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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

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DIRECTOR

January 17, 2017

Jennifer Kotesich, Project Officer
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

Dear Ms. Kotesich,

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

Enclosed is the quarterly report for Healthy Michigan Plan. It covers the fourth 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) 284-1190, or by e-mail at colemanj@michigan.gov.

Sincerely,

A black rectangular box redacting the signature of Penny L. Rutledge.

Penny L. 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: 4 (07/01/2016 – 09/30/2016)

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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. 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. Beneficiaries 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 request to amend the Healthy Michigan Section 1115 Demonstration 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.

To reflect its expanded purpose, the name of the demonstration was changed to Healthy Michigan Plan. Organized service delivery systems will be utilized to improve coherence and overall program efficiency. 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.

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

MDHHS began enrolling new beneficiaries into the program beginning April 1, 2014. Beneficiaries who were enrolled in the ABW were automatically transitioned into the Healthy Michigan Plan effective 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. The following tables display new enrollments and disenrollments by month:

Table 1: Healthy Michigan Plan New Enrollments by Month			
July 2016	August 2016	September 2016	Total
30,804	33,991	30,552	95,347

Table 2: Healthy Michigan Plan Disenrollments by Month			
July 2016	August 2016	September 2016	Total
38,022	34,041	29,274	101,337

Most Healthy Michigan Plan beneficiaries elect to choose a health plan as opposed to automatic assignment to a health plan. As of September 13, 2016, 354,198 or, 72 percent, of the State's 491,715 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, 6,160 of all Healthy Michigan Plan health plan enrollees changed health plans. This quarter, 3,178 or approximately 52 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](#). The Health Risk Assessment document is 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:

Table 3: Health Risk Assessment Enrollment Broker Data					
Month	Number of Completed HRAs	Percent of Total	Number of Refused HRAs	Percent of Total	Total Enrollment Calls
July 2016	2,856	95%	151	5%	3,007
August 2016	2,288	95%	123	5%	2,411
September 2016	2,933	95%	168	5%	3,101
Total	8,077	95%	442	5%	8,519

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 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, 9,360 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 7,518 of the earned incentives are gift card incentives. Additionally, 1,806 reductions in future contribution requirements have been earned. In this quarter, 2,630 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 September 2016 Health Risk Assessment Report. The following table details Health Risk Assessment data collected by the Medicaid Health Plans for the quarter:

Table 4: Health Risk Assessment Health Plan Data				
	July 2016	August 2016	September 2016	Total
Health Risk Assessments Submitted	2,304	4,254	2,802	9,360
Gift Cards Earned	1,804	3,523	2,191	7,518
Reductions Earned	494	713	599	1,806
Reductions Applied	1,043	1,156	431	2,630

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 September 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 – 09/2016	Current Enrollees (year to date)	Disenrolled in Current Quarter
ABW Childless Adults	N/A	N/A	N/A
Healthy Michigan Adults	629,344	870,037	101,337

Outreach/Innovation Activities to Assure Access

MDHHS utilizes the [Healthy Michigan Program website](#) to provide information 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, 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 August 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 staff engaged with Medicaid Health Plans on encounter data compliance and preparation for the CMS Managed Care Rule. Updates were made to the Encounter Quality Initiative methodology to improve data analysis. Additionally, MDHHS staff provided Medicaid Health Plans with additional training and resources to identify and remove duplicate encounter claims.

Operational/Policy/Systems/Fiscal Developmental Issues

MDHHS regularly meets 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.

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

Table 7: Medicaid Policy Bulletins with Healthy Michigan Plan Impact		
Issue Date	Subject	Link
08/01/2016	Coverage of Autism Services for Children Under 21 Years of Age	MSA 16-23
09/01/2016	Blood Lead Poisoning Environmental Investigations	MSA 16-24
09/01/2016	Fee-for-Service Medicaid Transportation Rate and Policy Updates	MSA 16-25
09/01/2016	Updates to the Medicaid Provider Manual; New Coverage of Existing Code	MSA 16-26
09/01/2016	Diabetes Self-Management Education Policy Changes	MSA 16-29
09/28/2016	Medicaid Non-Emergency Medical Transportation (NEMT) Provider Enrollment Requirements	MSA 16-05
09/28/2016	Changes to Eyeglass Repair and Replacement Policy	MSA 16-31

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 quarter 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)	\$474.31	\$467.32	\$436.09	-	-
Total Expenditures (YTD)	\$1,771,617,504.00	\$3,396,695,421.00	\$2,516,585,953.00	-	-
Total Member Months (YTD)	3,735,109	7,268,403	5,770,758	-	-

Beneficiary Month Reporting

The beneficiary counts below include information for each of the designated months during the quarter, and include retroactive eligibility through September 30, 2016.

Table 9: Healthy Michigan Plan Beneficiary Month Reporting				
Eligibility Group	July 2016	August 2016	September 2016	Total for Quarter Ending 09/16
Healthy Michigan Adults	627,685	627,448	627,993	1,883,126

Consumer Issues

This quarter, the total number of Healthy Michigan Plan complaints reported to MDHHS was 90. Issues obtaining prescriptions comprised 64 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 13 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 13 percent of total complaints. Complaints on other issues comprised 10 percent of total complaints and included dental services. Overall, with over 1.8 million 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					
July 2016 – September 2016					
	Obtaining Prescriptions	Other Covered Services	Transportation	Other	Total
Count	58	12	12	9	90
Percent	64%	13%	13%	10%	

Quality Assurance/Monitoring Activity

MDHHS completes Performance Monitoring Reports (PMR) specific to the 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 mirrors those used for the traditional Medicaid population. In addition, MDHHS monitors 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 was published in October 2016 and is included as an enclosure.

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.

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. Activity from the previous quarter that was not included in the previous quarterly report, due to report revisions and data lag, has also been included. The October 2016 MI Health Account Executive Summary Report has been included as an attachment with this report. The quarterly report document mirrors the information provided in the attached MI Health Account Executive Summary report but is formatted to reflect information specific to the quarter and information not available in previous quarterly reports.

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.

Table 11: MI Health Account Statement Mailing					
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
May 2016	73,388	16,631	5,992	9,271	43.46%
June 2016	80,345	13,530	7,785	6,987	35.23%
July 2016	97,335	18,864	9,706	9,172	39.24%
August 2016	-	-	-	-	-
September 2016	-	-	-	-	-
Calendar YTD	574,389	109,131	58,760	56,067	38.99%
Program Total	1,488,267	339,885	133,739	147,232	41.71%

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
Copays					
May 2016	\$254,152.37	\$86,438.81	34%	25,902	9,553
June 2016	\$142,705.09	\$43,369.16	30%	20,517	6,778
July 2016	\$201,370.49	\$49,209.66	24%	28,036	7,705
August 2016	-	-	-	-	-
September 2016	-	-	-	-	-
Calendar YTD	\$1,311,710.02	\$451,724.93	34%	164,757	61,270
Program Total	\$3,513,659.13	\$1,278,460.14	36%	485,596	179,736

Table 12: MI Health Account Collection Summary Continued

Contributions					
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
May 2016	\$874,705.63	\$240,875.04	28%	15,263	5,420
June 2016	\$852,843.76	\$239,320.37	28%	14,772	5,249
July 2016	\$1,085,052.64	\$252,353.15	23%	18,878	5,891
August 2016	-	-	-	-	-
September 2016	-	-	-	-	-
Calendar YTD	\$6,326,272.45	\$1,882,463.89	30%	114,788	43,313
Program Total	\$15,456,038.00	\$4,721,170.77	31%	280,928	105,738

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	\$23,794.34	\$14,353.77	60.32%
	Jan 2015 - Mar 2015	\$192,833.50	\$104,514.74	54.20%
	Apr 2015 - Jun 2015	\$163,500.52	\$79,044.85	48.35%
	Jul 2015 - Sep 2015	\$156,297.93	\$74,149.94	47.44%
	Oct 2015 - Dec 2015	\$151,975.02	\$63,342.10	41.68%
	Jan 2016 - Mar 2016	\$124,408.54	\$52,169.05	41.93%
	Apr 2016 - Jun 2016	\$168,950.85	\$67,066.02	39.70%
	Jul 2016 - Sep 2016	\$160,550.81	\$34,437.13	21.45%
May 2014	Nov 2014 - Jan 2015	\$36,680.17	\$21,506.81	58.63%
	Feb 2015 - Apr 2015	\$57,414.70	\$30,404.42	52.96%
	May 2015 - Jul 2015	\$45,658.78	\$24,288.60	53.20%
	Aug 2015 - Oct 2015	\$38,963.00	\$20,417.95	52.40%
	Nov 2015 - Jan 2016	\$38,783.05	\$18,691.32	48.19%
	Feb 2016 - Apr 2016	\$36,110.46	\$16,084.77	44.54%
	May 2016 - July 2016	\$45,872.84	\$19,107.74	41.65%
June 2014	Dec 2014 - Feb 2015	\$454,387.15	\$278,063.80	61.20%
	Mar 2015 - May 2015	\$350,322.68	\$203,371.14	58.05%
	Jun 2015 - Aug 2015	\$345,977.88	\$200,506.56	57.95%
	Sep 2015 - Nov 2015	\$328,288.42	\$176,223.46	53.68%
	Dec 2015 - Feb 2016	\$237,039.78	\$117,783.27	49.69%
	Mar 2016 - May 2016	\$259,176.45	\$130,406.32	50.32%
	Jun 2016 - Aug 2016	\$209,694.58	\$91,655.68	43.71%

Table 13: MI Health Account Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
July 2014	Jan 2015 - Mar 2015	\$349,729.59	\$175,708.51	50.24%
	Apr 2015 - Jun 2015	\$258,748.98	\$118,881.82	45.94%
	Jul 2015 - Sep 2015	\$238,462.12	\$113,744.71	47.70%
	Oct 2015 - Dec 2015	\$224,783.69	\$94,108.84	41.87%
	Jan 2016 - Mar 2016	\$178,367.93	\$76,635.68	42.96%
	Apr 2016 - Jun 2016	\$196,566.81	\$76,563.76	38.95%
August 2014	Jul 2016 - Sep 2016	\$193,237.45	\$43,771.34	22.65%
	Feb 2015 - Apr 2015	\$173,086.68	\$89,661.85	51.80%
	May 2015 - Jul 2015	\$124,137.25	\$57,615.75	46.41%
	Aug 2015 - Oct 2015	\$105,153.84	\$54,357.27	51.69%
	Nov 2015 - Jan 2016	\$102,815.08	\$48,201.72	46.88%
	Feb 2016 - Apr 2016	\$97,078.38	\$39,630.67	40.82%
September 2014	May 2016 - July 2016	\$105,907.36	\$35,894.03	33.89%
	Mar 2015 - May 2015	\$214,674.53	\$98,682.92	45.97%
	Jun 2015 - Aug 2015	\$148,973.50	\$63,313.73	42.50%
	Sep 2015 - Nov 2015	\$148,348.69	\$61,450.64	41.42%
	Dec 2015 - Feb 2016	\$120,194.61	\$45,593.99	37.93%
	Mar 2016 - May 2016	\$133,614.80	\$46,579.24	34.86%
October 2014	Jun 2016 - Aug 2016	\$93,167.87	\$26,897.46	28.87%
	Apr 2015 - Jun 2015	\$174,789.63	\$80,362.60	45.98%
	Jul 2015 - Sep 2015	\$124,998.11	\$55,418.00	44.34%
	Oct 2015 - Dec 2015	\$125,213.57	\$51,494.59	41.13%
	Jan 2016 - Mar 2016	\$108,799.76	\$46,110.46	42.38%
	Apr 2016 - Jun 2016	\$130,343.97	\$47,131.25	36.16%
November 2014	Jul 2016 - Sep 2016	\$130,557.34	\$24,690.32	18.91%
	May 2015 - Jul 2015	\$194,752.28	\$87,063.24	44.70%
	Aug 2015 - Oct 2015	\$123,852.47	\$51,429.45	41.52%
	Nov 2015 - Jan 2016	\$133,357.44	\$55,425.81	41.56%
	Feb 2016 - Apr 2016	\$136,865.61	\$52,069.29	38.04%
	May 2016 - July 2016	\$161,900.89	\$48,696.79	30.08%
December 2014	Jun 2015 - Aug 2015	\$104,680.44	\$48,504.07	46.34%
	Sep 2015 - Nov 2015	\$81,376.98	\$34,513.43	42.41%
	Dec 2015 - Feb 2016	\$67,047.24	\$27,134.14	40.47%
	Mar 2016 - May 2016	\$79,431.22	\$30,850.94	38.84%
	Jun 2016 - Aug 2016	\$67,183.41	\$18,040.00	26.85%
January 2015	Jul 2015 - Sep 2015	\$205,557.05	\$108,236.78	52.66%
	Oct 2015 - Dec 2015	\$170,725.32	\$76,000.12	44.52%
	Jan 2016 - Mar 2016	\$150,765.96	\$72,376.27	48.01%
	Apr 2016 - Jun 2016	\$178,228.44	\$76,813.91	43.10%
	Jul 2016 - Sep 2016	\$184,605.97	\$42,266.44	22.90%
February 2015	Aug 2015 - Oct 2015	\$197,934.42	\$95,573.04	48.29%
	Nov 2015 - Jan 2016	\$133,008.05	\$62,666.45	47.11%
	Feb 2016 - Apr 2016	\$149,224.17	\$71,661.27	48.02%
	May 2016 - July 2016	\$198,715.80	\$77,535.23	39.02%

Table 13: MI Health Account Quarterly Collection Continued

Enrollment Month	Enrollment Month	Enrollment Month	Enrollment Month	Enrollment Month
March 2015	Sep 2015 - Nov 2015	\$213,854.69	\$91,863.39	42.96%
	Dec 2015 - Feb 2016	\$98,135.31	\$40,451.65	41.22%
	Mar 2016 - May 2016	\$104,394.54	\$46,847.25	44.88%
	Jun 2016 - Aug 2016	\$109,647.57	\$44,372.30	40.47%
April 2015	Oct 2015 - Dec 2015	\$262,067.17	\$114,565.38	43.72%
	Jan 2016 - Mar 2016	\$103,204.45	\$61,130.28	59.23%
	Apr 2016 - Jun 2016	\$151,007.88	\$79,175.94	52.43%
	Jul 2016 - Sep 2016	\$160,363.03	\$48,247.56	30.09%
May 2015	Nov 2015 - Jan 2016	\$171,609.08	\$78,965.67	46.01%
	Feb 2016 - Apr 2016	\$107,694.09	\$55,390.86	51.43%
	May 2016 - July 2016	\$156,593.43	\$67,054.98	42.82%
June 2015	Dec 2015 - Feb 2016	\$148,199.39	\$57,789.80	38.99%
	Mar 2016 - May 2016	\$99,999.16	\$42,331.20	42.33%
	Jun 2016 - Aug 2016	\$83,251.46	\$35,693.38	42.87%
July 2015	Jan 2016 - Mar 2016	\$123,295.23	\$57,812.71	46.89%
	Apr 2016 - Jun 2016	\$95,414.94	\$40,232.39	42.17%
	Jul 2016 - Sep 2016	\$98,455.87	\$26,428.42	26.84%
August 2015	Feb 2016 - Apr 2016	\$149,312.56	\$54,022.78	36.18%
	May 2016 - July 2016	\$106,454.03	\$33,458.64	31.43%
September 2015	Mar 2016 - May 2016	\$119,756.69	\$41,781.91	34.89%
	Jun 2016 - Aug 2016	\$69,802.99	\$22,299.53	31.95%
October 2015	Apr 2016 - Jun 2016	\$129,682.40	\$41,748.41	32.19%
	Jul 2016 - Sep 2016	\$126,292.15	\$20,711.07	16.40%
November 2015	Jul 2016 - Sep 2016	\$165,623.77	\$45,566.44	27.51%

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.

Table 14: MI Health Account Methods of Payment

	May 2016	June 2016	July 2016	August 2016	September 2016
Percent Paid Online	29.69%	30.07%	28.93%	-	-
Percent Paid by Mail	70.31%	69.93%	71.07%	-	-

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.

Table 15: MI Health Account Adjustment Activities

	May 2016		June 2016		July 2016	
	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount
Beneficiary is Under Age 21	724	\$43,497.00	696	\$45,537.00	776	\$50,842.00
Pregnancy	415	\$12,491.90	255	\$8,045.45	298	\$9,764.38
Hospice	0	\$0.00	0	\$0.00	0	\$0.00
Native American	45	\$1,378.50	77	\$1,204.00	68	\$1,430.00
Five Percent Cost Share Limit Met	25,880	\$435,470.26	30,005	\$441,821.98	34,881	\$437,627.21
FPL No Longer >100% - Contribution	0	\$0.00	0	\$0.00	0	\$0.00
Total	27,064	\$492,837.66	31,033	\$496,608.43	36,023	\$499,663.59
	May 2016 to July 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	2,196	\$139,876.00	4,357	\$259,875.24	9,166	\$524,130.74
Pregnancy	968	\$30,301.73	2,043	\$67,626.93	6,320	\$190,278.50
Hospice	0	\$0.00	0	\$0.00	0	\$0.00
Native American	190	\$4,012.50	400	\$7,889.33	894	\$32,117.33
Five Percent Cost Share Limit Met	90,766	\$1,314,919.45	196,604	\$3,011,158.07	531,015	\$7,865,165.21
FPL No longer >100% - Contribution	0	\$0.00	0	\$0.00	20	\$1,152.50
Total	94,120	\$1,489,109.68	203,404	\$3,346,549.57	547,415	\$8,612,844.28

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.

Table 16: MI Health Account Healthy Behaviors Incentive Activity

	May 2016		June 2016		July 2016	
	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount
Copay	1,240	\$10,124.79	6,591	\$46,439.55	8,387	\$59,353.04
Contribution	2,649	\$122,236.00	1,087	\$148,779.04	1,266	\$175,862.18
Gift Cards	2,660	n/a	2,810	n/a	3,527	n/a
Total	6,549	\$132,360.79	10,488	\$195,218.59	13,180	\$235,215.22
	May 2016 to July 2016		Calendar YTD		Program YTD	
	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount
Copay	16,218	\$115,917.38	21,523	\$147,310.20	22,770	\$152,352.72
Contribution	5,002	\$446,877.22	16,094	\$874,673.95	39,144	\$1,627,835.64
Gift Cards	8,997	n/a	21,206	n/a	85,971	n/a
Total	30,217	\$562,794.60	58,823	\$1,021,984.15	147,885	\$1,780,188.36

Table 17 shows the number of members with co-pays waived and the amount waived for services associated with chronic conditions.

Table 17: MI Health Account Waived Copays for High Value Services

Month	Number of Beneficiaries with Copays Waived	Total Dollar Amount Waived
May 2016	27,151	\$302,164
June 2016	30,621	\$235,329
July 2016	39,127	\$313,676
August 2016	-	-
September 2016	-	-
Calendar YTD	96,899	\$851,169
Program Total	96,899	\$851,169

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 18 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.

Table 18: MI Health Account Past Due Collection Amounts

Month	Number of Beneficiaries with Past Due Co-Pays/Contributions	Number of Beneficiaries with Past Due Co-Pays/Contributions that are Collectible Debt
May 2016	96,551	36,250
June 2016	103,859	41,460
July 2016	112,579	44,183
August 2016	-	-
September 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.

Table 19: MI Health Account Delinquent Co-pay and Contribution Amounts by Aging Category						
Days	0-30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days	Total
Amount Due	\$804,364.57	\$693,805.96	\$660,472.96	\$642,370.64	\$5,858,374.74	\$8,659,388.87
Number of Beneficiaries That Owe	65,205	57,287	54,917	53,714	118,655	160,050

MDHHS staff effectively collaborate with the MI Health Account vendor to continue the garnishment process. Staff continue to work with the MI Health Account vendor and the Michigan Department of Treasury to ensure data quality and accuracy. Applicable beneficiaries are mailed a notice informing them of amounts that could be garnished by the Michigan Department of Treasury. The pre-garnishment notice process occurs annually in July. Table 20 shows the beneficiary payment activity associated with pre-garnishment notices.

Table 20: MI Health Account Pre-Garnishment Notices			
Month/Year	Number of Beneficiaries that Received a Pre-Garnishment Notice	Total Amount Owed	Number of Beneficiaries that Paid Following Pre-Garnishment Notice
July 2015	5,893	\$589,770.20	2,981
July 2016	41,460	\$5,108,153.13	3,393
Calendar YTD	41,460	\$5,108,153.13	3,393
Program Total	47,353	\$5,697,923.33	6,374

Healthy Michigan Plan members that still owe at least \$50 in the November after the pre-garnishment notice are referred to the Michigan Department of Treasury for garnishment. Table 21 shows the number of beneficiaries that have been referred.

Table 21: MI Health Account Garnishments Sent to Treasury		
Month	Number of Beneficiaries Sent to Treasury for Garnishment	Total Amount Sent to Treasury for Garnishment
November 2015	4,635	\$460,231.19

The Michigan Department of Treasury garnishes tax refunds and lottery winnings to collect the MDHHS referred MI Health Account balance. Table 22 displays the MI Health Account garnishment activities performed by the Michigan Department of Treasury.

Table 22: MI Health Account Garnishments Collected by Treasury

Tax Year	Number of Garnishments Collected By Taxes	Number of Garnishments Collected By Lottery	Total Number of Garnishments Collected	Total Amount of Garnishments Collected By Taxes	Total Amount of Garnishments Collected By Lottery	Total Amount of Garnishments Collected
2015	2,146	6	2,152	\$207,470.76	\$380.67	\$207,851.43
2016	0	0	0	\$0.00	\$0.00	\$0.00
Calendar YTD	2,146	6	2,152	\$207,470.76	\$380.67	\$207,851.43
Program Total	2,146	6	2,152	\$207,470.76	\$380.67	\$207,851.43

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:

Table 23: Managed Care Organization Appeals**July 2016 – September 2016**

	Decision Upheld	Overtaken	Undetermined/ Withdrawn	Total
Count	77	107	9	193
Percent	40%	55%	5%	

Table 24: Managed Care Organization Grievances**July 2016 – August 2016**

	Access	Quality of Care	Administrative/Service	Billing	Transportation	Total
Count	250	60	246	116	278	950
Percent	26%	6%	26%	12%	29%	

From July to September 2016, there were 193 total appeals among all the Medicaid Health Plans. Medicaid Health Plan decisions were upheld in 40 percent of the appeals. From July to September 2016 there were a total of 950 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, MDHHS worked with the Medicaid Health Plans to address an unanticipated challenge in the MI Health Account process identifying individuals that left consistent failure to pay status and earned a gift card. MDHHS did not anticipate the system implications associated with issuing gift cards after a member was restored to good payment status. Without reconciling the upgraded payment status with the quarter in which the incentive was earned, a gift card would not have been issued. To insure that members receive earned healthy behaviors, MDHHS and the Medicaid Health Plans will utilize a quarterly lookback process to identify members previously in consistent failure to pay status that met their payment obligation and earned a gift card. Medicaid Health Plans will issue the gift card the quarter after it is identified.

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.

Below is a summary of the key activities for the Fiscal Year (FY) 2016 fourth quarterly report:

Domain I

Although the interim report for Domain I isn't due until FY 2018, 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. This quarter, IHPI developed a plan for analyzing and presenting the Michigan data.

Domain II

Similar to Domain I, the Domain II interim report is not due until FY 2018. That being said, IHPI continues to analyze extracts of Current Population Survey (CPS) data and American Community Survey (ACS) data to ascertain the difference between these two US Census Bureau data sources. This quarter, IHPI reviewed updated Census Bureau estimates of insurance coverage rates by state and demographic groups that were released on September 15, 2016. IHPI will further analyze and utilize the survey microdata released October 20, 2016.

Domain III

The interim report for Domain III is due in FY 2017. This quarter's activities included updating baseline rates of primary care visits, inpatient visits, ED visits, and preventive care utilization via recent data extraction. Chronic conditions were also identified using a composite measure from the Prevention Quality Indicators, which will aid future analyses of ambulatory care-sensitive conditions. Also in this quarter, IHPI continued to sample HMP beneficiary data to support the HMP survey and pulled a sample of 100 disenrolled HMP beneficiaries to support initial testing of the HMP Disenrollee Survey. Finally, IHPI prepared a Health Risk Assessment report for MDHHS based on data collected for the evaluation.

Domain IV

Domain IV will examine beneficiary and provider viewpoints of HMP through surveys. The interim reports for both the Primary Care Practitioner (PCP) Survey and the preliminary Healthy Michigan Voices (HMP) Beneficiary Survey were approved by MDHHS and submitted to CMS. This quarter, IHPI continues to field the HMP Survey and has gathered over 3700 completed responses (for reference, the preliminary report submitted to CMS has 2059 responses). IHPI anticipates the survey will meet its sampling threshold in October 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. The interim reports are due in FY 2017. This quarter's activities entailed running analyses on the preliminary HMP survey to explore sample composition and questions relevant to Domains V/VI. This and the final interim HMP survey will be used in conjunction with data from the MDHHS Data Warehouse to understand the impact of cost-sharing on beneficiary utilization and perception of health care services.

Enclosures/Attachments

1. September 2016 Health Risk Assessment Report
2. August 2016 MCAC Minutes
3. October 2016 Performance Monitoring Report
4. October 2016 MI Health Account Executive Summary

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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



September 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 292,862 Health Risk Assessments were completed through Michigan ENROLLS as of September 2016. This represents a completion rate of 95.69%. 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
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%)
April 2016	279,562	12,476 (4.27%)
May 2016	282,318	12,620 (4.28%)
June 2016	284,785	12,745 (4.28%)
July 2016	287,641	12,896 (4.29%)
August 2016	289,929	13,019 (4.30%)
September 2016	292,862	13,187 (4.31%)

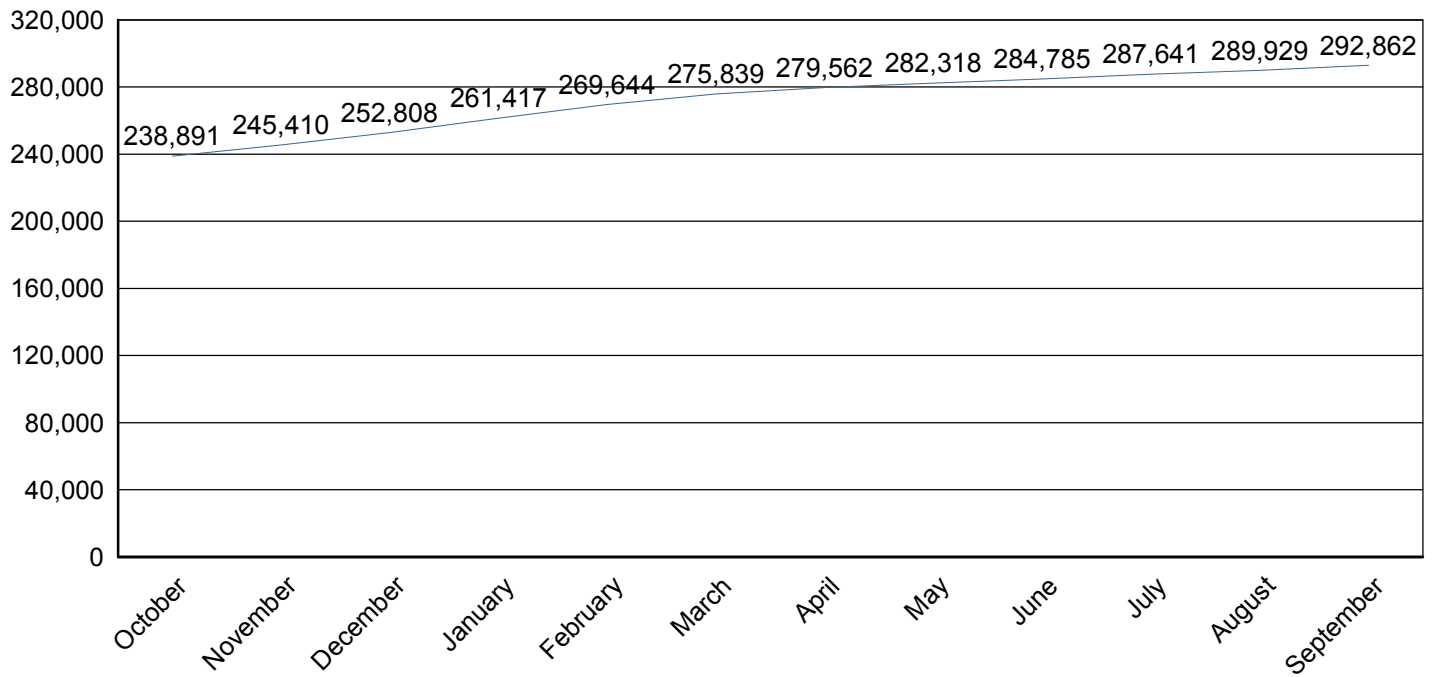
Table 11. Demographics of Population that Completed HRA Questions 1-9 with MI ENROLLS

January 2014 - September 2016

AGE GROUP	COMPLETED HRA	
19 - 29	71,002	24.24%
30 - 39	61,883	21.13%
40 - 49	60,357	20.61%
50 - 59	70,823	24.18%
60 +	28,797	9.83%
GENDER		
F	158,066	53.97%
M	134,796	46.03%
FPL		
< 100% FPL	241,144	82.34%
100 - 133% FPL	51,718	17.66%
TOTAL	292,862	100.00%

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

September 2016



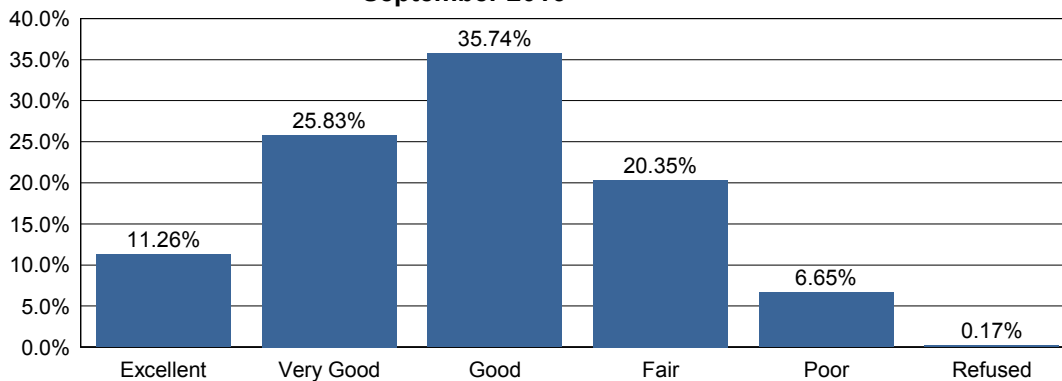
Question 1. General Health Rating

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 September 2016. Among enrollees who completed the survey, this question had a 0.17% refusal rate.

