMH) funding, and Local Health Department (LHD) funds for blood lead testing.

### **Specialty Drugs**

The legislature has approved a supplemental appropriation of \$164 million Gross and \$46 million GF in FY 2016 for coverage of a new hepatitis C drug, and the Governor has requested an additional \$164 million Gross and \$45 million GF for continued coverage in FY 2017. MDHHS is expecting that approximately 7,200 beneficiaries will qualify for the medication. In addition, the Governor has requested \$66.3 million Gross and \$44 million GF for coverage of a new cystic fibrosis medication. Both medications are expected to become available on March 1, 2016.

### **Impact of Minimum Wage Increase**

Farah Hanley reported that the Governor has requested funding for an adult home help provider wage increase in FY 2017. No funding has been requested at this time for a wage increase for direct care workers, though the Department has discussed the issue with the legislature.

### **Integration of Behavioral Health and Physical Health Boilerplate**

The Michigan House of Representatives has held hearings to discuss section 298 of the FY 2017 Executive Budget Bill, which would require MDHHS to transfer funds currently provided to Prepaid Inpatient Health Plans (PIHPs) through the Medicaid mental health services, Medicaid substance use disorder services, and Healthy Michigan Plan – behavioral health and autism services lines to the Health Plan services line by September 30, 2017. The consensus is that while people believe there is a great opportunity to discuss whether the current system of integrating behavioral health and physical health is best organized to provide the best outcomes for beneficiaries, there are concerns about language that moves PIHPs and MHPs together. A workgroup has been called by the Lieutenant Governor, which is currently in the process of conducting a call for facts related to the proposed transfer of funds. Lynda Zeller encouraged the MCAC to share facts with her at [zellerl2@michigan.gov](mailto:zellerl2@michigan.gov). A meeting attendee requested that the workgroup consider incarcerated individuals who develop behavioral health issues that were not present prior to imprisonment.

### **Behavioral Health Updates**

#### **Certified Community Behavioral Health Clinics (CCBHCs)**

Michigan has been selected for a planning grant to establish CCHBCs, which provide more comprehensive care than Community Mental Health Services Programs (CMHSPs). In order to be chosen as one of the eight states to receive final demonstration grants, MDHHS must submit a final application by October 31, 2016. A request for certification will be sent to clinics eligible to become CCBHCs in Mid-March, and the Department will choose the 10 applicants that present the best opportunity for success in the demonstration. MDHHS must complete all prospective CCHBC site visits by July 2016.

## **Medical Care Advisory Council**

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### **Managed Care**

#### **Implementation of Rebid**

Kathy Stiffler provided an update on the implementation of new MHP contracts, which became effective on January 1, 2016. MDHHS is continuing to work to develop resources to define MHP expectations in several areas, including coverage of Targeted Case Management (TCM) services for children with elevated blood lead levels. The new contract also includes plans to move coverage of Maternal Infant Health Program (MIHP) services into the MHPs effective October 1, 2016. Kathy noted that some MHPs have changed service areas as a result of the rebid, and offered to share a map of areas covered by each MHP with the MCAC (see attached map).

#### **Common RX Formulary**

MDHHS is working to implement a common drug formulary for all MHPs, and is on track to begin communications with beneficiaries regarding the transition on April 1, 2016 and complete the transition by October 1, 2016. The Department will provide an opportunity for interested stakeholders to submit comments related to the Common Formulary once each quarter.

#### **Eligibility Redetermination Letter**

MDHHS staff and meeting attendees discussed ongoing issues with the Medicaid eligibility redetermination process, including inconsistencies in the process among different areas, and beneficiaries with no change in income or assets being denied coverage upon redetermination. As a possible solution to this problem, a meeting attendee requested that MDHHS implement a simplified redetermination process for beneficiaries with no change in circumstances. Attendees also discussed the need for improved coordination among MDHHS and the MHPs for communication with beneficiaries regarding the redetermination process.

Since MI Health Link enrollees who lose eligibility upon redetermination may only be passively enrolled into an Integrated Care Organization (ICO) once per calendar year, MDHHS staff discussed the possibility of requiring ICOs to continue to provide coverage for these individuals for up to 90 days following redetermination. The Department also plans to issue a policy to allow a beneficiary to keep their case open while working through the redetermination process in both Modified Adjusted Gross Income (MAGI) and Supplemental Security Income (SSI) groups, as part of a systems release in June 2016. MDHHS staff and meeting attendees also discussed several ideas for improving the redetermination process, including the possibility of temporarily suspending redetermination while systems problems are addressed, the feasibility of using IRS tax returns for eligibility redeterminations and simplifying beneficiary notices and forms.

### **Long-Term Care Services and Supports Updates**

#### **MI Health Link**

Dick Miles provided an update on the MI Health Link Program, and noted that enrollment is a concern. At the end of the passive enrollment period in September, total enrollment in MI Health Link included 42,500 beneficiaries, and has since declined to 32,800. In addition to the issues related to eligibility redeterminations experienced by many Medicaid programs, MI Health Link is also experiencing problems with enrollment discrepancies and systems glitches that MDHHS is working to resolve. Dick also shared that marketing will be a priority for the MI Health Link program in the future, in order to encourage more individuals to voluntarily enroll.

#### **Nursing Home Transition**

The State of Michigan was awarded a grant in 2009 to help with nursing home transitions, called "*Money Follows the Person*", and has since used those funds to transition 3,000 individuals. However, due to a recent reduction in funding by the federal government, MDHHS is currently in the process of developing a plan to reduce the size of the program.

## **Medical Care Advisory Council**

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### **Level of Care Determination (LOCD)**

MDHHS is currently considering the conflict-free LOCD, and has received funds for the project as part of the implementation grant for MI Health Link. However, some waiver agencies have expressed concern about how the new system will impact their processes. No successful bidders were received after the Department issued a Request for Proposal (RFP) for conflict-free LOCDs in the fall of 2015. MDHHS is in the process of working with CMS to determine CMS's legal authority for the conflict free LOCD mandate.

### **Policy Updates**

A policy bulletin handout was distributed to meeting attendees, and several items were discussed.

### **Consumer Representation for 2016 Update**

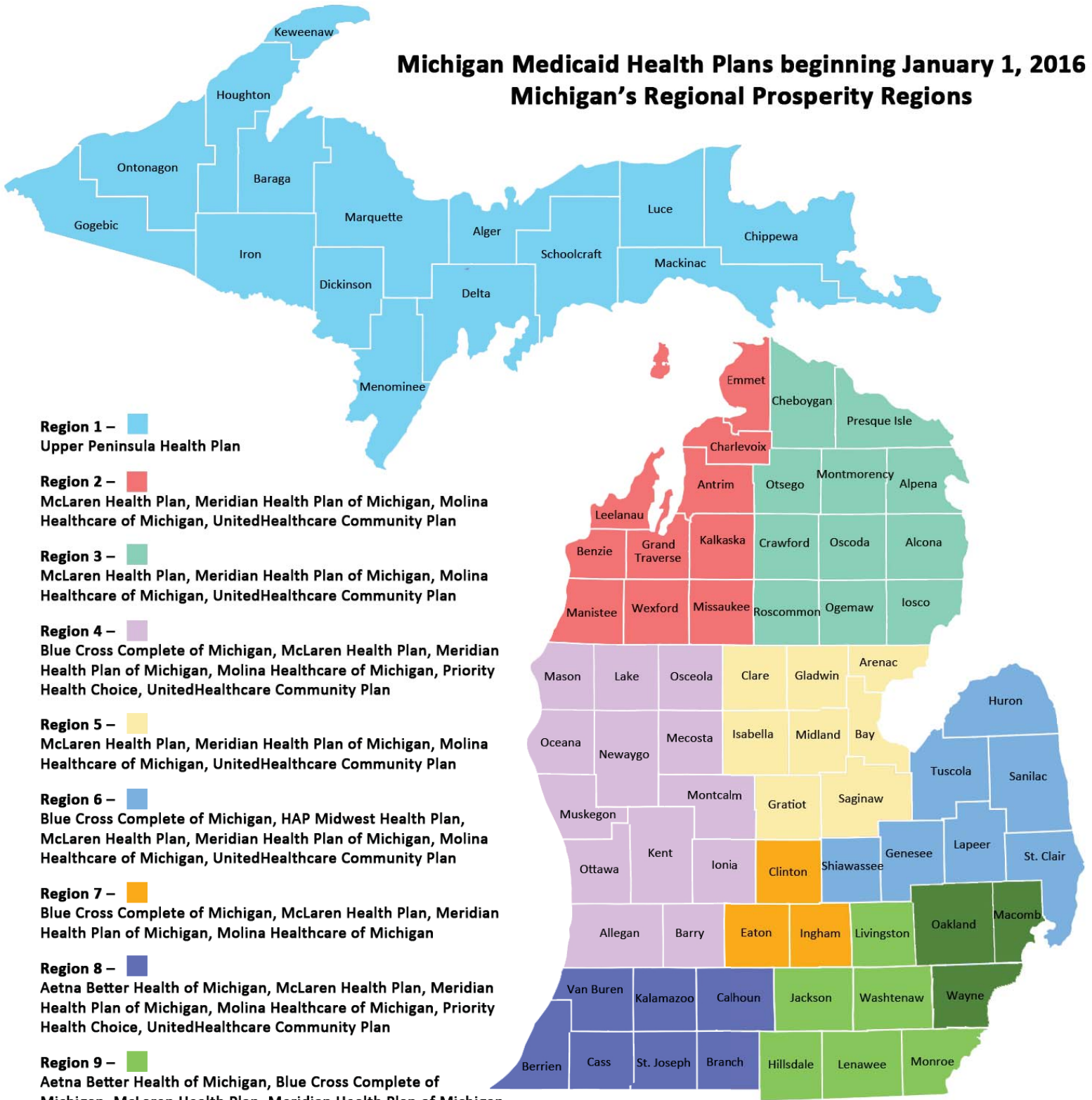
Robin Reynolds welcomed a new MCAC member as a consumer representative, and discussed with MDHHS staff and meeting attendees ideas for reaching out to other beneficiaries who may be interested in providing their input to the MCAC.

The meeting was adjourned at 4:00 p.m.

**Next Meeting: May 10, 2016**

# Michigan Medicaid Health Plans beginning January 1, 2016

## Michigan's Regional Prosperity Regions



**Region 1 –** ■  
Upper Peninsula Health Plan

**Region 2 –** ■  
McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, UnitedHealthcare Community Plan

**Region 3 –** ■  
McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, UnitedHealthcare Community Plan

**Region 4 –** ■  
Blue Cross Complete of Michigan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Priority Health Choice, UnitedHealthcare Community Plan

**Region 5 –** ■  
McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, UnitedHealthcare Community Plan

**Region 6 –** ■  
Blue Cross Complete of Michigan, HAP Midwest Health Plan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, UnitedHealthcare Community Plan

**Region 7 –** ■  
Blue Cross Complete of Michigan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan

**Region 8 –** ■  
Aetna Better Health of Michigan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Priority Health Choice, UnitedHealthcare Community Plan

**Region 9 –** ■  
Aetna Better Health of Michigan, Blue Cross Complete of Michigan, Harbor Health Plan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, UnitedHealthcare Community Plan

**Region 10 –** ■  
Aetna Better Health of Michigan, Blue Cross Complete of Michigan, Harbor Health Plan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Total Health Care, UnitedHealthcare Community Plan

Medical Services Administration  
Bureau of Medicaid Care Management and Quality Assurance

***PERFORMANCE MONITORING REPORT***

***MEDICAID MANAGED CARE  
HEALTHY MICHIGAN PLAN  
ADULT CORE SET MEASURES***

**Composite – All Plans**



**April 2016**

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

# Performance Monitoring Report

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## Performance Monitoring Report

### Executive Summary

This Performance Monitoring Report 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. In addition to this, the Department now has the capacity to report data on the basis of program area (traditional Medicaid, Healthy Michigan Plan, FFS), by beneficiary demographic information (age, gender, race/ethnicity), or region

Some measures presented here are from the Adult Core Health Care Quality Measurement Set developed by the Centers for Medicare and Medicaid Services (CMS). The specifications published by CMS for these measures were used in the generation of the rates in this report with one exception; the measures reported here do NOT include data from medical record review or other administrative databases. The measures in this report have been generated using ONLY encounter data found in the Medicaid data warehouse. Other HEDIS rates published by the Michigan Department of Health and Human Services (MDHHS) include rates derived using hybrid methodology that allows for sampling and medical record abstraction.

MDHHS monitors the performance of the State's MHPs through twenty-eight (28) key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. FY 2016 Performance monitoring includes measures of the following categories:

<i>Childhood Immunizations</i>	<i>Elective Delivery</i>	<i>Postpartum Care</i>	<i>Blood Lead Testing</i>	<i>Developmental Screening</i>	<i>Well-Child Visits First 15 months</i>
<i>Well-Child Visits 3-6 Years</i>	<i>Complaints</i>	<i>Claims Processing</i>	<i>Encounter Data Reporting</i>	<i>Pharmacy Encounter Data</i>	<i>Provider File Reporting</i>
<i>Adults Generic Drug Utilization</i>	<i>Timely Completion of HRA</i>	<i>Outreach &amp; Engagement to Facilitate Entry to Primary Care</i>	<i>Plan All-Cause Acute 30-Day Readmissions</i>	<i>Adults' Access to Ambulatory Health Services</i>	<i>Adult Body Mass Index Assessment</i>
<i>Breast Cancer Screening</i>	<i>Cervical Cancer Screening</i>	<i>Diabetes Short-Term Complications Admission Rate</i>	<i>COPD or Asthma in Older Adults Admission Rate</i>	<i>Heart Failure Admission Rate</i>	<i>Asthma in Younger Adults Admission Rate</i>
<i>Chlamydia Screening in Women Age 21-24</i>	<i>Comprehensive Diabetes Care: Hemoglobin A1c Testing</i>	<i>Antidepressant Medication Management</i>	<i>Annual Monitoring for Patients on Persistent Medications</i>		

Data for each of the twenty-eight (28) measures are represented in this report on a quarterly basis. The body of the report contains a cross-plan analysis of the most current data available for each performance measure. MDHHS has established specific three letter codes identifying each Health Plan. These codes are listed in Appendix A. Appendix B contains the one-year plan specific analysis for each measure.

## Performance Monitoring Report

### Measurement Frequency

The data for each performance measure vary in frequency. While most measures will be run on a quarterly basis, there are others that are run monthly. All monthly measures will be reported on a quarterly basis in the Performance Monitoring Report.

Measurement Periods for each measure may vary and are based on the specifications for that individual measure. In addition to this, Figures 4 through 25 depict only Managed Care Plan data, and not Fee-For-Service (FFS) data.

MHPs are contractually obligated to achieve specified standards for most measures. The following tables display 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 month or quarter, for fiscal year 2016 unless otherwise noted.

**Table 1: Fiscal Year 2016<sup>1</sup>**

Quarterly Reported Measures	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Childhood Immunizations	N/A	N/A		
Elective Delivery	N/A	N/A		
Postpartum Care	0/13	0/13		
Well-Child Visits 0-15 Months	6/12	8/12		
Well-Child Visits 3-6 Years	0/13	0/13		
Complaints	7/13	5/12		
Adults' Generic Drug Utilization	13/13	13/13		
Timely Completion of Initial HRA	1/13	0/12		
Outreach & Engagement to Facilitate Entry to PCP	0/13	0/12		
Plan All-Cause Acute 30-Day Readmissions	5/13	8/13		
Adults' Access to Ambulatory Health Services	2/13	0/13		
Adult Body Mass Index Assessment	0/13	0/12		
Breast Cancer Screening	9/12	8/12		
Cervical Cancer Screening	0/13	0/13		
Diabetes Short-Term Complications Admission Rate	N/A	N/A		
COPD or Asthma in Older Adults Admission Rate	N/A	N/A		
Heart Failure Admission Rate	N/A	N/A		
Asthma in Younger Adults Admission Rate	N/A	N/A		
Chlamydia Screening in Women Ages 21-24	1/13	0/12		
Comprehensive Diabetes Care: Hemoglobin A1c Testing	2/13	2/12		

<sup>1</sup> Measures that show "N/A" have no minimum standard set and all published data for the measure is informational only.

## Performance Monitoring Report

**Table 1: Fiscal Year 2016 (continued)**

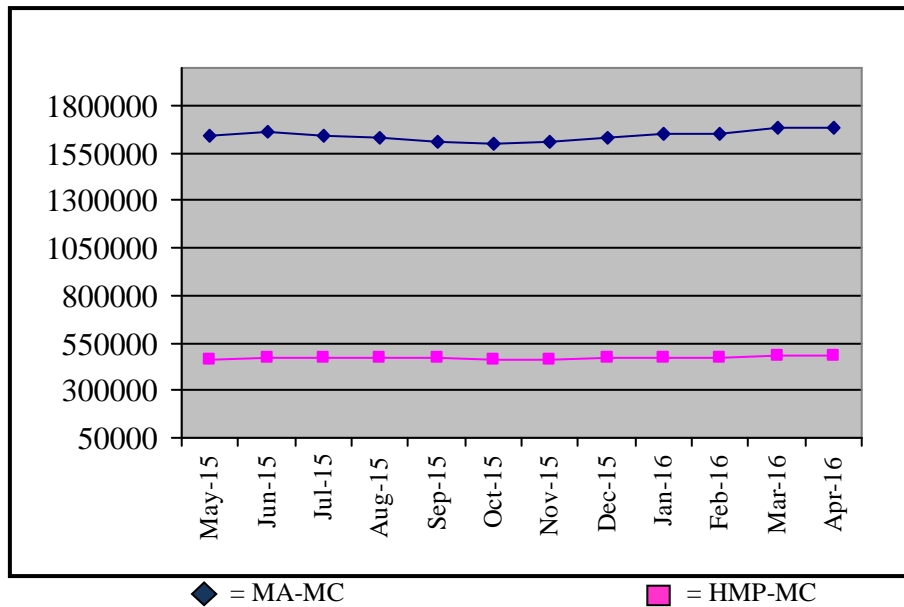
Antidepressant Medication Management	N/A			N/A								
Annual Monitoring for Patients on Persistent Medications	0/13			0/12								
Monthly Reported Measures	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Blood Lead Testing	3/12	3/12	3/12	3/12	3/11	3/11						
Developmental Screening First Year of Life	11/13	11/13	11/13	11/13	12/13	12/13						
Developmental Screening Second Year of Life	10/13	10/13	10/13	10/13	10/13	10/13						
Developmental Screening Third Year of Life	8/13	8/13	9/13	9/13	9/13	9/13						
Claims Processing	12/13	12/13	12/13	11/13	9/12	7/11						
Encounter Data Reporting	13/13	12/13	12/13	13/13	11/13	12/13						
Pharmacy Encounter Data	13/13	13/13	13/13	10/11	11/11	11/11						
Provider File Reporting	13/13	13/13	13/13	11/11	11/11	11/11						

### Managed Care Enrollment

Michigan Medicaid Managed Care (MA-MC) enrollment has remained steady over the past year. In April 2016, enrollment was 1,688,620, up 42,800 enrollees (2.6%) from May 2015. An increase of 5,175 enrollees (0.03%) was realized between March 2016 and April 2016.

