STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

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DIRECTOR

December 7, 2017

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

Dear Ms. Kostesich,

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 2017. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

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

Sincerely,

Penny L. Rutledge

Penny Rutledge, Director
Actuarial Division

cc: Ruth Hughes
Angela Garner

Enclosure (6)

Michigan Adult Coverage Demonstration
Section 1115 Quarterly Report

Demonstration Year: 8 (01/01/2017 – 12/31/2017)
Federal Fiscal Quarter: 4 (07/01/2017 – 09/30/2017)

Approval Period: December 30, 2013 through December 31, 2018

Table of Contents

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. Organized service delivery systems will be utilized to improve coherence and overall program efficiency. The overarching themes used in the benefit design are 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. The 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.

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.

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.

MDHHS's goals in 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 enrollment and disenrollment by month:

Table 1: Healthy Michigan Plan New Enrollments by Month			
July 2017	August 2017	September 2017	Total
28,310	30,084	29,011	87,405

Table 2: Healthy Michigan Plan Disenrollments by Month			
July 2017	August 2017	September 2017	Total
27,593	30,391	45,509	103,493

Most Healthy Michigan Plan beneficiaries choose a health plan as opposed to automatic assignment to a health plan. As of September 13, 2017, 381,217 or, 71 percent, of the State's 534,579 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, 6,194 of all Healthy Michigan Plan health plan enrollees changed health plans. This quarter, 2,936 or approximately 47 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

section 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. 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.

The initial assessment questions section of the Health Risk Assessments completed through the MDHHS enrollment broker had a completion rate of 91 percent this quarter. MDHHS is encouraged by the high level of participation by beneficiaries at the initial point of contact. The details of Health Risk Assessment completion can be found in the enclosed October 2017 Health Risk Assessment Report. 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 2017	4,251	91%	400	9%	4,651
August 2017	4,283	91%	443	9%	4,726
September 2017	4,486	91%	427	9%	4,913
Total	13,020	91%	1,270	9%	14,290

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 2017	August 2017	September 2017	Total
Health Risk Assessments Submitted	2,568	3,417	2,470	8,455
Gift Cards Earned	2,103	2,732	1,973	6,808
Reductions Earned	458	680	492	1,630
Reductions Applied	978	792	868	2,638

Enrollment Counts for Quarter and Year to Date

Healthy Michigan Plan enrollment in this quarter has remained consistent with previous quarters. In addition to stable Healthy Michigan Plan enrollment, MDHHS saw the typical 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. 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. Enrollment counts in the table below are for unique members for identified time periods. The unique enrollee count will differ from the September 2017 count from the Beneficiary Month Reporting section as a result of disenrollment that occurred during the quarter.

Table 5: Enrollment Counts for Quarter and Year to Date

Demonstration Population	Total Number of Demonstration Beneficiaries Quarter Ending – 09/2017	Current Enrollees (year to date)	Disenrolled in Current Quarter
ABW Childless Adults	N/A	N/A	N/A
Healthy Michigan Adults	752,428	888,835	103,493

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 contains 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 continues to work closely with provider groups through meetings, Medicaid provider policy bulletins, and various interactions with community partners and provider trade associations. Progress reports are provided by MDHHS to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings. These meetings provide an opportunity for attendees to provide program comments or suggestions. The August 2017 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.

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 MDHHS during the quarter covered by this report:

Table 6: Medicaid Policy Bulletins and Letters with Healthy Michigan Plan Impact

Issue Date	Subject	Link
08/08/2017	Healthy Michigan Plan Operational Protocols	L 17-27
08/16/2017	Healthy Michigan Plan §1115 Demonstration Waiver Extension	L 17-36
09/01/2017	Documenting Health Plan Encounters for the Medicaid Reconciliation Report	MSA 17-26
09/01/2017	Outpatient Behavioral Health Visits	MSA 17-27
09/01/2017	Updates to the Medicaid Provider Manual; Code Updates	MSA 17-30
09/29/2017	Home Help Agency Provider Reimbursement Rates	MSA 17-32

Financial/Budget Neutrality Development Issues

Healthy Michigan Plan expenditures for all plan eligible groups are included in the budget neutrality monitoring table below as reported in the CMS Medicaid and Children's Health Insurance Program Budget and Expenditure System. 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. The State will continue to update data for each demonstration quarter as it becomes available.

Table 7: Healthy Michigan Plan Budget Neutrality Monitoring Table

	Approved HMP PMPM	Actual HMP PMPM (YTD)	Total Expenditures (YTD)	Total Member Months (YTD)
DY 5 - PMPM	$667.36	$476.63	$1,780,451,816.00	3,735,491
DY 6 - PMPM	$602.21	$481.24	$3,498,120,618.00	7,269,034
DY 7 - PMPM	$569.80	$495.01	$3,841,865,211.00	7,761,245
DY 8 - PMPM	$598.86	$454.73	$2,826,310,068.00	6,215,304
DY 9 - PMPM	$629.40	-	-	-

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, 2017.

Table 8: Healthy Michigan Plan Beneficiary Month Reporting				
Eligibility Group	July 2017	August 2017	September 2017	Total for Quarter Ending 09/17
Healthy Michigan Adults	695,765	695,107	677,927	2,068,799

Consumer Issues

This quarter, the total number of Healthy Michigan Plan complaints reported to MDHHS was 63. Complaints reported to MDHHS are detailed by category in the table below. Overall, with over 2 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 issues and improve member experiences.

Table 9: Healthy Michigan Plan Complaints Reported to MDHHS July 2017 – September 2017				
	Obtaining Prescriptions	Other Covered Services	Transportation	Total
Count	46	13	4	63
Percent	73%	20%	7%	

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. MDHHS continues to collect data and assist health plans with deliverables for the purpose of PMR completion. The most recently published Bureau of Medicaid Program Operations & Quality Assurance quarterly PMR with Healthy Michigan Plan specific measures was published in October 2017 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 PMRs described in the Quality Assurance/Monitoring Activity section of this report. MDHHS and the Medicaid Health Plans continue to monitor MI Health Account call center and payment activity.

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 by 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 included in the attached September 2017 MI Health Account Executive Summary Report.

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.

From July 2017 to September 2017, there were 287 total appeals among all the Medicaid Health Plans. Medicaid Health Plan decisions were upheld in 52 percent of the appeals. From July 2017 to September 2017 there were a total of 3,261 grievances. The greatest number of grievances came from the Access category. 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. Transportation grievances relate to issues with the transportation benefit and often mirror the complaints members directly reported to MDHHS. 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. MDHHS has included grievance and appeals data reported by the Medicaid Health Plans from this quarter in the following tables:

Table 10: Managed Care Organization Appeals
July 2017 – September 2017

	Decision Upheld	Overturned	Undetermined/ Withdrawn	Total
Count	149	98	40	287
Percent	52%	34%	14%	

Table 11: Managed Care Organization Grievances		
July 2017 – September 2017		
Category	Count	Percent
Access	2,180	67%
Billing	459	14%
Administrative/Service	312	10%
Transportation	206	6%
Quality of Care	104	3%
Total	3,261	

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 began meeting with Marketplace issuers to discuss and coordinate implementation of the Healthy Michigan Marketplace plan. While conversation was positive and productive, MDHHS soon found that differences in terminology with its commercial partners was a barrier. MDHHS and Marketplace issuers have since developed a Frequently Asked Questions document to track questions and concepts for the benefit of discussion and decision making. This continued partnership and successful dialogue is integral to the successful operationalization of the Healthy Michigan Marketplace plan.

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. 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 seven domains over the course of the five 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;

VI. The impact of the MI Health Accounts on beneficiary healthcare utilization, and;

VII. The cost effectiveness of the Healthy Michigan Marketplace Option.

Below is a summary of the key activities for the Fiscal Year (FY) 2017 fourth quarterly report:

Domain I
Domain I will examine the impact of reducing the number of uninsured individuals on uncompensated care costs of Michigan hospitals. This quarter, IHPI analyzed updates to baseline data from Michigan and other states to identify appropriate comparison groups for the cross-state components of the analysis. Additionally, IHPI prepared updates to results from hospital cost reports and IRS filings with the goal of representing the distribution of uncompensated care in the state in a clear and consistent fashion. The Michigan Hospital Association agreed to provide the patient-level discharge data to IHPI.

Domain II
Domain II will examine the hypothesis that, when affordable health insurance is available and the applicable for insurance is simplified, the uninsured population will decrease significantly. This quarter, IHPI prepared updates to data from the U.S. Census American Community and the Current Population Surveys to investigate and understand any differences in the estimated insurance coverage rates that each survey produces. IHPI began to add the data from the recently released 2016 American Community Survey to the extract file it will be using for their analysis. IHPI continued to analyze updated data to determine which states offer the most relevant comparison to Michigan's experience and identify appropriate comparison groups for the cross-state components of the analysis. Also, IHPI continued to track the growing academic literature on the effects of the Affordable Care Act on health insurance status.

Domain III
Domain III will assess health behaviors, utilization and health outcomes for individuals enrolled in the Healthy Michigan Plan. This quarter, IHPI continued to calculate measures on emergency department utilization, healthy behaviors/preventive health services, and hospital admissions. IHPI analyzed trends over time and prepared to submit the Interim Report. Also, IHPI continued to process measures and presented the data in two meetings with MDHHS officials. Additionally, IHPI re-ran flu vaccine measures for 2016-2017, and ran historical comparison for chronic diseases sub-groups.

Domain IV
Domain IV will examine beneficiary and provider viewpoints of the Healthy Michigan Plan through survey data. This quarter, IHPI completed the majority of the 2017 Healthy Michigan Voices (HMV) survey data collection. The Child Health Evaluation and Research (CHEAR) Team continued to pull samples for the 2017 HMV Surveys. The one-year follow-up survey of beneficiaries who completed the initial HMV Survey in 2016 and the survey of beneficiaries newly enrolled in the Healthy Michigan Plan remain in the field. Twenty-five interviews were completed with those eligible but unenrolled in the HMP. IHPI began the initial coding of these interviews.

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. This quarter, IHPI completed analysis of MDHHS administrative data, including impact on cost-sharing requirements and the HMV survey data related specifically to Domain V/VI. IHPI began to analyze data and shared some preliminary results with MDHHS. IHPI finalized he operational definitions of high and low value services, including the specific medical codes needed. IHPI continued troubleshooting spending data and have been in close contact with MDHHS to ensure that they are capturing correct spending amounts.

Domain VII
Domain VII will evaluate the cost effectiveness of the Healthy Michigan Marketplace Option. The Marketplace Option will not be implemented until April 2018. IHPI continued preparations for the Secret Shopper Study and analyses of quality measures by examining trends in data. IHPI has been meeting with MDHHS staff regarding the implementation of the Marketplace Option and cost data that can be utilized for the purposes of this analysis. Moreover, IHPI reviewed MDHHS' Marketplace Option Operational Protocols that were posted for public comment. IHPI finalized the evaluation plan for this domain.

Enclosures/Attachments

1. September 2017 Health Risk Assessment Report
2. August 2017 MCAC Minutes
3. October 2017 Performance Monitoring Report
4. October 2017 Performance Monitoring Report: Dental
5. September 2017 MI Health Account Executive Summary

State Contacts

If there are any questions about the contents of this report, please contact one of the following people listed below.

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Actuarial Division

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Date Submitted to CMS

December 7, 2017

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 2017

Produced by:

Quality Improvement and Program Development - Managed Care Plan Divison

Table of Contents

Health Risk Assessment Part 1

Health Risk Assessment Part 2

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 342,863 Health Risk Assessments were completed through Michigan ENROLLS as of September 2017. This represents a completion rate of 95.13%. 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 2016	295,511	13,314 (4.31%)
November 2016	298,264	13,575 (4.35%)
December 2016	301,746	13,879 (4.40%)
January 2017	304,748	14,138 (4.43%)
February 2017	309,044	14,473 (4.47%)
March 2017	314,291	14,935 (4.54%)
April 2017	319,192	15,340 (4.59%)
May 2017	324,295	15,755 (4.63%)
June 2017	329,843	16,298 (4.71%)
July 2017	334,094	16,698 (4.76%)
August 2017	338,377	17,141 (4.82%)
September 2017	342,863	17,568 (4.87%)

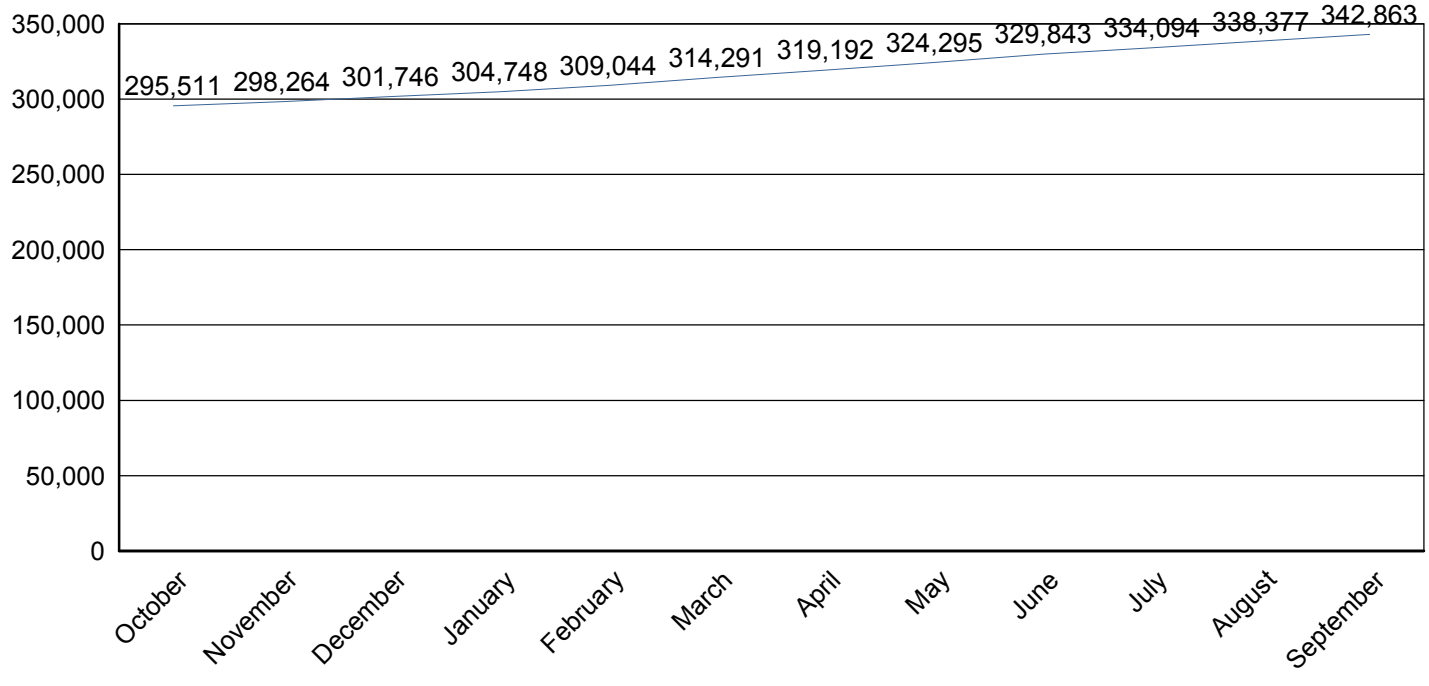
Table 11. Demographics of Population that Completed HRA Questions 1-9 with MI ENROLLS

January 2014 - September 2017

AGE GROUP	COMPLETED HRA	
19 - 29	78,085	22.77%
30 - 39	74,730	21.80%
40 - 49	68,415	19.95%
50 - 59	82,298	24.00%
60 +	39,335	11.47%
GENDER		
F	184,248	53.74%
M	158,615	46.26%
FPL		
< 100% FPL	286,727	83.63%
100 - 133% FPL	56,136	16.37%
TOTAL	**342,863**	**100.00%**

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

September 2017



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 2017. Among enrollees who completed the survey, this question had a 0.16% refusal rate.

Table 1. Health Rating for Total Population

September 201

HEALTH RATING	TOTAL	PERCENT
Excellent	39,292	11.46%
Very Good	89,504	26.11%
Good	122,404	35.70%
Fair	68,944	20.11%
Poor	22,170	6.47%
Refused	549	0.16%
TOTAL	**342,863**	**100.00%**

Figure 1-1. Health Rating for Total Population
September 2017

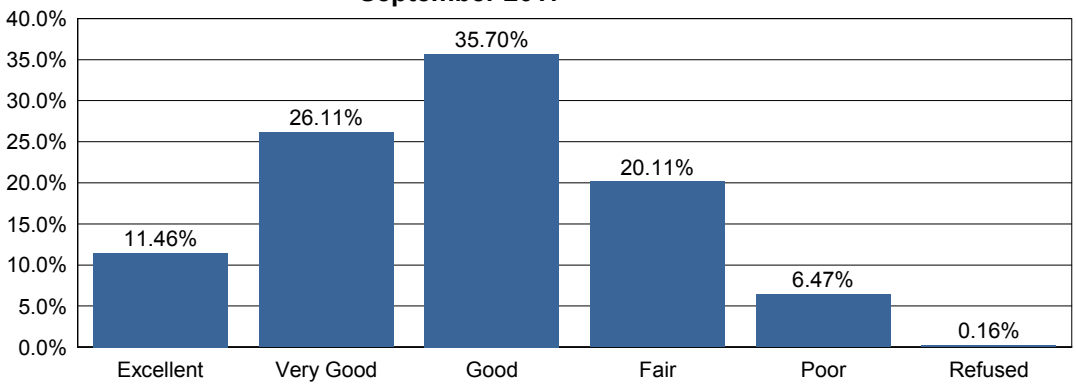


Figure 1-2. Health Rating by Age
September 2017

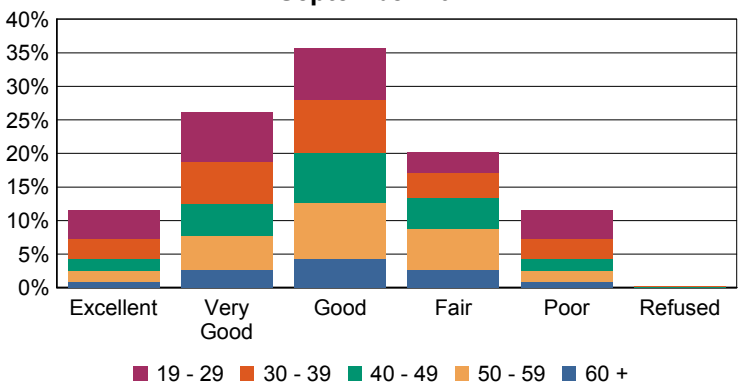
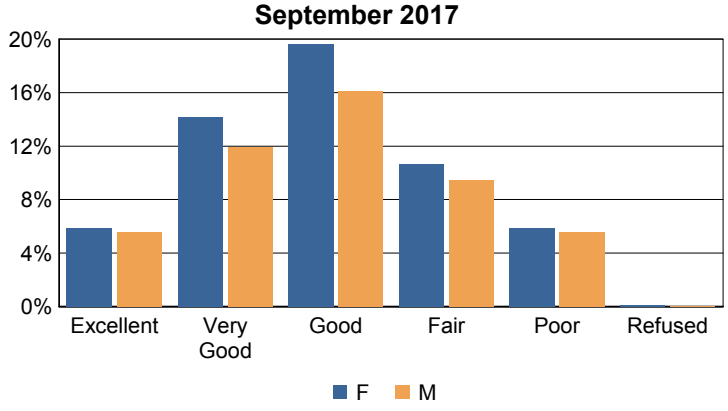


Figure 1-3. Health Rating by Gender
September 2017



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 2017. Among enrollees who participated in the survey, there was a 1.50% 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 2017

EXERCISE	TOTAL	PERCENT
Every Day	78,917	23.02%
3-6 Days	100,805	29.40%
1-2 Days	84,636	24.69%
No Days	73,365	21.40%
Refused	5,140	1.50%
TOTAL	**342,863**	**100.00%**

Figure 2-1. Exercise Reported for Total Population

September 2017

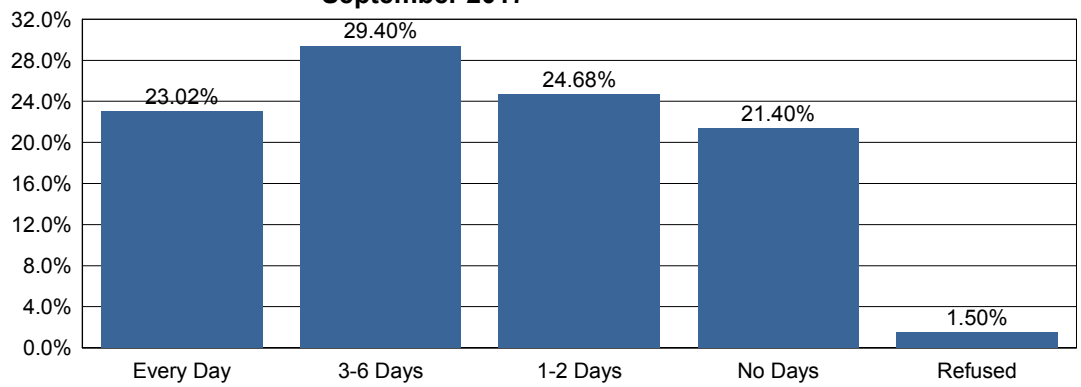


Figure 2-2. Exercise Reported by Age

September 2017

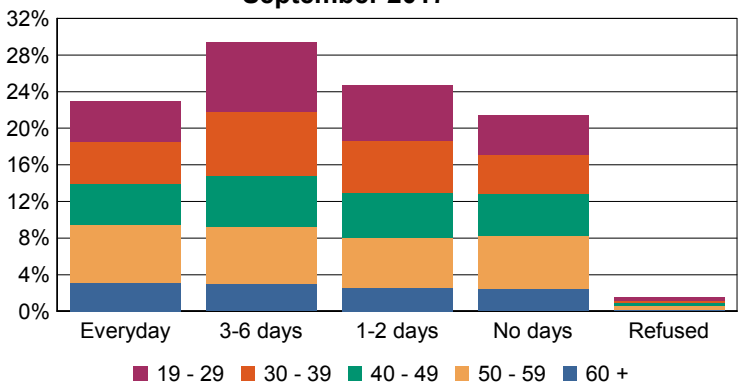
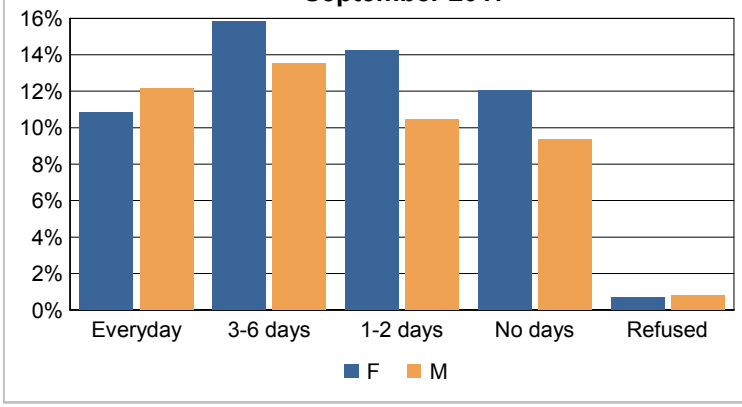