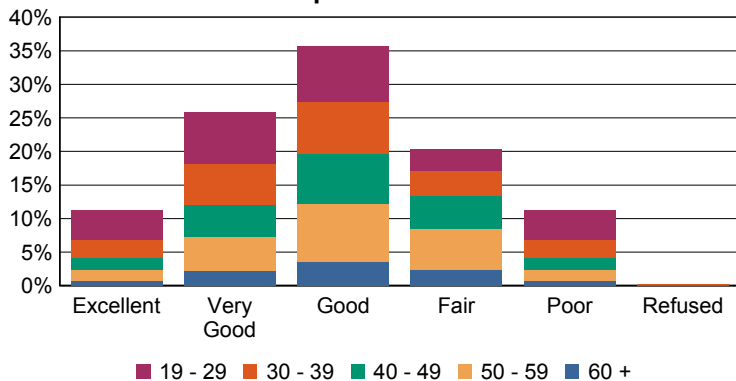
**Table 1. Health Rating for Total Population
September 2016**

HEALTH RATING	TOTAL	PERCENT
Excellent	32,989	11.26%
Very Good	75,647	25.83%
Good	104,667	35.74%
Fair	59,605	20.35%
Poor	19,469	6.65%
Refused	485	0.17%
TOTAL	292,862	100.00%

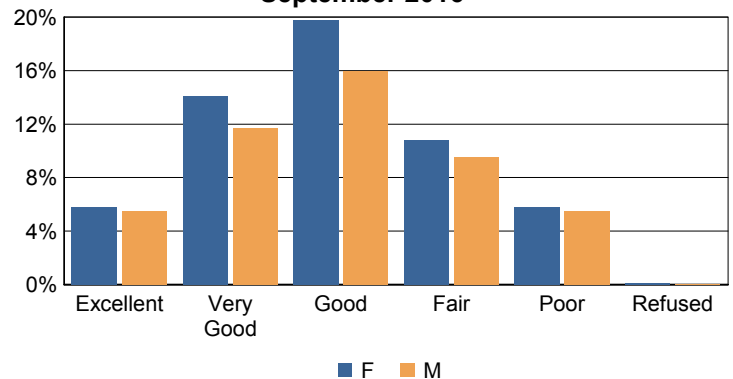
**Figure 1-1. Health Rating for Total Population
September 2016**



**Figure 1-2. Health Rating by Age
September 2016**



**Figure 1-3. Health Rating by Gender
September 2016**



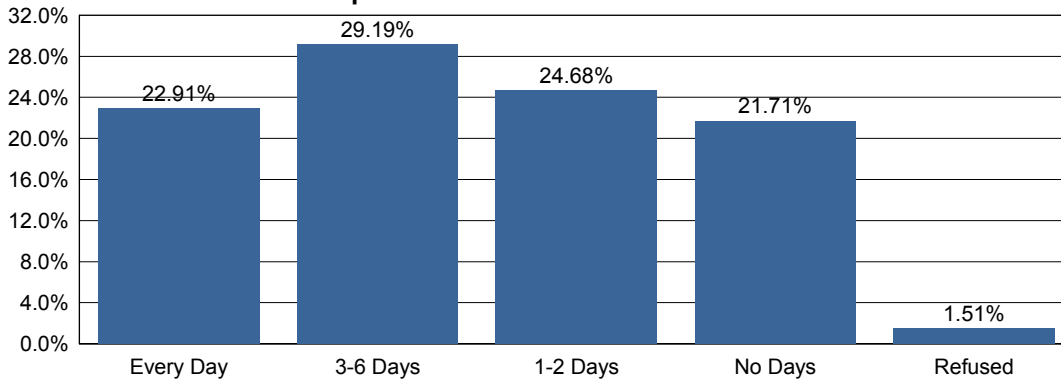
Question 2. Exercise

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 selfreported 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 September 2016. Among enrollees who participated in the survey, there was a 1.51% refusal rate for this question. Figures 2-1 through 2-3 show the exercise frequency reported for the total population, by age and gender.

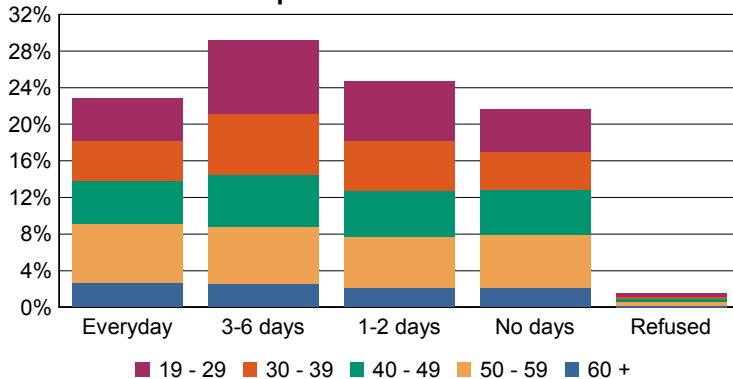
**Table 2. Exercise Reported for Total Population
September 2016**

EXERCISE	TOTAL	PERCENT
Every Day	67,097	22.91%
3-6 Days	85,494	29.19%
1-2 Days	72,269	24.68%
No Days	63,571	21.71%
Refused	4,431	1.51%
TOTAL	292,862	100.00%

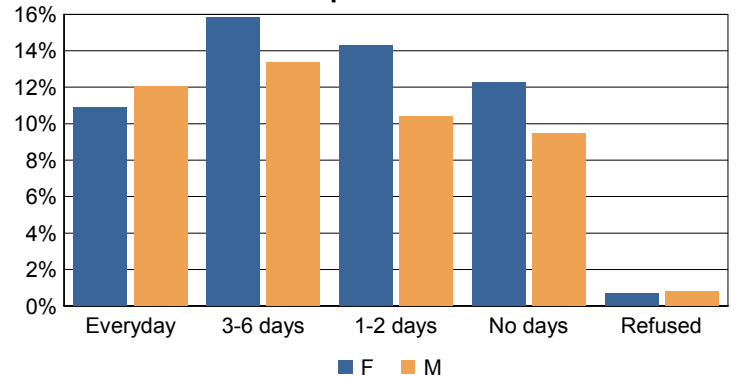
**Figure 2-1. Exercise Reported for Total Population
September 2016**



**Figure 2-2. Exercise Reported by Age
September 2016**



**Figure 2-3. Exercise by Gender
September 2016**



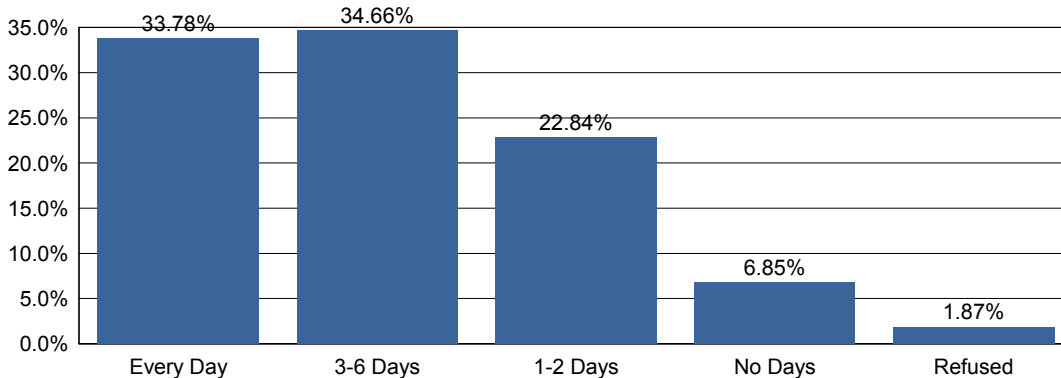
Question 3. Nutrition (Fruits and Vegetables)

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 September 2016. Among enrollees who participated in the survey, there was a 1.87% refusal rate for this question. Figures 3-1 through 3-3 show the nutrition reported for the total population, and by age and gender.

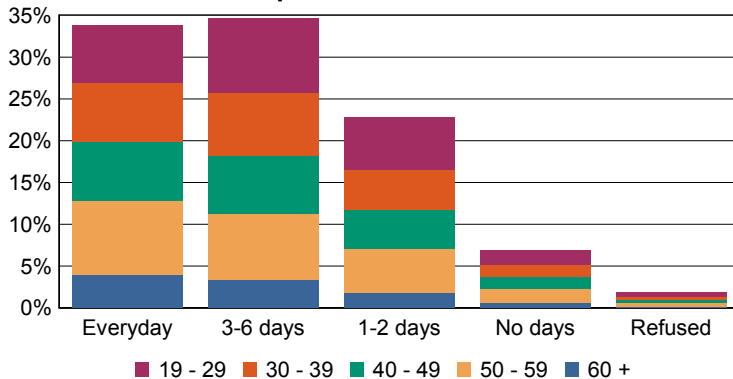
**Table 3. Nutrition Reported for Total Population
September 2016**

NUTRITION	TOTAL	PERCENT
Every Day	98,923	33.78%
3-6 Days	101,494	34.66%
1-2 Days	66,886	22.84%
No Days	20,070	6.85%
Refused	5,489	1.87%
TOTAL	292,862	100.00%

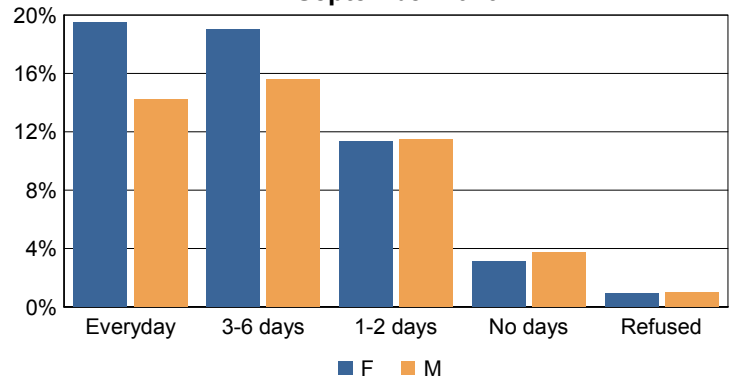
**Figure 3-1. Nutrition Reported for Total Population
September 2016**



**Figure 3-2. Nutrition Reported by Age
September 2016**



**Figure 3-3. Nutrition by Gender
September 2016**



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 September 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

September 2016

ALCOHOL	TOTAL	PERCENT
Never	242,263	82.72%
Once a Week	32,544	11.11%
2-3 times a Week	12,659	4.32%
More than 3	2,990	1.02%
Refused	2,406	0.82%
TOTAL	292,862	100.00%

Figure 4-1. Binge Alcohol Use Reported for Total Population

September 2016

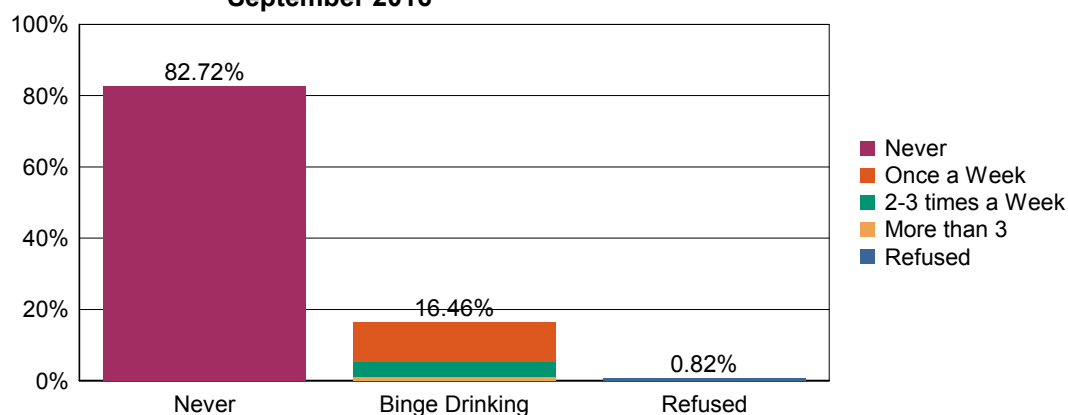


Figure 4-2. Binge Alcohol Use Reported by Age

September 2016

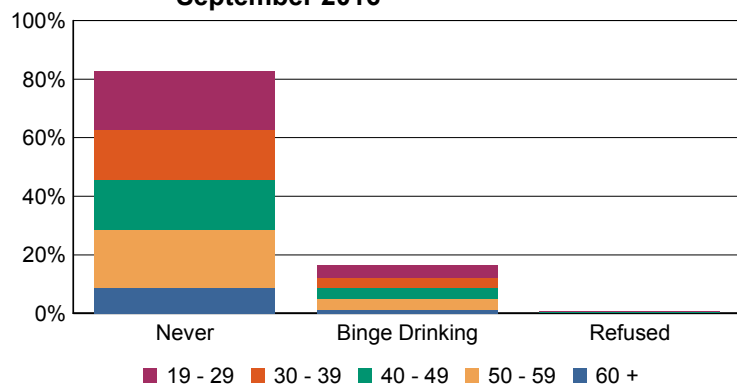
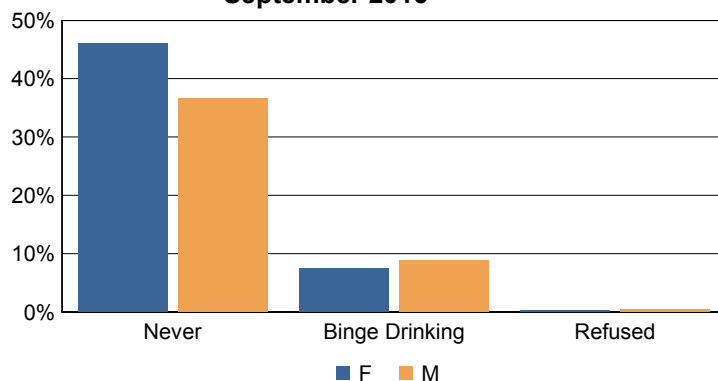


Figure 4-3. Binge Alcohol Use by Gender

September 2016



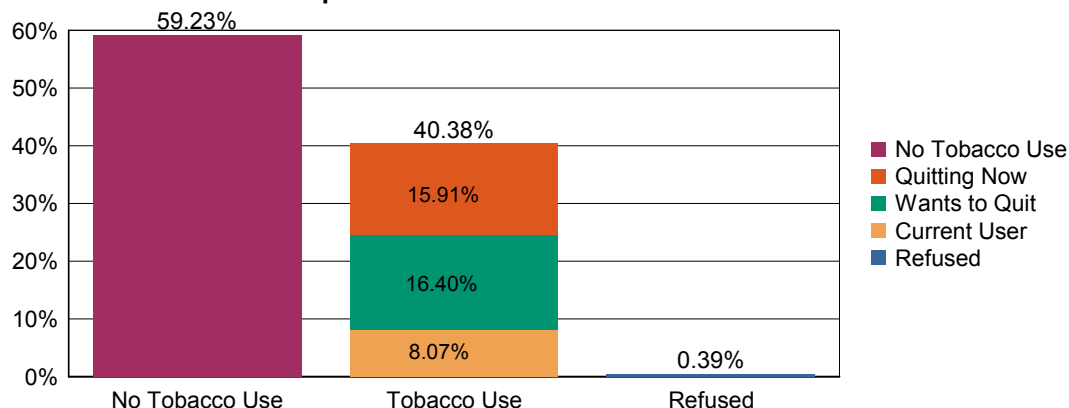
Question 5. Smoking/Tobacco Use

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 September 2016. Question 5 had a 0.39% refusal rate. Figures 5-1 through 5-3 show smoking/tobacco use reported for the total population, and by age and gender.

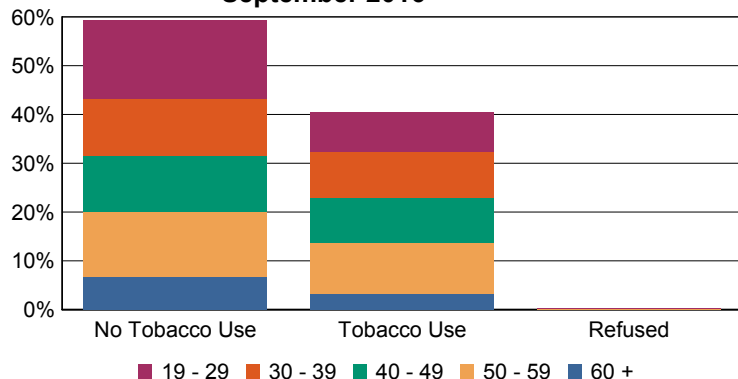
**Table 5. Smoking/Tobacco Use Reported for Total Population
September 2016**

TOBACCO USE	TOTAL	PERCENT
No Tobacco Use	173,464	59.23%
Quitting Now	46,606	15.91%
Wants to Quit	48,033	16.40%
Current User	23,625	8.07%
Refused	1,134	0.39%
TOTAL	292,862	100.00%

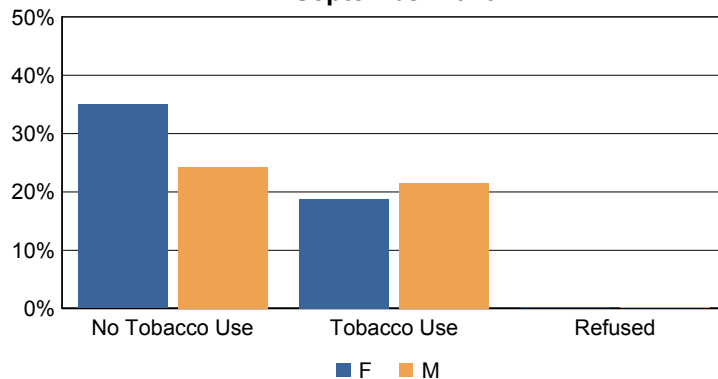
**Figure 5-1. Smoking/Tobacco Use for Total Population
September 2016**



**Figure 5-2. Smoking/Tobacco Use by Age
September 2016**



**Figure 5-3. Smoking by Gender
September 2016**



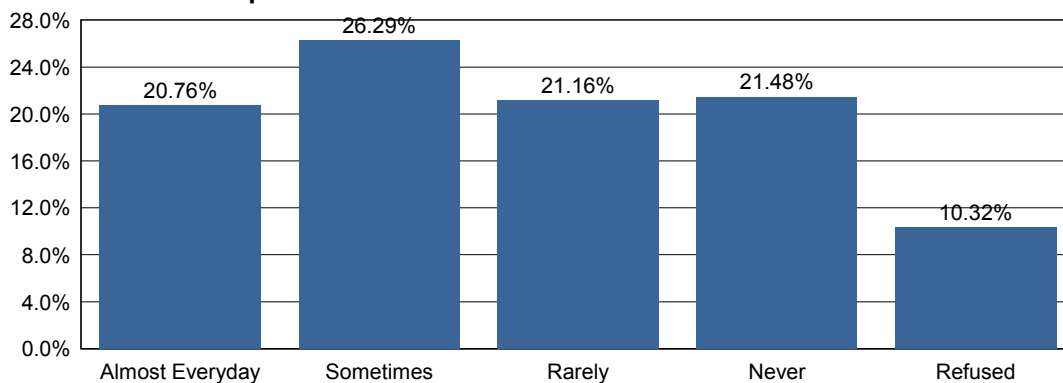
Question 6. Anxiety and Depression

Question 6. In the last 30 days, how often have you felt tense, anxious or depressed? This question is used to assess selfreported mental health status. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 6 shows the overall answers to this question for September 2016. Among enrollees who participated in the survey, there was a 10.32% 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.

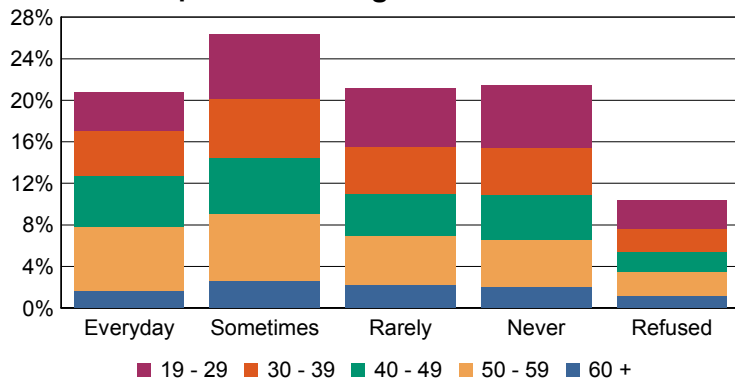
**Table 6. Anxiety and Depression Reported for Total Population
September 2016**

DEPRESSION	TOTAL	PERCENT
Almost Every day	60,795	20.76%
Sometimes	76,981	26.29%
Rarely	61,968	21.16%
Never	62,894	21.48%
Refused	30,224	10.32%
TOTAL	292,862	100.00%

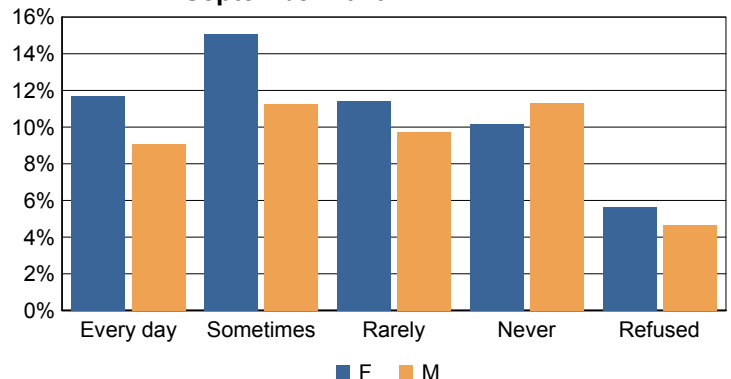
**Figure 6-1. Anxiety and Depression Reported for Total Population
September 2016**



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



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



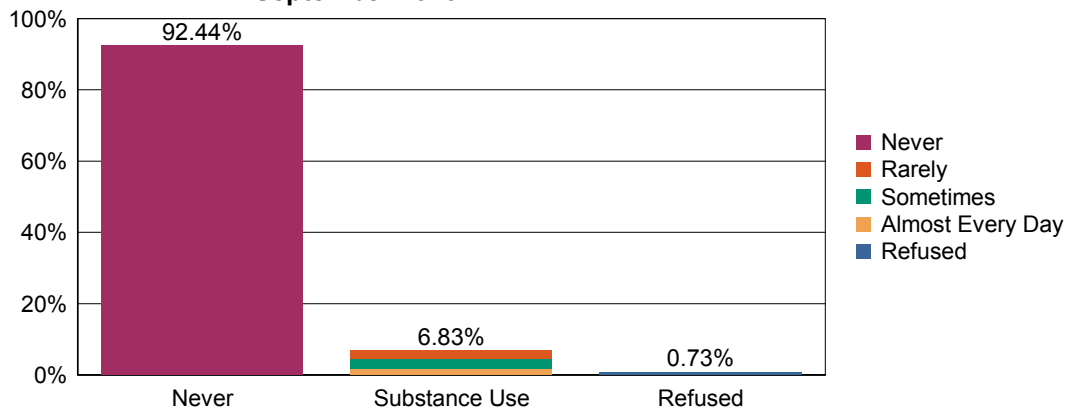
Question 7. Drugs and Substance Use

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 September 2016. Among enrollees who participated in the survey, there was a 0.74% refusal rate for this question. Figures 7-1 through 7-3 show substance use reported for the total population, and by age and gender.

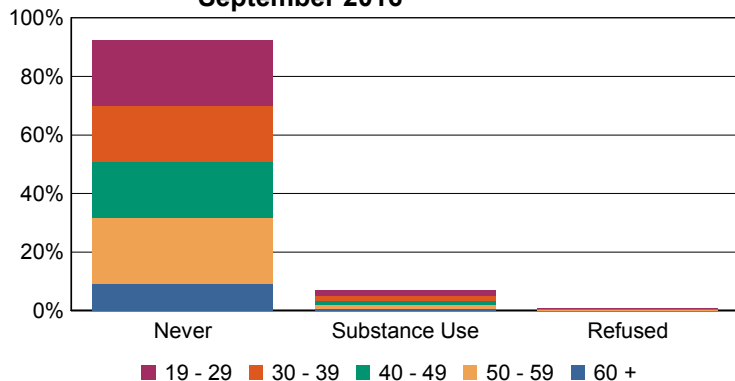
**Table 7. Substance Use Reported for Total Population
September 2016**

SUBSTANCE USE	TOTAL	PERCENT
Almost Every Day	5,645	1.93%
Sometimes	7,503	2.56%
Rarely	6,850	2.34%
Never	270,711	92.44%
Refused	2,153	0.74%
TOTAL	292,862	100.00%

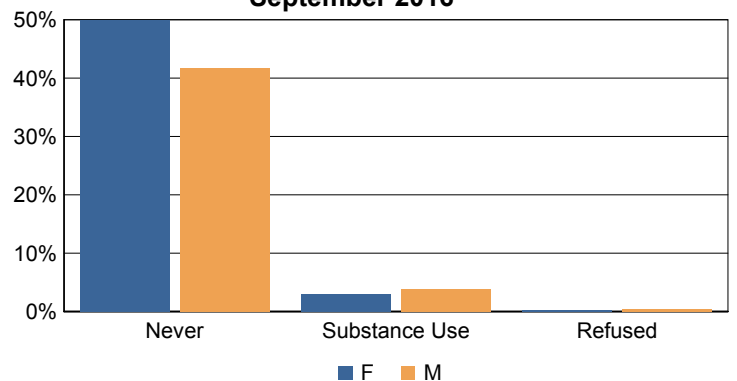
**Figure 7-1. Substance Use Reported for Total Population
September 2016**



**Figure 7-2. Substance Use Reported by Age
September 2016**



**Figure 7-3. Substance Use by Gender
September 2016**



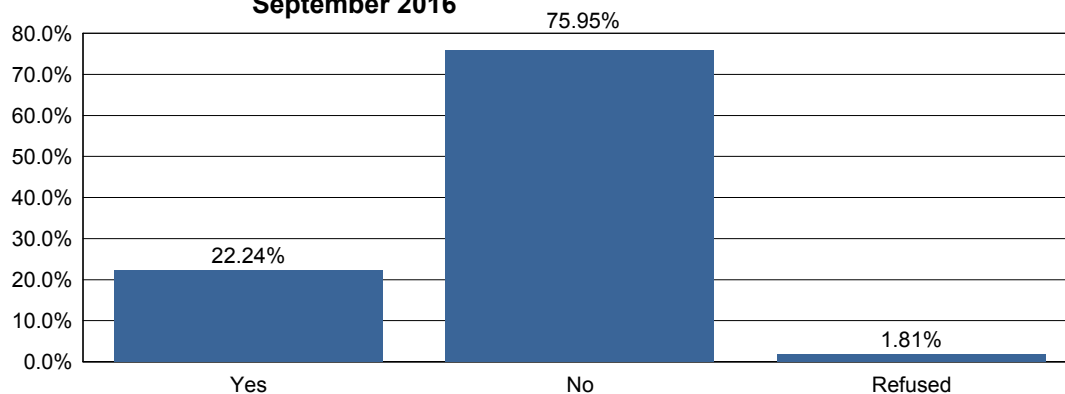
Question 8. Immunization Status (Annual Flu Vaccine)

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 September 2016. Among enrollees who participated in the survey, there was a 1.81% refusal rate for this question. Figures 8-1 through 8-3 show immunization status reported for the total population, and by age and gender.

