



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

March 20, 2023

Christine Davidson
Division of Program Operations – East Branch
Medicaid & CHIP Operations Group
Centers for Medicare & Medicaid Services
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Chicago, Illinois 60601-5519

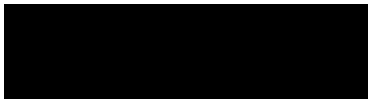
Dear Ms. Davidson,

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

Enclosed is the annual report for the Healthy Michigan Plan. It covers calendar year 2022. 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.

Sincerely,



Keith White, Director
Actuarial Division

cc: Angela Garner
Nicole McKnight
Keri Toback

Enclosure (5)

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report
Michigan – Healthy Michigan Plan
Demonstration Year 13 – January 1, 2022 – December 31, 2022
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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

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

2. Executive summary

On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the FPL. To accompany this expansion, the Michigan “Adult Benefits Waiver” was amended and transformed to establish the 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 demonstration this year showed significant growth. This is attributable to new enrollees due to the

department’s suspension on certain Medicaid renewals and case closures. The department has suspended most Medicaid renewals and case closures due to the COVID-19 public health emergency.

Due to the COVID-19 public health emergency, beneficiaries will only lose eligibility for HMP at this time if they are deceased, move out-of-state, or request to opt out of the program. Additionally, MDHHS suspended the implementation of the requirement for beneficiaries who have incomes above 100% of the federal poverty level and have been enrolled in HMP for 48 cumulative months to pay 5% of their income toward cost-sharing as a condition of continued enrollment in the program.

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.

Table 1: HMP Enrollment Activity				
	October 2022	November 2022	December 2022	CY 2022
Total Enrollment	1,042,011	1,051,705	1,061,526	1,146,131
New Enrollment	13,450	17,232	16,396	163,076
Re-enrollment	432	428	469	5,451
Disenrollment	7,824	7,967	7,012	101,077

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The following table demonstrates demographic characteristics of enrolled beneficiaries:

Table 2 : HMP Enrollment by Subgroup				
Subgroup	October 2022	November 2022	December 2022	CY 2022
Income Group				
< 50% FPL	572,676	576,964	581,460	650,811
50-100% FPL	242,133	244,614	247,083	261,787
> 100% FPL	227,202	230,127	232,983	244,155
Age				
19-26	230,879	232,085	233,222	276,412
27-35	264,078	266,263	268,875	315,353
36-45	207,327	209,135	210,984	243,959
46-55	179,162	180,600	182,172	208,477
56-64	160,565	163,622	166,273	180,202
Sex				
Female	496,042	500,407	556,889	557,260
Male	545,969	551,298	504,637	588,871
Race				
White	648,263	654,549	661,005	714,621
Black or African American	264,767	266,048	267,466	289,990
Asian	7,281	7,432	7,633	8,192
American Indian or Alaskan Native	16,101	16,225	16,378	17,664
Other	1,816	1,833	1,847	1,936
Unknown	103,783	105,618	107,197	113,728
Ethnicity				
Hispanic	65,312	66,081	66,723	72,423
Non-Hispanic	976,466	985,386	994,562	1,073,443
Unknown	233	238	241	265
Specific Eligibility Groups				
New Adult Group	977,719	987,645	997,603	1,076,693
Not New Parent/Caretaker Relatives	1	1	1	1
Not New Disabled Person Non-Institutionalized	19,735	19,158	18,750	29,853
Not New Disabled Person Institutionalized	220	210	197	386
Not New Children Age 19 to 20	44,336	44,691	44,975	55,907
Total	1,042,011	1,051,705	1,061,526	1,146,131

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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.

Table 3: New HMP Enrollment by Subgroup				
Subgroup	October 2022	November 2022	December 2022	CY 2022
Income Group				
< 50% FPL	8,184	10,130	3,310	86,955
50-100% FPL	2,820	3,483	9,664	43,664
> 100% FPL	2,446	3,619	3,422	32,455
Age				
19-26	4,148	5,043	4,660	50,505
27-35	3,323	3,836	4,023	40,409
36-45	2,544	2,962	2,882	30,818
46-55	1,943	2,510	2,399	22,618
56-64	1,492	2,881	2,432	18,724
Sex				
Female	6,584	8,991	8,250	84,765
Male	6,866	8,241	8,146	78,309
Race				
White	8,211	11,100	10,704	100,875
Black or African American	3,174	3,273	3,084	38,460
Asian	88	205	231	1,175
American Indian or Alaskan Native	191	256	235	2,538
Other	18	20	22	214
Unknown	1,768	2,378	2,120	19,812
Ethnicity				
Hispanic	1,255	1,240	1,253	13,295
Non-Hispanic	12,191	15,985	15,136	149,722
Unknown	4	7	7	53
Specific Eligibility Groups				
New Adult Group	11,977	15,709	15,075	146,375
Not New Parent/Caretaker Relatives	0	0	0	1
Not New Disabled Person Non-Institutionalized	363	369	321	3,890
Not New Disabled Person Institutionalized	1	2	2	31
Not New Children Age 19 to 20	1,109	1,152	998	12,777
Total	13,450	17,232	16,396	163,074

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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 while member's still have renewal dates stored in the data warehouse, the department has suspended Medicaid renewals due to the COVID-19 public health emergency.

Table 4: HMP Renewals by Subgroup				
Subgroup	October 2022	November 2022	December 2022	CY 2022
Income Group				
< 50% FPL	13,339	13,994	12,359	201,322
50-100% FPL	4,030	4,270	3,630	69,407
> 100% FPL	4,034	4,266	3,584	59,197
Age				
19-26	4,677	4,792	4,505	73,691
27-35	5,624	6,378	5,420	88,516
36-45	3,869	3,962	3,471	63,921
46-55	3,492	3,510	3,194	56,338
56-64	3,741	3,888	2,983	47,460
Sex				
Female	10,225	10,377	8,908	154,218
Male	11,178	12,153	10,665	175,708
Race				
White	13,299	14,240	11,961	195,099
Black or African American	5,356	5,030	4,919	96,750
Asian	183	259	140	2,013
American Indian or Alaskan Native	340	308	352	5,126
Other	23	28	35	473
Unknown	2,202	2,665	2,166	30,465
Ethnicity				
Hispanic	1,289	1,209	1,265	19,698
Non-Hispanic	20,104	21,318	18,306	310,172
Unknown	10	3	2	58
Specific Eligibility Groups				
New Adult Group	20,119	21,325	18,450	309,509
Not New Parent/Caretaker Relatives	0	0	0	0
Not New Disabled Person Non-Institutionalized	434	359	332	6,555
Not New Disabled Person Institutionalized	4	3	3	77
Not New Children Age 19 to 20	846	843	788	13,785
Total	21,403	22,530	19,573	329,926

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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.

Table 5: HMP Cost Sharing Limit by Subgroup				
Subgroup	October 2022	November 2022	December 2022	CY 2022
Income Group				
< 50% FPL	123,731	62,200	37,425	871,913
50-100% FPL	7,337	3,620	2,989	53,932
> 100% FPL	7,360	3,608	3,070	53,787
Age				
19-26	32,850	16,127	10,784	228,335
27-35	31,824	18,138	11,177	234,154
36-45	23,905	13,169	7,819	173,315
46-55	27,292	12,161	7,148	188,460
56-64	22,557	9,833	6,556	155,398
Sex				
Female	63,875	28,667	17,858	442,206
Male	74,553	40,761	25,626	537,426
Race				
White	81,565	40,930	25,051	572,653
Black or African American	40,186	20,486	12,896	290,153
Asian	834	324	356	5,528
American Indian or Alaskan Native	1,778	1,171	638	13,303
Other	194	91	43	1,326
Unknown	13,871	6,426	4,500	96,669
Ethnicity				
Hispanic	8,001	4,396	2,880	55,321
Non-Hispanic	130,403	65,003	40,591	924,102
Unknown	24	29	13	214
Specific Eligibility Groups				
New Adult Group	124,774	62,868	39,266	890,077
Not New Parent/Caretaker Relatives	1	0	0	2
Not New Disabled Person Non-Institutionalized	3,730	2,177	1,366	27,940
Not New Disabled Person Institutionalized	35	26	18	307
Not New Children Age 19 to 20	9,888	4,357	2,834	61,306
Total	138,428	69,428	43,484	979,632

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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.

