



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

March 21, 2024

Keri Toback  
Division of Program Operations – East Branch  
Medicaid & CHIP Operations Group  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519

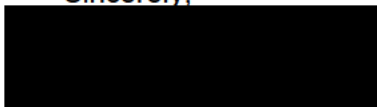
Dear Ms. Toback,

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

Enclosed is the annual report for the Healthy Michigan Plan. It covers calendar year 2023. 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 e-mail at [colemanj@michigan.gov](mailto:colemanj@michigan.gov).

Sincerely,



Keith White, Director  
Actuarial Division

cc: Christine Davidson  
Stephen Esquivel-Pickett  
Kamia Rathore  
April Wiley  
SiQing Xu

Enclosure (4)

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report  
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**1. Title page for the state’s eligibility and coverage policies demonstration or eligibility and coverage policies components of the broader demonstration**

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

## **2. Executive summary**

On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the FPL. To accompany this expansion, the Michigan “Adult Benefits Waiver” was amended and transformed to establish the HMP, through which the state intended to test innovative approaches to beneficiary cost sharing and financial responsibility for care for the new adult eligibility group, which was authorized under section 1902(a)(10)(A)(i)(VIII) of the Act (the “adult group”). Beneficiaries receiving coverage under the sunset ABW program transitioned to the state plan and the Healthy Michigan Plan on April 1, 2014.

HMP beneficiaries receive a full health care benefit package as required under the Affordable Care Act, which includes all of the Essential Health Benefits and the requirements for an alternative benefit plan, as required by federal law and regulation, and there are no limits on the number of individuals who can enroll. Individuals in the new adult population with incomes above 100 percent of the FPL are required to make contributions equal to two percent of their family income toward the cost of their health care. In addition, all newly eligible adults with income from 0 to 133 percent of the FPL are required to pay copayments through an account operated in coordination with the Medicaid Health Plan (MHP). A MI Health Account was established for each enrolled individual to track beneficiaries’ contributions and how they were expended. Beneficiaries receive quarterly statements that summarized the MI Health Account funds balance and flows of funds into and out of the account, and the use of funds for health care service copayments. Beneficiaries have opportunities to reduce their regular monthly contributions or average utilization based contributions by demonstrating achievement of recommended Healthy Behaviors.

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

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

## **3. Operational Updates**

The Michigan Department of Health and Human Services (MDHHS) regularly meets with Medicaid Health Plans and provider groups to address operational issues, programmatic issues, and policy updates and clarifications. Additionally, MDHHS provides updates to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings. Overall enrollment in the Healthy Michigan Plan

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demonstration this year decreased. This is attributable to the rescission of the department’s suspension on certain Medicaid renewals and case closures. The department had suspended most Medicaid renewals and case closures due to the COVID-19 public health emergency. The MDHHS resumed Medicaid renewals for all programs beginning with June 2023 renewals.

**4. Performance Metrics**

*Enrollment*

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 table shows demonstration enrollment activity. Total enrollment includes the unduplicated number of beneficiaries enrolled in the demonstration at any time during the quarter. New Enrollment includes members that began a new enrollment spell during the quarter and have not had Medicaid coverage within the prior 3 months. Disenrollment for a reporting month contains individuals with program enrollment in the prior reporting month that do not have program enrollment for the current reporting month. Re-enrollments include individuals who have disenrolled and re-enrolled in the demonstration. Individuals under the re-enrollment category also include individuals that may have previously been enrolled in other Medicaid programs.

<b>Table 1: HMP Enrollment Activity</b>				
	October 2023	November 2023	December 2023	CY 2023
Total Enrollment	1,015,983	979,773	948,301	1,260,506
New Enrollment	22,366	25,102	23,497	197,747
Re-enrollment	25,562	28,608	27,154	165,441
Disenrollment	58,443	64,818	58,626	311,129

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The following table demonstrates demographic characteristics of enrolled beneficiaries:

<b>Table 2 : HMP Enrollment by Subgroup</b>				
Subgroup	October 2023	November 2023	December 2023	CY 2023
<b>Income Group</b>				
< 50% FPL	586,164	565,841	547,830	712,583
50-100% FPL	206,919	202,385	198,524	260,770
> 100% FPL	222,900	211,547	201,947	287,153
<b>Age</b>				
19-26	214,477	206,741	200,924	296,823
27-35	257,414	247,814	238,987	344,044
36-45	205,831	198,820	192,990	271,915
46-55	175,704	169,947	165,010	225,674
56-64	162,557	156,451	150,390	122,050
<b>Sex</b>				
Female	479,776	462,171	447,194	611,579
Male	536,207	517,602	501,107	648,927
<b>Race</b>				
White	633,017	610,513	589,666	787,237
Black or African American	254,644	244,699	237,522	313,142
Asian	7,229	7,097	6,807	8,923
American Indian or Alaskan Native	15,974	15,389	14,830	19,928
Other	1,377	1,338	1,287	1,702
Unknown	103,742	100,737	98,189	129,574
<b>Ethnicity</b>				
Hispanic	67,598	64,877	62,544	85,430
Non-Hispanic	948,112	914,638	885,511	1,174,727
Unknown	273	258	246	349
<b>Specific Eligibility Groups</b>				
New Adult Group	951,678	919,059	890,076	1,156,949
Not New Parent/Caretaker Relatives	2	4	3	5
Not New Disabled Person Non-Institutionalized	22,209	20,178	18,789	38,126
Not New Disabled Person Institutionalized	250	244	237	521
Not New Children Age 19 to 20	41,844	40,288	39,196	64,905
<b>Total</b>	<b>1,015,983</b>	<b>979,773</b>	<b>948,301</b>	<b>1,260,506</b>

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Table 3 represents the number of beneficiaries in the demonstration who began a new enrollment spell during the quarter and have not had Medicaid coverage within the prior 3 months.

<b>Table 3: New HMP Enrollment by Subgroup</b>				
Subgroup	October 2023	November 2023	December 2023	CY 2023
<b>Income Group</b>				
< 50% FPL	11,090	12,830	12,170	104,581
50-100% FPL	5,640	6,097	5,731	48,261
> 100% FPL	5,636	6,175	5,596	44,905
<b>Age</b>				
19-26	7,765	8,399	7,726	64,474
27-35	5,204	5,549	5,567	47,856
36-45	4,591	4,562	4,356	38,526
46-55	2,833	3,256	3,039	26,076
56-64	1,973	3,336	2,809	20,818
<b>Sex</b>				
Female	13,052	14,037	12,614	106,915
Male	9,314	11,065	10,883	90,832
<b>Race</b>				
White	13,745	15,551	14,435	121,599
Black or African American	5,533	5,528	5,192	45,321
Asian	149	237	230	1,383
American Indian or Alaskan Native	339	397	358	3,123
Other	39	43	25	295
Unknown	2,561	3,346	3,257	26,026
<b>Ethnicity</b>				
Hispanic	1,960	1,834	1,725	17,589
Non-Hispanic	20,399	23,261	21,769	180,087
Unknown	7	6	3	69
<b>Specific Eligibility Groups</b>				
New Adult Group	19,309	21,884	20,659	174,910
Not New Parent/Caretaker Relatives	0	2	0	4
Not New Disabled Person Non-Institutionalized	696	847	768	5,247
Not New Disabled Person Institutionalized	19	15	15	78
Not New Children Age 19 to 20	2,342	2,354	2,055	17,508
<b>Total</b>	<b>22,366</b>	<b>25,102</b>	<b>23,497</b>	<b>197,747</b>

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The following table show the total number of beneficiaries enrolled in the demonstration who were due for renewal during the quarter. It should be noted that resumed Medicaid renewals for all programs beginning with June 2023 renewals.

<b>Table 4: HMP Renewals by Subgroup</b>				
Subgroup	October 2023	November 2023	December 2023	CY 2023
<b>Income Group</b>				
< 50% FPL	63,385	60,291	58,115	495,987
50-100% FPL	20,702	19,392	18,403	172,171
> 100% FPL	24,915	23,126	21,360	186,572
<b>Age</b>				
19-26	21,947	19,849	20,471	184,445
27-35	27,258	27,745	25,565	218,778
36-45	21,556	19,989	19,657	171,599
46-55	19,002	17,045	16,732	145,457
56-64	19,239	18,181	15,453	134,451
<b>Sex</b>				
Female	52,476	47,316	44,367	405,020
Male	56,526	55,493	53,511	449,710
<b>Race</b>				
White	68,882	66,067	61,314	532,191
Black or African American	26,486	22,486	24,240	216,574
Asian	1,011	1,171	675	6,091
American Indian or Alaskan Native	1,768	1,580	1,581	13,618
Other	141	135	140	1,146
Unknown	10,714	11,370	9,928	85,110
<b>Ethnicity</b>				
Hispanic	6,322	5,931	6,421	55,462
Non-Hispanic	102,648	96,856	91,433	799,056
Unknown	32	22	24	214
<b>Specific Eligibility Groups</b>				
New Adult Group	101,817	96,696	91,709	799,110
Not New Parent/Caretaker Relatives	0	0	0	1
Not New Disabled Person Non-Institutionalized	2,662	2,162	2,093	18,690
Not New Disabled Person Institutionalized	22	17	25	196
Not New Children Age 19 to 20	4,501	3,934	4,051	36,733
<b>Total</b>	<b>109,002</b>	<b>102,809</b>	<b>97,878</b>	<b>854,730</b>

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*Cost Sharing Limits*

Table 5 contains the monthly count of beneficiaries who reached the 5% of income limit on cost sharing and premiums during the month. The cost sharing limits metric this quarter was consistent with previous reports. Typically, the state sees a larger number of beneficiaries reach their cost sharing limit in the first month of the quarter than the subsequent months.

<b>Table 5: HMP Cost Sharing Limit by Subgroup</b>				
Subgroup	October 2023	November 2023	December 2023	CY 2023
<b>Income Group</b>				
< 50% FPL	190,701	71,511	62,264	867,651
50-100% FPL	23,133	14,117	13,570	167,840
> 100% FPL	28,814	16,881	15,342	182,142
<b>Age</b>				
19-26	55,083	23,756	20,613	276,287
27-35	58,401	27,011	24,835	284,334
36-45	45,124	19,145	17,077	233,036
46-55	45,680	16,495	14,640	214,839
56-64	38,360	16,102	14,011	189,077
<b>Sex</b>				
Female	111,088	45,373	39,596	558,809
Male	131,560	57,136	51,580	658,824
<b>Race</b>				
White	144,235	61,427	55,474	734,836
Black or African American	67,995	27,173	22,517	330,220
Asian	1,456	830	899	7,824
American Indian or Alaskan Native	3,297	1,691	1,496	18,239
Other	323	129	122	1,585
Unknown	25,342	11,259	10,668	124,929
<b>Ethnicity</b>				
Hispanic	16,066	6,662	5,912	78,513
Non-Hispanic	226,519	95,825	85,238	1,138,837
Unknown	63	22	26	285
<b>Specific Eligibility Groups</b>				
New Adult Group	222,061	94,087	84,406	1,122,102
Not New Parent/Caretaker Relatives	1	2	0	4
Not New Disabled Person Non-Institutionalized	6,831	2,920	2,323	30,476
Not New Disabled Person Institutionalized	70	35	35	346
Not New Children Age 19 to 20	13,685	5,465	4,412	64,708
<b>Total</b>	<b>242,648</b>	<b>102,509</b>	<b>91,176</b>	<b>1,217,633</b>



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*Access to Care*

The reported access to care metrics showed similar active provider participation as the previous quarter. Table 6 shows the number of primary care and specialty providers enrolled to deliver Medicaid services at the end of the quarter. Active provider participation is defined as providers enrolled to deliver Medicaid services with service claims for 3 or more HMP beneficiaries during the quarter.

<b>Table 6: HMP Access to Care</b>			
Provider Type	Period	Availability	Active Participation
Primary Care	October 2023 – December 2023	61,142	18,339
	CY 2023	61,156	29,176
Specialty	October 2023 – December 2023	97,271	45,173
	CY 2023	97,285	69,464

*Quality of Care and Health Outcomes*

The following Quality of Care and Health Outcomes metrics reflect calendar year 2022 data. The state will review data trends on an annual basis as described in the technical specifications.

HMP population data on Medical Assistance with Smoking and Tobacco Use Cessation is illustrated in Table 7. This metric saw an increase from 2021 to 2022. This metric consists of the following components: advising smokers and tobacco users to quit, discussing cessation medications, and discussing cessation strategies.

<b>Table 7: Medical Assistance with Smoking and Tobacco Use Cessation</b>			
Subgroup	Denominator	Numerator	Rate
<b>Income Group</b>			
< 50% FPL	96,871	41,798	43.15
50-100% FPL	29,570	13,104	44.32
> 100% FPL	31,707	14,235	44.90
<b>Age</b>			
19-26	18,155	5,288	29.13
27-35	35,335	13,031	36.88
36-45	38,844	17,180	44.23
46-55	37,795	19,173	50.73
56-64	28,019	14,465	51.63
<b>Gender</b>			
Female	74,852	34,768	46.45
Male	83,296	34,369	41.26

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Race			
White	104,544	48,191	46.10
Black or African American	36,436	13,895	38.14
Asian	1,085	505	46.54
American Indian or Alaskan Native	2,896	1,158	39.99
Other	4,978	1,915	38.47
Unknown	8,209	3,473	42.31
<b>Total</b>	<b>158,148</b>	<b>69,137</b>	<b>43.72</b>

The percentage of Emergency Department (ED) visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD in shown in Table 8. Two rates are reported including follow up within 7 and 30 days of the ED visit. These measures saw an increase from 2021 to 2022.

Subgroup	Follow-up within 7 days			Follow-up within 30 days		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
<b>Income Group</b>						
< 50% FPL	12,252	3,414	27.86	12,252	5,262	42.94
50-100% FPL	1,573	390	24.79	1,573	638	40.56
> 100% FPL	1,084	284	26.20	1,084	435	40.13
<b>Age</b>						
19-26	1,825	393	21.53	1,825	1,825	623
27-35	4,587	1,293	28.19	4,587	4,587	1,988
36-45	4,247	1,246	29.34	4,247	4,247	1,961
46-55	2,723	774	28.42	2,723	2,723	1,186
56-64	1,527	382	25.02	1,527	577	37.78
<b>Sex</b>						
Female	4,116	1,157	28.11	4,116	1,802	43.78
Male	10,793	2,931	27.16	10,793	4,533	42.00
<b>Race</b>						
White	9,702	2,931	30.21	9,702	4,547	46.87
Black or African American	3,235	663	20.49	3,235	1,016	31.41
Asian	39	11	28.21	39	17	43.59
American Indian or Alaskan Native	378	111	29.37	378	164	43.39
Other	628	155	24.68	628	246	39.17
Unknown	927	217	23.41	927	345	37.22
<b>Total</b>	<b>14,909</b>	<b>4,088</b>	<b>27.42</b>	<b>14,909</b>	<b>6,335</b>	<b>42.49</b>

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The percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness is shown in Table 9. Two rates are reported including the percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 and 30 days of the ED visit. This measure decreased from 2021 to 2022.

<b>Table 9: Follow-Up After Emergency Department Visit for Mental Illness</b>						
	Follow-up within 7 days			Follow-up within 30 days		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
<b>Income Group</b>						
< 50% FPL	5,775	2,017	36.48	5,775	2,836	49.10
50-100% FPL	894	343	38.37	894	488	54.59
> 100% FPL	716	315	43.99	716	415	57.96
<b>Age</b>						
19-26	1,964	826	42.06	1,964	1,964	1,101
27-35	2,418	866	35.81	2,418	2,418	1,210
36-45	1,668	552	33.09	1,668	1,668	790
46-55	940	311	33.09	940	940	473
56-64	395	120	30.38	395	395	165
<b>Sex</b>						
Female	2,838	1,171	41.26	2,838	1,610	56.73
Male	4,547	1,504	33.08	4,547	2,129	46.82
<b>Race</b>						
White	4,320	1,742	40.32	4,320	2,370	54.86
Black or African American	2,099	592	28.20	2,099	895	42.64
Asian	40	16	40.00	40	19	47.50
American Indian or Alaskan Native	188	80	42.55	188	103	54.79
Other	326	115	35.27	326	169	51.84
Unknown	412	130	31.55	412	183	44.42
<b>Total</b>	<b>7,385</b>	<b>2,675</b>	<b>36.22</b>	<b>7,385</b>	<b>3,739</b>	<b>50.63</b>

The percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the Initiation of AOD Treatment and Engagement of AOD Treatment is shown in tables 10 – 13. The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.