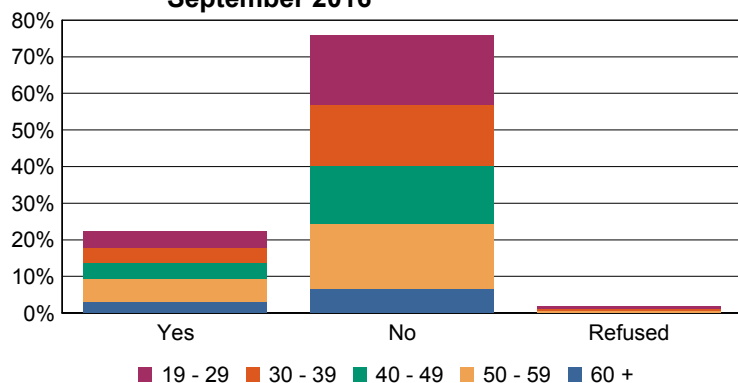
**Table 8. Immunization Status Reported for Total Population
September 2016**

IMMUNIZATION	TOTAL	PERCENT
Yes	65,131	22.24%
No	222,436	75.95%
Refused	5,295	1.81%
TOTAL	292,862	100.00%

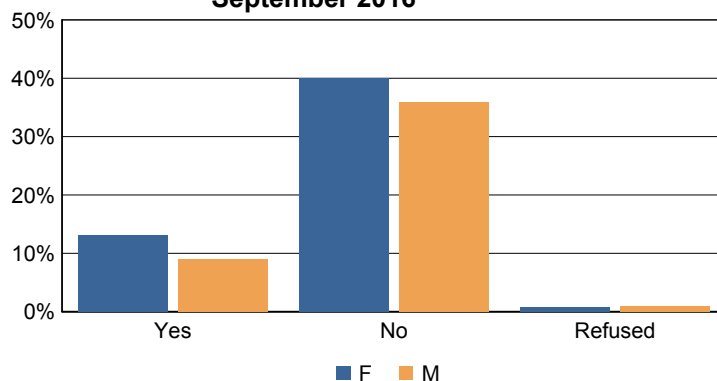
**Figure 8-1. Immunization Status Reported for Total Population
September 2016**



**Figure 8-2. Immunization Status Reported by Age
September 2016**



**Figure 8-3. Immunization Status by Gender
September 2016**



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 September 2016. Among enrollees who participated in the survey, there was a 3.16% 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
September 2016

CHECK-UP	TOTAL	PERCENT
Within the last year	150,276	51.31%
Between 1 & 3 years	72,705	24.83%
More than 3 years	60,642	20.71%
Refused	9,239	3.16%
TOTAL	292,862	100.00%

Figure 9-1. Well Check Visit Reported for Total Population
September 2016

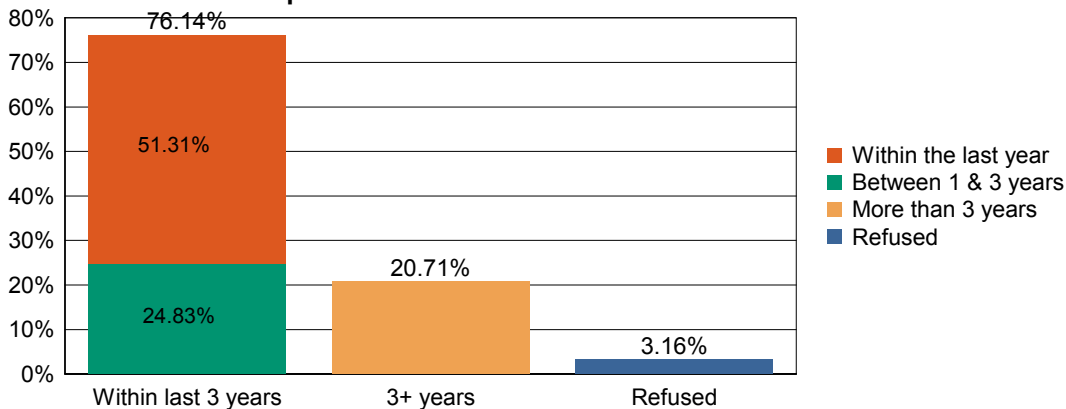


Figure 9-2. Well Check Visit Reported by Age
September 2016

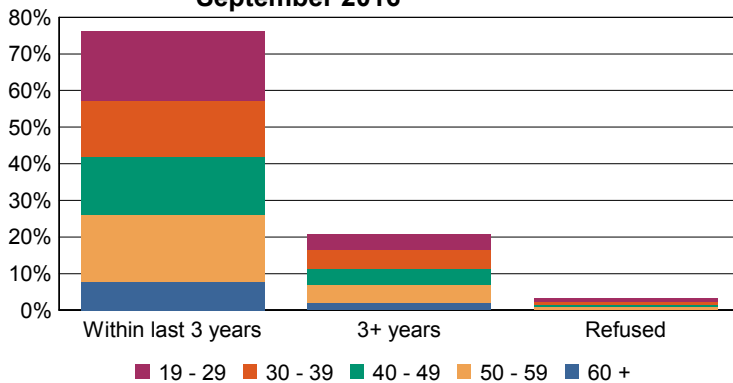
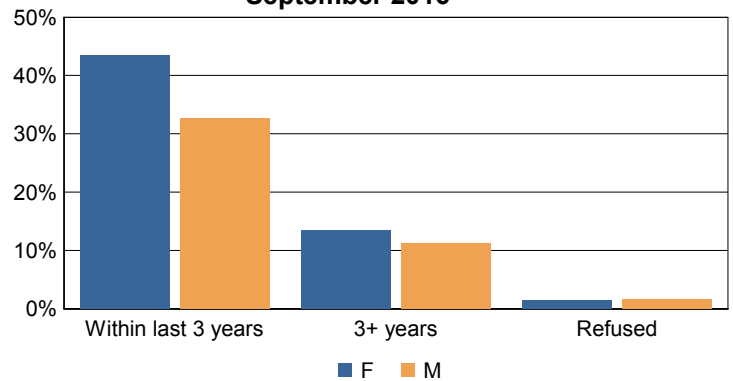


Figure 9-3. Well Check Visit by Gender
September 2016



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 717,451 beneficiaries who have been enrolled in a health plan for at least six months, 121,160 or 16.9% have completed the Health Risk Assessment with their primary care provider as of September 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 146,596 Health Risk Assessments were completed with primary care providers as of September 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, 125,726 or 85.8% of beneficiaries agreed to address health risk behaviors. In addition, 19,533 or 13.3% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 99.1% 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 125,726 beneficiaries who agreed to address health risk behaviors, 60.1% 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
October 2015	5,352	95,334
November 2015	4,454	99,801
December 2015	4,588	104,399
January 2016	5,040	109,452
February 2016	6,052	115,509
March 2016	6,360	121,882
April 2016	5,516	127,410
May 2016	5,169	132,593
June 2016	4,775	137,394
July 2016	3,995	141,452
August 2016	4,435	145,933
September 2016*	661	146,596

*Many completed HRAs for this month have not yet been submitted.

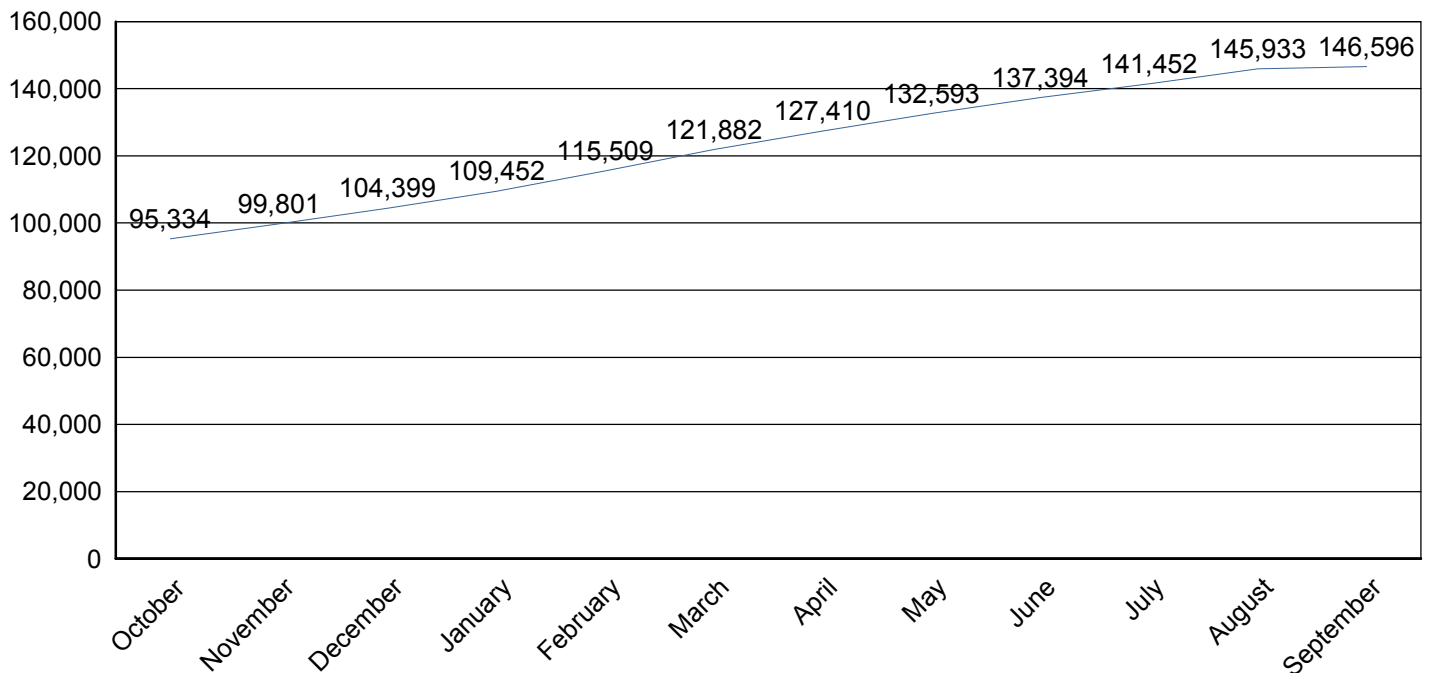
Table 11. Demographics of Population that Completed HRA with Primary Care Provider

September 2014 - September 2016

AGE GROUP	COMPLETED HRA	
19 - 29	29,683	20.25%
30 - 39	25,451	17.36%
40 - 49	28,684	19.57%
50 - 59	42,547	29.02%
60 +	20,231	13.80%
GENDER		
F	84,391	57.57%
M	62,205	42.43%
FPL		
< 100% FPL	118,050	80.53%
100 - 133% FPL	28,546	19.47%
TOTAL	146,596	100.00%

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

September 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:

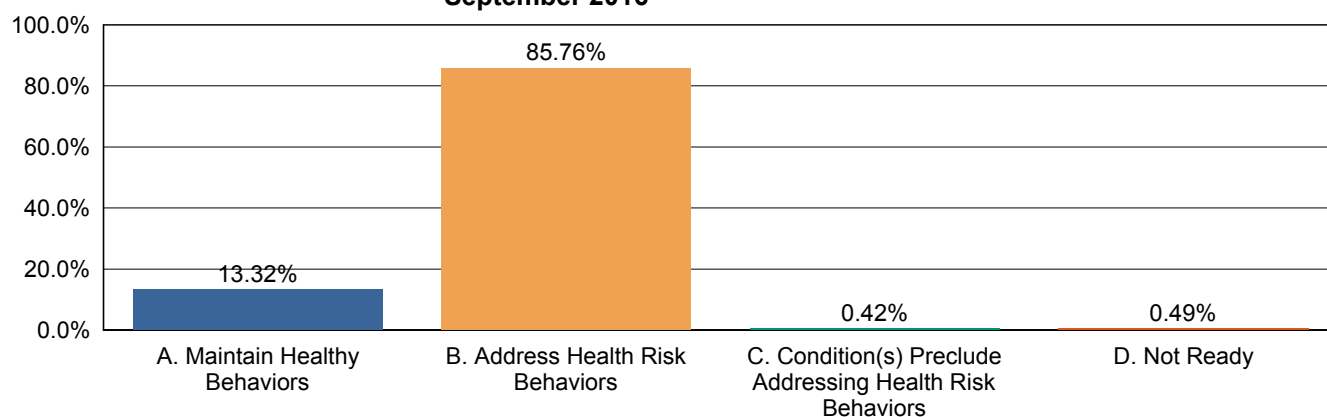
- A. Patient does not have health risk behaviors that need to be addressed at this times
- B. Patient has identified at least one behavior to address over the next year to improve their health
- C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing 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.

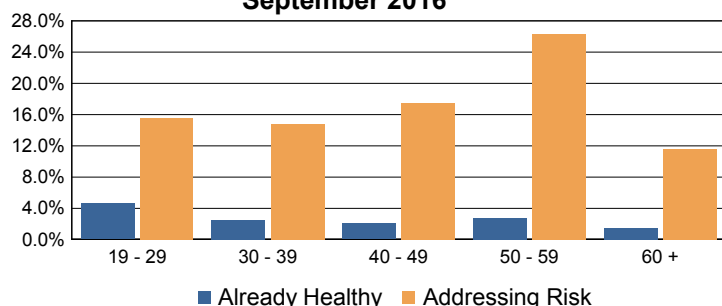
**Table 12. Healthy Behaviors Statement Selection
September 2016**

CHECK-UP	TOTAL	PERCENT
A. Maintain Healthy Behaviors	19,533	13.32%
B. Address Health Risk Behaviors	125,726	85.76%
C. Condition(s) Preclude Addressing Health Risk Behaviors	613	0.42%
D. Not Ready	724	0.49%
TOTAL	146,596	100.00%

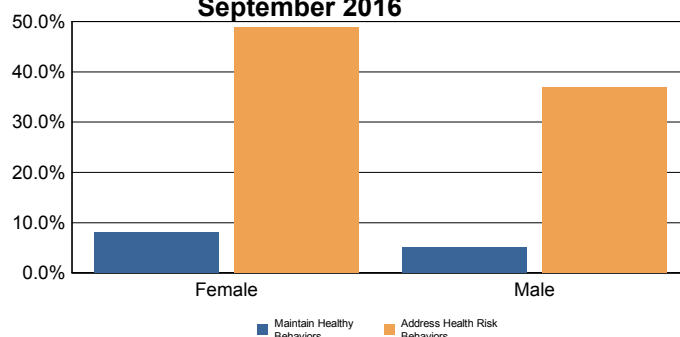
**Figure 10-2. Healthy Behaviors Statement Selection
September 2016**



**Figure 10-3. Maintain or Addressing Health Risk
Behaviors Statement Selection by Age
September 2016**



**Figure 10-4. Statement Selection by Gender
September 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 125,726 HRAs submitted through September 2016 where the beneficiary chose to address health risk behaviors, 60.08% 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

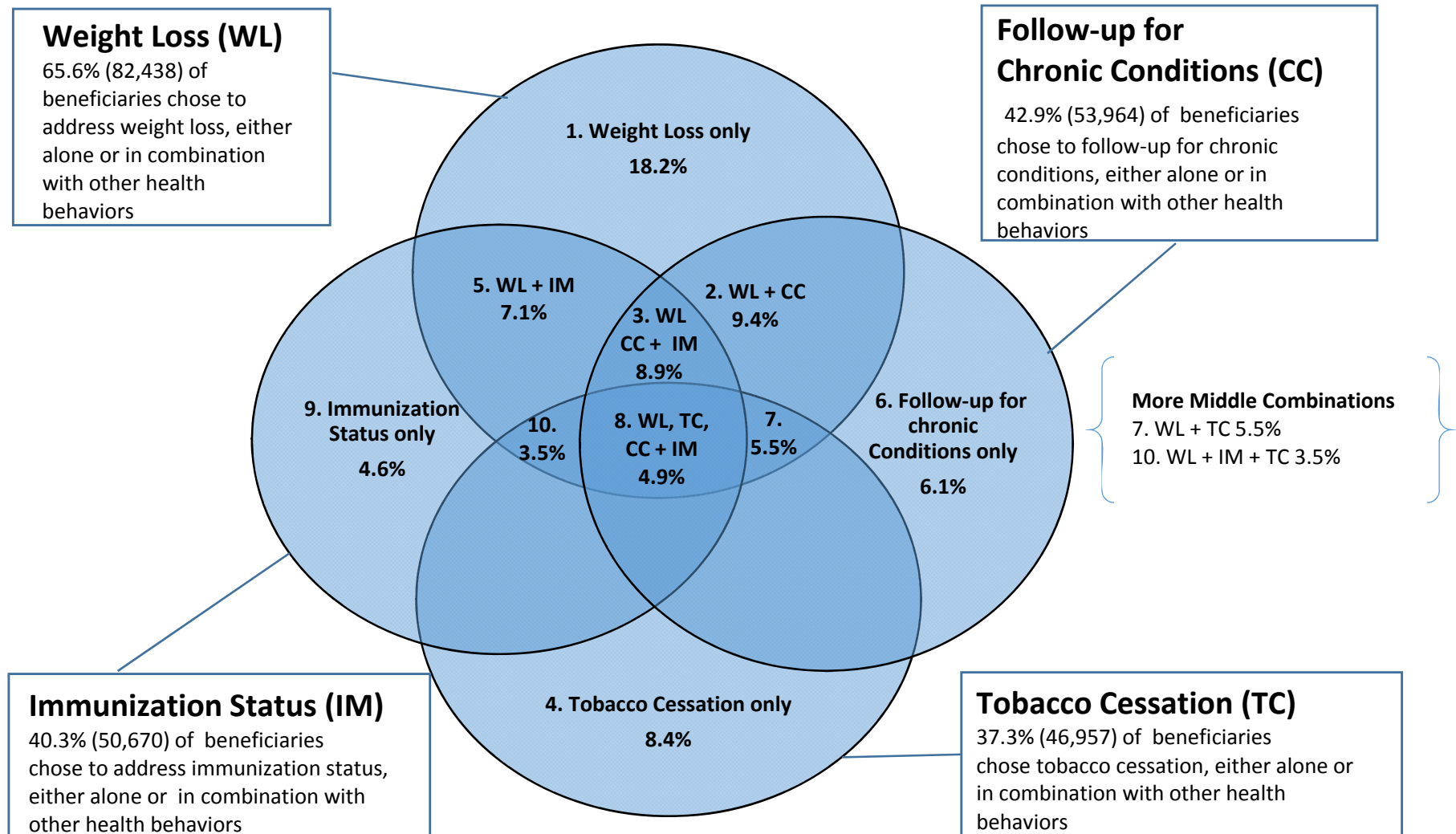
Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	22,813	18.15%
2. Weight Loss, Follow-up for Chronic Conditions	11,838	9.42%
3. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	11,222	8.93%
4. Tobacco Cessation ONLY	10,582	8.42%
5. Weight Loss, Immunization Status	8,949	7.12%
6. Follow-up for Chronic Conditions	7,718	6.14%
7. Weight Loss, Tobacco Cessation	6,873	5.47%
Total for Top 7	79,995	63.63%
Total for All Other Combinations	45,731	36.37%
Total	125,726	100.00%

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	65.58%	18.15%
Tobacco Cessation	37.35%	8.42%
Immunization Status (Annual Flu Vaccine)	40.30%	4.62%
Follow-up for Chronic Conditions	42.93%	6.14%
Addressing Alcohol Abuse	4.53%	0.38%
Addressing Substance Abuse	1.14%	0.11%
Other	5.05%	2.12%

Health Risk Assessment Completion with Primary Care Provider

Representation of the overlapping nature of top 10 health risk behavior selections September 2016





Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Tuesday, August 9, 2016

Time: 1:00 pm – 4:30 pm

Where: Michigan Public Health Institute (MPHI)
2436 Woodlake Circle
Okemos, MI 48864

Attendees: **Council Members:** Robin Reynolds, Rebecca Blake, Susan Steinke (for Alison Hirschel), Marie DeFer, Michelle Best (for Amy Hundley), Barry Cargill, Amy Zaagman, Priscilla Cheever, Dianne Haas, William Mayer, Pam Lupo, Jeffrey Towns, Vicki Kunz (for Marilyn Litka-Klein), David Herbel, Robert Sheehan, Lisa Dedden Cooper, Kim Singh, Cheryl Bupp, Eric Roath, April Stopczynski, Warren White, Karlene Ketola, Travar Pettway

Staff: Chris Priest, Dick Miles, Kathy Stiffler, Tom Renwick, Deb Eggleston, Jackie Prokop, Erin Emerson, Marie LaPres, Cindy Linn, Susan Kangas, Phillip Bergquist

Other Attendees: Tiffany Stone, Aimee Dedic, Brad Christiansen

Welcome and Introductions

Robin Reynolds opened the meeting and introductions were made.

Update on Flint

The Michigan Department of Health and Human Services (MDHHS) received approval from the Centers for Medicare and Medicaid Services (CMS) on May 9, 2016 to implement a waiver to provide coverage for children and pregnant women with incomes up to 400 percent of the federal poverty level (FPL) who were impacted by Flint water. To date, approximately 23,000 beneficiaries have enrolled in coverage under the waiver, and MDHHS is continuing to work with its partners operating in Genesee County to conduct outreach to eligible individuals.

Budget/Boilerplate Implementation

The State of Michigan budget for Fiscal Year (FY) 2017 (Public Act 268 of 2016) was signed into law on June 29, 2016, and includes an appropriation of \$24.8 billion gross and \$4.4 billion General Fund (GF) for MDHHS. The FY 2017 GF allocation for MDHHS represents an increase of approximately 5.5% (\$230 million) from FY 2016. MDHHS staff discussed several

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items contained within in the FY 2017 MDHHS budget, including:

- \$110 million GF for coverage of specialty drugs to treat Cystic Fibrosis and Hepatitis C
- \$83 million GF to account for a decrease in federal revenues
- \$177 million GF to account for an adjustment to the Federal Medical Assistance Percentage (FMAP) for FY 2017
- \$7.6 million GF to open a new wing at the Center for Forensic Psychiatry
- \$8.9 million GF to complete the expansion of the **Healthy Kids Dental** program to cover all beneficiaries up to age 21 in Kent, Oakland and Wayne counties
- \$3 million GF to increase non-Medicaid mental health services
- \$1.7 million GF for a 15% Medicaid Private Duty Nursing rate increase
- \$5.6 million GF for an increase of \$5 per day to private foster care agencies that perform case management services
- \$2.5 million GF for Senior Community Services
- A large investment in information technology for Integrated Service Delivery at MDHHS county offices and for modernization of the Michigan Statewide Automated Child Welfare Information System (MiSACWIS)
- \$2.7 million GF for housing and outreach specialists to offset a reduction in federal resources for the Money Follows the Person Grant
- \$172 million total reduction in funding for various MDHHS programs, which includes the discontinuation of the Health Insurance Claims Assessment (HICA)

Chris Priest provided an update on the implementation of the budget, and noted that while the Department's outlook on the budget is positive overall, several items contained in Governor Snyder's executive recommendation did not receive approval from the legislature, including a proposed reserve fund for coverage of specialty drugs.

Federal Regulatory Guidance

L Letter re: RX Reimbursement

On February 11, 2016, the Centers for Medicare and Medicaid Services (CMS) issued a new regulation to change the reimbursement methodology for pharmacists as it relates to dispensing fees and ingredient costs. MDHHS has issued a survey to Michigan pharmacists related to the new rule, and meeting attendees were reminded that completion is mandatory, as the results will be used to determine Medicaid reimbursement rates for outpatient drugs. In response to an inquiry regarding the confidentiality of information submitted with the survey, Chris Priest indicated that MDHHS has been working with legal counsel to ensure the privacy of respondents.

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MDHHS is also continuing to work through CMS guidance related to Medicaid managed care and is in the process of establishing a framework to assist all impacted areas.

Healthy Michigan Plan

Beginning April 1, 2018, under the terms of a second waiver for the Healthy Michigan Plan, beneficiaries who have been enrolled in the Healthy Michigan Plan for 48 months and have incomes above 100 percent of the Federal Poverty Level (FPL) may either:

- Remain on the Healthy Michigan Plan, complete a Health Risk Assessment and engage in one or more healthy behaviors, or
- Leave the Healthy Michigan Plan and receive coverage from the Federally Facilitated Marketplace (FFM).

MDHHS is currently working with the Department of Insurance and Financial Services (DIFS) to implement the provisions of the second waiver, including:

- Establishing guidelines for Qualified Health Plans (QHPs) to offer products on the FFM for marketplace-eligible beneficiaries,
- Defining “medically frail” individuals, and
- Revising the Healthy Behaviors protocols.

In response to an inquiry, MDHHS staff noted that QHPs are not required to be Medicaid Health Plans in order to provide coverage to marketplace-eligible beneficiaries.

Managed Care

Provider Surveys

MDHHS is in the process of developing a survey for providers to give input on their experience working with the Medicaid Health Plans, and plans to distribute a draft copy to members of the Medical Care Advisory Council (MCAC) for review by the end of August 2016. When the survey is released, providers will be randomly assigned a health plan to evaluate. Once the survey is completed, the Department will share the results with the Medicaid Health Plans prior to public release.

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Kathy Stiffler reported that many areas within the State of Michigan continue to experience a shortage of providers of Non-Emergency Medical Transportation (NEMT) for Medicaid beneficiaries. The Department met with LogistiCare, the State's Medicaid NEMT contractor, and the participating Health Plans on June 6, 2016 to discuss ways to improve access to NEMT services, and Kathy offered to share notes from the meeting with the MCAC. MDHHS staff and meeting attendees also discussed several ideas to improve access to NEMT, including providing mileage reimbursement to Medicaid beneficiaries who own their own vehicles, and providing special arrangements for Maternal Infant Health Program (MIHP) beneficiaries.

Behavioral Health Updates

Integration of Behavioral Health & Physical Health (298)

Following the release of the Governor's Executive Budget Recommendation in February 2016, which called for the integration of behavioral health and physical health services, the Lieutenant Governor convened a work group to discuss the issue. The stakeholder group has met several times to date, and has been working to complete a set of draft recommendations for the integration of behavioral health and physical health services by October 2016 for stakeholder comment before the final report is due to the legislature in mid-January. MDHHS also plans to establish at least three "affinity groups," each consisting of a select group of stakeholders (i.e., consumers and their families, providers, and state association representatives) to provide feedback on the work group's recommendations. Additional information regarding the Stakeholder 298 Work Group is also available on the MDHHS website at www.michigan.gov/stakeholder298.

Certified Community Behavioral Health Clinics (CCBHCs)

In October 2015, the State of Michigan received a planning grant to certify at least two clinics as CCBHCs, which provide intensive person-centered multi-disciplinary evidence-based screening, assessment, and diagnostic treatment and prevention services for individuals with mental health concerns. MDHHS has received 26 applications from potential sites seeking certification as CCBHCs, and plans to choose up to 10 clinics to participate in the demonstration. A minimum of two clinics (one rural and one urban) are needed for MDHHS to submit an implementation grant application for CCBHCs, which is due by October 31, 2016.

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MDHHS submitted a Section 1115 waiver application to CMS in July 2016, which will allow the Department to administer behavioral health services under a single waiver authority once approved. The 30 day public comment period for the waiver application is now closed, and the Department is continuing to work through the approval process with CMS.

Eligibility Redetermination Update

Implementation Progress

In June 2016, MDHHS issued a release in Bridges to implement a system for passive redetermination of Medicaid eligibility for the Modified Adjusted Gross Income (MAGI) group, which included approximately 50 percent of the beneficiaries enrolled in MAGI programs. A second release is scheduled for October 2016 to passively enroll the remaining MAGI beneficiaries. Implementation of a system for passive redetermination for non-MAGI groups (e.g., Supplemental Security Income [SSI] recipients) is planned for in future releases beginning in January 2017. Beneficiaries who wish to be a part of the passive redetermination process must provide their consent at the time of application. Once consent is given, MDHHS will be able to access the beneficiary's federal and state tax returns for the purpose of determining subsequent eligibility for Medicaid programs. MDHHS staff and meeting attendees also discussed ideas to simplify the redetermination process.

State Innovation Model (SIM) Update

MDHHS staff provided an update on the implementation of the SIM project and gave an overview of its many components, including: a patient-centered medical home related strategy through accountable systems of care; testing of new community health innovation regions; an investment in health information technology and health information exchange; and a collaborative learning network and overall stakeholder engagement approach to policy development. MDHHS has been actively involved in stakeholder engagement regarding the SIM in recent months, and has scheduled a summit for potential SIM participants on August 10 and 11 to discuss the project.

Michigan was announced as a statewide region for the Comprehensive Primary Care Plus (CPC+) program during the week of August 1, 2016, with Medicare, Blue Cross Blue Shield of Michigan and Priority Health participating as partners. Since this announcement, MDHHS has been exploring opportunities to align its work with Patient Centered Medical Homes (PCMHs) through the SIM initiative to the CPC+ program. MDHHS staff indicated that the CPC+ program has a care model focus similar to that which was included in the Blueprint for Health Innovation and the SIM. The Department is also in the process of developing a concept paper for a custom demonstration option to engage providers that were excluded from the CPC+ program. Medicaid is not included as a participating partner in CPC+, though a practice may

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participate with Medicare, Medicaid, and commercial payers by taking part in CPC+ and the PCMH SIM initiative simultaneously. For more information related to the PCMH SIM initiative, providers may visit the MDHHS website at www.michigan.gov/mdhhs >> Doing Business with MDHHS >> Health Care Providers >> State Innovation Model or email SIM@mail.mihealth.org.

Long Term Care Services and Supports Updates

MI Health Link

Dick Miles reported on several updates in the implementation of the MI Health Link program for individuals who are dually eligible for Medicare and Medicaid, including:

- In July 2016, MDHHS implemented a process within the MI Health Link program known as deeming, in which MI Health Link beneficiaries who lose their Medicaid eligibility may remain enrolled in MI Health Link for up to 90 days while their eligibility status is resolved.
- The Department began to passively enroll eligible individuals into MI Health Link on a monthly basis in June 2016, and enrollment in the demonstration has now stabilized at approximately 37,800 beneficiaries. MDHHS is also working to encourage individuals who are dually eligible for Medicare and Medicaid to enroll in MI Health Link voluntarily.
- MDHHS is working collaboratively with the Michigan Association of Health Plans and Integrated Care Organizations to develop a process to address ongoing issues with enrollment discrepancies in Medicare and Medicaid for MI Health Link beneficiaries.
- MDHHS is in the process of working with various stakeholders to organize a summit to educate providers on the MI Health Link program, with a focus on care coordination and person-centered planning. The summit is planned for November 9, 2016.

Home Help

MDHHS is working to develop a new section within the Medical Services Administration that will serve as a single point of accountability for the Home Help program, and will post a position for a Section Manager in the near future. The Department also plans to begin requiring Home Help workers to submit a new Electronic Services Verification (ESV) or Paper Services Verification (PSV) log to receive payment for services beginning in October 2016. The Department is also in the process of implementing the provisions of the Fair Labor Standards Act Home Care Rule, which establishes guidelines for minimum wage, travel and overtime pay.

Conflict-Free Level of Care Determination (LOCD)

As discussed in previous meetings, MDHHS issued a Request for Proposal (RFP) for conflict-free LOCDs in the fall of 2015, but did not receive any successful bidders. The Department has since met with CMS to determine CMS' legal authority to implement the conflict-free LOCD

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mandate, whether it is through the use of independent entities or using existing agencies with a firewall.

Brain Injury Waiver

MDHHS is currently accepting public comments on a Section 1115 waiver application that will provide necessary services and supports to individuals suffering a qualifying brain injury. A webinar will be held to discuss the waiver on August 10, 2016, as well as an in-person public hearing on August 17, 2016. Additional information regarding the waiver application is available on the MDHHS website at www.michigan.gov/mdhhs >> Assistance Programs >> Health Care Coverage >> Michigan Brain Injury (BI) Waiver.

Home Health

Dick Miles and participants discussed the fact that the State of Michigan has not allowed enrollment of new Home Health providers in Southeast Michigan since 2013, and that CMS is expanding the moratorium statewide. The Department may be allowed to seek a waiver in certain areas to prevent coverage gaps. A meeting participant also expressed concern about coverage gaps in home health services for beneficiaries who transition from Medicaid to private insurance coverage, and requested information about existing programs within MDHHS that offer assistance with transitioning beneficiaries from Medicaid to private insurance.

Policy Updates

MI Care Team

Bulletin MSA 16-13 was issued on June 1, 2016, and established the MI Care Team Primary Care Health Home benefit effective July 1, 2016. Ten Federally Qualified Health Centers (FQHCs) are participating in MI Care Team, and are currently providing services to 276 beneficiaries with an additional 61 enrollees pending.

Temporary Relocation

MDHHS staff located on the seventh floor of the Capitol Commons Center (400 S. Pine Street in Lansing), have moved temporarily to the fourth floor of the Lewis Cass Building (located at 320 S. Walnut Street in Lansing).