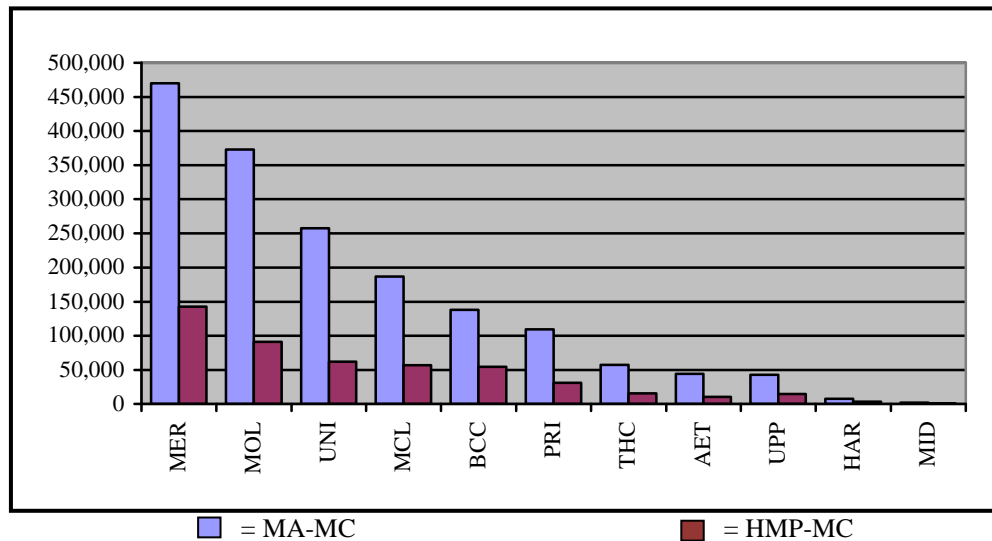
The Healthy Michigan Plan (HMP-MC) enrollment has also remained steady over the past year. In April 2016, enrollment was 482,647, up 17,822 enrollees (3.8%) from May 2015. An increase of 650 enrollees (0.1%) was realized between March 2016 and April 2016.

**Figure 1: MA-MC and HMP-MC Enrollment, May 2015 – April 2016**



## Performance Monitoring Report

**Figure 2: MA-MC and HMP-MC Enrollment, by Health Plan, April 2016**



### Medicaid Health Plan News

The Performance Monitoring Report contains data for all 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 September 1, 2015 HealthPlus Partners, Inc. (HPP) is no longer an active Medicaid Health Plan. However, their information will continue to appear in the quarterly PMR until such data is no longer available.

As of January 1, 2016 Sparrow PHP (PHP) is no longer an active Medicaid Health Plan. However, their information will continue to appear in the quarterly PMR until such data is no longer available.

### 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.

Due to revision to the measurement query, the Antidepressant Medication Management measure will be informational only for FY 2016.

Beginning with the April 2016 PMR, plans who meet 10% improvement towards the standard for a given quarter will be listed in the summary section for that performance measure.

## Performance Monitoring Report

### *Childhood Immunizations*

**Measure**

Percentage of children who turned two years old during the measurement period and received the complete Combination 3 childhood immunization series. The Combination 3 immunization series consists of 4 DtaP/DT, 3 IPV, 1 MMR, 3 Hib, 3 HEPB, 1 VZV, and 4 PCV.

**Minimum Standard**

N/A – This measure is informational only

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

Quarterly

*Data for this measure will not be reported this quarter.*

## Performance Monitoring Report

### *Elective Delivery*

**Measure**

Percentage of pregnant women enrolled in a health plan with elective vaginal deliveries or elective cesarean sections greater than or equal to 37, and less than 39 weeks complete gestation during the measurement period.

*NOTE: There is no continuous enrollment requirement for this measure.*

**Minimum Standard**

N/A – This measure is informational only.

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

Quarterly

*Data for this measure will not be reported this quarter.*

## Performance Monitoring Report

### Postpartum Care

**Measure**

Percentage of women who delivered live births between day one and day 309 of the measurement period that had a postpartum visit on or between 21 and 56 days after delivery.

**Minimum Standard**

At or above 70% (as shown on bar graph below)

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

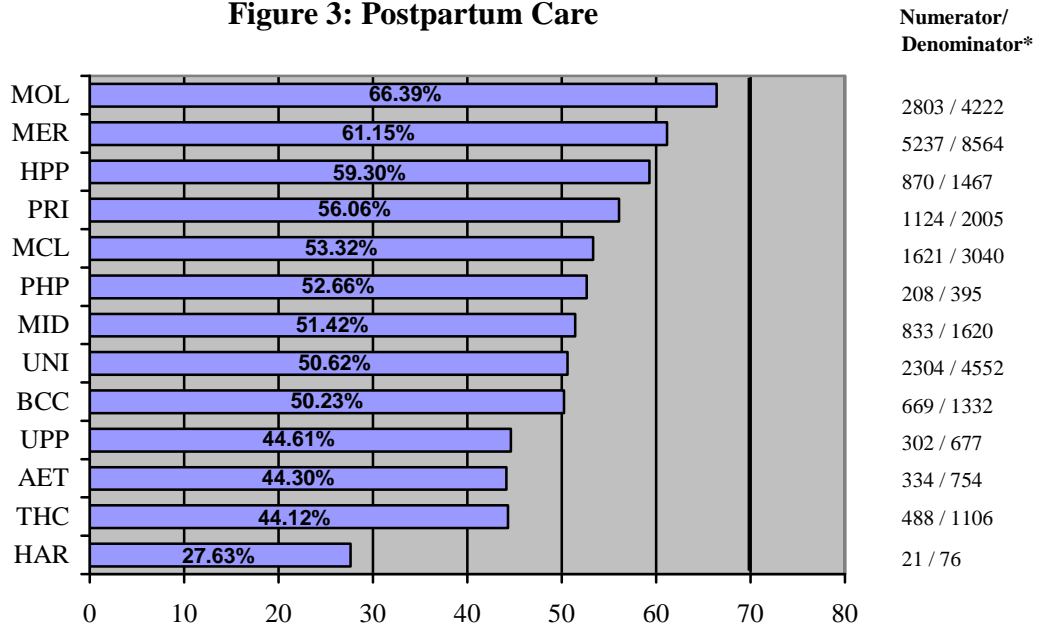
Quarterly

**Summary:** None of the plans met or exceeded the performance standard. One plan (MOL), met 10% improvement towards the standard for this quarter. Results ranged from 27.63% to 66.39%.

**Table 2: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	21767	40948	53.16%
Fee For Service (FFS) only	747	2348	31.81%
Managed Care only	17160	30446	56.36%
MA-MC	15197	27055	56.17%
HMP-MC	949	1718	55.24%

**Figure 3: Postpartum Care**



Postpartum Care Percentages

\*Numerator depicts the number of eligible beneficiaries who delivered live births between day 1 and day 309 of the measurement period, and who also had a postpartum visit on or between 21 and 56 days after delivery. Denominator depicts the total number of eligible beneficiaries.



## Performance Monitoring Report

### Blood Lead Testing for Two Year Olds

**Measure**

Percentage of two year old children that have had at least one blood lead test on or before their second birthday.

**Minimum Standard**

At or above 81% for continuously enrolled children

**Measurement Period**

January 2016 – March 2016

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

Monthly

**Summary:** In January, three plans met or exceeded the standard, while nine plans (AET, BCC, HAR, MER, MID, MOL, PHP, THC, and UNI) did not. Three plans (BCC, MID, and UNI) met 10% improvement towards the standard for this quarter.

In February and March, three plans met or exceeded the standard, while eight plans (AET, BCC, HAR, MER, MID, MOL, THC, and UNI) did not. Three plans (BCC, MID, and UNI) met 10% improvement towards the standard for this quarter.

**Table 3: Blood Lead Testing for Two Year Olds**

MHP	Standard	Cont. Enrolled Result			Standard Achieved		
		Jan	Feb	Mar	Jan	Feb	Mar
AET	81%	<b>72%</b>	<b>71%</b>	<b>70%</b>	No	No	No
BCC	81%	<b>70%</b>	<b>69%</b>	<b>69%</b>	No	No	No
HAR	81%	<b>65%</b>	<b>62%</b>	<b>66%</b>	No	No	No
MCL	81%	81%	82%	81%	Yes	Yes	Yes
MER	81%	<b>79%</b>	<b>78%</b>	<b>78%</b>	No	No	No
MID	81%	<b>69%</b>	<b>80%</b>	<b>78%</b>	No	No	No
MOL	81%	<b>72%</b>	<b>72%</b>	<b>72%</b>	No	No	No
PHP	81%	<b>77%</b>	N/A	N/A	No	N/A	N/A
PRI	81%	81%	82%	83%	Yes	Yes	Yes
THC	81%	<b>68%</b>	<b>68%</b>	<b>68%</b>	No	No	No
UNI	81%	<b>75%</b>	<b>75%</b>	<b>76%</b>	No	No	No
UPP	81%	90%	89%	88%	Yes	Yes	Yes

## Performance Monitoring Report

### Developmental Screening

#### Measure

This measure includes three rates: The percentage of children less than one (1) year old who receive a developmental screening; the percentage of children between their 1<sup>st</sup> and 2<sup>nd</sup> birthday who receive a developmental screening; and the percentage of children between their 2<sup>nd</sup> and 3<sup>rd</sup> birthday who receive a developmental screening.

#### Minimum Standard

At or above 19% - First year of Life  
 At or above 23% - Second Year of Life  
 At or above 17% - Third Year of Life

#### Measurement Period

January 2016 – March 2016

#### Data Source

MDHHS Data Warehouse

#### Measurement Frequency

Monthly

**Summary:** For the *first year of life*, eleven plans met or exceeded the standard for January, while two plans (HAR and UPP) did not; and twelve plans met or exceeded the standard for February and March, while one plan (UPP) did not. One plan (HAR) met 10% improvement towards the standard for this quarter.

For the *second year of life*, ten plans met or exceeded the standard for January, February, and March, while three plans (AET, HAR, and UPP) did not. One plan (AET) met 10% improvement towards the standard for this quarter.

For the *third year of life*, nine plans met or exceeded the standard for January, February, and March, while four plans (AET, HAR, THC, and UPP) did not. One plan (THC) met 10% improvement towards the standard for this quarter.

**Table 4: Developmental Screening First Year of Life**

MHP	Standard	Plan Result			Standard Achieved		
		Jan	Feb	Mar	Jan	Feb	Mar
AET	19%	21.16%	21.13%	20.83%	Yes	Yes	Yes
BCC	19%	37.18%	37.05%	36.59%	Yes	Yes	Yes
HAR	19%	<b>18.18%</b>	21.88%	29.41%	<b>No</b>	Yes	Yes
HPP	19%	35.06%	34.58%	35.31%	Yes	Yes	Yes
MCL	19%	23.31%	23.53%	23.38%	Yes	Yes	Yes
MER	19%	24.02%	23.72%	24.21%	Yes	Yes	Yes
MID	19%	31.27%	31.01%	30.40%	Yes	Yes	Yes
MOL	19%	24.46%	24.94%	25.50%	Yes	Yes	Yes
PHP	19%	26.20%	27.16%	27.58%	Yes	Yes	Yes
PRI	19%	24.80%	24.46%	24.14%	Yes	Yes	Yes
THC	19%	20.47%	20.94%	21.45%	Yes	Yes	Yes
UNI	19%	23.38%	23.17%	23.26%	Yes	Yes	Yes
UPP	19%	<b>14.51%</b>	<b>14.23%</b>	<b>12.53%</b>	<b>No</b>	<b>No</b>	<b>No</b>

## Performance Monitoring Report

**Table 5: Developmental Screening Second Year of Life**

MHP	Standard	Plan Result			Standard Achieved		
		Jan	Feb	Mar	Jan	Feb	Mar
AET	23%	<b>20.90%</b>	<b>20.80%</b>	<b>21.76%</b>	No	No	No
BCC	23%	44.80%	45.48%	45.64%	Yes	Yes	Yes
HAR	23%	<b>19.67%</b>	<b>18.97%</b>	<b>16.95%</b>	No	No	No
HPP	23%	36.74%	36.24%	35.29%	Yes	Yes	Yes
MCL	23%	27.06%	26.78%	26.99%	Yes	Yes	Yes
MER	23%	27.57%	27.96%	28.31%	Yes	Yes	Yes
MID	23%	33.88%	34.40%	34.96%	Yes	Yes	Yes
MOL	23%	27.27%	26.97%	27.80%	Yes	Yes	Yes
PHP	23%	29.83%	29.43%	27.27%	Yes	Yes	Yes
PRI	23%	39.50%	39.17%	39.12%	Yes	Yes	Yes
THC	23%	24.84%	25.43%	25.76%	Yes	Yes	Yes
UNI	23%	29.83%	29.55%	29.83%	Yes	Yes	Yes
UPP	23%	<b>14.77%</b>	<b>14.16%</b>	<b>12.43%</b>	No	No	No

**Table 6: Developmental Screening Third Year of Life**

MHP	Standard	Plan Result			Standard Achieved		
		Jan	Feb	Mar	Jan	Feb	Mar
AET	17%	<b>15.71%</b>	<b>15.29%</b>	<b>15.46%</b>	No	No	No
BCC	17%	37.24%	38.30%	38.82%	Yes	Yes	Yes
HAR	17%	<b>9.09%</b>	<b>9.84%</b>	<b>9.52%</b>	No	No	No
HPP	17%	33.00%	32.66%	33.12%	Yes	Yes	Yes
MCL	17%	21.40%	21.22%	21.19%	Yes	Yes	Yes
MER	17%	22.48%	22.71%	22.75%	Yes	Yes	Yes
MID	17%	27.86%	28.66%	28.84%	Yes	Yes	Yes
MOL	17%	18.78%	19.54%	20.63%	Yes	Yes	Yes
PHP	17%	18.45%	19.23%	20.81%	Yes	Yes	Yes
PRI	17%	32.50%	32.59%	32.64%	Yes	Yes	Yes
THC	17%	<b>14.92%</b>	<b>14.89%</b>	<b>14.84%</b>	No	No	No
UNI	17%	22.96%	23.17%	23.59%	Yes	Yes	Yes
UPP	17%	<b>14.41%</b>	<b>12.97%</b>	<b>12.85%</b>	No	No	No

## Performance Monitoring Report

### Well-Child Visits First 15 Months

**Measure**

Percentage of children who turned 15 months old during the measurement period, were continuously enrolled in the health plan from 31 days of age, and received at least six well-child visit(s) during their first 15 months of life.

**Minimum Standard**

At or above 71% (as shown on bar graph below)

**Measurement Period**

October 2014 – September 2015

**Data Source**

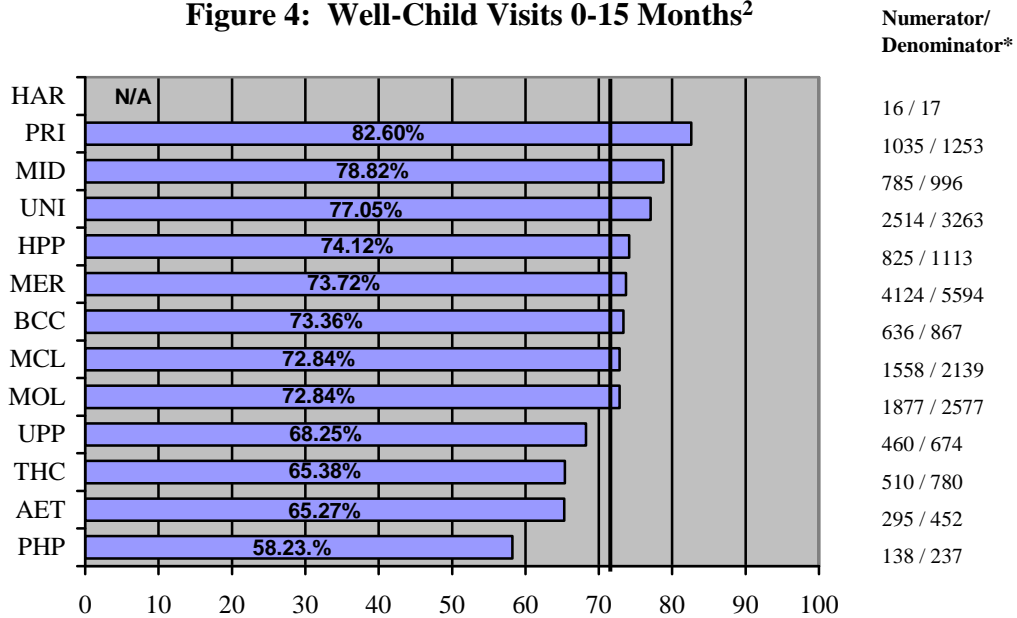
MDHHS Data Warehouse

**Measurement Frequency**

Quarterly

**Summary:** Eight plans met or exceeded the standard, while four plans (AET, PHP, THC, and UPP) did not. One plan (THC) met 10% improvement towards the standard for this quarter. Results ranged from 58.23% to 82.60%.

**Figure 4: Well-Child Visits 0-15 Months<sup>2</sup>**



Well-Child Visits 0-15 Months Percentage

\*Numerator depicts the number of eligible beneficiaries who had at least 6 well-child visits. Denominator depicts the total number of eligible beneficiaries.

<sup>2</sup> A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

## Performance Monitoring Report

### Well-Child Visits 3-6 Years Old

**Measure**

Percentage of children who were three, four, five, or six years old, were continuously enrolled in the health plan, and received one or more well-child visit(s) during the measurement period.

**Minimum Standard**

At or above 79% (as shown on bar graph below)

**Measurement Period**

October 2014 – September 2015

**Data Source**

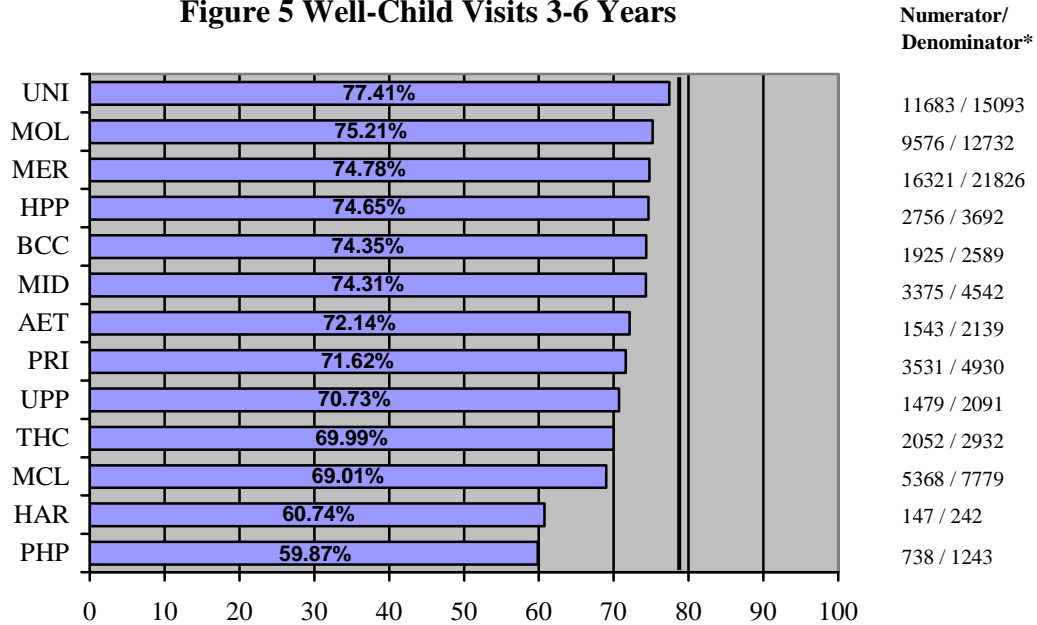
MDHHS Data Warehouse

**Measurement Frequency**

Quarterly

**Summary:** None of the plans met or exceeded the standard. Three plans (MID, MOL, and UNI) met 10% improvement towards the standard for this quarter. Results ranged from 59.87% to 77.41%.

**Figure 5 Well-Child Visits 3-6 Years**



Well-Child Visits 3-6 Years Percentage

\*Numerator depicts the number of eligible beneficiaries who had at least one well-child visit. Denominator depicts the total number of eligible beneficiaries.