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<b>Table 10: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment</b>						
<b>Alcohol abuse or dependence</b>						
	Initiation of AOD Treatment			Engagement of AOD Treatment.		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
<b>Income Group</b>						
< 50% FPL	13,768	5,233	38.00	13,768	1,212	8.80
50-100% FPL	2,748	962	35.01	2,748	266	9.68
> 100% FPL	2,677	931	34.78	2,677	253	9.45
<b>Age</b>						
19-26	1,999	577	28.86	1,999	162	8.10
27-35	4,381	1,579	36.04	4,381	477	10.89
36-45	4,742	1,789	37.73	4,742	512	10.80
46-55	4,840	1,916	39.59	4,840	407	8.41
56-64	3,231	1,265	39.15	3,231	173	5.35
<b>Sex</b>						
Female	6,063	2,096	34.57	6,063	586	9.67
Male	13,130	5,030	38.31	13,130	1,145	8.72
<b>Race</b>						
White	11,121	4,244	38.16	11,121	379	6.55
Black or African American	5,790	2,019	34.87	5,790	51	11.67
Asian	70	22	31.43	70	4	5.71
American Indian or Alaskan Native	437	156	35.70	437	67	9.28
Other	736	253	34.37	736	2	14.29
Unknown	1,039	432	41.58	1,039	109	10.49
<b>Total</b>	<b>19,193</b>	<b>7,126</b>	<b>37.13</b>	<b>19,193</b>	<b>1,731</b>	<b>9.02</b>

<b>Table 11: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment</b>						
<b>Opioid abuse or dependence</b>						
	Initiation of AOD Treatment			Engagement of AOD Treatment.		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
<b>Income Group</b>						
< 50% FPL	4,470	2,418	54.09	4,470	1,393	31.16
50-100% FPL	616	358	58.12	616	195	31.66
> 100% FPL	550	289	52.55	550	185	33.64
<b>Age</b>						
19-26	534	276	51.69	534	157	29.40
27-35	1,889	1,065	56.38	1,889	640	33.88
36-45	1,728	960	55.56	1,728	596	34.49
46-55	970	530	54.64	970	278	28.66
56-64	515	234	45.44	515	102	19.81
<b>Sex</b>						
Female	2,137	1,088	50.91	2,137	623	29.15
Male	3,499	1,977	56.50	3,499	1,150	32.87

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<b>Table 11: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Opioid abuse or dependence Continued</b>						
Subgroup	Initiation of AOD Treatment			Engagement of AOD Treatment.		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
<b>Race</b>						
White	4,175	2,321	55.59	4,175	1,404	33.63
Black or African American	877	428	48.80	877	177	20.18
Asian	11	3	27.27	11	2	18.18
American Indian or Alaskan Native	139	82	58.99	139	56	40.29
Other	205	118	57.56	205	74	36.09
Unknown	229	113	49.34	229	60	26.20
<b>Total</b>	<b>5,636</b>	<b>3,065</b>	<b>54.38</b>	<b>5,636</b>	<b>1,773</b>	<b>31.46</b>

<b>Table 12: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Other drug abuse or dependence</b>						
Subgroup	Initiation of AOD Treatment			Engagement of AOD Treatment		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
<b>Income Group</b>						
< 50% FPL	11,266	3,964	35.18	11,266	921	8.17
50-100% FPL	1,901	622	32.72	1,901	151	7.94
> 100% FPL	1,804	592	32.82	1,804	131	7.26
<b>Age</b>						
19-26	3,229	1,006	31.16	3,229	205	6.35
27-35	4,676	1,622	34.69	4,676	433	9.26
36-45	3,502	1,252	35.75	3,502	323	9.22
46-55	2,488	869	34.93	2,488	168	6.75
56-64	1,076	429	39.87	1,076	74	6.88
<b>Sex</b>						
Female	5,580	1,796	32.19	5,580	392	7.03
Male	9,391	3,382	36.01	9,391	811	8.64
<b>Race</b>						
White	8,830	3,038	34.41	8,830	810	9.17
Black or African American	4,418	1,567	35.47	4,418	262	5.93
Asian	32	13	40.62	32	3	9.38
American Indian or Alaskan Native	365	117	32.05	365	34	9.32
Other	625	199	31.84	625	48	7.68
Unknown	701	244	34.81	701	46	6.56
<b>Total</b>	<b>14,971</b>	<b>5,178</b>	<b>34.59</b>	<b>14,971</b>	<b>1,203</b>	<b>8.04</b>

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<b>Table 13: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Total AOD abuse or dependence</b>						
Subgroup	Initiation of AOD Treatment			Engagement of AOD Treatment		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
<b>Income Group</b>						
< 50% FPL	27,298	10,531	38.57	27,298	3,276	12.00
50-100% FPL	5,007	1,803	36.01	5,007	578	11.54
> 100% FPL	4,775	1,689	35.37	4,775	532	11.14
<b>Age</b>						
19-26	5,406	1,710	31.63	5,406	492	9.10
27-35	10,130	3,873	38.23	10,130	1,433	14.15
36-45	9,234	3,626	39.27	9,234	1,331	14.41
46-55	7,756	3,035	39.13	7,756	803	10.35
56-64	4,554	1,779	39.06	4,554	327	7.18
<b>Sex</b>						
Female	12,911	4,579	35.47	12,911	1,490	11.54
Male	24,169	9,444	39.07	24,169	2,896	11.98
<b>Race</b>						
White	22,494	8,807	39.15	22,494	3,107	13.81
Black or African American	10,322	3,623	35.10	10,322	759	7.35
Asian	106	33	31.13	106	9	8.49
American Indian or Alaskan Native	867	322	37.14	867	125	14.42
Other	1,457	520	35.68	1,457	181	12.42
Unknown	1,834	718	39.15	1,834	205	11.18
<b>Total</b>	<b>37,080</b>	<b>14,023</b>	<b>37.82</b>	<b>37,080</b>	<b>4,386</b>	<b>11.83</b>

The number of inpatient hospital admissions for diabetes short-term complications per 100,000 beneficiary months for beneficiaries age 18 and older is shown in table 14. This measure saw a decrease from 2021 to 2022.

<b>Table 14: Diabetes Short-Term Complications Admission Rate</b>			
Subgroup	Denominator	Numerator	Rate
<b>Income Group</b>			
< 50% FPL	5,512,541	1,213	22.00
50-100% FPL	2,271,823	258	11.36
> 100% FPL	2,007,222	219	10.91
<b>Age</b>			
19-26	2,210,443	359	16.24
27-35	2,487,745	498	20.02
36-45	1,953,252	354	18.12
46-55	1,737,384	343	19.74
56-64	1,402,762	136	9.74
<b>Sex</b>			
Female	4,701,337	632	13.44
Male	5,090,249	1,058	20.78

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<b>Table 14: Diabetes Short-Term Complications Admission Rate Continued</b>			
Subgroup	Denominator	Numerator	Rate
<b>Race</b>			
White	5,739,292	795	13.85
Black or African American	2,498,157	675	27.02
Asian	167,477	3	1.79
American Indian or Alaskan Native	147,373	34	23.07
Other	473,933	61	12.94
Unknown	765,354	122	15.94
<b>Total</b>	<b>9,791,586</b>	<b>1,690</b>	<b>17.26</b>

The number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older is reported in table 15. This measure saw a decrease from 2021 to 2022.

<b>Table 15: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</b>			
Subgroup	Denominator	Numerator	Rate
<b>Income Group</b>			
< 50% FPL	2,354,141	543	23.06
50-100% FPL	1,001,279	132	13.18
> 100% FPL	908,061	114	12.55
<b>Age</b>			
36-45	1,123,335	83	7.39
46-55	1,737,384	255	14.68
56-64	1,402,762	451	32.15
<b>Sex</b>			
Female	2,113,162	420	19.88
Male	2,150,319	369	17.16
<b>Race</b>			
White	2,635,137	490	18.59
Black or African American	979,299	226	23.08
Asian	77,916	5	6.42
American Indian or Alaskan Native	58,452	5	8.55
Other	158,735	6	3.77
Unknown	353,942	57	16.10
<b>Total</b>	<b>4,263,481</b>	<b>789</b>	<b>18.51</b>

The number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older is shown in table 16. This measure saw a decrease from 2021 to 2022.

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<b>Table 16: Heart Failure Admission Rate</b>			
Subgroup	Denominator	Numerator	Rate
<b>Income Group</b>			
< 50% FPL	5,512,541	1,377	24.98
50-100% FPL	2,271,823	220	9.68
> 100% FPL	2,007,222	223	11.11
<b>Age</b>			
19-26	2,210,443	14	0.63
27-35	2,487,745	153	6.15
36-45	1,953,252	310	15.87
46-55	1,737,384	674	38.79
56-64	1,402,762	669	47.69
<b>Sex</b>			
Female	4,701,337	572	12.17
Male	5,090,249	1,248	24.52
<b>Race</b>			
White	5,739,292	734	12.79
Black or African American	2,498,157	891	35.67
Asian	167,477	15	8.96
American Indian or Alaskan Native	147,373	12	8.14
Other	473,933	36	7.59
Unknown	765,354	132	17.25
<b>Total</b>	<b>9,791,586</b>	<b>1,820</b>	<b>18.59</b>

The number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39 is shown in table 17. This measure decreased from 2021 to 2022.

<b>Table 17: Asthma in Younger Adults Admission Rate</b>			
Subgroup	Denominator	Numerator	Rate
<b>Income Group</b>			
< 50% FPL	3,158,400	114	3.60
50-100% FPL	1,270,544	50	3.94
> 100% FPL	1,099,161	21	1.91
<b>Age</b>			
19-26	2,210,443	64	2.90
27-35	2,487,745	89	3.58
36-45	829,917	32	3.86
<b>Sex</b>			
Female	2,588,175	101	3.90
Male	2,939,930	84	2.86
<b>Race</b>			
White	3,104,155	69	2.22
Black or African American	1,518,858	98	6.45
Asian	89,561	0	0.00
American Indian or Alaskan Native	88,921	1	1.12
Other	315,198	6	1.90



<b>Table 17: Asthma in Younger Adults Admission Rate Continued</b>			
Subgroup	Denominator	Numerator	Rate
Race			
Unknown	411,412	11	2.67
Total	5,528,105	185	3.35

*Administrative costs*

The following table shows administrative costs specific to the HMP demonstration. This includes cost of contracts or contract amendments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, premium assistance, and/or retroactive eligibility waivers.

<b>Table 18: HMP Demonstration Administrative Costs</b>	
Previous Demonstration Year CY 2022	Demonstration Year to Date CY 2023
\$12,715,991	\$7,804,211

**5. Budget Neutrality and Financial Reporting Requirements**

CMS has determined that this demonstration is budget neutral based on CMS’s assessment that the waiver authorities granted for the demonstration are unlikely to result in any increase in federal Medicaid expenditures for medical assistance. No expenditure authorities are associated with the demonstration. The state does not expect program changes with financial or budget neutrality impact.

**6. Evaluation Activities and Interim Findings**

The MDHHS has arranged for the University of Michigan’s Institute for Healthcare Policy & Innovation (IHPI) to serve as the Healthy Michigan Plan (HMP) independent evaluator. IHPI has developed a comprehensive plan to address the waiver objectives of the State and the CMS. In accordance with the HMP §1115 Demonstration Waiver Special Terms and Conditions, on December 16, 2019, the State submitted an initial version of IHPI’s evaluation design for the demonstration period ending December 31, 2023. The evaluation design received final approval from CMS on July 15, 2021.

Demonstration evaluation activities for the Healthy Michigan Plan are conducted by an interdisciplinary team of researchers from the IHPI. Below is a summary of the key activities for the CY2023 annual report:

**Objective:** Assessment of beneficiary experiences with HMP coverage and policies through new beneficiary interviews and additional analyses of beneficiary surveys.

Quarter 1: During this quarter, the IHPI evaluation team continued planning for the new beneficiary interviews and continued discussing longitudinal analyses of survey data to be included in the summative evaluation report.

Quarter 2: During this quarter, the IHPI evaluation team continued working on longitudinal analyses of survey data related to the relevant evaluation questions to be included in the summative evaluation report. Per discussions with MDHHS, no additional beneficiary interviews or analyses of beneficiary interviews will be conducted for the summative evaluation report. The IHPI evaluation team found that people were able to reflect and share perspectives on their entire time enrolled in HMP during the first set of interviews conducted, so they were able to gather rich data on all the topics of interest. The complete detailed analyses of those interviews were included in the interim evaluation report.

Quarter 3: Due to legislative action, these activities were not conducted in this quarter. The policies associated with this objective were discontinued as a result of the legislative changes signed into law in July 2023 – therefore all surveys designed to assess these policies were not conducted.

Quarter 4: During this quarter, the IHPI evaluation team continued working on longitudinal analyses of survey data and began additional analyses linking to claims-derived variables. Per discussions with MDHHS, and as noted in the FY23 Q3 report, no additional beneficiary interviews or analyses of beneficiary interviews will be conducted for the summative evaluation report. The IHPI evaluation team found that people were able to reflect and share perspectives on their entire time enrolled in HMP during the first set of interviews conducted, so they were able to gather rich data on all the topics of interest. The complete detailed analyses of those interviews were included in the interim evaluation report.

**Objective:** Describe characteristics, utilization patterns, and payment behaviors of HMP beneficiaries for surveys and utilization analyses.

Quarter 1: During this quarter, the IHPI evaluation team continued planning for the use of administrative claims data in longitudinal survey analyses.

Quarter 2: During this quarter, the IHPI evaluation team began planning for analyses utilizing payment data and communicated with MDHHS about questions pertaining to these analyses.

Quarter 3: During this quarter, the IHPI evaluation team extracted and updated Medicaid enrollment, demographic and administrative claims data through 12/31/2022. Additionally, MCIR immunization data was extracted and linkage to HMP enrollees was verified.

Quarter 4: During this quarter, the IHPI evaluation team used updated enrollment data to (a) designate groups for primary evaluation analyses based on length of continuous HMP-MC enrollment, and (b) create and compare different definitions for groups with non-continuous HMP-MC to be used for sensitivity analyses. The IHPI evaluation team processed updated cost-share information and began analyses.

**Objective:** Assess the impact of HMP on various outcomes through external data sources (credit data, BRFSS, ACS, HCUP, and Medicare cost report data).

Quarter 1: The IHPI evaluation team continued working on credit data analyses.

Quarter 2: The IHPI evaluation team continued working on credit data analyses.

Quarter 3: The IHPI evaluation team began planning for updating analyses using other external data sources (BRFSS, ACS, HCUP, and Medicare cost report data) with the intention of using the most recent data available at the time the analyses are completed for the summative report. Efforts to refine the credit data analyses continued.

Per discussions with MDHHS and CMS, the IHPI evaluation team removed the second credit data purchase and accompanying analyses of additional periods of credit data from planned analyses for the summative report because the PHE continued substantially longer than expected and the credit data available at this point in time will not support the original plan to focus on people who enrolled in HMP during the pandemic and those who were disenrolled after the end of the PHE.

Quarter 4: The IHPI evaluation team conducted analyses using credit data and ACS data are nearly complete and analyses using other external data sources (BRFSS, HCUP, and Medicare cost report data) are underway and include the most recent data available at this time.

**Objective:** Finalize interim evaluation report for CMS and prepare for final evaluation report.

Quarter 1: The IHPI evaluation team began developing timelines for preparing the summative evaluation report.

Quarter 2: The IHPI evaluation team achieved the expected outcome for the interim evaluation report as CMS approved the interim evaluation report in November 2022. The IHPI evaluation team developed a template for the summative evaluation report and disseminated to the evaluation team.

Quarter 3: The IHPI evaluation team continued planning and refining the template for the summative evaluation report.

Quarter 4: No activity this quarter.

## 7. Enclosures/Attachments

- I. Performance Monitoring Report: Healthy Michigan Plan Measures, January 2024
- II. Performance Monitoring Report: MDHHS Dental Measures, January 2024
- III. Healthy Behaviors Incentives Program Report, December 2023

Behavioral and Physical Health and Aging Services  
Bureau of Medicaid Care Management and Customer Service

***PERFORMANCE MONITORING REPORT***

***Healthy Michigan Plan Measures***

**Composite – All Plans**



**January 2024**

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

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## Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State’s Medicaid Health Plans (MHPs) through 37 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 Healthy Michigan Plan (HMP) Measures, MDHHS Dental Measure, CMS Core Set Measures, HEDIS Measures, Managed Care Quality Measures, Maternal Health Measures, and Chronic Conditions Measures. **This report focuses only on the following HMP Measures:**

<b>Healthy Michigan Plan (HMP) Measures</b>				
<i>Adults’ Generic Drug Utilization</i>	<i>Completion of Annual HRA</i>	<i>Outreach &amp; Engagement to Facilitate Entry to PCP</i>	<i>Transition into Consistently Fail to Pay (CFP) Status</i>	<i>Transition out of Consistently Fail to Pay (CFP) Status</i>

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 2024 unless otherwise noted.

Performance Monitoring Report

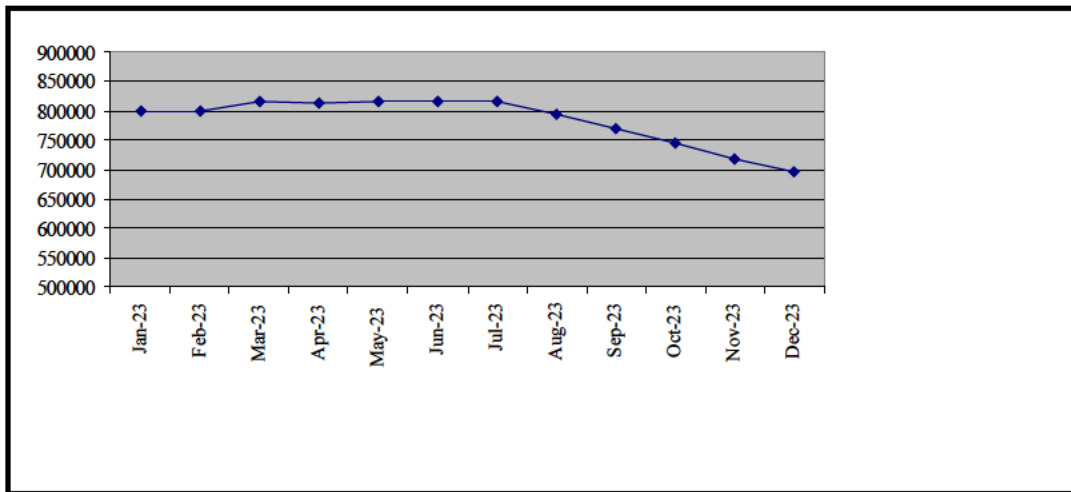
**Table 1: Fiscal Year 2024<sup>1</sup>**

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

**Healthy Michigan Plan Enrollment**

Michigan Medicaid Managed Care (HMP-MC) enrollment has decreased over the past year. In December 2023, enrollment was 696,397, down 103,541 enrollees (12.9%) from January 2023. A decrease of 21,936 enrollees (3.1%) was realized between November 2023 and December 2023.