Table 6: HMP Access to Care			
Provider Type	Period	Availability	Active Participation
Primary Care	October 2022 – December 2022	56,476	17,699
	CY 2022	56,556	26,889
Specialty	October 2022 – December 2022	89,355	40,294
	CY 2022	89,447	60,343

Quality of Care and Health Outcomes

The following Quality of Care and Health Outcomes metrics reflect calendar year 2020 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 a slight decrease from 2019 to 2020. This metric consists of the following components: advising smokers and tobacco users to quit, discussing cessation medications, and discussing cessation strategies.

Table 7: Medical Assistance with Smoking and Tobacco Use Cessation			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	29,507	63,970	46.13
50-100% FPL	11,047	23,552	46.90
> 100% FPL	8,817	19,172	45.99
Age			
19-26	3,769	12,153	31.01
27-35	8,686	21,969	39.54
36-45	11,565	24,582	47.05
46-55	14,609	27,690	52.76
56-64	10,742	20,300	52.92
Sex			
Female	25,539	52,449	48.69
Male	23,832	54,245	43.93

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Table 7: Medical Assistance with Smoking and Tobacco Use Cessation Continued			
Race			
White	35,275	74,061	47.63
Black or African American	10,110	23,726	42.61
Asian	354	715	49.51
American Indian or Alaskan Native	773	1,900	40.68
Other	85	182	46.70
Unknown	2,774	6,110	45.40
Total	106,694	49,371	46.27

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 is shown in Table 8. Two rates are reported including follow up within 7 and 30 days of the ED visit. These measures saw a slight decrease from 2019 to 2020.

Table 8: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence						
Subgroup	Follow-up within 7 days			Follow-up within 30 days		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Income Group						
< 50% FPL	9,804	1,305	13.31	9,804	2,131	21.74
50-100% FPL	1,457	207	14.21	1,457	350	24.02
> 100% FPL	987	150	15.20	987	252	25.53
Age						
19-26	1,651	165	9.99	1,651	268	16.23
27-35	3,728	565	15.16	3,728	919	24.65
36-45	3,173	450	14.18	3,173	742	23.38
46-55	2,622	350	13.35	2,622	594	22.65
56-64	1,315	163	12.40	1,315	260	19.79
Sex						
Female	3,368	466	13.84	3,368	789	23.43
Male	9,121	1,227	13.45	9,121	1,994	21.86
Race						
White	8,429	1,331	15.79	8,429	2,214	26.27
Black or African American	2,716	218	8.03	2,716	325	11.97
Asian	33	2	6.06	33	4	12.12
American Indian or Alaskan Native	355	49	13.80	355	82	23.10
Other	23	1	4.34	23	3	13.04
Unknown	933	92	9.86	933	155	16.61
Total	12,489	1,693	13.56	12,489	2,783	22.28

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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 stayed about the same from 2019 to 2020.

Table 9: Follow-Up After Emergency Department Visit for Mental Illness						
	Follow-up within 7 days			Follow-up within 30 days		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Income Group						
< 50% FPL	5,216	1,910	36.61	5,216	2,612	50.07
50-100% FPL	904	387	42.81	904	516	57.08
> 100% FPL	701	314	44.79	701	421	60.06
Age						
19-26	2,035	839	41.23	2,035	1,128	55.43
27-35	2,113	771	36.49	2,113	1,050	49.69
36-45	1,398	512	36.62	1,398	699	50.00
46-55	924	360	38.96	924	493	53.35
56-64	351	129	36.75	351	179	51.00
Sex						
Female	2,623	1,121	42.74	2,623	1,491	56.84
Male	4,198	1,490	35.49	4,198	2,058	49.02
Race						
White	4,408	1,816	41.20	4,408	2,455	55.69
Black or African American	1,769	578	32.67	1,769	790	44.66
Asian	27	7	25.93	27	11	40.74
American Indian or Alaskan Native	159	66	41.51	159	94	59.12
Other	18	9	50.00	18	13	72.22
Unknown	440	135	30.68	440	186	42.27
Total	6,821	2,611	38.28	6,821	3,549	52.03

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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Table 10: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment						
Alcohol abuse or dependence						
	Initiation of AOD Treatment			Engagement of AOD Treatment.		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Income Group						
< 50% FPL	26,582	10,654	40.07	26,581	3,323	12.50
50-100% FPL	5,834	2,174	37.26	5,834	749	12.84
> 100% FPL	4,025	1,460	36.27	4,025	457	11.35
Age						
19-26	5,445	1,738	31.92	5,444	539	9.90
27-35	10,056	3,961	39.39	10,056	1,530	15.21
36-45	8,720	3,613	41.43	8,720	1,246	14.29
46-55	7,821	3,188	40.76	7,821	848	10.84
56-64	4,399	1,788	40.64	4,399	366	8.33
Sex						
Female	12,397	4,510	36.38	12,397	1,478	11.92
Male	24,044	9,778	40.67	24,044	3,051	12.69
Race						
White	23,325	9,536	40.88	23,325	3,416	14.65
Black or African American	9,788	3,444	35.19	9,788	745	7.61
Asian	114	46	40.35	114	15	13.16
American Indian or Alaskan Native	814	297	36.49	814	113	13.88
Other	65	24	36.92	65	8	12.30
Unknown	2,335	941	40.30	2,335	232	9.94
Total	36,441	14,288	39.21	36,441	4,529	12.43

Table 11: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment						
Opioid abuse or dependence						
	Initiation of AOD Treatment			Engagement of AOD Treatment.		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Income Group						
< 50% FPL	13,815	5,309	38.42	13,815	1,211	8.76
50-100% FPL	3,209	1,177	36.68	3,209	318	9.91
> 100% FPL	2,314	850	36.73	2,314	233	10.07
Age						
19-26	1,989	552	27.75	1,989	156	7.84
27-35	4,486	1,551	34.57	4,486	440	9.81
36-45	4,602	1,844	40.07	4,602	485	10.54
46-55	5,075	2,057	40.53	5,075	455	8.97
56-64	3,186	1,332	41.79	3,186	226	7.10
Sex						
Female	5,863	2,080	35.48	5,863	539	9.19
Male	13,475	5,256	39.01	13,475	1,223	9.08

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Table 11: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Opioid abuse or dependence Continued						
	Initiation of AOD Treatment			Engagement of AOD Treatment.		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Race						
White	11,565	4,627	40.01	11,565	1,234	10.67
Black or African American	5,794	1,955	33.74	5,794	352	6.08
Asian	68	24	35.29	68	9	13.24
American Indian or Alaskan Native	466	131	34.55	466	48	10.30
Other	38	14	36.84	38	5	13.15
Unknown	1,407	555	39.45	1,407	114	8.10
Total	19,338	7,336	37.94	19,338	1,762	9.11

Table 12: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Other drug abuse or dependence						
	Initiation of AOD Treatment			Engagement of AOD Treatment		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Income Group						
< 50% FPL	4,967	2,692	54.19	4,967	1,428	28.74
50-100% FPL	912	487	53.40	912	315	34.54
> 100% FPL	598	301	50.33	598	150	25.08
Age						
19-26	712	345	48.46	712	185	25.98
27-35	2,384	1,371	57.51	2,384	801	33.60
36-45	1,763	986	55.93	1,763	556	31.54
46-55	1,083	548	50.60	1,083	257	23.73
56-64	535	230	42.99	535	94	17.57
Sex						
Female	2,464	1,250	50.73	2,464	678	27.52
Male	4,013	2,230	55.57	4,013	1,215	30.28
Race						
White	5,155	2,845	55.19	5,155	1,611	31.25
Black or African American	834	382	45.80	834	152	18.23
Asian	13	9	69.23	13	4	30.77
American Indian or Alaskan Native	143	73	51.05	143	48	33.57
Other	9	6	66.66	9	3	33.33
Unknown	323	165	51.08	323	75	23.22
Total	6,477	3,480	53.73	6,477	1,893	29.23

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Table 13: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Total AOD abuse or dependence						
	Initiation of AOD Treatment			Engagement of AOD Treatment.		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Income Group						
< 50% FPL	10,098	3,554	35.19	10,098	783	7.75
50-100% FPL	2,077	646	31.10	2,077	127	6.11
> 100% FPL	1,355	404	29.82	1,355	82	6.05
Age						
19-26	3,133	959	30.61	3,133	212	6.77
27-35	4,213	1,406	33.37	4,213	335	7.95
36-45	3,099	1,084	34.98	3,099	240	7.74
46-55	2,183	829	37.98	2,183	155	7.10
56-64	902	326	36.11	902	50	5.56
Sex						
Female	4,948	1,482	29.95	4,948	289	5.84
Male	8,582	3,122	36.38	8,582	703	8.19
Race						
White	8,464	2,773	32.76	8,464	664	7.84
Black or African American	3,938	1,435	36.44	3,938	257	6.53
Asian	40	16	40.00	40	2	5.00
American Indian or Alaskan Native	290	82	28.28	290	21	7.24
Other	21	6	28.57	21	0	0.00
Unknown	777	292	37.58	777	48	6.18
Total	13,530	4,604	34.03	13,530	992	7.33

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 slight increase from 2019 to 2020.