Figure 2-3. Exercise by Gender

September 2017



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 2017. Among enrollees who participated in the survey, there was a 1.84% 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 201

NUTRITION	TOTAL	PERCENT
Every Day	116,411	33.95%
3-6 Days	119,145	34.75%
1-2 Days	77,911	22.72%
No Days	23,072	6.73%
Refused	6,324	1.84%
TOTAL	**342,863**	**100.00%**

Figure 3-1. Nutrition Reported for Total Population
September 2017

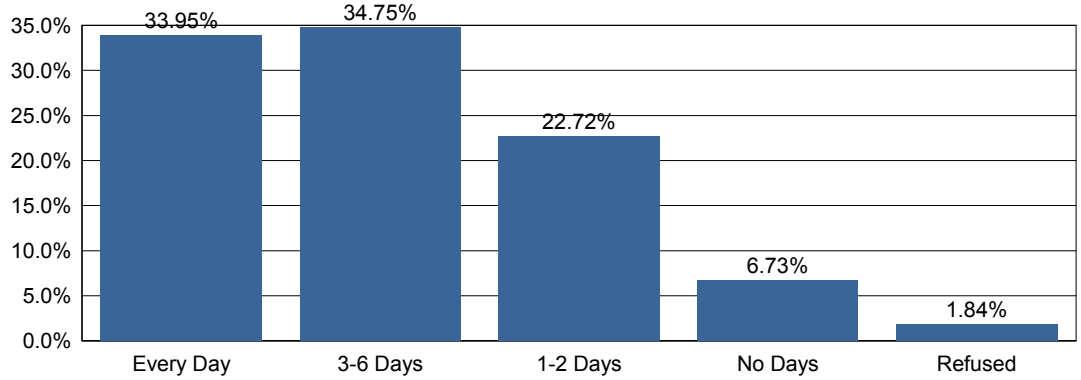


Figure 3-2. Nutrition Reported by Age
September 2017

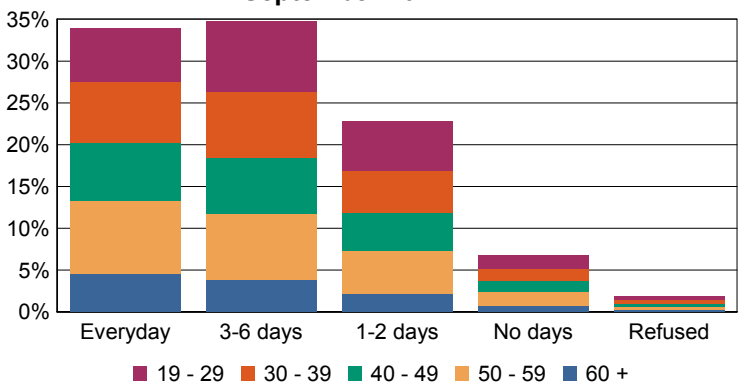
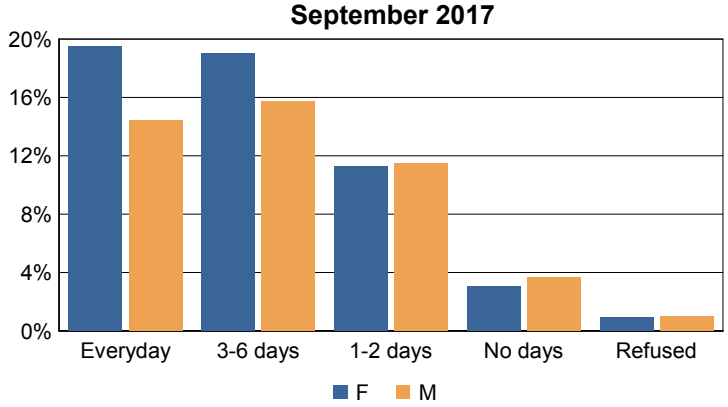


Figure 3-3. Nutrition by Gender
September 2017



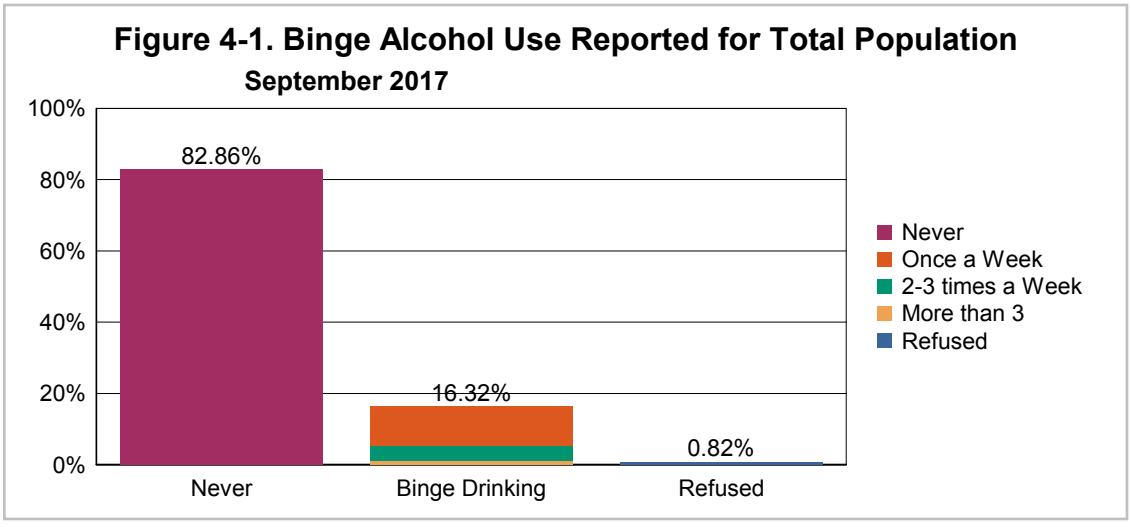
Question 4. Binge Alcohol Use

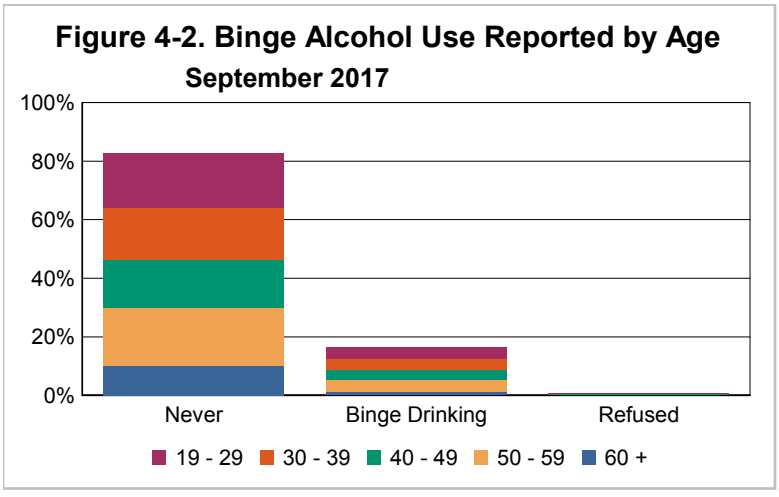
Question 4. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time?
This question is used to assess self-reported binge alcohol use. Healthy Michigan Plan enrollees were given the answer options of never, once a week, 2-3 a week and more than 3 times during the week. Table 4 shows the combined overall answers to these questions for September 2017. 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.

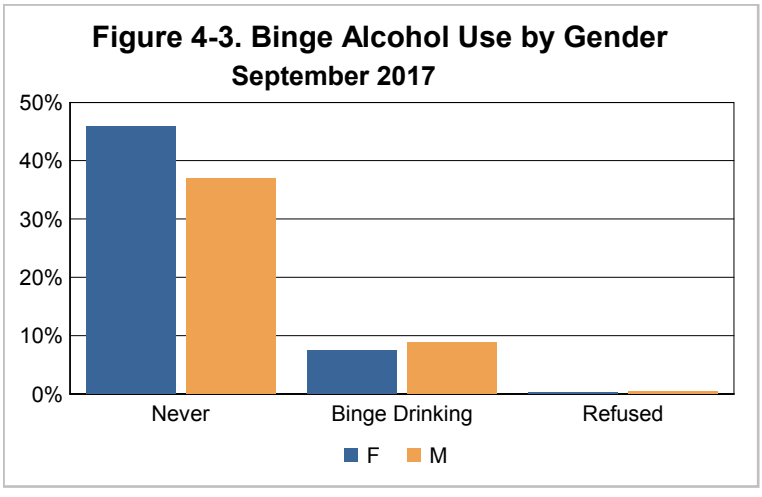
Table 4. Binge Alcohol Use Reported for Total Population

September 201

ALCOHOL	TOTAL	PERCENT
Never	284,091	82.86%
Once a Week	37,922	11.06%
2-3 times a Week	14,625	4.27%
More than 3	3,422	1.00%
Refused	2,803	0.82%
TOTAL	**342,863**	**100.00%**







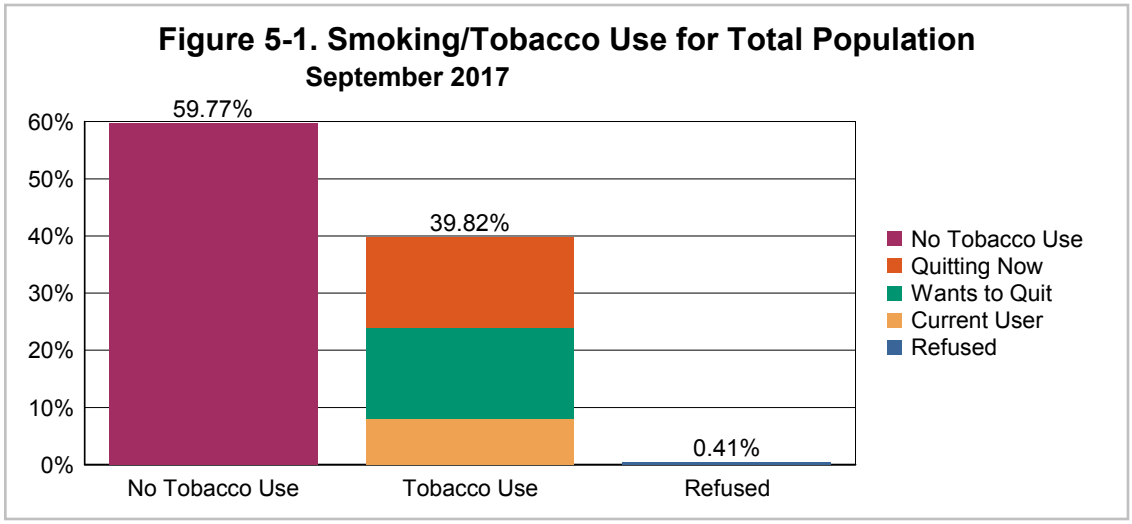
Question 5. Smoking/Tobacco Use

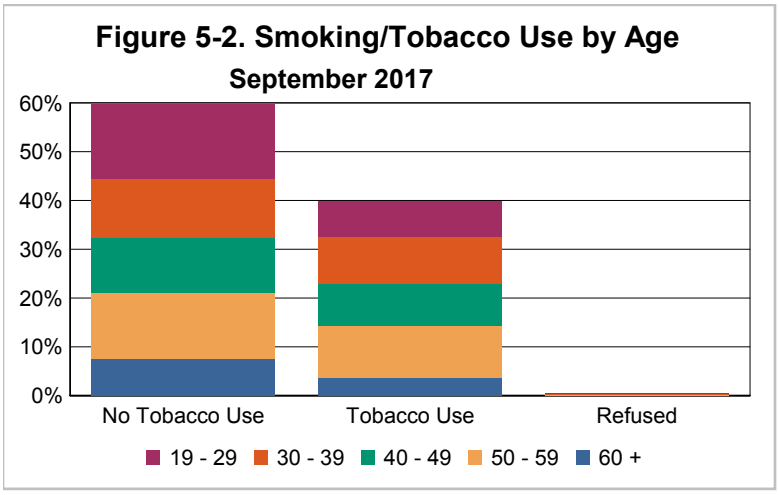
Question 5. In the last 30 days, have you smoked or used tobacco? This question is used to assess self-reported smoking/tobacco use. Healthy Michigan Plan enrollees were given the answer options of yes or no. Enrollees who answered yes, were asked a follow-up question: If YES, do you want to quit smoking or using tobacco? For this follow-up question, enrollees were given the answer options of yes, I am working on quitting or cutting back right now and no. Table 5 shows the combined overall answers to these questions for September 2017. Question 5 had a 0.41% refusal rate. Figures 5-1 through 5-3 show smoking/tobacco use reported for the total population, and by age and gender.

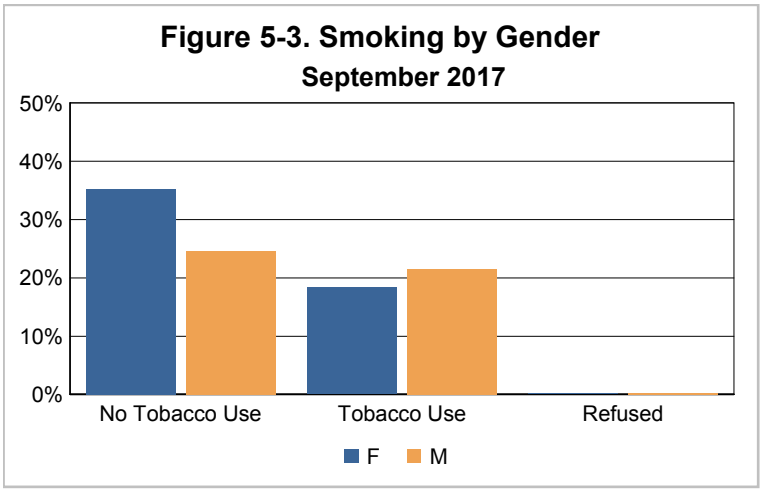
Table 5. Smoking/Tobacco Use Reported for Total Population

September 201

TOBACCO USE	TOTAL	PERCENT
No Tobacco Use	204,923	59.77%
Quitting Now	54,539	15.91%
Wants to Quit	54,438	15.88%
Current User	27,552	8.04%
Refused	1,411	0.41%
TOTAL	**342,863**	**100.00%**







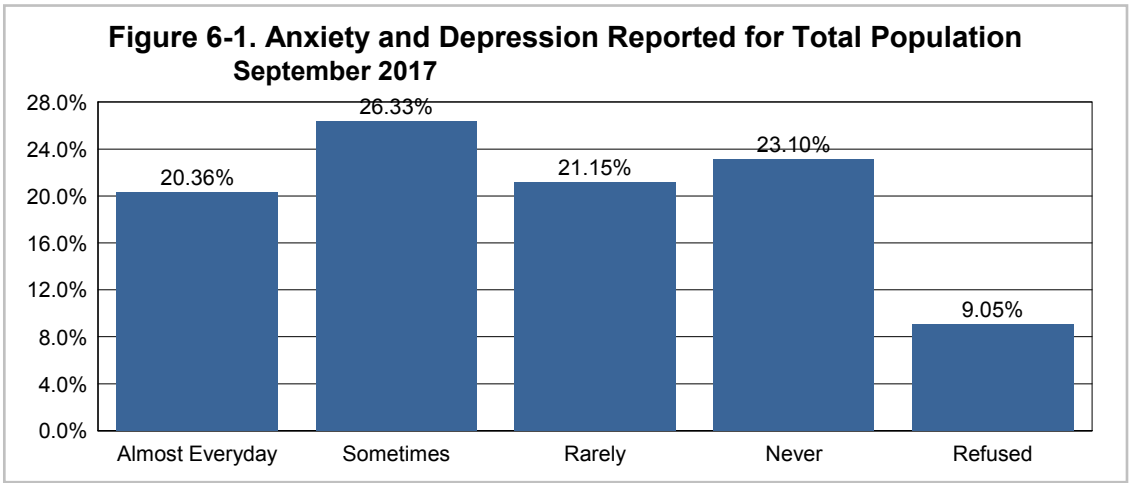
Question 6. Anxiety and Depression

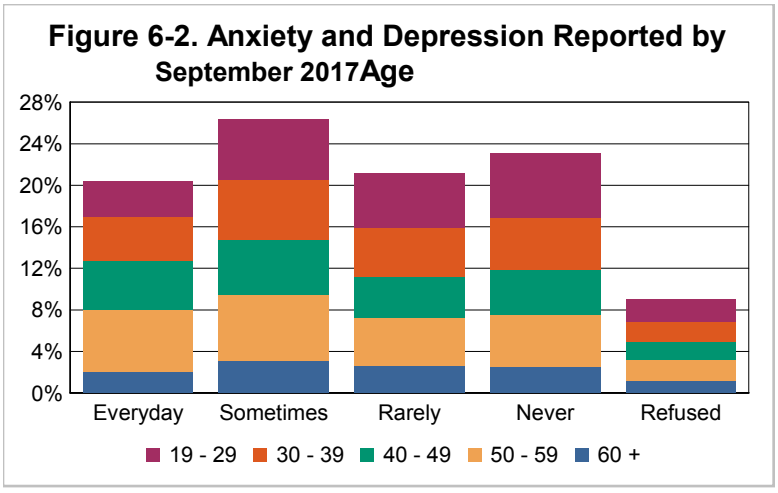
Question 6. In the last 30 days, how often have you felt tense, anxious or depressed? This question is used to assess selfreported mental health status. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 6 shows the overall answers to this question for September 2017. Among enrollees who participated in the survey, there was a 9.05% 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.

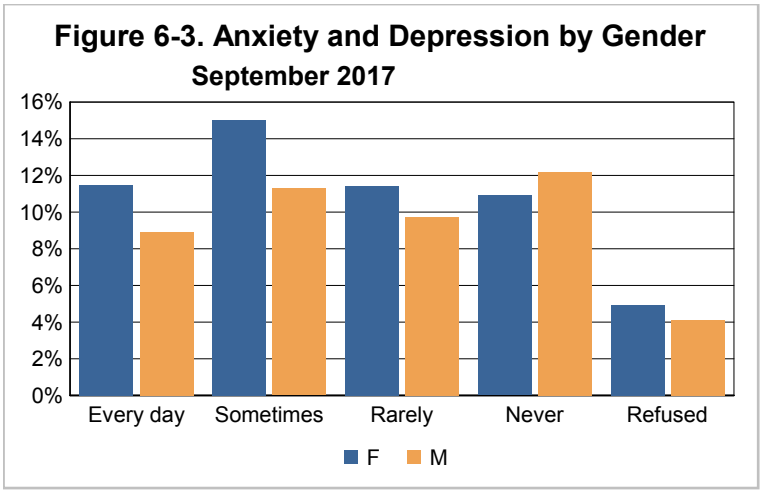
Table 6. Anxiety and Depression Reported for Total Population

September 201

DEPRESSION	TOTAL	PERCENT
Almost Every day	69,814	20.36%
Sometimes	90,286	26.33%
Rarely	72,511	21.15%
Never	79,208	23.10%
Refused	31,044	9.05%
TOTAL	**342,863**	**100.00%**







Question 7. Drugs and Substance Use

Question 7. Do you use drugs or medications (other than exactly as prescribed for you) which affect your mood or help you to relax? This question is used to assess self-reported substance use. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 7 shows the overall answers to this question for September 2017. Among enrollees who participated in the survey, there was a 0.77% 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 201

SUBSTANCE USE	TOTAL	PERCENT
Almost Every Day	6,635	1.94%
Sometimes	8,889	2.59%
Rarely	8,264	2.41%
Never	316,443	92.29%
Refused	2,632	0.77%
TOTAL	**342,863**	**100.00%**

Figure 7-1. Substance Use Reported for Total Population

September 2017

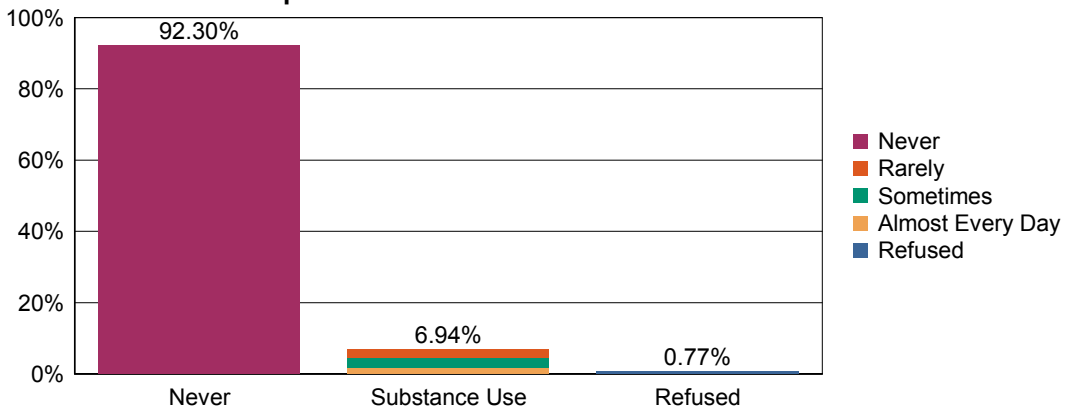


Figure 7-2. Substance Use Reported by Age

September 2017

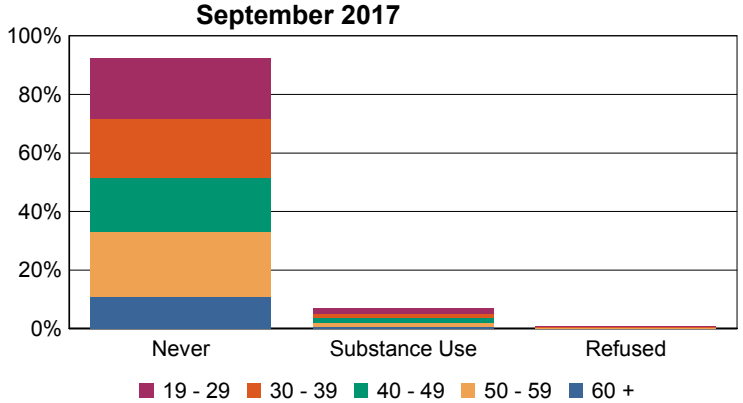
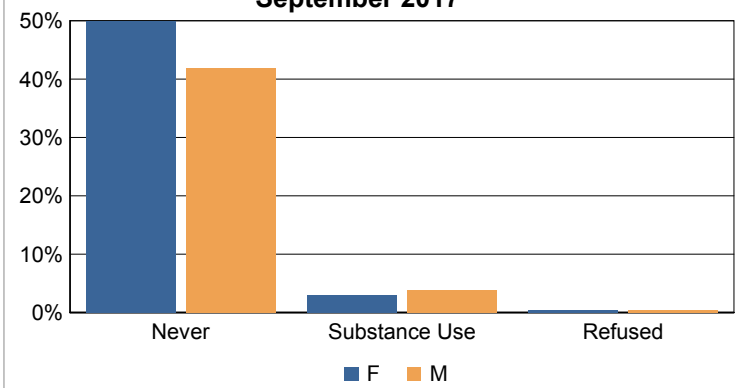