# Performance Monitoring Report

## Complaints

### Measure

Rate of complaints received by MDHHS during the measurement period.

### Standard

At or below 0.15 complaints per 1,000 member months  
(as shown on bar graph below)

### Measurement Period

October 2015 –December 2015

### Data Source

Customer Relations System (CRM)

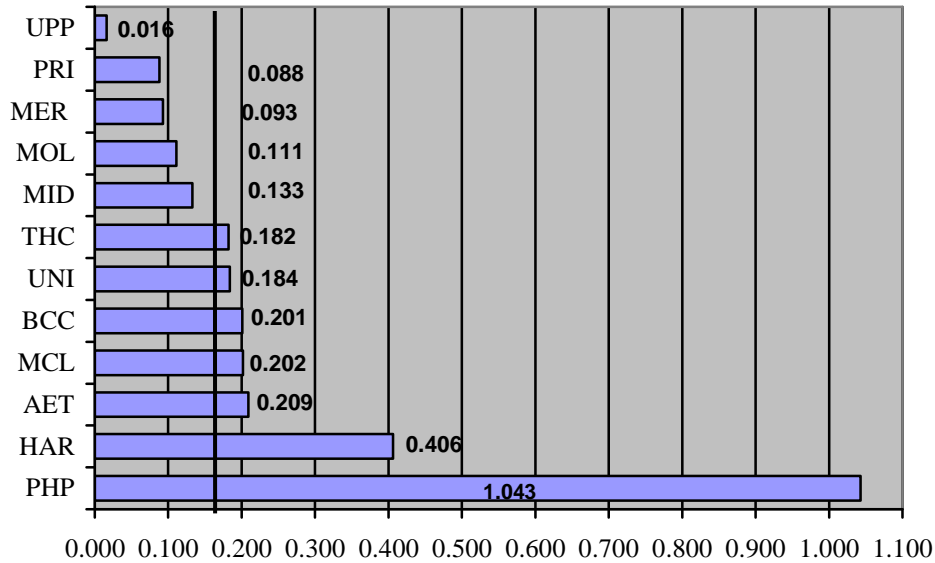
### Measurement Frequency

Quarterly

**Summary:** Five plans met or exceeded the standard, while seven plans (AET, BCC, HAR, MCL, PHP, THC, and UNI) did not. The results ranged from 0.016 to 1.043 complaints per 1,000 member months.

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

Figure 6: Complaints



## Performance Monitoring Report

### Claims Processing

**Measure**

Rate of clean non-pharmacy claims processed within 30 days, rate of non-pharmacy claims in ending inventory greater than 45 days; percent of rejected claims.

**Standard**

Submission of accurate claims report within 30 days of the end of the report month; process  $\geq 95\%$  of clean claims within 30 days of receipt with  $\leq 12\%$  rejected claims; maintain  $\leq 1\%$  of ending inventory greater than 45 days.

**Measurement Period**

November 2015 – January 2016

**Data Source**

Claims report submitted by health plan

**Measurement Frequency**

Monthly

**Summary:** Eleven plans met or exceeded the standard in November 2015, while two plans (AET and HAR) did not.

Nine plans met or exceeded the standard in December 2015, while three plans (AET, HAR, and MID) did not.

Seven plans met or exceeded the standard in January 2016, while four plans (AET, HAR, MER, and MID) did not.

**Table 7: Claims Processing November 2015**

MHP	Timely	Accurate	$\geq 95\%$	$\leq 12\%$	$\leq 1\%$	Standard Achieved
AET	No	No	<b>89%</b>	7%	<b>8.64%</b>	<b>No</b>
BCC	Yes	Yes	99%	7%	0.20%	Yes
HAR	Yes	No	<b>59%</b>	0%	<b>16.81%</b>	<b>No</b>
HPP	Yes	Yes	99%	7%	0.49%	Yes
MCL	Yes	Yes	99%	4%	0.22%	Yes
MER	Yes	Yes	100%	8%	0.00%	Yes
MID	Yes	Yes	97%	1%	0.00%	Yes
MOL	Yes	Yes	100%	3%	0.32%	Yes
PHP	Yes	Yes	99%	0%	0.05%	Yes
PRI	Yes	Yes	100%	6%	0.15%	Yes
THC	Yes	Yes	100%	3%	0.00%	Yes
UNI	Yes	Yes	100%	6%	0.10%	Yes
UPP	Yes	Yes	99%	10%	0.00%	Yes

## Performance Monitoring Report

**Table 8: Claims Processing December 2015**

MHP	Timely	Accurate	≥95%	<12%	<1%	Standard Achieved
AET	Yes	No	91%	7%	3.42%	No
BCC	Yes	Yes	100%	5%	0.00%	Yes
HAR	Yes	No	51%	0%	20.80%	No
MCL	Yes	Yes	100%	6%	0.63%	Yes
MER	Yes	Yes	99%	8%	0.00%	Yes
MID	Yes	No	94%	1%	0.00%	No
MOL	Yes	Yes	100%	3%	0.33%	Yes
PHP	Yes	Yes	100%	0%	0.11%	Yes
PRI	Yes	Yes	100%	6%	0.01%	Yes
THC	Yes	Yes	100%	2%	0.00%	Yes
UNI	Yes	Yes	100%	5%	0.27%	Yes
UPP	Yes	Yes	98%	9%	0.00%	Yes

**Table 9: Claims Processing January 2016**

MHP	Timely	Accurate	≥95%	<12%	<1%	Standard Achieved
AET	Yes	No	95%	7%	3.29%	No
BCC	Yes	Yes	100%	5%	0.00%	Yes
HAR	Yes	No	64%	0%	4.82%	No
MCL	Yes	Yes	100%	5%	0.06%	Yes
MER	Yes	No	94%	9%	0.00%	No
MID	Yes	No	93%	2%	0.00%	No
MOL	Yes	Yes	100%	2%	0.10%	Yes
PRI	Yes	Yes	99%	8%	0.01%	Yes
THC	Yes	Yes	100%	3%	0.00%	Yes
UNI	Yes	Yes	100%	9%	0.05%	Yes
UPP	Yes	Yes	99%	9%	0.00%	Yes



## Performance Monitoring Report

### Encounter Data Reporting

**Measure**

Timely and complete encounter data submission

**Standard**

Submission of previous months adjudicated encounters by the 15<sup>th</sup> of the measurement month; include institutional and professional record types; and meet MDHHS calculated minimum volume records accepted into the MDHHS data warehouse

**Measurement Period**

January 2016 – March 2016

**Data Source**

MDHHS Data Exchange Gateway, MDHHS Data Warehouse

**Measurement Frequency**

Monthly

**Summary:** All plans met the standard of submitting a minimum volume of professional and institutional December 2015 adjudicated encounters by the 15<sup>th</sup> of January 2016.

Eleven plans met the standard of submitting a minimum volume of professional and institutional January 2016 adjudicated encounters by the 15<sup>th</sup> of February, while two plans (MER and PHP) did not.

Twelve plans met the standard of submitting a minimum volume of professional and institutional February 2016 adjudicated encounters by the 15<sup>th</sup> of March, while one (PRI) did not.

**Table 10: Encounter Data Reporting January 2016**

MHP	Standard	Timely	Complete		Standard Achieved
		15 <sup>th</sup> of Month	Prof & Inst.	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes	Yes
HPP	Timely, Complete	Yes	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes	Yes
MER	Timely, Complete	Yes	Yes	Yes	Yes
MID	Timely, Complete	Yes	Yes	Yes	Yes
MOL	Timely, Complete	Yes	Yes	Yes	Yes
PHP	Timely, Complete	Yes	Yes	Yes	Yes
PRI	Timely, Complete	Yes	Yes	Yes	Yes
THC	Timely, Complete	Yes	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes	Yes
UPP	Timely, Complete	Yes	Yes	Yes	Yes

## Performance Monitoring Report

**Table 11: Encounter Data Reporting February 2016**

MHP	Standard	Timely	Complete		Standard Achieved
		15 <sup>th</sup> of Month	Prof & Inst.	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes	Yes
HPP	Timely, Complete	Yes	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes	Yes
MER	Timely, Complete	Yes	No	No	No
MID	Timely, Complete	Yes	Yes	Yes	Yes
MOL	Timely, Complete	Yes	Yes	Yes	Yes
PHP	Timely, Complete	Yes	No	No	No
PRI	Timely, Complete	Yes	Yes	Yes	Yes
THC	Timely, Complete	Yes	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes	Yes
UPP	Timely, Complete	Yes	Yes	Yes	Yes

**Table 12: Encounter Data Reporting March 2016**

MHP	Standard	Timely	Complete		Standard Achieved
		15 <sup>th</sup> of Month	Prof & Inst.	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes	Yes
HPP	Timely, Complete	Yes	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes	Yes
MER	Timely, Complete	Yes	Yes	Yes	Yes
MID	Timely, Complete	Yes	Yes	Yes	Yes
MOL	Timely, Complete	Yes	Yes	Yes	Yes
PHP	Timely, Complete	Yes	Yes	Yes	Yes
PRI	Timely, Complete	Yes	No	No	No
THC	Timely, Complete	Yes	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes	Yes
UPP	Timely, Complete	Yes	Yes	Yes	Yes

## Performance Monitoring Report

### Pharmacy Encounter Data Reporting

**Measure**

Timely and complete pharmacy encounter data submission

**Standard**

Enrolled in the health plan within the designated period to the measurement month

**Measurement Period**

January 2016 – March 2016

**Data Source**

MDHHS Data Exchange Gateway, Encounter Data

**Measurement Frequency**

Monthly

**Summary:** Ten plans met the standard for submitting a minimum volume of December 2015 adjudicated pharmacy encounters by the 15<sup>th</sup> of January 2016, while one (UPP) did not. All of the plans met the standard for submitting a minimum volume of January 2016 adjudicated pharmacy encounters by the 15<sup>th</sup> of February. All of the plans met the standard for submitting a minimum volume of February 2016 adjudicated pharmacy encounters by the 15<sup>th</sup> of March.

**Table 13: Pharmacy Encounter Data Reporting January 2016**

MHP	Standard	Timely	Complete	Standard Achieved
		15 <sup>th</sup> of Month	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes
MER	Timely, Complete	Yes	Yes	Yes
MID	Timely, Complete	Yes	Yes	Yes
MOL	Timely, Complete	Yes	Yes	Yes
PRI	Timely, Complete	Yes	Yes	Yes
THC	Timely, Complete	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes
UPP	Timely, Complete	Yes	No	No

## Performance Monitoring Report

**Table 14: Pharmacy Encounter Data Reporting February 2016**

MHP	Standard	Timely	Complete	Standard Achieved
		15 <sup>th</sup> of Month	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes
MER	Timely, Complete	Yes	Yes	Yes
MID	Timely, Complete	Yes	Yes	Yes
MOL	Timely, Complete	Yes	Yes	Yes
PRI	Timely, Complete	Yes	Yes	Yes
THC	Timely, Complete	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes
UPP	Timely, Complete	Yes	Yes	Yes

**Table 15: Pharmacy Encounter Data Reporting March 2016**

MHP	Standard	Timely	Complete	Standard Achieved
		15 <sup>th</sup> of Month	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes
MER	Timely, Complete	Yes	Yes	Yes
MID	Timely, Complete	Yes	Yes	Yes
MOL	Timely, Complete	Yes	Yes	Yes
PRI	Timely, Complete	Yes	Yes	Yes
THC	Timely, Complete	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes
UPP	Timely, Complete	Yes	Yes	Yes

## Performance Monitoring Report

### *Provider File Reporting*

**Measure**

Monthly provider file submission.

**Standard**

Submission of an error free file, with an accurate list of primary care, specialist, hospital, and ancillary providers contracted with and credentialed by the health plan, to Michigan ENROLLS before the last Thursday of the month.

**Measurement Period**

January 2016 – March 2016

**Data Source**

MDHHS Data Exchange Gateway, Encounter Data

**Measurement Frequency**

Monthly

**Summary:** All plans met the standard of submitting an error free provider file to Michigan ENROLLS for the months of January and March

**Table 16: Provider File Reporting**

MHP	Standard	Timely			Accurate			Standard Achieved		
		Jan	Feb	Mar	Jan	Feb	Mar	Jan	Feb	Mar
AET	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MER	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MID	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MOL	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PRI	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
THC	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UPP	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

## Performance Monitoring Report

### Adults' Generic Drug Utilization

**Measure**

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

**Standard**

At or above 80% (as shown on bar graph below)

**Measurement Period**

July 2015 –September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

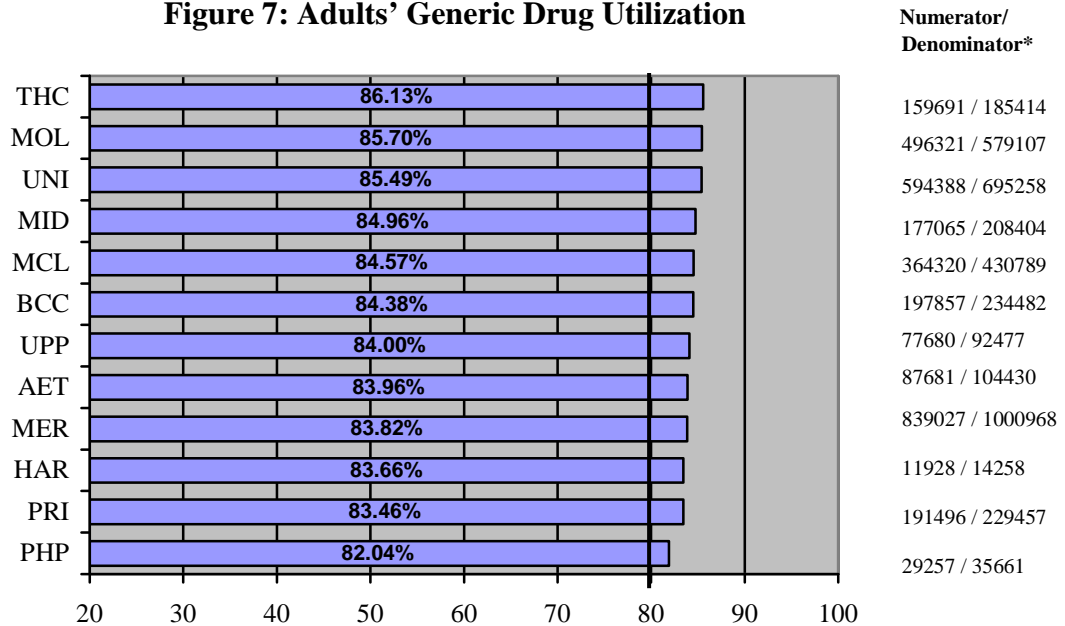
Quarterly

**Summary:** All plans met or exceeded the standard. Results ranged from 82.04% to 86.13%.

**Table 17: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	3409095	4058280	84.00%
Fee For Service (FFS) only	30888	59776	51.67%
Managed Care only	3304770	3906109	84.61%
MA-MC	1848376	2194895	84.21%
HMP-MC	1438684	1690399	85.11%

**Figure 7: Adults' Generic Drug Utilization**



Adult's Generic Drug Utilization Percentages

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

## Performance Monitoring Report

### Timely Completion of Initial Health Risk Assessment

**Measure**

Percentage of Healthy Michigan Plan beneficiaries enrolled in a health plan who had a Health Risk Assessment (HRA) completed within 150 days of enrollment in a health plan.

**Standard**

At or above 20% (as shown on bar graph below)

**Enrollment Dates**

April 2015 – June 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

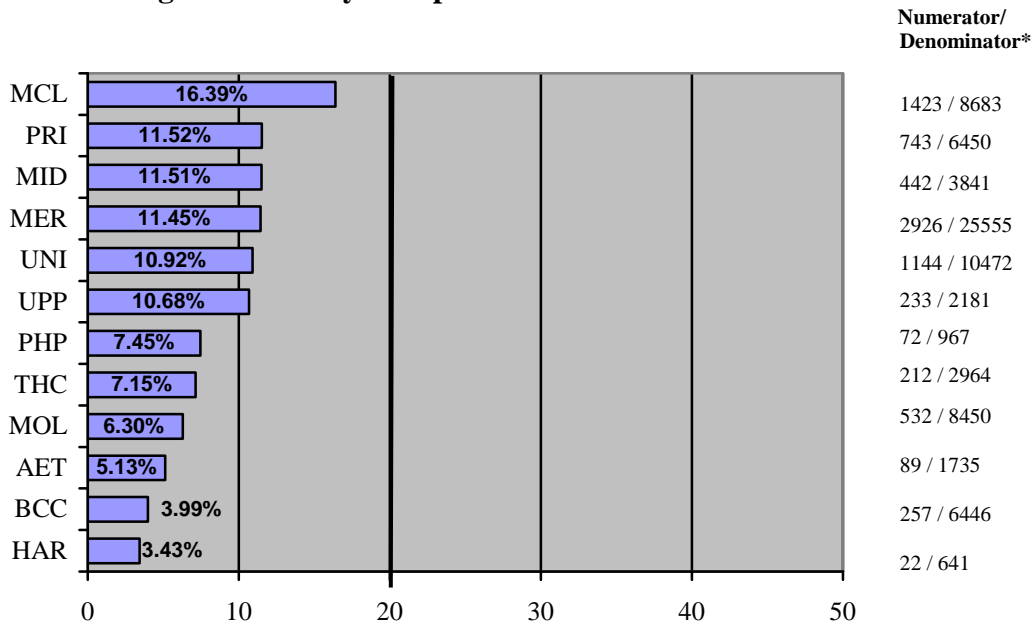
Quarterly

**Summary:** None of the plans met or exceeded the standard. Five plans (MCL, MER, MID, THC, and UNI) met 10% improvement towards the standard for this quarter. Results ranged from 3.43% to 16.39%.

**Table 18: Program Total<sup>3</sup>**

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	8095	78363	10.33%

**Figure 8: Timely Completion of Initial HRA**



**Timely Completion of Initial HRA Percentages**

\*Numerator depicts the number of eligible beneficiaries who completed an HRA within 150 days of enrollment in a health plan. Denominator depicts the total number of eligible beneficiaries.

<sup>3</sup> This includes HRAs completed during the HMP FFS period prior to enrollment in a Medicaid health plan.