Zika Update

Letter L 16-39, regarding covered services related to the Zika virus was issued to all Medicaid providers on July 11, 2016. To date, 17 Michigan residents have contracted the Zika virus while traveling.

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A policy bulletin handout was distributed to meeting attendees, and proposed policy 1611-MIHP, regarding changes in benefit administration of Maternal Infant Health Program services for beneficiaries enrolled in a Medicaid Health Plan was also discussed, in addition to Letter L 16-40, regarding increasing access to Naloxone for opioid overdose.

The meeting was adjourned at 3:45 p.m.

Next Meeting: Wednesday, November 16, 2016

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



October 2016

Revised November 7, 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 & 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 2016¹

Quarterly Reported Measures	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Childhood Immunizations	N/A	N/A	N/A	N/A
Elective Delivery	N/A	N/A	N/A	N/A
Postpartum Care	0/13	0/13	N/A	3/13
Well-Child Visits 0-15 Months	6/12	8/12	N/A	4/13
Well-Child Visits 3-6 Years	0/13	0/13	N/A	3/11
Complaints	7/13	5/12	N/A	10/11
Adults' Generic Drug Utilization	13/13	13/13	8/8	11/11
Timely Completion of Initial HRA	1/13	0/12	0/12	5/10
Outreach & Engagement to Facilitate Entry to PCP	0/13	0/12	N/A	0/11
Plan All-Cause Acute 30-Day Readmissions	5/13	8/13	N/A	12/12
Adults' Access to Ambulatory Health Services	2/13	0/13	N/A	0/11
Adult Body Mass Index Assessment	0/13	0/12	N/A	9/11
Breast Cancer Screening	9/12	8/12	N/A	9/10
Cervical Cancer Screening	0/13	0/13	N/A	0/11
Diabetes Short-Term Complications Admission Rate	N/A	N/A	N/A	N/A
COPD or Asthma in Older Adults Admission Rate	N/A	N/A	N/A	NA
Heart Failure Admission Rate	N/A	N/A	N/A	N/A
Asthma in Younger Adults Admission Rate	N/A	N/A	N/A	N/A
Chlamydia Screening in Women Ages 21-24	1/13	0/12	N/A	7/10
Comprehensive Diabetes Care: Hemoglobin A1c Testing	2/13	2/12	N/A	5/11

¹ 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)

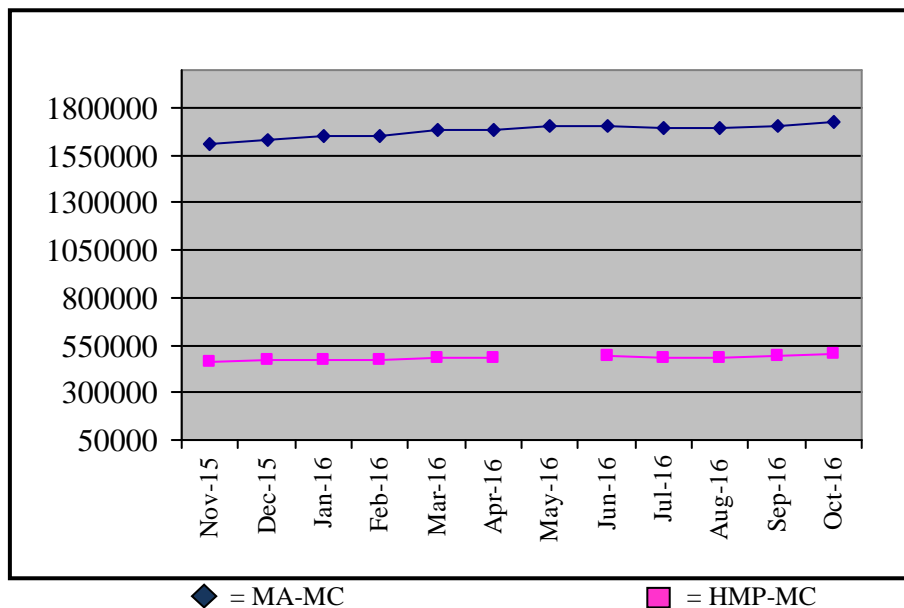
Antidepressant Medication Management			N/A		N/A			N/A		N/A		
Annual Monitoring for Patients on Persistent Medications			0/13		0/12			N/A		5/11		
Monthly Reported Measures	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Blood Lead Testing	3/12	3/12	3/12	3/12	3/11	3/11	3/11	3/11	3/11	N/A	N/A	N/A
Developmental Screening First Year of Life	11/13	11/13	11/13	11/13	12/13	12/13	12/13	12/13	12/13	12/13	12/13	12/13
Developmental Screening Second Year of Life	10/13	10/13	10/13	10/13	10/13	10/13	10/13	11/13	11/13	11/13	11/13	10/13
Developmental Screening Third Year of Life	8/13	8/13	9/13	9/13	9/13	9/13	9/13	9/13	11/13	11/13	11/13	11/13
Claims Processing	12/13	12/13	12/13	11/13	9/12	7/11	6/11	7/11	9/11	10/11	10/11	10/11
Encounter Data Reporting	13/13	12/13	12/13	13/13	11/13	12/13	11/11	11/11	11/11	11/11	10/11	11/11
Pharmacy Encounter Data	13/13	13/13	13/13	10/11	11/11	11/11	11/11	11/11	11/11	11/11	11/11	10/11
Provider File Reporting	13/13	13/13	13/13	11/11	11/11	11/11	11/11	11/11	11/11	11/11	11/11	11/11

Managed Care Enrollment

Michigan Medicaid Managed Care (MA-MC) enrollment has remained steady over the past year. In October 2016, enrollment was 1,727,941, up 115,465 enrollees (7.2%) from November 2015. An increase of 26,444 enrollees (1.6%) was realized between September 2016 and October 2016.

The Healthy Michigan Plan (HMP-MC) enrollment has also remained steady over the past year. In October 2016, enrollment was 502,428, up 38,625 enrollees (8.3%) from November 2015. An increase of 10,713 enrollees (2.2%) was realized between September 2016 and October 2016.

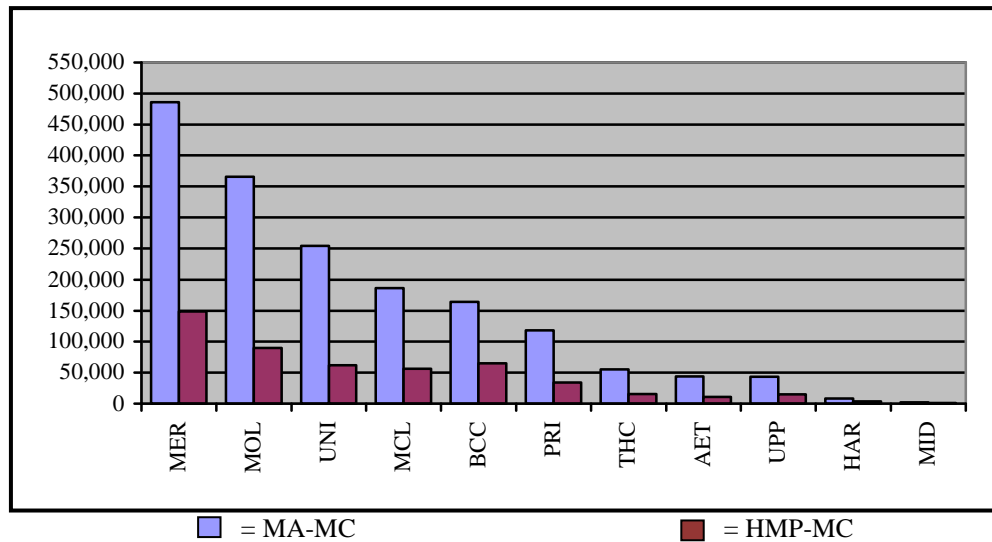
Figure 1: MA-MC and HMP-MC Enrollment, November 2015 – October 2016²



² Enrollment data was not available for HMP-MC Enrollment for May 2016 at the time of publication.

Performance Monitoring Report

Figure 2: MA-MC and HMP-MC Enrollment, by Health Plan, October 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

April 2015 – March 2016

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

April 2015 – March 2016

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

April 2015 – March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

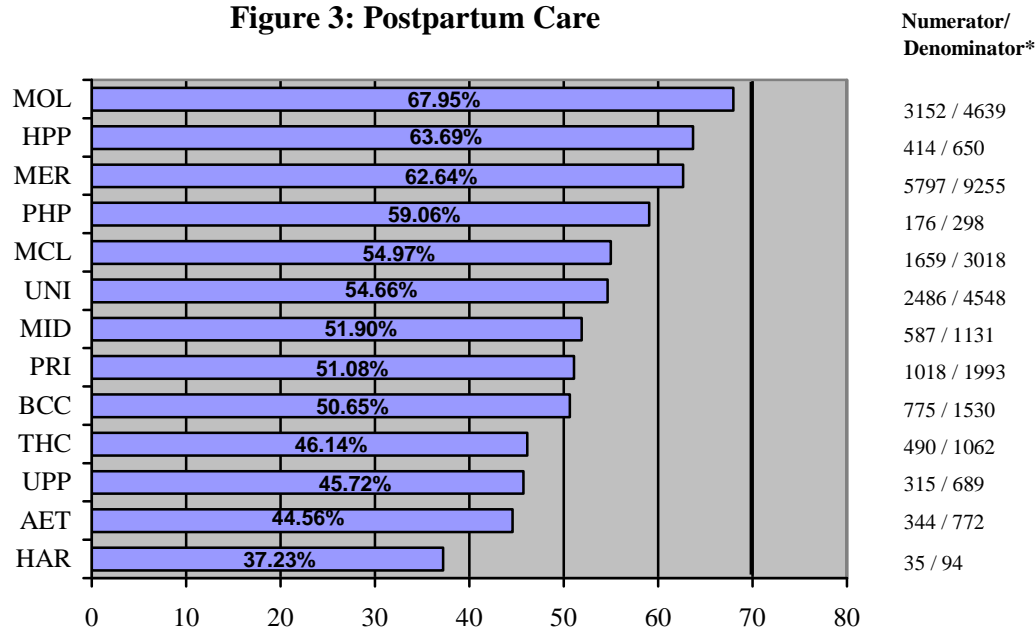
Quarterly

Summary: Summary: None of the plans met or exceeded the performance standard. Three plans (MOL, THC, and UNI), met 10% improvement towards the standard for this quarter. Results ranged from 37.23% to 67.95%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	22910	41874	54.71%
Fee For Service (FFS) only	1159	3288	35.25%
Managed Care only	18080	31048	58.23%
MA-MC	15420	26773	57.60%
HMP-MC	1570	2490	63.05%

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

July 2016 –September 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

Monthly

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

Table 3: Blood Lead Testing for Two Year Olds

MHP	Standard	Cont. Enrolled Result			Standard Achieved		
		Jul	Aug	Sep	Jul	Aug	Sep
AET	81%	N/A	N/A	N/A	N/A	N/A	N/A
BCC	81%	N/A	N/A	N/A	N/A	N/A	N/A
HAR	81%	N/A	N/A	N/A	N/A	N/A	N/A
MCL	81%	N/A	N/A	N/A	N/A	N/A	N/A
MER	81%	N/A	N/A	N/A	N/A	N/A	N/A
MID	81%	N/A	N/A	N/A	N/A	N/A	N/A
MOL	81%	N/A	N/A	N/A	N/A	N/A	N/A
PRI	81%	N/A	N/A	N/A	N/A	N/A	N/A
THC	81%	N/A	N/A	N/A	N/A	N/A	N/A
UNI	81%	N/A	N/A	N/A	N/A	N/A	N/A
UPP	81%	N/A	N/A	N/A	N/A	N/A	N/A

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 1st and 2nd birthday who receive a developmental screening; and the percentage of children between their 2nd and 3rd 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

July 2016 – September 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

Monthly

Summary: For the *first year of life*, twelve plans met or exceeded the standard for July, August, and September, while one plan (UPP) did not. None of the plans met 10% improvement towards the standard for this quarter.

For the *second year of life*, eleven plans met or exceeded the standard for July, while two plans (HAR, and UPP) did not; Eleven plans met or exceeded the standard for August, while two plans (HAR and UPP) did not; Ten plans met or exceeded the standard for September, 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*, eleven plans met or exceeded the standard for July, August, and September, while two plans (HAR and UPP) did no. None of the plans met the 10% improvement towards the standard for this quarter.

Table 4: Developmental Screening First Year of Life

MHP	Standard	Plan Result			Standard Achieved		
		Jul	Aug	Sep	Jul	Aug	Sep
AET	19%	20.71%	21.16%	21.61%	Yes	Yes	Yes
BCC	19%	37.92%	37.18%	37.20%	Yes	Yes	Yes
HAR	19%	21.57%	25.45%	27.12%	Yes	Yes	Yes
HPP	19%	37.64%	41.27%	41.89%	Yes	Yes	Yes
MCL	19%	24.08%	24.62%	25.07%	Yes	Yes	Yes
MER	19%	24.33%	24.33%	24.05%	Yes	Yes	Yes
MID	19%	30.57%	30.06%	29.67%	Yes	Yes	Yes
MOL	19%	26.26%	26.39%	26.16%	Yes	Yes	Yes
PHP	19%	27.16%	29.30%	31.72%	Yes	Yes	Yes
PRI	19%	21.88%	20.45%	20.19%	Yes	Yes	Yes
THC	19%	22.16%	22.08%	22.44%	Yes	Yes	Yes
UNI	19%	24.11%	24.31%	24.83%	Yes	Yes	Yes
UPP	19%	11.16%	11.04%	10.01%	No	No	No

Performance Monitoring Report

Table 5: Developmental Screening Second Year of Life

MHP	Standard	Plan Result			Standard Achieved		
		Jul	Aug	Sep	Jul	Aug	Sep
AET	23%	23.81%	23.40%	22.95%	Yes	Yes	No
BCC	23%	45.82%	46.07%	46.26%	Yes	Yes	Yes
HAR	23%	18.64%	17.54%	15.38%	No	No	No
HPP	23%	35.43%	38.51%	34.93%	Yes	Yes	Yes
MCL	23%	28.51%	29.15%	30.43%	Yes	Yes	Yes
MER	23%	29.97%	30.43%	31.02%	Yes	Yes	Yes
MID	23%	35.58%	35.05%	35.46%	Yes	Yes	Yes
MOL	23%	29.52%	29.89%	30.04%	Yes	Yes	Yes
PHP	23%	27.81%	27.10%	28.57%	Yes	Yes	Yes
PRI	23%	36.75%	36.80%	35.52%	Yes	Yes	Yes
THC	23%	27.23%	27.03%	26.20%	Yes	Yes	Yes
UNI	23%	31.40%	31.95%	31.29%	Yes	Yes	Yes
UPP	23%	10.80%	10.28%	10.71%	No	No	No

Table 6: Developmental Screening Third Year of Life

MHP	Standard	Plan Result			Standard Achieved		
		Jul	Aug	Sep	Jul	Aug	Sep
AET	17%	18.57%	18.83%	19.11%	Yes	Yes	Yes
BCC	17%	37.68%	36.65%	37.28%	Yes	Yes	Yes
HAR	17%	7.27%	3.85%	3.92%	No	No	No
HPP	17%	34.38%	34.22%	34.72%	Yes	Yes	Yes
MCL	17%	21.94%	22.30%	22.33%	Yes	Yes	Yes
MER	17%	24.03%	23.99%	24.13%	Yes	Yes	Yes
MID	17%	29.55%	30.74%	30.62%	Yes	Yes	Yes
MOL	17%	22.01%	22.07%	22.98%	Yes	Yes	Yes
PHP	17%	18.09%	20.83%	22.45%	Yes	Yes	Yes
PRI	17%	32.95%	33.88%	33.12%	Yes	Yes	Yes
THC	17%	18.06%	20.05%	20.50%	Yes	Yes	Yes
UNI	17%	24.55%	24.69%	25.17%	Yes	Yes	Yes
UPP	17%	12.24%	11.73%	11.68%	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

April 2015 – March 2016

Data Source

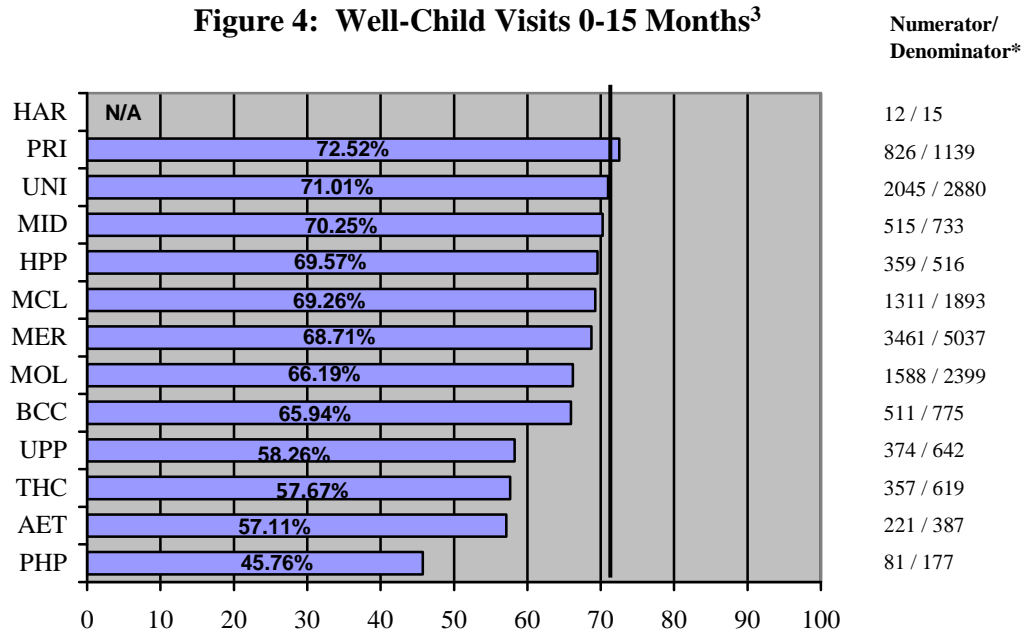
MDHHS Data Warehouse

Measurement Frequency

Quarterly

Summary: Two plans met or exceeded the standard, while ten plans (AET, BCC, HPP, MCL, MER, MID, MOL, PHP, THC, and UPP). One plan (MCL) met 10% improvement towards the standard. Results ranged from 45.76% to 72.52%

Figure 4: Well-Child Visits 0-15 Months³



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.

³ 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

April 2015 – March 2016

Data Source

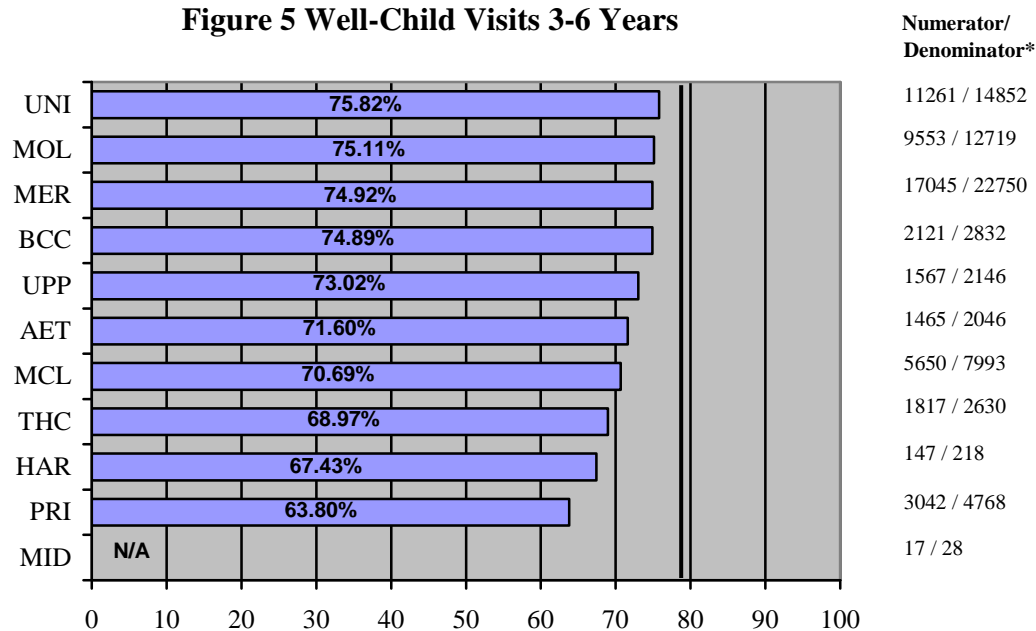
MDHHS Data Warehouse

Measurement Frequency

Quarterly

Summary: None of the plans met or exceeded the standard. Three plans (HAR, MOL, and UNI) met 10% improvement towards the standard. Results ranged from 63.80% to 75.82%.

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

April 2016 –June 2016

Data Source

Customer Relations System (CRM)

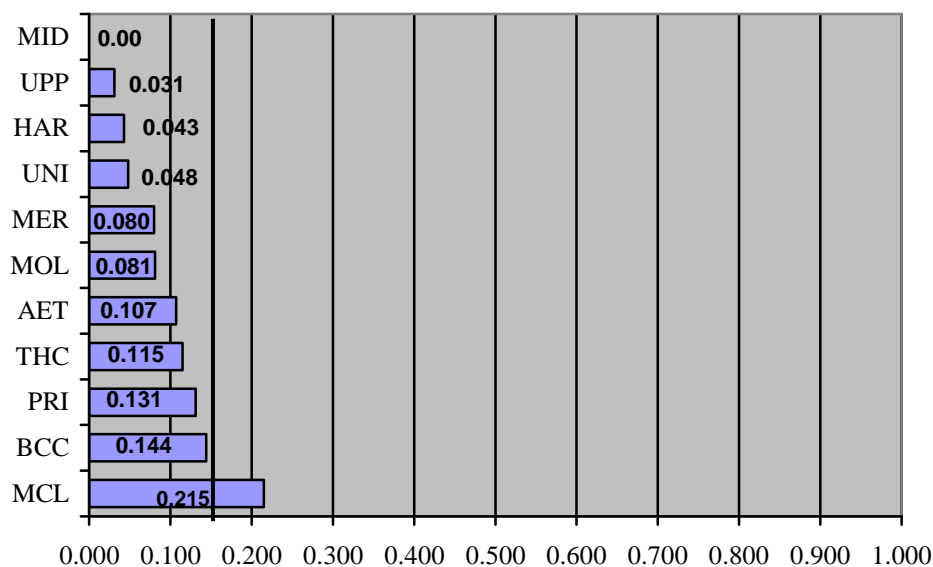
Measurement Frequency

Quarterly

Summary: Ten plans met or exceeded the standard, while one plan (MCL) did not. The results ranged from 0.000 to 0.215 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

May 2016 –July 2016

Data Source

Claims report submitted by health plan

Measurement Frequency

Monthly

Summary: Ten plans met or exceeded the standard in May, June, and July 2016, while one plan (HAR) did not.

Table 7: Claims Processing May 2016

MHP	Timely	Accurate	$\geq 95\%$	$\leq 12\%$	$\leq 1\%$	Standard Achieved
AET	Yes	Yes	98%	6%	0.74%	Yes
BCC	Yes	Yes	100%	7%	0.01%	Yes
HAR	Yes	No	99%	0%	7.20%	No
MCL	Yes	Yes	100%	4%	0.90%	Yes
MER	Yes	Yes	99%	8%	0.00%	Yes
MID	Yes	Yes	97%	10%	0.00%	Yes
MOL	Yes	Yes	100%	2%	0.08%	Yes
PRI	Yes	Yes	100%	6%	0.13%	Yes
THC	Yes	Yes	100%	3%	0.00%	Yes
UNI	Yes	Yes	100%	7%	0.05%	Yes
UPP	Yes	Yes	100%	9%	0.00%	Yes

Performance Monitoring Report

Table 8: Claims Processing June 2016

MHP	Timely	Accurate	≥95%	≤12%	≤1%	Standard Achieved
AET	Yes	Yes	98%	5%	0.45%	Yes
BCC	Yes	Yes	100%	8%	0.00%	Yes
HAR	Yes	No	98%	0%	6.56%	No
MCL	Yes	Yes	100%	4%	0.17%	Yes
MER	Yes	Yes	99%	7%	0.00%	Yes
MID	Yes	Yes	100%	11%	0.00%	Yes
MOL	Yes	Yes	100%	2%	0.19%	Yes
PRI	Yes	Yes	100%	6%	0.20%	Yes
THC	Yes	Yes	100%	3%	0.00%	Yes
UNI	Yes	Yes	100%	6%	0.05%	Yes
UPP	Yes	Yes	100%	8%	0.00%	Yes

Table 9: Claims Processing July 2016

MHP	Timely	Accurate	≥95%	≤12%	≤1%	Standard Achieved
AET	Yes	Yes	96%	9%	0.43%	Yes
BCC	Yes	Yes	100%	8%	0.00%	Yes
HAR	Yes	No	98%	0%	1.17%	No
MCL	Yes	Yes	100%	3%	0.01%	Yes
MER	Yes	Yes	99%	7%	0.00%	Yes
MID	Yes	Yes	96%	10%	0.00%	Yes
MOL	Yes	Yes	100%	2%	0.10%	Yes
PRI	Yes	Yes	100%	7%	0.10%	Yes
THC	Yes	Yes	100%	6%	0.00%	Yes
UNI	Yes	Yes	100%	7%	0.02%	Yes
UPP	Yes	Yes	100%	8%	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 15th 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

July 2016 – September 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 June 2016 adjudicated encounters by the 15th of July 2016.

Ten plans met the standard of submitting a minimum volume of professional and institutional July 2016 adjudicated encounters by the 15th of August 2016, while one plan (BCC) did not. All plans met the standard of submitting a minimum volume of professional and institutional August 2016 adjudicated encounters by the 15th of September 2016.

Table 10: Encounter Data Reporting July 2016

MHP	Standard	Timely	Complete		Standard Achieved
		15 th 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 August 2016

MHP	Standard	Timely	Complete		Standard Achieved
		15 th of Month	Prof & Inst.	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	No	No
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

Table 12: Encounter Data Reporting September 2016

MHP	Standard	Timely	Complete		Standard Achieved
		15 th 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

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

July 2016 – September 2016

Data Source

MDHHS Data Exchange Gateway, Encounter Data

Measurement Frequency

Monthly

Summary: All plans met the standard for submitting a minimum volume of June 2016 adjudicated pharmacy encounters by the 15th of July 2016.
All of the plans met the standard for submitting a minimum volume of July 2016 adjudicated pharmacy encounters by the 15th of August 2016.
Ten plans met the standard for submitting a minimum volume of August 2016 adjudicated pharmacy encounters by the 15th of September 2016, while one plan (PRI) did not.

Table 13: Pharmacy Encounter Data Reporting July 2016

MHP	Standard	Timely	Complete	Standard Achieved
		15 th 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

Table 14: Pharmacy Encounter Data Reporting August 2016

MHP	Standard	Timely	Complete	Standard Achieved
		15 th 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 September 2016

MHP	Standard	Timely	Complete	Standard Achieved
		15 th 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	No	No
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 by the last Thursday of the month.

Measurement Period

July 2016 – September 2016

Data Source

MDHHS Data Exchange Gateway, Encounter Data

Measurement Frequency

Monthly

Summary: In July, August and September all plans met the standard of submitting an error free provider file to Michigan ENROLLS by the last Thursday of the month.

Table 16: Provider File Reporting

MHP	Standard	Timely			Accurate			Standard Achieved		
		Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
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

January 2016 –March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

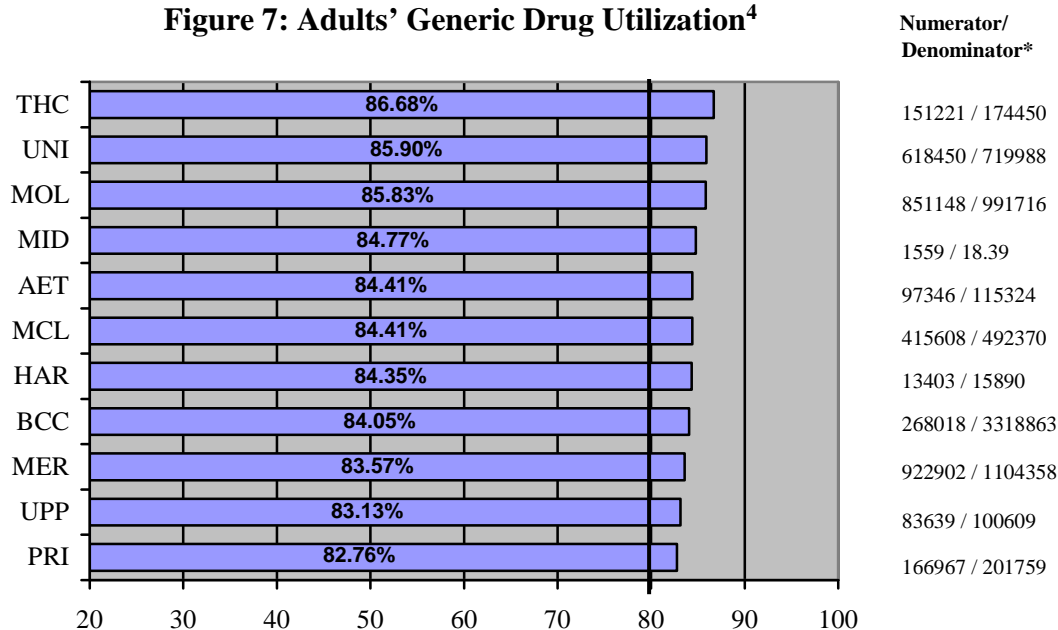
Quarterly

Summary: All of the plans met or exceeded the standard. Results ranged from 82.76% to 86.68%.

Table 17: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	3722957	4426400	84.11%
Fee For Service (FFS) only	23079	52333	44.10%
Managed Care only	3626929	4280795	84.73%
MA-MC	1967677	2331169	84.41%
HMP-MC	1626384	1910853	85.11%

Figure 7: Adults' Generic Drug Utilization⁴



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.

⁴ Results showing N/A are due to technical issues with files received.