Table 14: Diabetes Short-Term Complications Admission Rate			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	4,459,422	1,396	31.31
50-100% FPL	1,906,711	282	14.79
> 100% FPL	1,623,555	201	12.38
Age			
19-26	1,880,268	494	26.27
27-35	1,956,388	476	24.33
36-45	1,549,251	428	27.63
46-55	1,476,862	330	22.34
56-64	1,126,919	151	13.43
Sex			
Female	3,967,361	733	18.48
Male	4,022,327	1,146	28.49

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Table 14: Diabetes Short-Term Complications Admission Rate Continued			
Subgroup	Denominator	Numerator	Rate
Race			
White	4,992,148	980	19.63
Black or African American	2,029,360	706	34.79
Asian	141,164	1	0.17
American Indian or Alaskan Native	122,427	23	18.79
Other	19,208	10	53.36
Unknown	685,381	159	23.20
Total	7,989,688	1,879	23.52

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 substantial decrease from an overall rate of 42.43 in 2019 to 24.54 in 2020.

Table 15: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	1,938,272	575	29.67
50-100% FPL	819,865	139	16.95
> 100% FPL	730,053	142	19.45
Age			
36-45	884,431	94	10.63
46-55	1,476,862	385	26.07
56-64	1,126,919	377	33.83
Sex			
Female	1,762,334	465	26.39
Male	1,725,878	391	22.66
Race			
White	2,251,815	534	23.71
Black or African American	808,149	233	28.83
Asian	66,921	3	4.48
American Indian or Alaskan Native	47,373	15	31.66
Other	7,801	0	0.00
Unknown	306,153	71	23.19
Total	3,488,212	856	24.54

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 slight decrease from 2019 to 2020.

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Table 16: Heart Failure Admission Rate			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	4,459,345	1,071	24.02
50-100% FPL	1,906,711	201	10.54
> 100% FPL	1,623,555	219	13.49
Age			
19-26	1,880,268	21	1.12
27-35	1,956,388	124	6.34
36-45	1,549,251	263	16.98
46-55	1,476,862	570	38.60
56-64	1,126,919	513	56.94
Sex			
Female	3,967,361	434	10.94
Male	4,022,327	1,057	26.28
Race			
White	4,992,148	643	12.88
Black or African American	2,029,360	686	33.80
Asian	141,164	3	2.13
American Indian or Alaskan Native	122,427	12	9.80
Other	19,208	5	25.26
Unknown	685,381	142	20.72
Total	7,989,688	1,491	18.66

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 2019 to 2020.

Table 17: Asthma in Younger Adults Admission Rate			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	2,521,073	137	4.75
50-100% FPL	1,086,846	46	3.47
> 100% FPL	893,502	31	5.43
Age			
19-26	1,880,268	65	3.46
27-35	1,956,388	109	5.57
36-45	664,820	40	6.02
Sex			
Female	2,205,027	107	4.85
Male	2,296,449	107	4.66
Race			
White	2,740,333	82	2.99
Black or African American	1,221,211	116	9.50
Asian	74,243	0	0.00
American Indian or Alaskan Native	75,054	1	1.33
Other	11,407	0	0.00

Table 17: Asthma in Younger Adults Admission Rate Continued			
Subgroup	Denominator	Numerator	Rate
Race			
Unknown	379,228	15	3.96
Total	4,501,476	214	4.75

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.

Table 18: HMP Demonstration Administrative Costs	
Previous Demonstration Year CY 2021	Demonstration Year to Date CY 2022
\$8,313,672	\$12,715,991

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 CY2022 annual report:

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

Quarter 1: During this quarter, the evaluation team completed work on the beneficiary interviews for inclusion in the interim report. The team also finished fielding the 2021 Healthy Michigan Voices (HMPV)

beneficiary survey with 4,082 participant surveys completed. Cleaning and analyzing survey data was under progress this quarter.

Quarter 2: During this quarter, the IHPI evaluation team summarized and incorporated beneficiary interviews into the draft interim report. The team also completed initial analyses of the 2021 Healthy Michigan Voices (HMPV) beneficiary survey data and incorporated findings in the draft interim report.

Quarter 3: During this quarter, the IHPI evaluation team continued discussions relative to longitudinal analyses of survey data to be included in the summative evaluation report.

Quarter 4: IHPI has begun planning for the new beneficiary interviews. Planning will continue into the next quarter. The evaluation team continued discussing longitudinal analyses of survey data to be included in the summative evaluation report.

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

Quarter 1: This quarter, IHPI worked on utilizing administrative claims, enrollment, and payment data for analysis.

Quarter 2: IHPI completed analyses utilizing administrative claims, enrollment, and payment data.

Quarter 3: No activity for this objective was reported during the quarter.

Quarter 4: This quarter, IHPI pulled new data and assess data quality and conducted analyses to prepare for final evaluation report.

Objective III: 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 evaluation team prepared for analyses of credit data. Analyses of ACS, HCUP, and Medicare cost report data are under way. BRFSS data analyses are being summarized.

Quarter 2: This quarter, IHPI compiled results of all completed analyses and prepared a draft of the interim evaluation report which was shared with MDHHS for review July 1, 2022.

Quarter 3: The IHPI evaluation team continued preparing for analyses of credit data, including communicating with Experian regarding questions that arose about the data. Results of analyses utilizing BRFSS, ACS, HCUP, and Medicare cost report data were included in the draft interim evaluation report which was shared with MDHHS for their review July 1, 2022.

Quarter 4: This quarter, IHPI continued working on credit data analyses.

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

Quarter 1: No activity for this objective was reported during the quarter.

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Quarter 2: No activity for this objective was reported during the quarter.

Quarter 3: The IHPI evaluation team made requested revisions to the draft interim evaluation report and shared an updated version with MDHHS in mid-August 2022. Team members presented results from the interim report as part of the MCAC meeting on August 24, 2022, and presented as part of the Healthy Michigan Plan Waiver Request Public Hearing on October 7, 2022.

Quarter 4: IHPI presented results from the interim report as part of the Healthy Michigan Plan Waiver Extension Request Public Hearing on October 7, 2022. CMS approved the interim evaluation report in November 2022.

7. Enclosures/Attachments

- I. Performance Monitoring Report: Healthy Michigan Plan Measures, January 2023
- II. Performance Monitoring Report: MDHHS Dental Measures, January 2023
- III. Healthy Behaviors Incentives Program Report, December 2022
- IV. Medical Care Advisory Council Meeting Minutes, August 2022

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 2023

Revised February 13, 2023

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

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Performance Monitoring Report

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 34 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:**

Healthy Michigan Plan (HMP) Measures				
<i>Adults' Generic Drug Utilization</i>	<i>Completion of Annual HRA</i>	<i>Outreach & 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 2023 unless otherwise noted.

Table 1: Fiscal Year 2023¹

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

¹ 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".

Healthy Michigan Plan Enrollment

Michigan Medicaid Managed Care (HMP-MC) enrollment has remained steady over the past year. In December 2022, enrollment was 796,481, up 31,269 enrollees (3.9%) from January 2022. An increase of 1,915 enrollees (0.2%) was realized between November 2022 and December 2022.