## Performance Monitoring Report

### Outreach and Engagement to Facilitate Entry to Primary Care

**Measure**

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**

At or above 66% (as shown on bar graph below)

**Enrollment Dates**

April 2015 – June 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

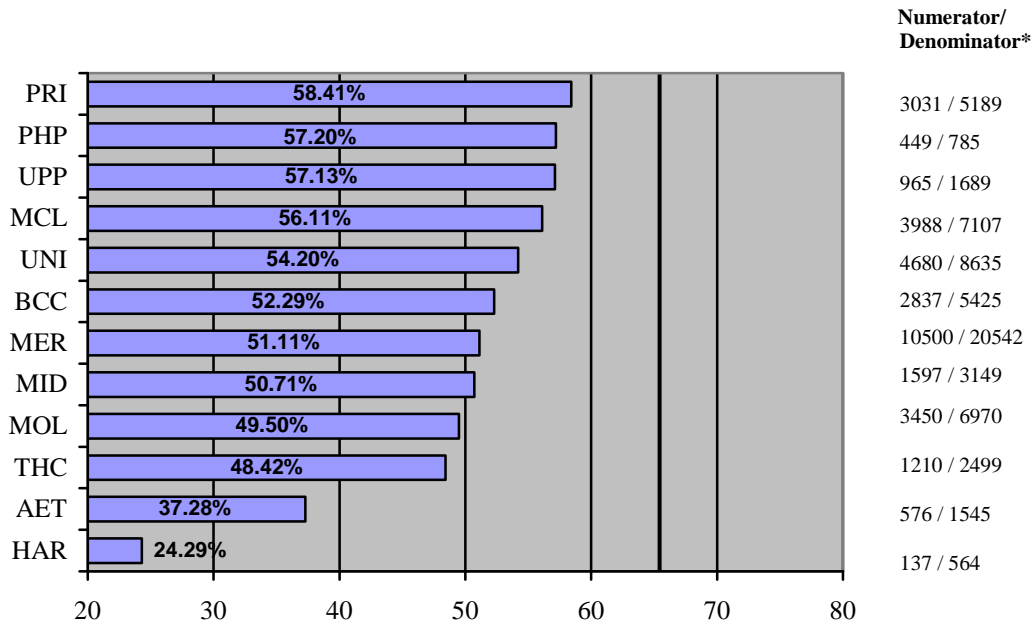
Quarterly

**Summary:** None of the plans met or exceeded the standard. Results ranged from 24.29% to 58.41%.

**Table 19: Program Total<sup>4</sup>**

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	47706	78385	60.86%

**Figure 9: Outreach & Engagement to Facilitate Entry to Primary Care**



**Outreach & Engagement to Facilitate Entry to Primary Care Percentages**

\*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>4</sup> This includes visits during the HMP FFS period prior to enrollment in a Medicaid health plan.



## Performance Monitoring Report

### Plan All-Cause Acute 30-Day Readmissions

**Measure**

The percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.

**Standard**

At or below 16% (as shown on bar graph below)

**Enrollment Dates**

October 2014 –September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

Annually

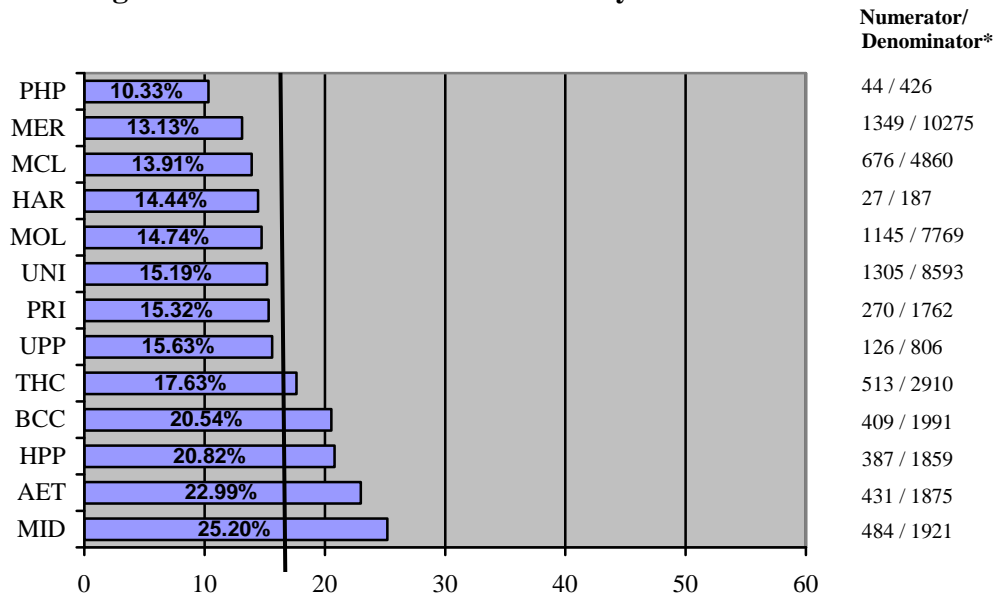
**Summary:** Eight plans met or exceeded the standard, while five plans (AET, BCC, HPP, MID and THC) did not. Two plans (BCC and MID) met 10% improvement towards the standard for this quarter. Results ranged from 10.33% to 25.20%.

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

**Table 20: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	11194	71574	15.64%
Fee For Service (FFS) only	531	2850	18.63%
Managed Care only	7805	49072	15.91%
MA-MC	6656	39181	16.99%
HMP-MC	756	6676	11.32%

**Figure 10: Plan All-Cause Acute 30-Day Readmissions**



Plan All-Cause Acute 30-Day Readmissions Percentages

\*Numerator depicts the number of acute readmissions for any diagnosis within 30 days of an Index Discharge Date. Denominator depicts the total number of Index Discharge dates during the measurement year, not enrollees.

## Performance Monitoring Report

### Adults' Access to Ambulatory Health Services

**Measure**

The percentage of adults 19 to 64 years old who had an ambulatory or preventive care visit during the measurement period.

**Standard**

At or above 87% (as shown on bar graph below)

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

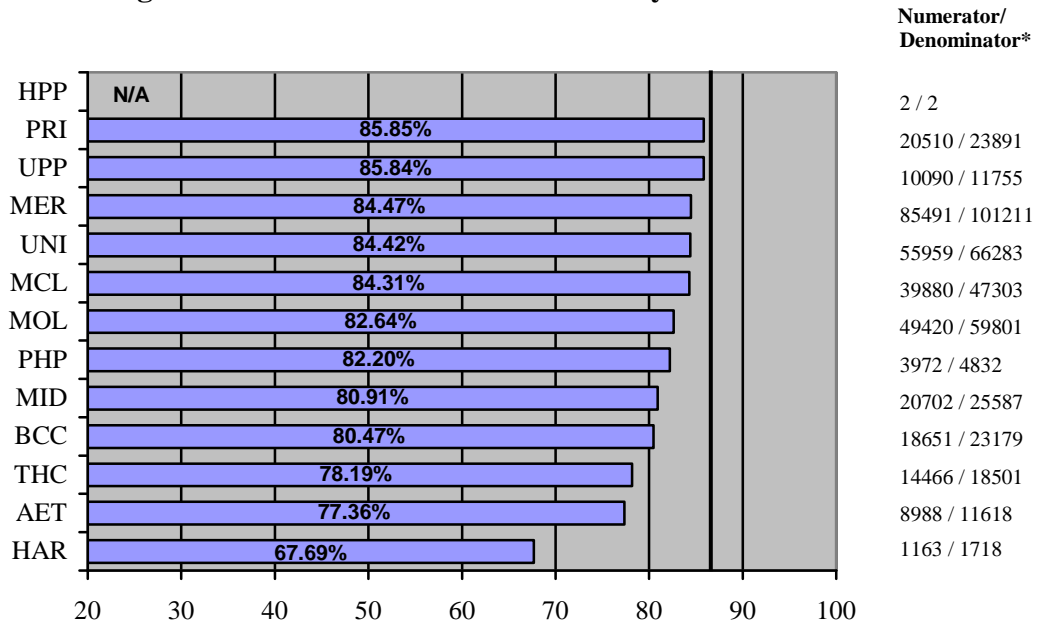
Quarterly

**Summary:** None of the plans met or exceeded the standard. Results ranged from 67.69% to 85.85%.

**Table 21: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	528634	655257	80.68%
Fee For Service (FFS) only	11128	23084	48.21%
Managed Care only	363481	434605	83.63%
MA-MC	199828	238312	83.85%
HMP-MC	129353	155309	83.29%

**Figure 11: Adults' Access to Ambulatory Health Services**



Adult's Access to Ambulatory Health Services Percentages

\*Numerator depicts the number of eligible beneficiaries who had an ambulatory or preventive care visit. Denominator depicts the total number of eligible beneficiaries.

## Performance Monitoring Report

### Adult Body Mass Index (BMI) Assessment

**Measure**

The percentage of adults enrolled in a health plan between the ages of 18 and 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement period or the year prior to the measurement period.

**Standard**

At or above 79% (as shown on bar graph below)

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

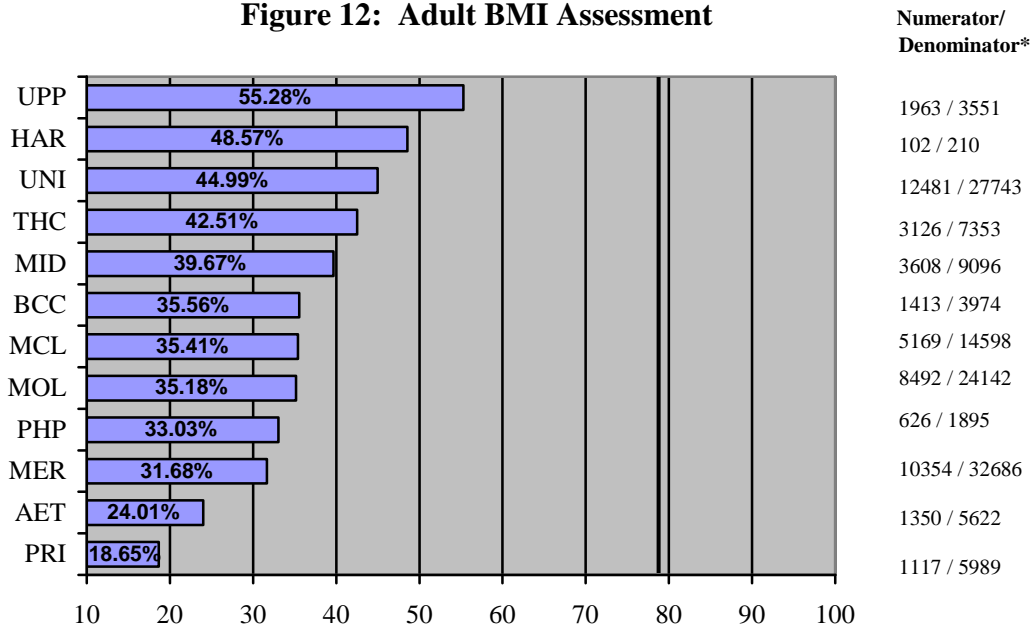
Quarterly

**Summary:** None of the plans met or exceeded the standard. Six plans (BCC, HAR, MCL, THC, UNI, and UPP) met 10% improvement towards the standard for this quarter. Results ranged from 18.65% to 55.28%.

**Table 22: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	80572	221986	36.30%
Fee For Service (FFS) only	916	2916	31.41%
Managed Care only	57500	154475	37.22%
MA-MC	49948	132236	37.77%
HMP-MC	N/A	N/A	N/A

**Figure 12: Adult BMI Assessment**



Adult BMI Assessment Percentages

\*Numerator depicts the number of eligible beneficiaries whose BMI was documented during the measurement period or the year prior to the measurement period. Denominator depicts the total number of eligible beneficiaries.

## Performance Monitoring Report

### Breast Cancer Screening

**Measure**

The percentage of women enrolled in a health plan between the ages of 50 and 74 who received a mammogram to screen for breast cancer during the measurement period or the two (2) years prior to the measurement period.

**Standard**

At or above 58% (as shown on bar graph below)

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

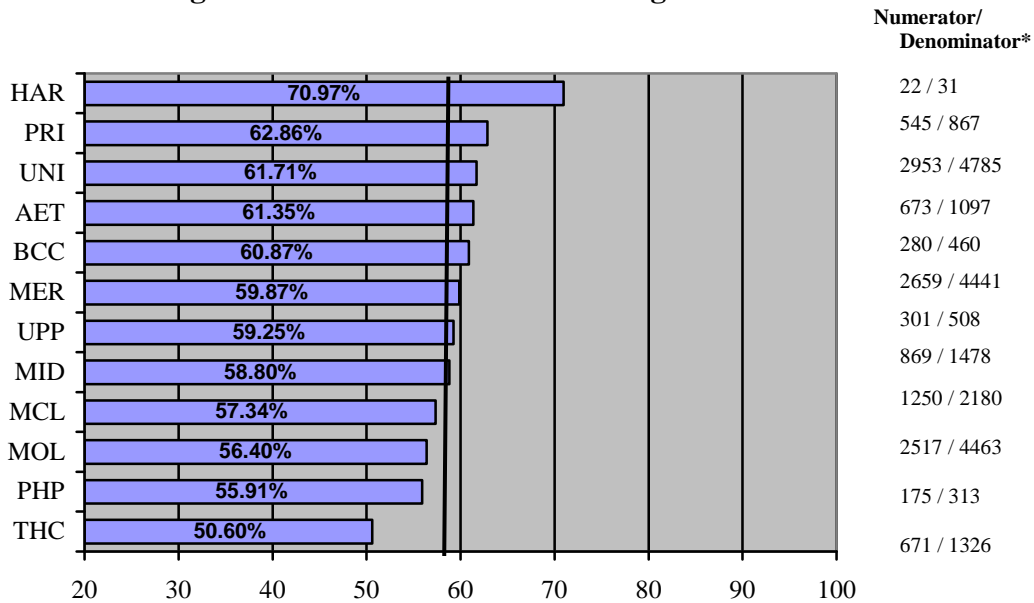
Quarterly

**Summary:** Eight plans met or exceeded the standard, while four plans (MCL, MOL, PHP, and THC) did not. One plan (MCL) met 10% improvement towards the standard for this quarter. Results ranged from 50.60% to 70.97%.

**Table 23: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	17520	30342	57.74%
Fee For Service (FFS) only	493	973	50.67%
Managed Care only	14663	24850	59.01%
MA-MC	13951	23693	58.88%
HMP-MC	N/A	N/A	N/A

**Figure 13: Breast Cancer Screening<sup>5</sup>**



Breast Cancer Screening Percentages

\*Numerator depicts the number of eligible beneficiaries who had one (1) or more mammograms during the measurement period or the two (2) years prior to the measurement period. Denominator depicts the total number of eligible beneficiaries.

<sup>5</sup> A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

## Performance Monitoring Report

### Cervical Cancer Screening

**Measure**

The percentage of women enrolled in a health plan between the ages of 21 and 64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21 to 64 who had cervical cytology performed every three (3) years.
- Women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five (5) years.

**Standard**

At or above 72% (as shown on bar graph below)

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

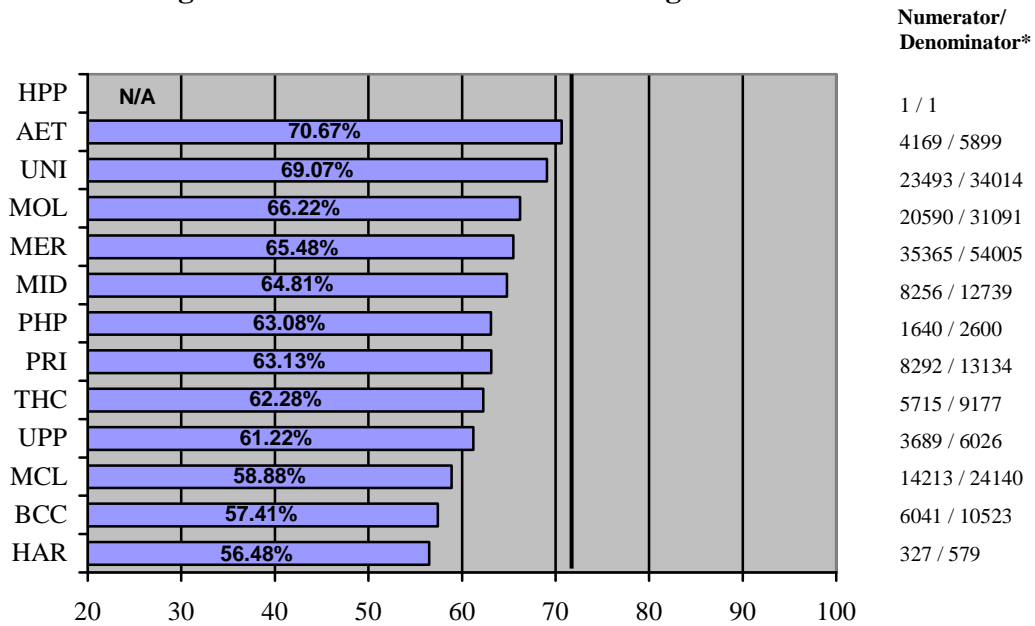
Quarterly

**Summary:** None of the plans met or exceeded the standard. Results ranged from 56.48% to 70.67%.

**Table 24: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	207131	336667	61.52%
Fee For Service (FFS) only	5078	12240	41.49%
Managed Care only	145318	224810	64.64%
MA-MC	91685	131882	69.52%
HMP-MC	39072	72311	54.03%

**Figure 14: Cervical Cancer Screening**



Cervical Cancer Screening Percentages

\*Numerator depicts the number of eligible beneficiaries who were screened for cervical cancer. Denominator depicts the total number of eligible beneficiaries.

## Performance Monitoring Report

### Diabetes Short-Term Complications Admission Rate

**Measure**

The rate of adults enrolled in a health plan age 18 and older who were discharged for diabetes short-term complications per 100,000 member months.

**Standard**

N/A – This measure is informational only.

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

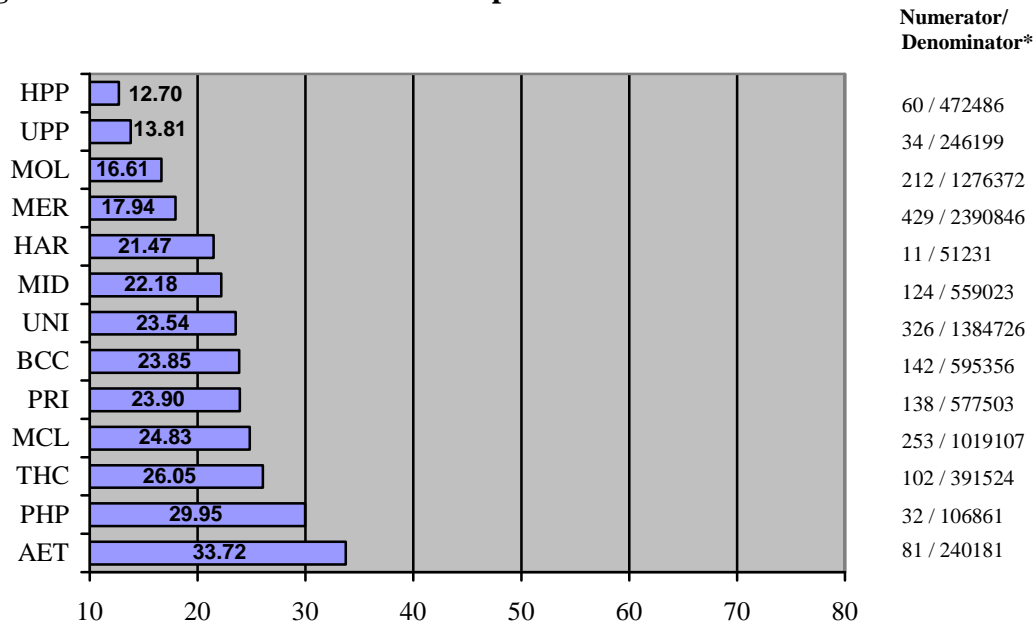
Quarterly

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

**Table 25: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	2559	11396243	22.45
Fee For Service (FFS) only	614	2082437	29.48
Managed Care only	1945	9313806	20.88
MA-MC	1197	4577476	26.15
HMP-MC	748	4736330	15.79

**Figure 16: Diabetes Short-Term Complications Admission Rate**



**Diabetes Short-Term Complications Admission Rate**

\*Numerator depicts the total number of eligible beneficiaries who were discharged for diabetes short-term complications of diabetes. Denominator depicts the total number of months of health plan enrollment for eligible beneficiaries during the measurement period.

## Performance Monitoring Report

### Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate

**Measure**

The rate of adults enrolled in a health plan age 40 and older who were discharged for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months.

**Standard**

N/A – This measure is informational only.