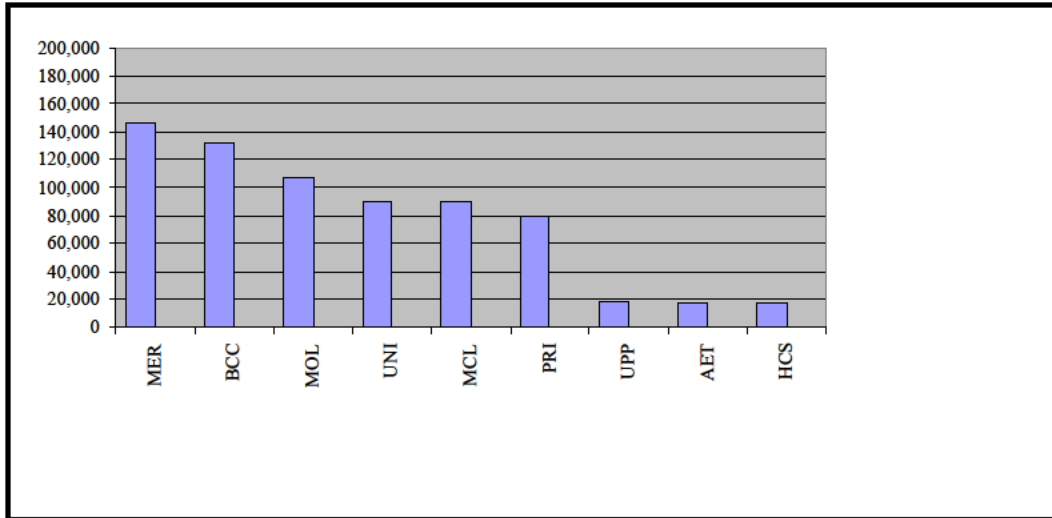
**Figure 1: HMP-MC Enrollment, January 2023 – December 2023**



<sup>1</sup> Results with a denominator less than 9 for the Transition into or out of CFP Status measure do not include those with a result of "N/A".

## Performance Monitoring Report

**Figure 2: HMP-MC Enrollment by Medicaid Health Plan, December 2023**



### Medicaid Health Plan News

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

As of October 1, 2023, HAP Empowered (HAP) has changed their name to HAP CareSource (HCS). All references to HAP in this report should now reflect the new HCS acronym.

### PMR Measures Update

All HMP measures are Informational Only for FY24.

### Cross-Plan Performance Monitoring Analyses

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



**Adults' Generic Drug Utilization**

**Measure**

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

**Standard**

N/A – Informational Only

**Measurement Period**

May 2023 – July 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

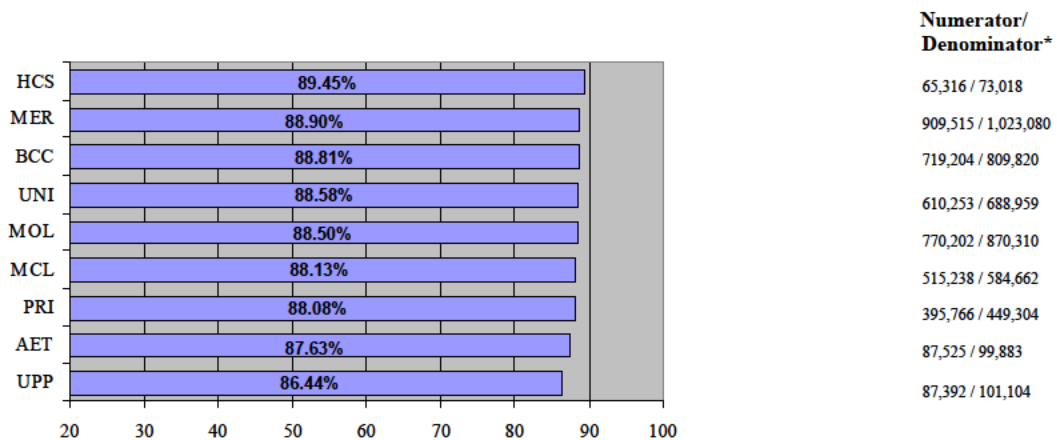
Quarterly

**Summary:** All plans met or exceeded the standard. Results ranged from 86.44% to 89.45%.

**Table 2: Comparison across Medicaid Programs**

Medicaid Program		Denominator	Percentage
Michigan Medicaid All	4,197,462	4,741,991	88.52%
Fee for Service (FFS) only	9,420	10,636	88.57%
Managed Care only	4,170,464	4,711,440	88.52%
MA-MC	1,900,452	2,147,482	88.50%
HMP-MC	2,240,511	2,531,142	88.52%

**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.

**Completion of Annual Health Risk Assessment (HRA)**

**Measure**

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

**Standard**

N/A – Informational Only

**Measurement Period**

July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

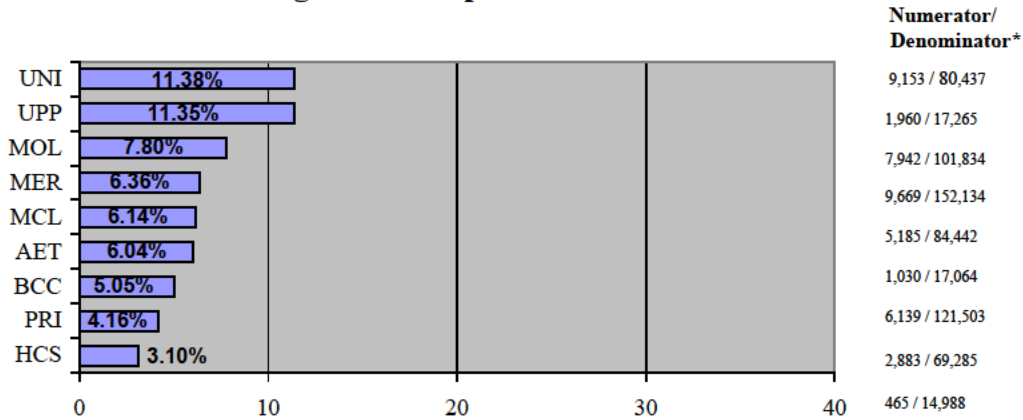
Quarterly

**Summary:** None of the plans met or exceeded the standard, while eight plans. Results ranged from 3.10% to 11.38%.

**Table 3: Program Total**

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	48,292	707,971	6.82%

**Figure 4: Completion of Annual HRA**



**Completion of Annual HRA Percentages**

\*Numerator depicts the number of eligible beneficiaries who completed at least one incentive eligible HRA with an attestation date during the measurement period. Denominator depicts the total number of eligible beneficiaries.

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

**Measure**

The percentage of Healthy Michigan Plan members 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**

N/A – Informational Only

**Enrollment Dates**

December 2022 – April 2023  
 January 2023 – May 2023  
 February 2023 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

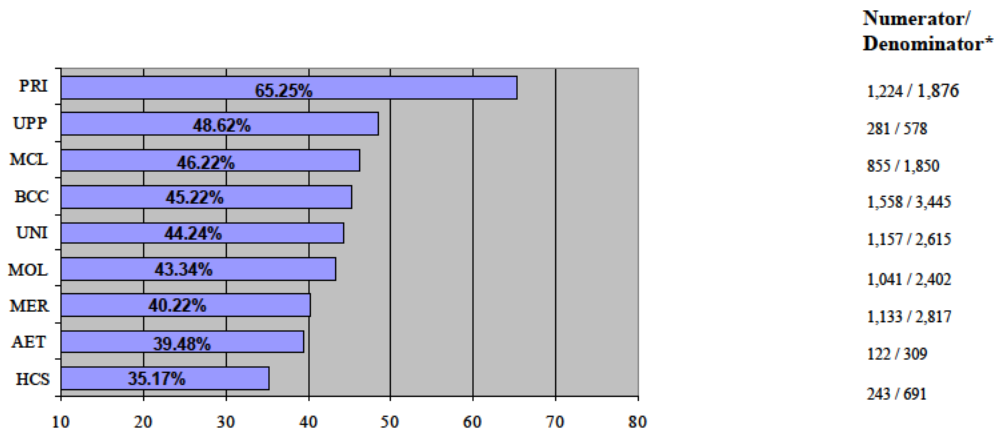
Quarterly

**Summary:** Results ranged from 35.17% to 65.25%.

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

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	9,735	19,334	50.35%

**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.

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

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

**Measure**

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

**Standard**

Income level over 100% FPL – N/A – Informational Only  
 Income level up to 100% FPL – N/A – Informational Only

**Measurement Period**

November 2022 – December 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

Quarterly

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

**Summary:**

In *Cohort 1*, for income levels over 100% FPL results ranged from 4.36% to 7.61%. For income levels up to 100% FPL, results ranged from 2.30% to 3.42%.

In *Cohort 2*, for income levels over 100% FPL, results ranged from 4.64% to 11.65%. For income levels up to 100% FPL, results ranged from 1.64% to 4.44%.

In *Cohort 3*, for income levels over 100% FPL, results ranged from 3.62% to 6.31%. For income levels up to 100% FPL, results ranged from 1.44% to 3.47%.

**Table 5: Transition into CFP Status - Cohort 1**

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	8	113	7.08%	N/A	12	521	2.30%	N/A
BCC	118	2,051	5.75%	N/A	215	7,722	2.78%	N/A
HCS	14	184	7.61%	N/A	23	766	3.00%	N/A
MCL	78	1,548	5.04%	N/A	126	4,843	2.60%	N/A
MER	126	2,795	4.51%	N/A	253	8,967	2.82%	N/A
MOL	62	1,148	5.40%	N/A	142	4,151	3.42%	N/A
PRI	72	1,417	5.08%	N/A	127	4,048	3.14%	N/A
UNI	76	1,434	5.30%	N/A	156	4,570	3.41%	N/A
UPP	19	436	4.36%	N/A	36	1,062	3.39%	N/A

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**Table 6: Transition into CFP Status - Cohort 2**

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	12	103	11.65%	N/A	8	488	1.64%	N/A
BCC	101	1,837	5.50%	N/A	185	6,863	2.70%	N/A
HCS	7	144	4.86%	N/A	17	672	2.53%	N/A
MCL	64	1,379	4.64%	N/A	112	4,532	2.47%	N/A
MER	134	2,442	5.49%	N/A	262	8,251	3.18%	N/A
MOL	70	1,074	6.52%	N/A	178	4,010	4.44%	N/A
PRI	67	1,300	5.15%	N/A	116	3,716	3.12%	N/A
UNI	73	1,304	5.60%	N/A	138	4,227	3.26%	N/A
UPP	26	492	5.28%	N/A	24	970	2.47%	N/A

**Table 7: Transition into CFP Status - Cohort 3**

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	4	93	N/A	N/A	8	554	1.44%	N/A
BCC	88	1,598	5.51%	N/A	187	6,678	2.80%	N/A
HCS	4	124	N/A	N/A	18	649	2.77%	N/A
MCL	48	1,327	3.62%	N/A	116	4,351	2.67%	N/A
MER	104	2,206	4.71%	N/A	211	8,191	2.58%	N/A
MOL	61	1,003	6.08%	N/A	132	3,909	3.38%	N/A
PRI	75	1,188	6.31%	N/A	97	3,650	2.66%	N/A
UNI	69	1,215	5.68%	N/A	141	4,069	3.47%	N/A
UPP	20	386	5.18%	N/A	19	957	1.99%	N/A

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

**Measure**

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

**Standard**

Income level over 100% FPL – N/A – Informational Only  
 Income level up to 100% FPL – N/A – Informational Only

**Measurement Period**

November 2022 – December 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

Quarterly

**Summary:**

In *Cohort 1*, for income levels over 100% FPL, results ranged from 3.16% to 4.87%. For income levels up to 100% FPL, results ranged from 1.05% to 4.18%.

In *Cohort 2*, for income levels over 100% FPL, results ranged from 2.28% to 6.43%. For income levels up to 100% FPL, results ranged from 1.45% to 2.95%.

In *Cohort 3*, for income levels over 100% FPL, results ranged from 2.44% to 5.09%. For income levels up to 100% FPL, results ranged from 1.82% to 4.26%.

**Table 8: Transition out of CFP Status - Cohort 1**

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	8	253	3.16%	N/A	6	467	1.28%	N/A
BCC	105	2,524	4.16%	N/A	150	5,073	2.96%	N/A
HCS	10	288	3.47%	N/A	5	477	1.05%	N/A
MCL	66	1,982	3.33%	N/A	81	3,418	2.37%	N/A
MER	145	3,950	3.67%	N/A	194	6,975	2.78%	N/A
MOL	64	1,827	3.50%	N/A	87	3,408	2.55%	N/A
PRI	58	1,501	3.86%	N/A	72	2,381	3.02%	N/A
UNI	82	1,896	4.32%	N/A	100	3,393	2.95%	N/A
UPP	21	431	4.87%	N/A	29	693	4.18%	N/A

Performance Monitoring Report

**Table 9: Transition out of CFP Status – Cohort 2**

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	3	195	N/A	N/A	6	414	1.45%	N/A
BCC	103	2,537	4.06%	N/A	133	4,753	2.80%	N/A
HCS	6	263	2.28%	N/A	10	500	2.00%	N/A
MCL	75	1,911	3.92%	N/A	82	3,104	2.64%	N/A
MER	132	3,588	3.68%	N/A	168	6,622	2.54%	N/A
MOL	63	1,769	3.56%	N/A	70	3,171	2.21%	N/A
PRI	59	1,511	3.90%	N/A	66	2,423	2.72%	N/A
UNI	74	1,692	4.37%	N/A	92	3,156	2.92%	N/A
UPP	27	420	6.43%	N/A	17	576	2.95%	N/A

**Table 10: Transition out of CFP Status - Cohort 3**

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	7	205	3.41%	N/A	7	385	1.82%	N/A
BCC	103	2,123	4.85%	N/A	172	4,502	3.82%	N/A
HCS	5	205	2.44%	N/A	10	415	2.41%	N/A
MCL	69	1,623	4.25%	N/A	106	2,948	3.60%	N/A
MER	135	3,287	4.11%	N/A	240	6,226	3.85%	N/A
MOL	49	1,657	2.96%	N/A	91	3,156	2.88%	N/A
PRI	65	1,339	4.85%	N/A	73	2,136	3.42%	N/A
UNI	69	1,514	4.56%	N/A	92	2,945	3.12%	N/A
UPP	19	373	5.09%	N/A	24	564	4.26%	N/A

**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
HCS	HAP CareSource
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan



Performance Monitoring Report

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

**Aetna Better Health of Michigan – AET**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 23– Jul 23	Informational Only	87.63 %	N/A

Completion of Annual HRA	Jul 22 – Jun 23	Informational Only	6.04%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Dec 22 – Apr 23 Jan 23 – May 23 Feb 23 – Jun 23	Informational Only	39.48%	N/A
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Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	7.08%	N/A	11.65%	N/A	N/A	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	2.30%	N/A	1.64%	N/A	1.44%	N/A

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

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard Achieved	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.16%	N/A	N/A	N/A	3.41%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	1.28%	N/A	1.45%	N/A	1.82%	N/A

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

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

Performance Monitoring Report

**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	May 23– Jul 23	Informational Only	88.81%	N/A
Completion of Annual HRA	Jul 22 – Jun 23	Informational Only	5.05%	N/A
Outreach/Engagement to Facilitate Entry to Primary Care	Dec 22 – Apr 23 Jan 23 – May 23 Feb 23 – Jun 23	Informational Only	45.22%	N/A

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	5.75%	N/A	5.50%	N/A	5.51%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	2.78%	N/A	2.70%	N/A	2.80%	N/A

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

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard Achieved	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	4.16%	N/A	4.06%	N/A	4.85%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	2.96%	N/A	2.80%	N/A	3.82%	N/A

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

Performance Monitoring Report

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

**HAP CareSource – HCS**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 23– Jul 23	Informational Only	89.45%	N/A
Completion of Annual HRA	Jul 22 – Jun 23	Informational Only	3.10%	N/A
Outreach/Engagement to Facilitate Entry to Primary Care	Dec 22 – Apr 23 Jan 23 – May 23 Feb 23 – Jun 23	Informational Only	35.17%	N/A

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	7.61%	N/A	4.86%	N/A	N/A	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.00%	N/A	2.53%	N/A	2.77%	N/A

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

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard Achieved	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.47%	N/A	2.28%	N/A	2.44%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	1.05%	N/A	2.00%	N/A	2.41%	N/A

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

Performance Monitoring Report

**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	May 23– Jul 23	Informational Only	88.13%	N/A

Completion of Annual HRA	Jul 22 – Jun 23	Informational Only	6.14%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Dec 22 – Apr 23 Jan 23 – May 23 Feb 23 – Jun 23	Informational Only	46.22%	N/A
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Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	5.04%	N/A	4.64%	N/A	3.62%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	2.60%	N/A	2.47%	N/A	2.67%	N/A