Figure 1: HMP-MC Enrollment, January 2022 – December 2022

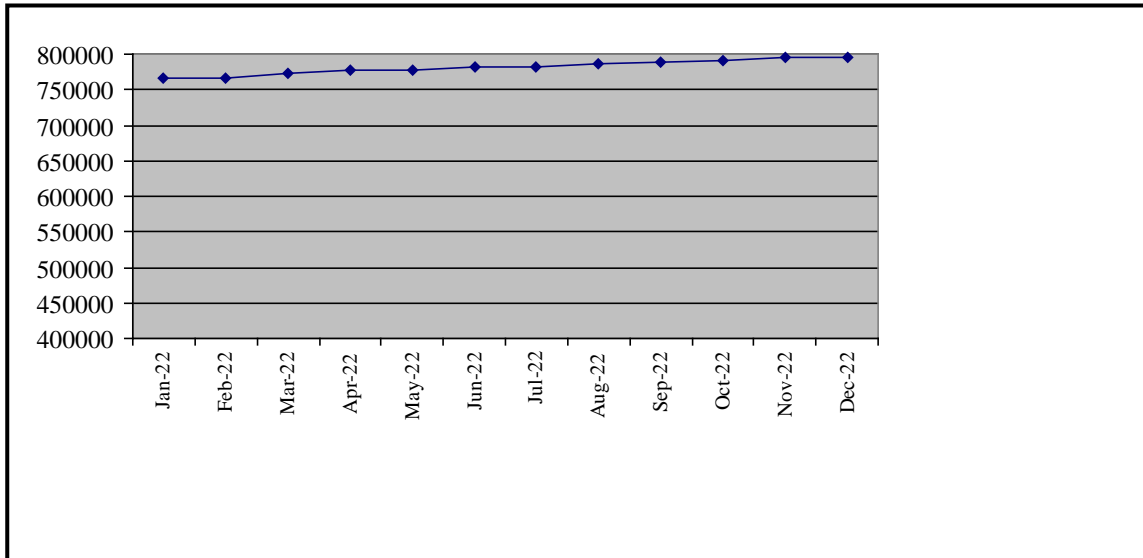
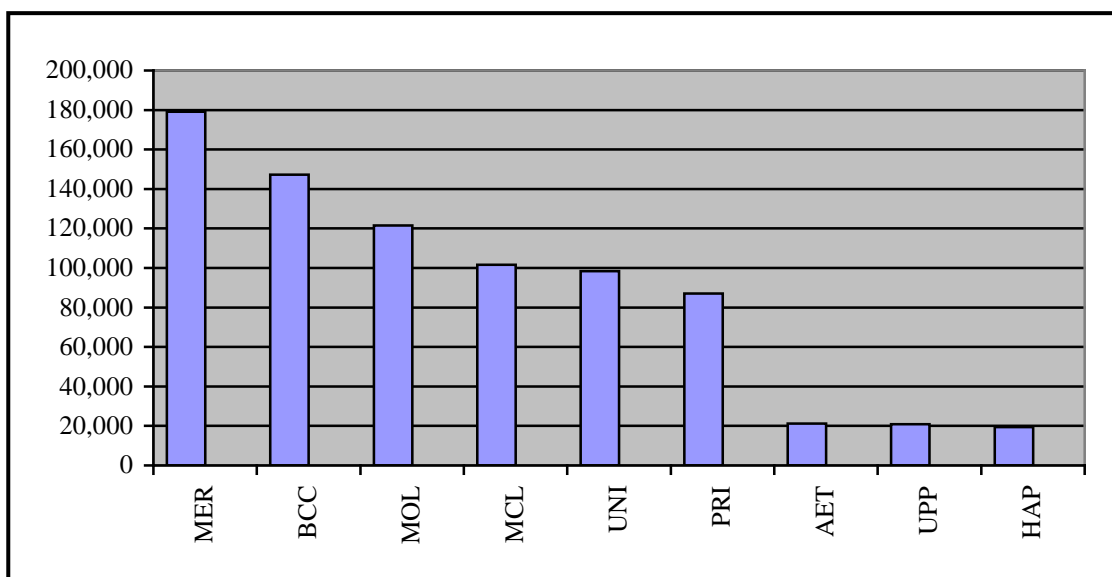


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, December 2022



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.

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.

Performance Monitoring Report

Adults' Generic Drug Utilization

Measure

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

Standard

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

Measurement Period

May 2022 – July 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

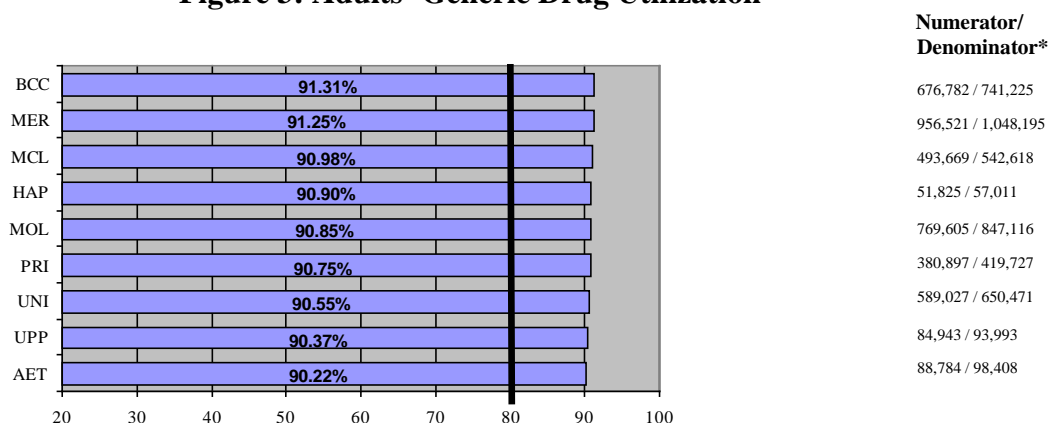
Quarterly

Summary: All plans met or exceeded the standard. Results ranged from 90.22% to 91.31%.

Table 2: Comparison across Medicaid Programs

Medicaid Program		Denominator	Percentage
Michigan Medicaid All	4,121,765	4,531,589	90.96%
Fee for Service (FFS) only	4,774	5,375	88.82%
Managed Care only	4,102,731	4,510,403	90.96%
MA-MC	1,885,833	2,074,749	90.89%
HMP-MC	2,193,900	2,410,627	91.01%

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

At or above 12% (as shown on bar graph below)

Measurement Period

July 2021 – June 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

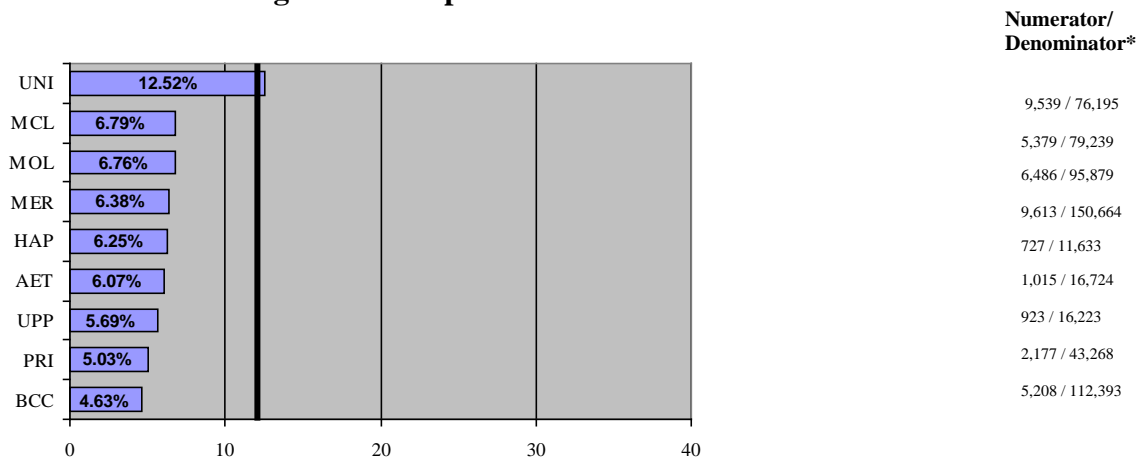
Quarterly

Summary: One plan (UNI), met or exceeded the standard, while eight plans (AET, BCC, HAP, MCL, MER, MOL, PRI, and UPP), did not. Results ranged from 4.63% to 12.52%.

Table 3: Program Total

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	46,652	671,862	6.94%

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

January 2022 – March 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

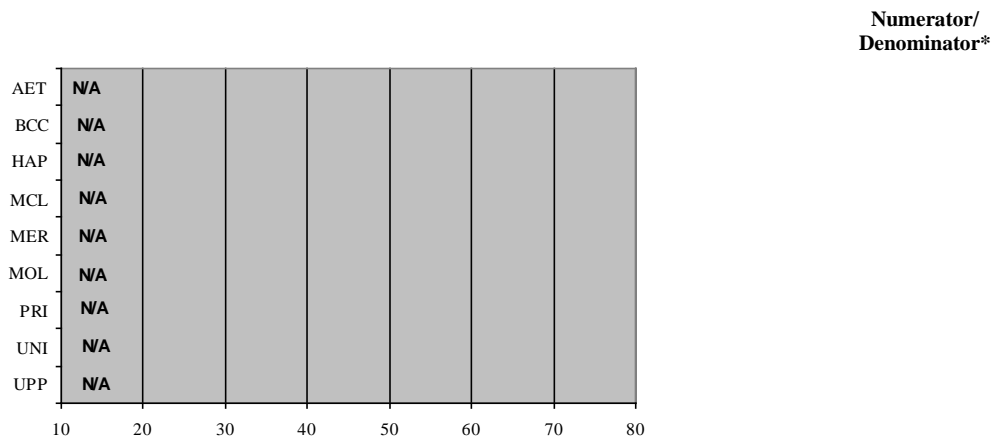
Quarterly

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

Table 4: Program Total²

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	N/A	N/A	N/A

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.