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

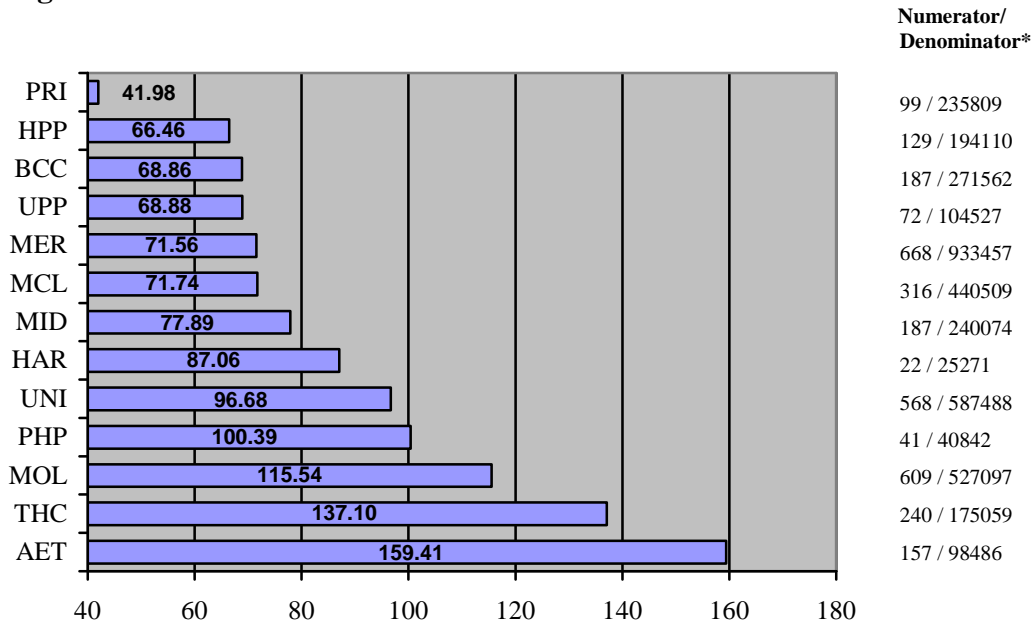
Quarterly

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

**Table 26: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	3795	4616167	82.21
Fee For Service (FFS) only	499	741087	67.33
Managed Care only	3296	3875080	85.06
MA-MC	2536	1721277	147.33
HMP-MC	760	2153803	35.29

**Figure 16: COPD or Asthma in Older Adults Admission Rate**



COPD or Asthma in Older Adults Admission Rate

\*Numerator depicts the number of discharges for COPD, asthma, or a primary diagnosis of acute bronchitis accompanied by any secondary diagnosis of COPD. Denominator depicts the total number of member months of health plan enrollment for eligible beneficiaries during the measurement period.

## Performance Monitoring Report

### Heart Failure Admission Rate

**Measure**

The rate of adults enrolled in a health plan age 18 and older who were discharged for heart failure per 100,000 member months.

**Standard**

N/A – This measure is informational only.

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

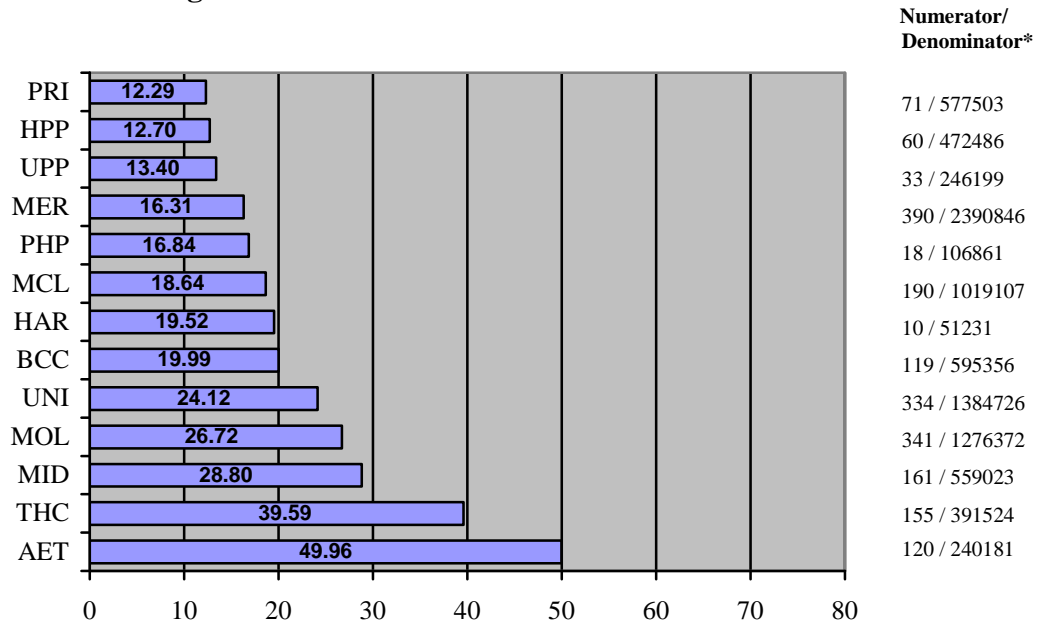
Quarterly

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

**Table 27: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	2497	11396243	21.91
Fee For Service (FFS) only	493	2082437	23.67
Managed Care only	2004	9313806	21.52
MA-MC	1532	4577476	33.47
HMP-MC	472	4736330	9.97

**Figure 17: Heart Failure Admission Rate**



Heart Failure Admission Rate

\*Numerator depicts the number of eligible beneficiaries who were discharged for heart failure. Denominator depicts the total number of months of health plan enrollment for eligible beneficiaries during the measurement period.



## Performance Monitoring Report

### Asthma in Younger Adults Admission Rate

**Measure**

The rate of adults enrolled in a health plan between the ages of 18 and 39 who were discharged for asthma per 100,000 member months.

**Standard**

N/A – This measure is informational only.

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

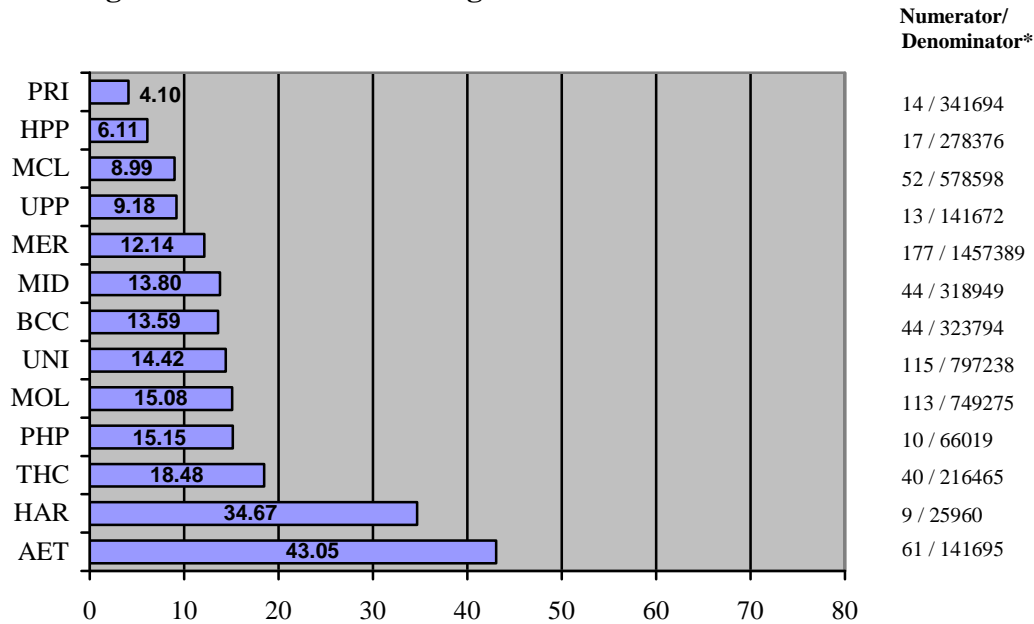
Quarterly

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

**Table 28: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	877	6780076	12.94
Fee For Service (FFS) only	168	1341350	12.52
Managed Care only	709	5438726	13.04
MA-MC	485	2856199	16.98
HMP-MC	224	2582527	8.67

**Figure 18: Asthma in Younger Adults Admission Rate**



**Asthma in Younger Adults Admission Rate**

\*Numerator depicts the number of eligible beneficiaries who were discharged for asthma. Denominator depicts the total number of member months of health plan enrollment for eligible beneficiaries during the measurement period.

## Performance Monitoring Report

### Chlamydia Screening in Woman Ages 21 to 24

**Measure**

The percentage of women enrolled in a health plan between the ages of 21 and 24 who were identified as sexually active and who had at least one (1) test for chlamydia during the measurement period.

**Standard**

At or above 71% (as shown on bar graph below)

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

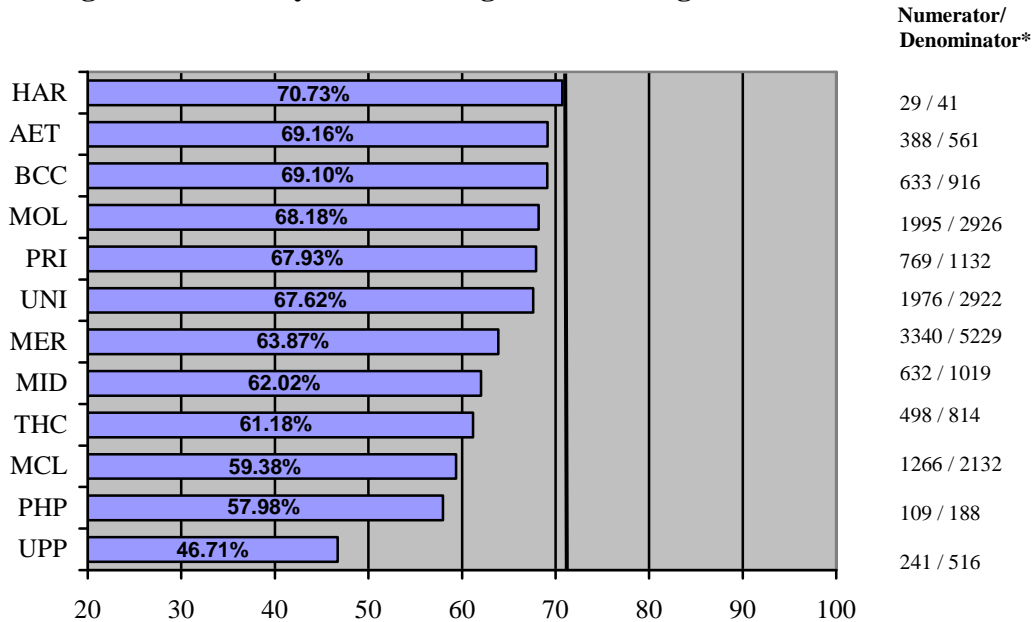
Quarterly

**Summary:** None of plan met or exceeded the standard. Results ranged from 46.71% to 70.73%.

**Table 29: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	23681	36448	64.97%
Fee For Service (FFS) only	455	978	46.52%
Managed Care only	13186	20439	64.51%
MA-MC	8031	12098	66.38%
HMP-MC	3633	6050	60.05%

**Figure 19: Chlamydia Screening in Women Ages 21 to 24<sup>6</sup>**



Chlamydia Screening in Women Ages 21 to 24 Percentages

\*Numerator depicts the number of eligible beneficiaries who were screened for chlamydia. Denominator depicts the total number of eligible beneficiaries.

<sup>6</sup> A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

## Performance Monitoring Report

### Comprehensive Diabetes Care: Hemoglobin A1c Testing

**Measure**

The percentage of adults enrolled in a health plan between the ages of 18 and 75 with type 1 or type 2 diabetes who had a hemoglobin A1c (HbA1c) test.

**Standard**

At or above 87% (as shown on bar graph below)

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

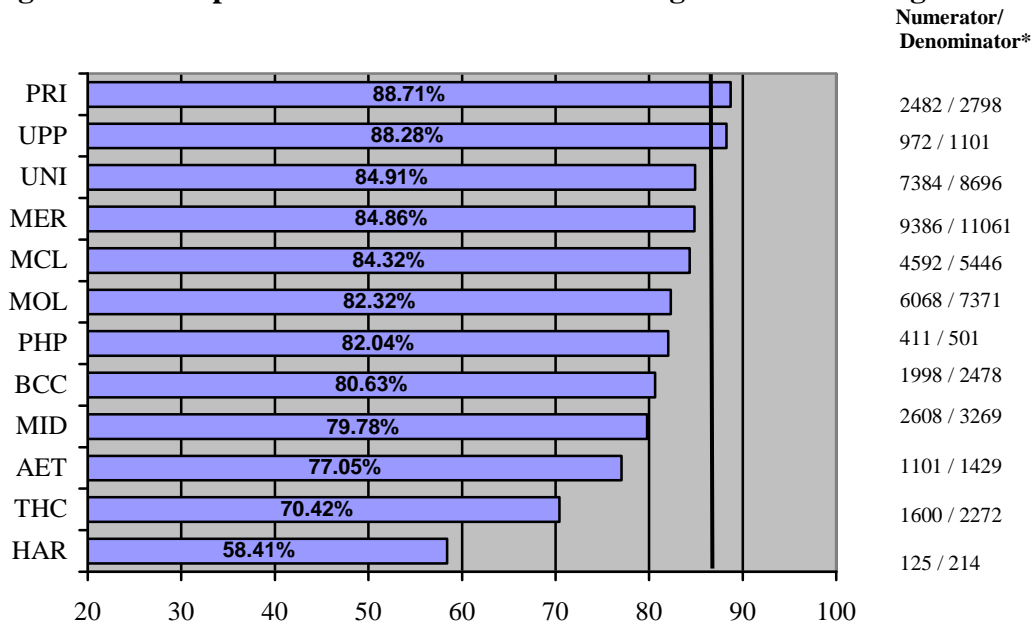
Quarterly

**Summary:** Two plans met or exceeded the standard, while ten plans (AET, BCC, HAR, MCL, MER, MID, MOL, PHP, THC, UNI) did not. Six plans (HAR, MCL, MER, MID, MOL, and UNI) met 10% improvement towards the standard for this quarter. Results ranged from 58.41% to 88.71%.

**Table 30: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	54940	67273	81.67%
Fee For Service (FFS) only	1562	2197	71.10%
Managed Care only	42568	51385	82.84%
MA-MC	26235	32162	81.57%
HMP-MC	13932	16336	85.28%

**Figure 20: Comprehensive Diabetes Care: Hemoglobin A1c Testing**



Comprehensive Diabetes Care: Hemoglobin A1c Testing Percentages

\*Numerator depicts the number of eligible beneficiaries who had an HbA1c test during the measurement period. Denominator depicts the total number of eligible beneficiaries.

## Performance Monitoring Report

### Antidepressant Medication Management

**Measure**

The percentage of adults enrolled in a health plan age 18 and older with a diagnosis of major depression and who were treated with antidepressant medication, who remained on an antidepressant medication treatment. Two rates are reported:

- Effective Acute Phase Treatment. The percentage of diagnosed and treated Medicaid enrollees who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of diagnosed and treated Medicaid enrollees who remained on an antidepressant medication for at least 180 days (6 months).

**Standard**

N/A – This measure is informational only for this quarter.

**Measurement Period**

October 2014 – September 2015

**Data Source**

MDHHS Data Warehouse

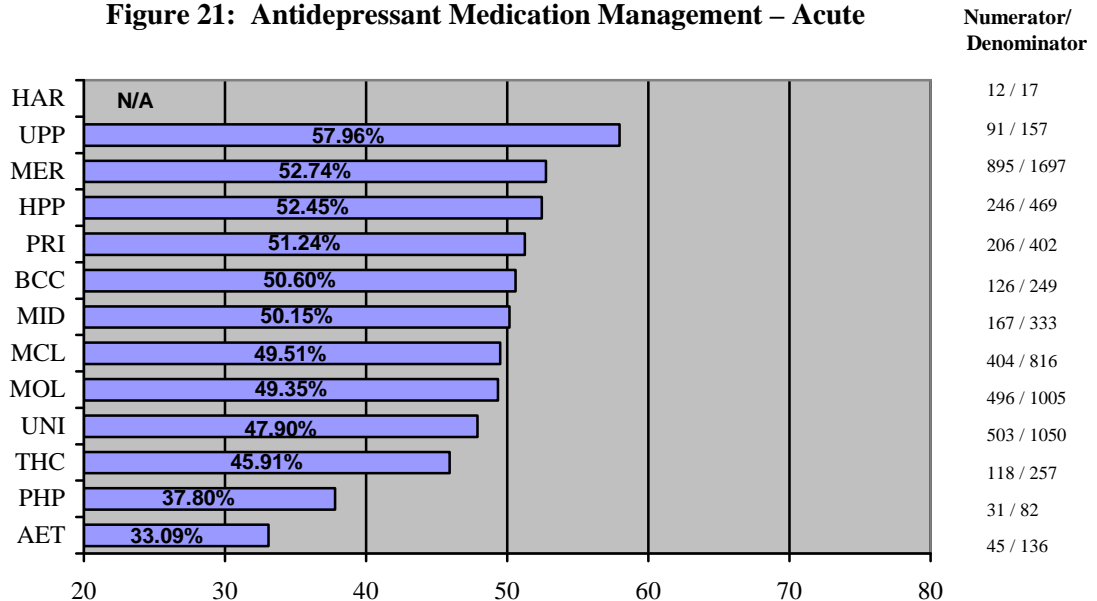
**Measurement Frequency**

Quarterly

**Table 31: Comparison across Medicaid Programs – Acute**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	6439	12050	53.44%
Fee For Service (FFS) only	172	298	57.72%
Managed Care only	3361	6713	50.07%
MA-MC	2223	4709	47.21%
HMP-MC	729	1232	59.17%

**Figure 21: Antidepressant Medication Management – Acute**



Antidepressant Medication Management – Acute Percentages

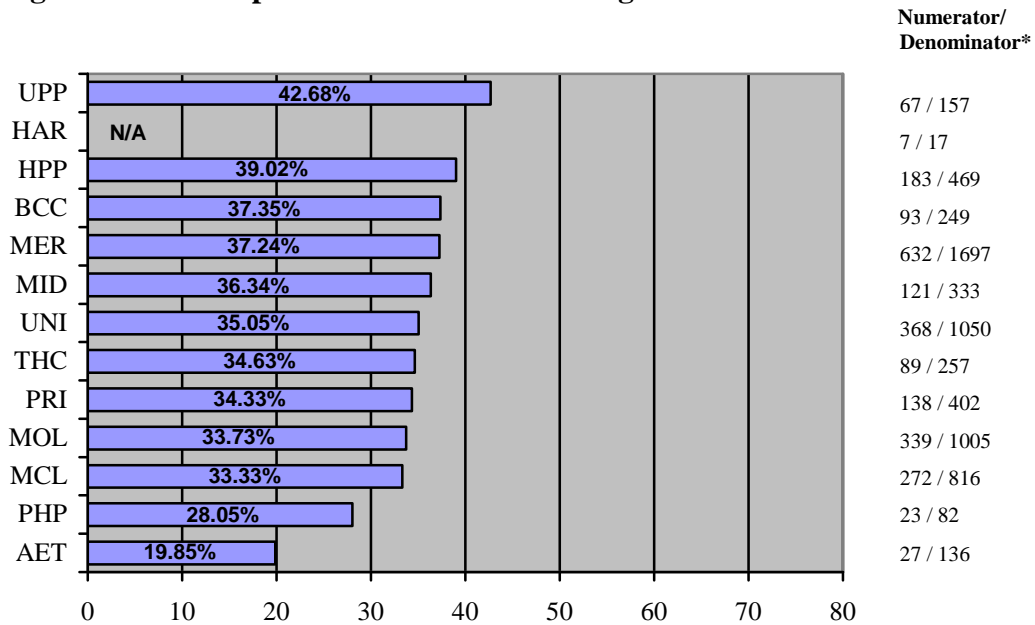
\*Numerator depicts the number of eligible beneficiaries who remained on an antidepressant medication for at least 84 days (12 weeks). Denominator depicts the total number of eligible beneficiaries.