Figure 7-3. Substance Use by Gender

September 2017



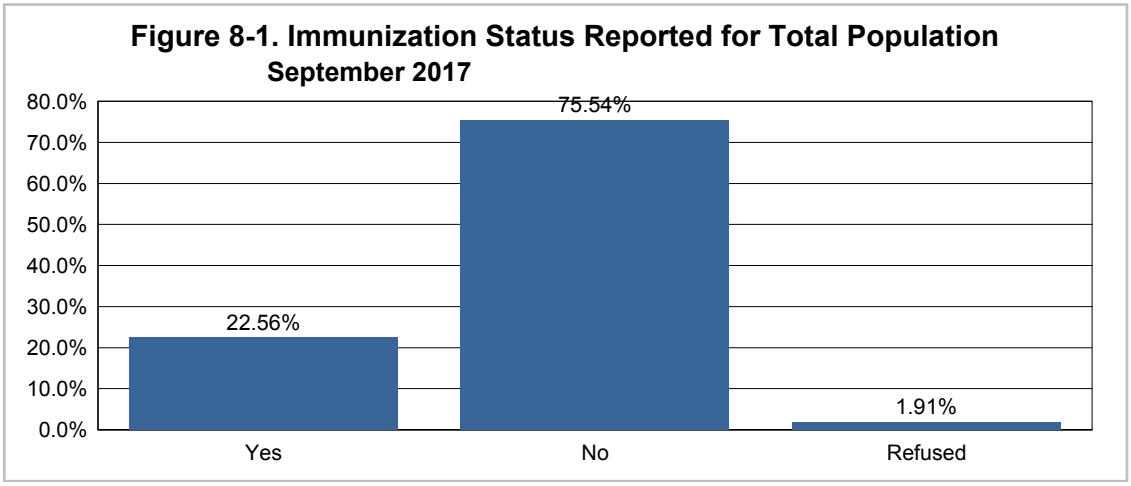
Question 8. Immunization Status (Annual Flu Vaccine)

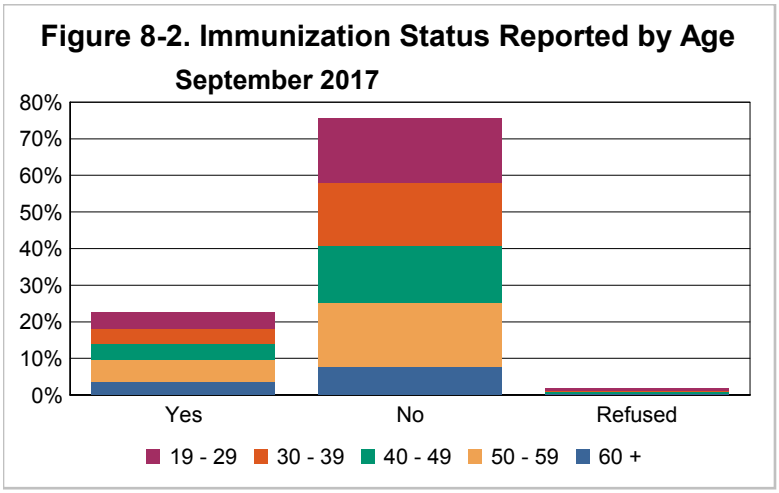
Question 8. The flu vaccine can be a shot in the arm or a spray in the nose. Have you had a flu shot or flu spray in the last year?
This question is used to assess self-reported annual flu vaccine as an indicator of immunization status. Healthy Michigan Plan enrollees were given the answer options of yes or no. Table 8 shows the overall answers to this question for September 2017. Among enrollees who participated in the survey, there was a 1.91% refusal rate for this question. Figures 8-1 through 8-3 show immunization status reported for the total population, and by age and gender.

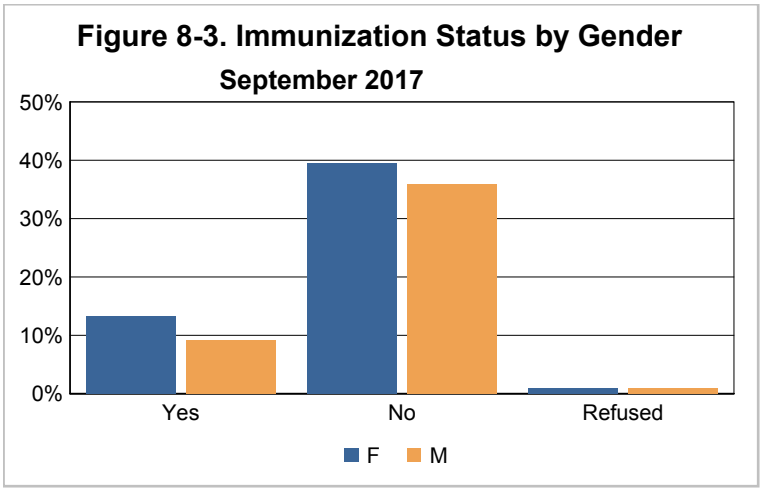
Table 8. Immunization Status Reported for Total Population

September 201

IMMUNIZATION	TOTAL	PERCENT
Yes	77,339	22.56%
No	258,985	75.54%
Refused	6,539	1.91%
TOTAL	**342,863**	**100.00%**







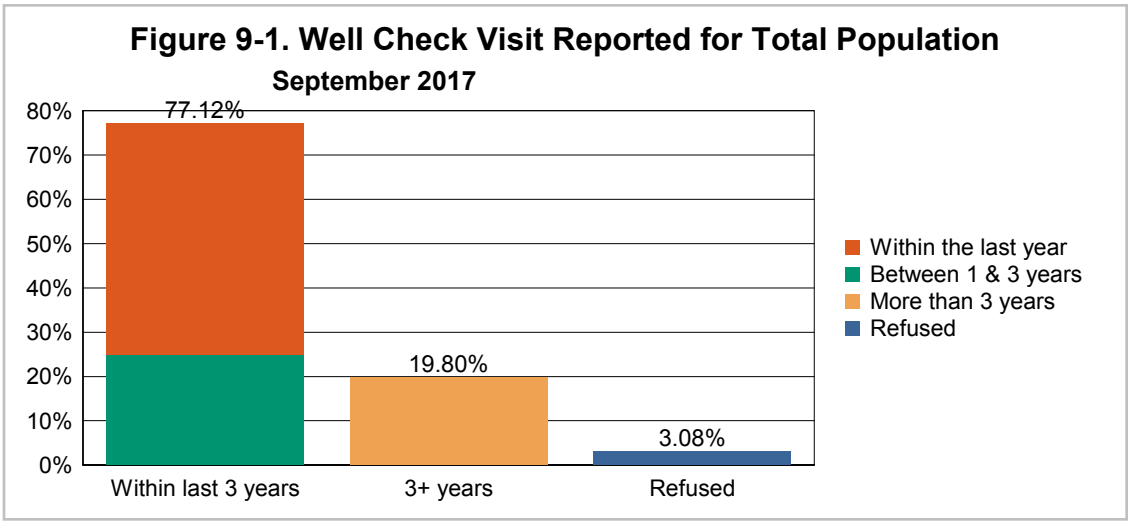
Question 9. Well Check Visit

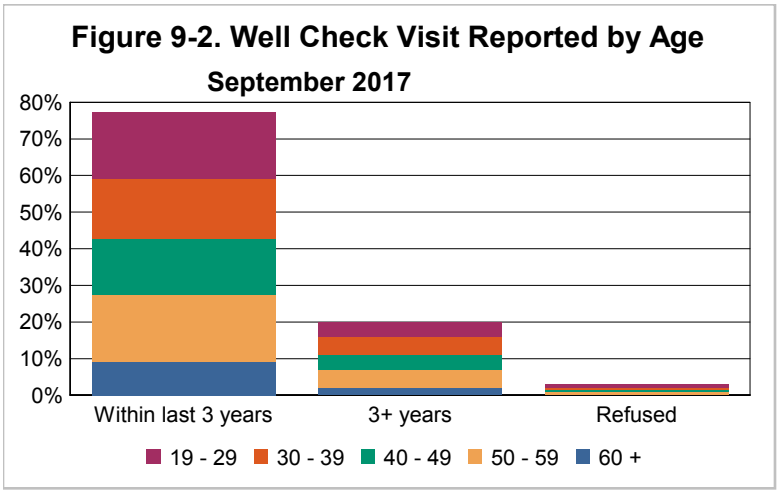
Question 9. A checkup is a visit to a doctor's office that is NOT for a specific problem. How long has it been since your last check-up? This question is used to assess self-reported well check visit. Healthy Michigan Plan enrollees were given the answer options of within the last year, between 1-3 years and more than 3 years. Table 9 shows the overall answers to this question for September 2017. Among enrollees who participated in the survey, there was a 3.08% 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.

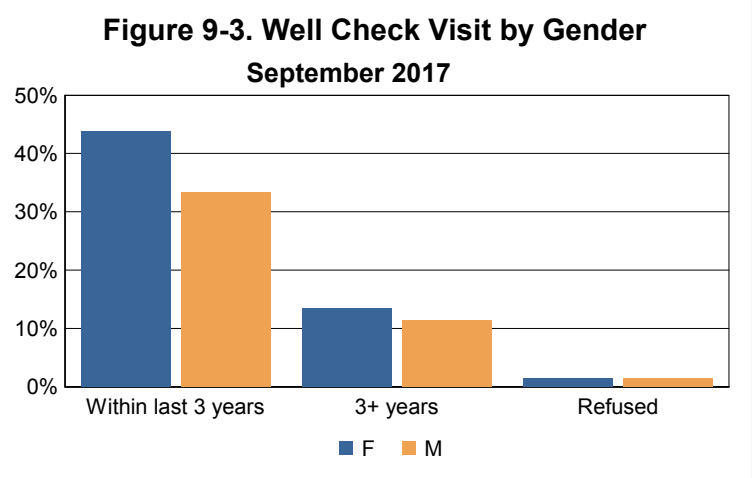
Table 9. Well Check Visit Reported for Total Population

September 201

CHECK-UP	TOTAL	PERCENT
Within the last year	179,310	52.30%
Between 1 & 3 years	85,104	24.82%
More than 3 years	67,894	19.80%
Refused	10,555	3.08%
TOTAL	**342,863**	**100.00%**







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 900,104 beneficiaries who have been enrolled in a health plan for at least six months, 166,842 or 18.5% have completed the Health Risk Assessment with their primary care provider as of September 2017.

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 210,258 Health Risk Assessments were completed with primary care providers as of September 2017. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 11.

Among beneficiaries who completed the Health Risk Assessment, 180,215 or 85.7% of beneficiaries agreed to address health risk behaviors. In addition, 28,239 or 13.4% 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 180,215 beneficiaries who agreed to address health risk behaviors, 60.3% 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 2016	5,033	159,848
November 2016	5,070	164,952
December 2016	4,268	169,246
January 2017	4,485	173,785
February 2017	5,163	179,053
March 2017	5,816	184,926
April 2017	5,455	190,434
May 2017	5,229	195,737
June 2017	4,548	200,347
July 2017*	4,227	204,606
August 2017*	4,466	209,089
September 2017*	1,169	210,258

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

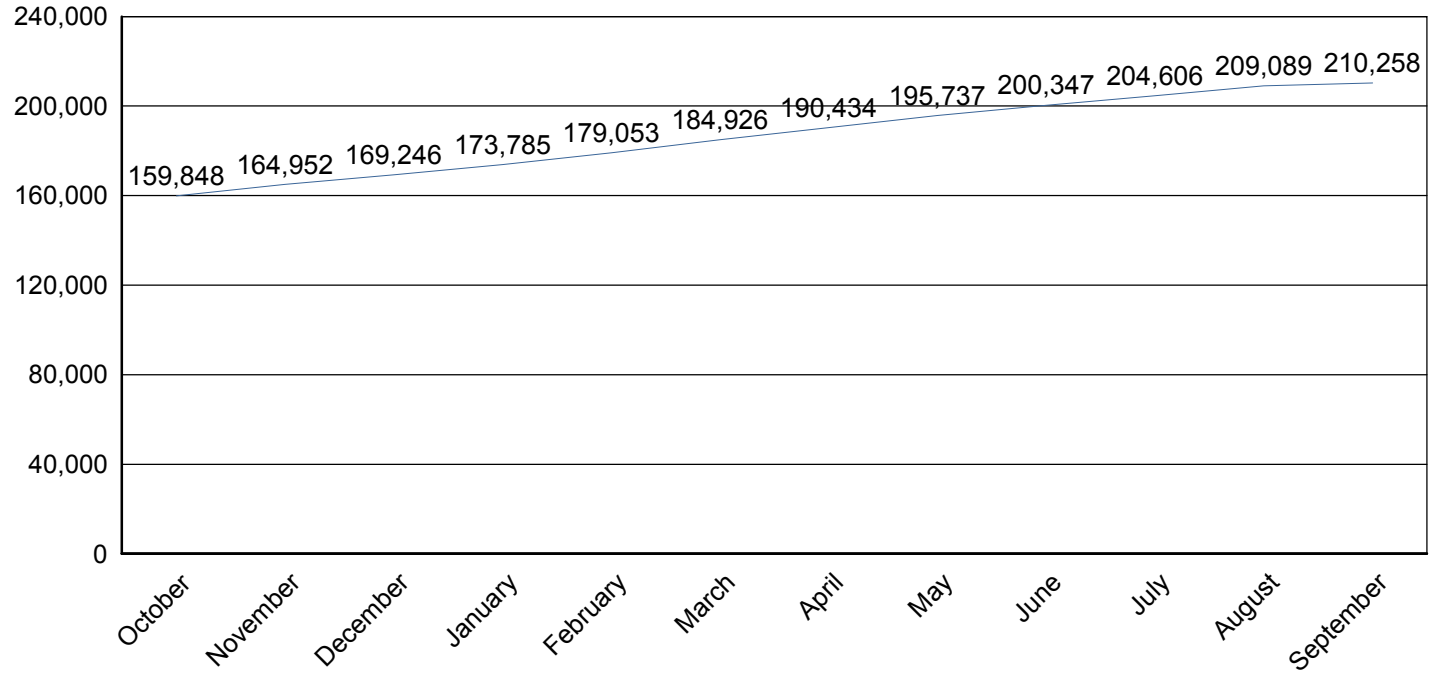
Table 11. Demographics of Population that Completed HRA with Primary Care Provider

September 2014 - September 2017

AGE GROUP	COMPLETED HRA	
19 - 29	41,759	19.86%
30 - 39	37,561	17.86%
40 - 49	39,754	18.91%
50 - 59	59,264	28.19%
60 +	31,920	15.18%
GENDER		
F	120,546	57.33%
M	89,712	42.67%
FPL		
< 100% FPL	173,959	82.74%
100 - 133% FPL	36,299	17.26%
TOTAL	**210,258**	**100.00%**

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

September 2017



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

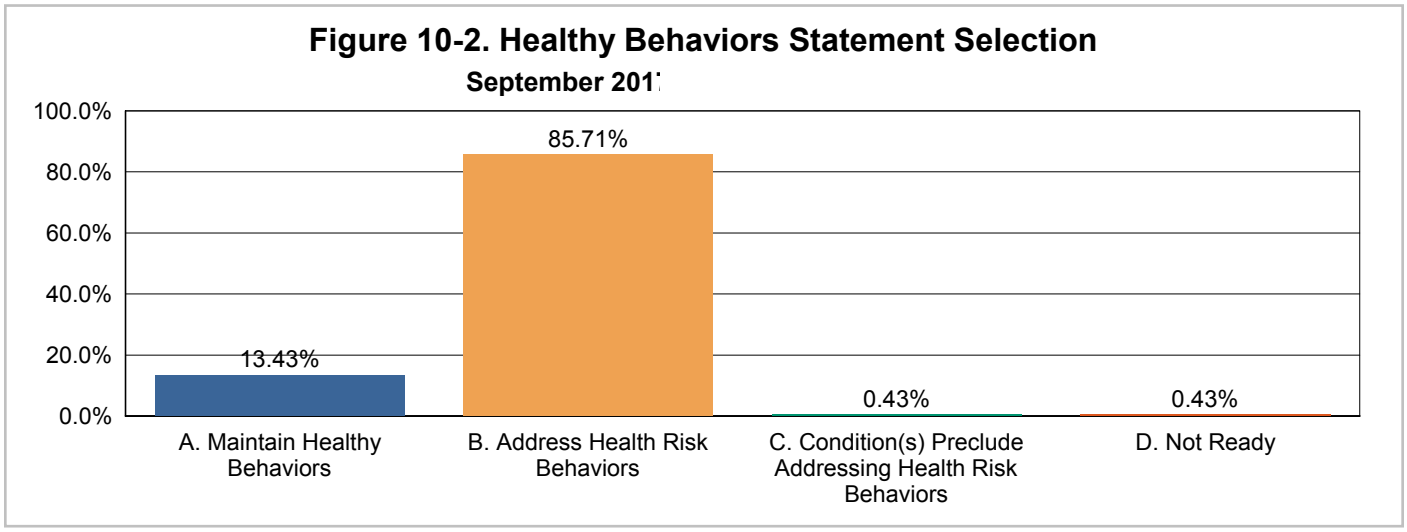
C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing unhealthy behaviors at this time.

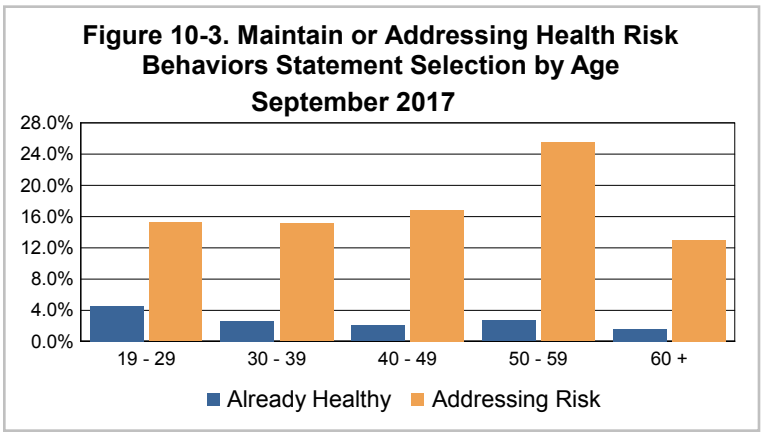
D. Unhealthy behaviors have been identified, patient's readiness to change has been assessed, and patient is not ready to make changes at this time.

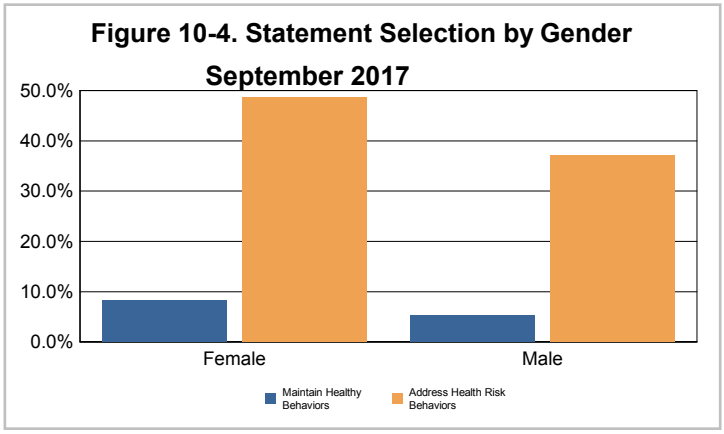
Figures 10-2 through 10-4 show Healthy Behaviors Statement Selections for the total population, and by age and gender.

Table 12. Healthy Behaviors Statement Selection
September 2017

CHECK-UP	TOTAL	PERCENT
A. Maintain Healthy Behaviors	28,239	13.43%
B. Address Health Risk Behaviors	180,215	85.71%
C. Condition(s) Precluded Addressing Health Risk Behaviors	895	0.43%
D. Not Ready	909	0.43%
TOTAL	**210,258**	**100.00%**







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 180,215 HRAs submitted through September 2017 where the beneficiary chose to address health risk behaviors, 60.26% 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	33,026	18.33%
2. Weight Loss, Follow-up for Chronic Conditions	17,572	9.75%
3. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	16,352	9.07%
4. Tobacco Cessation ONLY	14,300	7.94%
5. Weight Loss, Immunization Status	13,680	7.59%
6. Follow-up for Chronic Conditions	11,425	6.34%
7. Weight Loss, Tobacco Cessation	9,826	5.45%
Total for Top 7	116,181	64.47%
Total for All Other Combinations	64,034	35.53%
Total	**180,215**	**100.00%**

Table 14. Health Risk Behaviors Selected in Combination and Alone

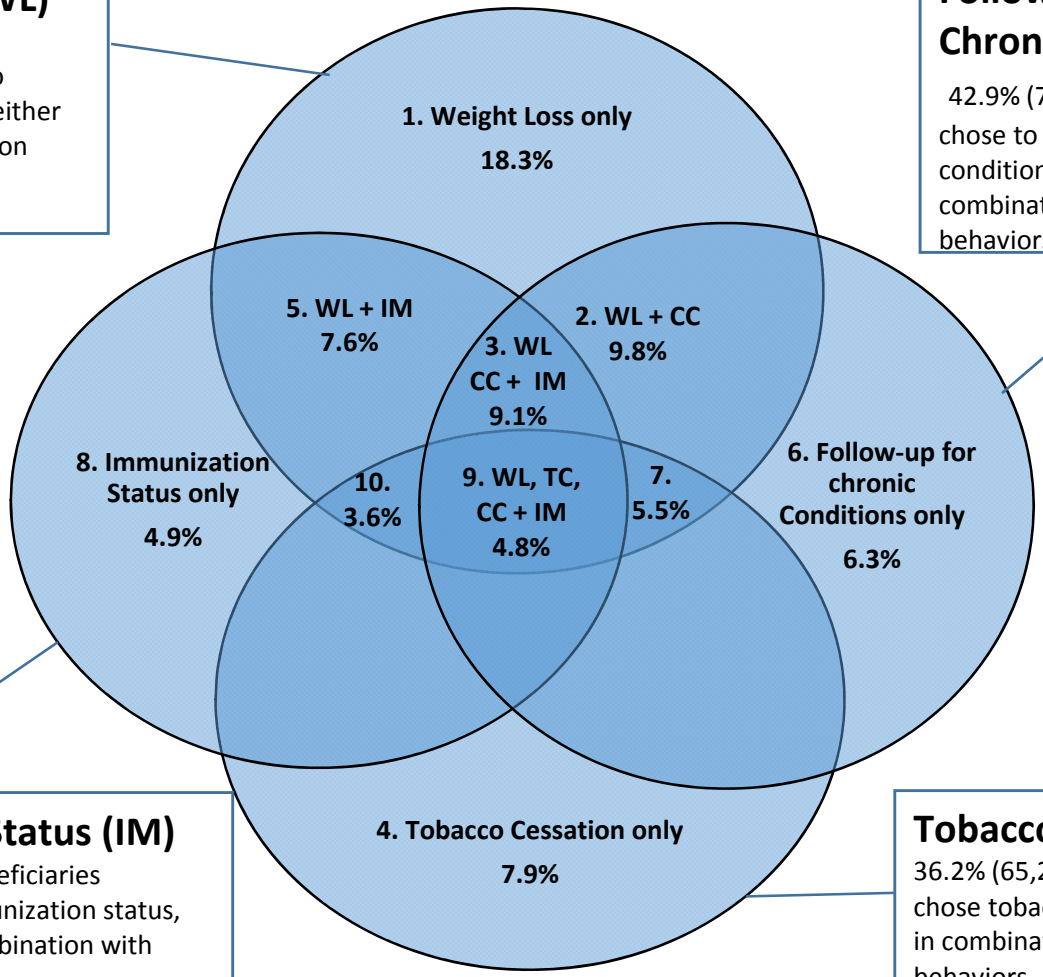
Health Risk Behavior	Chose this behavior and at least one more	Chose ONLY this behavior
Weight Loss	66.34%	18.33%
Tobacco Cessation	36.23%	7.94%
Immunization Status (Annual Flu Vaccine)	40.81%	4.88%
Follow-up for Chronic Conditions	42.93%	6.34%
Addressing Alcohol Abuse	4.31%	0.34%
Addressing Substance Abuse	1.17%	0.11%
Other	4.45%	1.82%

Health Risk Assessment Completion with Primary Care Provider

Representation of the overlapping nature of top 10 health risk behavior selections September 2017

Weight Loss (WL)
66.3% (119,552) of beneficiaries chose to address weight loss, either alone or in combination with other health behaviors

Follow-up for Chronic Conditions (CC)
42.9% (77,364) of beneficiaries chose to follow-up for chronic conditions, either alone or in combination with other health behaviors



More Middle Combinations
7. WL + TC 5.5%
10. WL + IM + TC 3.6%

Immunization Status (IM)
40.8% (73,550) of beneficiaries chose to address immunization status, either alone or in combination with other health behaviors

Tobacco Cessation (TC)
36.2% (65,285) of beneficiaries chose tobacco cessation, either alone or in combination with other health behaviors

Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Wednesday, August 30, 2017

Time: 1:00 p.m. – 4:30 p.m.