² 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 – At or **below** 30%

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

Measurement Period

November 2021 – December 2022

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, all plans met or exceeded the standard. Results ranged from 6.06 to 8.38%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 3.31% to 5.01%.

In **Cohort 2**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 4.73% to 10.37%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.87% to 6.45%.

In **Cohort 3**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 4.40% to 11.27%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.95% to 4.25%.

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	9	114	7.89%	Yes	27	602	4.49%	Yes
BCC	200	2,387	8.38%	Yes	347	8,289	4.19%	Yes
HAP	10	168	5.95%	Yes	32	639	5.01%	Yes
MCL	120	1,770	6.78%	Yes	175	5,289	3.31%	Yes
MER	218	3,279	6.65%	Yes	387	9,872	3.92%	Yes
MOL	92	1,296	7.10%	Yes	194	4,335	4.48%	Yes
PRI	100	1,479	6.76%	Yes	148	3,449	4.29%	Yes
UNI	96	1,584	6.06%	Yes	198	4,832	4.10%	Yes
UPP	37	504	7.34%	Yes	45	1,249	3.60%	Yes

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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	10	113	8.85%	Yes	24	583	4.12%	Yes
BCC	187	2,322	8.05%	Yes	320	8,077	3.96%	Yes
HAP	14	135	10.37%	Yes	38	589	6.45%	Yes
MCL	108	1,830	5.90%	Yes	208	5,559	3.74%	Yes
MER	223	3,167	7.04%	Yes	350	10,050	3.48%	Yes
MOL	96	1,308	7.34%	Yes	184	4,360	4.22%	Yes
PRI	103	1,439	7.16%	Yes	148	3,316	4.46%	Yes
UNI	123	1,606	7.66%	Yes	232	4,984	4.65%	Yes
UPP	29	613	4.73%	Yes	34	1,185	2.87%	Yes

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	5	111	4.50%	Yes	20	678	2.95%	Yes
BCC	162	2,293	7.06%	Yes	310	8,324	3.72%	Yes
HAP	16	142	11.27%	Yes	27	642	4.21%	Yes
MCL	96	1,779	5.40%	Yes	202	5,564	3.63%	Yes
MER	248	3,303	7.51%	Yes	412	10,601	3.89%	Yes
MOL	103	1,313	7.84%	Yes	171	4,836	3.54%	Yes
PRI	124	1,371	9.04%	Yes	134	3,517	3.81%	Yes
UNI	138	1,702	8.11%	Yes	219	5,154	4.25%	Yes
UPP	24	545	4.40%	Yes	41	1,260	3.25%	Yes

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 – At or above 2%
Income level up to 100% FPL – At or above 2%

Measurement Period

November 2021 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Summary:

In **Cohort 1**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 2.70% to 5.06%. For income levels up to 100% FPL, eight plans (**BCC, HAP, MCL, MER, MOL, PRI, UNI and UPP**) met or exceeded the standard, while one plan (AET) did not. Results ranged from 1.37% to 3.65%.

In **Cohort 2**, for income levels over 100% FPL, eight plans (**AET, BCC, MCL, MER, MOL, PRI, UNI and UPP**) met or exceeded the standard, while one plan (HAP) did not. Results ranged from 1.75% to 5.35%. For income levels up to 100% FPL, eight plans (**AET, BCC, MCL, MER, MOL, PRI, UNI and UPP**) met or exceeded the standard, while one plan (HAP) did not. Results ranged from 1.03% to 3.53%.

In **Cohort 3**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 2.53% to 4.06%. For income levels up to 100% FPL, all plans met or exceeded the standards. Results ranged from 2.06% to 3.11%.

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	7	259	2.70%	Yes	6	437	1.37%	No
BCC	109	2,792	3.90%	Yes	161	4,973	3.24%	Yes
HAP	12	276	4.35%	Yes	8	398	2.01%	Yes
MCL	83	2,131	3.89%	Yes	103	3,602	2.86%	Yes
MER	198	4,696	4.22%	Yes	211	7,526	2.80%	Yes
MOL	65	1,895	3.43%	Yes	77	3,314	2.32%	Yes
PRI	82	1,620	5.06%	Yes	71	2,348	3.02%	Yes
UNI	104	2,137	4.87%	Yes	128	3,510	3.65%	Yes
UPP	22	515	4.27%	Yes	20	714	2.80%	Yes

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	8	267	3.00%	Yes	11	458	2.40%	Yes
BCC	142	3,050	4.66%	Yes	141	5,288	2.67%	Yes
HAP	5	285	1.75%	No	5	487	1.03%	No
MCL	74	2,330	3.18%	Yes	78	3,702	2.11%	Yes
MER	188	4,791	3.92%	Yes	173	7,905	2.19%	Yes
MOL	74	2,072	3.57%	Yes	89	3,601	2.47%	Yes
PRI	82	1,787	4.59%	Yes	71	2,595	2.74%	Yes
UNI	114	2,131	5.35%	Yes	121	3,667	3.30%	Yes
UPP	24	525	4.57%	Yes	25	709	3.53%	Yes

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	11	298	3.69%	Yes	12	524	2.29%	Yes
BCC	119	2,933	4.06%	Yes	141	5,426	2.60%	Yes
HAP	6	237	2.53%	Yes	9	430	2.09%	Yes
MCL	60	2,325	2.58%	Yes	94	3,713	2.53%	Yes
MER	182	4,834	3.76%	Yes	218	8,300	2.63%	Yes
MOL	63	2,266	2.78%	Yes	79	3,842	2.06%	Yes
PRI	73	1,798	4.06%	Yes	59	2,632	2.24%	Yes
UNI	88	2,168	4.06%	Yes	88	3,652	2.41%	Yes
UPP	19	515	3.69%	Yes	22	708	3.11%	Yes

Appendix A: Three Letter Medicaid Health Plan Codes

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

AET	Aetna Better Health of Michigan
BCC	Blue Cross Complete of Michigan
HAP	HAP Empowered
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
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 22– Jul 21	80%	90.22%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.07%	No
--------------------------	-----------------	-----	-------	----

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 22 – Mar 22	Informational Only	N/A	N/A
---	-----------------	--------------------	-----	-----

Transition into CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	7.89%	Yes	8.85%	Yes	4.50%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	4.49%	Yes	4.12%	Yes	2.95%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.70%	Yes	3.00%	Yes	3.69%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	1.37%	No	2.40%	Yes	2.29%	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

Blue Cross Complete of Michigan – BCC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 21	80%	91.31%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	4.63%	No
--------------------------	-----------------	-----	-------	----

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 22 – Mar 22	Informational Only	N/A	N/A
---	-----------------	--------------------	-----	-----

Transition into CFP Status: [Nov 21 – Dec 22];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	8.38%	Yes	8.05%	Yes	7.06%	Yes
≤30%						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL	4.19%	Yes	3.96%	Yes	3.72%	Yes
≤7%						

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

Transition out of CFP Status: [Nov 21 – Dec 22];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	3.90%	Yes	4.66%	Yes	4.06%	Yes
≥2%						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL	3.24%	Yes	2.67%	Yes	2.60%	Yes
≥2%						

- 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 Empowered – HAP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 21	80%	90.90%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.25%	Yes
--------------------------	-----------------	-----	-------	-----

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 22 – Mar 22	Informational Only	N/A	N/A
---	-----------------	--------------------	-----	-----

Transition into CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	5.95%	Yes	10.37%	Yes	11.27%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	5.01%	Yes	6.45%	Yes	4.21%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	4.35%	Yes	1.75%	No	2.53%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.01%	Yes	1.03%	No	2.09%	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

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 21	80%	90.98%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.79%	No
--------------------------	-----------------	-----	-------	----