## Performance Monitoring Report

**Table 32: Comparison across Medicaid Programs - Continuous**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4657	12050	38.65%
Fee For Service (FFS) only	141	298	47.32%
Managed Care only	2372	6713	35.33%
MA-MC	1504	4709	31.94%
HMP-MC	593	1232	48.13%

**Figure 22: Antidepressant Medication Management – Continuous**



**Antidepressant Medication Management – Continuous Percentages**

\*Numerator depicts the number of eligible beneficiaries who remained on an antidepressant medication for at least 180 days (6 months). Denominator depicts the total number of eligible beneficiaries.

## Performance Monitoring Report

### ***Annual Monitoring for Patients on Persistent Medications***

#### **Measure**

The percentage of adults enrolled in a health plan age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent and who received annual monitoring for the therapeutic agent in the measurement period. The following four (4) rates will be calculated:

- Annual monitoring for enrollees on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
- Annual monitoring for enrollees on digoxin
- Total rate for annual monitoring for enrollees on persistent medications

#### **Standard**

At or above 87% - for the ***Total Rate***

#### **Measurement Period**

October 2014 – September 2015

#### **Data Source**

MDHHS Data Exchange Gateway, Encounter Data

#### **Measurement Frequency**

Quarterly

**Summary:** None of the plans met or exceeded the standard. Two plans (HAR and UPP) met 10% improvement towards the standard for this quarter. Results ranged from 72.39% to 84.85%.

*\*See next page for tables and figures*

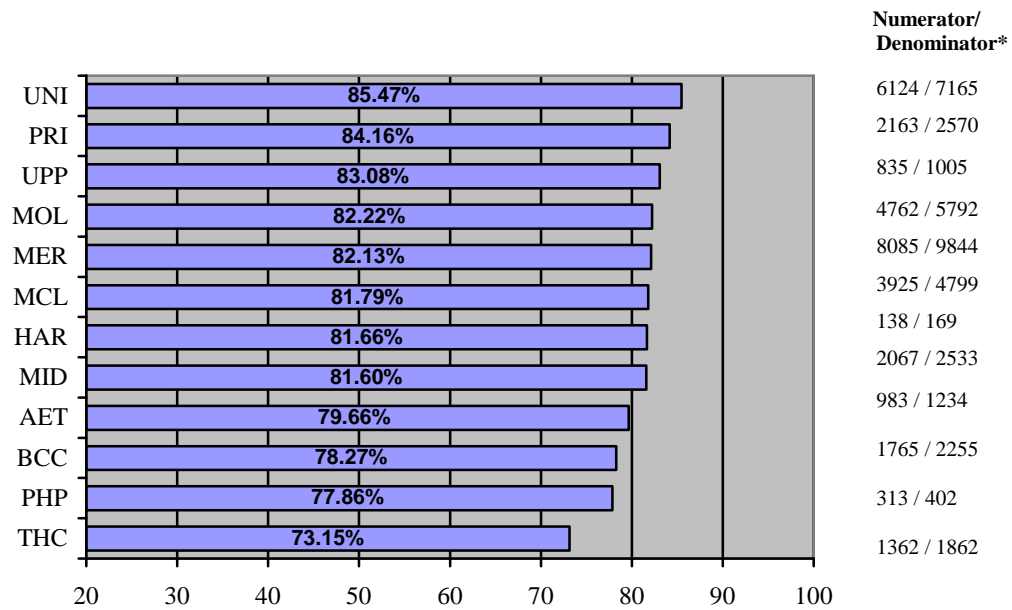
## Performance Monitoring Report

Annual monitoring for enrollees on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB):

**Table 33: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	43275	52866	81.86%
Fee For Service (FFS) only	587	738	79.54%
Managed Care only	35307	43066	81.98%
MA-MC	19487	23443	83.13%
HMP-MC	13860	17232	80.43%

**Figure 23: Annual monitoring for enrollees on ACE inhibitors or ARB**



Annual monitoring for enrollees on ACE inhibitors or ARB Percentages

\*Numerator depicts the number of eligible beneficiaries who received annual monitoring while on ACE inhibitors or ARB. Denominator depicts the total number of eligible beneficiaries.

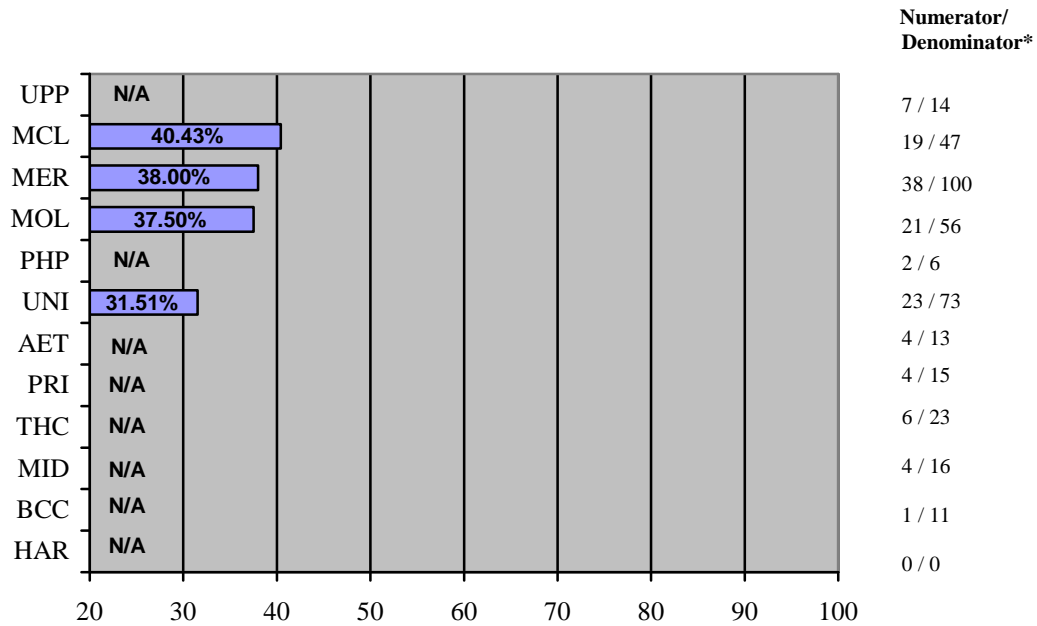
## Performance Monitoring Report

Annual monitoring for enrollees on digoxin:

**Table 34: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	160	440	36.36%
Fee For Service (FFS) only	3	4	N/A
Managed Care only	139	396	35.10%
MA-MC	106	301	35.22%
HMP-MC	28	80	35.00%

**Figure 24: Annual monitoring for enrollees on Digoxin<sup>7</sup>**



**Annual monitoring for enrollees on Digoxin Percentages**

\*Numerator depicts the number of eligible beneficiaries who received annual monitoring while on digoxin. Denominator depicts the total number of eligible beneficiaries.

<sup>7</sup> A rate was not calculated for plans with a numerator under 5 or a denominator under 30.



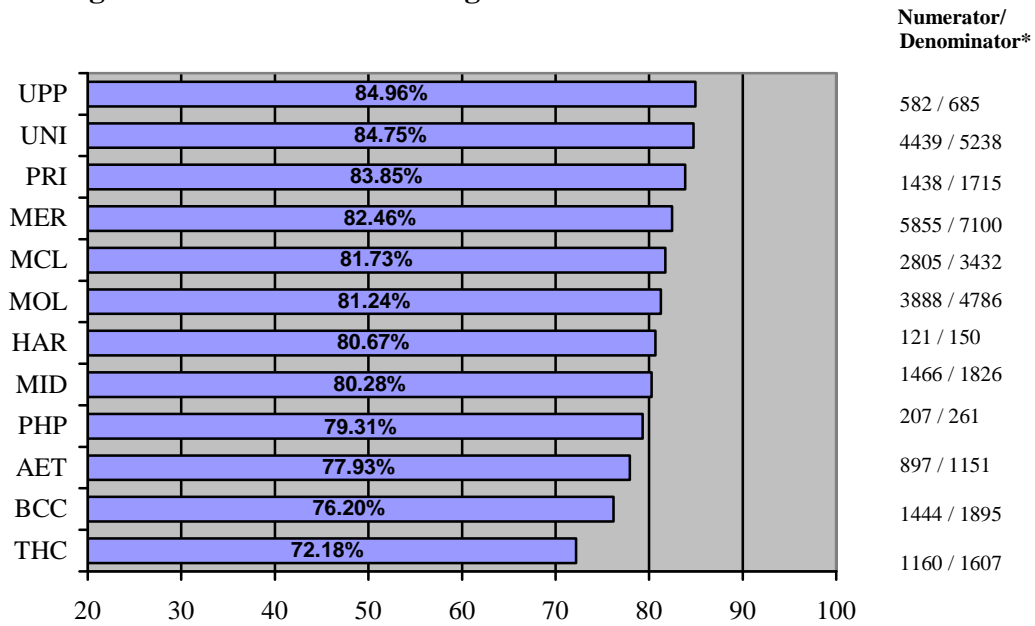
## Performance Monitoring Report

Annual monitoring for enrollees on diuretic:

**Table 35: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	32203	39697	81.12%
Fee For Service (FFS) only	364	466	78.11%
Managed Care only	26472	32549	81.33%
MA-MC	14816	18007	82.28%
HMP-MC	10184	12737	79.96%

**Figure 25: Annual monitoring for enrollees on diuretics**



**Annual monitoring for enrollees on diuretics Percentages**

\*Numerator depicts the number of eligible beneficiaries who received annual monitoring while on diuretics. Denominator depicts the total number of eligible beneficiaries.

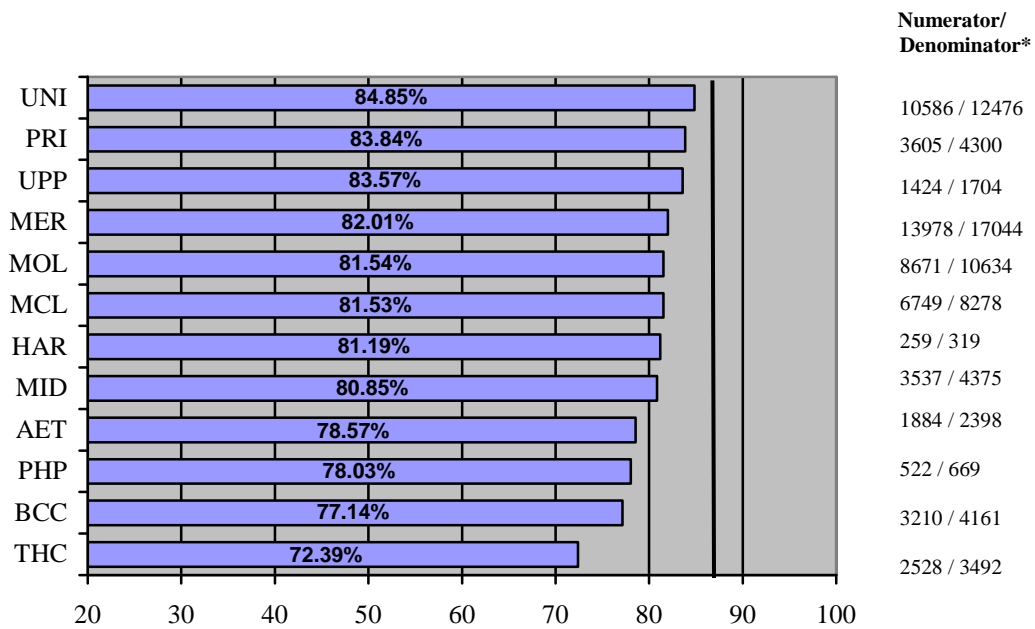
## Performance Monitoring Report

A total rate will also be calculated:

**Table 36: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	75638	93003	81.33%
Fee For Service (FFS) only	954	1208	78.97%
Managed Care only	61918	76011	81.46%
MA-MC	34409	41751	82.41%
HMP-MC	24072	30049	80.11%

**Figure 26: Annual monitoring for enrollees on persistent medications – Total Rate**



Total rate for annual monitoring for enrollees on persistent medications Percentages

\*Numerator depicts the number of eligible beneficiaries who received annual monitoring while on persistent medications. Denominator depicts the total number of eligible beneficiaries.

## Performance Monitoring Report

### Appendix A: Three Letter MHP 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, Inc.
HAR	Harbor Health Plan, Inc.
MCL	McLaren Health Plan
MER	Meridian Health Plan
MID	HAP Midwest Health Plan, Inc.
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
THC	Total Health Care
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

## Performance Monitoring Report

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

#### Aetna Better Health of Michigan – AET

#### MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	43.08%	No
	Oct 14 – Sept 15	70%	44.30%	No

Blood Lead Testing	Oct 15	81%	74%	No
	Nov 15	81%	73%	No
	Dec 15	81%	71%	No
	Jan 16	81%	72%	No
	Feb 16	81%	71%	No
	Mar 16	81%	70%	No

		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
		Developmental Screening	Oct 15	19%	19.67%	Yes	23%	21.50%	No	17%
Nov 15	19%		19.16%	Yes	23%	21.47%	No	17%	15.72%	No
Dec 15	19%		20.40%	Yes	23%	21.38%	No	17%	14.96%	No
Jan 16	19%		21.16%	Yes	23%	20.90%	No	17%	15.71%	No
Feb 16	19%		21.13%	Yes	23%	20.80%	No	17%	15.29%	No
Mar 16	19%		20.83%	Yes	23%	21.76%	No	17%	15.46%	No

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	65.67%	No
	Oct 14 – Sep 15	71%	65.27%	No

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	71.38%	No
	Oct 14 – Sep 15	79%	72.14%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.106	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.209	No

MM = Member Months \*This is a reverse measure. A lower rate indicates better performance.

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Aetna Better Health of Michigan – AET

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 2%, 0.07%	Yes
	<b>Nov 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>NT/NA, 89%, 7%, 8.64%</b>	<b>No</b>
	<b>Dec 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/NA, 91%, 7%, 3.42%</b>	<b>No</b>
	<b>Jan 16</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/NA, 95%, 7%, 3.29%</b>	<b>No</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, NC	No
	Dec 15	Timely, Complete	T, C	Yes
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

\*All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes
	<b>Jan 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

### **HEALTHY MICHIGAN PLAN:**

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	84.09%	Yes
	<b>July 15 – Sep 15</b>	<b>80%</b>	<b>83.96%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 15 – Mar 15	20%	6.33%	No
	<b>Apr 15 – Jun 15</b>	<b>20%</b>	<b>5.13%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	42.13%	No
	<b>Apr 15 – Jun 15</b>	<b>66%</b>	<b>37.28%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Aetna Better Health of Michigan – AET

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	22.49%	No
	Oct 14 – Sep 15	16%	22.99%	No

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	77.95%	No
	Oct 14 – Sep 15	87%	77.36%	No

#### **ADULT CORE SET MEASURES:**

Adult BMI Assessment	Jul 14 – Jun 15	79%	20.35%	No
	Oct 14 – Sep 15	79%	24.01%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	61.81%	Yes
	Oct 14 – Sep 15	58%	61.35%	Yes

Cervical Cancer Screening	Jul 14 – Jun 15	72%	71.15%	No
	Oct 14 – Sep 15	72%	70.67%	No

Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	34.13	N/A
	Oct 14 – Sep 15	N/A	33.72	N/A

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

COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	149.30	N/A
	Oct 14 – Sep 15	N/A	159.41	N/A

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

Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	55.04	N/A
	Oct 14 – Sep 15	N/A	49.96	N/A

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

Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	37.70	N/A
	Oct 14 – Sep 15	N/A	43.05	N/A

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

Chlamydia Screening	Jul 14 – Jun 15	71%	70.85%	No
	Oct 14 – Sep 15	71%	69.16%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	77.06%	No
	Oct 14 – Sep 15	87%	77.05%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Aetna Better Health of Michigan – AET

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	32.06%	N/A
	Oct 14 – Sep 15	N/A	33.09%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	18.32%	N/A
	Oct 14 – Sep 15	N/A	19.85%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	78.06%	No
	Oct 14 – Sep 15	87%	78.57%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

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

#### Blue Cross Complete of Michigan, Inc. – BCC

#### MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	51.67%	No
	Oct 14 – Sept 15	70%	50.23%	No

Blood Lead Testing	Oct 15	81%	67%	No
	Nov 15	81%	69%	No
	Dec 15	81%	69%	No
	Jan 16	81%	70%	No
	Feb 16	81%	69%	No
	Mar 16	81%	69%	No

		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
		Developmental Screening	Oct 15	19%	37.98%	Yes	23%	44.90%	Yes	17%
Nov 15	19%		37.48%	Yes	23%	45.34%	Yes	17%	34.79%	Yes
Dec 15	19%		38.01%	Yes	23%	45.85%	Yes	17%	35.49%	Yes
Jan 16	19%		37.18%	Yes	23%	44.80%	Yes	17%	37.24%	Yes
Feb 16	19%		37.05%	Yes	23%	45.48%	Yes	17%	38.30%	Yes
Mar 16	19%		36.59%	Yes	23%	45.64%	Yes	17%	38.82%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	69.66%	No
	Oct 14 – Sep 15	71%	73.36%	Yes

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.35%	No
	Oct 14 – Sep 15	79%	74.35%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.165	No
	Oct 15 – Dec 15	<.15/1000 MM	0.201	No

MM = Member Months \*This is a reverse measure. A lower rate indicates better performance.

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications



## Performance Monitoring Report

### Blue Cross Complete of Michigan, Inc. – BCC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 4%, 0.01%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.10%	Yes
	<b>Nov 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 99%, 7%, 0.20%</b>	<b>Yes</b>
	<b>Dec 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 5%, 0.00%</b>	<b>Yes</b>
	<b>Jan 16</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 5%, 0.00%</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

\*All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes
	<b>Jan 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

### **HEALTHY MICHIGAN PLAN:**

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	84.50%	Yes
	<b>July 15 – Sep 15</b>	<b>80%</b>	<b>84.38%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 15 – Mar 15	20%	7.08%	No
	<b>Apr 15 – Jun 15</b>	<b>20%</b>	<b>3.99%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	54.78%	No
	<b>Apr 15 – Jun 15</b>	<b>66%</b>	<b>52.29%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Blue Cross Complete of Michigan, Inc. – BCC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	20.29%	No
	Oct 14 – Sep 15	16%	20.54%	No

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	81.75%	No
	Oct 14 – Sep 15	87%	80.47%	No

#### **ADULT CORE SET MEASURES:**

Adult BMI Assessment	Jul 14 – Jun 15	79%	32.51%	No
	Oct 14 – Sep 15	79%	35.56%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	63.20%	Yes
	Oct 14 – Sep 15	58%	60.87%	Yes

Cervical Cancer Screening	Jul 14 – Jun 15	72%	58.15%	No
	Oct 14 – Sep 15	72%	57.41%	No

Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	26.76	N/A
	Oct 14 – Sep 15	N/A	23.85	N/A

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

COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	77.57	N/A
	Oct 14 – Sep 15	N/A	68.86	N/A

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

Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	20.67	N/A
	Oct 14 – Sep 15	N/A	19.99	N/A

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

Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	13.93	N/A
	Oct 14 – Sep 15	N/A	13.59	N/A

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

Chlamydia Screening	Jul 14 – Jun 15	71%	69.28%	No
	Oct 14 – Sep 15	71%	69.10%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	82.06%	No
	Oct 14 – Sep 15	87%	80.63%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Blue Cross Complete of Michigan, Inc. – BCC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	56.37%	N/A
	Oct 14 – Sep 15	N/A	50.60%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	35.29%	N/A
	Oct 14 – Sep 15	N/A	37.35%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	77.17%	No
	Oct 14 – Sep 15	87%	77.14%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

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

#### Harbor Health Plan, Inc. – HAR

#### MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	29.17%	No
	Oct 14 – Sept 15	70%	27.63%	No

Blood Lead Testing	Oct 15	81%	64%	No
	Nov 15	81%	66%	No
	Dec 15	81%	66%	No
	Jan 16	81%	65%	No
	Feb 16	81%	62%	No
	Mar 16	81%	66%	No

		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
		Developmental Screening	Oct 15	19%	14.81%	No	23%	20.75%	No	17%
Nov 15	19%		14.81%	No	23%	20.37%	No	17%	11.11%	No
Dec 15	19%		17.86%	No	23%	17.24%	No	17%	10.77%	No
Jan 16	19%		18.18%	No	23%	19.67%	No	17%	9.09%	No
Feb 16	19%		21.88%	Yes	23%	18.97%	No	17%	9.84%	No
Mar 16	19%		29.41%	Yes	23%	16.95%	No	17%	9.52%	No

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	N/A	N/A
	Oct 14 – Sep 15	71%	N/A	N/A

A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	59.63%	No
	Oct 14 – Sep 15	79%	60.74%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.303	No
	Oct 15 – Dec 15	<.15/1000 MM	0.406	No

MM = Member Months \*This is a reverse measure. A lower rate indicates better performance.