Where: Michigan Public Health Institute (MPHI)
2436 Woodlake Circle, Suite 380
Okemos, MI 48864

Attendees: **Council Members:** Robin Reynolds, Amy Zaagman, Jeff Towns, Emily Schwarzkopf, David Herbel, Stacey Hettiger (for Rebecca Blake), Rod Auton, April Stopczyinski, Kim Singh, Michelle Best (for Amy Hundley), Eric Liu, Barry Cargill, Robert Sheehan, Elmer Cerano, Dan Thompson (for Loretta Bush), Dan Wojciak (for Alison Hirschel), Diane Haas, Marilyn Litka-Klein, Debra Brinson, Dominick Pallone

Staff: Chris Priest, Farah Hanley, Dick Miles, Kathy Stiffler, Jackie Prokop, Cindy Linn, Marie LaPres, Jon Villasurda

Other Attendees: Salli Pung

Welcome, Introductions, Announcements

Robin Reynolds opened the meeting and introductions were made.

Medicaid Managed Care

Healthy Kids Dental Bid Update

Kathy Stiffler reported that bids for a new ***Healthy Kids Dental*** contract were due on July 31, 2017. The Joint Evaluation Committee has met to review the submissions, and is currently in the process of developing its final recommendations. The award winner(s) will be announced on www.buy4michigan.com for the new contract(s) to begin on April 1, 2018. **UPDATE:** following the meeting, the start date for the new ***Healthy Kids Dental*** contract was changed to October 1, 2018.

Member Transportation Survey

MDHHS distributed a survey to Medicaid beneficiaries to identify their utilization experience or knowledge of Medicaid transportation services. Surveys were distributed to both users and non-users of Medicaid transportation services. To date, more users have responded to the survey than non-users. MDHHS plans to conclude the survey process at the end of August 2017 or the first week of September, and will share results at the next Medical Care Advisory Council (MCAC) meeting.

Integrated Service Delivery (ISD)

MDHHS is in the process of implementing a new universal caseload system known as ISD to provide a single portal for beneficiaries who receive services from multiple MDHHS programs. ISD will also include an assessment tool that individuals can use to indicate if they would like information on programs offered through any agency within the State of Michigan, and a central call center that beneficiaries may contact with questions. A pilot ISD system has been tested in select areas of the State, and MDHHS hopes to launch the system statewide by the end of 2017. As part of ISD implementation, the DHS-1171 – Assistance Application will be revised to allow individuals to apply for health care coverage in addition to other MDHHS programs when completing the form. ISD implementation will not impact the current Medicaid redetermination process, as its focus will be to improve efficiency in the delivery of services.

Behavioral Health Updates

Section 298

As discussed at the previous MCAC meeting, the Stakeholder 298 workgroup that was convened to discuss the integration of behavioral health and physical health services has submitted a final report to the legislature containing 72 policy recommendations. Following the submission of the report, the legislature directed MDHHS through PA 107 of 2017 to pilot three fully integrated financial models based on the policy recommendations and submit a report back to the legislature by November 1, 2017 identifying any barriers to the integration of behavioral health and physical health services. Any savings found as a result of integration must be re-invested into providing behavioral health services.

In response to a concern raised by a meeting attendee, MDHHS staff indicated that the Department intends to involve relevant stakeholders, including beneficiaries in the implementation process as early as possible to assist in the development of a Request for Information (RFI) that MDHHS plans to release in the next month. If three or more entities respond to the RFI, the Department must initiate a competitive bid process for those interested in participating with the pilot. The pilot models must be implemented by March 1, 2018.

Section 1115 Waiver Update

MDHHS conducted a site visit with the Centers for Medicare & Medicaid Services (CMS) related to the submission of its Section 1115 Waiver request to implement all behavioral health services under a single waiver authority. During the site visit, CMS indicated that the B3 services and supports provisions of the waiver, which would expand housing services and supports, are currently under review with general counsel for the federal department of Health and Human Services (HHS). MDHHS staff noted that CMS will proceed with the waiver approval process once general council issues an opinion, and that the Department's 1915(b) and 1915(c) waivers are still in place pending a decision by CMS.

Other

MDHHS has convened the Michigan Inpatient Psychiatric Access Discussion (MIPAD) to address barriers to access for inpatient psychiatric care.

Long Term Care Services and Supports Updates

Modernizing Continuum of Care (MCC): System and Process Changes

Effective January 2, 2018, MDHHS will implement the MCC project to improve the communication between Bridges and CHAMPS that will reduce processing time for a variety of functions and reduce errors related to admission and enrollment, as well as discharge and disenrollment. Key features of the MCC project include:

- Level of Care (LOC) codes will be replaced by Program Enrollment Type (PET) codes. The PET codes more precisely reflect program options and provide additional information on living arrangements and exemption reasons.
- Specific providers will directly enter admission/discharge or enrollment/disenrollment information in CHAMPS. This will result in real-time changes to the National Provider Identifier (NPI) and the beneficiary's PET code. As part of this change, the MSA-2565-C form will no longer be used for facility admissions.
- Providers will be able to view a roster of all beneficiaries for whom they have submitted admission or enrollment information in CHAMPS. This roster will allow the provider to see an individual's admission or enrollment information, Medicaid status, and information on discharged beneficiaries.
- When a nursing facility enters admission information for an individual who does not have active or pending Medicaid eligibility, a Medicaid Application Patient of Nursing Facility (DHS-4574) will be automatically mailed to the individual.

Three proposed policies that each discuss a different component of the MCC project (1717-MCC, 1718-MCC and 1719-MCC) are currently posted for public comment until October 17, 2017.

Other

In addition to the MCC project, Dick Miles also shared the following updates related to long term care services and supports:

- MDHHS is in the process of seeking a renewal of the MI Choice Home and Community Based Services (HCBS) waiver, which currently expires on December 31, 2018. The Department will hold meetings with interested parties to discuss the waiver extension request beginning in September 2017.
- MDHHS will also host stakeholder meetings to discuss the possibility of moving to a managed long-term care system.

- In 2016, a new Home Help policy section was established within the Bureau of Medicaid Policy and Health System Innovation, and is now nearly fully staffed.
- To comply with federal requirements, MDHHS is working to implement an Electronic Visit Verification (EVV) system to document Home Help provider visits to a client's home. The EVV system must be in place by January 1, 2019.
- MDHHS is working through the Lean process to establish a sustainable business model for nursing facility transitions.

Budget/Boilerplate Update

2018 Budget Update

Farah Hanley reported that the Fiscal Year (FY) 2018 budget has been approved by the Governor, and includes many of the priorities established by Department leadership and the Governor that were discussed at the previous MCAC meeting.

2019 Budget

In FY 2019, MDHHS anticipates approximately $200 million in additional general fund costs due to inflation, increased Medicaid caseload, and a reduction in the Federal Matching Assistance Percentage (FMAP) rate that is due to a rise in per capita income in the State of Michigan. The State of Michigan will also need to contribute an additional $30 million in matching funds for the Healthy Michigan Plan in FY 2019. In addition to increased costs in FY 2019, general fund revenue is expected to decrease by approximately $400 million due to various tax credits taking effect, including a new homestead property tax credit, a transportation earmark from general income tax receipts, and a use tax earmark. Because of this cost and revenue forecast, Farah Hanley advised meeting attendees that MDHHS expects that while the FY 2019 budget will maintain current Department programs, new investments will likely not be included at the same level as in FY 2018.

Statewide Integrated Governmental Management Application (SIGMA)

On October 3, 2017, MDHHS will implement a new system known as SIGMA to improve the way Michigan performs all financial activities, including budgeting, accounting, payments and grant opportunities. Meeting attendees were advised that with the launch of SIGMA at the beginning of a new fiscal year, payment to providers for Pay Cycle 40 will be delayed by one week, from October 5, 2017 to October 12. On October 12, providers will receive payments for two pay cycles.

Healthy Michigan Plan

Waiver Renewal and Protocols Out for Public Comment

MDHHS is in the process of preparing to implement the second waiver for the Healthy Michigan Plan. The Healthy Michigan Plan waiver renewal will include and be based on what is approved in the protocols by the federal government. Under the terms of the waiver beginning April 1, 2018, individuals who have been enrolled in the Healthy Michigan Plan for more than 12 months, have incomes above 100% of the federal poverty level, do not meet the criteria for "medically frail" and choose not to engage in one or more healthy behaviors must leave the Healthy Michigan Plan and receive insurance coverage from the Marketplace. As part of the waiver, MDHHS revised the Healthy Behavior Protocol and MI Health Account Protocol, which define the healthy behaviors process and cost-sharing requirements for Healthy Michigan Plan beneficiaries, and created the Marketplace Option Operational Protocol. MDHHS is accepting public comments on the Healthy Michigan Plan second waiver operational protocols until September 13, 2017, which can be accessed on the web at www.michigan.gov/healthymichiganplan.

Healthy Behavior Protocol

Under the current Health Risk Assessment (HRA) process, MDHHS receives notification that a beneficiary has chosen to participate in the healthy behavior only after the beneficiary completes the HRA with their primary care provider (PCP) and attests to one or more healthy behaviors, and the PCP then submits the HRA to the beneficiary's health plan. As outlined in the revised Healthy Behavior Protocol, MDHHS has modified the HRA form by removing biometric data (e.g., cholesterol levels, blood pressure, etc.) and has added an electronic format and centralized fax number for ease of submission. This will allow for timelier processing of HRAs and help to encourage greater beneficiary participation in the Healthy Behaviors Incentive program. Additionally, a specific group of preventive services that will be identified through encounter data and participation in approved wellness programs will also count as engaging in healthy behaviors.

Marketplace Plan Protocol

Handouts outlining the process for Healthy Michigan Plan beneficiaries to transition to the Marketplace, as well as the process for determining if an individual meets the criteria for "medically frail" as described in the Marketplace Option Operational Protocol, were provided to meeting attendees and discussed at length. In response to an inquiry, MDHHS staff clarified that women who become pregnant after transitioning to Marketplace coverage from the Healthy Michigan Plan may then transition out of the Marketplace and will be exempt from cost-sharing and premium obligations.

MI Health Account Protocol

The MI Health Account Protocol has been updated per state law to indicate that Healthy Michigan Plan beneficiaries with incomes above 100% FPL and participate in one or more healthy behaviors will now have their premium and cost-sharing obligations suspended once their cost-sharing reaches three percent of their income.

Healthy MI Waiver Renewal Update

MDHHS is working to submit a renewal application for the Healthy Michigan Plan §1115 Demonstration Waiver to CMS, which currently expires on December 31, 2018. The waiver renewal application must be submitted by December 31, 2017, and will be posted for public comment prior submission. MDHHS will also host a public hearing to provide an overview and discussion of the Healthy Michigan Plan waiver renewal application where all interested parties will have an opportunity to provide comments. Details regarding the public hearing will be announced at a later date.

MDHHS has finalized which insurance carriers have agreed to provide coverage to current Healthy Michigan Plan beneficiaries who transition to the Marketplace. At least two products will be offered in all counties in the Lower Peninsula, while Blue Cross Blue Shield of Michigan (BCBSM) will offer coverage to the Healthy Michigan Plan population in all 15 counties in the Upper Peninsula. Other health plans that will offer coverage to the Healthy Michigan Plan population include McLaren Health Plan, Meridian Health Plan, Priority Health Choice Inc., and Total Healthcare Inc.

Federal Update

Health Care Reform Update/Marketplace/Rate Filing

Chris Priest reported that the U.S. Senate was unable to pass the proposal to repeal and replace the Affordable Care Act (ACA) that was discussed at the previous MCAC meeting. Congress is scheduled to conduct hearings on a proposal to reduce cost-sharing amounts for health plans operating on the Marketplace during the week of September 5, 2017, and Mr. Priest noted that the outcome of this legislation will have direct implications for the Healthy Michigan Plan. The federal government is continuing to engage with states regarding waiver requests for their Medicaid expansion programs, which include a request from Arkansas to reduce Medicaid eligibility in their expansion program to 100% FPL. If approved, Mr. Priest advised that other states may submit similar requests. Approximately 120,000 Healthy Michigan Plan beneficiaries have incomes above 100% FPL.

Children's Health Insurance Program (CHIP) Reauthorization

CHIP currently expires on September 30, 2017, and must be re-authorized as part of a federal spending bill to continue. While Chris Priest expressed optimism that the program will be renewed, congress is also considering an extension of the FMAP increase for CHIP that was authorized by the ACA. If CHIP is not reauthorized, the State of Michigan currently has the resources to fund the program through the second quarter of 2018 at the current FMAP rate.

Policy Updates

A policy bulletin handout was distributed to attendees and several updates were discussed.

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

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

PERFORMANCE MONITORING REPORT

HEALTHY MICHIGAN PLAN

Composite – All Plans

October 2017

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

Table of Contents

Healthy Michigan Plan

Appendixes

Figures

Tables

Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through twenty-six (26) key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include Medicaid Managed Care specific measures, Healthy Michigan Plan (HMP) measures, and HEDIS measures. **This report focuses only on the Healthy Michigan Plan (HMP) measures.** The following HMP measures will be included in this report:

Healthy Michigan Plan		
Adults' Generic Drug Utilization	*Timely Completion of HRA*	*Outreach & Engagement to Facilitate Entry to PCP*
Plan All-Cause Acute 30-Day Readmissions	*Adults' Access to Ambulatory Health Services*	*Transition into Consistently Fail to Pay (CFP) Status*
Transition out of Consistently Fail to Pay (CFP) Status		

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

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2017 unless otherwise noted.

Table 1: Fiscal Year 2017[1]

Quarterly Reported Measures	Reported in 1st Quarter	Reported in 2nd Quarter	Reported in 3rd Quarter	Reported in 4th Quarter
Adults' Generic Drug Utilization	11/11	11/11	11/11	11/11
Timely Completion of Initial HRA	2/11	1/11	1/10	0/11
Outreach & Engagement to Facilitate Entry to PCP	0/11	0/11	0/11	0/11
Plan All-Cause Acute 30-Day Readmissions	2/10	2/10	2/10	3/10
Adults' Access to Ambulatory Health Services	5/11	5/11	5/11	2/11
Transition into CFP Status	N/A	N/A	N/A	N/A
Transition out of CFP Status	N/A	N/A	N/A	NA

[1] N/A will be shown for measures where the standard is Informational Only.

Healthy Michigan Plan Enrollment

The Healthy Michigan Plan (HMP-MC) enrollment has increased slightly over the past year. In October 2017, enrollment was 539,179, up 32,873 enrollees (6.1%) from November 2016. An increase of 4,600 enrollees (0.9%) was realized between September 2017 and October 2017.

Figure 1: HMP-MC Enrollment, November 2016 – October 2017

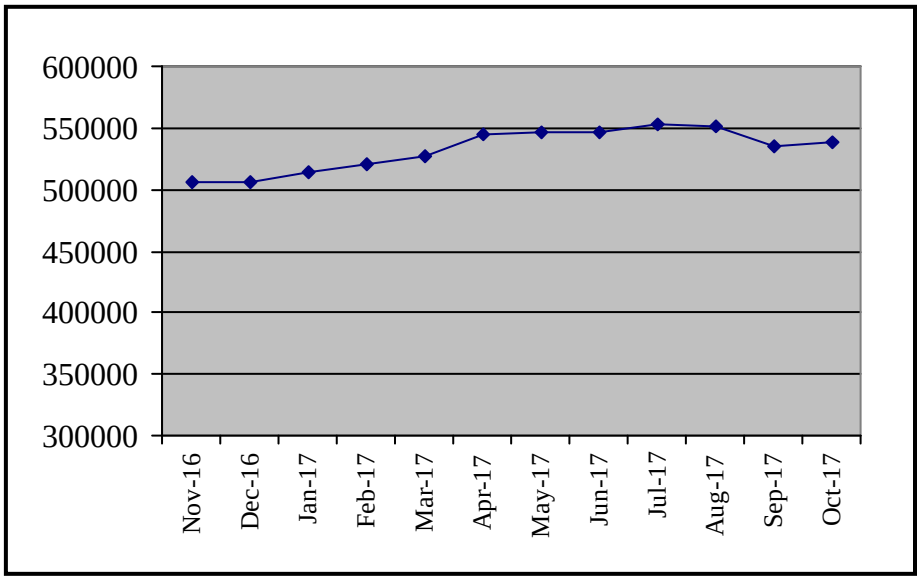
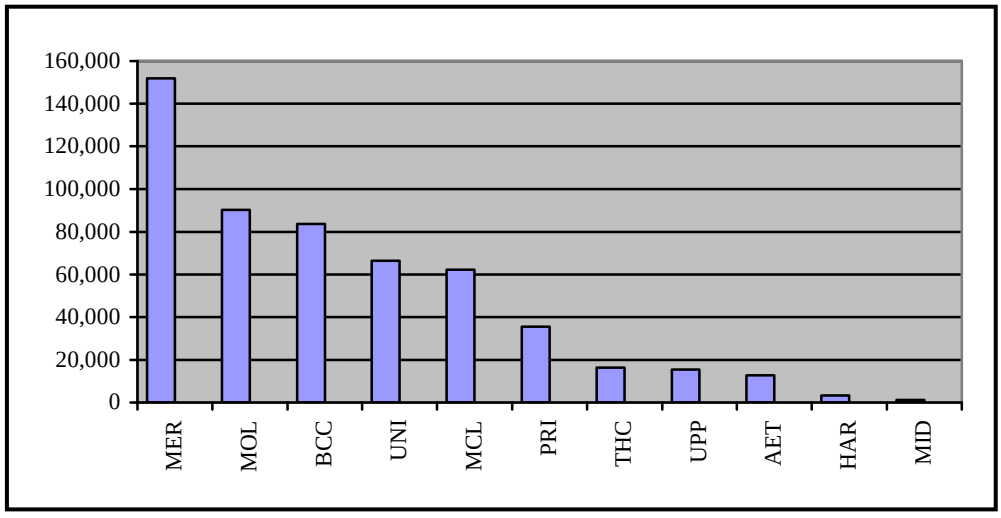


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, October 2017



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.