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

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard Achieved	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.33%	N/A	3.92%	N/A	4.25%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	2.37%	N/A	2.64%	N/A	3.60%	N/A

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

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

Performance Monitoring Report

**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	May 23– Jul 23	Informational Only	88.90%	N/A
Completion of Annual HRA	Jul 22 – Jun 23	Informational Only	6.36%	N/A
Outreach/Engagement to Facilitate Entry to Primary Care	Dec 22 – Apr 23 Jan 23 – May 23 Feb 23 – Jun 23	Informational Only	40.22%	N/A

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	4.51%	N/A	5.49%	N/A	4.71%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	2.82%	N/A	3.18%	N/A	2.58%	N/A

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

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard Achieved	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.67%	N/A	3.68%	N/A	4.11%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	2.78%	N/A	2.54%	N/A	3.85%	N/A

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

Performance Monitoring Report

**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	May 23– Jul 23	Informational Only	88.50%	N/A

Completion of Annual HRA	Jul 22 – Jun 23	Informational Only	7.80%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Dec 22 – Apr 23 Jan 23 – May 23 Feb 23 – Jun 23	Informational Only	43.34%	N/A
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Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	5.40%	N/A	6.52%	N/A	6.08%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.42%	N/A	4.44%	N/A	3.38%	N/A

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

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard Achieved	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.50%	N/A	3.56%	N/A	2.96%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	2.55%	N/A	2.21%	N/A	2.88%	N/A

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

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

Performance Monitoring Report

**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	May 23– Jul 23	Informational Only	88.08%	N/A

Completion of Annual HRA	Jul 22 – Jun 23	Informational Only	4.16%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Dec 22 – Apr 23 Jan 23 – May 23 Feb 23 – Jun 23	Informational Only	65.25%	N/A
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Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	5.08%	N/A	5.15%	N/A	6.31%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.14%	N/A	3.12%	N/A	2.66%	N/A

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

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard Achieved	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.86%	N/A	3.90%	N/A	4.85%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.02%	N/A	2.72%	N/A	3.42%	N/A

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

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

Performance Monitoring Report

**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	May 23– Jul 23	Informational Only	88.58%	N/A

Completion of Annual HRA	Jul 22 – Jun 23	Informational Only	11.38%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Dec 22 – Apr 23 Jan 23 – May 23 Feb 23 – Jun 23	Informational Only	44.24%	N/A
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Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	5.30%	N/A	5.60%	N/A	5.68%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.41%	N/A	3.26%	N/A	3.47%	N/A

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

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard Achieved	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	4.32%	N/A	4.37%	N/A	4.56%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	2.95%	N/A	2.92%	N/A	3.12%	N/A

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

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



Performance Monitoring Report

**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	May 23– Jul 23	Informational Only	86.44%	N/A
Completion of Annual HRA	Jul 22 – Jun 23	Informational Only	11.35%	N/A
Outreach/Engagement to Facilitate Entry to Primary Care	Dec 22 – Apr 23 Jan 23 – May 23 Feb 23 – Jun 23	Informational Only	48.62%	N/A

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	4.36%	N/A	5.28%	N/A	5.18%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	3.39%	N/A	2.47%	N/A	1.99%	N/A

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

Transition out of CFP Status: [Nov 22 – Dec 23]						
Standard Achieved	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	4.87%	N/A	6.43%	N/A	5.09%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
Informational Only	4.18%	N/A	2.95%	N/A	4.26%	N/A

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

Behavioral and Physical Health and Aging Services  
Bureau of Medicaid Care Management and Customer Service

***PERFORMANCE MONITORING REPORT***

***MDHHS Dental Measures***

**Composite – All Plans**



**January 2024**

**Revised February 21, 2024**

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

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## Performance Monitoring Report

### Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through 37 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 Healthy Michigan Plan (HMP) Measures, MDHHS Dental Measure, CMS Core Set Measures, HEDIS Measures, Managed Care Quality Measures, Maternal Health Measures, and Chronic Conditions Measures. **This report focuses only on the following MDHHS Dental Measures:**

<b>MDHHS Dental Measures</b>		
<i>Diagnostic Dental Services</i>	<i>Preventive Dental Services</i>	<i>Restorative (Dental Filings) Dental Services</i>
<i>Comprehensive Diabetes Care: Diagnostic Dental Exam</i>	<i>Comprehensive Diabetes Care: Preventive Dental Visit</i>	<i>Comprehensive Diabetes Care: Restorative Dental Visit</i>
<i>Diagnostic Dental Visits in Pregnant Women</i>	<i>Preventive Dental Visits in Pregnant Women</i>	<i>Restorative Dental Visits in Pregnant Women</i>
<i>Adults: Any Dental</i>	<i>Emergency Dental Follow-Up in All Adults in the Adult Dental Program</i>	<i>Care Continuity</i>
<i>Usual Source of Service</i>		

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

The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2024 unless otherwise noted.

Performance Monitoring Report

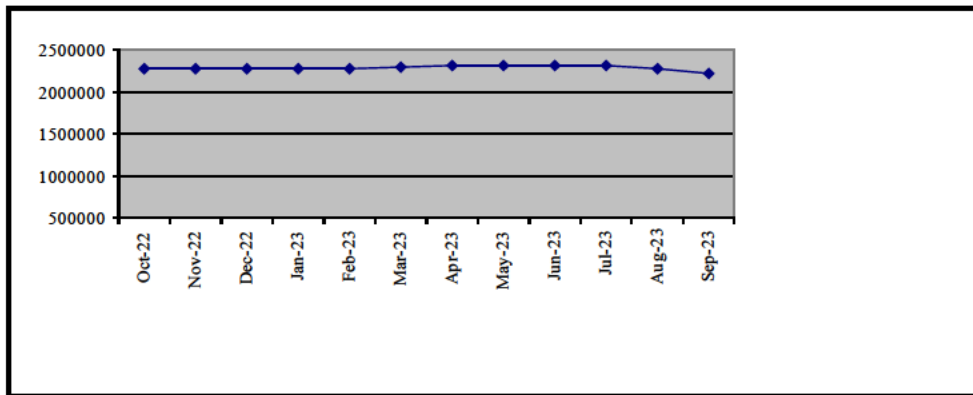
**Table 1: Fiscal Year 2024<sup>1</sup>**

Quarterly Reported Measures	Reported in 1 <sup>st</sup> Quarter	Reported in 2 <sup>nd</sup> Quarter	Reported in 3 <sup>rd</sup> Quarter	Reported in 4 <sup>th</sup> Quarter
Diagnostic Dental Services	0/9			
Preventive Dental Services	1/9			
Restorative (Dental Fillings) Dental Services	0/9			
Comprehensive Diabetes Care: Diagnostic Dental Exam	1/9			
Comprehensive Diabetes Care: Preventive Dental Visit	3/9			
Comprehensive Diabetes Care: Restorative Dental Visit	N/A			
Diagnostic Dental Visits in Pregnant Women	0/9			
Preventive Dental Visits in Pregnant Women	1/9			
Restorative Dental Visits in Pregnant Women	N/A			
Adults: Any Dental Visit	N/A			
Emergency Dental Follow-Up in All Adults in the Adult Dental Program	N/A			
Care Continuity	0/9			
Usual Source of Service	5/9			

**Managed Care Enrollment**

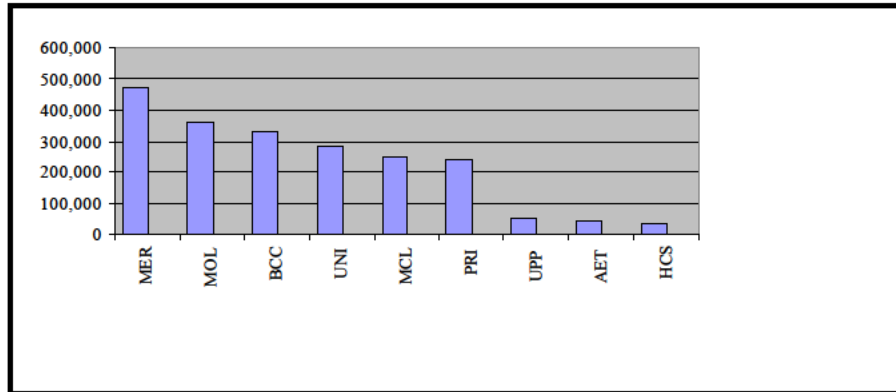
Michigan Medicaid Managed Care (MA-MC) enrollment has dropped over the past year. In December 2023 enrollment was 2,051,721, down 229,971 enrollees (10.1%) from January 2023. A decrease of 40,717 enrollees (1.9%) was realized between November 2023 and December 2023.

**Figure 1: Medicaid Managed Care Enrollment, January 2023 – December 2023**



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

**Figure 2: Medicaid Managed Care Enrollment by Health Plan, December 2023**



### Medicaid Health Plan News

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

As of October 1, 2023, HAP Empowered (HAP) has changed their name to HAP CareSource (HCS). All references to HAP in this report should now reflect the new HCS acronym.

### PMR Measures Update

There are three new dental measures for FY24: Emergency Dental Follow-Up in All Adults in the Dental Program, Care Continuity, and Usual Source of Service.

### Cross-Plan Performance Monitoring Analyses

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

**Diagnostic Dental Services**

**Measure**

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

**Standard**

At or above 30% (as shown on bar graph below)

**Measurement Period**

July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

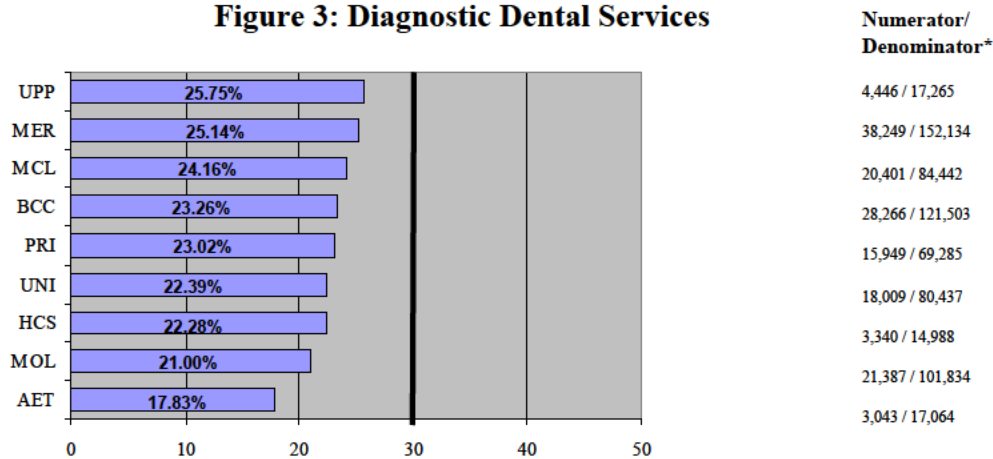
Quarterly

**Summary:** None of the health plans met or exceeded the standard. Results ranged from 17.83% to 25.75%.

**Table 2: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	1,356	11,725	11.56%
HMP Managed Care (MC) Only	155,846	666,856	23.37%

**Figure 3: Diagnostic Dental Services**



Diagnostic Dental Services Percentages

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



**Preventive Dental Services**

**Measure**

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

**Standard**

At or above 17% (as shown on bar graph below)

**Measurement Period**

July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

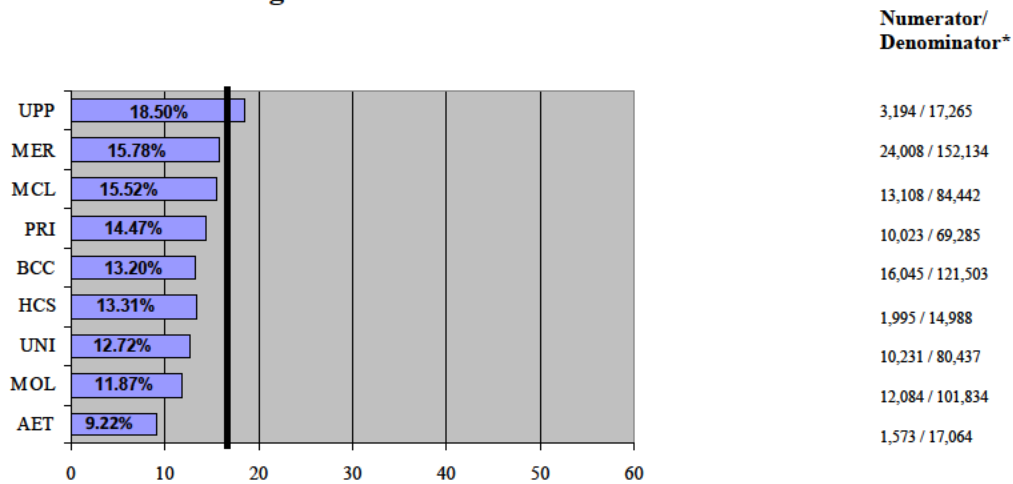
Quarterly

**Summary:** One plan (UPP) met or exceeded the standard, while eight plans (AET, BCC, HCS, MCL, MER, MOL, PRI, and UNI), did not. Results ranged from 9.22% to 18.50%.

**Table 3: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	684	11,725	5.83%
HMP Managed Care (MC) Only	93,810	666,856	14.07%

**Figure 4: Preventive Dental Services**



Preventive Dental Services Percentages

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

**Restorative (Dental Fillings) Services**

**Measure**

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

**Standard**

At or above 14% (as shown on bar graph below)

**Measurement Period**

July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

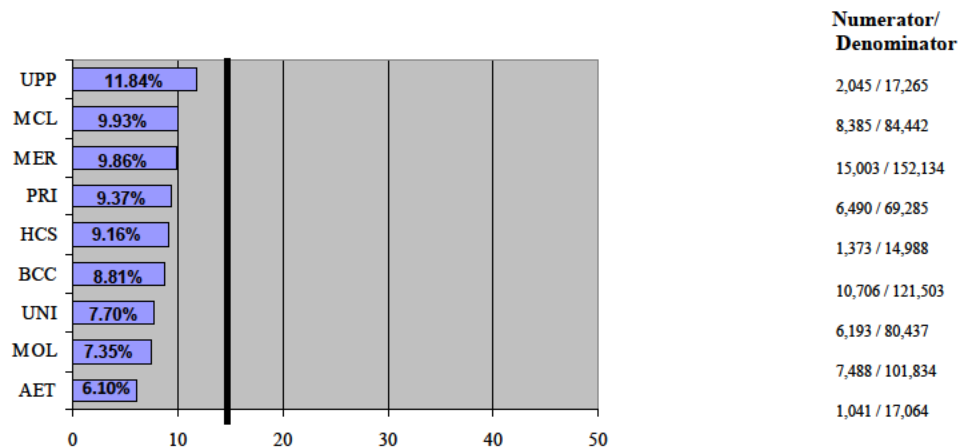
Quarterly

**Summary:** None of the plan met or exceeded the standard. Results ranged from 6.10% to 11.84%.

**Table 4: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	459	11,725	3.92%
HMP Managed Care (MC) Only	59,800	666,856	8.97%

**Figure 5: Restorative (Dental Fillings) Dental Services**



Restorative (Dental Fillings) Dental Services Percentages

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

**Comprehensive Diabetes Care: Diagnostic Dental Exam**

**Measure**

The percentage of Healthy Michigan Plan members between the ages of 19 and 64 with Type 1 or Type 2 Diabetes who received at least one diagnostic dental service within the measurement period.

**Standard**

At or above 30% (as shown on bar graph below)

**Measurement Period**

July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

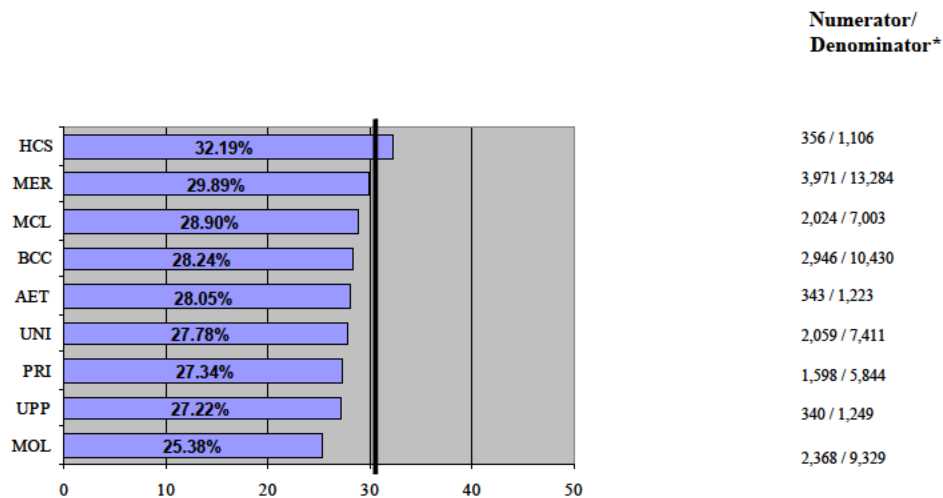
Quarterly

**Summary:** One plan (HCS) met or exceeded the standard, while eight plans (AET, BCC, MCL, MER, MOL, PRI, UNI, and UPP) did not. Results ranged from 25.38% to 32.19%

**Table 5: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	189	783	24.14%
HMP Managed Care (MC) Only	16,290	57,710	28.23%

**Figure 6: Comprehensive Diabetes Care: Diagnostic Dental Exam**



Comprehensive Diabetes Care: Diagnostic Dental Exam Percentages

\*Numerator depicts the unduplicated number of all eligible members with diabetes who received at least one diagnostic dental service. Denominator depicts the unduplicated number of all eligible members with diabetes.