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

October 2015 – December 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

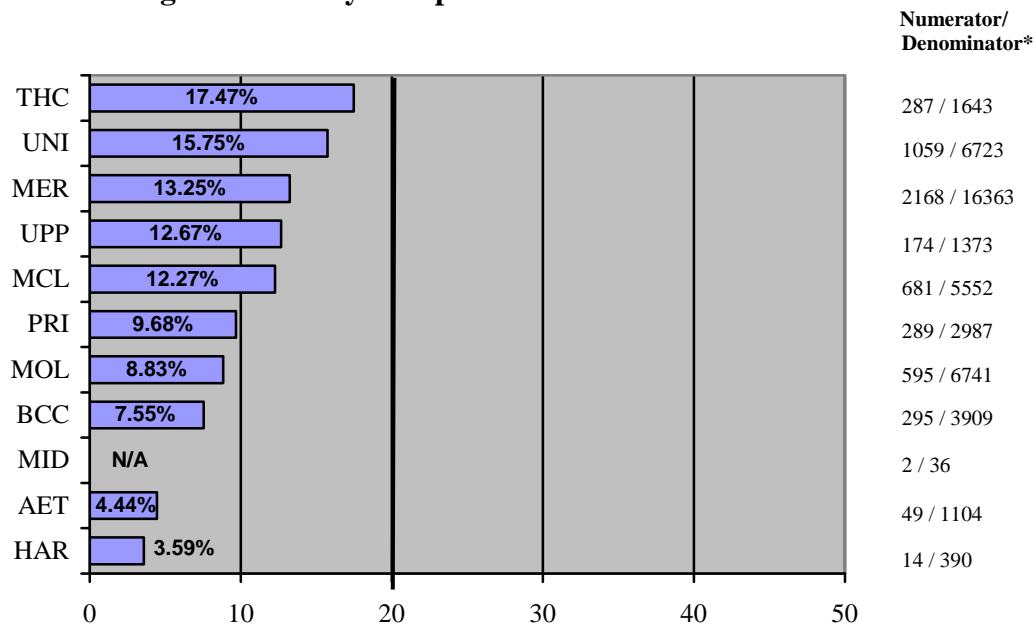
Quarterly

Summary: None of the plans met or exceeded the standard. Five plans (MER, MOL, THC, UNI, and UPP) met 10% improvement towards the standard for this quarter. Results ranged from 3.59% to 17.47%.

Table 18: Program Total⁵

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	5613	46821	11.99%

Figure 8: Timely Completion of Initial HRA⁶



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.

⁵ This includes HRAs completed during the HMP FFS period prior to enrollment in a Medicaid health plan.

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

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

October 2015 – December 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

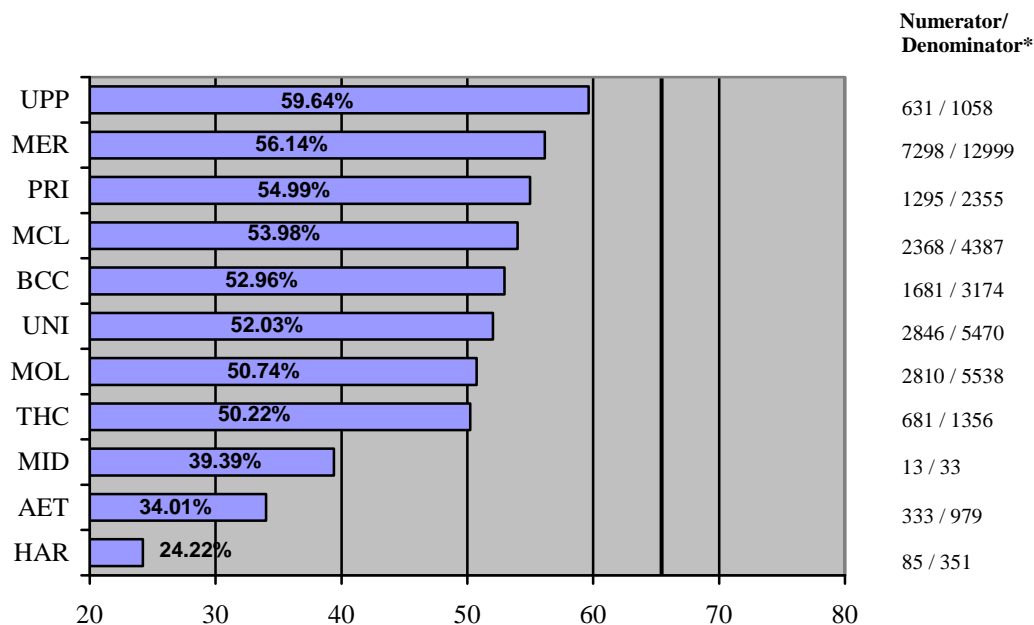
Quarterly

Summary: None of the plans met or exceeded the standard. None of the plans met 10% improvement towards the standard for this quarter. Results ranged from 24.22% to 59.64%.

Table 19: Program Total⁷

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	29162	46821	62.28%

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.

⁷ 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

April 2015 –March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

Annually

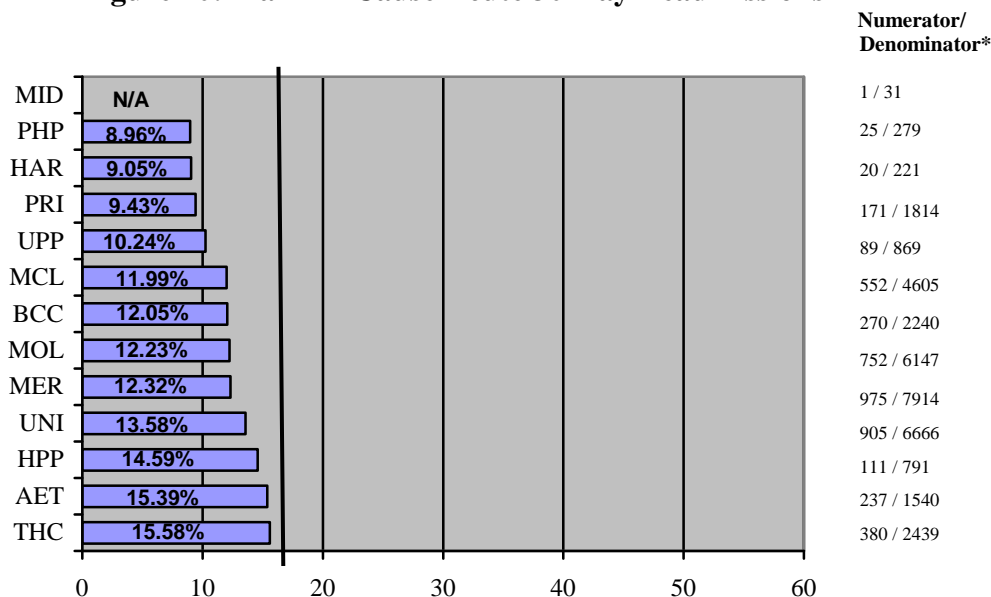
Summary: All of the plans met or exceeded the standard. Results ranged from 8.96% to 15.58%.

****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	7303	58125	12.56%
Fee For Service (FFS) only	371	2347	15.81%
Managed Care only	5167	40717	12.69%
MA-MC	3985	28049	14.21%
HMP-MC	892	9976	8.94%

Figure 10: Plan All-Cause Acute 30-Day Readmissions⁸



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.

⁸ A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

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

April 2015 –March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

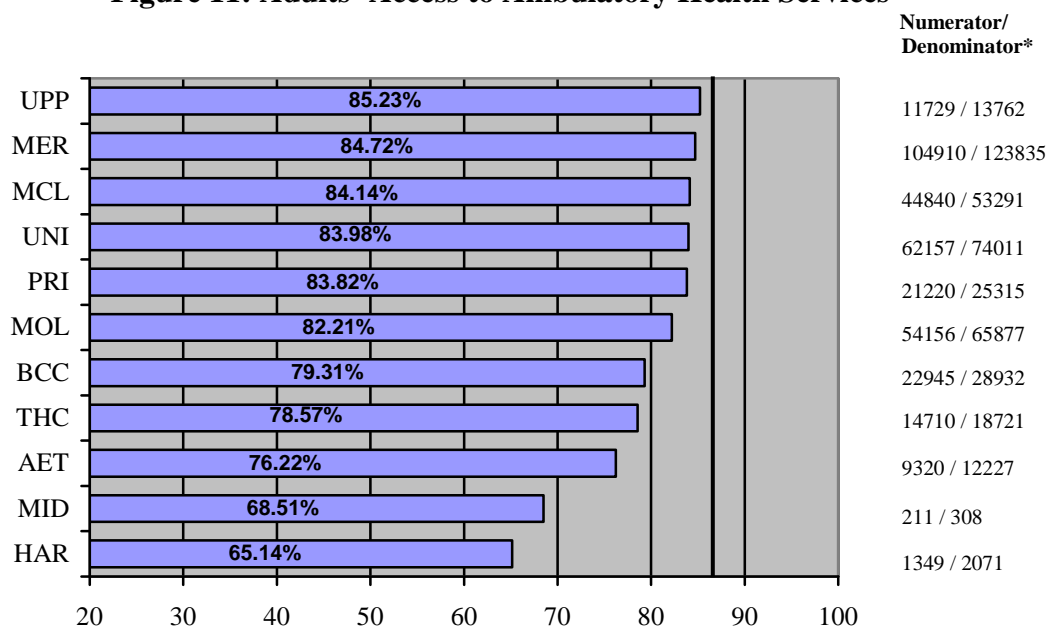
Quarterly

Summary: None of the plans met or exceeded the standard. None of the plans met 10% improvement towards the standard for this quarter. Results ranged from 65.14% to 85.23%.

Table 21: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	563965	693563	81.31%
Fee For Service (FFS) only	10490	17205	60.97%
Managed Care only	418643	502014	83.39%
MA-MC	216300	258211	83.77%
HMP-MC	171840	207627	82.76%

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

April 2015 – March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

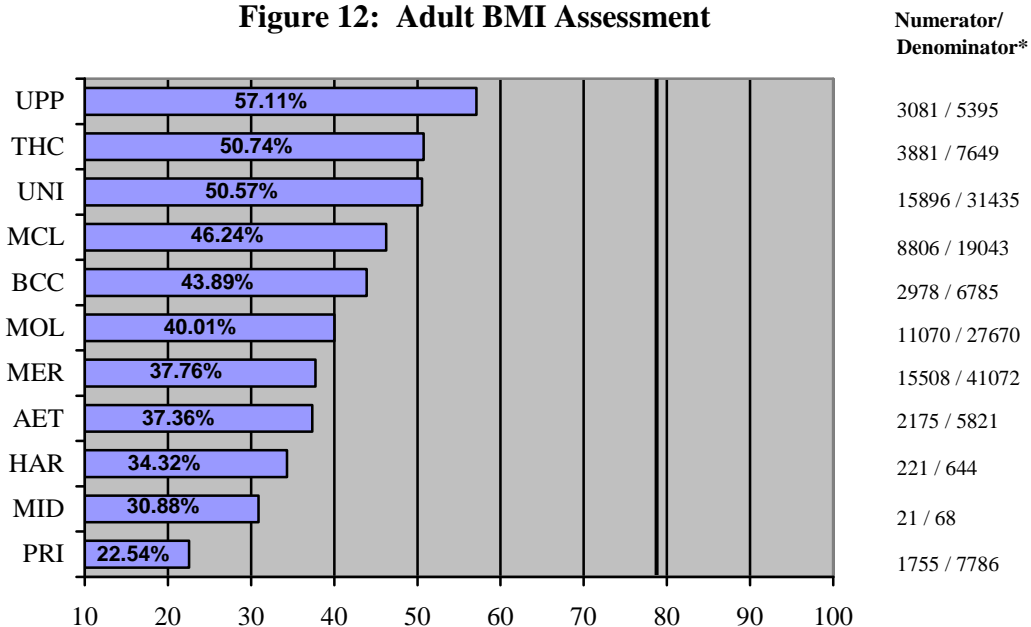
Quarterly

Summary: None of the plans met or exceeded the standard. Nine plans (AET, BCC, MCL, MER, MOL, PRI, THC, UNI, and UPP) met 10% improvement towards the standard for this quarter. Results ranged from 22.54% to 57.11%.

Table 22: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	151146	351842	42.96%
Fee For Service (FFS) only	1425	3982	35.79%
Managed Care only	83943	192141	43.69%
MA-MC	60369	136990	44.07%
HMP-MC	12096	27279	44.34%

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

April 2015 – March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

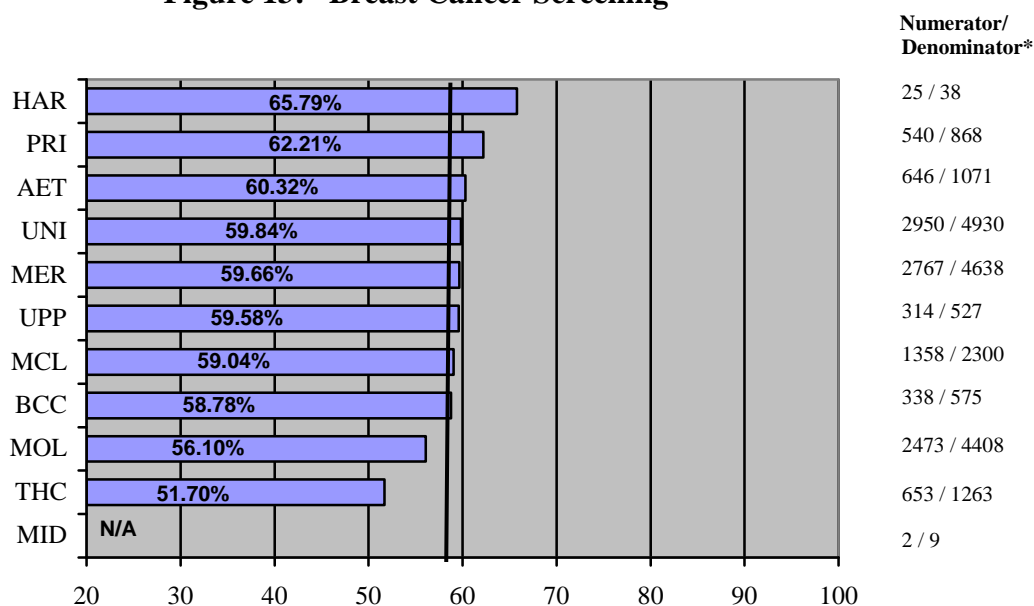
Quarterly

Summary: Eight plans met or exceeded the standard, while two plans (MOL and THC) did not. One plan (THC) met the 10% improvement towards the standard for this quarter. Results ranged from 51.70% to 65.79%.

Table 23: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	18362	31957	57.46%
Fee For Service (FFS) only	525	1048	50.10%
Managed Care only	15126	25845	58.53%
MA-MC	14156	24283	58.30%
HMP-MC	N/A	N/A	N/A

Figure 13: Breast Cancer Screening⁹



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.

⁹ 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

April 2015 – March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

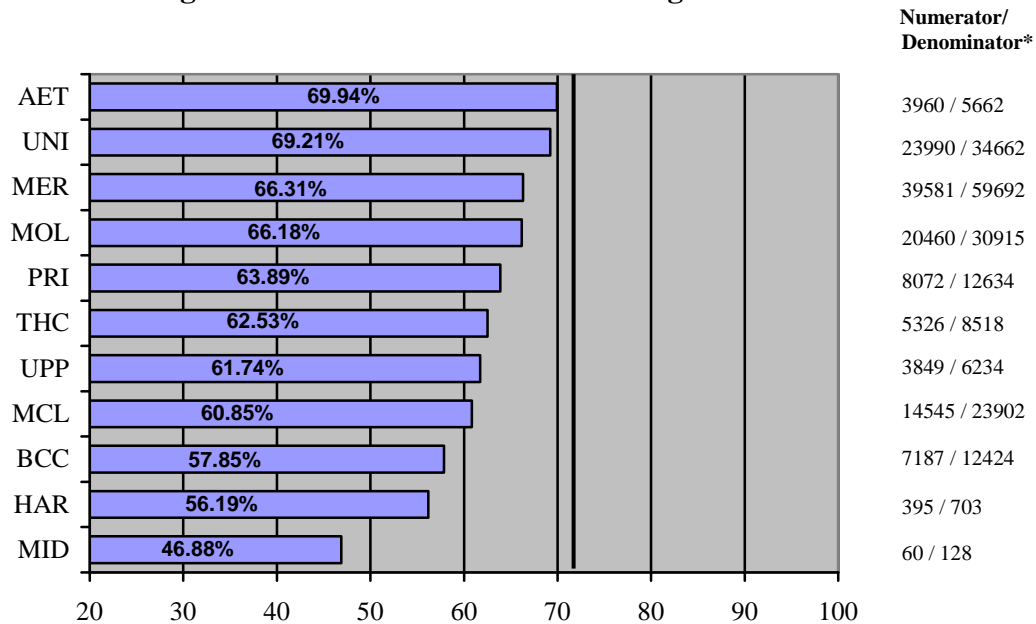
Quarterly

Summary: None of the plans met or exceeded the standard. None of the plans met 10% improvement towards the standard for this quarter. Results ranged from 46.88% to 69.94%.

Table 24: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	200319	321795	62.25%
Fee For Service (FFS) only	3334	7884	42.29%
Managed Care only	152858	234942	65.06%
MA-MC	90327	129184	69.92%
HMP-MC	51087	89533	57.06%

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

April 2015 – March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

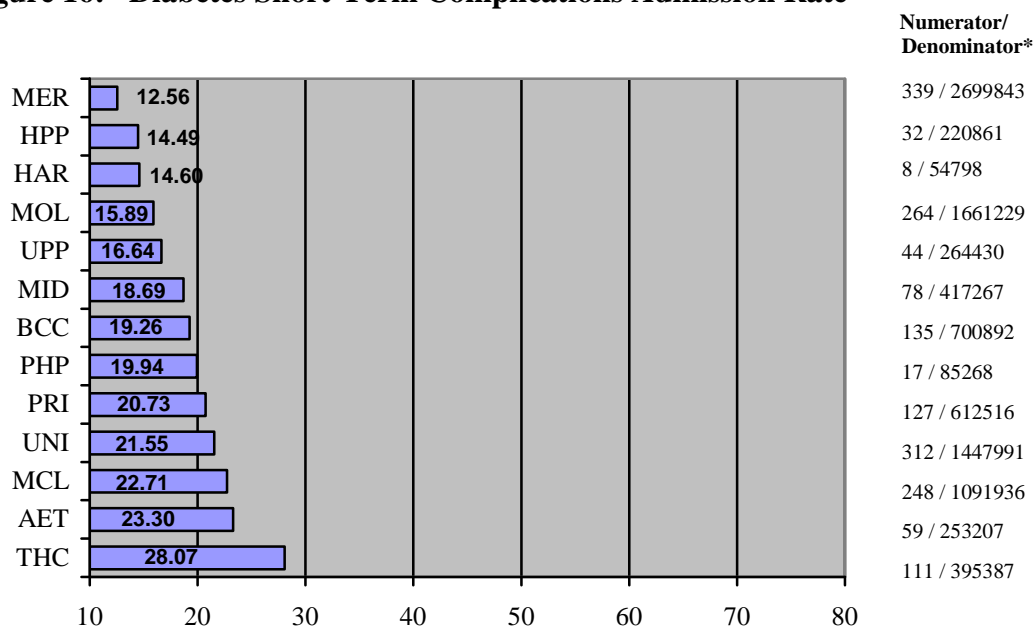
Quarterly

*****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	2342	12029377	19.47
Fee For Service (FFS) only	556	2117800	26.25
Managed Care only	1786	9911577	18.02
MA-MC	1061	4724178	22.46
HMP-MC	725	5187399	13.98

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

April 2015 – March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

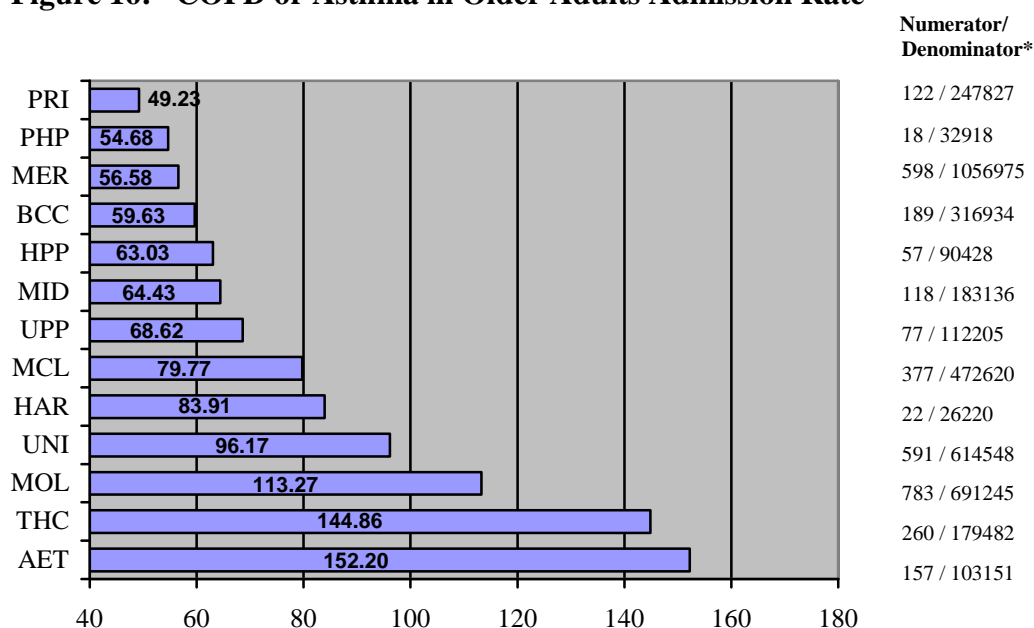
Quarterly

*****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	3825	4852092	78.83
Fee For Service (FFS) only	448	721857	62.06
Managed Care only	3377	4130235	81.76
MA-MC	2508	1769649	141.72
HMP-MC	869	2360586	36.81

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

April 2015 – March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

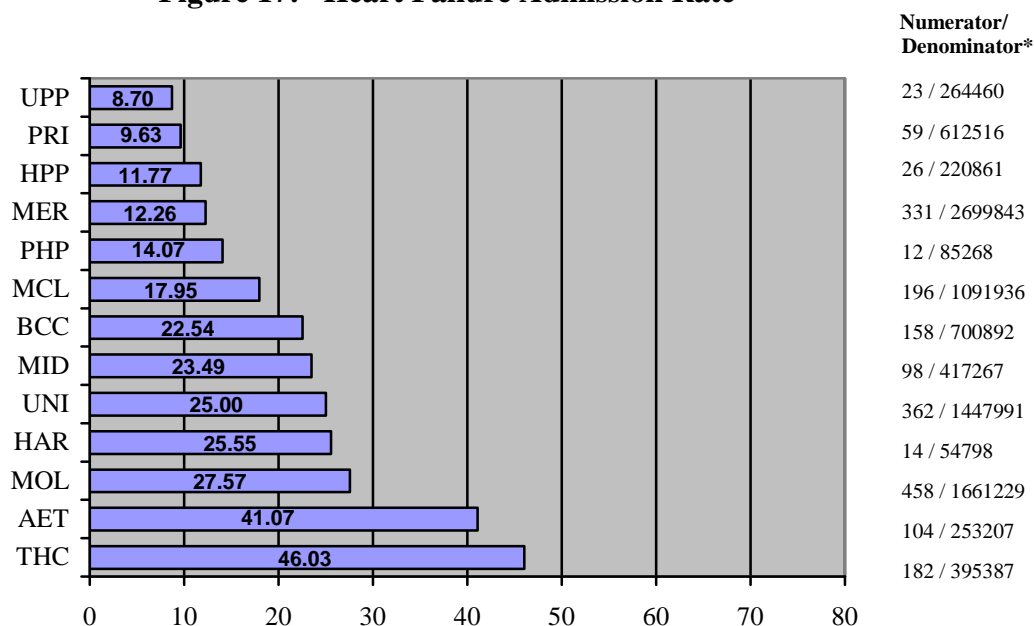
Quarterly

*****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	2521	12027716	20.96
Fee For Service (FFS) only	480	2116139	22.68
Managed Care only	2041	9911577	20.59
MA-MC	1551	4724178	32.83
HMP-MC	490	5187399	9.45

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

April 2015 – March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

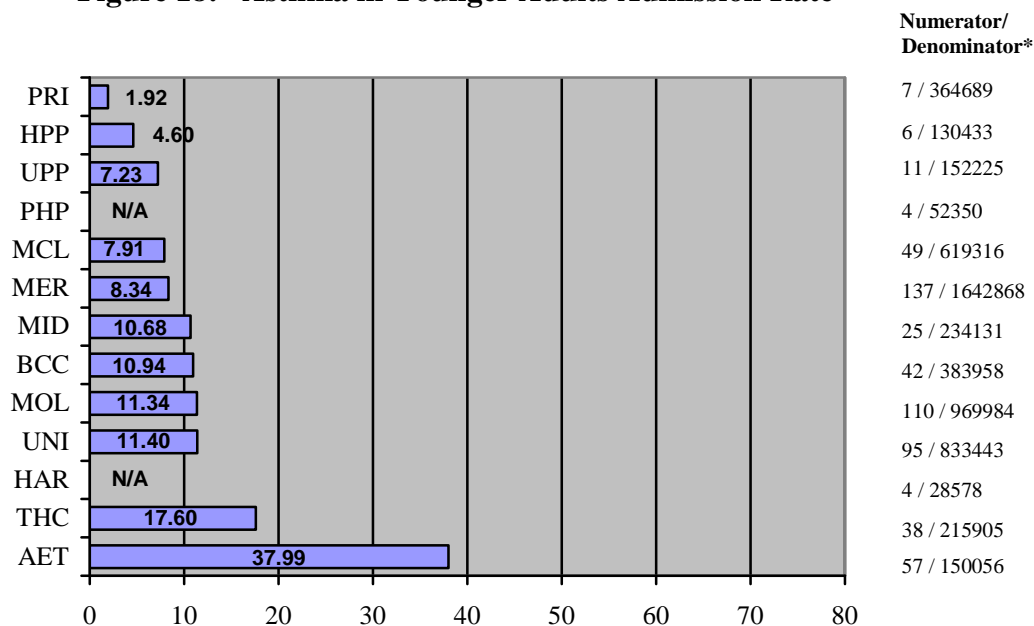
Quarterly

*****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	733	7177285	10.21
Fee For Service (FFS) only	146	1395943	10.46
Managed Care only	587	5781342	10.15
MA-MC	390	2954529	13.20
HMP-MC	197	2826813	6.97

Figure 18: Asthma in Younger Adults Admission Rate¹⁰



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.

¹⁰ A rate was not calculated for plans with a numerator under 5 or a denominator under 30

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

April 2015 – March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

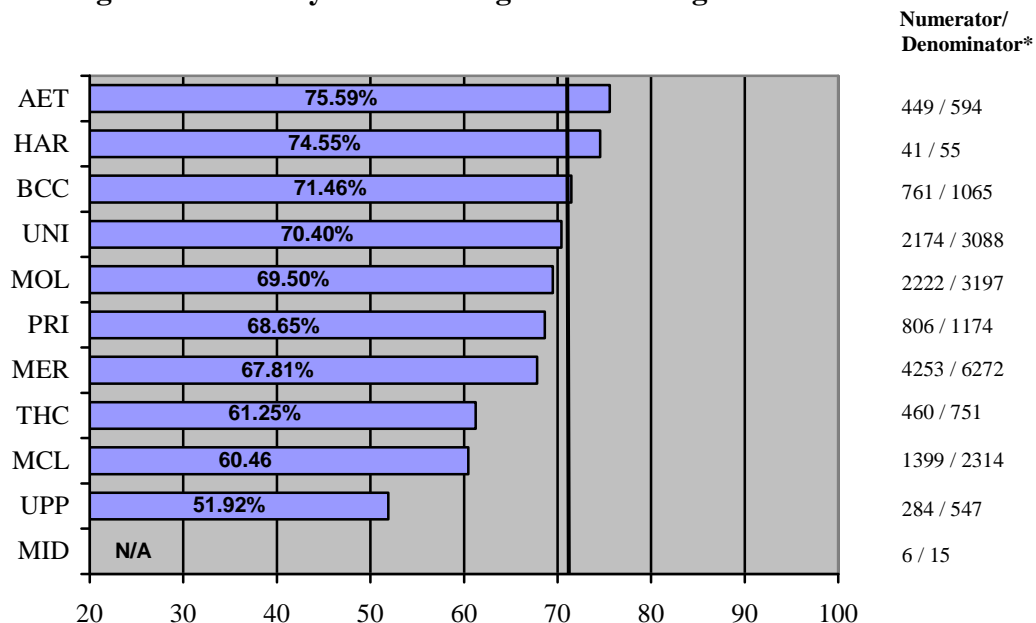
Quarterly

Summary: Three plans met or exceeded the standard, while seven plans (MCL, MER, MOL, PRI, THC, UNI, and UPP) did not. Four plans (MER, MOL, UNI, and UPP) met 10% improvement towards the standard for this quarter. Results ranged from 51.92% to 75.59%

Table 29: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	24464	36128	67.71%
Fee For Service (FFS) only	411	832	49.40%
Managed Care only	15259	22729	67.13%
MA-MC	8762	12854	68.17%
HMP-MC	4953	7770	63.75%

Figure 19: Chlamydia Screening in Women Ages 21 to 24¹¹



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.