Cross-Plan Performance Monitoring Analyses

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

Adults' Generic Drug Utilization

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

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

Measurement Period
January 2017 –March 2017

Data Source
MDHHS Data Warehouse

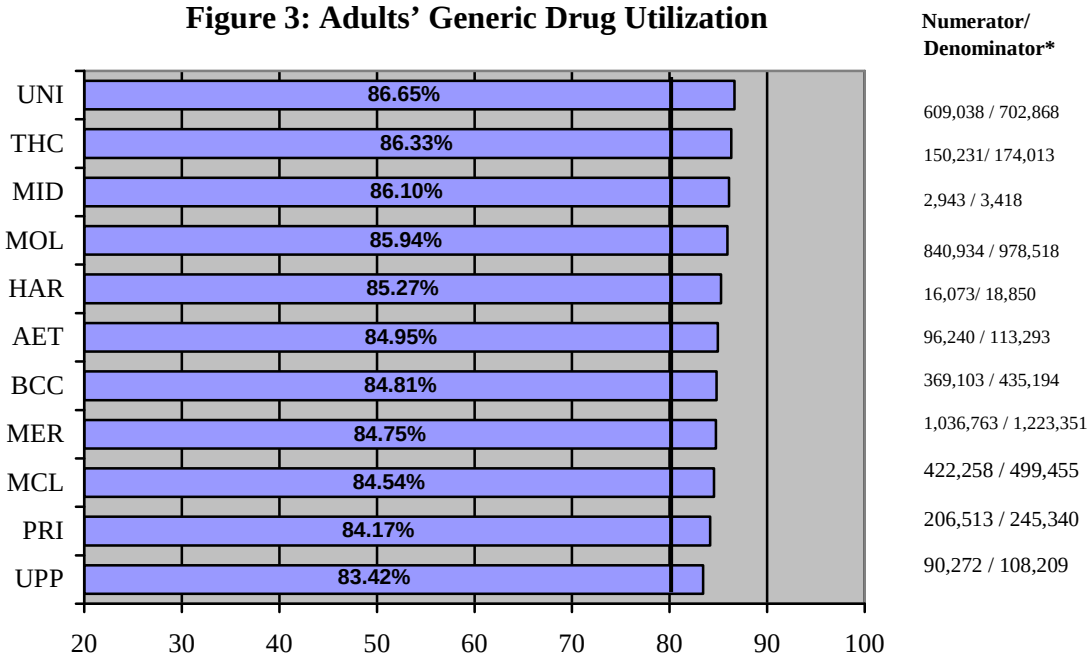
Measurement Frequency
Quarterly

Summary: All of the plans met or exceeded the standard. Results ranged from 83.42% to 86.65%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	3,926,285	4,632,157	84.76%
Fee For Service (FFS) only	14,776	40,985	36.05%
Managed Care only	3,861,476	4,527,383	85.29%
MA-MC	1,982,749	2,332,069	85.02%
HMP-MC	1,839,116	2,148,986	85.58%

Figure 3: Adults' Generic Drug Utilization



Adult's Generic Drug Utilization Percentages

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

Timely Completion of Initial Health Risk Assessment

Measure
The 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 15% (as shown on bar graph below)

Enrollment Dates
October 2016 – December 2016

Data Source
MDHHS Data Warehouse

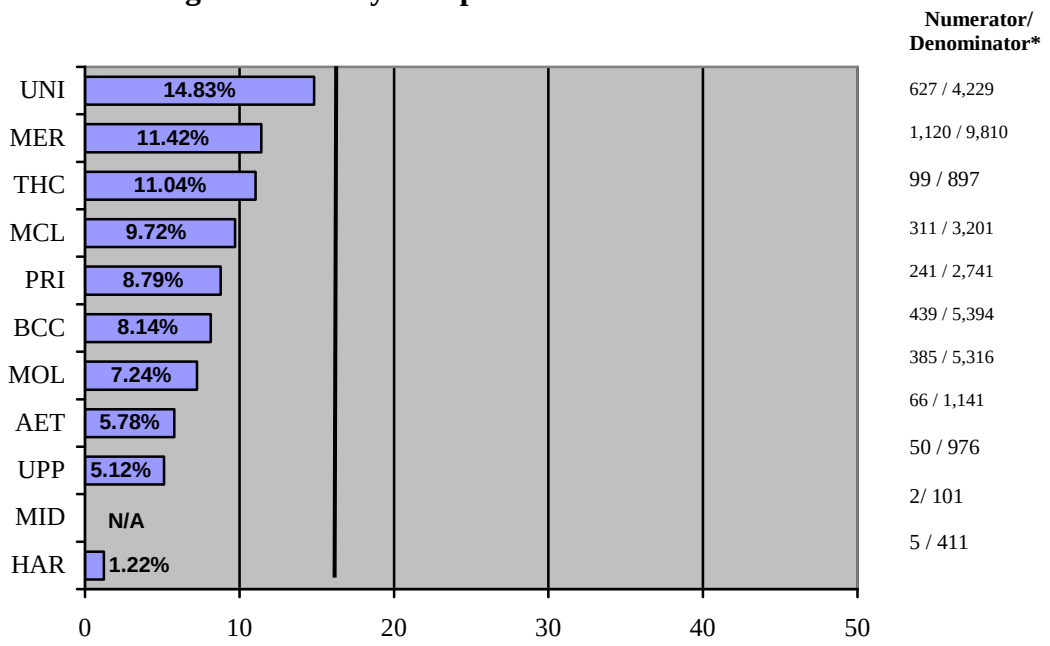
Measurement Frequency
Quarterly

Summary: None of the plans met or exceeded the standard. Results ranged from 1.22% to 14.83%.

Table 3: Program Total[2]

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	3,345	34,217	9.78%

Figure 4: Timely Completion of Initial HRA[3]



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.

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

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

Outreach and Engagement to Facilitate Entry to Primary Care

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

Standard
At or above 60% (as shown on bar graph below)

Enrollment Dates
October 2016 – December 2016

Data Source
MDHHS Data Warehouse

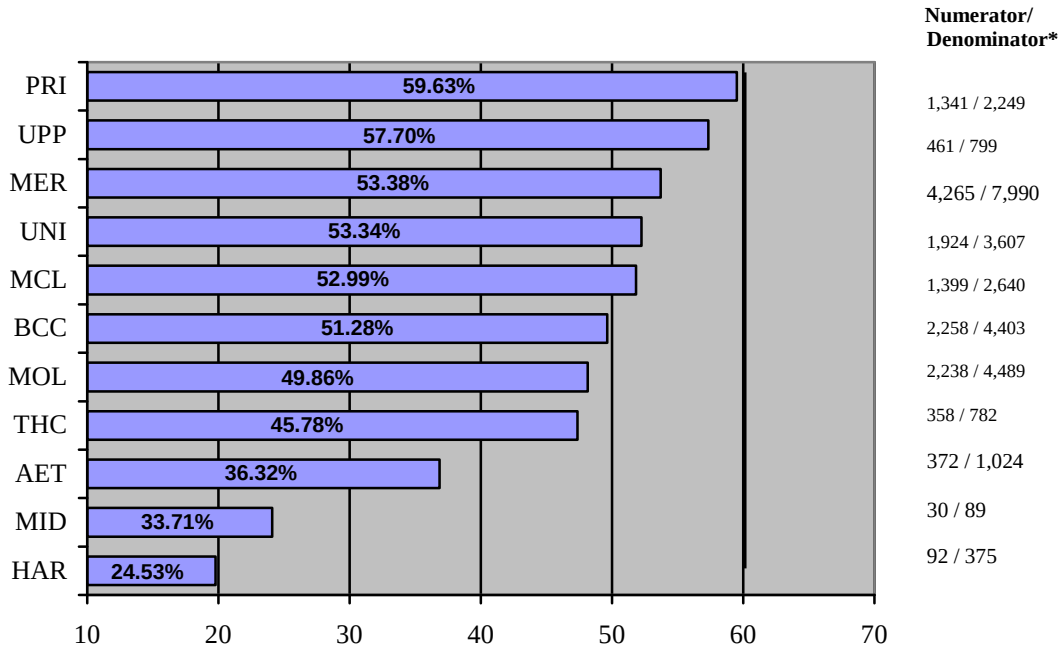
Measurement Frequency
Quarterly

Summary: None of the plans met or exceeded the standard. Results ranged from 24.53% to 59.63%.

Table 4: Program Total[4]

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	20,509	34,218	59.94%

Figure 5: 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.

[4] This includes visits during the HMP FFS period prior to enrollment in a Medicaid health plan.

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 2016 – March 2017

Data Source
MDHHS Data Warehouse

Measurement Frequency
Quarterly

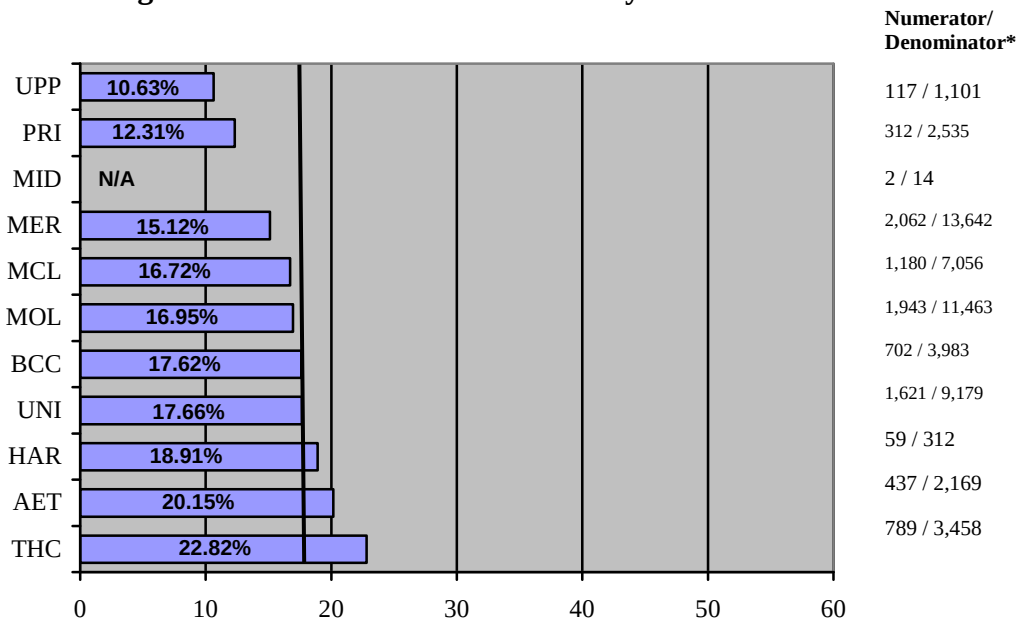
Summary: Three of the plans met or exceeded the standard, while seven plans (AET, BCC, HAR, MCL, MOL, THC, and UNI) did not. Results ranged from 10.63% to 22.82%.

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

Table 5: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	13,948	81,341	17.15%
Fee For Service (FFS) only	586	2,686	21.82%
Managed Care only	10,443	61,432	17.00%
MA-MC	7,203	37,181	19.37%
HMP-MC	2,421	18,927	12.79%

Figure 6: Plan All-Cause Acute 30-Day Readmissions[5]



*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.

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

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 83% (as shown on bar graph below)

Measurement Period
April 2016 – March 2017

Data Source
MDHHS Data Warehouse

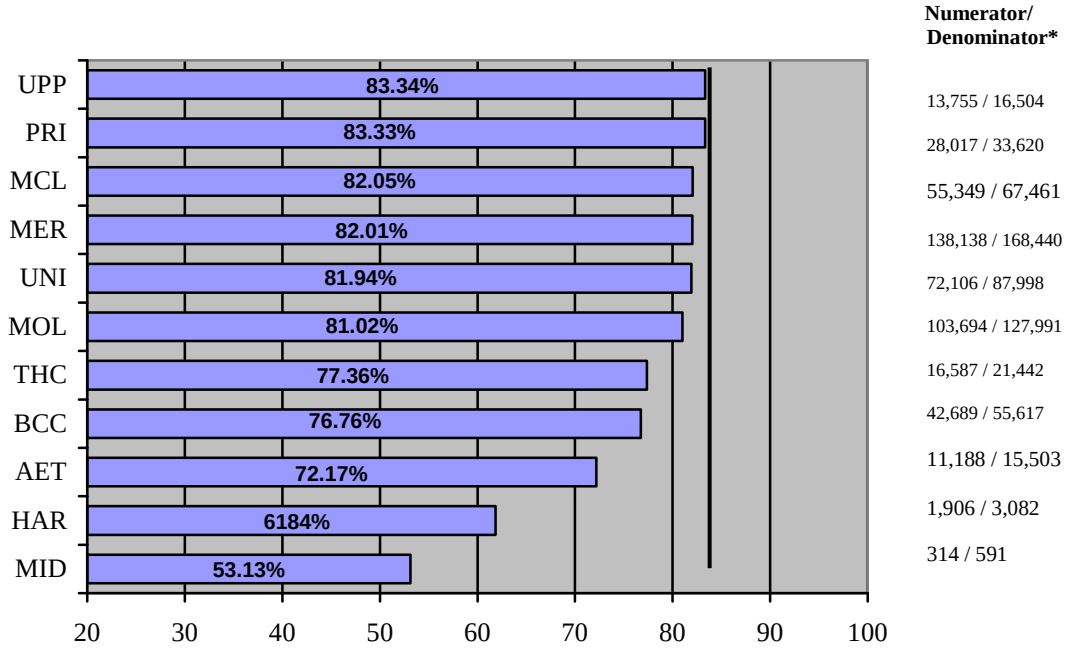
Measurement Frequency
Quarterly

Summary: Two of the plans met or exceeded the standard. While nine plans (AET, BCC, HAR, MCL, MER, MID, MOL, THC, and UNI) did not. Results ranged from 53.13% to 83.34%.

Table 6: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	607,986	760,900	79.90%
Fee For Service (FFS) only	9,836	16,059	61.25%
Managed Care only	496,898	612,924	81.07%
MA-MC	224,493	270,763	82.91%
HMP-MC	218,515	278,319	78.51%

Figure 7: 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.

Transition into Consistently Fail to Pay (CFP) Status

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

Standard
N/A – Informational Only

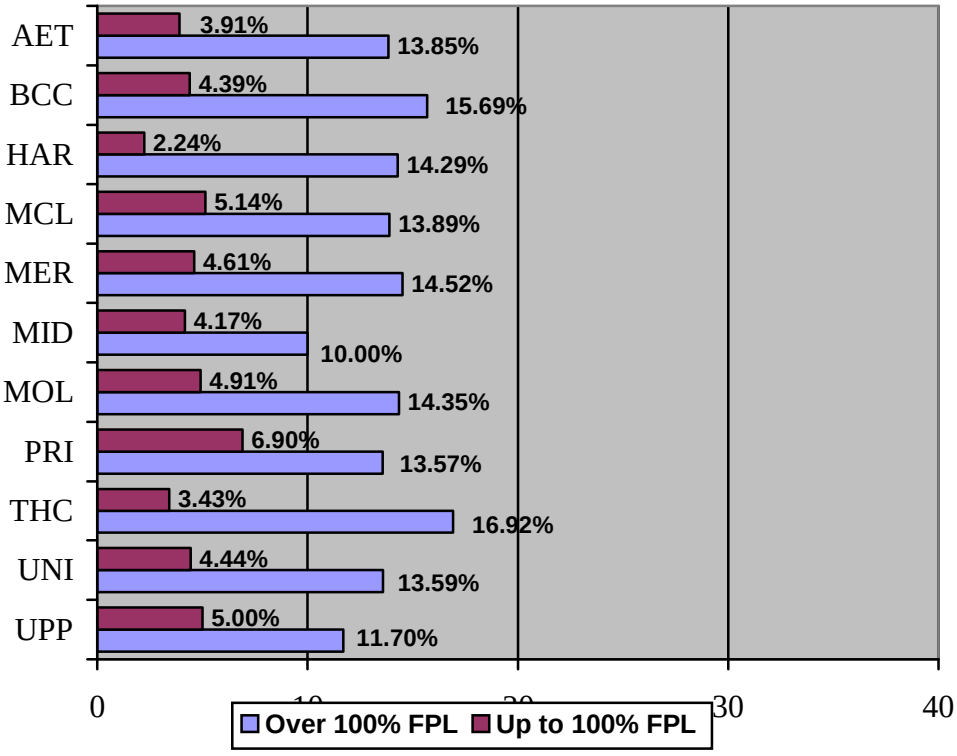
Measurement Period
August 2016 –September 2017

Data Source
MDHHS Data Warehouse

Measurement Frequency
Quarterly

Summary: The results shown are informational only. In Cohort 1, the results ranged from 10.00% to 16.92% for beneficiaries with income over 100% FPL. The results ranged from 2.24% to 6.90% for beneficiaries with income that never exceeded 100% FPL.
In Cohort 2, the results ranged from 4.69% to 14.63% for beneficiaries with income over 100% FPL. The results ranged from 1.60% to 5.75% for beneficiaries with income that never exceeded 100% FPL.
In Cohort 3, the results ranged from 9.15% to 19.23% for beneficiaries with income over 100% FPL. The results ranged from 1.46% to 4.93% for beneficiaries with income that never exceeded 100% FPL.

Figure 8: Transition into CFP Status - Cohort 1



Transition in to CFP Status Percentages
*In the graphs represented for this measure, FPL represents the Federal Poverty Level.

Figure 9: Transition into CFP Status - Cohort 2

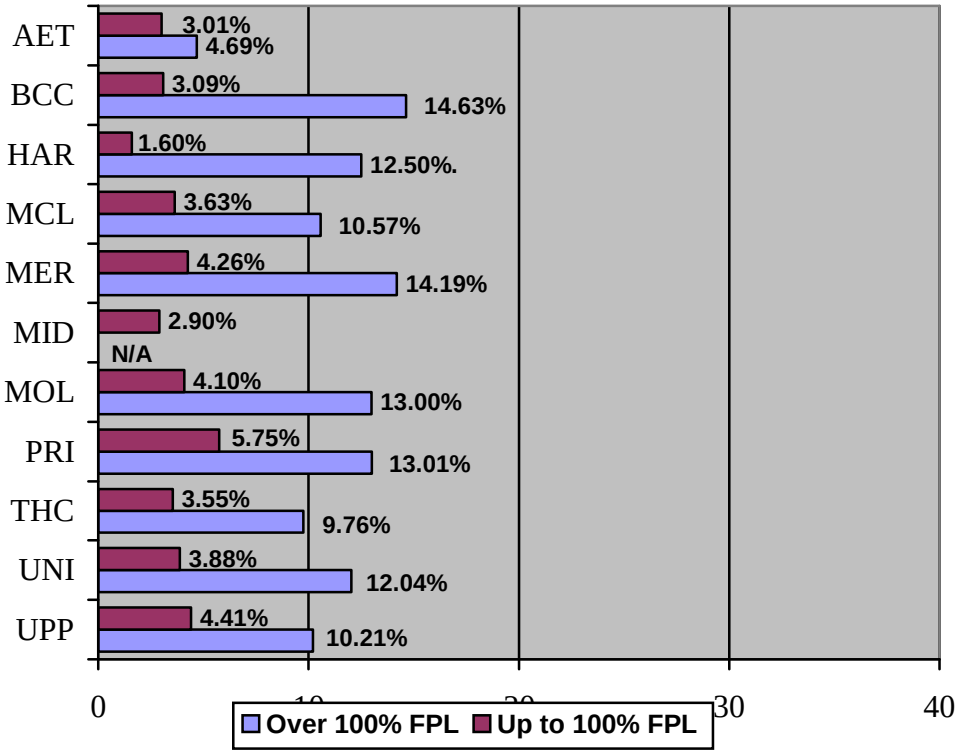
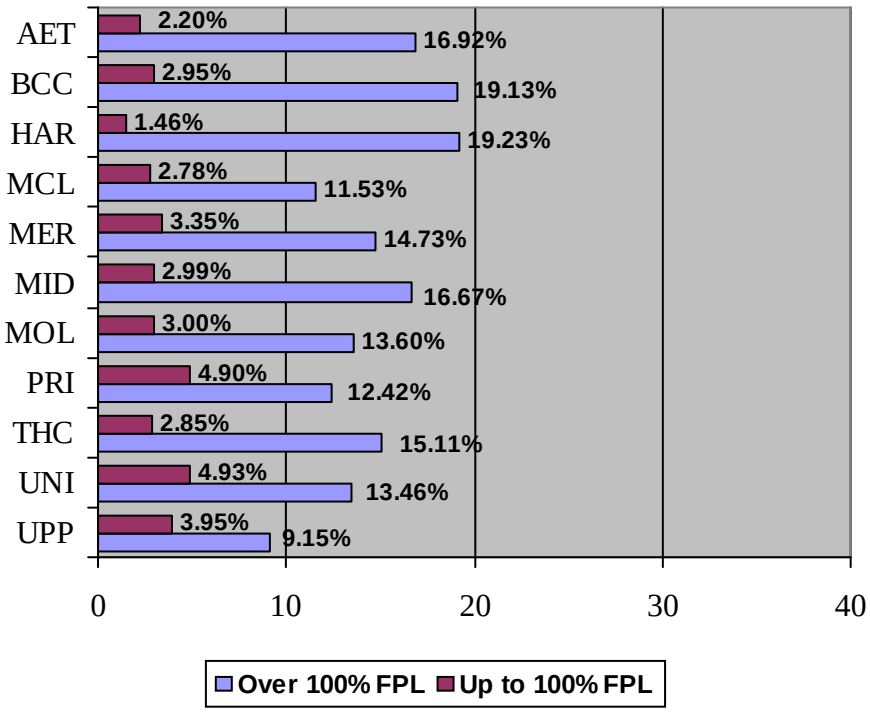


Figure 10: Transition into CFP Status - Cohort 3



Transition out of Consistently Fail to Pay (CFP) Status

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

Standard
N/A – Informational Only

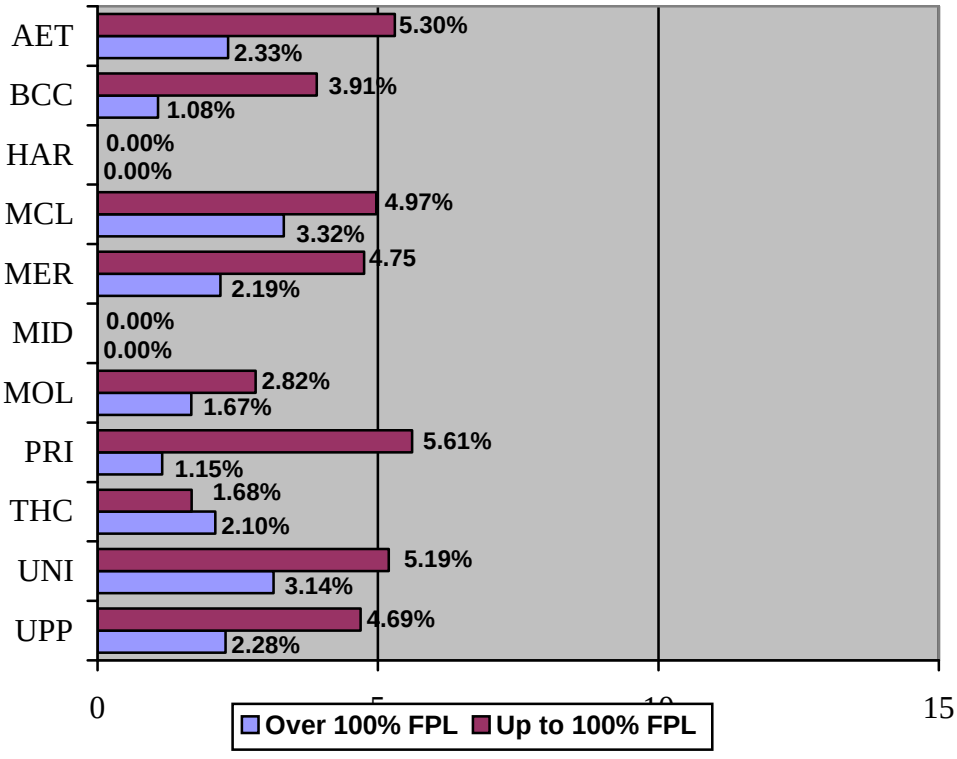
Measurement Period
August 2016 – September 2017

Data Source
MDHHS Data Warehouse

Measurement Frequency
Quarterly

Summary: The results shown are informational only. In Cohort 1, the results ranged from 0.00% to 3.32% for beneficiaries with income over 100% FPL. The results ranged from 0.00% to 5.61% for beneficiaries with income that never exceeded 100% FPL.
In Cohort 2, the results ranged from 0.00% to 3.33% for beneficiaries with income over 100% FPL. The results ranged from 0.00% to 11.11% for beneficiaries with income that never exceeded 100% FPL.
In Cohort 3, the results ranged from 0.00% to 7.79% for beneficiaries with income over 100% FPL. The results ranged from 0.00% to 12.39% for beneficiaries with income that never exceeded 100% FPL.

Figure 11: Transition out of CFP Status - Cohort 1



Transition out of CFP Status Percentages
*In the graphs represented for this measure, FPL represents the Federal Poverty Level.