**Comprehensive Diabetes Care: Preventive Dental Visit**

**Measure**

The percentage of Healthy Michigan Plan members between the ages of 19 and 64 with Type 1 or Type 2 Diabetes who received at least one preventive dental service within the measurement period.

**Standard**

At or above 17% (as shown on bar graph below).

**Measurement Period**

July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

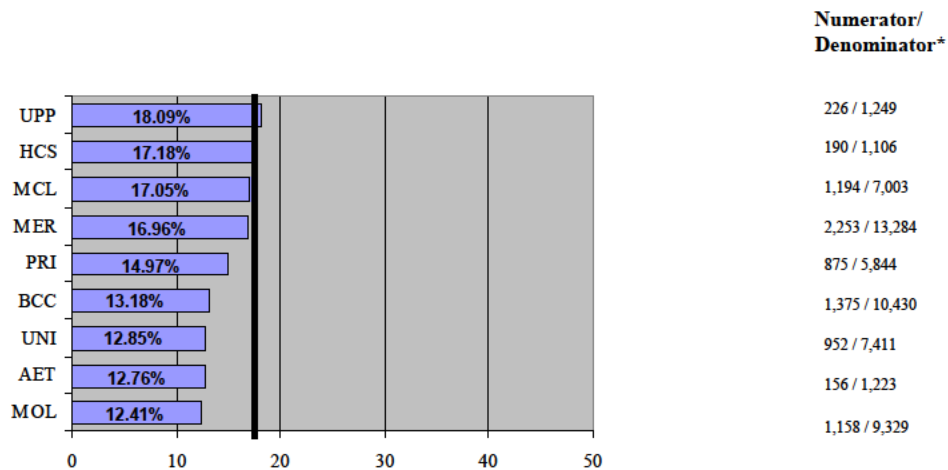
Quarterly

**Summary:** Three plans (HCS, MCL and UPP) met or exceeded the standard, while six plans (AET, BCC, MER, MOL, PRI, and UNI) did not. Results ranged from 12.41% to 18.09%

**Table 6: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	81	783	10.34%
HMP Managed Care (MC) Only	8,512	57,710	14.75%

**Figure 7: Comprehensive Diabetes Care: Preventive Dental Visit**



Comprehensive Diabetes Care: Preventive Dental Visit Percentages

\*Numerator depicts the unduplicated number of all eligible members with diabetes who received at least one preventive dental service. Denominator depicts the unduplicated number of all eligible members with diabetes.

**Comprehensive Diabetes Care: Restorative Dental Visit**

**Measure**

The percentage of Healthy Michigan Plan members between the ages of 19 and 64 with Type 1 or Type 2 Diabetes who received at least one restorative dental service within the measurement period.

**Standard**

N/A – Informational Only

**Measurement Period**

July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

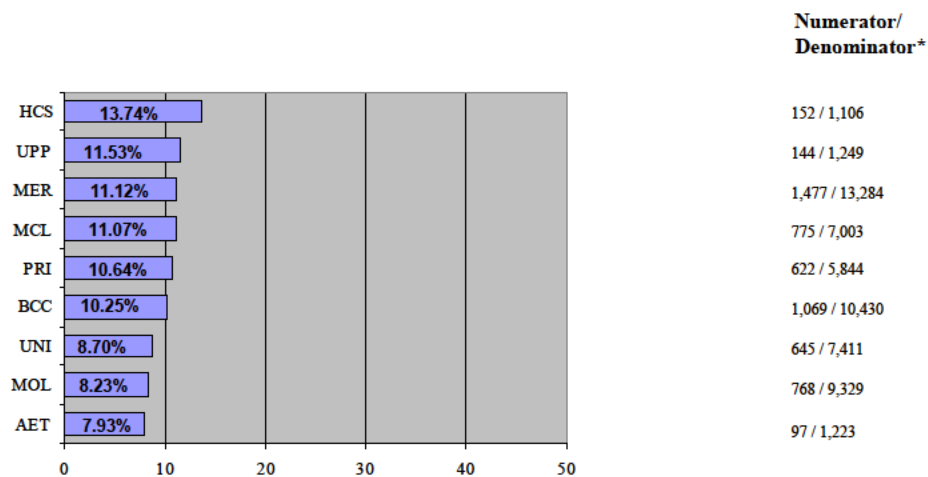
Quarterly

**Summary:** Results ranged from 7.93% to 13.74%

**Table 7: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	35	783	4.47%
HMP Managed Care (MC) Only	5,855	57,710	10.15%

**Figure 8: Comprehensive Diabetes Care: Restorative Dental Visit**



Comprehensive Diabetes Care: Restorative Dental Visit Percentages

\*Numerator depicts the unduplicated number of all eligible members with diabetes who received at least one restorative dental service. Denominator depicts the unduplicated number of all eligible members with diabetes.

**Diagnostic Dental Visits in Pregnant Women**

**Measure**

The percentage of pregnant women who received at least one diagnostic dental service either during their pregnancy or 90 days postpartum.

**Standard**

At or above 30% (as shown on bar graph below)

**Measurement Period**

July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

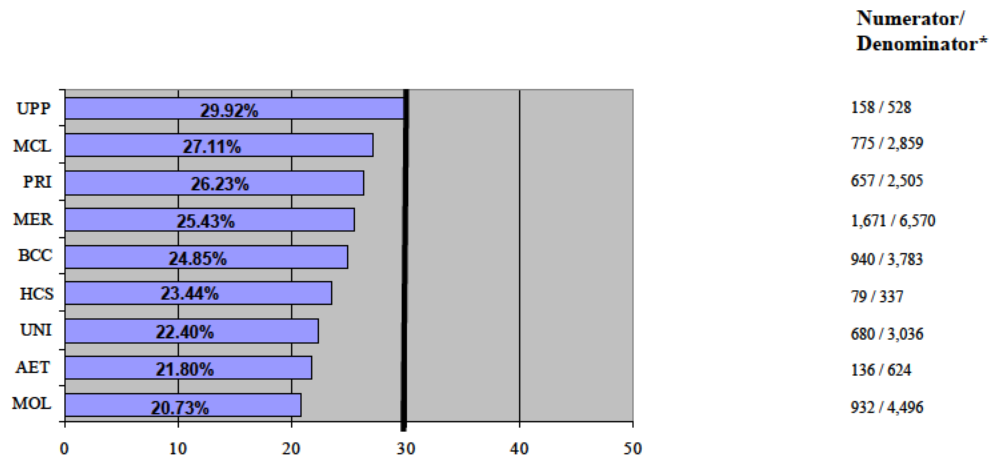
Quarterly

**Summary:** None of the plans met or exceeded the standard. Results ranged from 20.73% to 29.92%.

**Table 8: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	7,195	32,141	22.39%
Fee for Service (FFS) only	62	365	16.99%
Managed Care only	6,245	25,614	24.38%
MA-MC	3,414	15,053	22.68%

**Figure 9: Diagnostic Dental Visits in Pregnant Women**



Diagnostic Dental Visits in Pregnant Women

\*Numerator depicts the unduplicated number of all eligible pregnant members who received at least one diagnostic dental service. Denominator depicts the unduplicated number of all eligible pregnant members.

**Preventive Dental Visits in Pregnant Women**

**Measure**

The percentage of pregnant women who received at least one preventive dental service either during their pregnancy or 90 days postpartum.

**Standard**

At or above 17% (as shown on bar graph below)

**Measurement Period**

July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

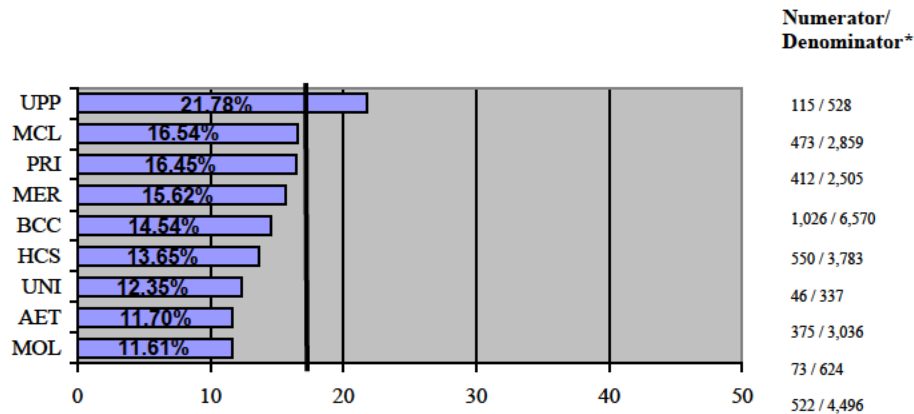
Quarterly

**Summary:** One plan (UPP) met or exceeded the standard, while eight plans (AET, BCC, HCS, MCL, MER, MOL, PRI and UNI), did not. Results ranged from 11.61% to 21.78%.

**Table 9: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,236	32,141	13.18%
Fee for Service (FFS) only	32	365	8.77%
Managed Care only	3,717	25,614	14.51%
MA-MC	1,834	15,053	12.18%

**Figure 10: Preventive Dental Visits in Pregnant Women**



Preventive Dental Visits in Pregnant Women

\*Numerator depicts the unduplicated number of all eligible pregnant members who received at least one preventive dental service. Denominator depicts the unduplicated number of all eligible pregnant members.

**Restorative Dental Visits in Pregnant Women**

**Measure**

The percentage of pregnant women who received at least one restorative dental service either during their pregnancy or 90 days postpartum.

**Standard**

N/A – Informational Only

**Measurement Period**

July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

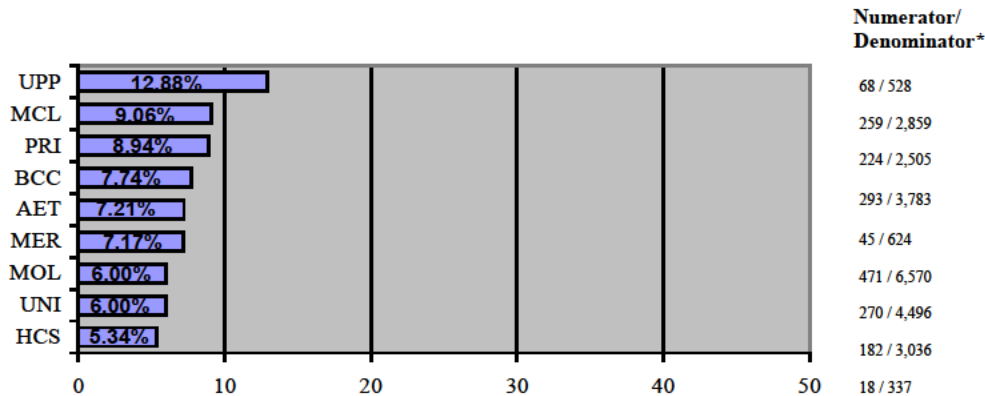
Quarterly

**Summary:** Results ranged from 5.34% to 12.88%

**Table 10: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	2,196	32,141	6.83%
Fee for Service (FFS) only	17	365	4.66%
Managed Care only	1,895	25,614	7.40%
MA-MC	967	15,053	6.42%

**Figure 11: Restorative Dental Visits in Pregnant Women**



Restorative Dental Visits in Pregnant Women

\*Numerator depicts the unduplicated number of all eligible pregnant members who received at least one restorative dental service. Denominator depicts the unduplicated number of all eligible pregnant members.



**Adults: Any Dental Visit**

**Measure**

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

**Standard**

N/A – Informational Only

**Measurement Period**

July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

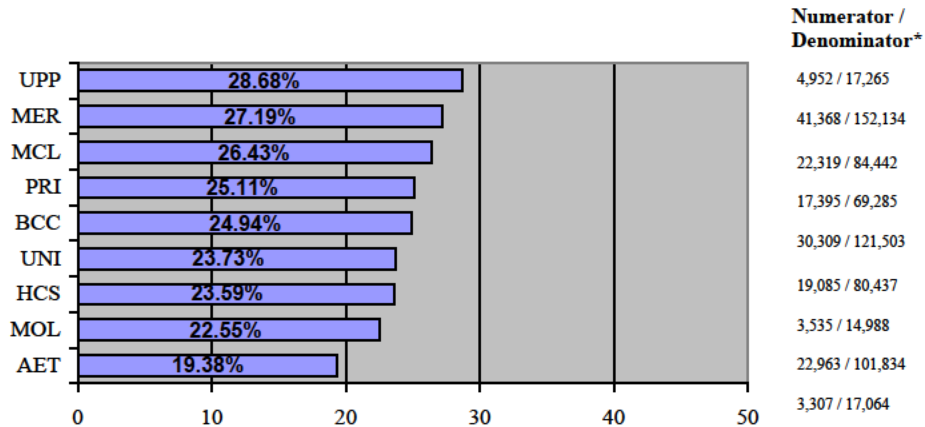
Quarterly

**Summary:** Results ranged from 19.38% to 28.68%

**Table 11: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	1,512	11,725	12.90%
HMP Managed Care (MC) Only	168,178	666,856	25.22%

**Figure 12: Adults: Any Dental Visit**



Adults: Any Dental Visit

\*Numerator depicts the unduplicated number of all eligible pregnant members who received at least one dental service. Denominator depicts the unduplicated number of all eligible members.

**Emergency Dental Follow-Up in All Adults in the Adult Dental Program**

**Measure**

The percentage of all adult dental members who visited the emergency dental room who were followed up to receive a routine dental visit with a dentist in a dental office for a comprehensive or periodic oral diagnostic visit within 90 days of the emergency visit for dental.

**Standard**

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

**Measurement Period**

July 2023 – September 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

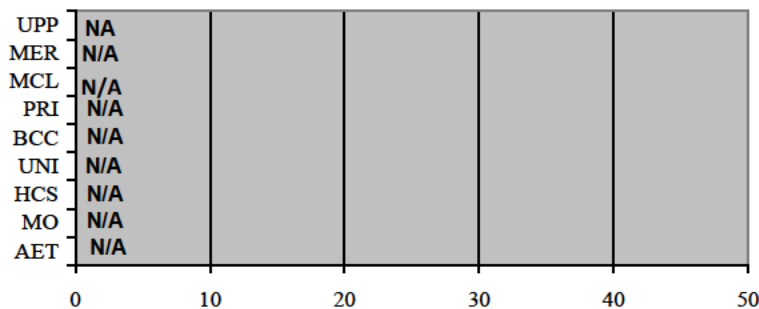
Quarterly

**Summary:** There is no data available for this measure at this time.

**Table 12: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	N/A	N/A	N/A
HMP Managed Care (MC) Only	N/A	N/A	N/A

**Figure 13: Emergency Dental Follow-Up in All Adults in the Adult Dental Program**



Emergency Dental Follow-Up in All Adults in the Adult Dental Program

\*Numerator depicts the unduplicated number of all eligible members with emergency dental visits who received a diagnostic visit within 90 days. Denominator depicts the unduplicated number of all eligible members with emergency dental visits.

**Care Continuity**

**Measure**

The percentage of all adults enrolled in an MHP for dental benefits for two consecutive years who received a comprehensive or periodic oral evaluation in both years.

**Standard**

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

**Measurement Period**

July 2021 – June 2022  
July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

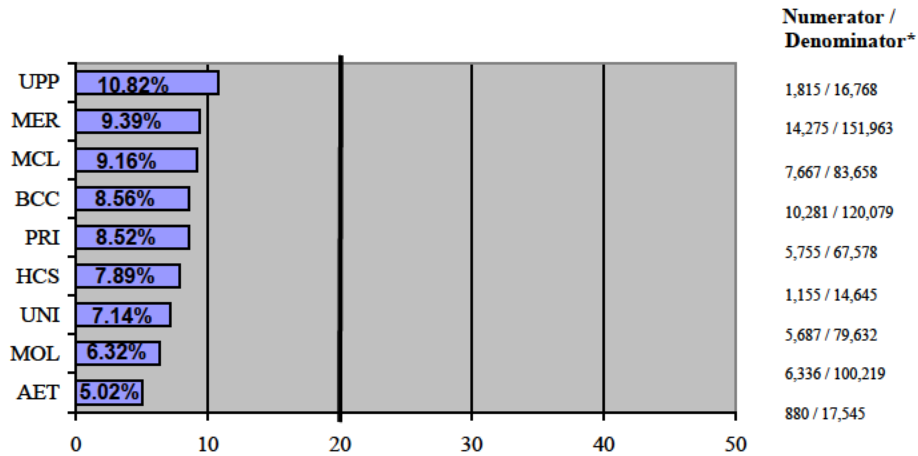
Quarterly

**Summary:** None of the plans met or exceeded the standard. Results ranged from 5.02% to 10.82%.

**Table 13: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	347	13,045	2.66%
HMP Managed Care (MC) Only	54,432	658,490	8.27%

**Figure 14: Care Continuity**



Care Continuity

\*Numerator depicts the unduplicated number of all eligible members who received comprehensive or periodic oral evaluation in both years. Denominator depicts the unduplicated number of all eligible members enrolled for two consecutive years.

**Usual Source of Service**

**Measure**

The percentage of adults enrolled in an MHP for dental benefits for two consecutive years who visited the same practice or clinical entity in both years.