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 22 – Mar 22	Informational Only	N/A	N/A
---	-----------------	--------------------	-----	-----

Transition into CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	6.78%	Yes	5.90%	Yes	5.40%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.31%	Yes	3.74%	Yes	3.63%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.89%	Yes	3.18%	Yes	2.58%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.86%	Yes	2.11%	Yes	2.53%	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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 21	80%	91.25%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.38%	No
--------------------------	-----------------	-----	-------	----

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 22 – Mar 22	Informational Only	N/A	N/A
---	-----------------	--------------------	-----	-----

Transition into CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	6.65%	Yes	7.04%	Yes	7.51%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.92%	Yes	3.48%	Yes	3.89%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	4.22%	Yes	3.92%	Yes	3.76%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.80%	Yes	2.19%	Yes	2.63%	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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 21	80%	90.85%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.76%	No
--------------------------	-----------------	-----	-------	----

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 22 – Mar 22	Informational Only	N/A	N/A
---	-----------------	--------------------	-----	-----

Transition into CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	7.10%	Yes	7.34%	Yes	7.84%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	4.48%	Yes	4.22%	Yes	3.54%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.43%	Yes	3.57%	Yes	2.78%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.32%	Yes	2.47%	Yes	2.06%	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

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 21	80%	90.75%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	5.03%	No
--------------------------	-----------------	-----	-------	----

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 22 – Mar 22	Informational Only	N/A	N/A
---	-----------------	--------------------	-----	-----

Transition into CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	6.76%	Yes	7.16%	Yes	9.04%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	4.29%	Yes	4.46%	Yes	3.81%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.06%	Yes	4.59%	Yes	4.06%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.02%	Yes	2.74%	Yes	2.24%	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

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 21	80%	90.55%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	12.52%	Yes
--------------------------	-----------------	-----	--------	-----

Outreach/Engagement to Facilitate Entry to Primary Care.	Jan 22 – Mar 22	Informational Only	N/A	N/A
--	-----------------	--------------------	-----	-----

Transition into CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	6.06%	Yes	7.66%	Yes	8.11%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	4.10%	Yes	4.65%	Yes	4.25%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	4.87%	Yes	5.35%	Yes	4.06%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.65%	Yes	3.30%	Yes	2.41%	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

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 21	80%	90.37%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	5.69%	No
--------------------------	-----------------	-----	-------	----

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 22 – Mar 22	Informational Only	N/A	N/A
---	-----------------	--------------------	-----	-----

Transition into CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	7.34%	Yes	4.73%	Yes	4.40%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.60%	Yes	2.87%	Yes	3.25%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22];						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	4.27%	Yes	4.57%	Yes	3.69%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.80%	Yes	3.53%	Yes	3.11%	Yes

- 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 2023

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

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Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through 34 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:**

MDHHS Dental Measures		
<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>		

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 2023 unless otherwise noted.

Performance Monitoring Report

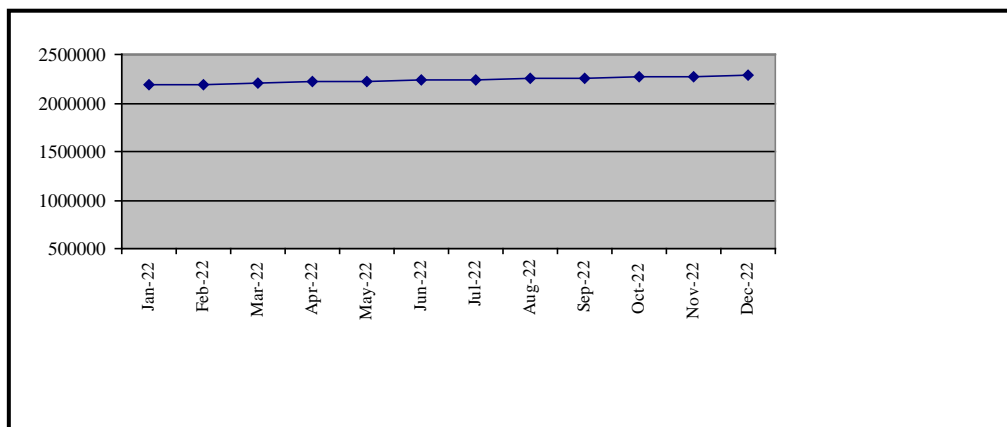
Table 1: Fiscal Year 2023¹

Quarterly Reported Measures	Reported in 1 st Quarter	Reported in 2 nd Quarter	Reported in 3 rd Quarter	Reported in 4 th Quarter
Diagnostic Dental Services	0/9			
Preventive Dental Services	1/9			
Restorative (Dental Fillings) Dental Services	0/9			
Comprehensive Diabetes Care: Diagnostic Dental Exam	N/A			
Comprehensive Diabetes Care: Preventive Dental Visit	2/9			
Comprehensive Diabetes Care: Restorative Dental Visit	N/A			
Diagnostic Dental Visits in Pregnant Women	2/10			
Preventive Dental Visits in Pregnant Women	N/A			
Restorative Dental Visits in Pregnant Women	N/A			
Adults: Any Dental Visit	N/A			

Managed Care Enrollment

Michigan Medicaid Managed Care (MA-MC) enrollment has remained steady over the past year. In December 2022 enrollment was 2,279,740 up 87,244 enrollees (3.8%) from January 2022. An increase of 4,697 enrollees (0.2%) was realized between November 2022 and December 2022.

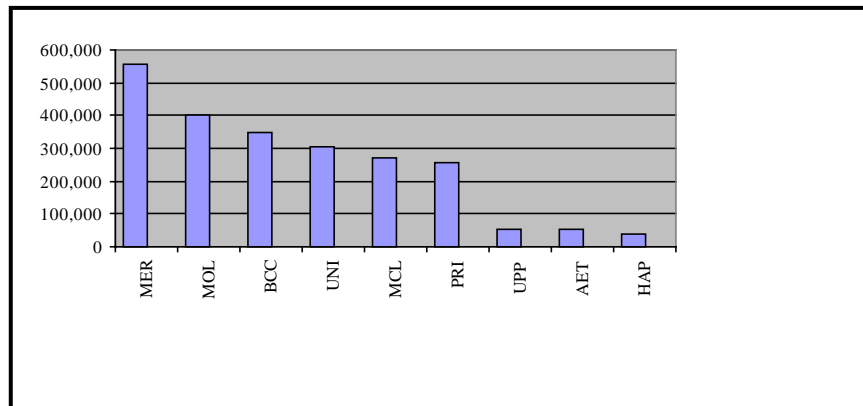
Figure 1: Medicaid Managed Care Enrollment, January 2022 – December 2022



¹ N/A will be shown for measures where the standard is Informational Only. Also, measures with a denominator less than 10 do not include Total Health Care (THC).

Performance Monitoring Report

Figure 2: Medicaid Managed Care Enrollment by Health Plan, December 2022



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, 2021, Total Health Care (THC) is no longer an active Medicaid Health Plan. However, their information will continue to appear in the quarterly PMRs until such data is no longer available.

Cross-Plan Performance Monitoring Analyses

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

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 2021 – June 2022

Data Source

MDHHS Data Warehouse

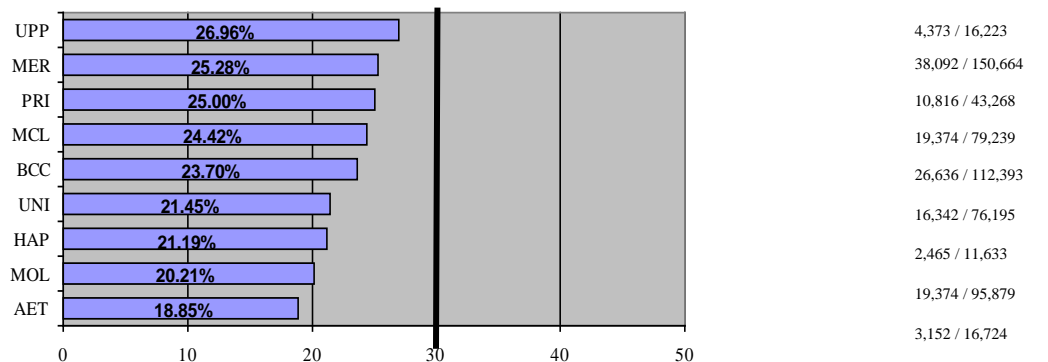
Measurement Frequency

Quarterly

Summary: None of the health plans met or exceeded the standard. Results ranged from 18.85% to 26.96%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	1,221	10,388	11.75%
HMP Managed Care (MC) Only	147,503	630,366	23.40%