Figure 12: Transition out of CFP Status - Cohort 2

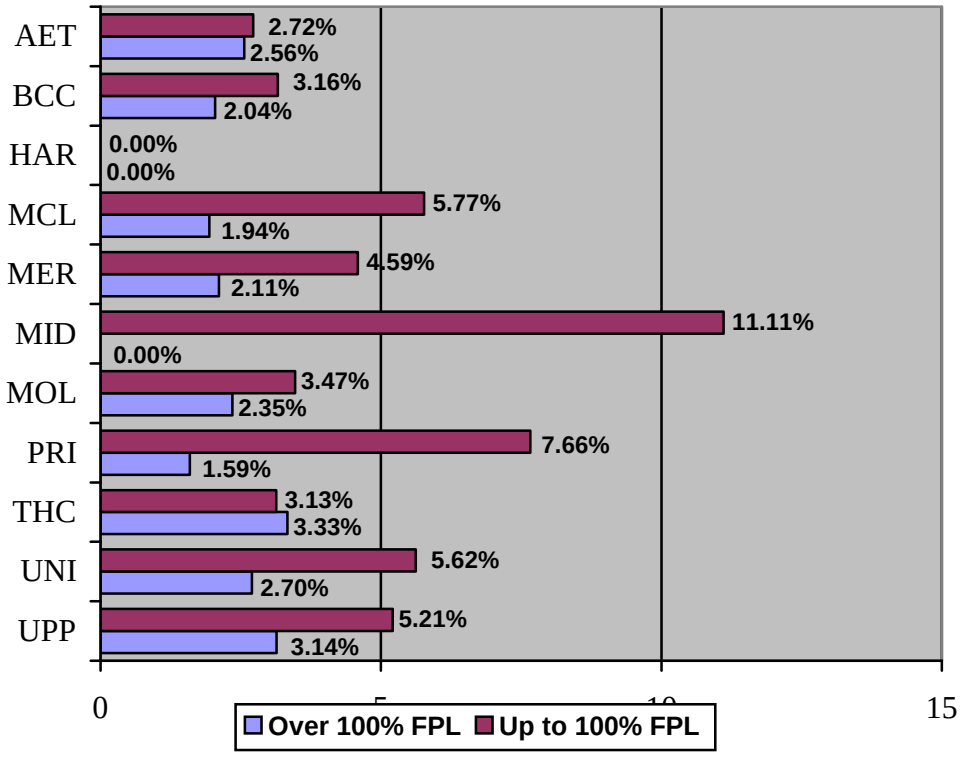
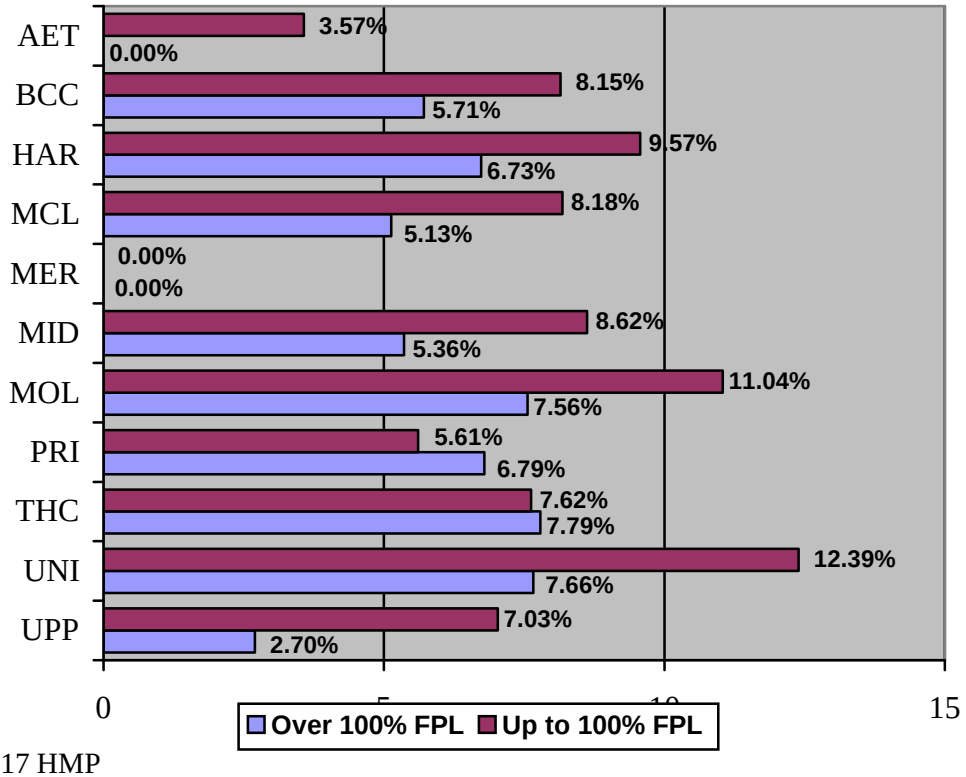


Figure 13: Transition out of CFP Status - Cohort 3



Appendix A: Three Letter Medicaid Health Plan Codes

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

AET	Aetna Better Health of Michigan
BCC	Blue Cross Complete of Michigan
HAR	Harbor Health Plan
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MID	HAP Midwest Health Plan
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
THC	Total Health Care
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	84.66%	Yes
	Jul 16 – Sep 16	80%	84.55%	Yes
	Oct 16 – Dec 16	80%	84.42%	Yes
	Jan 17 – Mar 17	**80%**	**84.95%**	**Yes**
Timely Completion of HRA	Jan 16 – Mar 16	15%	4.14%	**No**
	Apr 16 – Jun 16	15%	5.72%	**No**
	Jul 16 – Sep 16	15%	7.80%	**No**
	Oct 16 – Dec 16	**15%**	**5.78%**	**No**
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	35.59%	**No**
	Apr 16 – Jun 16	60%	33.64%	**No**
	Jul 16 – Sep 16	60%	36.86%	**No**
	Oct 16 – Dec 16	**60%**	**36.32%**	**No**
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	22.55%	**No**
	Oct 15 – Sep 16	16%	22.19%	**No**
	Jan 16 – Dec 16	16%	21.21%	**No**
	Apr 16 – Mar 17	**16%**	**20.15%**	**No**
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	75.38%	**No**
	Oct 15 – Sep 16	83%	74.67%	**No**
	Jan 16 – Dec 16	83%	73.25%	**No**
	Apr 16 – Mar 17	**83%**	**72.17%**	**No**

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

Transition into CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	22.22%	3.80%	N/A	N/A	16.92%	2.82%	N/A	N/A	27.63%	4.11%	N/A
N/A	**13.85%**	**3.91%**	**N/A**	**N/A**	**4.69%**	**3.01%**	**N/A**	**N/A**	**16.92%**	**2.20%**	**N/A**

Transition out of CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	0.00%	0.00%	N/A	N/A	0.00%	1.89%	N/A	N/A	0.00%	3.64%	N/A
N/A	**2.33%**	**5.30%**	**N/A**	**N/A**	**2.56%**	**2.72%**	**N/A**	**N/A**	**0.00%**	**3.57%**	**N/A**

- Shaded areas represent data that are newly reported this month.
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Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete of Michigan – BCC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	84.47%	Yes
	Jul 16 – Sep 16	80%	84.85%	Yes
	Oct 16 – Dec 16	80%	84.63%	Yes
	Jan 17 – Mar 17	**80%**	**84.81%**	**Yes**
Timely Completion of HRA	Jan 16 – Mar 16	15%	9.68%	**No**
	Apr 16 – Jun 16	15%	7.48%	**No**
	Jul 16 – Sep 16	15%	7.95%	**No**
	Oct 16 – Dec 16	**15%**	**8.14%**	**No**
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	50.64%	**No**
	Apr 16 – Jun 16	60%	46.23%	**No**
	Jul 16 – Sep 16	60%	49.63%	**No**
	Oct 16 – Dec 16	**60%**	**51.28%**	**No**
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	16.68%	**No**
	Oct 15 – Sep 16	16%	16.81%	**No**
	Jan 16 – Dec 16	16%	17.70%	**No**
	Apr 16 – Mar 17	**16%**	**17.62%**	**No**

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

Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	79.32%	**No**
	Oct 15 – Sep 16	83%	79.69%	**No**
	Jan 16 – Dec 16	83%	79.44%	**No**
	Apr 16 – Mar 17	**83%**	**76.76%**	**No**

Transition into CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	16.32%	3.70%	N/A	N/A	19.88%	4.14%	N/A	N/A	18.76%	4.16%	N/A
N/A	**15.69%**	**4.39%**	**N/A**	**N/A**	**14.63%**	**3.09%**	**N/A**	**N/A**	**19.13%**	**2.95%**	**N/A**

Transition out of CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	1.09%	2.63%	N/A	N/A	1.15%	2.52%	N/A	N/A	0.64%	2.80%	N/A
N/A	**1.08%**	**3.91%**	**N/A**	**N/A**	**2.04%**	**3.16%**	**N/A**	**N/A**	**5.71%**	**8.15%**	**N/A**

- Shaded areas represent data that are newly reported this month.
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Appendix B: One Year Plan-Specific Analysis

Harbor Health Plan – HAR

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	85.37%	Yes
	Jul 16 – Sep 16	80%	85.62%	Yes
	Oct 16 – Dec 16	80%	85.42%	Yes
	Jan 17 – Mar 17	**80%**	**85.27%**	**Yes**
Timely Completion of HRA	Jan 16 – Mar 16	15%	1.12%	**No**
	Apr 16 – Jun 16	15%	0.63%	**No**
	Jul 16 – Sep 16	15%	2.46%	**No**
	Oct 16 – Dec 16	**15%**	**1.22%**	**No**
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	27.18%	**No**
	Apr 16 – Jun 16	60%	21.51%	**No**
	Jul 16 – Sep 16	60%	24.09%	**No**
	Oct 16 – Dec 16	**60%**	**24.53%**	**No**
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	22.08%	**No**
	Oct 15 – Sep 16	16%	19.30%	**No**
	Jan 16 – Dec 16	16%	22.71%	**No**
	Apr 16 – Mar 17	**16%**	**18.91%**	**No**
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	66.95%	**No**
	Oct 15 – Sep 16	83%	67.63%	**No**
	Jan 16 – Dec 16	83%	66.83%	**No**
	Apr 16 – Mar 17	**83%**	**61.84%**	**No**

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

Transition into CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	12.50%	2.15%	N/A	N/A	0.00%	2.17%	N/A	N/A	28.00%	1.54%	N/A
N/A	**14.29%**	**2.24%**	**N/A**	**N/A**	**12.50%**	**1.60%**	**N/A**	**N/A**	**19.23%**	**1.46%**	**N/A**

Transition out of CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	0.00%	0.00%	N/A	N/A	0.00%	3.45%	N/A	N/A	0.00%	0.00%	N/A
N/A	**0.00%**	**0.00%**	**N/A**	**N/A**	**0.00%**	**0.00%**	**N/A**	**N/A**	**6.73%**	**9.57%**	**N/A**

- Shaded areas represent data that are newly reported this month.
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Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	84.33%	Yes
	Jul 16 – Sep 16	80%	84.48%	Yes
	Oct 16 – Dec 16	80%	84.38%	Yes
	Jan 17 – Mar 17	**80%**	**84.54%**	**Yes**
Timely Completion of HRA	Jan 16 – Mar 16	15%	10.34%	**No**
	Apr 16 – Jun 16	15%	9.80%	**No**
	Jul 16 – Sep 16	15%	9.57%	**No**
	Oct 16 – Dec 16	**15%**	**9.72%**	**No**
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	50.77%	**No**
	Apr 16 – Jun 16	60%	47.52%	**No**
	Jul 16 – Sep 16	60%	51.83%	**No**
	Oct 16 – Dec 16	**60%**	**52.99%**	**No**
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	16.22%	**No**
	Oct 15 – Sep 16	16%	17.36%	**No**
	Jan 16 – Dec 16	16%	17.05%	**No**
	Apr 16 – Mar 17	**16%**	**16.72%**	**No**

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

Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	83.86%	Yes
	Oct 15 – Sep 16	83%	83.85%	Yes
	Jan 16 – Dec 16	83%	83.35%	Yes
	Apr 16 – Mar 17	**83%**	**82.05%**	**No**

Transition into CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	13.91%	6.42%	N/A	N/A	15.63%	5.88%	N/A	N/A	18.73%	5.08%	N/A
N/A	**13.89%**	**5.14%**	**N/A**	**N/A**	**10.57%**	**3.63%**	**N/A**	**N/A**	**11.53%**	**2.78%**	**N/A**

Transition out of CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	2.34%	3.25%	N/A	N/A	2.18%	3.56%	N/A	N/A	2.36%	3.05%	N/A
N/A	**3.32%**	**4.97%**	**N/A**	**N/A**	**1.94%**	**5.77%**	**N/A**	**N/A**	**5.13%**	**8.18%**	**N/A**

- Shaded areas represent data that are newly reported this month.
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Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan of Michigan – MER

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	83.55%	Yes
	Jul 16 – Sep 16	80%	84.54%	Yes
	Oct 16 – Dec 16	80%	84.46%	Yes
	Jan 17 – Mar 17	**80%**	**84.75%**	**Yes**
Timely Completion of HRA	Jan 16 – Mar 16	15%	14.04%	**No**
	Apr 16 – Jun 16	15%	11.94%	**No**
	Jul 16 – Sep 16	15%	11.74%	**No**
	Oct 16 – Dec 16	**15%**	**11.42%**	**No**
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	54.45%	**No**
	Apr 16 – Jun 16	60%	50.42%	**No**
	Jul 16 – Sep 16	60%	53.71%	**No**
	Oct 16 – Dec 16	**60%**	**53.38%**	**No**
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	16.01%	**No**
	Oct 15 – Sep 16	16%	17.48%	**No**
	Jan 16 – Dec 16	16%	16.46%	**No**
	Apr 16 – Mar 17	**16%**	**15.12%**	**Yes**
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	84.31%	Yes
	Oct 15 – Sep 16	83%	84.03%	Yes
	Jan 16 – Dec 16	83%	83.33%	Yes
	Apr 16 – Mar 17	**83%**	**82.01%**	**No**

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

Transition into CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	15.87%	4.94%	N/A	N/A	13.34%	5.18%	N/A	N/A	19.84%	4.28%	N/A
N/A	**14.52%**	**4.61%**	**N/A**	**N/A**	**14.19%**	**4.26%**	**N/A**	**N/A**	**14.73%**	**3.35%**	**N/A**

Transition out of CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	0.94%	3.37%	N/A	N/A	2.28%	3.03%	N/A	N/A	1.80%	3.13%	N/A
N/A	**2.19%**	**4.75%**	**N/A**	**N/A**	**2.11%**	**4.59%**	**N/A**	**N/A**	**0.00%**	**0.00%**	**N/A**

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

Appendix B: One Year Plan-Specific Analysis

HAP Midwest Health Plan – MID

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	87.76%	Yes
	Jul 16 – Sep 16	80%	86.70%	Yes
	Oct 16 – Dec 16	80%	86.43%	Yes
	Jan 17 – Mar 17	**80%**	**86.10%**	**Yes**

Timely Completion of HRA	Jan 16 – Mar 16	15%	5.60%	**No**
	Apr 16 – Jun 16	15%	5.71%	**No**
	Jul 16 – Sep 16	15%	N/A*	N/A*
	Oct 16 – Dec 16	**15%**	**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 16 – Mar 16	60%	29.46%	**No**
	Apr 16 – Jun 16	60%	26.61%	**No**
	Jul 16 – Sep 16	60%	19.78%	**No**
	Oct 16 – Dec 16	**60%**	**33.71%**	**No**

Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	N/A*	N/A*
	Oct 15 – Sep 16	16%	N/A*	N/A*
	Jan 16 – Dec 16	16%	N/A*	N/A*
	Apr 16 – Mar 17	**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 15 – Jun 16	83%	69.97%	**No**
	Oct 15 – Sep 16	83%	67.97%	**No**
	Jan 16 – Dec 16	83%	62.75%	**No**
	Apr 16 – Mar 17	**83%**	**53.13%**	**No**

Transition into CFP Status : **Aug 16 – Sep 17**

Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	25.00%	3.33%	N/A	N/A	25.00%	0.00%	N/A	N/A	0.00%	0.00%	N/A
N/A	**10.00%**	**4.17%**	**N/A**	**N/A**	**N/A**	**2.90%**	**N/A**	**N/A**	**16.67%**	**2.99%**	**N/A**

Transition out of CFP Status : **Aug 16 – Sep 17**

Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	0.00%	0.00%	N/A	N/A	0.00%	11.11%	N/A	N/A	0.00%	0.00%	N/A
N/A	**0.00%**	**0.00%**	**N/A**	**N/A**	**0.00%**	**11.11%**	**N/A**	**N/A**	**5.36%**	**8.62%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	85.75%	Yes
	Jul 16 – Sep 16	80%	85.61%	Yes
	Oct 16 – Dec 16	80%	85.79%	Yes
	Jan 17 – Mar 17	**80%**	**85.94%**	**Yes**
Timely Completion of HRA	Jan 16 – Mar 16	15%	8.75%	**No**
	Apr 16 – Jun 16	15%	8.03%	**No**
	Jul 16 – Sep 16	15%	6.52%	**No**
	Oct 16 – Dec 16	**15%**	**7.24%**	**No**
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	50.52%	**No**
	Apr 16 – Jun 16	60%	50.23%	**No**
	Jul 16 – Sep 16	60%	48.14%	**No**
	Oct 16 – Dec 16	**60%**	**49.86%**	**No**
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	17.18%	**No**
	Oct 15 – Sep 16	16%	17.31%	**No**
	Jan 16 – Dec 16	16%	16.92%	**No**
	Apr 16 – Mar 17	**16%**	**16.95%**	**No**
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	82.07%	**No**
	Oct 15 – Sep 16	83%	82.45%	**No**
	Jan 16 – Dec 16	83%	81.69%	**No**
	Apr 16 – Mar 17	**83%**	**81.02%**	**No**

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

Transition into CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	16.04%	4.90%	N/A	N/A	14.48%	4.99%	N/A	N/A	20.16%	4.67%	N/A
N/A	**14.35%**	**4.91%**	**N/A**	**N/A**	**13.00%**	**4.10%**	**N/A**	**N/A**	**13.60%**	**3.00%**	**N/A**

Transition out of CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	1.20%	2.41%	N/A	N/A	1.75%	2.66%	N/A	N/A	1.30%	2.52%	N/A
N/A	**1.67%**	**2.82%**	**N/A**	**N/A**	**2.35%**	**3.47%**	**N/A**	**N/A**	**7.56%**	**11.04%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	83.11%	Yes
	Jul 16 – Sep 16	80%	83.37%	Yes
	Oct 16 – Dec 16	80%	84.01%	Yes
	Jan 17 – Mar 17	**80%**	**84.17%**	**Yes**
Timely Completion of HRA	Jan 16 – Mar 16	15%	7.60%	**No**
	Apr 16 – Jun 16	15%	9.47%	**No**
	Jul 16 – Sep 16	15%	9.01%	**No**
	Oct 16 – Dec 16	**15%**	**8.79%**	**No**
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	55.92%	**No**
	Apr 16 – Jun 16	60%	55.62%	**No**
	Jul 16 – Sep 16	60%	59.51%	**No**
	Oct 16 – Dec 16	**60%**	**59.63%**	**No**
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	13.65%	Yes
	Oct 15 – Sep 16	16%	13.09%	Yes
	Jan 16 – Dec 16	16%	12.72%	Yes
	Apr 16 – Mar 17	**16%**	**12.31%**	**Yes**
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	83.55%	Yes
	Oct 15 – Sep 16	83%	84.79%	Yes
	Jan 16 – Dec 16	83%	83.73%	Yes
	Apr 16 – Mar 17	**83%**	**83.33%**	**Yes**

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

Transition into CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	11.93%	5.24%	N/A	N/A	15.37%	4.87%	N/A	N/A	14.40%	4.99%	N/A
N/A	**13.57%**	**6.90%**	**N/A**	**N/A**	**13.01%**	**5.75%**	**N/A**	**N/A**	**12.42%**	**4.90%**	**N/A**

Transition out of CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	2.16%	2.53%	N/A	N/A	2.68%	4.14%	N/A	N/A	1.37%	3.41%	N/A
N/A	**1.15%**	**5.61%**	**N/A**	**N/A**	**1.59%**	**7.66%**	**N/A**	**N/A**	**6.79%**	**5.61%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	86.53%	Yes
	Jul 16 – Sep 16	80%	85.96%	Yes
	Oct 16 – Dec 16	80%	86.07%	Yes
	Jan 17 – Mar 17	**80%**	**86.33%**	**Yes**
Timely Completion of HRA	Jan 16 – Mar 16	15%	15.25%	Yes
	Apr 16 – Jun 16	15%	17.52%	Yes
	Jul 16 – Sep 16	15%	17.68%	Yes
	Oct 16 – Dec 16	**15%**	**11.04%**	**No**
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	46.74%	**No**
	Apr 16 – Jun 16	60%	46.39%	**No**
	Jul 16 – Sep 16	60%	47.37%	**No**
	Oct 16 – Dec 16	**60%**	**45.78%**	**No**
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	22.26%	**No**
	Oct 15 – Sep 16	16%	23.18%	**No**
	Jan 16 – Dec 16	16%	23.57%	**No**
	Apr 16 – Mar 17	**16%**	**22.82%**	**No**
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	79.01%	**No**
	Oct 15 – Sep 16	83%	78.69%	**No**
	Jan 16 – Dec 16	83%	78.12%	**No**
	Apr 16 – Mar 17	**83%**	**77.36%**	**No**

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

Transition into CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	12.50%	3.80%	N/A	N/A	19.70%	3.73%	N/A	N/A	19.46%	3.02%	N/A
N/A	**16.92%**	**3.43%**	**N/A**	**N/A**	**9.76%**	**3.55%**	**N/A**	**N/A**	**15.11%**	**2.85%**	**N/A**

Transition out of CFP Status : **Aug 16 – Sep 17**											
Cohort 1 Standard	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 2 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**	**Cohort 3 Standard**	**>100% FPL Result**	**≤100% FPL Result**	**Standard Achieved**
N/A	0.00%	2.60%	N/A	N/A	1.71%	3.30%	N/A	N/A	2.42%	2.71%	N/A
N/A	**2.10%**	**1.68%**	**N/A**	**N/A**	**3.33%**	**3.13%**	**N/A**	**N/A**	**7.79%**	**7.62%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	84.29%	Yes
	Jul 16 – Sep 16	80%	85.95%	Yes
	Oct 16 – Dec 16	80%	86.31%	Yes
	Jan 17 – Mar 17	**80%**	**86.65%**	**Yes**
Timely Completion of HRA	Jan 16 – Mar 16	15%	15.45%	Yes
	Apr 16 – Jun 16	15%	10.99%	**No**
	Jul 16 – Sep 16	15%	14.21%	**No**
	Oct 16 – Dec 16	**15%**	**14.83%**	**No**
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	50.23%	**No**
	Apr 16 – Jun 16	60%	48.95%	**No**
	Jul 16 – Sep 16	60%	52.24%	**No**
	Oct 16 – Dec 16	**60%**	**53.34%**	**No**
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	18.70%	**No**
	Oct 15 – Sep 16	16%	18.61%	**No**
	Jan 16 – Dec 16	16%	17.79%	**No**
	Apr 16 – Mar 17	**16%**	**17.66%**	**No**
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	83.85%	Yes
	Oct 15 – Sep 16	83%	83.72%	Yes
	Jan 16 – Dec 16	83%	83.01%	Yes
	Apr 16 – Mar 17	**83%**	**81.94%**	**No**

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

Transition into CFP Status : **Aug 16 – Sep 17**

Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	13.25%	4.07%	N/A	N/A	13.74%	3.83%	N/A	N/A	17.84%	4.15%	N/A
N/A	**13.59%**	**4.44%**	**N/A**	**N/A**	**12.04%**	**3.88%**	**N/A**	**N/A**	**13.46%**	**4.93%**	**N/A**

Transition out of CFP Status : **Aug 16 – Sep 17**

Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	1.33%	3.05%	N/A	N/A	1.83%	3.95%	N/A	N/A	2.75%	3.61%	N/A
N/A	**3.14%**	**5.19%**	**N/A**	**N/A**	**2.70%**	**5.62%**	**N/A**	**N/A**	**7.66%**	**12.39%**	**N/A**

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Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	83.09%	Yes
	Jul 16 – Sep 16	80%	83.12%	Yes
	Oct 16 – Dec 16	80%	81.75%	Yes
	Jan 17 – Mar 17	**80%**	**83.42%**	**Yes**
Timely Completion of HRA	Jan 16 – Mar 16	15%	12.12%	**No**
	Apr 16 – Jun 16	15%	10.69%	**No**
	Jul 16 – Sep 16	15%	6.63%	**No**
	Oct 16 – Dec 16	**15%**	**5.12%**	**No**
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	53.64%	**No**
	Apr 16 – Jun 16	60%	57.67%	**No**
	Jul 16 – Sep 16	60%	57.33%	**No**
	Oct 16 – Dec 16	**60%**	**57.70%**	**No**
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	13.53%	Yes
	Oct 15 – Sep 16	16%	13.46%	Yes
	Jan 16 – Dec 16	16%	11.90%	Yes
	Apr 16 – Mar 17	**16%**	**10.63%**	**Yes**
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	85.16%	Yes
	Oct 15 – Sep 16	83%	84.91%	Yes
	Jan 16 – Dec 16	83%	84.09%	Yes
	Apr 16 – Mar 17	**83%**	**83.34%**	**Yes**

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

Transition into CFP Status : **Aug 16 – Sep 17**

Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	10.00%	6.90%	N/A	N/A	13.95%	6.75%	N/A	N/A	9.55%	5.92%	N/A
N/A	**11.70%**	**5.00%**	**N/A**	**N/A**	**10.21%**	**4.41%**	**N/A**	**N/A**	**9.15%**	**3.95%**	**N/A**

Transition out of CFP Status : **Aug 16 – Sep 17**

Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	1.09%	2.25%	N/A	N/A	4.32%	2.83%	N/A	N/A	1.79%	3.74%	N/A
N/A	**2.28%**	**4.69%**	**N/A**	**N/A**	**3.14%**	**5.21%**	**N/A**	**N/A**	**2.70%**	**7.03%**	**N/A**

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

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

PERFORMANCE MONITORING REPORT

HEALTHY MICHIGAN PLAN –DENTAL MEASURES

Composite – All Plans

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

October 2017

Table of Contents

Healthy Michigan Plan Dental Measures

Appendixes

Figures

Tables

Executive Summary

This Dental 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 of oral healthcare in the Healthy Michigan Plan to better support high quality care for beneficiaries.