¹¹ 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

April 2015 – March 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

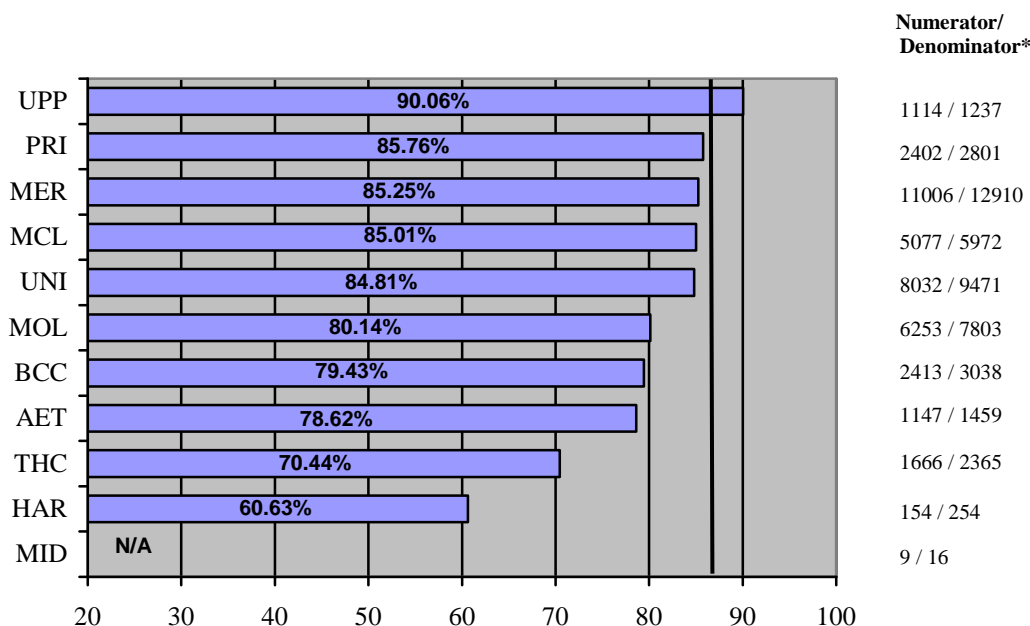
Quarterly

Summary: One plan met or exceeded the standard, while nine plans (AET, BCC, HAR, MCL, MER, MOL, PRI, THC, and UNI) did not. Four plans (HAR, MCL, MER and UNI) met 10% improvement towards the standard for this quarter. Results ranged from 60.63% to 90.06%.

Table 30: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	58377	71673	81.45%
Fee For Service (FFS) only	1553	2195	70.75%
Managed Care only	47372	57470	82.43%
MA-MC	26983	33369	80.86%
HMP-MC	18036	21273	84.78%

Figure 20: Comprehensive Diabetes Care: Hemoglobin A1c Testing¹²



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.

¹² A rate was not calculated for plans with a numerator under 5 or a denominator under 30

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

April 2015 – March 2016

Data Source

MDHHS Data Warehouse

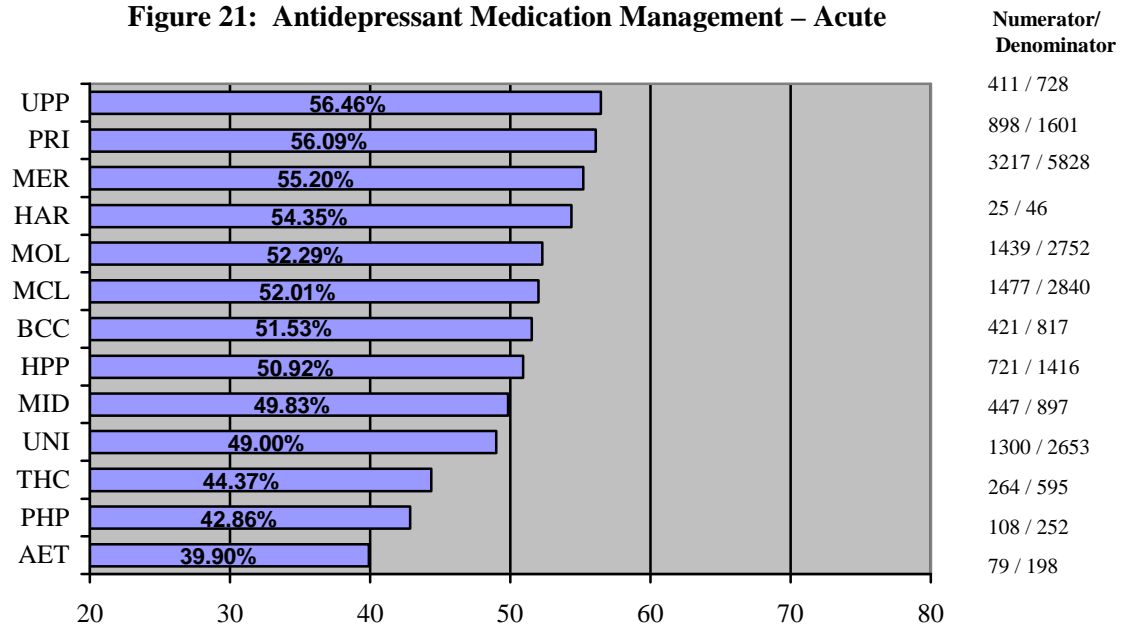
Measurement Frequency

Quarterly

Table 31: Comparison across Medicaid Programs – Acute

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	19952	36451	54.74%
Fee For Service (FFS) only	389	701	55.49%
Managed Care only	10906	20849	52.31%
MA-MC	5523	11445	48.26%
HMP-MC	4243	7233	58.66%

Figure 21: Antidepressant Medication Management – Acute



Antidepressant Medication Management – Acute Percentages

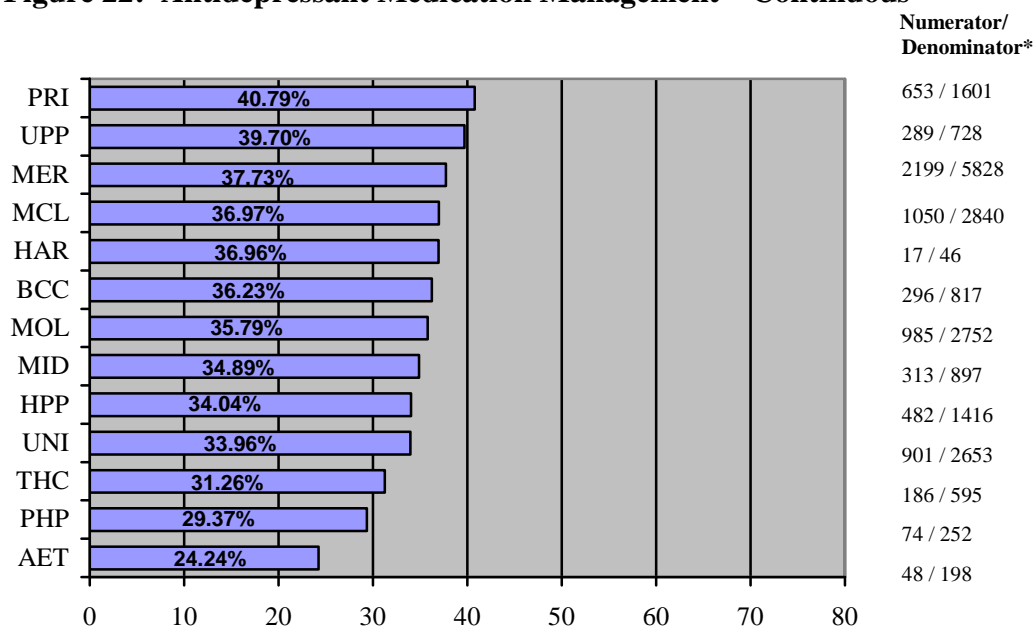
*Numerator depicts the number of eligible beneficiaries who remained on an antidepressant medication for at least 84 days (12 weeks). Denominator depicts the total number of eligible beneficiaries.

Performance Monitoring Report

Table 32: Comparison across Medicaid Programs - Continuous

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	14010	36451	38.44%
Fee For Service (FFS) only	278	701	39.66%
Managed Care only	7564	20849	36.28%
MA-MC	3616	11445	31.59%
HMP-MC	3199	7233	44.23%

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

April 2015 – March 2016

Data Source

MDHHS Data Exchange Gateway, Encounter Data

Measurement Frequency

Quarterly

Summary: None of the plans met or exceeded the standard. Five plans (HAR, MER, MOL, UNI, and UPP) met 10% improvement towards the standard for this quarter. Results ranged from 74.21% to 85.44%.

**See next page for tables and figures*

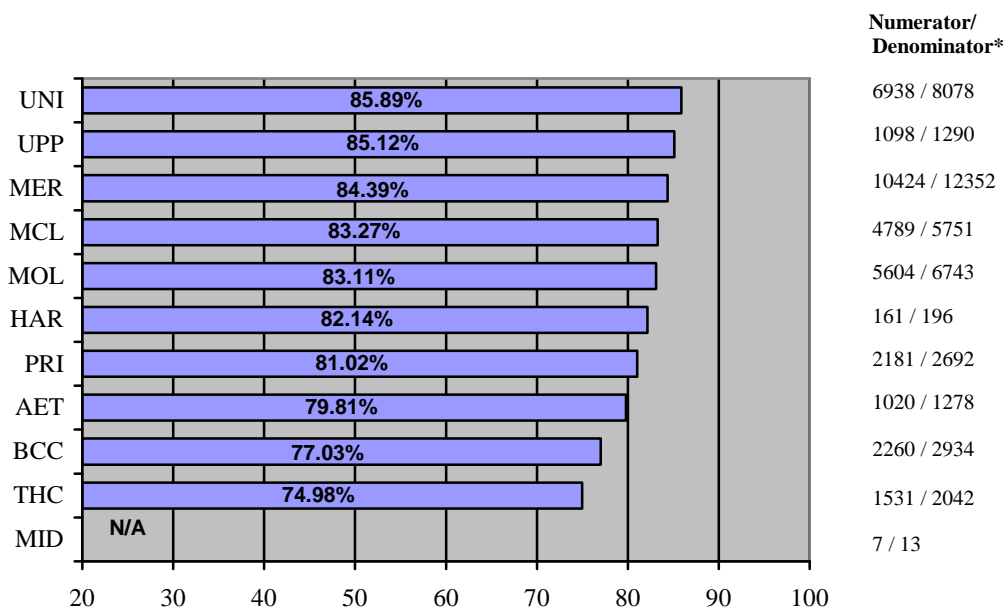
Performance Monitoring Report

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	49941	60678	82.30%
Fee For Service (FFS) only	657	815	80.61%
Managed Care only	42544	51507	82.60%
MA-MC	21201	25532	83.04%
HMP-MC	19317	23565	81.97%

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.

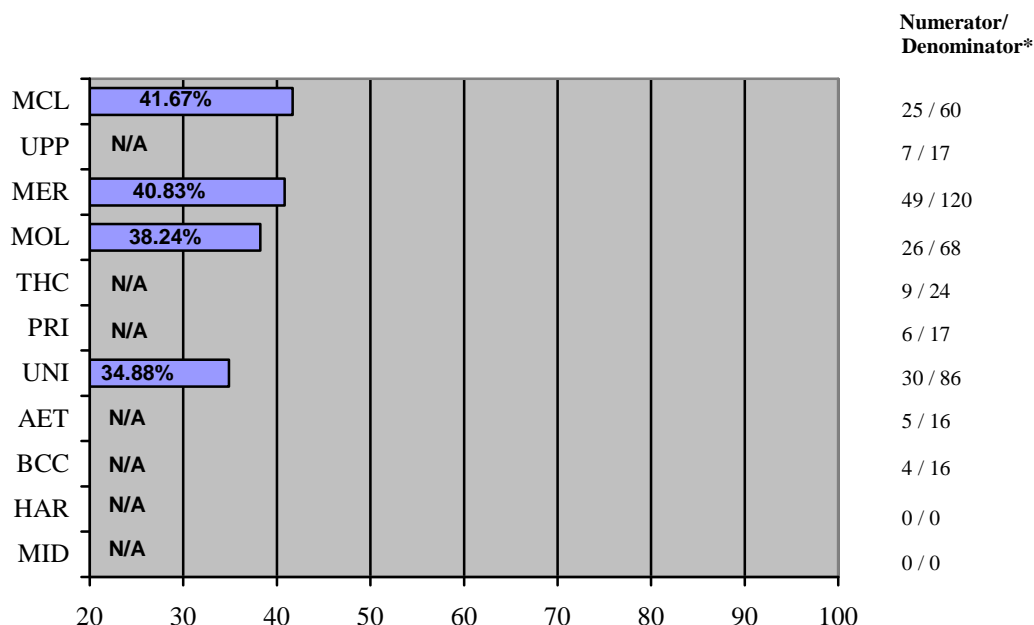
Performance Monitoring Report

Annual monitoring for enrollees on digoxin:

Table 34: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	205	552	37.14%
Fee For Service (FFS) only	2	6	N/A
Managed Care only	185	498	37.15%
MA-MC	127	351	36.18%
HMP-MC	55	131	41.98%

Figure 24: Annual monitoring for enrollees on Digoxin¹³



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.

¹³ A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

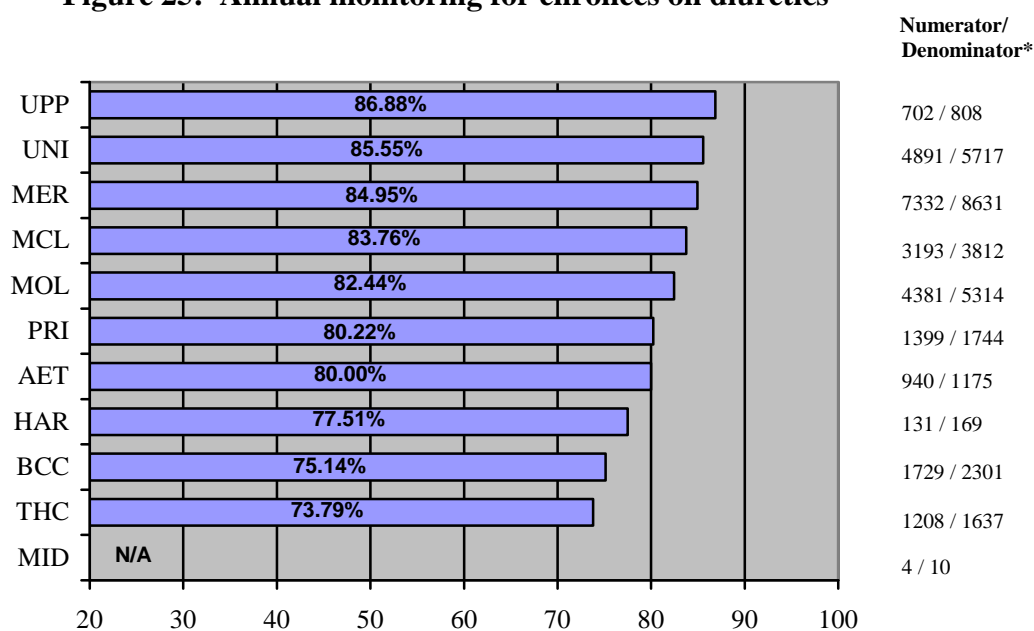
Performance Monitoring Report

Annual monitoring for enrollees on diuretic:

Table 35: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	35626	43492	81.91%
Fee For Service (FFS) only	408	518	78.76%
Managed Care only	30517	37061	82.34%
MA-MC	15774	19134	82.44%
HMP-MC	13331	16246	82.06%

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.

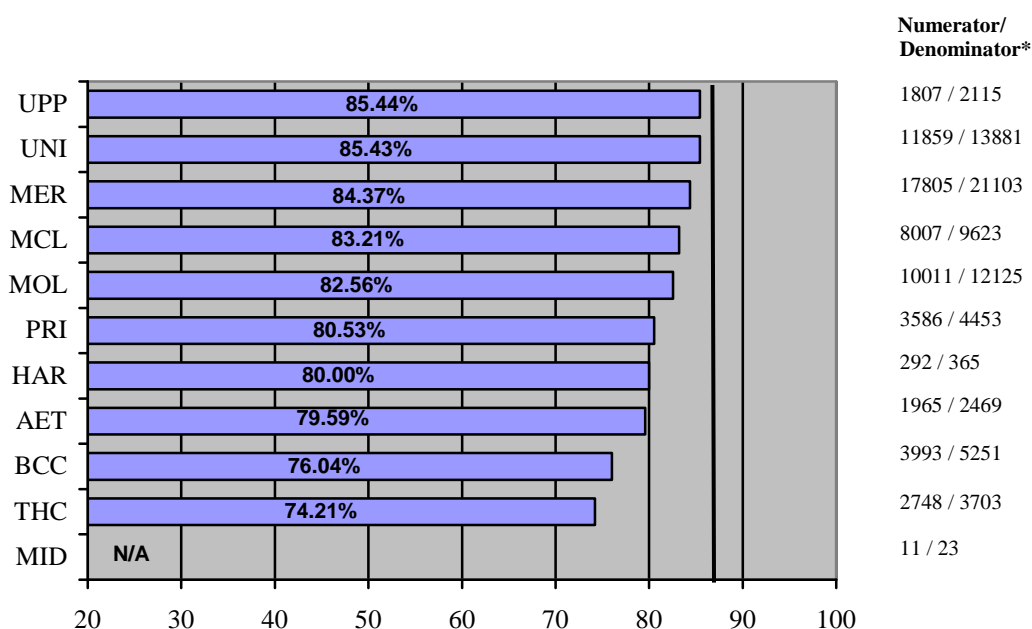
Performance Monitoring Report

A total rate will also be calculated:

Table 36: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	85775	104722	81.90%
Fee For Service (FFS) only	1067	1339	79.69%
Managed Care only	73246	89066	82.24%
MA-MC	37102	45017	82.42
HMP-MC	32703	39942	81.88

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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	43.08%	No
	Oct 14 – Sept 15	70%	44.30%	No
	Jan 15 – Dec 15	70%	N/A	N/A
	Apr 15 – Mar 16	70%	44.56%	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
	Apt 16	81%	69%	No
	May 16	81%	71%	No
	Jun 16	81%	71%	No
	Jul 16	81%	N/A	N/A
	Aug 16	81%	N/A	N/A
	Sept 16	81%	N/A	N/A

- 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	
		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%	15.74%	No
	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
	Apr 16	19%	21.25%	Yes	23%	22.52%	No	17%	15.56%	No
	May 16	19%	21.73%	Yes	23%	23.75%	Yes	17%	15.71%	No
	Jun 16	19%	22.13%	Yes	23%	23.23%	Yes	17%	18.77%	Yes
	Jul 16	19%	20.71%	Yes	23%	23.81%	Yes	17%	18.57%	Yes
	Aug 16	19%	21.16%	Yes	23%	23.40%	Yes	17%	18.83%	Yes
	Sep 16	19%	21.61%	Yes	23%	22.95%	No	17%	19.11%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	65.67%	No
	Oct 14 – Sep 15	71%	65.27%	No
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	57.11%	No

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	71.38%	No
	Oct 14 – Sep 15	79%	72.14%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	71.60%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.106	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.209	No
	Jan 16 – Mar 16	<.15/1000 MM	0.074	Yes
	Apr 16 – Jun 16	<.15/1000 MM	0.107	Yes

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

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
	Nov 15	T/A, ≥95%, ≤12%, ≤1.0%	NT/NA, 89%, 7%, 8.64%	No
	Dec 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 91%, 7%, 3.42%	No
	Jan 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 95%, 7%, 3.29%	No
	Feb 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 95%, 6%, 2.98%	No
	Mar 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 96%, 6%, 1.19%	No
	Apr 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 7%, 0.78%	Yes
	May 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 6%, 0.74%	Yes
	Jun 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 5%, 0.45%	Yes
	Jul 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 96%, 9%, 0.43%	Yes

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

- 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
Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, NC	No
	Dec 15	Timely, Complete	T, C	Yes
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

**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
	Jan 16	Timely, Accurate	T, A	Yes
	Feb 16	Timely, Accurate	T, A	Yes
	Mar 16	Timely, Accurate	T, A	Yes
	Apr 16	Timely, Accurate	T, A	Yes
	May 16	Timely, Accurate	T, A	Yes
	Jun 16	Timely, Accurate	T, A	Yes
	Jul 16	Timely, Accurate	T, A	Yes
	Aug 16	Timely, Accurate	T, A	Yes
	Sep 16	Timely, Accurate	T, A	Yes

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

- 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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	84.09%	Yes
	Jul 15 – Sep 15	80%	83.96%	Yes
	Oct 15 – Dec 15	80%	84.09%	Yes
	Jan 16 – Mar 16	80%	84.41%	Yes

Timely Completion of HRA	Jan 15 – Mar 15	20%	6.33%	No
	Apr 15 – Jun 15	20%	5.13%	No
	Jul 15 – Sep 15	20%	4.88%	No
	Oct 15 – Dec 15	20%	4.44%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	42.13%	No
	Apr 15 – Jun 15	66%	37.28%	No
	Jul 15 – Sep 15	66%	N/A	N/A
	Oct 15 – Dec 15	66%	34.01%	No

Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	22.49%	No
	Oct 14 – Sep 15	16%	22.99%	No
	Jan 15 – Dec 15	16%	N/A	N/A
	Apr 15 – Mar 16	16%	15.39%	Yes

**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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	76.22%	No

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	20.35%	No
	Oct 14 – Sep 15	79%	24.01%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	37.36%	Yes*

***Met 10% improvement towards the standard**

Breast Cancer Screening	Jul 14 – Jun 15	58%	61.81%	Yes
	Oct 14 – Sep 15	58%	61.35%	Yes
	Jan 15 – Dec 15	58%	N/A	N/A
	Apr 15 – Mar 16	58%	60.32%	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

Aetna Better Health of Michigan – AET

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Cervical Cancer Screening	Jul 14 – Jun 15	72%	71.15%	No
	Oct 14 – Sep 15	72%	70.67%	No
	Jan 15 – Dec 15	72%	N/A	N/A
	Apr 15 – Mar 16	72%	69.94%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	23.30	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	152.20	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	41.07	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	37.99	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
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	75.59%	Yes

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	77.06%	No
	Oct 14 – Sep 15	87%	77.05%	No
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	78.62%	No

Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	32.06%	N/A
	Oct 14 – Sep 15	N/A	33.09%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	39.90%	N/A

- 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 (Continuous)	Jul 14 – Jun 15	N/A	18.32%	N/A
	Oct 14 – Sep 15	N/A	19.85%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	24.24%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	79.59%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	51.67%	No
	Oct 14 – Sept 15	70%	50.23%	No
	Jan 15 – Dec 15	70%	N/A	N/A
	Apr 15 – Mar 16	70%	50.65%	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
	Apt 16	81%	69%	No
	May 16	81%	70%	No
	Jun 16	81%	70%	No
	Jul 16	81%	N/A	N/A
	Aug 16	81%	N/A	N/A
	Sept 16	81%	N/A	N/A

- 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	
		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%	34.46%	Yes
	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
	Apr 16	19%	36.91%	Yes	23%	45.08%	Yes	17%	38.84%	Yes
	May 16	19%	37.94%	Yes	23%	46.34%	Yes	17%	38.72%	Yes
	Jun 16	19%	38.37%	Yes	23%	46.53%	Yes	17%	38.82%	Yes
	Jul 16	19%	37.92%	Yes	23%	45.82%	Yes	17%	37.68%	Yes
	Aug 16	19%	37.18%	Yes	23%	46.07%	Yes	17%	36.65%	Yes
	Sep 16	19%	37.20%	Yes	23%	46.26%	Yes	17%	37.28%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	69.66%	No
	Oct 14 – Sep 15	71%	73.36%	Yes
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	65.94%	No

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.35%	No
	Oct 14 – Sep 15	79%	74.35%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	74.89%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.165	No
	Oct 15 – Dec 15	<.15/1000 MM	0.201	No
	Jan 16 – Mar 16	<.15/1000 MM	0.131	Yes
	Apr 16 – Jun 16	<.15/1000 MM	0.144	Yes

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

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
	Nov 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 7%, 0.20%	Yes
	Dec 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.00%	Yes
	Jan 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.00%	Yes
	Feb 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.01%	Yes
	Mar 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.12%	Yes
	Apr 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.01%	Yes
	May 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.01%	Yes
	Jun 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 8%, 0.00%	Yes
	Jul 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 8%, 0.00%	Yes

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

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- 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
Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, NC	No
	Sep 16	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

**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
	Jan 16	Timely, Accurate	T, A	Yes
	Feb 16	Timely, Accurate	T, A	Yes
	Mar 16	Timely, Accurate	T, A	Yes
	Apr 16	Timely, Accurate	T, A	Yes
	May 16	Timely, Accurate	T, A	Yes
	Jun 16	Timely, Accurate	T, A	Yes
	Jul 16	Timely, Accurate	T, A	Yes
	Aug 16	Timely, Accurate	T, A	Yes
	Sep 16	Timely, Accurate	T, A	Yes

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

- 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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	84.50%	Yes
	Jul 15 – Sep 15	80%	84.38%	Yes
	Oct 15 – Dec 15	80%	84.16%	Yes
	Jan 16 – Mar 16	80%	84.05%	Yes

Timely Completion of HRA	Jan 15 – Mar 15	20%	7.08%	No
	Apr 15 – Jun 15	20%	3.99%	No
	Jul 15 – Sep 15	20%	8.09%	No
	Oct 15 – Dec 15	20%	7.55%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	54.78%	No
	Apr 15 – Jun 15	66%	52.29%	No
	Jul 15 – Sep 15	66%	N/A	N/A
	Oct 15 – Dec 15	66%	52.96%	No

Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	20.29%	No
	Oct 14 – Sep 15	16%	20.54%	No
	Jan 15 – Dec 15	16%	N/A	N/A
	Apr 15 – Mar 16	16%	12.05%	Yes

**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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	79.31%	No

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	32.51%	No
	Oct 14 – Sep 15	79%	35.56%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	43.89%	Yes*

***Met 10% improvement towards the standard**

Breast Cancer Screening	Jul 14 – Jun 15	58%	63.20%	Yes
	Oct 14 – Sep 15	58%	60.87%	Yes
	Jan 15 – Dec 15	59%	N/A	N/A
	Apr 15 – Mar 16	59%	58.78%	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

Blue Cross Complete of Michigan, Inc. – BCC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Cervical Cancer Screening	Jul 14 – Jun 15	72%	58.15%	No
	Oct 14 – Sep 15	72%	57.41%	No
	Jan 15 – Dec 15	72%	N/A	N/A
	Apr 15 – Mar 16	72%	57.85%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	19.26	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	59.63	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	22.54	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	10.94	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
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	71.46%	Yes

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	82.06%	No
	Oct 14 – Sep 15	87%	80.63%	No
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	79.43%	No

Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	56.37%	N/A
	Oct 14 – Sep 15	N/A	50.60%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	51.53%	N/A

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- 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 (Continuous)	Jul 14 – Jun 15	N/A	35.29%	N/A
	Oct 14 – Sep 15	N/A	37.35%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	36.23%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	76.04%	No

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- 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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	29.17%	No
	Oct 14 – Sept 15	70%	27.63%	No
	Jan 15 – Dec 15	70%	N/A	N/A
	Apr 15 – Mar 16	70%	37.23%	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
	Apt 16	81%	67%	No
	May 16	81%	63%	No
	Jun 16	81%	69%	No
	Jul 16	81%	N/A	N/A
	Aug 16	81%	N/A	N/A
	Sept 16	81%	N/A	N/A

- 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	
		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%	12.82%	No
	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
	Apr 16	19%	24.32%	Yes	23%	17.74%	No	17%	10.53%	No
	May 16	19%	26.83%	Yes	23%	16.92%	No	17%	11.11%	No
	Jun 16	19%	23.40%	Yes	23%	20.34%	No	17%	9.43%	No
	Jul 16	19%	21.57%	Yes	23%	18.64%	No	17%	7.27%	No
	Aug 16	19%	25.45%	Yes	23%	17.54%	No	17%	3.85%	No
	Sep 16	19%	27.12%	Yes	23%	15.38%	No	17%	3.92%	No

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	N/A	N/A*
	Oct 14 – Sep 15	71%	N/A	N/A*
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	67.43%	Yes*

*Met 10% improvement towards the standard.

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.303	No
	Oct 15 – Dec 15	<.15/1000 MM	0.406	No
	Jan 16 – Mar 16	<.15/1000 MM	0.091	Yes
	Apr 16 – Jun 16	<.15/1000 MM	0.043	Yes

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

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
	Nov 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 59%, 0%, 16.81%	No
	Dec 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 51%, 0%, 20.80%	No
	Jan 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 64%, 0%, 4.82%	No
	Feb 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 93%, 0%, 0.52%	No
	Mar 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 99%, 0%, 1.55%	No
	Apr 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 99%, 0%, 1.85%	No
	May 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 99%, 0%, 7.20%	No
	Jun 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 98%, 0%, 6.56%	No
	Jul 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 98%, 0%, 1.17%	No

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

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- 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
Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

**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
	Jan 16	Timely, Accurate	T, A	Yes
	Feb 16	Timely, Accurate	T, A	Yes
	Mar 16	Timely, Accurate	T, A	Yes
	Apr 16	Timely, Accurate	T, A	Yes
	May 16	Timely, Accurate	T, A	Yes
	Jun 16	Timely, Accurate	T, A	Yes
	Jul 16	Timely, Accurate	T, A	Yes
	Aug 16	Timely, Accurate	T, A	Yes
	Sep 16	Timely, Accurate	T, A	Yes

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

- 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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.46%	Yes
	Jul 15 – Sep 15	80%	83.66%	Yes
	Oct 15 – Dec 15	80%	83.65%	Yes
	Jan 16 – Dec 15	80%	84.35%	Yes

Timely Completion of HRA	Jan 15 – Mar 15	20%	4.60%	No
	Apr 15 – Jun 15	20%	3.43%	No
	Jul 15 – Sep 15	20%	1.83%	No
	Oct 15 – Dec 15	20%	3.59%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	27.59%	No
	Apr 15 – Jun 15	66%	24.29%	No
	Jul 15 – Sep 15	66%	N/A	N/A
	Oct 15 – Dec 15	66%	24.22%	No

Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	18.75%	No
	Oct 14 – Sep 15	16%	14.44%	Yes
	Jan 15 – Dec 15	16%	N/A	N/A
	Apr 15 – Mar 16	16%	9.05%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	65.14%	No

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	46.11%	No
	Oct 14 – Sep 15	79%	48.57%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	34.32%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	N/A	N/A*
	Oct 14 – Sep 15	58%	70.97%	Yes
	Jan 15 – Dec 15	58%	N/A	N/A
	Apr 15 – Mar 16	58%	65.79%	Yes

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

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- 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
Cervical Cancer Screening	Jul 14 – Jun 15	72%	53.83%	No
	Oct 14 – Sep 15	72%	56.48%	No
	Jan 15 – Dec 15	72%	N/A	N/A
	Apr 15 – Mar 16	72%	56.19%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	14.60	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	83.91	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	25.55	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*
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	N/A	N/A*

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

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

Chlamydia Screening	Jul 14 – Jun 15	71%	75.53%	Yes
	Oct 14 – Sep 15	71%	70.73%	No
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	74.55%	Yes

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	50.98%	No
	Oct 14 – Sep 15	87%	58.41%	No
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	60.63%	Yes*

***Met 10% improvement towards the standard**

Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	N/A	N/A*
	Oct 14 – Sep 15	N/A	N/A	N/A*
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	54.35%	N/A*

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

- 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 (Continuous)	Jul 14 – Jun 15	N/A	N/A	N/A*
	Oct 14 – Sep 15	N/A	N/A	N/A*
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	36.96%	N/A*

*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
	Oct 14 – Sep 15	87%	81.19%	No
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	80.00%	Yes*

***Met 10% improvement towards the standard**

- 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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	54.40%	No
	Oct 14 – Sept 15	70%	53.32%	No
	Jan 15 – Dec 15	70%	N/A	N/A
	Apr 15 – Mar 16	70%	54.97%	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
	Apt 16	81%	82%	Yes
	May 16	81%	82%	Yes
	Jun 16	81%	83%	Yes
	Jul 16	81%	N/A	N/A
	Aug 16	81%	N/A	N/A
	Sept 16	81%	N/A	N/A

- 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	
		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%	21.12%	Yes
	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
	Apr 16	19%	23.62%	Yes	23%	26.81%	Yes	17%	20.98%	Yes
	May 16	19%	23.66%	Yes	23%	26.92%	Yes	17%	20.82%	Yes
	Jun 16	19%	24.05%	Yes	23%	27.50%	Yes	17%	21.19%	Yes
	Jul 16	19%	24.08%	Yes	23%	28.51%	Yes	17%	21.94%	Yes
	Aug 16	19%	24.62%	Yes	23%	29.15%	Yes	17%	22.30%	Yes
	Sep 16	19%	25.07%	Yes	23%	30.43%	Yes	17%	22.33%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	70.24%	No
	Oct 14 – Sep 15	71%	72.84%	Yes
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	69.26%	Yes*

*Met 10% improvement towards the standard.