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Harbor Health Plan, Inc. – HAR

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 64%, 0%, 2.40%	No
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 50%, 0%, 7.06%	No
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 50%, 0%, 5.24%	No
	<b>Nov 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/NA, 59%, 0%, 16.81%</b>	<b>No</b>
	<b>Dec 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/NA, 51%, 0%, 20.80%</b>	<b>No</b>
	<b>Jan 16</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/NA, 64%, 0%, 4.82%</b>	<b>No</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

\*All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes
	<b>Jan 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

### **HEALTHY MICHIGAN PLAN:**

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.46%	Yes
	<b>July 15 – Sep 15</b>	<b>80%</b>	<b>83.66%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 15 – Mar 15	20%	4.60%	No
	<b>Apr 15 – Jun 15</b>	<b>20%</b>	<b>3.43%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	27.59%	No
	<b>Apr 15 – Jun 15</b>	<b>66%</b>	<b>24.29%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Harbor Health Plan, Inc. – HAR

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	18.75%	No
	Oct 14 – Sep 15	16%	14.44%	Yes

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	67.73%	No
	Oct 14 – Sep 15	87%	67.69%	No

#### **ADULT CORE SET MEASURES:**

Adult BMI Assessment	Jul 14 – Jun 15	79%	46.11%	No
	Oct 14 – Sep 15	79%	48.57%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	N/A	N/A
	Oct 14 – Sep 15	58%	70.97%	Yes

A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

Cervical Cancer Screening	Jul 14 – Jun 15	72%	53.83%	No
	Oct 14 – Sep 15	72%	56.48%	No

Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	18.78	N/A
	Oct 14 – Sep 15	N/A	21.47	N/A

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

COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	82.27	N/A
	Oct 14 – Sep 15	N/A	87.06	N/A

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

Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	18.78	N/A
	Oct 14 – Sep 15	N/A	19.52	N/A

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

Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	50.84	N/A
	Oct 14 – Sep 15	N/A	34.67	N/A

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

Chlamydia Screening	Jul 14 – Jun 15	71%	75.53%	Yes
	Oct 14 – Sep 15	71%	70.73%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	50.98%	No
	Oct 14 – Sep 15	87%	58.41%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Harbor Health Plan, Inc. – HAR

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	N/A	N/A
	<b>Oct 14 – Sep 15</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	N/A	N/A
	<b>Oct 14 – Sep 15</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	74.11%	No
	<b>Oct 14 – Sep 15</b>	<b>87%</b>	<b>81.19%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

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

#### McLaren Health Plan – MCL

#### MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	54.40%	No
	Oct 14 – Sept 15	70%	53.32%	No

Blood Lead Testing	Oct 15	81%	82%	Yes
	Nov 15	81%	82%	Yes
	Dec 15	81%	81%	Yes
	Jan 16	81%	81%	Yes
	Feb 16	81%	82%	Yes
	Mar 16	81%	81%	Yes

		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
		Developmental Screening	Oct 15	19%	22.72%	Yes	23%	26.23%	Yes	17%
Nov 15	19%		23.54%	Yes	23%	26.58%	Yes	17%	21.66%	Yes
Dec 15	19%		23.67%	Yes	23%	27.03%	Yes	17%	21.26%	Yes
Jan 16	19%		23.31%	Yes	23%	27.06%	Yes	17%	21.40%	Yes
Feb 16	19%		23.53%	Yes	23%	26.78%	Yes	17%	21.22%	Yes
Mar 16	19%		23.38%	Yes	23%	26.99%	Yes	17%	21.19%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	70.24%	No
	Oct 14 – Sep 15	71%	72.84%	Yes

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	68.63%	No
	Oct 14 – Sep 15	79%	69.01%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.148	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.202	No

MM = Member Months \*This is a reverse measure. A lower rate indicates better performance.

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications



## Performance Monitoring Report

### McLaren Health Plan – MCL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 4%, 0.09%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.06%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 3%, 0.15%	Yes
	<b>Nov 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 99%, 4%, 0.22%</b>	<b>Yes</b>
	<b>Dec 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 6%, 0.63%</b>	<b>Yes</b>
	<b>Jan 16</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 5%, 0.06%</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

\*All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes
	<b>Jan 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

### **HEALTHY MICHIGAN PLAN:**

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	84.76%	Yes
	<b>July 15 – Sep 15</b>	<b>80%</b>	<b>84.57%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 15 – Mar 15	20%	13.89%	No
	<b>Apr 15 – Jun 15</b>	<b>20%</b>	<b>16.39%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	58.64%	No
	<b>Apr 15 – Jun 15</b>	<b>66%</b>	<b>56.11%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### McLaren Health Plan – MCL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	14.53%	Yes
	Oct 14 – Sep 15	16%	13.91%	Yes

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	84.88%	No
	Oct 14 – Sep 15	87%	84.31%	No

#### **ADULT CORE SET MEASURES:**

Adult BMI Assessment	Jul 14 – Jun 15	79%	30.15%	No
	Oct 14 – Sep 15	79%	35.41%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	58.23%	Yes
	Oct 14 – Sep 15	58%	57.34%	No

Cervical Cancer Screening	Jul 14 – Jun 15	72%	58.63%	No
	Oct 14 – Sep 15	72%	58.88%	No

Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	26.40	N/A
	Oct 14 – Sep 15	N/A	24.83	N/A

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

COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	75.62	N/A
	Oct 14 – Sep 15	N/A	71.74	N/A

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

Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	17.98	N/A
	Oct 14 – Sep 15	N/A	18.64	N/A

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

Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	10.95	N/A
	Oct 14 – Sep 15	N/A	8.99	N/A

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

Chlamydia Screening	Jul 14 – Jun 15	71%	60.12%	No
	Oct 14 – Sep 15	71%	59.38%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	83.70%	No
	Oct 14 – Sep 15	87%	84.32%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### McLaren Health Plan – MCL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	50.89%	N/A
	Oct 14 – Sep 15	N/A	49.51%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	35.98%	N/A
	Oct 14 – Sep 15	N/A	33.33%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	82.86%	No
	Oct 14 – Sep 15	87%	81.53%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

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

#### Meridian Health Plan – MER

##### MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	61.42%	No
	Oct 14 – Sept 15	70%	61.15%	No

Blood Lead Testing	Oct 15	81%	80%	No
	Nov 15	81%	79%	No
	Dec 15	81%	79%	No
	Jan 16	81%	79%	No
	Feb 16	81%	78%	No
	Mar 16	81%	78%	No

		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
		Developmental Screening	Oct 15	19%	23.35%	Yes	23%	26.64%	Yes	17%
	Nov 15	19%	23.65%	Yes	23%	26.94%	Yes	17%	22.00%	Yes
	Dec 15	19%	23.68%	Yes	23%	27.16%	Yes	17%	22.33%	Yes
	Jan 16	19%	24.02%	Yes	23%	27.57%	Yes	17%	22.48%	Yes
	Feb 16	19%	23.72%	Yes	23%	27.96%	Yes	17%	22.71%	Yes
	Mar 16	19%	24.21%	Yes	23%	28.31%	Yes	17%	22.75%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	73.24%	Yes
	Oct 14 – Sep 15	71%	73.72%	Yes

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.22%	No
	Oct 14 – Sep 15	79%	74.78%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.095	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.093	Yes

MM = Member Months \*This is a reverse measure. A lower rate indicates better performance.

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Meridian Health Plan – MER

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 9%, 0.00%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 9%, 0.00%	Yes
	<b>Nov 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 8%, 0.00%</b>	<b>Yes</b>
	<b>Dec 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 99%, 8%, 0.00%</b>	<b>Yes</b>
	<b>Jan 16</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/NA, 94%, 9%, 0.00%</b>	<b>No</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, NC</b>	<b>No</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

\*All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes
	<b>Jan 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

### **HEALTHY MICHIGAN PLAN:**

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.90%	Yes
	<b>July 15 – Sep 15</b>	<b>80%</b>	<b>83.82%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 15 – Mar 15	20%	6.35%	No
	<b>Apr 15 – Jun 15</b>	<b>20%</b>	<b>11.45%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	49.23%	No
	<b>Apr 15 – Jun 15</b>	<b>66%</b>	<b>51.11%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Meridian Health Plan – MER

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	13.76%	Yes
	Oct 14 – Sep 15	16%	13.13%	Yes

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	84.39%	No
	Oct 14 – Sep 15	87%	84.47%	No

#### **ADULT CORE SET MEASURES:**

Adult BMI Assessment	Jul 14 – Jun 15	79%	28.95%	No
	Oct 14 – Sep 15	79%	31.68%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	61.11%	Yes
	Oct 14 – Sep 15	58%	59.87%	Yes

Cervical Cancer Screening	Jul 14 – Jun 15	72%	65.35%	No
	Oct 14 – Sep 15	72%	65.48%	No

Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	18.56	N/A
	Oct 14 – Sep 15	N/A	17.94	N/A

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

COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	71.38	N/A
	Oct 14 – Sep 15	N/A	71.56	N/A

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

Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	15.40	N/A
	Oct 14 – Sep 15	N/A	16.31	N/A

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

Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	13.97	N/A
	Oct 14 – Sep 15	N/A	12.14	N/A

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

Chlamydia Screening	Jul 14 – Jun 15	71%	65.17%	No
	Oct 14 – Sep 15	71%	63.87%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	83.63%	No
	Oct 14 – Sep 15	87%	84.86%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Meridian Health Plan – MER

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	53.56%	N/A
	Oct 14 – Sep 15	N/A	52.74%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	37.25%	N/A
	Oct 14 – Sep 15	N/A	37.24%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	81.06%	No
	Oct 14 – Sep 15	87%	82.01%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

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

#### HAP Midwest Health Plan, Inc. – MID

#### MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	51.13%	No
	Oct 14 – Sept 15	70%	51.42%	No

Blood Lead Testing	Oct 15	81%	70%	No
	Nov 15	81%	70%	No
	Dec 15	81%	71%	No
	Jan 16	81%	69%	No
	Feb 16	81%	80%	No
	Mar 16	81%	78%	No

		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
		Developmental Screening	Oct 15	19%	30.57%	Yes	23%	34.09%	Yes	17%
Nov 15	19%		31.24%	Yes	23%	33.38%	Yes	17%	26.62%	Yes
Dec 15	19%		31.65%	Yes	23%	34.01%	Yes	17%	27.22%	Yes
Jan 16	19%		31.27%	Yes	23%	33.88%	Yes	17%	27.86%	Yes
Feb 16	19%		31.01%	Yes	23%	34.40%	Yes	17%	28.66%	Yes
Mar 16	19%		30.40%	Yes	23%	34.96%	Yes	17%	28.84%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	76.13%	Yes
	Oct 14 – Sep 15	71%	78.82%	Yes

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.71%	No
	Oct 14 – Sep 15	79%	74.31%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.208	No
	Oct 15 – Dec 15	<.15/1000 MM	0.133	Yes

MM = Member Months \*This is a reverse measure. A lower rate indicates better performance.

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications



## Performance Monitoring Report

### HAP Midwest Health Plan, Inc. –MID

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.00%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 1%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 1%, 0.00%	Yes
	<b>Nov 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 97%, 1%, 0.00%</b>	<b>Yes</b>
	<b>Dec 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/NA, 94%, 1%, 0.00%</b>	<b>No</b>
	<b>Jan 16</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/NA, 93%, 2%, 0.00%</b>	<b>No</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, NC	No
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

\*All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes
	<b>Jan 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

### **HEALTHY MICHIGAN PLAN:**

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.44%	Yes
	<b>July 15 – Sep 15</b>	<b>80%</b>	<b>84.96%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 15 – Mar 15	20%	8.57%	No
	<b>Apr 15 – Jun 15</b>	<b>20%</b>	<b>11.51%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	50.94%	No
	<b>Apr 15 – Jun 15</b>	<b>66%</b>	<b>50.71%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### HAP Midwest Health Plan, Inc. –MID

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	27.22%	No
	Oct 14 – Sep 15	16%	25.20%	No

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	81.98%	No
	Oct 14 – Sep 15	87%	80.91%	No

#### **ADULT CORE SET MEASURES:**

Adult BMI Assessment	Jul 14 – Jun 15	79%	38.83%	No
	Oct 14 – Sep 15	79%	39.67%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	59.47%	Yes
	Oct 14 – Sep 15	58%	58.80%	Yes

Cervical Cancer Screening	Jul 14 – Jun 15	72%	66.15%	No
	Oct 14 – Sep 15	72%	64.81%	No

Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	26.30	N/A
	Oct 14 – Sep 15	N/A	22.18	N/A

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

COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	93.36	N/A
	Oct 14 – Sep 15	N/A	77.89	N/A

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

Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	33.01	N/A
	Oct 14 – Sep 15	N/A	28.80	N/A

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

Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	13.31	N/A
	Oct 14 – Sep 15	N/A	13.80	N/A

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

Chlamydia Screening	Jul 14 – Jun 15	71%	63.88%	No
	Oct 14 – Sep 15	71%	62.02%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	80.11%	No
	Oct 14 – Sep 15	87%	79.78%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### HAP Midwest Health Plan, Inc. – MID

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	50.00%	N/A
	Oct 14 – Sep 15	N/A	50.15%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	36.21%	N/A
	Oct 14 – Sep 15	N/A	36.34%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	81.36%	No
	Oct 14 – Sep 15	87%	80.85%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

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

#### Molina Healthcare of Michigan – MOL

#### MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	66.63%	No
	Oct 14 – Sept 15	70%	66.39%	No

Blood Lead Testing	Oct 15	81%	73%	No
	Nov 15	81%	73%	No
	Dec 15	81%	73%	No
	Jan 16	81%	72%	No
	Feb 16	81%	72%	No
	Mar 16	81%	72%	No

		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
		Developmental Screening	Oct 15	19%	23.61%	Yes	23%	25.56%	Yes	17%
Nov 15	19%		23.92%	Yes	23%	26.24%	Yes	17%	18.32%	Yes
Dec 15	19%		24.08%	Yes	23%	26.58%	Yes	17%	18.73%	Yes
Jan 16	19%		24.46%	Yes	23%	27.27%	Yes	17%	18.78%	Yes
Feb 16	19%		24.94%	Yes	23%	26.97%	Yes	17%	19.54%	Yes
Mar 16	19%		25.50%	Yes	23%	27.80%	Yes	17%	20.63%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	71.19%	Yes
	Oct 14 – Sep 15	71%	72.84%	Yes

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.34%	No
	Oct 14 – Sep 15	79%	75.21%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.132	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.111	Yes

MM = Member Months \*This is a reverse measure. A lower rate indicates better performance.

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Molina Healthcare of Michigan – MOL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.05%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.19%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.33%	Yes
	<b>Nov 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 3%, 0.32%</b>	<b>Yes</b>
	<b>Dec 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 3%, 0.33%</b>	<b>Yes</b>
	<b>Jan 16</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 2%, 0.10%</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

\*All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes
	<b>Jan 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

### HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.56%	Yes
	<b>July 15 – Sep 15</b>	<b>80%</b>	<b>85.70%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 15 – Mar 15	20%	6.11%	No
	<b>Apr 15 – Jun 15</b>	<b>20%</b>	<b>6.30%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	51.54%	No
	<b>Apr 15 – Jun 15</b>	<b>66%</b>	<b>49.50%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Molina Healthcare of Michigan – MOL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	14.59%	Yes
	Oct 14 – Sep 15	16%	14.74%	Yes

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	83.30%	No
	Oct 14 – Sep 15	87%	82.64%	No

#### **ADULT CORE SET MEASURES:**

Adult BMI Assessment	Jul 14 – Jun 15	79%	32.56%	No
	Oct 14 – Sep 15	79%	35.18%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	56.48%	No
	Oct 14 – Sep 15	58%	56.40%	No

Cervical Cancer Screening	Jul 14 – Jun 15	72%	66.75%	No
	Oct 14 – Sep 15	72%	66.22%	No

Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	16.87	N/A
	Oct 14 – Sep 15	N/A	16.61	N/A

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

COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	124.26	N/A
	Oct 14 – Sep 15	N/A	115.54	N/A

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

Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	30.51	N/A
	Oct 14 – Sep 15	N/A	26.72	N/A

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

Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	16.13	N/A
	Oct 14 – Sep 15	N/A	15.08	N/A

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

Chlamydia Screening	Jul 14 – Jun 15	71%	68.25%	No
	Oct 14 – Sep 15	71%	68.18%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	82.12%	No
	Oct 14 – Sep 15	87%	82.32%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Molina Healthcare of Michigan – MOL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	49.46%	N/A
	Oct 14 – Sep 15	N/A	49.35	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	33.01%	N/A
	Oct 14 – Sep 15	N/A	33.73%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	81.37%	No
	Oct 14 – Sep 15	87%	81.54%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

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

#### Priority Health Choice – PRI

##### MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	56.67%	No
	Oct 14 – Sept 15	70%	56.06%	No

Blood Lead Testing	Oct 15	81%	81%	Yes
	Nov 15	81%	82%	Yes
	Dec 15	81%	82%	Yes
	Jan 16	81%	81%	Yes
	Feb 16	81%	82%	Yes
	Mar 16	81%	83%	Yes

		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
		Developmental Screening	Oct 15	19%	25.44%	Yes	23%	36.89%	Yes	17%
Nov 15	19%		25.01%	Yes	23%	38.30%	Yes	17%	31.55%	Yes
Dec 15	19%		24.81%	Yes	23%	38.50%	Yes	17%	31.76%	Yes
Jan 16	19%		24.80%	Yes	23%	39.50%	Yes	17%	32.50%	Yes
Feb 16	19%		24.46%	Yes	23%	39.17%	Yes	17%	32.59%	Yes
Mar 16	19%		24.14%	Yes	23%	39.12%	Yes	17%	32.64%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	81.09%	Yes
	Oct 14 – Sep 15	71%	82.60%	Yes

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	75.68%	No
	Oct 14 – Sep 15	79%	71.62%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.043	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.088	Yes

MM = Member Months \*This is a reverse measure. A lower rate indicates better performance.