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through three (3) key performance measures aimed at improving the quality and efficiency of oral health care services provided to the Michigan residents enrolled in a Healthy Michigan Plan eligible for dental benefits. The following Performance specific measures will be included in this report:

Healthy Michigan Plan		
Diagnostic visits	*Preventive visits*	*Restorative (Dental Fillings) visits*

Data for these three measures will be presented on a quarterly basis. The body of the report contains a cross-plan analysis of the most current data available for each of these measures. Appendix A contains specific three letter codes identifying each of the MHPs. Appendix B contains the one-year plan specific analysis for each measure.

Healthy Michigan Plan Enrollment

The Healthy Michigan Plan (HMP-MC) enrollment has increased slightly over the past year. In October 2017, enrollment was 539,179, up 32,873 enrollees (6.1%) from November 2016. An increase of 4,600 enrollees (0.9%) was realized between September 2017 and October 2017.

Figure 1: HMP-MC Enrollment, November 2016 – October 2017

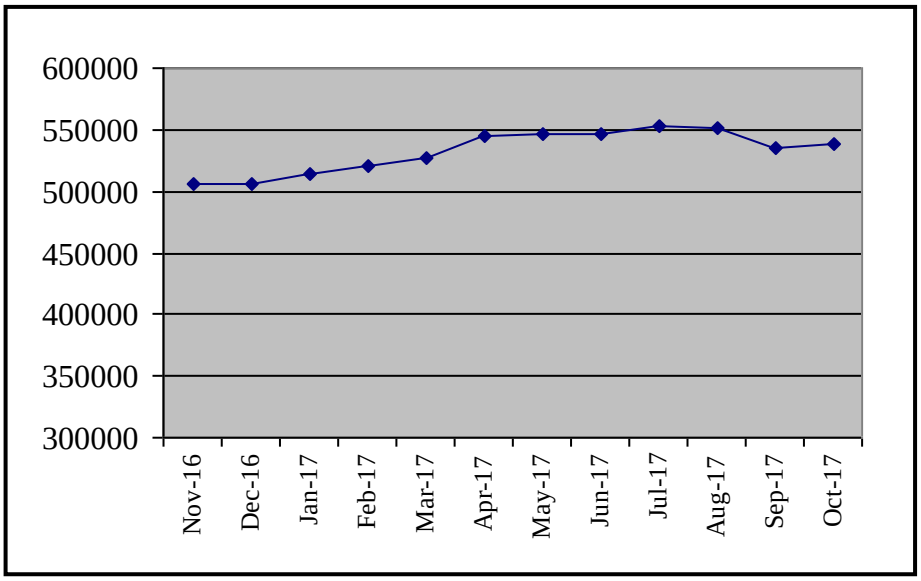
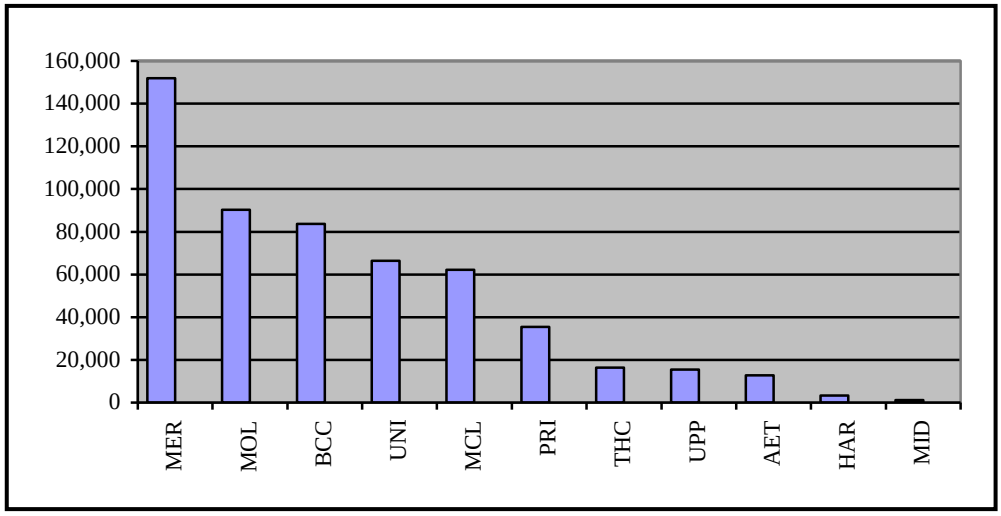


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, October 2017



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.

Cross-Plan Performance Monitoring Analyses

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

Diagnostic Dental Services

Measure
Percentage of total eligible enrollees between the ages of 19 and 64 who received at least one diagnostic dental service within the measurement period.

Minimum Standard
NA

Measurement Period
April 2016 –March 2017

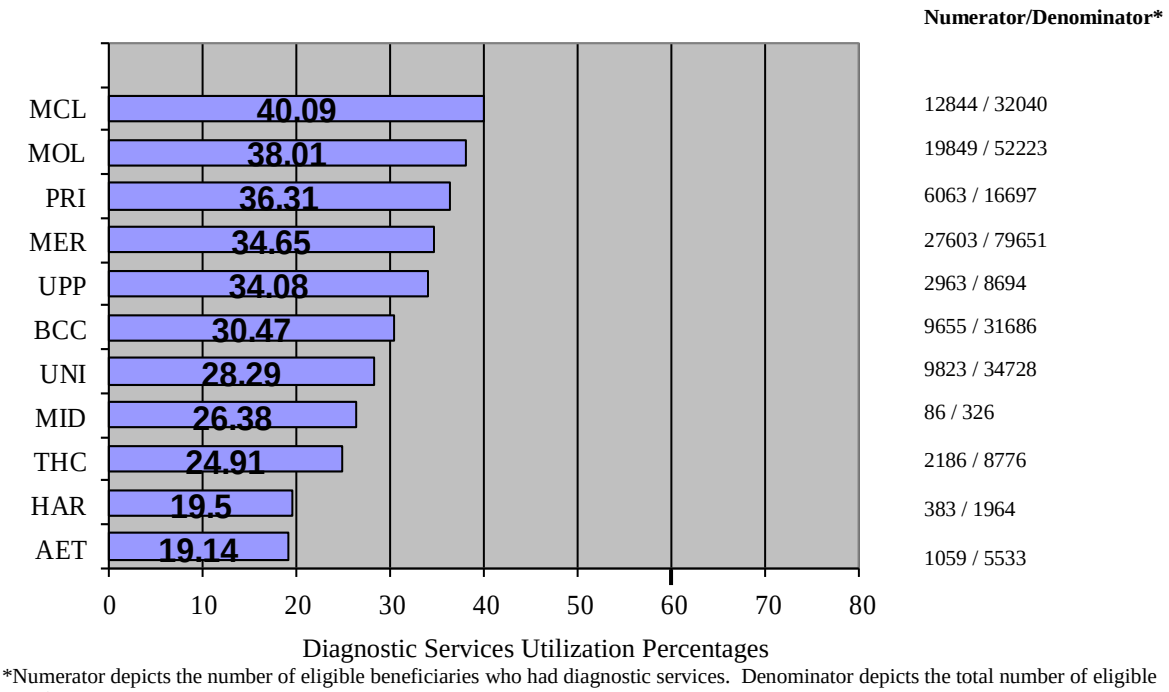
Data Source
MDHHS Data Warehouse

Measurement Frequency
Annual

Table 1: Diagnostic Dental Services Comparison across Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS)	1010	6580	15.35
HMP Managed Care only	95045	278319	34.15

Figure 1: Diagnostic Dental Services in Adults aged 19-64 yrs.



*Numerator depicts the number of eligible beneficiaries who had diagnostic services. Denominator depicts the total number of eligible beneficiaries.

Preventive Dental Services

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

Minimum Standard
NA

Measurement Period
April 2016 –March 2017

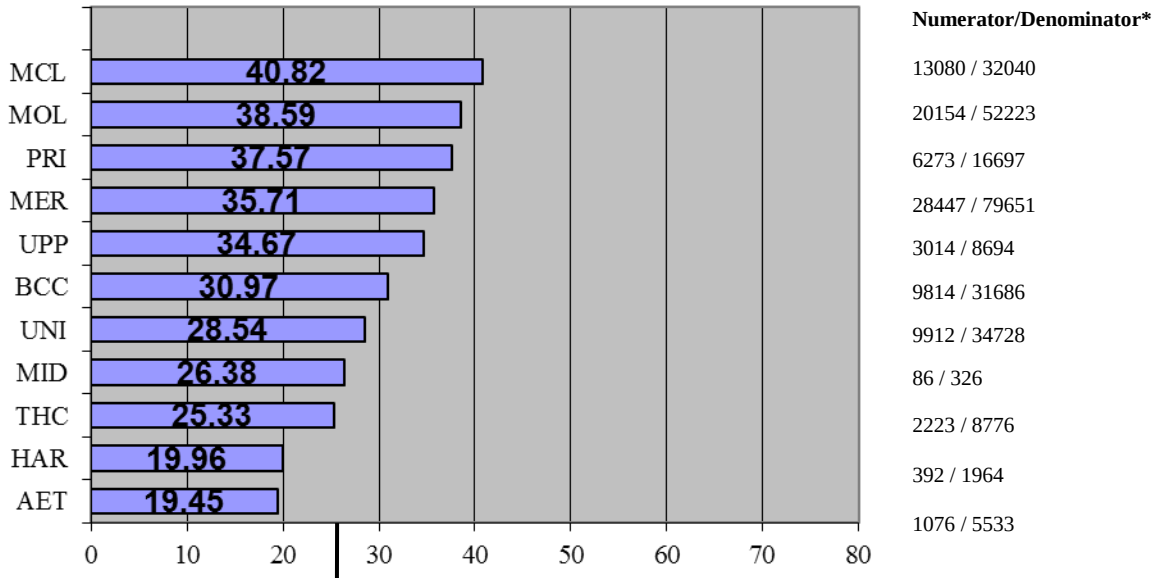
Data Source
MDHHS Data Warehouse

Measurement Frequency
Annual

Table 2: Preventive Dental Services Comparison across HMP Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS)	1040	6580	15.81
HMP Managed Care only	97048	278319	34.87

Figure 2: Preventive Dental Services in Adults aged 19-64 yrs.



Preventive Dental Visits Percentages

*Numerator depicts the number of eligible beneficiaries who completed a preventive dental visit. Denominator depicts the total number of eligible beneficiaries.

Restorative (Dental Fillings) Services

Measure
The percentage of total eligible Healthy Michigan Plan enrollees between the ages of 19 and 64 who had at least one restorative dental filling service within the measurement period.

Minimum Standard
NA

Measurement Period
April 2016 –March 2017

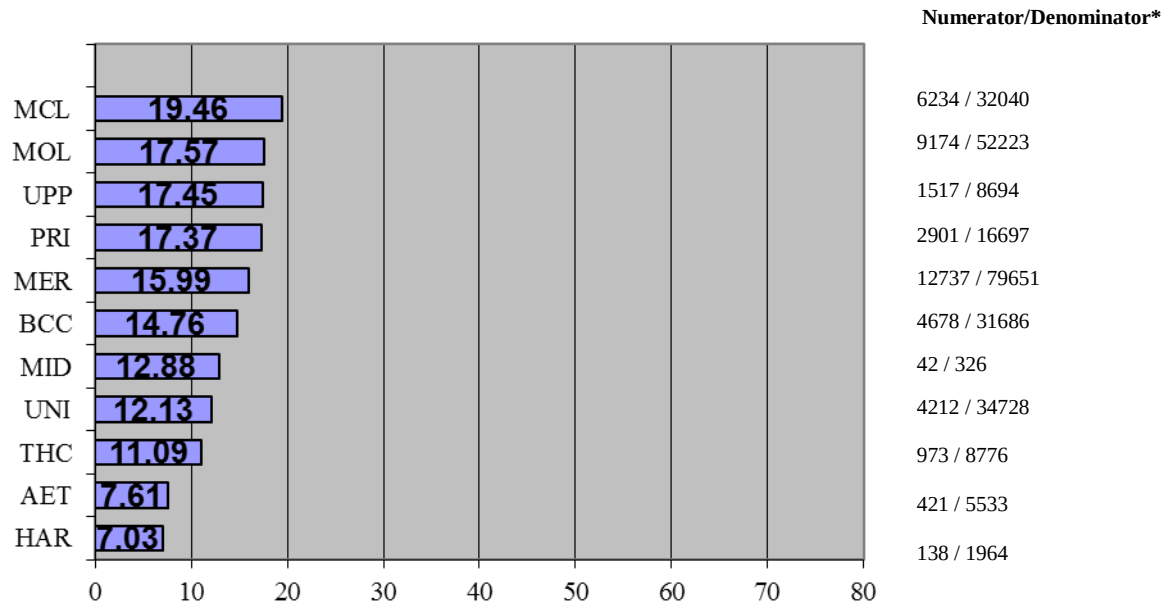
Data Source
MDHHS Data Warehouse

Measurement Frequency
Annual

Table 3: Restorative (Dental Fillings) Services Comparison across HMP Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS)	408	6580	6.2
HMP Managed Care only	44225	278319	15.89

Figure 3: Restorative (Dental Fillings) Services in Adults aged 19-64 yrs.



* Restorative Dental Fillings Percentages

Numerator depicts the number of eligible beneficiaries who had a restorative dental visit. Denominator depicts the total number of eligible beneficiaries.

Appendix A: Three Letter Medicaid Health Plan Codes

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

AET	Aetna Better Health of Michigan
BCC	Blue Cross Complete of Michigan
HAR	Harbor Health Plan
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MID	HAP Midwest Health Plan
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
THC	Total Health Care
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Plan Result	Standard Achieved
Diagnostic Services	**April 2016 to March 2017**	**19.14 %**	**Informational Only**
Preventive Services	**April 2016 to March 2017**	**19.45 %**	**Informational Only**
Restorative (Dental Fillings) Services	**April 2016 to March 2017**	**7.61%**	**Informational Only**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete of Michigan, Inc. – BCC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Plan Result	Standard Achieved
Diagnostic Services	**April 2016 to March 2017**	**30.47%**	**Informational Only**
Preventive Services	**April 2016 to March 2017**	**30.97%**	**Informational Only**
Restorative (Dental Fillings) Services	**April 2016 to March 2017**	**14.76%**	**Informational Only**

- Shaded areas represent data that are newly reported this month.
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Appendix B: One Year Plan-Specific Analysis

Harbor Health Plan, Inc. – HAR

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Plan Result	Standard Achieved
Diagnostic Services	**April 2016 to March 2017**	**19.5%**	**Informational Only**
Preventive Services	**April 2016 to March 2017**	**19.96%**	**Informational Only**
Restorative (Dental Fillings) Services	**April 2016 to March 2017**	**7.03%**	**Informational Only**

Shaded areas represent data that are newly reported this month.
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Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Plan Result	Standard Achieved
Diagnostic Services	**April 2016 to March 2017**	**40.09%**	**Informational Only**
Preventive Services	**April 2016 to March 2017**	**40.82%**	**Informational Only**
Restorative (Dental Fillings) Services	**April 2016 to March 2017**	**19.46%**	**Informational Only**

Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan – MER

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Plan Result	Standard Achieved
Diagnostic Services	**April 2016 to March 2017**	**34.65%**	**Informational Only**
Preventive Services	**April 2016 to March 2017**	**35.71%**	**Informational Only**
Restorative (Dental Fillings) Services	**April 2016 to March 2017**	**15.99%**	**Informational Only**

Shaded areas represent data that are newly reported.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

HAP Midwest Health Plan, Inc. – MID

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Plan Result	Standard Achieved
Diagnostic Services	**April 2016 to March 2017**	**26.38%**	**Informational Only**
Preventive Services	**April 2016 to March 2017**	**26.38%**	**Informational Only**
Restorative (Dental Fillings) Services	**April 2016 to March 2017**	**12.88%**	**Informational Only**

Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Plan Result	Standard Achieved
Diagnostic Services	**April 2016 to March 2017**	**38.01%**	**Informational Only**
Preventive Services	**April 2016 to March 2017**	**38.59%**	**Informational Only**
Restorative (Dental Fillings) Services	**April 2016 to March 2017**	**17.57%**	**Informational Only**

Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Plan Result	Standard Achieved
Diagnostic Services	**April 2016 to March 2017**	**36.31%**	**Informational Only**
Preventive Services	**April 2016 to March 2017**	**37.57%**	**Informational Only**
Restorative (Dental Fillings) Services	**April 2016 to March 2017**	**17.37%**	**Informational Only**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Plan Result	Standard Achieved
Diagnostic Services	**April 2016 to March 2017**	**24.91%**	**Informational Only**
Preventive Services	**April 2016 to March 2017**	**25.33%**	**Informational Only**
Restorative (Dental Fillings) Services	**April 2016 to March 2017**	**11.09%**	**Informational Only**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Plan Result	Standard Achieved
Diagnostic Services	**April 2016 to March 2017**	**28.29%**	**Informational Only**
Preventive Services	**April 2016 to March 2017**	**28.54%**	**Informational Only**
Restorative (Dental Fillings) Services	**April 2016 to March 2017**	**12.13%**	**Informational Only**

Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Plan Result	Standard Achieved
Diagnostic Services	**April 2016 to March 2017**	**34.08%**	**Informational Only**
Preventive Services	**April 2016 to March 2017**	**34.67%**	**Informational Only**
Restorative (Dental Fillings) Services	**April 2016 to March 2017**	**17.45%**	**Informational Only**

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

SEPTEMBER 2017

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

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 2017 and the program totals from October 2014 to June 2017.

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
Apr-17	121,629	25,182	9,696	13,906	40.11%
May-17	102,998	20,368	9,073	12,391	40.61%
Jun-17	107,297	21,166	7,964	12,230	38.55%
Calendar YTD	**629,503**	**133,286**	**51,079**	**77,449**	**41.59%**
Program Total	**2,561,282**	**566,192**	**227,186**	**280,451**	**41.93%**

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

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 2017. Program totals are from October 2014 through June 2017. Please note that beneficiaries that pay both co-pays and contributions will show in each chart.