**Standard**

At or above 10% (as shown on bar graph below)

**Measurement Period**

July 2021 – June 2022  
July 2022 – June 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

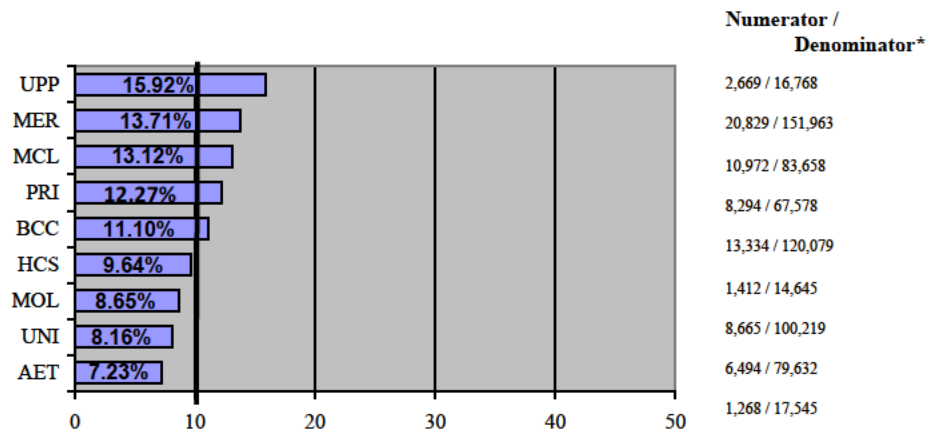
Quarterly

**Summary:** Five plans (BCC, MCL, MER, PRI and UPP) met or exceeded the standard, while four plans (AET, HCS, MOL, and UNI) did not. Results ranged from 7.23% to 15.92%.

**Table 14: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	716	13,045	5.49%
HMP Managed Care (MC) Only	74,673	658,490	11.34%

**Figure 15: Usual Source of Service**



Usual Source of Service

\*Numerator depicts the unduplicated number of all eligible members who visited the same practice or clinical entity in both years and who received at least one dental service each fiscal year with the same provider (billing NPI). Denominator depicts the unduplicated number of all eligible members enrolled for two consecutive years.

**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
HCS	HAP CareSource
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

Performance Monitoring Report

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

**Aetna Better Health of Michigan – AET**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services.	Jul 22 – Jun 23	30%	17.83%	No
Preventive Dental Services	Jul 22 – Jun 23	17%	9.22%	No
Restorative (Dental Fillings) Dental Services	Jul 22 – Jun 23	14%	6.10%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 22 – Jun 23	30%	28.05%	No
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 22 – Jun 23	17%	12.76%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 22 – Jun 23	Informational Only	7.93%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 22 – Jun 23	30%	21.80%	No
Preventive Dental Visits in Pregnant Women	Jul 22 – Jun 23	17%	11.70%	No
Restorative Dental Visits in Pregnant Women	Jul 22 – Jun 23	Informational Only	7.21%	N/A
Adults: Any Dental Visit	Jul 22 – Jun 23	Informational Only	19.38%	N/A
Emergency Dental Follow-Up in All Adults in the Adult Dental Program	Jul 23 – Sep 23	50%	N/A	N/A
Care Continuity	Jul 21 – Jun 22 Jul 22 – Jun 23	20%	5.02%	No

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

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

Performance Monitoring Report

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

**Aetna Better Health of Michigan – AET**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Usual Source of Service	Jul 21 – Jun 22 Jul 22 – Jun 23	10%	7.23%	No

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

Performance Monitoring Report

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

**Blue Cross Complete – BCC**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services.	Jul 22 – Jun 23	30%	23.26%	No
Preventive Dental Services	Jul 22 – Jun 23	17%	13.20%	No
Restorative (Dental Fillings) Dental Services	Jul 22 – Jun 23	14%	8.81%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 22 – Jun 23	30%	28.24%	No
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 22 – Jun 23	17%	13.18%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 22 – Jun 23	Informational Only	10.25%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 22 – Jun 23	30%	24.85%	No
Preventive Dental Visits in Pregnant Women	Jul 22 – Jun 23	17%	14.54%	No
Restorative Dental Visits in Pregnant Women	Jul 22 – Jun 23	Informational Only	7.74%	N/A
Adults: Any Dental Visit	Jul 22 – Jun 23	Informational Only	24.94%	N/A
Emergency Dental Follow-Up in All Adults in the Adult Dental Program	Jul 23 – Sep 23	50%	N/A	N/A
Care Continuity	Jul 21 – Jun 22 Jul 22 – Jun 23	20%	8.56%	No

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

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



Performance Monitoring Report

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

**Blue Cross Complete – BCC**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Usual Source of Service	Jul 21 – Jun 22 Jul 22 – Jun 23	10%	11.10%	Yes

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

Performance Monitoring Report

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

**HAP CareSource – HCS**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services.	Jul 22 – Jun 23	30%	22.28%	No
Preventive Dental Services	Jul 22 – Jun 23	17%	13.31%	No
Restorative (Dental Fillings) Dental Services	Jul 22 – Jun 23	14%	9.16%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 22 – Jun 23	30%	32.19%	Yes
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 22 – Jun 23	17%	17.18%	Yes
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 22 – Jun 23	Informational Only	13.74%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 22 – Jun 23	30%	23.44%	No
Preventive Dental Visits in Pregnant Women	Jul 22 – Jun 23	17%	13.65%	No
Restorative Dental Visits in Pregnant Women	Jul 22 – Jun 23	Informational Only	5.34%	N/A
Adults: Any Dental Visit	Jul 22 – Jun 23	Informational Only	23.59%	N/A
Emergency Dental Follow-Up in All Adults in the Adult Dental Program	Jul 23 – Sep 23	50%	N/A	N/A
Care Continuity	Jul 21 – Jun 22 Jul 22 – Jun 23	20%	7.89%	No

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

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

Performance Monitoring Report

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

**HAP CareSource – HCS**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Usual Source of Service	Jul 21 – Jun 22 Jul 22 – Jun 23	10%	9.64%	No

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

Performance Monitoring Report

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

**McLaren Health Plan – MCL**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services.	Jul 22 – Jun 23	30%	24.16%	No
Preventive Dental Services	Jul 22 – Jun 23	17%	15.52%	No
Restorative (Dental Fillings) Dental Services	Jul 22 – Jun 23	14%	9.93%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 22 – Jun 23	30%	28.90%	No
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 22 – Jun 23	17%	17.05%	Yes
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 22 – Jun 23	Informational Only	11.07%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 22 – Jun 23	30%	27.11%	No
Preventive Dental Visits in Pregnant Women	Jul 22 – Jun 23	17%	16.54%	No
Restorative Dental Visits in Pregnant Women	Jul 22 – Jun 23	Informational Only	9.06%	N/A
Adults: Any Dental Visit	Jul 22 – Jun 23	Informational Only	26.43%	N/A
Emergency Dental Follow-Up in All Adults in the Adult Dental Program	Jul 23 – Sep 23	50%	N/A	N/A
Care Continuity	Jul 21 – Jun 22 Jul 22 – Jun 23	20%	9.16%	No

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

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

Performance Monitoring Report

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

**McLaren Health Plan – MCL**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Usual Source of Service	Jul 21 – Jun 22 Jul 22 – Jun 23	10%	13.12%	Yes

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

Performance Monitoring Report

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

**Meridian Health Plan of Michigan – MER**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services.	Jul 22 – Jun 23	30%	25.14%	No
Preventive Dental Services	Jul 22 – Jun 23	17%	15.78%	No
Restorative (Dental Fillings) Dental Services	Jul 22 – Jun 23	14%	9.86%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 22 – Jun 23	30%	29.89%	No
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 22 – Jun 23	17%	16.96%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 22 – Jun 23	Informational Only	11.12%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 22 – Jun 23	30%	25.43%	No
Preventive Dental Visits in Pregnant Women	Jul 22 – Jun 23	17%	15.62%	No
Restorative Dental Visits in Pregnant Women	Jul 22 – Jun 23	Informational Only	7.17%	N/A
Adults: Any Dental Visit	Jul 22 – Jun 23	Informational Only	27.19%	N/A
Emergency Dental Follow-Up in All Adults in the Adult Dental Program	Jul 23 – Sep 23	50%	N/A	N/A
Care Continuity	Jul 21 – Jun 22 Jul 22 – Jun 23	20%	9.39%	No

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

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

Performance Monitoring Report

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

**Meridian Health Plan of Michigan – MER**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Usual Source of Service	Jul 21 – Jun 22 Jul 22 – Jun 23	10%	13.71%	Yes

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

Performance Monitoring Report

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

**Molina Healthcare of Michigan – MOL**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services.	Jul 22 – Jun 23	30%	21.00%	No
Preventive Dental Services	Jul 22 – Jun 23	17%	11.87%	No
Restorative (Dental Fillings) Dental Services	Jul 22 – Jun 23	14%	7.35%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 22 – Jun 23	30%	25.38%	No
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 22 – Jun 23	17%	12.41%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 22 – Jun 23	Informational Only	8.23%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 22 – Jun 23	30%	20.73%	No
Preventive Dental Visits in Pregnant Women	Jul 22 – Jun 23	17%	11.61%	No
Restorative Dental Visits in Pregnant Women	Jul 22 – Jun 23	Informational Only	6.00%	N/A
Adults: Any Dental Visit	Jul 22 – Jun 23	Informational Only	22.55%	N/A
Emergency Dental Follow-Up in All Adults in the Adult Dental Program	Jul 23 – Sep 23	50%	N/A	N/A
Care Continuity	Jul 21 – Jun 22 Jul 22 – Jun 23	20%	6.32%	No

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

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



Performance Monitoring Report

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

**Molina Healthcare of Michigan – MOL**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Usual Source of Service	Jul 21 – Jun 22 Jul 22 – Jun 23	10%	8.65%	No

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

Performance Monitoring Report

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

**Priority Health Choice – PRI**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services.	Jul 22 – Jun 23	30%	23.02%	No
Preventive Dental Services	Jul 22 – Jun 23	17%	14.47%	No
Restorative (Dental Fillings) Dental Services	Jul 22 – Jun 23	14%	9.37%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 22 – Jun 23	30%	27.34%	No
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 22 – Jun 23	17%	14.97%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 22 – Jun 23	Informational Only	10.64%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 22 – Jun 23	30%	26.23%	No
Preventive Dental Visits in Pregnant Women	Jul 22 – Jun 23	17%	16.45%	No
Restorative Dental Visits in Pregnant Women	Jul 22 – Jun 23	Informational Only	8.94%	N/A
Adults: Any Dental Visit	Jul 22 – Jun 23	Informational Only	25.11%	N/A
Emergency Dental Follow-Up in All Adults in the Adult Dental Program	Jul 23 – Sep 23	50%	N/A	N/A
Care Continuity	Jul 21 – Jun 22 Jul 22 – Jun 23	20%	8.52%	No

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

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

Performance Monitoring Report

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

**Priority Health Choice – PRI**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Usual Source of Service	Jul 21 – Jun 22 Jul 22 – Jun 23	10%	12.27%	Yes

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

Performance Monitoring Report

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

**UnitedHealthcare Community Plan – UNI**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services.	Jul 22 – Jun 23	30%	22.39%	No
Preventive Dental Services	Jul 22 – Jun 23	17%	12.72%	No
Restorative (Dental Fillings) Dental Services	Jul 22 – Jun 23	14%	7.70%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 22 – Jun 23	30%	27.78%	No
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 22 – Jun 23	17%	12.85%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 22 – Jun 23	Informational Only	8.70%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 22 – Jun 23	30%	22.40%	No
Preventive Dental Visits in Pregnant Women	Jul 22 – Jun 23	17%	12.35%	No
Restorative Dental Visits in Pregnant Women	Jul 22 – Jun 23	Informational Only	6.00%	N/A
Adults: Any Dental Visit	Jul 22 – Jun 23	Informational Only	23.73%	N/A
Emergency Dental Follow-Up in All Adults in the Adult Dental Program	Jul 23 – Sep 23	50%	N/A	N/A
Care Continuity	Jul 21 – Jun 22 Jul 22 – Jun 23	20%	7.14%	No

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

Performance Monitoring Report

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

**UnitedHealthcare Community Plan – UNI**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Usual Source of Service	Jul 21 – Jun 22 Jul 22 – Jun 23	10%	8.16%	No

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

Performance Monitoring Report

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

**Upper Peninsula Health Plan – UPP**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services.	Jul 22 – Jun 23	30%	25.75%	No
Preventive Dental Services	Jul 22 – Jun 23	17%	18.50%	Yes
Restorative (Dental Fillings) Dental Services	Jul 22 – Jun 23	14%	11.84%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 22 – Jun 23	30%	27.22%	No
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 22 – Jun 23	17%	18.09%	Yes
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 22 – Jun 23	Informational Only	11.53%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 22 – Jun 23	30%	29.92%	No
Preventive Dental Visits in Pregnant Women	Jul 22 – Jun 23	17%	21.78%	Yes
Restorative Dental Visits in Pregnant Women	Jul 22 – Jun 23	Informational Only	12.88%	N/A
Adults: Any Dental Visit	Jul 22 – Jun 23	Informational Only	28.68%	N/A
Emergency Dental Follow-Up in All Adults in the Adult Dental Program	Jul 23 – Sep 23	50%	N/A	N/A
Care Continuity	Jul 21 – Jun 22 Jul 22 – Jun 23	20%	10.82%	No

- 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**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Usual Source of Service	Jul 21 – Jun 22 Jul 22 – Jun 23	10%	15.92%	Yes

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

Michigan Department of Health and Human Services  
Behavioral and Physical Health and Aging Services Administration  
Bureau of Medicaid Care Management and Customer Service

*Healthy Michigan Plan  
Healthy Behaviors Incentives Program Report*



Quarterly Report  
October-December 2023

Produced by:

Quality Improvement and Program Development - Managed Care Plan Division



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## **Introduction**

Pursuant to PA 107 of 2013, which later became PA 208 of 2018, sections 105d(1)e and 105d(12), a Health Risk Assessment has been developed for the Healthy Michigan Plan (form DCH-1315). It is designed as a two part document, where the beneficiary completes the first three sections and the health care provider completes the last section. It includes questions on a wide range of health issues, a readiness to change assessment, and a discussion about behavior change between the beneficiary and the health care provider. The topics in the assessment cover all of the behaviors identified in PA 208 including alcohol use, substance use disorders, tobacco use, obesity and immunizations. It also includes the recommended healthy behaviors identified in the Michigan Health and Wellness 4X4 Plan, which include annual physicals, healthy diet, regular physical exercise and reducing tobacco use.

As of April 2018, three new questions were added on the topics of annual dental visit, access to transportation and unmet basic needs. The question on anxiety and depression was removed and replaced with a question on chronic stress based on feedback regarding the most meaningful ways to ask about self-reported behavioral health status.

In compliance with Public Act 98 of 2023 and Public Act 99 of 2023, the Michigan Department of Health and Human Services (MDHHS) made changes to the Healthy Michigan Plan cost sharing and the Healthy Behaviors requirements. The Policy and Operational Process Document: Healthy Behaviors Requirements was discontinued effective January 1, 2024. While Healthy Michigan Plan beneficiaries are encouraged to identify and implement healthy behaviors in collaboration with their health care providers, they will no longer be required nor incentivized to complete an annual Health Risk Assessment or other specified healthy behavior activities. For this reason, the October-December 2023 Healthy Behaviors Quarterly Report will be the final report for the Healthy Michigan Plan Healthy Behaviors Incentives Program.

## **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. The completion of the Health Risk Assessment with the enrollment broker was suspended in May 2019.

## Health Risk Assessment Part 2

### Health Risk Assessments completion with Provider Attestation

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

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

The data displayed in Part 2 of this report reflect the healthy behavior goals selected in the final section of the Health Risk Assessment. As shown in Table 13, a total of 13,574 Health Risk Assessments were completed in the October-December 2023 quarter. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 14.

Among beneficiaries who completed the Health Risk Assessment, 11,631 or 85.7% of beneficiaries agreed to address health risk behaviors. In addition, 1,765 or 13.0% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 98.7% of beneficiaries are choosing to address or maintain healthy behaviors. The healthy behaviors goal statements selected are reported in Table 15. Healthy behavior goal statements are also reported by age and FPL in Figures 15-2 and 15-3.

Of the 11,631 beneficiaries who agreed to address health risk behaviors, 60.0% 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.