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	68.63%	No
	Oct 14 – Sep 15	79%	69.01%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	70.69%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.148	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.202	No
	Jan 16 – Mar 16	<.15/1000 MM	0.195	No
	Apr 16 – Jun 16	<.15/1000 MM	0.215	No

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

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
	Nov 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 4%, 0.22%	Yes
	Dec 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.63%	Yes
	Jan 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.06%	Yes
	Feb 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 3%, 0.39%	Yes
	Mar 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 3%, 0.23%	Yes
	Apr 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 4%, 0.20%	Yes
	May 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.90%	Yes
	Jun 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.17%	Yes
	Jul 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.01%	Yes

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

- 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
Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

**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
	Jan 16	Timely, Accurate	T, A	Yes
	Feb 16	Timely, Accurate	T, A	Yes
	Mar 16	Timely, Accurate	T, A	Yes
	Apr 16	Timely, Accurate	T, A	Yes
	May 16	Timely, Accurate	T, A	Yes
	Jun 16	Timely, Accurate	T, A	Yes
	Jul 16	Timely, Accurate	T, A	Yes
	Aug 16	Timely, Accurate	T, A	Yes
	Sep 16	Timely, Accurate	T, A	Yes

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

- 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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	84.76%	Yes
	Jul 15 – Sep 15	80%	84.57%	Yes
	Oct 15 – Dec 15	80%	79.84%	No
	Jan 16 – Mar 16	80%	84.41%	Yes

**Results showing N/A are due to technical issues with files received.*

Timely Completion of HRA	Jan 15 – Mar 15	20%	13.89%	No
	Apr 15 – Jun 15	20%	16.39%	No
	Jul 15 – Sep 15	20%	13.36%	No
	Oct 15 – Dec 15	20%	12.27%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	58.64%	No
	Apr 15 – Jun 15	66%	56.11%	No
	Jul 15 – Sep 15	66%	N/A	N/A
	Oct 15 – Dec 15	66%	53.98%	No

Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	14.53%	Yes
	Oct 14 – Sep 15	16%	13.91%	Yes
	Jan 15 – Dec 15	16%	N/A	N/A
	Apr 15 – Mar 16	16%	11.99%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	84.14%	No

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	30.15%	No
	Oct 14 – Sep 15	79%	35.41%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	46.24%	Yes*

***Met 10% improvement towards the standard**

Breast Cancer Screening	Jul 14 – Jun 15	58%	58.23%	Yes
	Oct 14 – Sep 15	58%	57.34%	No
	Jan 15 – Dec 15	58%	N/A	N/A
	Apr 15 – Mar 16	58%	59.04%	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

McLaren Health Plan – MCL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Cervical Cancer Screening	Jul 14 – Jun 15	72%	58.63%	No
	Oct 14 – Sep 15	72%	58.88%	No
	Jan 15 – Dec 15	72%	N/A	N/A
	Apr 15 – Mar 16	72%	60.85%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	22.71	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	79.77	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	17.95	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	7.91	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
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	60.46%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	83.70%	No
	Oct 14 – Sep 15	87%	84.32%	No
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	85.01%	Yes*

***Met 10% improvement towards the standard**

Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	50.89%	N/A
	Oct 14 – Sep 15	N/A	49.51%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	52.01%	N/A

- 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 (Continuous)	Jul 14 – Jun 15	N/A	35.98%	N/A
	Oct 14 – Sep 15	N/A	33.33%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	36.97%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	83.21%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	61.42%	No
	Oct 14 – Sept 15	70%	61.15%	No
	Jan 15 – Dec 15	70%	N/A	N/A
	Apr 15 – Mar 16	70%	62.64%	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
	Apt 16	81%	78%	No
	May 16	81%	78%	No
	Jun 16	81%	77%	No
	Jul 16	81%	N/A	N/A
	Aug 16	81%	N/A	N/A
	Sept 16	81%	N/A	N/A

- 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	
		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%	21.93%	Yes
	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
	Apr 16	19%	24.21%	Yes	23%	28.78%	Yes	17%	22.84%	Yes
	May 16	19%	24.44%	Yes	23%	28.87%	Yes	17%	22.73%	Yes
	Jun 16	19%	24.06%	Yes	23%	29.59%	Yes	17%	23.79%	Yes
	Jul 16	19%	24.33%	Yes	23%	29.97%	Yes	17%	24.03%	Yes
	Aug 16	19%	24.33%	Yes	23%	30.43%	Yes	17%	23.99%	Yes
	Sep 16	19%	24.05%	Yes	23%	31.02%	Yes	17%	24.13%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	73.24%	Yes
	Oct 14 – Sep 15	71%	73.72%	Yes
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	68.71%	No

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.22%	No
	Oct 14 – Sep 15	79%	74.78%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	74.92%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.095	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.093	Yes
	Jan 16 – Mar 16	<.15/1000 MM	0.117	Yes
	Apr 16 – Jun 16	<.15/1000 MM	0.080	Yes

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

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
	Nov 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 8%, 0.00%	Yes
	Dec 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes
	Jan 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 94%, 9%, 0.00%	No
	Feb 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 8%, 0.00%	Yes
	Mar 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 8%, 0.00%	Yes
	Apr 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 8%, 0.00%	Yes
	May 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes
	Jun 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 7%, 0.00%	Yes
	Jul 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 7%, 0.00%	Yes

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

- 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
Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, NC	No
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

**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
	Jan 16	Timely, Accurate	T, A	Yes
	Feb 16	Timely, Accurate	T, A	Yes
	Mar 16	Timely, Accurate	T, A	Yes
	Apr 16	Timely, Accurate	T, A	Yes
	May 16	Timely, Accurate	T, A	Yes
	Jun 16	Timely, Accurate	T, A	Yes
	Jul 16	Timely, Accurate	T, A	Yes
	Aug 16	Timely, Accurate	T, A	Yes
	Sep 16	Timely, Accurate	T, A	Yes

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

- 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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.90%	Yes
	Jul 15 – Sep 15	80%	83.82%	Yes
	Oct 15 – Dec 15	80%	83.57%	Yes
	Jan 16 – Mar 16	80%	83.57%	Yes

Timely Completion of HRA	Jan 15 – Mar 15	20%	6.35%	No
	Apr 15 – Jun 15	20%	11.45%	No
	Jul 15 – Sep 15	20%	13.00%	No
	Oct 15 – Dec 15	20%	13.25%	Yes*

***Met 10% improvement towards the standard**

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	49.23%	No
	Apr 15 – Jun 15	66%	51.11%	No
	Jul 15 – Sep 15	66%	N/A	N/A
	Oct 15 – Dec 15	66%	56.14%	No

Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	13.76%	Yes
	Oct 14 – Sep 15	16%	13.13%	Yes
	Jan 15 – Dec 15	16%	N/A	N/A
	Apr 15 – Mar 16	16%	12.32%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	84.72%	No

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	28.95%	No
	Oct 14 – Sep 15	79%	31.68%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	37.76%	Yes*

***Met 10% improvement towards the standard**

Breast Cancer Screening	Jul 14 – Jun 15	58%	61.11%	Yes
	Oct 14 – Sep 15	58%	59.87%	Yes
	Jan 15 – Dec 15	58%	N/A	N/A
	Apr 15 – Mar 16	58%	59.66%	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

Meridian Health Plan – MER

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Cervical Cancer Screening	Jul 14 – Jun 15	72%	65.35%	No
	Oct 14 – Sep 15	72%	65.48%	No
	Jan 15 – Dec 15	72%	N/A	N/A
	Apr 15 – Mar 16	72%	66.31%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	12.56	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	56.58	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	12.26	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	8.34	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
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	67.81%	Yes*

***Met 10% improvement towards the standard**

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	83.63%	No
	Oct 14 – Sep 15	87%	84.86%	No
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	85.25%	Yes*

***Met 10% improvement towards the standard**

Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	53.56%	N/A
	Oct 14 – Sep 15	N/A	52.74%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	55.20%	N/A

- 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 (Continuous)	Jul 14 – Jun 15	N/A	37.25%	N/A
	Oct 14 – Sep 15	N/A	37.24%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	37.73%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	84.37%	Yes*

*Met 10% improvement towards the standard

- 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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	51.13%	No
	Oct 14 – Sept 15	70%	51.42%	No
	Jan 15 – Dec 15	70%	N/A	N/A
	Apr 15 – Mar 16	70%	51.90%	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
	Apt 16	81%	78%	No
	May 16	81%	78%	No
	Jun 16	81%	75%	No
	Jul 16	81%	N/A	N/A
	Aug 16	81%	N/A	N/A
	Sept 16	81%	N/A	N/A

- 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	
		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%	25.88%	Yes
	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
	Apr 16	19%	30.91%	Yes	23%	35.65%	Yes	17%	29.39%	Yes
	May 16	19%	31.25%	Yes	23%	35.81%	Yes	17%	32.46%	Yes
	Jun 16	19%	30.83%	Yes	23%	35.05%	Yes	17%	29.11%	Yes
	Jul 16	19%	30.57%	Yes	23%	35.58%	Yes	17%	29.55%	Yes
	Aug 16	19%	30.06%	Yes	23%	35.05%	Yes	17%	30.74%	Yes
	Sep 16	19%	29.67%	Yes	23%	35.46%	Yes	17%	30.62%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	76.13%	Yes
	Oct 14 – Sep 15	71%	78.82%	Yes
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	70.25%	No

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.71%	No
	Oct 14 – Sep 15	79%	74.31%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	N/A	N/A

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.208	No
	Oct 15 – Dec 15	<.15/1000 MM	0.133	Yes
	Jan 16 – Mar 16	<.15/1000 MM	1.860	No
	Apr 16 – Jun 16	<.15/1000 MM	0.000	Yes

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

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
	Nov 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 1%, 0.00%	Yes
	Dec 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 94%, 1%, 0.00%	No
	Jan 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 93%, 2%, 0.00%	No
	Feb 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 73%, 4%, 1.10%	No
	Mar 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 64%, 10%, 2.47%	No
	Apr 16	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 47%, 12%, 0.00%	No
	May 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 10%, 0.00%	Yes
	Jun 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 11%, 0.00%	Yes
	Jul 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 96%, 10%, 0.00%	Yes

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

- 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
Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, NC	No
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

**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
	Jan 16	Timely, Accurate	T, A	Yes
	Feb 16	Timely, Accurate	T, A	Yes
	Mar 16	Timely, Accurate	T, A	Yes
	Apr 16	Timely, Accurate	T, A	Yes
	May 16	Timely, Accurate	T, A	Yes
	Jun 16	Timely, Accurate	T, A	Yes
	Jul 16	Timely, Accurate	T, A	Yes
	Aug 16	Timely, Accurate	T, A	Yes
	Sep 16	Timely, Accurate	T, A	Yes

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

- 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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.44%	Yes
	Jul 15 – Sep 15	80%	84.96%	Yes
	Oct 15 – Dec 15	80%	81.18%	Yes
	Jan 16 – Mar 16	80%	84.77%	Yes

**Results showing N/A are due to technical issues with files received.*

Timely Completion of HRA	Jan 15 – Mar 15	20%	8.57%	No
	Apr 15 – Jun 15	20%	11.51%	No
	Jul 15 – Sep 15	20%	8.67%	No
	Oct 15 – Dec 15	20%	N/A	N/A*

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

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	50.94%	No
	Apr 15 – Jun 15	66%	50.71%	No
	Jul 15 – Sep 15	66%	N/A	N/A
	Oct 15 – Dec 15	66%	39.39%	No

Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	27.22%	No
	Oct 14 – Sep 15	16%	25.20%	No
	Jan 15 – Dec 15	16%	N/A	N/A
	Apr 15 – Mar 16	16%	N/A	N/A*

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

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

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	81.98%	No
	Oct 14 – Sep 15	87%	80.91%	No
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	68.51%	No

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	38.83%	No
	Oct 14 – Sep 15	79%	39.67%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	30.88%	No

Breast Cancer Screening	Jul 14 – Jun 15	58%	59.47%	Yes
	Oct 14 – Sep 15	58%	58.80%	Yes
	Jan 15 – Dec 15	58%	N/A	N/A
	Apr 15 – Mar 16	58%	N/A	N/A*

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

- 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
Cervical Cancer Screening	Jul 14 – Jun 15	72%	66.15%	No
	Oct 14 – Sep 15	72%	64.81%	No
	Jan 15 – Dec 15	72%	N/A	N/A
	Apr 15 – Mar 16	72%	46.88%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	18.69	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	64.43	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	23.49	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	10.68	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
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	N/A	N/A*

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

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	80.11%	No
	Oct 14 – Sep 15	87%	79.78%	No
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	N/A	N/A*

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

Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	50.00%	N/A
	Oct 14 – Sep 15	N/A	50.15%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	49.83%	N/A

- 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 (Continuous)	Jul 14 – Jun 15	N/A	36.21%	N/A
	Oct 14 – Sep 15	N/A	36.34%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	34.89%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	N/A	N/A*

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

- 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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	66.63%	No
	Oct 14 – Sept 15	70%	66.39%	No
	Jan 15 – Dec 15	70%	N/A	N/A
	Apr 15 – Mar 16	70%	67.95%	Yes*

***Met 10% improvement towards the standard**

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
	Apt 16	81%	72%	No
	May 16	81%	72%	No
	Jun 16	81%	71%	No
	Jul 16	81%	N/A	N/A
	Aug 16	81%	N/A	N/A
	Sept 16	81%	N/A	N/A

- 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	
		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%	18.21%	Yes
	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
	Apr 16	19%	25.99%	Yes	23%	28.30%	Yes	17%	20.43%	Yes
	May 16	19%	26.08%	Yes	23%	28.99%	Yes	17%	20.46%	Yes
	Jun 16	19%	25.94%	Yes	23%	29.30%	Yes	17%	21.49%	Yes
	Jul 16	19%	26.26%	Yes	23%	29.52%	Yes	17%	22.01%	Yes
	Aug 16	19%	26.39%	Yes	23%	29.89%	Yes	17%	22.07%	Yes
	Sep 16	19%	26.16%	Yes	23%	30.04%	Yes	17%	22.98%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	71.19%	Yes
	Oct 14 – Sep 15	71%	72.84%	Yes
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	66.19%	No

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.34%	No
	Oct 14 – Sep 15	79%	75.21%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	75.11%	Yes*

*Met 10% improvement towards the standard.

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.132	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.111	Yes
	Jan 16 – Mar 16	<.15/1000 MM	0.078	Yes
	Apr 16 – Jun 16	<.15/1000 MM	0.081	Yes

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

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
	Nov 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.32%	Yes
	Dec 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.33%	Yes
	Jan 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.10%	Yes
	Feb 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.09%	Yes
	Mar 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.04%	Yes
	Apr 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.12%	Yes
	May 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.08%	Yes
	Jun 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.19%	Yes
	Jul 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.10%	Yes

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

- 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
Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

**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
	Jan 16	Timely, Accurate	T, A	Yes
	Feb 16	Timely, Accurate	T, A	Yes
	Mar 16	Timely, Accurate	T, A	Yes
	Apr 16	Timely, Accurate	T, A	Yes
	May 16	Timely, Accurate	T, A	Yes
	Jun 16	Timely, Accurate	T, A	Yes
	Jul 16	Timely, Accurate	T, A	Yes
	Aug 16	Timely, Accurate	T, A	Yes
	Sep 16	Timely, Accurate	T, A	Yes

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

- 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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.56%	Yes
	Jul 15 – Sep 15	80%	85.70%	Yes
	Oct 15 – Dec 15	80%	85.85%	Yes
	Jan 16 – Mar 16	80%	85.83%	Yes

Timely Completion of HRA	Jan 15 – Mar 15	20%	6.11%	No
	Apr 15 – Jun 15	20%	6.30%	No
	Jul 15 – Sep 15	20%	5.98%	No
	Oct 15 – Dec 15	20%	8.83%	Yes*

***Met 10% improvement towards the standard**

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	51.54%	No
	Apr 15 – Jun 15	66%	49.50%	No
	Jul 15 – Sep 15	66%	N/A	N/A
	Oct 15 – Dec 15	66%	50.74%	No

Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	14.59%	Yes
	Oct 14 – Sep 15	16%	14.74%	Yes
	Jan 15 – Dec 15	16%	N/A	N/A
	Apr 15 – Mar 16	16%	12.23%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	82.21%	No

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	32.56%	No
	Oct 14 – Sep 15	79%	35.18%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	40.01%	Yes*

***Met 10% improvement towards the standard**

Breast Cancer Screening	Jul 14 – Jun 15	58%	56.48%	No
	Oct 14 – Sep 15	58%	56.40%	No
	Jan 15 – Dec 15	58%	N/A	N/A
	Apr 15 – Mar 16	58%	56.10%	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
Cervical Cancer Screening	Jul 14 – Jun 15	72%	66.75%	No
	Oct 14 – Sep 15	72%	66.22%	No
	Jan 15 – Dec 15	72%	N/A	N/A
	Apr 15 – Mar 16	72%	66.18%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	15.89	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	113.27	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	27.57	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	11.34	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
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	69.50%	Yes*

***Met 10% improvement towards the standard**

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	82.12%	No
	Oct 14 – Sep 15	87%	82.32%	No
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	80.14%	No

Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	49.46%	N/A
	Oct 14 – Sep 15	N/A	49.35%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	52.29%	N/A

- 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 (Continuous)	Jul 14 – Jun 15	N/A	33.01%	N/A
	Oct 14 – Sep 15	N/A	33.73%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	35.79%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	82.56%	Yes*

*Met 10% improvement towards the standard

- 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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	56.67%	No
	Oct 14 – Sept 15	70%	56.06%	No
	Jan 15 – Dec 15	70%	N/A	N/A
	Apr 15 – Mar 16	70%	51.08%	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
	Apt 16	81%	82%	Yes
	May 16	81%	81%	Yes
	Jun 16	81%	82%	Yes
	Jul 16	81%	N/A	N/A
	Aug 16	81%	N/A	N/A
	Sept 16	81%	N/A	N/A

- 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	
		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%	30.97%	Yes
	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
	Apr 16	19%	23.58%	Yes	23%	38.91%	Yes	17%	32.66%	Yes
	May 16	19%	23.27%	Yes	23%	38.24%	Yes	17%	33.47%	Yes
	Jun 16	19%	22.33%	Yes	23%	38.00%	Yes	17%	33.11%	Yes
	Jul 16	19%	21.88%	Yes	23%	36.75%	Yes	17%	32.95%	Yes
	Aug 16	19%	20.45%	Yes	23%	36.80%	Yes	17%	33.88%	Yes
	Sep 16	19%	20.19%	Yes	23%	35.52%	Yes	17%	33.12%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	81.09%	Yes
	Oct 14 – Sep 15	71%	82.60%	Yes
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	72.52%	Yes

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	75.68%	No
	Oct 14 – Sep 15	79%	71.62%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	63.80%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.043	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.088	Yes
	Jan 16 – Mar 16	<.15/1000 MM	0.060	Yes
	Apr 16 – Jun 16	<.15/1000 MM	0.131	Yes

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

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
	Nov 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.15%	Yes
	Dec 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.01%	Yes
	Jan 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.01%	Yes
	Feb 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 94%, 6%, 0.22%	No
	Mar 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 5%, 0.61%	Yes
	Apr 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.03%	Yes
	May 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.13%	Yes
	Jun 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.20%	Yes
	Jul 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.10%	Yes

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

- 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
Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, NC	No
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, NC	No

**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
	Jan 16	Timely, Accurate	T, A	Yes
	Feb 16	Timely, Accurate	T, A	Yes
	Mar 16	Timely, Accurate	T, A	Yes
	Apr 16	Timely, Accurate	T, A	Yes
	May 16	Timely, Accurate	T, A	Yes
	Jun 16	Timely, Accurate	T, A	Yes
	Jul 16	Timely, Accurate	T, A	Yes
	Aug 16	Timely, Accurate	T, A	Yes
	Sep 16	Timely, Accurate	T, A	Yes

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

- 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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.46%	Yes
	Jul 15 – Sep 15	80%	83.46%	Yes
	Oct 15 – Dec 15	80%	83.17%	Yes
	Jan 16 – Mar 16	80%	82.76%	Yes

Timely Completion of HRA	Jan 15 – Mar 15	20%	12.22%	No
	Apr 15 – Jun 15	20%	11.52%	No
	Jul 15 – Sep 15	20%	9.07%	No
	Oct 15 – Dec 15	20%	9.68%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	63.12%	No
	Apr 15 – Jun 15	66%	58.41%	No
	Jul 15 – Sep 15	66%	N/A	N/A
	Oct 15 – Dec 15	66%	54.99%	No

Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	16.90%	No
	Oct 14 – Sep 15	16%	15.32%	Yes
	Jan 15 – Dec 15	16%	N/A	N/A
	Apr 15 – Mar 16	16%	9.43%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	83.82%	No

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	17.01%	No
	Oct 14 – Sep 15	79%	18.65%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	22.54%	Yes*

***Met 10% improvement towards the standard**

Breast Cancer Screening	Jul 14 – Jun 15	58%	64.44%	Yes
	Oct 14 – Sep 15	58%	62.86%	Yes
	Jan 15 – Dec 15	58%	N/A	N/A
	Apr 15 – Mar 16	58%	62.21%	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
Cervical Cancer Screening	Jul 14 – Jun 15	72%	63.55%	No
	Oct 14 – Sep 15	72%	63.13%	No
	Jan 15 – Dec 15	72%	N/A	N/A
	Apr 15 – Mar 16	72%	63.89%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	20.73	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	49.23	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	9.63	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	1.92	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
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	68.65%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	89.24%	Yes
	Oct 14 – Sep 15	87%	88.71%	Yes
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	85.76%	No

Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	50.42%	N/A
	Oct 14 – Sep 15	N/A	51.24%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	56.09%	N/A

- 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 (Continuous)	Jul 14 – Jun 15	N/A	34.84%	N/A
	Oct 14 – Sep 15	N/A	34.33%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	40.79%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	80.53%	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

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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	42.42%	No
	Oct 14 – Sept 15	70%	44.12%	No
	Jan 15 – Dec 15	70%	N/A	N/A
	Apr 15 – Mar 16	70%	46.14%	Yes*

*Met 10% improvement towards the standard

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
	Apr 16	81%	67%	No
	May 16	81%	68%	No
	Jun 16	81%	66%	No
	Jul 16	81%	N/A	N/A
	Aug 16	81%	N/A	N/A
	Sept 16	81%	N/A	N/A

- 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	
		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%	14.26%	No
	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
	Apr 16	19%	21.94%	Yes	23%	26.56%	Yes	17%	15.04%	No
	May 16	19%	21.36%	Yes	23%	26.18%	Yes	17%	14.84%	No
	Jun 16	19%	22.15%	Yes	23%	26.15%	Yes	17%	17.32%	Yes
	Jul 16	19%	22.16%	Yes	23%	27.23%	Yes	17%	18.06%	Yes
	Aug 16	19%	22.08%	Yes	23%	27.03%	Yes	17%	20.05%	Yes
	Sep 16	19%	22.44%	Yes	23%	26.20%	Yes	17%	20.50%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	63.52%	No
	Oct 14 – Sep 15	71%	65.38%	No
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	57.67%	No

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	69.93%	No
	Oct 14 – Sep 15	79%	69.99%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	68.97%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.167	No
	Oct 15 – Dec 15	<.15/1000 MM	0.182	No
	Jan 16 – Mar 16	<.15/1000 MM	0.179	No
	Apr 16 – Jun 16	<.15/1000 MM	0.115	Yes

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

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
	Nov 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Dec 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.00%	Yes
	Jan 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Feb 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.00%	Yes
	Mar 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Apr 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.03%	Yes
	May 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Jun 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Jul 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.00%	Yes

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

- 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
Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

**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
	Jan 16	Timely, Accurate	T, A	Yes
	Feb 16	Timely, Accurate	T, A	Yes
	Mar 16	Timely, Accurate	T, A	Yes
	Apr 16	Timely, Accurate	T, A	Yes
	May 16	Timely, Accurate	T, A	Yes
	Jun 16	Timely, Accurate	T, A	Yes
	Jul 16	Timely, Accurate	T, A	Yes
	Aug 16	Timely, Accurate	T, A	Yes
	Sep 16	Timely, Accurate	T, A	Yes

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

- 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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.90%	Yes
	Jul 15 – Sep 15	80%	86.13%	Yes
	Oct 15 – Dec 15	80%	86.53%	Yes
	Jan 16 – Mar 16	80%	86.68%	Yes

Timely Completion of HRA	Jan 15 – Mar 15	20%	2.73%	No
	Apr 15 – Jun 15	20%	7.15%	No
	Jul 15 – Sep 15	20%	16.86%	No
	Oct 15 – Dec 15	20%	17.47%	Yes*

***Met 10% improvement towards the standard**

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	51.18%	No
	Apr 15 – Jun 15	66%	48.42%	No
	Jul 15 – Sep 15	66%	N/A	N/A
	Oct 15 – Dec 15	66%	50.22%	No

Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	17.47%	No
	Oct 14 – Sep 15	16%	17.63%	No
	Jan 15 – Dec 15	16%	N/A	N/A
	Apr 15 – Mar 16	16%	15.58%	Yes

**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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	78.57%	No

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	39.41%	No
	Oct 14 – Sep 15	79%	42.51%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	50.74%	Yes*

***Met 10% improvement towards the standard**

Breast Cancer Screening	Jul 14 – Jun 15	58%	50.19%	No
	Oct 14 – Sep 15	58%	50.60%	No
	Jan 15 – Dec 15	58%	N/A	N/A
	Apr 15 – Mar 16	58%	51.70%	Yes*

***Met 10% improvement towards the standard**

- 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
Cervical Cancer Screening	Jul 14 – Jun 15	72%	62.41%	No
	Oct 14 – Sep 15	72%	62.28%	No
	Jan 15 – Dec 15	72%	N/A	N/A
	Apr 15 – Mar 16	72%	62.53%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	28.07	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	144.86	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	46.03	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	17.60	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
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	61.25%	No

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	70.45%	No
	Oct 14 – Sep 15	87%	70.42%	No
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	70.44%	No

Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	44.84%	N/A
	Oct 14 – Sep 15	N/A	45.91%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	44.37%	N/A

- 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 (Continuous)	Jul 14 – Jun 15	N/A	31.75%	N/A
	Oct 14 – Sep 15	N/A	34.63%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	31.26%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	74.21%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	N/A	N/A

Postpartum Care	Jul 14 – Jun 15	70%	51.09%	No
	Oct 14 – Sept 15	70%	50.62%	No
	Jan 15 – Dec 15	70%	N/A	N/A
	Apr 15 – Mar 16	70%	54.66%	Yes*

***Met 10% improvement towards the standard**

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
	Apt 16	81%	75%	No
	May 16	81%	76%	No
	Jun 16	81%	76%	No
	Jul 16	81%	N/A	N/A
	Aug 16	81%	N/A	N/A
	Sept 16	81%	N/A	N/A

- 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	
		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%	22.63%	Yes
	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
	Apr 16	19%	23.29%	Yes	23%	30.25%	Yes	17%	23.96%	Yes
	May 16	19%	23.54%	Yes	23%	30.63%	Yes	17%	24.46%	Yes
	Jun 16	19%	23.81%	Yes	23%	31.03%	Yes	17%	24.29%	Yes
	Jul 16	19%	24.11%	Yes	23%	31.40%	Yes	17%	24.55%	Yes
	Aug 16	19%	24.31%	Yes	23%	31.95%	Yes	17%	24.69%	Yes
	Sep 16	19%	24.83%	Yes	23%	31.29%	Yes	17%	25.17%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	76.37%	Yes
	Oct 14 – Sep 15	71%	77.05%	Yes
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	71.01%	Yes

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	72.96%	No
	Oct 14 – Sep 15	79%	77.41%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	75.82%	Yes*

*Met 10% improvement towards the standard.