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications



## Performance Monitoring Report

### Priority Health Choice – PRI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.16%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.02%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.04%	Yes
	<b>Nov 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 6%, 0.15%</b>	<b>Yes</b>
	<b>Dec 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 6%, 0.01%</b>	<b>Yes</b>
	<b>Jan 16</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 99%, 8%, 0.01%</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, NC</b>	<b>No</b>

\*All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes
	<b>Jan 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

### **HEALTHY MICHIGAN PLAN:**

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.46%	Yes
	<b>July 15 – Sep 15</b>	<b>80%</b>	<b>83.46%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 15 – Mar 15	20%	12.22%	No
	<b>Apr 15 – Jun 15</b>	<b>20%</b>	<b>11.52%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	63.12%	No
	<b>Apr 15 – Jun 15</b>	<b>66%</b>	<b>58.41%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Priority Health Choice – PRI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	16.90%	No
	Oct 14 – Sep 15	16%	15.32%	Yes

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	87.02%	Yes
	Oct 14 – Sep 15	87%	85.85%	No

#### **ADULT CORE SET MEASURES:**

Adult BMI Assessment	Jul 14 – Jun 15	79%	17.01%	No
	Oct 14 – Sep 15	79%	18.65%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	64.44%	Yes
	Oct 14 – Sep 15	58%	62.86%	Yes

Cervical Cancer Screening	Jul 14 – Jun 15	72%	63.55%	No
	Oct 14 – Sep 15	72%	63.13%	No

Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	25.15	N/A
	Oct 14 – Sep 15	N/A	23.90	N/A

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

COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	44.65	N/A
	Oct 14 – Sep 15	N/A	41.98	N/A

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

Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	14.18	N/A
	Oct 14 – Sep 15	N/A	12.29	N/A

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

Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	6.05	N/A
	Oct 14 – Sep 15	N/A	4.10	N/A

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

Chlamydia Screening	Jul 14 – Jun 15	71%	66.02%	No
	Oct 14 – Sep 15	71%	67.93%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	89.24%	Yes
	Oct 14 – Sep 15	87%	88.71%	Yes

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Priority Health Choice – PRI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	50.42%	N/A
	Oct 14 – Sep 15	N/A	51.24%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	34.84%	N/A
	Oct 14 – Sep 15	N/A	34.33%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	85.45%	No
	Oct 14 – Sep 15	87%	83.84%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

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

#### Total Health Care – THC

##### MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	42.42%	No
	Oct 14 – Sept 15	70%	44.12%	No

Blood Lead Testing	Oct 15	81%	70%	No
	Nov 15	81%	70%	No
	Dec 15	81%	70%	No
	Jan 16	81%	68%	No
	Feb 16	81%	68%	No
	Mar 16	81%	68%	No

		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
		Developmental Screening	Oct 15	19%	19.69%	Yes	23%	23.19%	Yes	17%
Nov 15	19%		19.06%	Yes	23%	23.75%	Yes	17%	15.07%	No
Dec 15	19%		20.20%	Yes	23%	24.78%	Yes	17%	14.95%	No
Jan 16	19%		20.47%	Yes	23%	24.84%	Yes	17%	14.92%	No
Feb 16	19%		20.94%	Yes	23%	25.43%	Yes	17%	14.89%	No
Mar 16	19%		21.45%	Yes	23%	25.76%	Yes	17%	14.84%	No

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	63.52%	No
	Oct 14 – Sep 15	71%	65.38%	No

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	69.93%	No
	Oct 14 – Sep 15	79%	69.99%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.167	No
	Oct 15 – Dec 15	<.15/1000 MM	0.182	No

MM = Member Months \*This is a reverse measure. A lower rate indicates better performance.

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Total Health Care – THC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	<b>Nov 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 3%, 0.00%</b>	<b>Yes</b>
	<b>Dec 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 2%, 0.00%</b>	<b>Yes</b>
	<b>Jan 16</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 3%, 0.00%</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

\*All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes
	<b>Jan 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

### **HEALTHY MICHIGAN PLAN:**

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.90%	Yes
	<b>July 15 – Sep 15</b>	<b>80%</b>	<b>86.13%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 15 – Mar 15	20%	2.73%	No
	<b>Apr 15 – Jun 15</b>	<b>20%</b>	<b>7.15%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	51.18%	No
	<b>Apr 15 – Jun 15</b>	<b>66%</b>	<b>48.42%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Total Health Care – THC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	17.47%	No
	Oct 14 – Sep 15	16%	17.63%	No

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	79.14%	No
	Oct 14 – Sep 15	87%	78.19%	No

#### **ADULT CORE SET MEASURES:**

Adult BMI Assessment	Jul 14 – Jun 15	79%	39.41%	No
	Oct 14 – Sep 15	79%	42.51%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	50.19%	No
	Oct 14 – Sep 15	58%	50.60%	No

Cervical Cancer Screening	Jul 14 – Jun 15	72%	62.41%	No
	Oct 14 – Sep 15	72%	62.28%	No

Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	24.14	N/A
	Oct 14 – Sep 15	N/A	26.05	N/A

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

COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	149.17	N/A
	Oct 14 – Sep 15	N/A	137.10	N/A

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

Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	39.00	N/A
	Oct 14 – Sep 15	N/A	39.59	N/A

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

Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	17.14	N/A
	Oct 14 – Sep 15	N/A	18.48	N/A

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

Chlamydia Screening	Jul 14 – Jun 15	71%	64.90%	No
	Oct 14 – Sep 15	71%	61.18%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	70.45%	No
	Oct 14 – Sep 15	87%	70.42%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Total Health Care – THC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	44.84%	N/A
	Oct 14 – Sep 15	N/A	45.91%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	31.75%	N/A
	Oct 14 – Sep 15	N/A	34.63%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	72.56%	No
	Oct 14 – Sep 15	87%	72.39%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

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

#### UnitedHealthcare Community Plan – UNI

#### MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	51.09%	No
	Oct 14 – Sept 15	70%	50.62%	No

Blood Lead Testing	Oct 15	81%	75%	No
	Nov 15	81%	75%	No
	Dec 15	81%	75%	No
	Jan 16	81%	75%	No
	Feb 16	81%	75%	No
	Mar 16	81%	76%	No

		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
		Developmental Screening	Oct 15	19%	22.18%	Yes	23%	29.59%	Yes	17%
Nov 15	19%		22.88%	Yes	23%	29.89%	Yes	17%	22.56%	Yes
Dec 15	19%		23.29%	Yes	23%	29.74%	Yes	17%	22.69%	Yes
Jan 16	19%		23.38%	Yes	23%	29.83%	Yes	17%	22.96%	Yes
Feb 16	19%		23.17%	Yes	23%	29.55%	Yes	17%	23.17%	Yes
Mar 16	19%		23.26%	Yes	23%	29.83%	Yes	17%	23.59%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	76.37%	Yes
	Oct 14 – Sep 15	71%	77.05%	Yes

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	72.96%	No
	Oct 14 – Sep 15	79%	77.41%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.168	No
	Oct 15 – Dec 15	<.15/1000 MM	0.184	No

MM = Member Months \*This is a reverse measure. A lower rate indicates better performance.

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications



## Performance Monitoring Report

### UnitedHealthcare Community Plan – UNI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.07%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.42%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.21%	Yes
	<b>Nov 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 6%, 0.10%</b>	<b>Yes</b>
	<b>Dec 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 5%, 0.27%</b>	<b>Yes</b>
	<b>Jan 16</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 100%, 9%, 0.05%</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

\*All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes
	<b>Jan 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

### **HEALTHY MICHIGAN PLAN:**

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.38%	Yes
	<b>July 15 – Sep 15</b>	<b>80%</b>	<b>85.49%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 15 – Mar 15	20%	8.35%	No
	<b>Apr 15 – Jun 15</b>	<b>20%</b>	<b>10.92%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	57.14%	No
	<b>Apr 15 – Jun 15</b>	<b>66%</b>	<b>54.20%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### UnitedHealthcare Community Plan – UNI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	15.75%	Yes
	Oct 14 – Sep 15	16%	15.19%	Yes

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	84.68%	No
	Oct 14 – Sep 15	87%	84.42%	No

#### **ADULT CORE SET MEASURES:**

Adult BMI Assessment	Jul 14 – Jun 15	79%	41.30%	No
	Oct 14 – Sep 15	79%	44.99%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	61.19%	Yes
	Oct 14 – Sep 15	58%	61.71%	Yes

Cervical Cancer Screening	Jul 14 – Jun 15	72%	69.05%	No
	Oct 14 – Sep 15	72%	69.07%	No

Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	26.38	N/A
	Oct 14 – Sep 15	N/A	23.54	N/A

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

COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	104.68	N/A
	Oct 14 – Sep 15	N/A	96.68	N/A

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

Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	25.02	N/A
	Oct 14 – Sep 15	N/A	24.12	N/A

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

Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	14.93	N/A
	Oct 14 – Sep 15	N/A	14.42	N/A

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

Chlamydia Screening	Jul 14 – Jun 15	71%	67.62%	No
	Oct 14 – Sep 15	71%	67.62%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	83.31%	No
	Oct 14 – Sep 15	87%	84.91%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### UnitedHealthcare Community Plan – UNI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	48.39%	N/A
	Oct 14 – Sep 15	N/A	47.90%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	34.07%	N/A
	Oct 14 – Sep 15	N/A	35.05%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	84.38%	No
	Oct 14 – Sep 15	87%	84.85%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

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

#### Upper Peninsula Health Plan – UPP

##### MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
	Oct 14 – Sept 15	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	45.04%	N/A
	Oct 14 – Sept 15	70%	44.61%	No

Blood Lead Testing	Oct 15	81%	89%	Yes
	Nov 15	81%	88%	Yes
	Dec 15	81%	89%	Yes
	Jan 16	81%	90%	Yes
	Feb 16	81%	89%	Yes
	Mar 16	81%	88%	Yes

		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
		Developmental Screening	Oct 15	19%	14.68%	No	23%	17.89%	No	17%
Nov 15	19%		14.42%	No	23%	17.04%	No	17%	14.26%	No
Dec 15	19%		14.30%	No	23%	16.07%	No	17%	14.31%	No
Jan 16	19%		14.51%	No	23%	14.77%	No	17%	14.41%	No
Feb 16	19%		14.23%	No	23%	14.16%	No	17%	12.97%	No
Mar 16	19%		12.53%	No	23%	12.43%	No	17%	12.85%	No

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	70.14%	No
	Oct 14 – Sep 15	71%	68.25%	No

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	71.82%	No
	Oct 14 – Sep 15	79%	70.73%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.033	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.016	Yes

MM = Member Months \*This is a reverse measure. A lower rate indicates better performance.

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Upper Peninsula Health Plan – UPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 9%, 0.00%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 9%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes
	<b>Nov 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 99%, 10%, 0.00%</b>	<b>Yes</b>
	<b>Dec 15</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 98%, 9%, 0.00%</b>	<b>Yes</b>
	<b>Jan 16</b>	<b>T/A, ≥95%, ≤12%, ≤1.0%</b>	<b>T/A, 99%, 9%, 0.00%</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	<b>Jan 16</b>	<b>Timely, Complete</b>	<b>T, NC</b>	<b>No</b>
	<b>Feb 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Complete</b>	<b>T, C</b>	<b>Yes</b>

\*All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes
	<b>Jan 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Feb 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>
	<b>Mar 16</b>	<b>Timely, Accurate</b>	<b>T, A</b>	<b>Yes</b>

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

### **HEALTHY MICHIGAN PLAN:**

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.87%	Yes
	<b>July 15 – Sep 15</b>	<b>80%</b>	<b>84.00%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 15 – Mar 15	20%	14.73%	No
	<b>Apr 15 – Jun 15</b>	<b>20%</b>	<b>10.68%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	58.86%	No
	<b>Apr 15 – Jun 15</b>	<b>66%</b>	<b>57.13%</b>	<b>No</b>

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Upper Peninsula Health Plan – UPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	16.14%	No
	Oct 14 – Sep 15	16%	15.63%	Yes

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	86.36%	No
	Oct 14 – Sep 15	87%	85.84%	No

#### **ADULT CORE SET MEASURES:**

Adult BMI Assessment	Jul 14 – Jun 15	79%	53.05%	No
	Oct 14 – Sep 15	79%	55.28%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	61.51%	Yes
	Oct 14 – Sep 15	58%	59.25%	Yes

Cervical Cancer Screening	Jul 14 – Jun 15	72%	60.45%	No
	Oct 14 – Sep 15	72%	61.22%	No

Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	13.90	N/A
	Oct 14 – Sep 15	N/A	13.81	N/A

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

COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	70.78	N/A
	Oct 14 – Sep 15	N/A	68.88	N/A

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

Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	13.46	N/A
	Oct 14 – Sep 15	N/A	13.40	N/A

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

Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	11.30	N/A
	Oct 14 – Sep 15	N/A	9.18	N/A

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

Chlamydia Screening	Jul 14 – Jun 15	71%	46.37%	No
	Oct 14 – Sep 15	71%	46.71%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	88.12%	Yes
	Oct 14 – Sep 15	87%	88.28%	Yes

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

## Performance Monitoring Report

### Upper Peninsula Health Plan – UPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	59.32%	N/A
	Oct 14 – Sep 15	N/A	57.96%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	43.22%	N/A
	Oct 14 – Sep 15	N/A	42.68%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	80.67%	No
	Oct 14 – Sep 15	87%	83.57%	No

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

**Primary Care Practitioners' Views of the Impact of the Healthy Michigan Plan**  
**Executive Summary**  
**University of Michigan Institute for Healthcare Policy & Innovation**  
**March 2016**

The University of Michigan Institute for Healthcare Policy and Innovation (IHPI) is conducting the evaluation required by the Centers for Medicare and Medicaid Services (CMS) of the Healthy Michigan Plan (HMP) under contract with the Michigan Department of Health and Human Services (MDHHS). The fourth aim of Domain IV of the evaluation is to describe primary care practitioners' experiences with Healthy Michigan Plan beneficiaries, practice approaches and innovation adopted or planned in response to the Healthy Michigan Plan, and future plans regarding care of Healthy Michigan Plan patients.

### **Methods**

We conducted 19 semi-structured telephone interviews with primary care practitioners caring for Healthy Michigan Plan patients in five Michigan regions selected to include racial/ethnic diversity and a mix of urban and rural communities. Interviews informed survey items and measures and enhanced the interpretation of survey findings.

We then surveyed all primary care practitioners in Michigan with at least 12 assigned Healthy Michigan Plan patients about practice changes and innovations since April 2014 and their experiences caring for patients with the Healthy Michigan Plan.

### **Results**

The final response rate was 56% resulting in 2,104 respondents.

#### **Knowledge of Patient Insurance**


- 53% report knowing a patient's insurance at the beginning of an appointment
- 91% report that it is easy to find out a patient's insurance status
- 35% report intentionally ignoring a patient's insurance status

#### **Familiarity with HMP**

- 71% very or somewhat familiar with how to complete a Health Risk Assessment
- 25% very/somewhat familiar with beneficiary cost-sharing
- 36% very/somewhat familiar with healthy behavior incentives for patients
- PCPs working in small, non-academic, non-hospital-based and FQHC practices and those with predominantly Medicaid or uninsured patients reported more familiarity with HMP

#### **Acceptance of Medicaid and HMP**

- 78% report accepting new Medicaid/HMP patients – more likely if:
  - Mental health co-location
  - FQHC, Rural practice
  - Salary payment
  - Medicaid/uninsured predominant payer mix
  - Not board certified
  - Younger age, female, non-physician PCPs
  - Detroit practice location
  - Previously provided care to underserved
  - Stronger commitment to caring for underserved
- 73% felt a responsibility to care for patients regardless of their ability to pay
- 72% agreed all providers should care for Medicaid/HMP patients



*We accept all comers. Period. Doors are open.*



## Changes in Practice

- 52% report an increase in new patients to a great or to some extent
- 57% report an increase in the number of new patients who hadn't seen a PCP in many years
- 51% report established patients who had been uninsured gained insurance
- Most practices hired clinicians (53%) and/or staff (58%) in the past year
- 56% report consulting with care coordinators, case managers and/or community health workers
- 41% said that almost all established patients who request a same or next day appointment can get one; 34% said the proportion getting those appointments had increased over the past year
- Large, academic, hospital-based, and FQHC practices were all more likely to have experienced practice changes and innovations in the prior year
- Practices with predominantly Medicaid or uninsured payer mixes were more likely to have had increased numbers of new patients, and were more likely to have hired new clinicians and/or co-located mental health care

*Your working poor people who just were in between the cracks, didn't have anything, and now they've got something, which is great.*

## Experiences caring for HMP Beneficiaries - Health Risk Assessments

- 79% completed at least one HRA with a patient; most of those completed >10
- 65% don't know if they or their practice has received a bonus for completing HRAs
- PCPs reported completing more HRAs if they
  - Were located in Northern regions
  - Were paid by capitation or salary compared to fee-for-service
  - Reported receiving a financial incentive for completing HRAs
  - Were in a smaller practice (5 or fewer) size
- 58% reported that financial incentives for patients and 55% reported financial incentives for practices had at least a little influence on completing HRAs
- 52% said patients' interest in addressing health risks had at least as much influence
- Most PCPs found HRAs useful for identifying and discussing health risks, persuading patients to address their most important health risks, and documenting behavior change goals

*What I've heard people say is "I just want to stay healthy or find out if I'm healthy."*

## ER Use and Decision Making

- 30% felt that they could influence non-urgent ER use by their patients a great deal (and 44% some)
- 88% accepted major or some responsibility as a PCP to decrease non-urgent ER use
- Many reported offering services to avoid non-urgent ER use, such as walk-in appointments, 24-hour telephone triage, weekend and evening appointments, and care coordinators or social work assistance for patients with complex problems
- PCPs identified care without an appointment, being the place patients are used to getting care and access to pain medicine as major influences for non-urgent ER use
- PCPs recommended PCP practice changes, ER practice changes, patient educational initiatives, and patient penalties/incentives when asked about strategies to reduce non-urgent ER use

*People who work day shift . . . It's easier for them to go to the ER or something for a minor thing because they don't have to take time off work. That's a big deal.*

## Access

- PCPs with HMP patients who were previously uninsured reported some or great impact on health, health behavior, health care and function for those patients. The greatest impact was for control of chronic conditions, early detection of serious illness, and improved medication adherence
- PCPs reported that HMP enrollees, compared to those with private insurance, more often had difficulty accessing specialists, medications, mental health care, dental care, treatment for substance use and counseling for behavior change

*I learned a long time ago if the patient doesn't take the medicine, they don't get better....if they don't have insurance to cover it and they don't ever pick it up, then they're not going to take it.*

*It can still take up to six months to see a psychiatrist unless you get admitted to the hospital.*

## Discussing Costs with Patients

- 22% of PCPs reported discussing out-of-pocket costs with an HMP patient. The patient was the most likely one to bring up the topic
- 56% of the time, such a discussion resulted in a change of management plans

## Impact and Suggestions to Improve the Healthy Michigan Plan

We provided PCPs open-ended opportunities in the survey to provide additional information. We asked about the impact of HMP:

- PCPs noted HMP has allowed patients to get much needed care, improved financial stability, provided a sense of dignity, improved mental health, increased accessibility to care and compliance (especially medications), helped people engage in healthy behaviors like quitting smoking and saved lives

And also about suggestions to improve HMP:

- Educating patients about health insurance, health behaviors, when and where to get care, medication adherence and greater patient responsibility
- Improving accessibility to other providers, especially mental health and other specialists, and improve reimbursement
- Educating providers and providing up-to-date information about coverage, formularies, administrative processes and costs faced by patients
- Better coverage for some services (e.g., physical therapy)
- Formularies should be less limited, more transparent and streamlined across plans
- Decrease patient churn on/off insurance