## Health Risk Assessment Completion with Health Care Provider

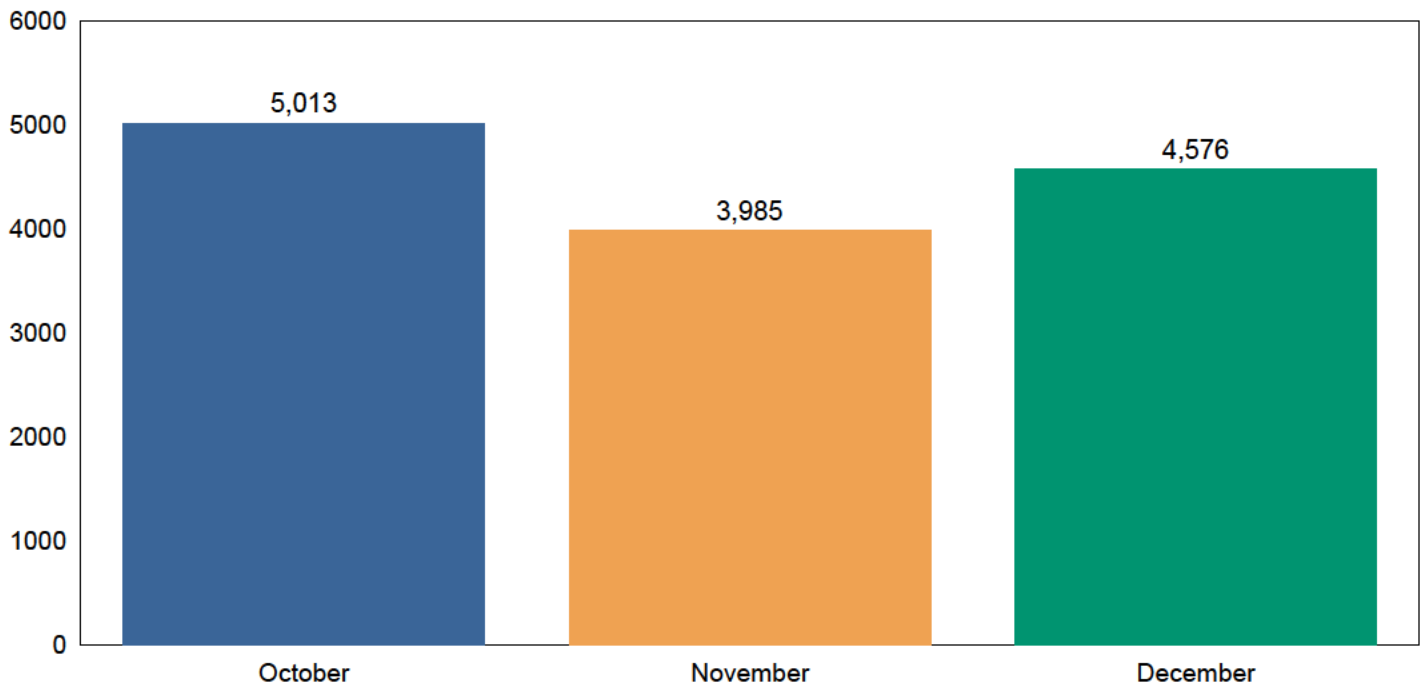
**Table 13. Count of Health Risk Assessments (HRA) Completed with Attestation by Month submitted**

MONTH	COMPLETE	TOTAL
January 2023	4,987	576,029
February 2023	5,931	581,960
March 2023	10,072	592,032
April 2023	6,695	598,727
May 2023	9,254	607,981
June 2023	7,903	615,884
July 2023	4,999	620,883
August 2023	5,056	625,939
September 2023	4,209	630,148
October 2023	5,013	635,161
November 2023	3,985	639,146
December 2023	4,576	643,722

**Table 14. Demographics of Population that Completed HRA with Attestation**

October 2023 - December 2023		
AGE GROUP	COMPLETED HRA	
19 - 34	4,540	33.45%
35 - 49	4,098	30.19%
50 +	4,936	36.36%
GENDER		
F	7,995	58.90%
M	5,579	41.10%
FPL		
< 100% FPL	10,457	77.04%
100 - 133% FPL	3,117	22.96%
TOTAL	<b>13,574</b>	<b>100.00%</b>

**Figure 13-1. Health Risk Assessments Completed with Attestation  
October - December 2023**



## Healthy Behaviors Statement Selection

Section 4. Healthy Behaviors: In discussion with the beneficiary, health care providers choose between 5 statements to attest to the healthy behaviors goals that the beneficiary will strive for this year. The 5 statements are:

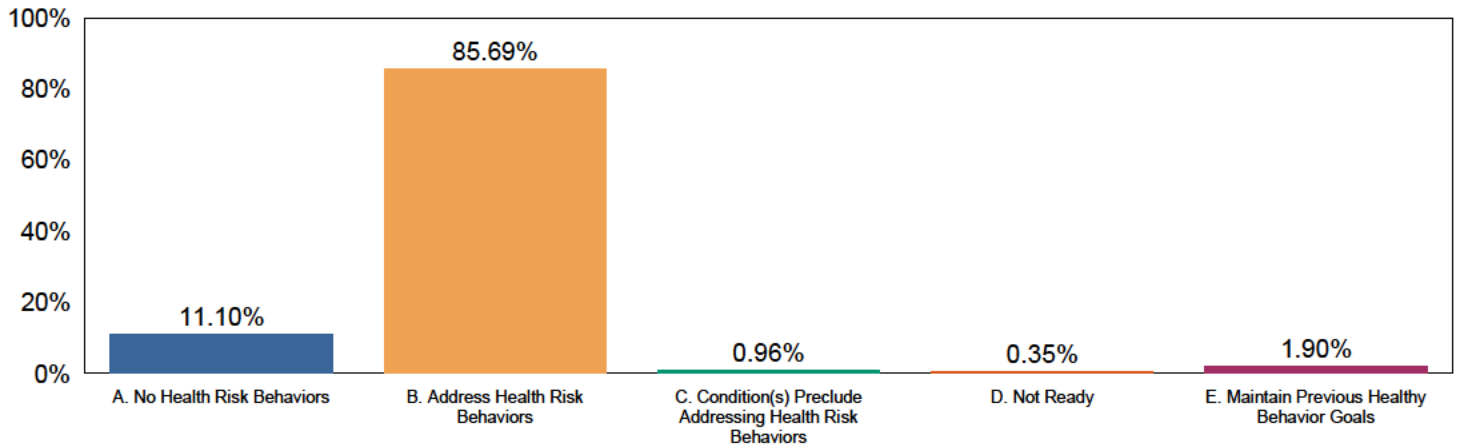
- A. Patient does not have health risk behaviors that need to be addressed at this time.
- B. Patient has identified at least one behavior to address over the next year to improve their health.
- C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing 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.
- E. Patient has committed to maintain their previously achieved Healthy Behavior Goal(s).

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

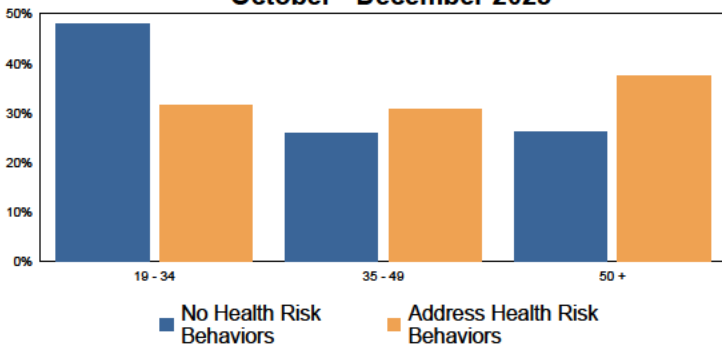
**Table 15. Healthy Behaviors Statement Selection  
October - December 2023**

CHECK-UP	TOTAL	PERCENT
A. No Health Risk Behaviors	1,507	11.10%
B. Address Health Risk Behaviors	11,631	85.69%
C. Condition(s) Preclude Addressing Health Risk Behaviors	131	0.97%
D. Not Ready	47	0.35%
E. Maintain Previous Healthy Behavior Goals	258	1.90%
<b>TOTAL</b>	<b>13,574</b>	<b>100.00%</b>

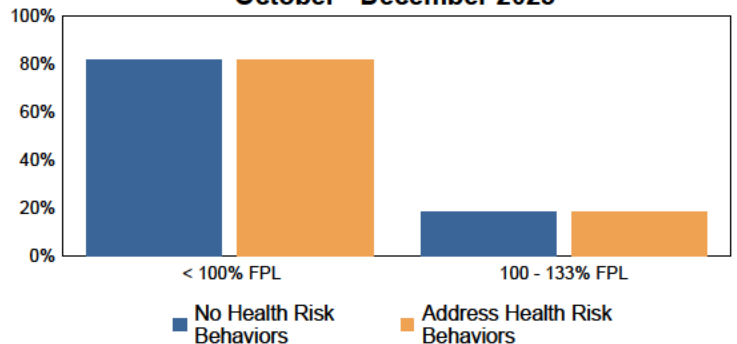
**Figure 15-1. Healthy Behaviors Statement Selection  
October - December 2023**



**Figure 15-2. Statement Selection by Age  
October - December 2023**



**Figure 15-3. Statement Selection by FPL  
October - December 2023**



## 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 11 statements to identify the healthy behaviors the beneficiary has chosen to address for the year:

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

Of the 11,631 HRAs submitted through October-December 2023 where the beneficiary chose to address health risk behaviors, 60.02% of beneficiaries chose more than one healthy behavior to address. The top 10 most selected behavior combinations and the rate that each behavior was selected in combination and alone are presented in the tables below:

**Table 16. Health Risk Behaviors Selected in Combination and Alone**

Health Risk Behavior	Chose this behavior and at least one more	Chose ONLY this behavior
Weight Loss	67.20%	19.75%
Tobacco Cessation	19.48%	3.48%
Immunization Status (Annual Flu Vaccine)	33.10%	2.57%
Follow-up for Chronic Conditions	34.48%	4.22%
Addressing Alcohol Abuse	3.64%	0.26%
Addressing Substance Abuse	1.62%	0.30%
Dental visit	15.59%	0.51%
Follow-up appointment for maternity care/reproductive health	1.24%	0.25%
Follow-up appointment for recommended cancer or other preventative screening(s)	21.48%	3.17%
Follow-up appointment for mental health/behavioral health	9.74%	2.43%
Other	6.82%	3.04%

**Table 17. Top 10 Most Selected Health Risk Behavior Combinations**

<b>Health Risk Behavior Combination</b>	<b>Count</b>	<b>Percent</b>
1. Weight Loss ONLY	2,297	19.75%
2. Weight Loss, Immunization Status	727	6.25%
3. Weight Loss, Follow-up for Chronic Conditions	590	5.07%
4. Follow-up for Chronic Conditions	491	4.22%
5. Tobacco Cessation ONLY	405	3.48%
6. Cancer Screening	369	3.17%
7. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	366	3.15%
8. Other	353	3.04%
9. Weight Loss, Tobacco Cessation	332	2.85%
10. Immunization Status (Annual Flu Vaccine)	299	2.57%
Total for Top 10	6,229	53.56%
Total for All Other Combinations	5,402	46.44%
<b>Total</b>	<b>11,631</b>	<b>100.00%</b>

## Healthy Behaviors Goals Progress

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

- A. Not applicable - this is the first known Healthy Michigan Plan Health Risk Assessment for this patient.
- B. Yes.
- C. No.
- D. Patient had a serious medical, behavioral, or social condition or conditions which precluded addressing unhealthy behaviors.

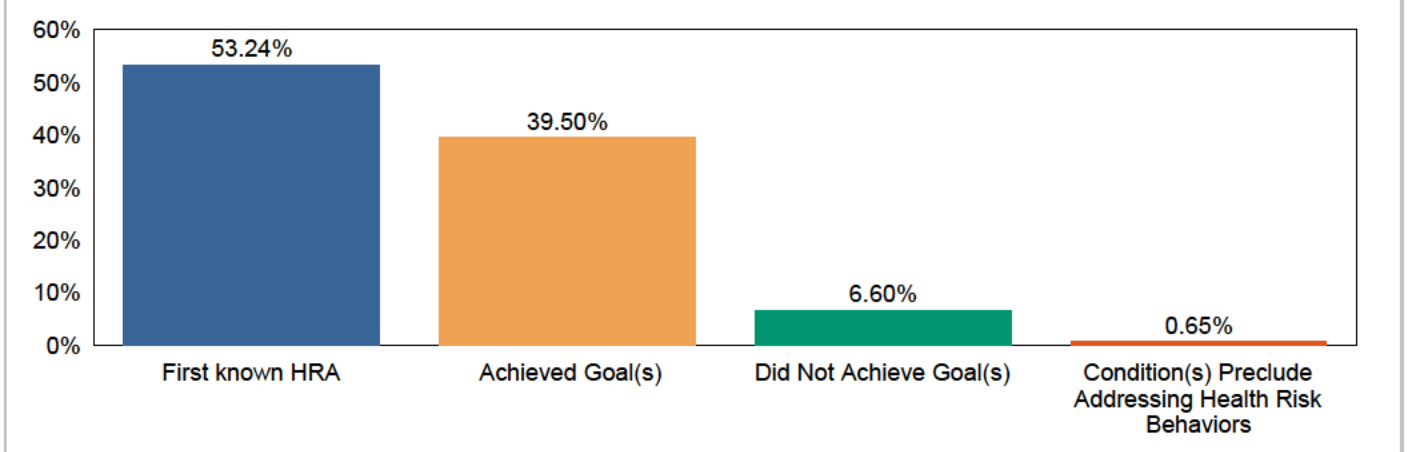
218 Health Risk Assessments were submitted during this quarter where this question was not available because the Healthy Behavior Goals Progress question was not available on the original form of the Health Risk Assessment.

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

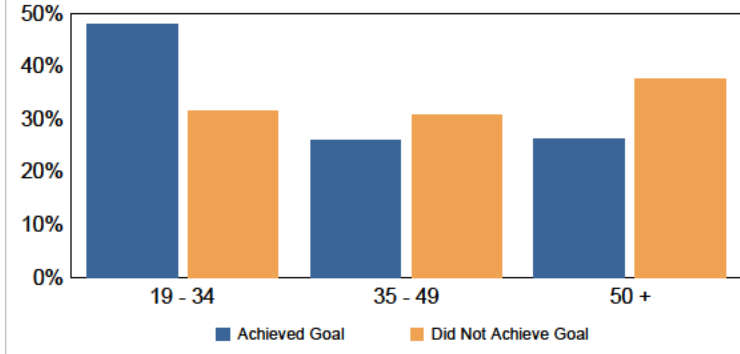
**Table 18. Healthy Behaviors Goals Progress  
October - December 2023**

GOALS PROGRESS	TOTAL	PERCENT
A. First known HRA	7,111	53.24%
B. Achieved Goal(s)	5,276	39.50%
C. Did Not Achieve Goal(s)	882	6.60%
D. Condition(s) Preclude Addressing Health Risk Behaviors	87	0.65%
<b>TOTAL</b>	<b>13,356</b>	<b>100.00%</b>

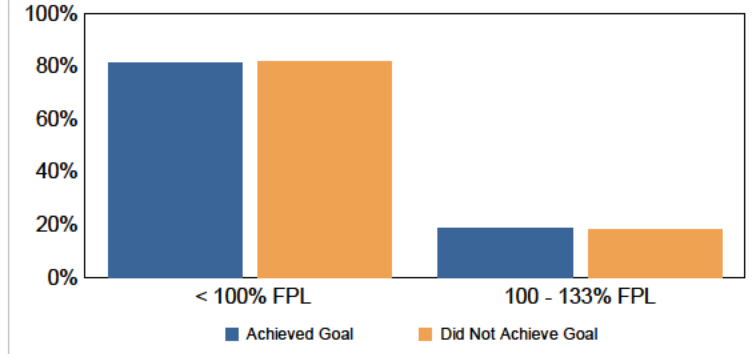
**Figure 18-1. Healthy Behaviors Goals Progress  
October - December 2023**



**Figure 15-2. Statement Selection by Age  
October - December 2023**



**Figure 15-3. Statement Selection by FPL  
October - December 2023**





## **Additional Healthy Behaviors**

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

A total of 4,446 wellness programs were completed in the October-December 2023 quarter. Wellness Program completion is reported by age, gender and Federal Poverty Level in Table 20. Wellness Programs are reported by health domain in Table 21.

A total of 386,960 Preventive Services were completed in the October-December 2023 quarter. Preventive Services completion is reported by age, gender and Federal Poverty Level in Table 23. Preventive Services are reported by health domain in Table 24.

A total of 341,509 distinct HMP beneficiaries completed at least one healthy behavior in the previous twelve months, January 01, 2023-December 31, 2023. Healthy Behavior completion is reported by type of healthy behavior activity in Table 25.