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 2021 – June 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

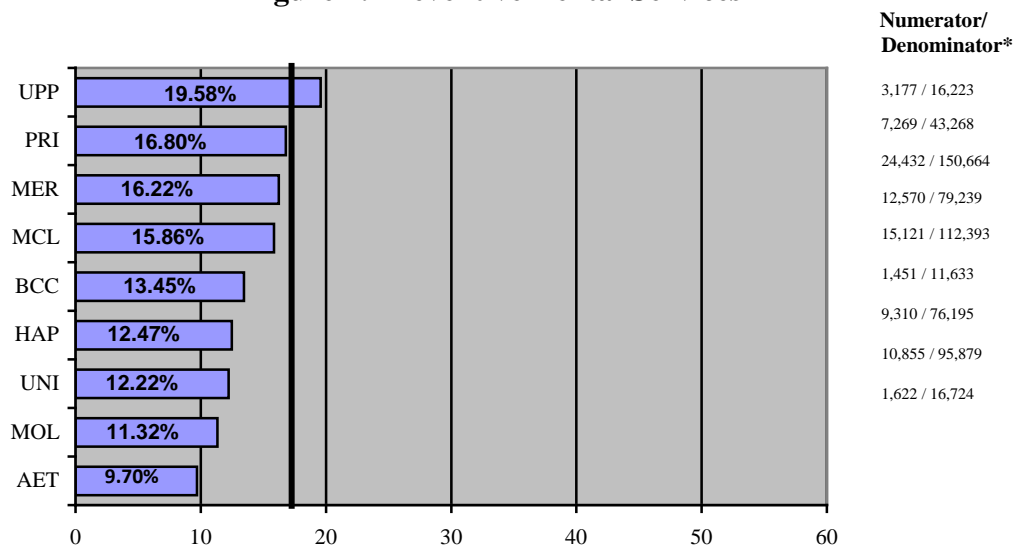
Quarterly

Summary: One plan (**UPP**) met or exceeded the standard, while eight plans (AET, BCC, HAP, MCL, MER, MOL, PRI, and UNI), did not. Results ranged from 9.70% to 19.58%.

Table 3: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	595	10,388	5.73%
HMP Managed Care (MC) Only	89,483	630,366	14.20%

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 2021 – June 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

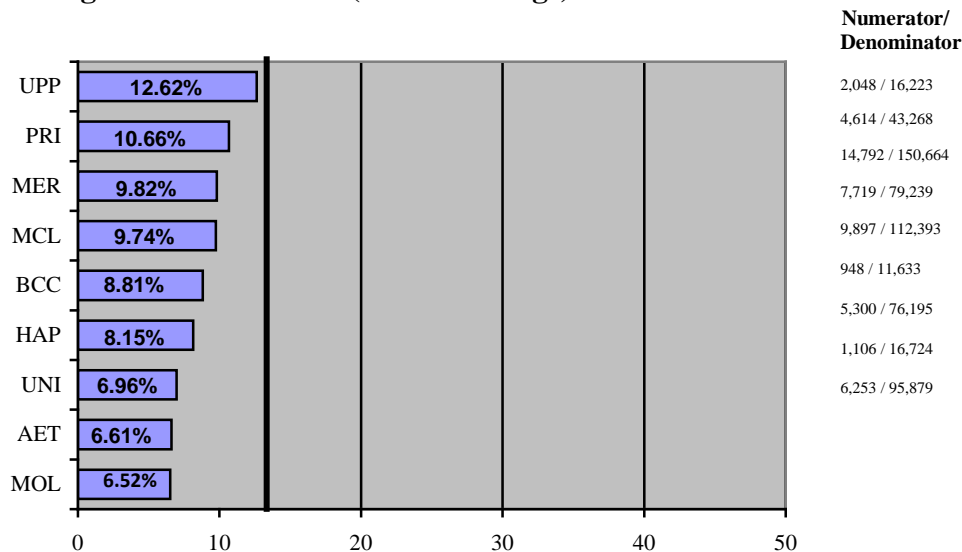
Quarterly

Summary: None of the plan met or exceeded the standard. Results ranged from 6.52% to 12.62%.

Table 4: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	393	10,388	3.78%
HMP Managed Care (MC) Only	55,203	630,366	8.76%

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

N/A – Informational Only

Measurement Period

July 2021 – June 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

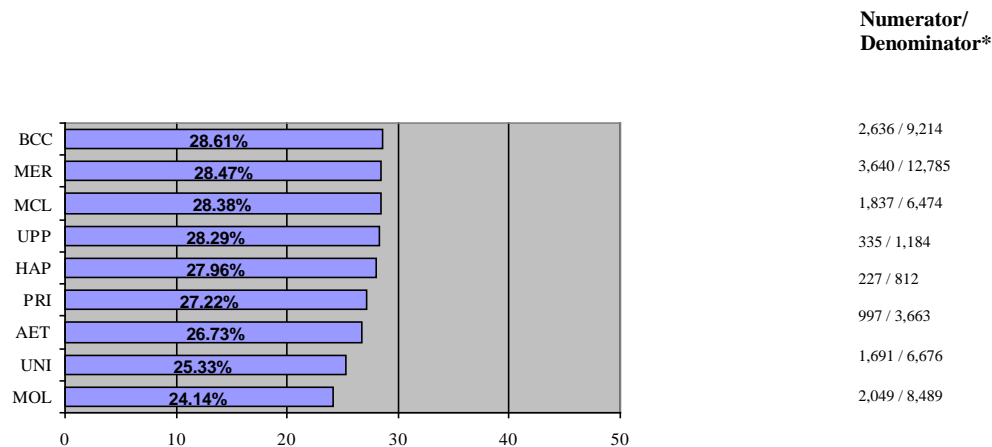
Quarterly

Summary: Results ranged from 24.14% to 28.61%

Table 5: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	175	717	24.41%
HMP Managed Care (MC) Only	14,430	52,971	27.24%

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 2021 – June 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

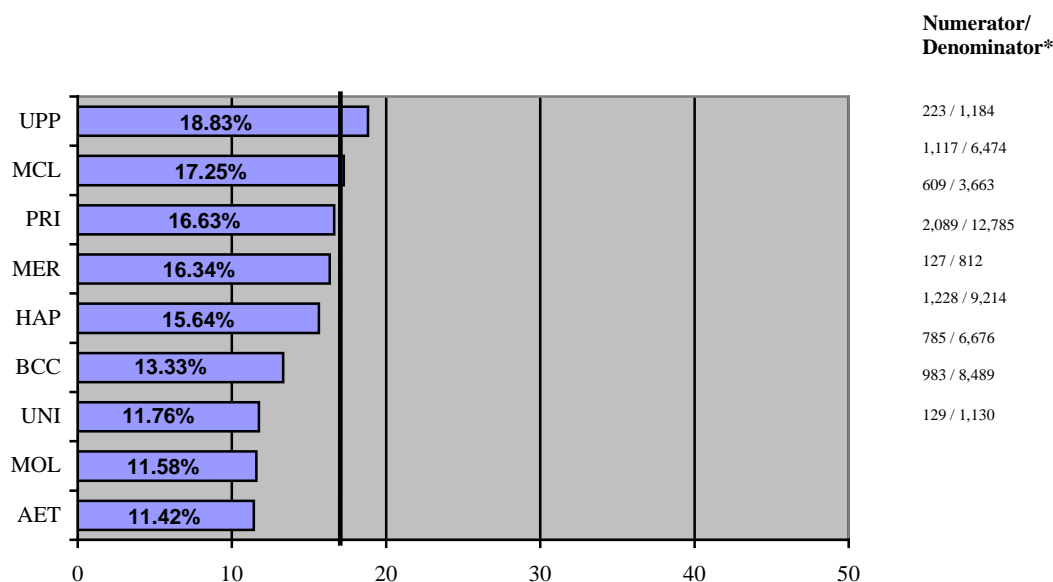
Quarterly

Summary: Two plans (**MCL and UPP**) met or exceeded the standard, while seven plans (AET, BCC, HAP, MER, MOL, PRI, and UNI). Results ranged from 11.42% to 18.83%

Table 6: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	74	717	10.32%
HMP Managed Care (MC) Only	7,605	52,971	14.36%

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 2021 – June 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