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
Apr-17	$302,857.08	$116,157.50	38%	39,088	16,650
May-17	$243,394.97	$89,775.21	37%	32,759	13,284
Jun-17	$258,268.97	$94,617.26	37%	33,396	13,542
Calendar YTD	**$1,701,974.03**	**$692,577.41**	**41%**	**210,735**	**93,938**
Program Total	**$6,345,453.14**	**$2,685,166.22**	**42%**	**846,643**	**383,973**
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
Apr-17	$1,507,820.37	$453,580.95	30%	23,602	10,005
May-17	$1,371,590.82	$400,383.66	29%	21,464	8,916
Jun-17	$1,287,429.18	$355,616.68	28%	20,194	7,965
Calendar YTD	**$7,999,678.05**	**$2,531,930.04**	**32%**	**128,528**	**56,107**
Program Total	**$29,334,206.32**	**$10,112,614.36**	**34%**	**507,637**	**240,279**

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

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	$23,613.53	$16,040.57	67.93%
	Jan 2015 - Mar 2015	$193,330.16	$143,079.90	74.01%
	Apr 2015 - Jun 2015	$165,670.46	$117,455.17	70.90%
	Jul 2015 - Sep 2015	$163,294.58	$109,543.20	67.08%
	Oct 2015 - Dec 2015	$153,948.23	$100,653.60	65.38%
	Jan 2016 - Mar 2016	$140,592.07	$90,860.65	64.63%
	Apr 2016 - Jun 2016	$188,453.07	$102,835.07	54.57%
	Jul 2016 - Sep 2016	$139,646.16	$56,235.47	40.27%
	Oct 2016 - Dec 2016	$175,266.75	$77,431.82	44.18%
	Jan 2017 - Mar 2017	$173,150.60	$73,629.02	42.52%
	Apr 2017 - Jun 2017	$149,337.20	$55,782.52	37.35%
	Jul 2017 - Sep 2017	$129,121.67	$37,502.62	29.04%
May-14	Nov 2014 - Jan 2015	$35,720.43	$27,410.35	76.74%
	Feb 2015 - Apr 2015	$56,651.54	$42,273.32	74.62%
	May 2015 - Jul 2015	$45,948.47	$33,092.78	72.02%
	Aug 2015 - Oct 2015	$41,760.21	$29,161.73	69.83%
	Nov 2015 - Jan 2016	$39,600.66	$27,734.12	70.03%
	Feb 2016 - Apr 2016	$37,381.78	$25,554.57	68.36%
	May 2016 - Jul 2016	$45,016.09	$25,173.85	55.92%
	Aug 2016 - Oct 2016	$39,643.30	$20,430.22	51.54%
	Nov 2016 - Jan 2017	$45,325.47	$23,779.66	52.46%
	Feb 2017 - Apr 2017	$40,556.19	$20,242.45	49.91%
	May 2017 - Jul 2017	$35,660.43	$16,286.88	45.67%

Chart 3 continued on page 5

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

Chart 3 continued from page 4

Chart 3: Quarterly Collection				
Enrollment Month	**Quarterly Pay Cycles**	**Amount Owed**	**Amount Collected**	**Percentage Collected**
Jun-14	Dec 2014 - Feb 2015	$456,289.03	$352,642.90	77.28%
	Mar 2015 - May 2015	$348,650.05	$268,782.55	77.09%
	Jun 2015 - Aug 2015	$347,163.86	$262,353.11	75.57%
	Sep 2015 - Nov 2015	$328,734.05	$239,873.18	72.97%
	Dec 2015 - Feb 2016	$235,247.63	$166,938.12	70.96%
	Mar 2016 - May 2016	$265,492.88	$183,249.13	69.02%
	Jun 2016 - Aug 2016	$221,526.15	$120,830.57	54.54%
	Sep 2016 - Nov 2016	$308,590.54	$182,720.89	59.21%
	Dec 2016 - Feb 2017	$284,209.55	$159,082.63	55.97%
	Mar 2017 - May 2017	$250,455.08	$130,773.55	52.21%
	Jun 2017 - Aug 2017	$228,026.58	$106,341.96	46.64%
Jul-14	Jan 2015 - Mar 2015	$340,317.83	$249,512.18	73.32%
	Apr 2015 - Jun 2015	$251,868.29	$183,219.29	72.74%
	Jul 2015 - Sep 2015	$242,594.54	$170,933.20	70.46%
	Oct 2015 - Dec 2015	$221,654.91	$153,434.63	69.22%
	Jan 2016 - Mar 2016	$195,561.68	$134,006.45	68.52%
	Apr 2016 - Jun 2016	$211,201.42	$123,732.31	58.58%
	Jul 2016 - Sep 2016	$164,507.34	$71,583.74	43.51%
	Oct 2016 - Dec 2016	$192,204.20	$88,985.02	46.30%
	Jan 2017 - Mar 2017	$184,026.25	$80,076.54	43.51%
	Apr 2017 - Jun 2017	$158,788.97	$63,811.34	40.19%
	Jul 2017 - Sep 2017	$139,909.34	$46,514.57	33.25%
Aug-14	Feb 2015 - Apr 2015	$169,747.38	$125,703.46	74.05%
	May 2015 - Jul 2015	$121,633.94	$85,770.28	70.52%
	Aug 2015 - Oct 2015	$111,209.22	$81,847.83	73.60%
	Nov 2015 - Jan 2016	$103,508.91	$74,528.70	72.00%
	Feb 2016 - Apr 2016	$96,659.74	$66,890.83	69.20%
	May 2016 - Jul 2016	$104,342.04	$54,352.13	52.09%
	Aug 2016 - Oct 2016	$86,001.37	$39,415.69	45.83%
	Nov 2016 - Jan 2017	$101,292.22	$48,516.99	47.90%
	Feb 2017 - Apr 2017	$95,659.36	$43,783.79	45.77%
	May 2017 - Jul 2017	$78,635.14	$31,619.33	40.21%

Chart 3 continued on page 6

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

Chart 3 continued from page 5

Chart 3: Quarterly Collection				
Enrollment Month	**Quarterly Pay Cycles**	**Amount Owed**	**Amount Collected**	**Percentage Collected**
Sep-14	Mar 2015 - May 2015	$212,492.10	$143,820.86	67.68%
	Jun 2015 - Aug 2015	$147,565.83	$99,398.28	67.36%
	Sep 2015 - Nov 2015	$150,261.79	$100,891.90	67.14%
	Dec 2015 - Feb 2016	$120,875.14	$80,222.69	66.37%
	Mar 2016 - May 2016	$135,863.54	$82,394.20	60.64%
	Jun 2016 - Aug 2016	$96,888.71	$37,963.02	39.18%
	Sep 2016 - Nov 2016	$112,749.92	$50,245.89	44.56%
	Dec 2016 - Feb 2017	$111,910.74	$50,010.71	44.69%
	Mar 2017 - May 2017	$104,567.44	$42,939.99	41.06%
	Jun 2017 - Aug 2017	$87,176.69	$30,996.49	35.56%
Oct-14	Apr 2015 - Jun 2015	$173,770.65	$116,898.96	67.27%
	Jul 2015 - Sep 2015	$125,480.34	$86,960.70	69.30%
	Oct 2015 - Dec 2015	$124,617.14	$85,894.30	68.93%
	Jan 2016 - Mar 2016	$119,216.27	$81,119.64	68.04%
	Apr 2016 - Jun 2016	$135,696.41	$76,822.58	56.61%
	Jul 2016 - Sep 2016	$100,040.16	$39,124.15	39.11%
	Oct 2016 - Dec 2016	$115,886.77	$51,585.89	44.51%
	Jan 2017 - Mar 2017	$113,310.59	$48,899.34	43.16%
	Apr 2017 - Jun 2017	$96,504.96	$37,731.12	39.10%
	Jul 2017 - Sep 2017	$80,901.21	$25,244.18	31.20%
Nov-14	May 2015 - Jul 2015	$194,586.71	$130,037.73	66.83%
	Aug 2015 - Oct 2015	$125,970.45	$85,775.68	68.09%
	Nov 2015 - Jan 2016	$132,759.68	$93,323.31	70.29%
	Feb 2016 - Apr 2016	$133,700.58	$89,267.47	66.77%
	May 2016 - Jul 2016	$154,582.52	$72,595.67	46.96%
	Aug 2016 - Oct 2016	$117,764.49	$44,805.07	38.05%
	Nov 2016 - Jan 2017	$138,840.86	$57,926.84	41.72%
	Feb 2017 - Apr 2017	$133,788.38	$52,516.61	39.25%
	May 2017 - Jul 2017	$113,621.61	$39,719.88	34.96%

Chart 3 continued on page 7

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

Chart 3 continued from page 6

Chart 3: Quarterly Collection				
Enrollment Month	**Quarterly Pay Cycles**	**Amount Owed**	**Amount Collected**	**Percentage Collected**
Dec-14	Jun 2015 - Aug 2015	$105,081.89	$72,580.09	69.07%
	Sep 2015 - Nov 2015	$81,661.22	$58,424.48	71.54%
	Dec 2015 - Feb 2016	$67,280.11	$48,807.44	72.54%
	Mar 2016 - May 2016	$80,038.48	$53,021.34	66.24%
	Jun 2016 - Aug 2016	$67,885.21	$26,969.08	39.73%
	Sep 2016 - Nov 2016	$71,446.39	$29,727.68	41.61%
	Dec 2016 - Feb 2017	$69,832.73	$29,246.64	41.88%
	Mar 2017 - May 2017	$69,324.72	$27,704.29	39.96%
	Jun 2017 - Aug 2017	$58,107.68	$19,598.65	33.73%
Jan-15	Jul 2015 - Sep 2015	$211,198.27	$152,136.01	72.03%
	Oct 2015 - Dec 2015	$170,184.60	$120,683.32	70.91%
	Jan 2016 - Mar 2016	$166,207.81	$119,395.03	71.83%
	Apr 2016 - Jun 2016	$191,439.71	$115,711.58	60.44%
	Jul 2016 - Sep 2016	$156,859.23	$65,993.24	42.07%
	Oct 2016 - Dec 2016	$163,319.30	$73,569.17	45.05%
	Jan 2017 - Mar 2017	$165,443.86	$73,709.08	44.55%
	Apr 2017 - Jun 2017	$144,435.65	$60,341.37	41.78%
	Jul 2017 - Sep 2017	$125,885.88	$43,321.56	34.41%
Feb-15	Aug 2015 - Oct 2015	$206,042.02	$145,682.31	70.71%
	Nov 2015 - Jan 2016	$132,666.64	$97,370.43	73.39%
	Feb 2016 - Apr 2016	$147,402.63	$108,737.11	73.77%
	May 2016 - Jul 2016	$191,155.58	$102,342.00	53.54%
	Aug 2016 - Oct 2016	$153,168.04	$68,442.30	44.68%
	Nov 2016 - Jan 2017	$153,633.16	$70,683.88	46.01%
	Feb 2017 - Apr 2017	$153,655.76	$70,848.13	46.11%
	May 2017 - Jul 2017	$136,887.30	$56,925.47	41.59%

Chart 3 continued on page 8

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

Chart 3 continued from page 7

Chart 3: Quarterly Collection				
Enrollment Month	**Quarterly Pay Cycles**	**Amount Owed**	**Amount Collected**	**Percentage Collected**
Mar-15	Sep 2015 - Nov 2015	$221,483.67	$147,670.10	66.67%
	Dec 2015 - Feb 2016	$100,513.55	$69,892.68	69.54%
	Mar 2016 - May 2016	$109,991.17	$77,140.48	70.13%
	Jun 2016 - Aug 2016	$125,593.94	$61,400.01	48.89%
	Sep 2016 - Nov 2016	$130,232.49	$62,165.28	47.73%
	Dec 2016 - Feb 2017	$115,293.71	$53,078.18	46.04%
	Mar 2017 - May 2017	$116,796.82	$52,071.27	44.58%
	Jun 2017 - Aug 2017	$107,877.22	$42,061.20	38.99%
Apr-15	Oct 2015 - Dec 2015	$276,220.26	$181,154.41	65.58%
	Jan 2016 - Mar 2016	$137,529.87	$96,818.40	70.40%
	Apr 2016 - Jun 2016	$172,102.70	$110,706.42	64.33%
	Jul 2016 - Sep 2016	$149,804.56	$75,896.35	50.66%
	Oct 2016 - Dec 2016	$157,347.64	$75,863.82	48.21%
	Jan 2017 - Mar 2017	$145,102.46	$68,066.33	46.91%
	Apr 2017 - Jun 2017	$138,694.12	$62,670.85	45.19%
	Jul 2017 - Sep 2017	$125,569.08	$45,951.74	36.59%
May-15	Nov 2015 - Jan 2016	$189,970.60	$127,229.06	66.97%
	Feb 2016 - Apr 2016	$125,155.36	$91,466.83	73.08%
	May 2016 - Jul 2016	$167,321.54	$99,365.68	59.39%
	Aug 2016 - Oct 2016	$144,820.73	$75,793.01	52.34%
	Nov 2016 - Jan 2017	$141,883.64	$70,260.42	49.52%
	Feb 2017 - Apr 2017	$121,529.11	$59,910.71	49.30%
	May 2017 - Jul 2017	$119,200.97	$54,516.84	45.74%
Jun-15	Dec 2015 - Feb 2016	$159,457.55	$98,101.51	61.52%
	Mar 2016 - May 2016	$106,337.43	$68,526.64	64.44%
	Jun 2016 - Aug 2016	$98,199.97	$47,965.65	48.84%
	Sep 2016 - Nov 2016	$110,907.93	$51,349.25	46.30%
	Dec 2016 - Feb 2017	$100,043.10	$43,275.50	43.26%
	Mar 2017 - May 2017	$89,971.68	$38,038.61	42.28%
	Jun 2017 - Aug 2017	$82,742.54	$32,384.53	39.14%

Chart 3 continued on page 9

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

Chart 3 continued from page 8

Chart 3: Quarterly Collection				
Enrollment Month	**Quarterly Pay Cycles**	**Amount Owed**	**Amount Collected**	**Percentage Collected**
Jul-15	Jan 2016 - Mar 2016	$150,911.98	$99,101.12	65.67%
	Apr 2016 - Jun 2016	$111,114.64	$65,378.41	58.84%
	Jul 2016 - Sep 2016	$94,174.02	$43,753.18	46.46%
	Oct 2016 - Dec 2016	$97,834.17	$43,871.37	44.84%
	Jan 2017 - Mar 2017	$91,530.28	$37,513.83	40.99%
	Apr 2017 - Jun 2017	$78,725.50	$28,672.68	36.42%
	Jul 2017 - Sep 2017	$72,322.13	$23,141.44	32.00%
Aug-15	Feb 2016 - Apr 2016	$157,846.92	$92,727.87	58.75%
	May 2016 - Jul 2016	$112,609.33	$53,644.02	47.64%
	Aug 2016 - Oct 2016	$95,018.71	$42,002.87	44.20%
	Nov 2016 - Jan 2017	$105,459.19	$43,778.88	41.51%
	Feb 2017 - Apr 2017	$94,508.60	$37,262.96	39.43%
	May 2017 - Jul 2017	$78,834.03	$27,900.47	35.39%
Sep-15	Mar 2016 - May 2016	$125,811.37	$72,082.62	57.29%
	Jun 2016 - Aug 2016	$80,401.46	$31,372.16	39.02%
	Sep 2016 - Nov 2016	$74,850.43	$33,980.38	45.40%
	Dec 2016 - Feb 2017	$78,658.26	$32,640.10	41.50%
	Mar 2017 - May 2017	$75,905.56	$29,501.69	38.87%
	Jun 2017 - Aug 2017	$62,834.20	$20,249.87	32.23%
Oct-15	Apr 2016 - Jun 2016	$145,304.11	$53,637.71	36.91%
	Jul 2016 - Sep 2016	$88,701.48	$33,839.44	38.15%
	Oct 2016 - Dec 2016	$96,393.35	$40,476.54	41.99%
	Jan 2017 - Mar 2017	$94,663.48	$37,398.73	39.51%
	Apr 2017 - Jun 2017	$86,460.41	$30,058.10	34.77%
	Jul 2017 - Sep 2017	$69,587.73	$18,448.65	26.51%
Nov-15	May 2016 - Jul 2016	$172,475.41	$61,297.85	35.54%
	Aug 2016 - Oct 2016	$116,450.58	$42,335.47	36.35%
	Nov 2016 - Jan 2017	$129,745.69	$48,526.91	37.40%
	Feb 2017 - Apr 2017	$123,291.93	$42,811.31	34.72%
	May 2017 - Jul 2017	$110,044.64	$32,723.81	29.74%

Chart 3 continued on page 10

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

Chart 3 continued from page 9

Chart 3: Quarterly Collection				
Dec-15	Jun 2016 - Aug 2016	$157,909.63	$59,862.45	37.91%
	Sep 2016 - Nov 2016	$126,858.64	$47,174.67	37.19%
	Dec 2016 - Feb 2017	$129,686.64	$49,390.23	38.08%
	Mar 2017 - May 2017	$134,911.88	$47,356.11	35.10%
	Jun 2017 - Aug 2017	$114,587.53	$33,391.29	29.14%
Jan-16	Jul 2016 - Sep 2016	$204,366.51	$87,357.86	42.75%
	Oct 2016 - Dec 2016	$162,252.96	$67,363.36	41.52%
	Jan 2017 - Mar 2017	$155,890.05	$68,373.03	43.86%
	Apr 2017 - Jun 2017	$146,656.50	$56,952.25	38.83%
	Jul 2017 - Sep 2017	$122,831.02	$37,036.52	30.15%
Feb-16	Aug 2016 - Oct 2016	$276,523.87	$133,561.20	48.30%
	Nov 2016 - Jan 2017	$217,063.30	$101,940.69	46.96%
	Feb 2017 - Apr 2017	$198,773.66	$95,634.45	48.11%
	May 2017 - Jul 2017	$186,550.65	$78,045.91	41.84%
Mar-16	Sep 2016 - Nov 2016	$249,117.06	$105,789.39	42.47%
	Dec 2016 - Feb 2017	$178,514.09	$75,229.65	42.14%
	Mar 2017 - May 2017	$173,795.91	$70,179.98	40.38%
	Jun 2017 - Aug 2017	$162,812.42	$55,358.25	34.00%
Apr-16	Oct 2016 - Dec 2016	$236,838.62	$91,727.18	38.73%
	Jan 2017 - Mar 2017	$184,942.33	$69,908.69	37.8%
	Apr 2017 - Jun 2017	$182,527.35	$63,892.17	35.00%
	Jul 2017 - Sep 2017	$160,354.00	$43,347.55	27.03%
May-16	Nov 2016 - Jan 2017	$241,058.61	$90,466.91	37.53%
	Feb 2017 - Apr 2017	$185,691.58	$65,287.82	35.16%
	May 2017 - Jul 2017	$175,559.77	$54,182.63	30.86%
Jun-16	Dec 2016 - Feb 2017	$148,196.16	$59,501.76	40.15%
	Mar 2017 - May 2017	$124,403.31	$44,025.90	35.39%
	Jun 2017 - Aug 2017	$113,712.59	$36,475.02	32.08%
Jul-16	Jan 2017 - Mar 2017	$173,282.57	$63,097.91	36.41%
	Apr 2017 - Jun 2017	$149,284.73	$46,633.18	31.24%
	Jul 2017 - Sep 2017	$133,211.26	$31,033.24	23.30%
Aug-16	Feb 2017 - Apr 2017	$188,745.01	$68,580.69	36.34%
	May 2017 - Jul 2017	$162,092.33	$49,624.75	30.62%

Chart 3 continued on page 11

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

Chart 3 continued from page 10

Chart 3: Quarterly Collection				
Sep-16	Mar 2017 - May 2017	$165,049.60	$58,052.25	35.17%
	Jun 2017 - Aug 2017	$127,099.35	$34,827.76	27.40%
Oct-16	Apr 2017 - Jun 2017	$210,758.19	$64,721.64	30.71%
	Jul 2017 - Sep 2017	$162,874.38	$33,217.35	20.39%
Nov-16	May 2017 - Jul 2017	$181,075.06	$50,249.04	27.75%
Dec-16	Jun 2017 - Aug 2017	$172,268.53	$41,644.20	24.17%
Jan-17	Jul 2017 - Sep 2017	$236,027.59	$58,666.80	24.86%

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			
	Apr-17	**May-17**	**Jun-17**
Percent Paid Online	31.57%	33.42%	31.05%
Percent Paid by Mail	68.43%	66.57%	68.95%

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

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 2017 and the cumulative total for the program from October 2014 through June 2017.

Chart 5A: Adjustment Activities

	Apr-17		May-17		Jun-17	
	#	Total $	#	Total $	#	Total $
Beneficiary is under age 21	549	$35,077.00	549	$35,206.00	525	$32,579.00
Pregnancy	220	$5,964.21	220	$5,556.73	240	$5,572.29
Hospice	0	$0.00	0	$0.00	0	$0.00
Native American	17	$1,706.00	13	$1,518.00	20	$2,099.33
Five Percent Cost Share Limit Met	39,642	$365,281.82	31,208	$295,153.55	36,258	$374,332.12
FPL No longer >100% - Contribution	6	$50.00	3	$16.21	4	$59.00
TOTAL	**40,434**	**$408,079.03**	**31,993**	**$337,450.49**	**37,047**	**$414,641.74**
	Apr-17 to Jun-17		**Calendar YTD**		**Program YTD**	
	#	Total $	#	Total $	#	Total $
Beneficiary is under age 21	1,623	$102,862.00	4,011	$250,648.00	16,483	$925,518.29
Pregnancy	680	$17,093.23	1,410	$34,524.73	8,060	$192,907.79
Hospice	0	$0.00	0	$0.00	0	$0.00
Native American	50	$5,323.33	120	$11,503.33	750	$47,635.17
Five Percent Cost Share Limit Met	107,108	$1,034,767.49	212,688	$2,205,452.32	856,837	$9,904,964.94
FPL No longer >100% - Contribution	13	$125.21	27	$323.76	281	$10,373.13
TOTAL	**109,474**	**$1,160,171.26**	**218,256**	**$2,502,452.14**	**882,411**	**$11,081,399.32**

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

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 2017 and the cumulative total for the program from October 2014 through June 2017.

Chart 5B: Healthy Behaviors

	Apr-17		May-17		Jun-17	
	#	Total $	#	Total $	#	Total $
Co-pay	976	$4,568.00	827	$3,649.10	832	$3,616.50
Contribution	1,424	$50,089.00	1,402	$49,585.00	1,298	$45,276.50
Gift Cards	2,741	n/a	2,556	n/a	2,529	n/a
TOTAL	**5,141**	**$54,657.00**	**4,785**	**$53,234.10**	**4,659**	**$48,893.00**
	Apr 17 to Jun-17		**Calendar YTD**		**Program YTD**	
	#	Total $	#	Total $	#	Total $
Co-pay	2,635	$11,833.60	5,324	$25,309.23	33,339	$193,764.00
Contribution	4,124	$144,950.50	8,670	$300,221.38	65,228	$2,136,167.77
Gift Cards	7,826	n/a	15,973	n/a	114,406	n/a
TOTAL	**14,585**	**$156,784.10**	**29,967**	**$325,530.61**	**212,973**	**$2,329,931.77**

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

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
Apr-17	44,574	$392,497
May-17	34,028	$291,552
Jun-17	38,750	$338,400
Calendar YTD	**232,342**	**$2,034,673**
Program Total	**489,658**	**$4,263,855**

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

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
Apr-17	166,489	68,592
May-17	171,741	70,281
Jun-17	188,296	72,803

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	$1,060,053.98	$992,787.91	$931,252.48	$896,107.46	$11,038,007.02	**$14,918,208.85**
Number of Beneficiaries That Owe	82,292	76,840	71,676	68,166	182,795	**224,029**

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

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	3,832	$404,921.47
Jul-17	68,201	$10,049,454.41	6,383	$681,555.08
Calendar YTD	**68,201**	**$10,049,454.41**	**6,383**	**$681,555.08**
Program Total	**115,554**	**$15,747,377.74**	**13,196**	**$1,165,146.57**

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
Nov-16	31,932	$3,946,091.28

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: SEPTEMBER 2017

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	Collected by Taxes		Collected by Lottery		Total Garnishments Collected	
	#	Total	#	Total	#	Total
2016	2,151	$207,873.10	7	$485.67	**2,158**	**$208,358.77**
2017	19,319	$2,177,122.52	58	$6,664.33	**19,377**	**$2,183,786.85**
Calendar YTD	**19,319**	**$2,177,122.52**	**58**	**$6,664.33**	**19,377**	**$2,183,786.85**
Program Total	**21,470**	**$2,384,995.62**	**65**	**$7,150.00**	**21,535**	**$2,392,145.62**