## Wellness Programs

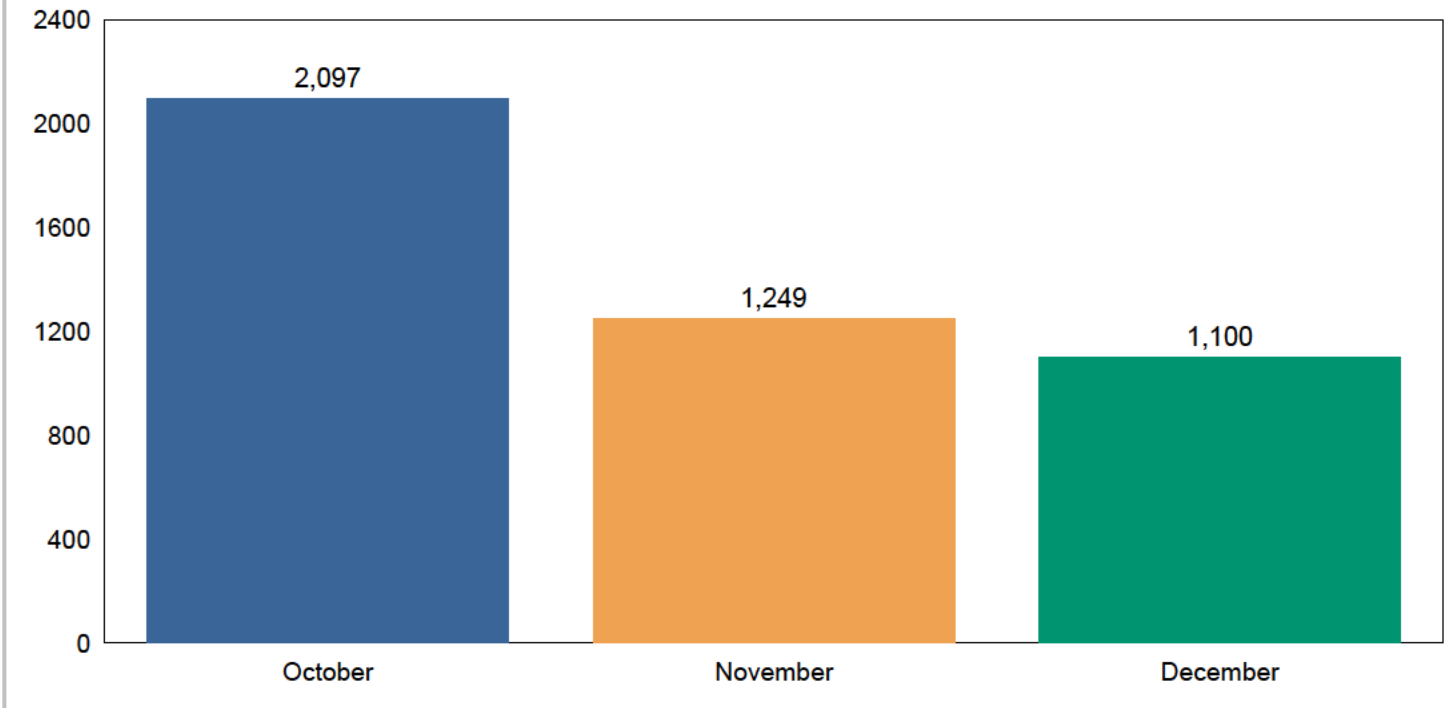
**Table 19. Count of Wellness Programs Reported for Total population by Month submitted**

MONTH	COMPLETE	TOTAL
January 2023	641	147,697
February 2023	766	148,463
March 2023	1,122	149,585
April 2023	1,351	150,936
May 2023	1,443	152,379
June 2023	1,478	153,857
July 2023	1,088	154,945
August 2023	1,070	156,015
September 2023	901	156,916
October 2023	2,097	159,013
November 2023	1,249	160,262
December 2023	1,100	161,362

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

October 2023 - December 2023		
AGE GROUP	COMPLETED	
19 - 34	948	21.32%
35 - 49	1,585	35.65%
50 +	1,913	43.03%
GENDER		
F	2,122	47.73%
M	2,324	52.27%
FPL		
< 100% FPL	3,636	81.78%
100 - 133% FPL	810	18.22%
<b>TOTAL</b>	<b>4,446</b>	<b>100.00%</b>

**Figure 19-1. Wellness Program Reported for Total Population  
October - December 2023**

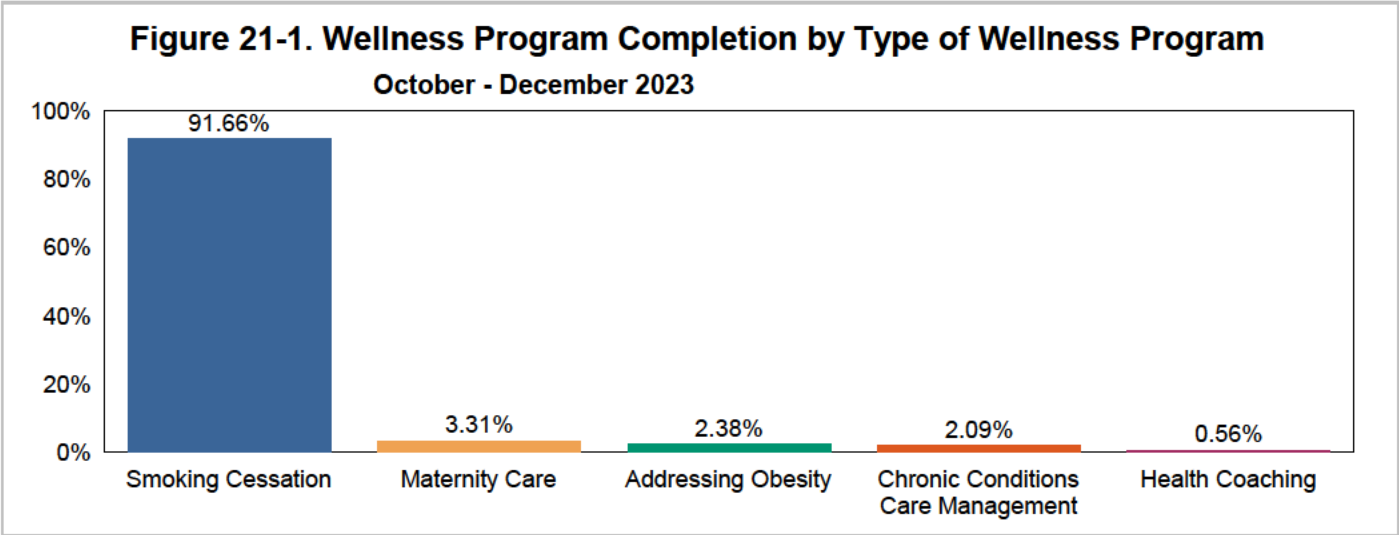


**Wellness Programs:** The Managed Care Plans offer a range of wellness and population health management programs to their members as part of the Healthy Behaviors Incentives Program. All Managed Care Plans offer a tobacco cessation program which follows standardized criteria. For this reason, 91.66% of wellness programs reported are tobacco cessation programs. Completed wellness programs by program type are displayed in Table 21 for the quarter October-December 2023.

**Table 21. Wellness Program Completion by Type of Wellness Program  
October - December 2023**

Wellness Programs	TOTAL	PERCENT
Smoking Cessation	4,075	91.66%
Maternity Care	147	3.31%
Addressing Obesity	106	2.38%
Chronic Conditions Care Management	93	2.09%
Health Coaching	25	0.56%
<b>TOTAL</b>	<b>4,446</b>	<b>100.00%</b>

**Figure 21-1. Wellness Program Completion by Type of Wellness Program  
October - December 2023**



## Preventive Services

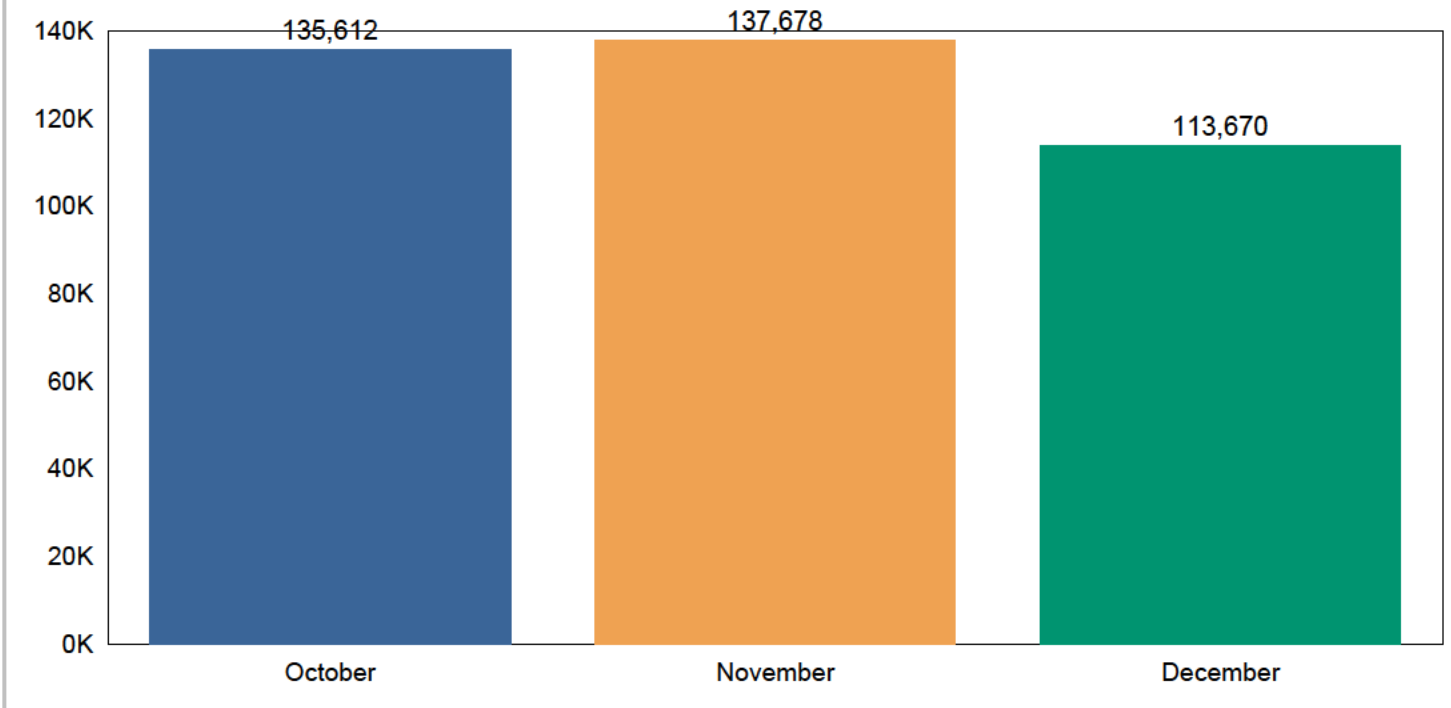
**Table 22. Count of Preventive Services Reported for Total population by Month submitted**

MONTH	COMPLETE	TOTAL
January 2023	117,620	7,551,901
February 2023	124,604	7,676,505
March 2023	129,856	7,806,361
April 2023	164,131	7,970,492
May 2023	128,267	8,098,759
June 2023	151,017	8,249,776
July 2023	116,267	8,366,043
August 2023	126,036	8,492,079
September 2023	129,763	8,621,842
October 2023	135,612	8,757,454
November 2023	137,678	8,895,132
December 2023	113,670	9,008,802

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

October 2023 - December 2023		
AGE GROUP	COMPLETED	
19 - 34	158,239	40.89%
35 - 49	106,994	27.65%
50 +	121,727	31.46%
GENDER		
F	276,989	71.58%
M	109,971	28.42%
FPL		
< 100% FPL	295,169	76.28%
100 - 133% FPL	91,791	23.72%
<b>TOTAL</b>	<b>386,960</b>	<b>100.00%</b>

**Figure 22-1. Preventive Services Reported for Total Population  
October - December 2023**

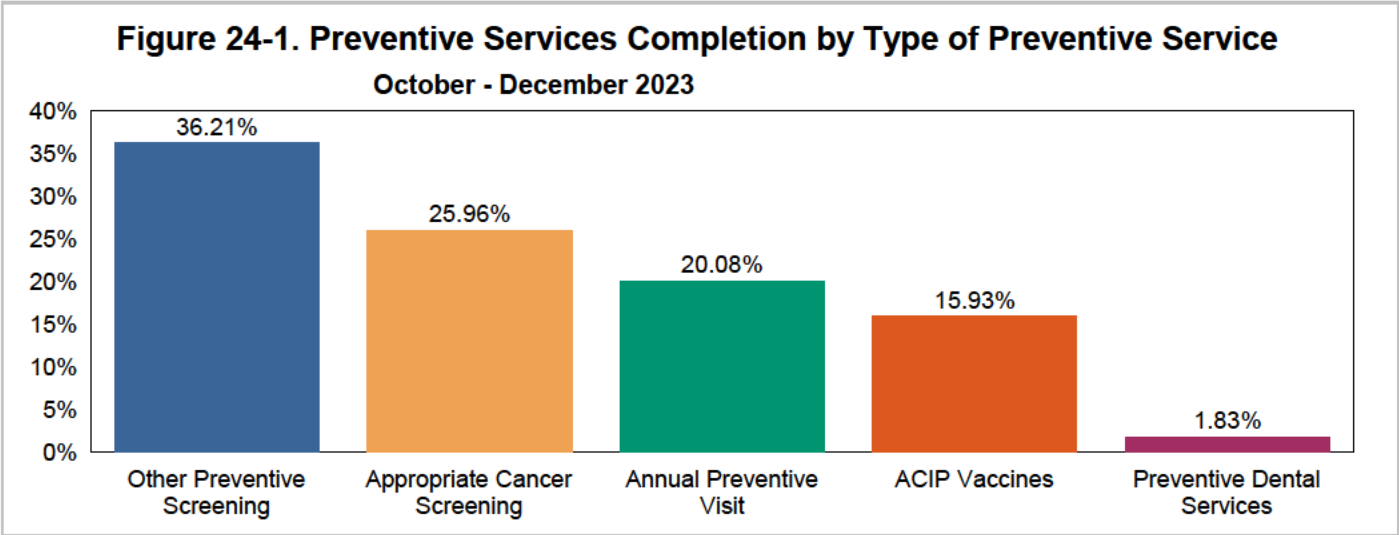


**Preventive Services Reported:** All Healthy Michigan Plan Enrollees can participate in the Healthy Behaviors Incentives Program by utilizing select preventive services. Utilization of these services are identified through claims/encounter review. The preventive services utilized and their percentage of total preventive services reported are displayed in Table 24 for the quarter October-December 2023. The associated codes for the selected preventive services can be found in Appendix 1.

**Table 24. Preventive Services Completion by Type of Preventive Service  
October - December 2023**

Preventive Services	TOTAL	PERCENT
Other Preventive Screening	140,106	36.21%
Appropriate Cancer Screening	100,442	25.96%
Annual Preventive Visit	77,692	20.08%
ACIP Vaccines	61,626	15.93%
Preventive Dental Services	7,094	1.83%
<b>TOTAL</b>	<b>386,960</b>	<b>100.00%</b>

**Figure 24-1. Preventive Services Completion by Type of Preventive Service  
October - December 2023**

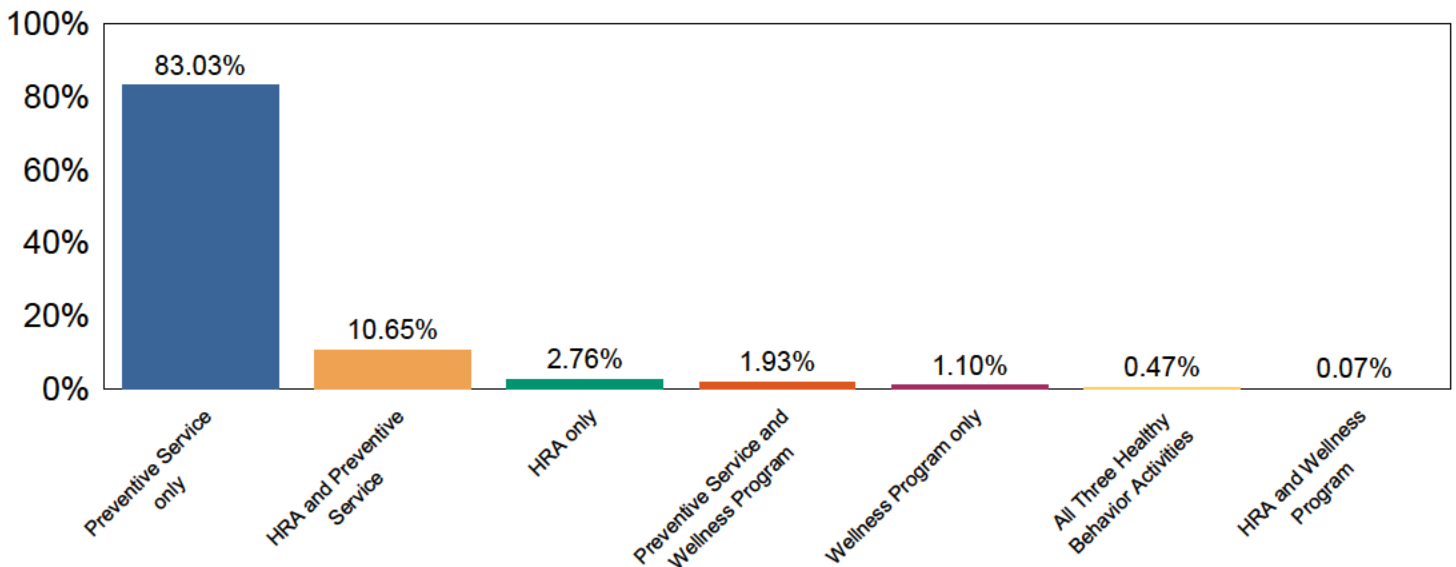


## Healthy Behavior Activities

**Table 25. Count of distinct HMP beneficiaries who completed Healthy Behavior Activities for January 2023 - December 2023**

Healthy Behavior Activity	Total	Percent
HRA only	9,423	2.76%
Wellness Program only	3,749	1.10%
Preventive Service only	283,545	83.03%
HRA and Preventive Service	36,373	10.65%
HRA and Wellness Program	243	0.07%
Preventive Service and Wellness Program	6,589	1.93%
All Three Healthy Behavior Activities	1,587	0.47%
<b>TOTAL</b>	<b>341,509</b>	<b>100.00%</b>

**Figure 25.1 Count of Distinct HMP Beneficiaries who completed one or more Healthy Behavior Activities  
January 2023 - December 2023**



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

STI SCREENING: SYPHILIS (NONPREGNANT)	
PROCEDURE CODE	DIAGNOSIS CODE
86592	NA
86593	NA

TUBERCULOSIS SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
86480	Z111, Z201
86481	Z111, Z201
86580	Z111, Z201
87116	Z111, Z201