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.168	No
	Oct 15 – Dec 15	<.15/1000 MM	0.184	No
	Jan 16 – Mar 16	<.15/1000 MM	0.204	No
	Apr 16 – Jun 16	<.15/1000 MM	0.048	Yes

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

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
	Nov 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.10%	Yes
	Dec 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.27%	Yes
	Jan 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 9%, 0.05%	Yes
	Feb 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.06%	Yes
	Mar 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.20%	Yes
	Apr 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.15%	Yes
	May 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.05%	Yes
	Jun 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.05%	Yes
	Jul 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.02%	Yes

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

- 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
Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

**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
	Jan 16	Timely, Accurate	T, A	Yes
	Feb 16	Timely, Accurate	T, A	Yes
	Mar 16	Timely, Accurate	T, A	Yes
	Apr 16	Timely, Accurate	T, A	Yes
	May 16	Timely, Accurate	T, A	Yes
	Jun 16	Timely, Accurate	T, A	Yes
	Jul 16	Timely, Accurate	T, A	Yes
	Aug 16	Timely, Accurate	T, A	Yes
	Sep 16	Timely, Accurate	T, A	Yes

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

- 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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.38%	Yes
	Jul 15 – Sep 15	80%	85.49%	Yes
	Oct 15 – Dec 15	80%	85.42%	Yes
	Jan 16 – Mar 16	80%	85.90%	Yes

Timely Completion of HRA	Jan 15 – Mar 15	20%	8.35%	No
	Apr 15 – Jun 15	20%	10.92%	No
	Jul 15 – Sep 15	20%	10.58%	No
	Oct 15 – Dec 15	20%	15.75%	Yes*

***Met 10% improvement towards the standard**

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	57.14%	No
	Apr 15 – Jun 15	66%	54.20%	No
	Jul 15 – Sep 15	66%	N/A	N/A
	Oct 15 – Dec 15	66%	52.03%	No

Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	15.75%	Yes
	Oct 14 – Sep 15	16%	15.19%	Yes
	Jan 15 – Dec 15	16%	N/A	N/A
	Apr 15 – Mar 16	16%	13.58%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	83.98%	No

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	41.30%	No
	Oct 14 – Sep 15	79%	44.99%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	50.57%	Yes*

***Met 10% improvement towards the standard**

Breast Cancer Screening	Jul 14 – Jun 15	58%	61.19%	Yes
	Oct 14 – Sep 15	58%	61.71%	Yes
	Jan 15 – Dec 15	58%	N/A	N/A
	Apr 15 – Mar 16	58%	59.84%	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

UnitedHealthcare Community Plan – UNI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Cervical Cancer Screening	Jul 14 – Jun 15	72%	69.05%	No
	Oct 14 – Sep 15	72%	69.07%	No
	Jan 15 – Dec 15	72%	N/A	N/A
	Apr 15 – Mar 16	72%	69.21%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	21.55	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	96.17	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	25.00	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	11.40	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
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	70.40%	Yes*

***Met 10% improvement towards the standard**

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	83.31%	No
	Oct 14 – Sep 15	87%	84.91%	No
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	84.81%	Yes*

***Met 10% improvement towards the standard**

Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	48.39%	N/A
	Oct 14 – Sep 15	N/A	47.90%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	49.00%	N/A

- 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 (Continuous)	Jul 14 – Jun 15	N/A	34.07%	N/A
	Oct 14 – Sep 15	N/A	35.05%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	33.96%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	85.43%	Yes*

*Met 10% improvement towards the standard

- 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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	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
	Jan 15 – Dec 15	70%	N/A	N/A
	Apr 15 – Mar 16	70%	45.72%	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
	Apr 16	81%	87%	Yes
	May 16	81%	87%	Yes
	Jun 16	81%	87%	Yes
	Jul 16	81%	N/A	N/A
	Aug 16	81%	N/A	N/A
	Sept 16	81%	N/A	N/A

- 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	
		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%	13.72%	No
	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
	Apr 16	19%	12.90%	No	23%	11.47%	No	17%	12.36%	No
	May 16	19%	12.27%	No	23%	10.85%	No	17%	12.48%	No
	Jun 16	19%	11.84%	No	23%	10.38%	No	17%	12.81%	No
	Jul 16	19%	11.16%	No	23%	10.80%	No	17%	12.24%	No
	Aug 16	19%	11.04%	No	23%	10.28%	No	17%	11.73%	No
	Sep 16	19%	10.01%	No	23%	10.71%	No	17%	11.68%	No

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	70.14%	No
	Oct 14 – Sep 15	71%	68.25%	No
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	58.26%	No

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	71.82%	No
	Oct 14 – Sep 15	79%	70.73%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	73.02%	No

Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.033	Yes
	Oct 15 – Dec 15	<.15/1000 MM	0.016	Yes
	Jan 16 – Mar 16	<.15/1000 MM	0.047	Yes
	Apr 16 – Jun 16	<.15/1000 MM	0.031	Yes

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

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
	Nov 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 10%, 0.00%	Yes
	Dec 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 9%, 0.00%	Yes
	Jan 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 9%, 0.00%	Yes
	Feb 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 10%, 0.00%	Yes
	Mar 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 9%, 0.00%	Yes
	Apr 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 11%, 0.00%	Yes
	May 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 9%, 0.00%	Yes
	Jun 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 8%, 0.00%	Yes
	Jul 16	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 8%, 0.00%	Yes

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

- 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
Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	Yes
	Jan 16	Timely, Complete	T, C	Yes
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*
	Jan 16	Timely, Complete	T, NC	No
	Feb 16	Timely, Complete	T, C	Yes
	Mar 16	Timely, Complete	T, C	Yes
	Apr 16	Timely, Complete	T, C	Yes
	May 16	Timely, Complete	T, C	Yes
	Jun 16	Timely, Complete	T, C	Yes
	Jul 16	Timely, Complete	T, C	Yes
	Aug 16	Timely, Complete	T, C	Yes
	Sep 16	Timely, Complete	T, C	Yes

**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
	Jan 16	Timely, Accurate	T, A	Yes
	Feb 16	Timely, Accurate	T, A	Yes
	Mar 16	Timely, Accurate	T, A	Yes
	Apr 16	Timely, Accurate	T, A	Yes
	May 16	Timely, Accurate	T, A	Yes
	Jun 16	Timely, Accurate	T, A	Yes
	Jul 16	Timely, Accurate	T, A	Yes
	Aug 16	Timely, Accurate	T, A	Yes
	Sep 16	Timely, Accurate	T, A	Yes

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

- 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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.87%	Yes
	Jul 15 – Sep 15	80%	84.00%	Yes
	Oct 15 – Dec 15	80%	N/A	N/A
	Jan 16 – Mar 16	80%	83.13%	Yes

**Results showing N/A are due to technical issues with files received.*

Timely Completion of HRA	Jan 15 – Mar 15	20%	14.73%	No
	Apr 15 – Jun 15	20%	10.68%	No
	Jul 15 – Sep 15	20%	10.42%	No
	Oct 15 – Dec 15	20%	12.67%	Yes*

***Met 10% improvement towards the standard**

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	58.86%	No
	Apr 15 – Jun 15	66%	57.13%	No
	Jul 15 – Sep 15	66%	N/A	N/A
	Oct 15 – Dec 15	66%	59.64%	No

Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	16.14%	No
	Oct 14 – Sep 15	16%	15.63%	Yes
	Jan 15 – Dec 15	16%	N/A	N/A
	Apr 15 – Mar 16	16%	10.24%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	85.23%	No

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	53.05%	No
	Oct 14 – Sep 15	79%	55.28%	No
	Jan 15 – Dec 15	79%	N/A	N/A
	Apr 15 – Mar 16	79%	57.11%	Yes*

***Met 10% improvement towards the standard**

Breast Cancer Screening	Jul 14 – Jun 15	58%	61.51%	Yes
	Oct 14 – Sep 15	58%	59.25%	Yes
	Jan 15 – Dec 15	58%	N/A	N/A
	Apr 15 – Mar 16	58%	59.58%	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

Upper Peninsula Health Plan – UPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Cervical Cancer Screening	Jul 14 – Jun 15	72%	60.45%	No
	Oct 14 – Sep 15	72%	61.22%	No
	Jan 15 – Dec 15	72%	N/A	N/A
	Apr 15 – Mar 16	72%	61.74%	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	16.64	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	68.62	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	8.70	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
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	7.23	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
	Jan 15 – Dec 15	71%	N/A	N/A
	Apr 15 – Mar 16	71%	51.92%	Yes*

***Met 10% improvement towards the standard**

Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	88.12%	Yes
	Oct 14 – Sep 15	87%	88.28%	Yes
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	90.06%	Yes

Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	59.32%	N/A
	Oct 14 – Sep 15	N/A	57.96%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	56.46%	N/A

- 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 (Continuous)	Jul 14 – Jun 15	N/A	43.22%	N/A
	Oct 14 – Sep 15	N/A	42.68%	N/A
	Jan 15 – Dec 15	N/A	N/A	N/A
	Apr 15 – Mar 16	N/A	39.70%	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
	Jan 15 – Dec 15	87%	N/A	N/A
	Apr 15 – Mar 16	87%	85.44%	Yes*

***Met 10% improvement towards the standard**

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

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

MI HEALTH ACCOUNT



EXECUTIVE SUMMARY REPORT

OCTOBER 2016

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2016

MAXIMUS contracts with each Healthy Michigan Plan health plan to operate the MI Health Account (MIHA). The MIHA documents health care costs and payments for health plan members eligible for the Healthy Michigan Plan. Any amount the beneficiary owes to the MIHA is reflected in the quarterly statement that is mailed to the beneficiary. The MIHA quarterly statement shows the total amount owed for co-pays and/or contributions.

A co-pay is a fixed amount beneficiaries pay for a health care service. Before a beneficiary is enrolled in managed care, the beneficiary will pay any co-pays directly to their provider at the time of service. Once enrolled in managed care, co-pays for health plan covered services will be paid into the MIHA.

A contribution is the amount of money that is paid toward health care coverage. **Beneficiaries with incomes at or below 100% of the Federal Poverty Level (FPL) will NOT have a contribution.** Beneficiaries above 100% FPL are required to pay contributions that are based on income and family size. The quarterly statement informs beneficiaries what to pay for co-pays and contributions each month for the next three months, includes payment coupons with instructions on how to make a payment, as well as tips on how to reduce costs (Healthy Behavior incentives). The statement lists the services the beneficiary has received, the amount the beneficiary has paid, what amount they still need to pay, and the amount the health plan has paid.

Quarterly Statement Mailing Guidelines

- The first quarterly statement is mailed six months after a beneficiary joins a health plan. After that, quarterly statements are sent every three months.
- A beneficiary follows his or her own enrollment quarter based on their enrollment effective date.
- Quarterly statements are mailed by the 15th calendar day of each month
- Statements are not mailed to beneficiaries if there are no health care services to display or payment due for a particular quarter.

Chart 1 displays the statement mailing activity for the past three months. It also displays the calendar year totals since January 2016 and the program totals from October 2014 to July 2016.

Chart 1: Account Statement Mailing					
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
May-16	73,388	16,631	5,992	9,271	43.46%
Jun-16	80,345	13,530	7,785	6,987	35.23%
Jul-16	97,335	18,864	9,706	9,172	39.24%
Calendar YTD	574,389	109,131	58,760	56,067	38.99%
Program Total	1,488,267	339,885	133,739	147,232	41.71%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2016

Payments for the MIHA are due on the 15th of the month following the month they were billed.

Chart 2 displays a collection history of the number of beneficiaries that have paid co-pays and contributions. Completed quarterly payment cycles are explained and reflected in Chart 3. Calendar year totals are from January 2016. Program totals are from October 2014 through July 2016. Please note that beneficiaries that pay both co-pays and contributions will show in each chart.

Chart 2: Collection Amount by Copays/Contributions					
Copays					
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
May-16	\$254,152.37	\$86,438.81	34%	25,902	9,553
Jun-16	\$142,705.09	\$43,369.16	30%	20,517	6,778
Jul-16	\$201,370.49	\$49,209.66	24%	28,036	7,705
Calendar YTD	\$1,311,710.02	\$451,724.93	34%	164,757	61,270
Program Total	\$3,513,659.13	\$1,278,460.14	36%	485,596	179,736
Contributions					
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
May-16	\$874,705.63	\$240,875.04	28%	15,263	5,420
Jun-16	\$852,843.76	\$239,320.37	28%	14,772	5,249
Jul-16	\$1,085,052.64	\$252,353.15	23%	18,878	5,891
Calendar YTD	\$6,326,272.45	\$1,882,463.89	30%	114,788	43,313
Program Total	\$15,456,038.00	\$4,721,170.77	31%	280,928	105,738

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2016

Chart 3 displays the total amount collected by completed quarter, by enrollment month. For example, beneficiaries who enrolled in May 2014 received their first quarterly statement in November 2014. These individuals had until February 2015 to pay in full, which constitutes a completed quarter. Please note that the Percentage Collected will change even in completed quarters because payments received are applied to the oldest invoice owed.

Chart 3: Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
Apr-14	Oct 2014 - Dec 2014	\$23,794.34	\$14,353.77	60.32%
	Jan 2015 - Mar 2015	\$192,833.50	\$104,514.74	54.20%
	Apr 2015 - Jun 2015	\$163,500.52	\$79,044.85	48.35%
	Jul 2015 - Sep 2015	\$156,297.93	\$74,149.94	47.44%
	Oct 2015 - Dec 2015	\$151,975.02	\$63,342.10	41.68%
	Jan 2016 - Mar 2016	\$124,408.54	\$52,169.05	41.93%
	Apr 2016 - Jun 2016	\$168,950.85	\$67,066.02	39.70%
	Jul 2016 - Sep 2016	\$160,550.81	\$34,437.13	21.45%
May-14	Nov 2014 - Jan 2015	\$36,680.17	\$21,506.81	58.63%
	Feb 2015 - Apr 2015	\$57,414.70	\$30,404.42	52.96%
	May 2015 - Jul 2015	\$45,658.78	\$24,288.60	53.20%
	Aug 2015 - Oct 2015	\$38,963.00	\$20,417.95	52.40%
	Nov 2015 - Jan 2016	\$38,783.05	\$18,691.32	48.19%
	Feb 2016 - Apr 2016	\$36,110.46	\$16,084.77	44.54%
	May 2016 - July 2016	\$45,872.84	\$19,107.74	41.65%
Jun-14	Dec 2014 - Feb 2015	\$454,387.15	\$278,063.80	61.20%
	Mar 2015 - May 2015	\$350,322.68	\$203,371.14	58.05%
	Jun 2015 - Aug 2015	\$345,977.88	\$200,506.56	57.95%
	Sep 2015 - Nov 2015	\$328,288.42	\$176,223.46	53.68%
	Dec 2015 - Feb 2016	\$237,039.78	\$117,783.27	49.69%
	Mar 2016 - May 2016	\$259,176.45	\$130,406.32	50.32%
	Jun 2016 - Aug 2016	\$209,694.58	\$91,655.68	43.71%
Jul-14	Jan 2015 - Mar 2015	\$349,729.59	\$175,708.51	50.24%
	Apr 2015 - Jun 2015	\$258,748.98	\$118,881.82	45.94%
	Jul 2015 - Sep 2015	\$238,462.12	\$113,744.71	47.70%
	Oct 2015 - Dec 2015	\$224,783.69	\$94,108.84	41.87%
	Jan 2016 - Mar 2016	\$178,367.93	\$76,635.68	42.96%
	Apr 2016 - Jun 2016	\$196,566.81	\$76,563.76	38.95%
	Jul 2016 - Sep 2016	\$193,237.45	\$43,771.34	22.65%

Chart 3 continued on page 5

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2016

Chart 3 continued from page 4

Chart 3: Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
Aug-14	Feb 2015 - Apr 2015	\$173,086.68	\$89,661.85	51.80%
	May 2015 - Jul 2015	\$124,137.25	\$57,615.75	46.41%
	Aug 2015 - Oct 2015	\$105,153.84	\$54,357.27	51.69%
	Nov 2015 - Jan 2016	\$102,815.08	\$48,201.72	46.88%
	Feb 2016 - Apr 2016	\$97,078.38	\$39,630.67	40.82%
	May 2016 - July 2016	\$105,907.36	\$35,894.03	33.89%
Sep-14	Mar 2015 - May 2015	\$214,674.53	\$98,682.92	45.97%
	Jun 2015 - Aug 2015	\$148,973.50	\$63,313.73	42.50%
	Sep 2015 - Nov 2015	\$148,348.69	\$61,450.64	41.42%
	Dec 2015 - Feb 2016	\$120,194.61	\$45,593.99	37.93%
	Mar 2016 - May 2016	\$133,614.80	\$46,579.24	34.86%
	Jun 2016 - Aug 2016	\$93,167.87	\$26,897.46	28.87%
Oct-14	Apr 2015 - Jun 2015	\$174,789.63	\$80,362.60	45.98%
	Jul 2015 - Sep 2015	\$124,998.11	\$55,418.00	44.34%
	Oct 2015 - Dec 2015	\$125,213.57	\$51,494.59	41.13%
	Jan 2016 - Mar 2016	\$108,799.76	\$46,110.46	42.38%
	Apr 2016 - Jun 2016	\$130,343.97	\$47,131.25	36.16%
	Jul 2016 - Sep 2016	\$130,557.34	\$24,690.32	18.91%
Nov-14	May 2015 - Jul 2015	\$194,752.28	\$87,063.24	44.70%
	Aug 2015 - Oct 2015	\$123,852.47	\$51,429.45	41.52%
	Nov 2015 - Jan 2016	\$133,357.44	\$55,425.81	41.56%
	Feb 2016 - Apr 2016	\$136,865.61	\$52,069.29	38.04%
	May 2016 - July 2016	\$161,900.89	\$48,696.79	30.08%
Dec-14	Jun 2015 - Aug 2015	\$104,680.44	\$48,504.07	46.34%
	Sep 2015 - Nov 2015	\$81,376.98	\$34,513.43	42.41%
	Dec 2015 - Feb 2016	\$67,047.24	\$27,134.14	40.47%
	Mar 2016 - May 2016	\$79,431.22	\$30,850.94	38.84%
	Jun 2016 - Aug 2016	\$67,183.41	\$18,040.00	26.85%
Jan-15	Jul 2015 - Sep 2015	\$205,557.05	\$108,236.78	52.66%
	Oct 2015 - Dec 2015	\$170,725.32	\$76,000.12	44.52%
	Jan 2016 - Mar 2016	\$150,765.96	\$72,376.27	48.01%
	Apr 2016 - Jun 2016	\$178,228.44	\$76,813.91	43.10%
	Jul 2016 - Sep 2016	\$184,605.97	\$42,266.44	22.90%

Chart 3 continued on page 6

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2016

Chart 3 continued from page 5

Chart 3: Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
Feb-15	Aug 2015 - Oct 2015	\$197,934.42	\$95,573.04	48.29%
	Nov 2015 - Jan 2016	\$133,008.05	\$62,666.45	47.11%
	Feb 2016 - Apr 2016	\$149,224.17	\$71,661.27	48.02%
	May 2016 - July 2016	\$198,715.80	\$77,535.23	39.02%
Mar-15	Sep 2015 - Nov 2015	\$213,854.69	\$91,863.39	42.96%
	Dec 2015 - Feb 2016	\$98,135.31	\$40,451.65	41.22%
	Mar 2016 - May 2016	\$104,394.54	\$46,847.25	44.88%
	Jun 2016 - Aug 2016	\$109,647.57	\$44,372.30	40.47%
Apr-15	Oct 2015 - Dec 2015	\$262,067.17	\$114,565.38	43.72%
	Jan 2016 - Mar 2016	\$103,204.45	\$61,130.28	59.23%
	Apr 2016 - Jun 2016	\$151,007.88	\$79,175.94	52.43%
	Jul 2016 - Sep 2016	\$160,363.03	\$48,247.56	30.09%
May-15	Nov 2015 - Jan 2016	\$171,609.08	\$78,965.67	46.01%
	Feb 2016 - Apr 2016	\$107,694.09	\$55,390.86	51.43%
	May 2016 - July 2016	\$156,593.43	\$67,054.98	42.82%
Jun-15	Dec 2015 - Feb 2016	\$148,199.39	\$57,789.80	38.99%
	Mar 2016 - May 2016	\$99,999.16	\$42,331.20	42.33%
	Jun 2016 - Aug 2016	\$83,251.46	\$35,693.38	42.87%
Jul-15	Jan 2016 - Mar 2016	\$123,295.23	\$57,812.71	46.89%
	Apr 2016 - Jun 2016	\$95,414.94	\$40,232.39	42.17%
	Jul 2016 - Sep 2016	\$98,455.87	\$26,428.42	26.84%
Aug-15	Feb 2016 - Apr 2016	\$149,312.56	\$54,022.78	36.18%
	May 2016 - July 2016	\$106,454.03	\$33,458.64	31.43%
Sep-15	Mar 2016 - May 2016	\$119,756.69	\$41,781.91	34.89%
	Jun 2016 - Aug 2016	\$69,802.99	\$22,299.53	31.95%
Oct-15	Apr 2016 - Jun 2016	\$129,682.40	\$41,748.41	32.19%
	Jul 2016 - Sep 2016	\$126,292.15	\$20,711.07	16.40%
Nov-15	Jul 2016 - Sep 2016	\$165,623.77	\$45,566.44	27.51%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2016

Payments for the MIHA can be made one of two ways. Beneficiaries can mail a check or money order to the MIHA payment address. The payment coupon is not required to send in a payment by mail. Beneficiaries also have the option to pay online using a bank account.

Chart 4 displays a three month history of the percentage of payments made into the MIHA.

Chart 4: Methods of Payment			
	May-16	Jun-16	Jul-16
Percent Paid Online	29.69%	30.07%	28.93%
Percent Paid by Mail	70.31%	69.93%	71.07%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2016

Adjustment Activities

Beneficiaries are not required to pay co-pays and/or contributions when specific criteria are met. In these cases, an adjustment is made to the beneficiary's quarterly statement.

This includes populations that are exempt; beneficiaries that are under age 21, pregnant, in hospice and Native American beneficiaries. It also includes beneficiaries who were not otherwise exempt, but have met their five percent maximum cost share and beneficiaries whose Federal Poverty Level is no longer in a range that requires a contribution.

Chart 5A shows the number of beneficiaries that met these adjustments for the specified month, calendar year since January 2016 and the cumulative total for the program from October 2014 through July 2016.

Chart 5A: Adjustment Activities						
	May-16		Jun-16		Jul-16	
	#	Total \$	#	Total \$	#	Total \$
Beneficiary is under age 21	724	\$43,497.00	696	\$45,537.00	776	\$50,842.00
Pregnancy	415	\$12,491.90	255	\$8,045.45	298	\$9,764.38
Hospice	0	\$0.00	0	\$0.00	0	\$0.00
Native American	45	\$1,378.50	77	\$1,204.00	68	\$1,430.00
Five Percent Cost Share Limit Met	25,880	\$435,470.26	30,005	\$441,821.98	34,881	\$437,627.21
FPL No longer >100% - Contribution	0	\$0.00	0	\$0.00	0	\$0.00
TOTAL	27,064	\$492,837.66	31,033	\$496,608.43	36,023	\$499,663.59
	May-16 to Jul-16		Calendar YTD		Program YTD	
	#	Total \$	#	Total \$	#	Total \$
Beneficiary is under age 21	2,196	\$139,876.00	4,357	\$259,875.24	9,166	\$524,130.74
Pregnancy	968	\$30,301.73	2,043	\$67,626.93	6,320	\$190,278.50
Hospice	0	\$0.00	0	\$0.00	0	\$0.00
Native American	190	\$4,012.50	400	\$7,889.33	894	\$32,117.33
Five Percent Cost Share Limit Met	90,766	\$1,314,919.45	196,604	\$3,011,158.07	531,015	\$7,865,165.21
FPL No longer >100% - Contribution	0	\$0.00	0	\$0.00	20	\$1,152.50
TOTAL	94,120	\$1,489,109.68	203,404	\$3,346,549.57	547,415	\$8,612,844.28

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2016

Healthy Behavior Incentives

Beneficiaries may qualify for reductions in co-pays and/or contributions due to Healthy Behavior incentives. All health plans offer enrolled beneficiaries financial incentives that reward healthy behaviors and personal responsibility. To be eligible for incentives a beneficiary must first complete a health risk assessment (HRA) with their primary care provider (PCP) and agree to address or maintain health behaviors.

Co-pays – Beneficiaries can receive a 50% reduction in co-pays once they have paid 2% of their income in co-pays AND agree to address or maintain healthy behaviors.

Contributions - Beneficiaries can receive a 50% reduction in contributions if they complete an HRA with a PCP attestation AND agree to address or maintain healthy behaviors.

Gift Cards – Beneficiaries at or below 100% FPL receive a \$50.00 gift card if they complete an HRA with a PCP attestation AND agree to address or maintain healthy behaviors.

Chart 5B shows the number of beneficiaries that qualified for a reduction in co-pays and/or contributions due to Healthy Behavior incentives for the specified month, calendar year since January 2016 and the cumulative total for the program from October 2014 through July 2016.

Chart 5B: Healthy Behaviors						
	May-16		Jun-16		Jul-16	
	#	Total \$	#	Total \$	#	Total \$
Co-pay	1,240	\$10,124.79	6,591	\$46,439.55	8,387	\$59,353.04
Contribution	2,649	\$122,236.00	1,087	\$148,779.04	1,266	\$175,862.18
Gift Cards	2,660	n/a	2,810	n/a	3,527	n/a
TOTAL	6,549	\$132,360.79	10,488	\$195,218.59	13,180	\$235,215.22
	May 16 to Jul-16		Calendar YTD		Program YTD	
	#	Total \$	#	Total \$	#	Total \$
Co-pay	16,218	\$115,917.38	21,523	\$147,310.20	22,770	\$152,352.72
Contribution	5,002	\$446,877.22	16,094	\$874,673.95	39,144	\$1,627,835.64
Gift Cards	8,997	n/a	21,206	n/a	85,971	n/a
TOTAL	30,217	\$562,794.60	58,823	\$1,021,984.15	147,885	\$1,780,188.36

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2016

Typically, beneficiaries will pay a co-pay for the following services:

- Physician Office Visits (including free standing Urgent Care Centers)
- Outpatient Hospital Clinic Visit
- Outpatient Non-Emergent ER Visit (co-pay not required for emergency services)
- Inpatient Hospital Stay (co-pay not required for emergency admissions)
- Pharmacy (brand name and generic)
- Vision Services
- Dental Visits
- Chiropractic Visits
- Hearing Aids
- Podiatric Visits

If a beneficiary receives any of the above services for a chronic condition, the co-pay will be waived and the beneficiary will not be billed. This promotes greater access to high value services that prevent the progression of and complications related to chronic disease.

Chart 6 shows the number of beneficiaries whose co-pays were waived and the dollar amount waived due to receiving services for chronic conditions. Co-pay adjustments for high value services are processed quarterly based on the beneficiaries' individual enrollment and statement cycles.

Chart 6: Waived Copays for High Value Services		
Month	# of Beneficiaries with Copays Waived	Total Dollar Amount Waived
May-16	27,151	\$302,164
Jun-16	30,621	\$235,329
Jul-16	39,127	\$313,676
Calendar YTD	96,899	\$851,169
Program Total	96,899	\$851,169

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2016

Beneficiaries that do not pay three consecutive months they have been billed co-pays or contributions are considered “consistently failing to pay (CFP)” status. Once a beneficiary is in CFP status, the following language is added to the quarterly statement: “If your account is overdue, you may have a penalty. For example, if you have a healthy behavior reduction, you could lose it. Your information may also be sent to the Michigan Department of Treasury. They can take your overdue amount from your tax refund or future lottery winnings. Your doctor cannot refuse to see you because of an overdue amount.” Beneficiaries that are in CFP status and have a total amount owed of at least \$50 can be referred to the Department of Treasury for collection. Beneficiaries that have not paid at least 50% of their total contributions and co-pays billed to them in the past 12 months can also be referred to the Department of Treasury for collection.

Chart 7 displays the past due collection history and the number of beneficiaries that have past due balances that can be collected through the Department of Treasury. These numbers are cumulative from quarter to quarter.

Chart 7: Past Due Collection Amounts		
Month	# of Beneficiaries with Past Due Co-pays/Contributions	# of Beneficiaries with Past Due Co-pays/Contributions that Can be Sent to Treasury
May-16	96,551	36,250
Jun-16	103,859	41,460
Jul-16	112,579	44,183

Chart 8 displays the total amount of past due invoices according to the length of time the invoice has been outstanding. Each length of time displays the unique number of beneficiaries for that time period. The total number of delinquent beneficiaries is also listed along with the corresponding delinquent amount owed.

Chart 8: Delinquent Copay and Contribution Amounts by Aging Category						
Days	0-30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days	TOTAL
Amount Due	\$804,364.57	\$693,805.96	\$660,472.96	\$642,370.64	\$5,858,374.74	\$8,659,388.87
Number of Beneficiaries That Owe	65,205	57,287	54,917	53,714	118,655	160,050

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Beneficiaries are mailed a letter that informs them of the amount that could be garnished by the Department of Treasury. This pre-garnishment notice is mailed each year in July. Beneficiaries are given 30 days from the date of the letter to make a payment or file a dispute with the Department of Health and Human Services (DHHS) for the amount owed.

Chart 9 displays the beneficiary payment activity as a result of the pre-garnishment notice.

Chart 9: Pre-Garnishment Notices				
Month/Year	# of Beneficiaries that Received a Garnishment Notice	Total Amount Owed	# of Beneficiaries that Paid Following Pre-Garnishment Notice	Total Amount Collected
Jul-15	5,893	\$589,770.20	2,981	\$78,670.02
Jul-16	41,460	\$5,108,153.13	3,393	\$312,538.70
Calendar YTD	41,460	\$5,108,153.13	3,393	\$312,538.70
Program Total	47,353	\$5,697,923.33	6,374	\$391,208.72

Beneficiaries are referred to the Department of Treasury each year in November if they still owe at least \$50 following the pre-garnishment notice.

Chart 10 displays the number of beneficiaries that were referred to Treasury.

Chart 10: Garnishments Sent to Treasury		
Month	# of Beneficiaries Sent to Treasury for Garnishment	Total Amount Sent to Treasury for Garnishment
Nov-15	4,635	\$460,231.19

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The Department of Treasury may garnish tax refunds or lottery winnings up to the amount referred to them from the MI Health Account.

Chart 11 displays collection activities by the Department of Treasury.

Chart 11: Garnishments Collected by Treasury						
Tax Year	# of Garnishment s Collected By Taxes	# of Garnishment s Collected By Lottery	Total # of Garnishment s Collected	Total Amount of Garnishment s Collected By Taxes	Total Amount of Garnishment s Collected By Lottery	Total Amount of Garnishment s Collected
2015	2,146	6	2,152	\$207,470.76	\$380.67	\$207,851.43
2016	0	0	0	\$0.00	\$0.00	\$0.00
Calendar YTD	2,146	6	2,152	\$207,470.76	\$380.67	\$207,851.43
Program Total	2,146	6	2,152	\$207,470.76	\$380.67	\$207,851.43