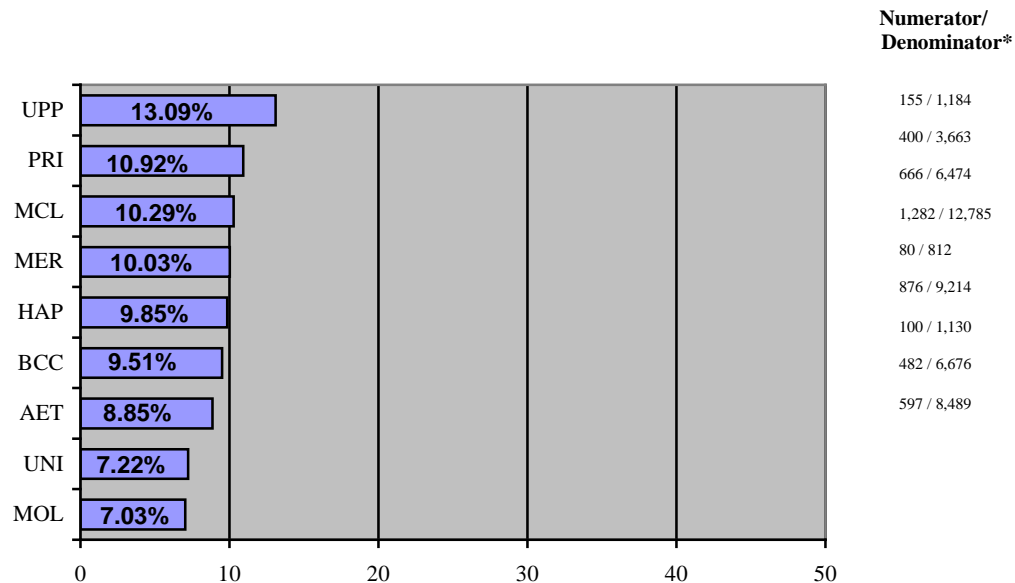
Quarterly

Summary: Results ranged from 7.03% to 13.09%

Table 7: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	35	717	4.88%
HMP Managed Care (MC) Only	4,864	52,971	9.18%

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 2021 – June 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

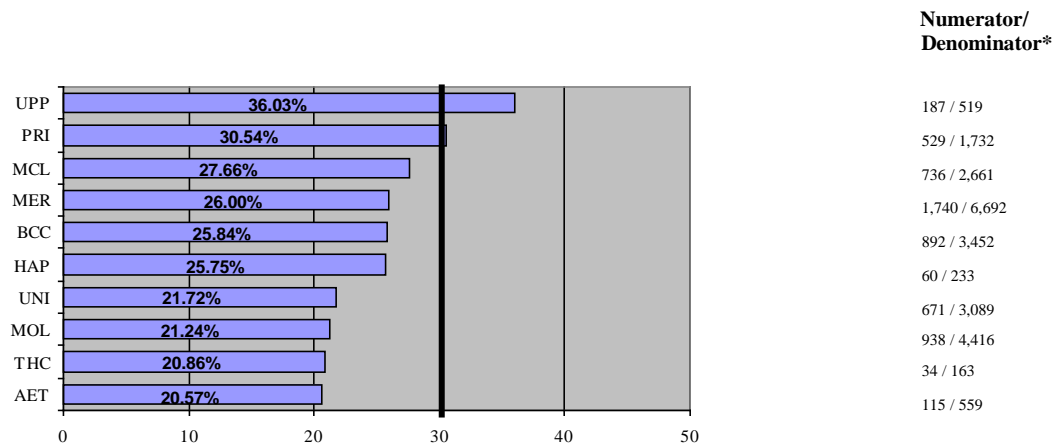
Quarterly

Summary: Two plans (**PRI and UPP**) met or exceeded the standard, while eight plans (AET, BCC, HAP, MCL, MER, MOL, THC, and UNI), did not. Results ranged from 20.57% to 36.03%

Table 8: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	7,526	33,110	22.73%
Fee for Service (FFS) only	77	344	20.42%
Managed Care only	6,276	25,056	25.05%
MA-MC	3,113	13,793	22.57%

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

N/A – Informational Only

Measurement Period

July 2021 – June 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

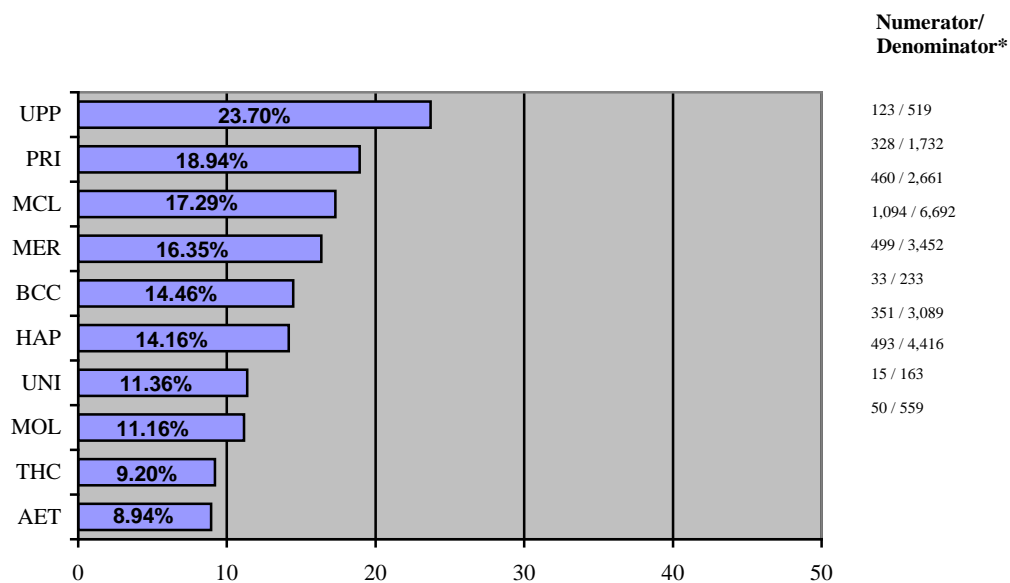
Quarterly

Summary: Results ranged from 8.94% to 23.70%

Table 9: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,369	33,110	13.20%
Fee for Service (FFS) only	31	344	8.22%
Managed Care only	3,664	25,056	14.62%
MA-MC	1,636	13,793	11.86%

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 2021 – June 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

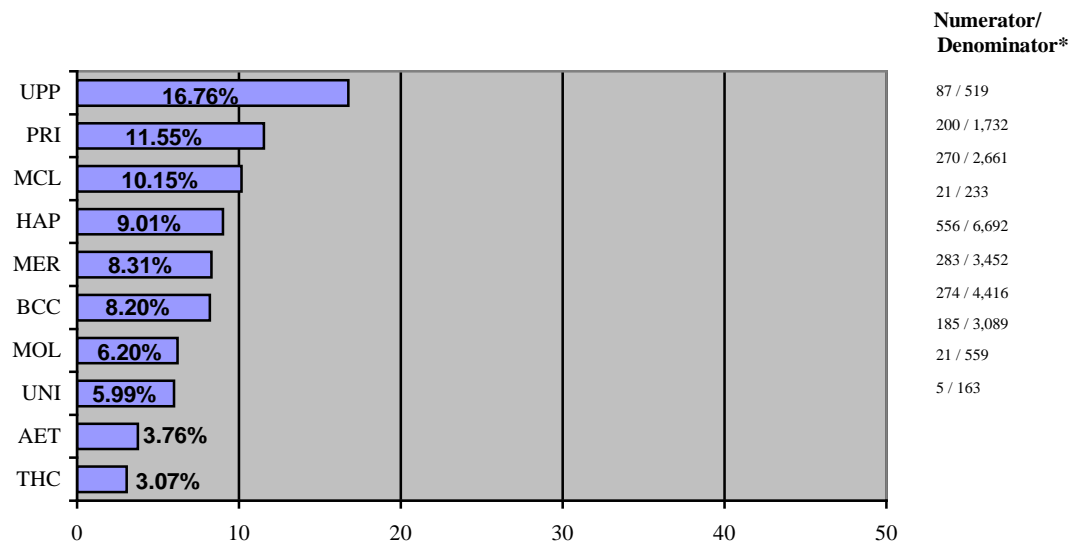
Quarterly

Summary: Results ranged from 3.07% to 16.76%

Table 10: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	2,402	33,110	7.26%
Fee for Service (FFS) only	22	344	5.84%
Managed Care only	2,007	25,056	8.01%
MA-MC	910	13,793	6.60%

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 2021 – June 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

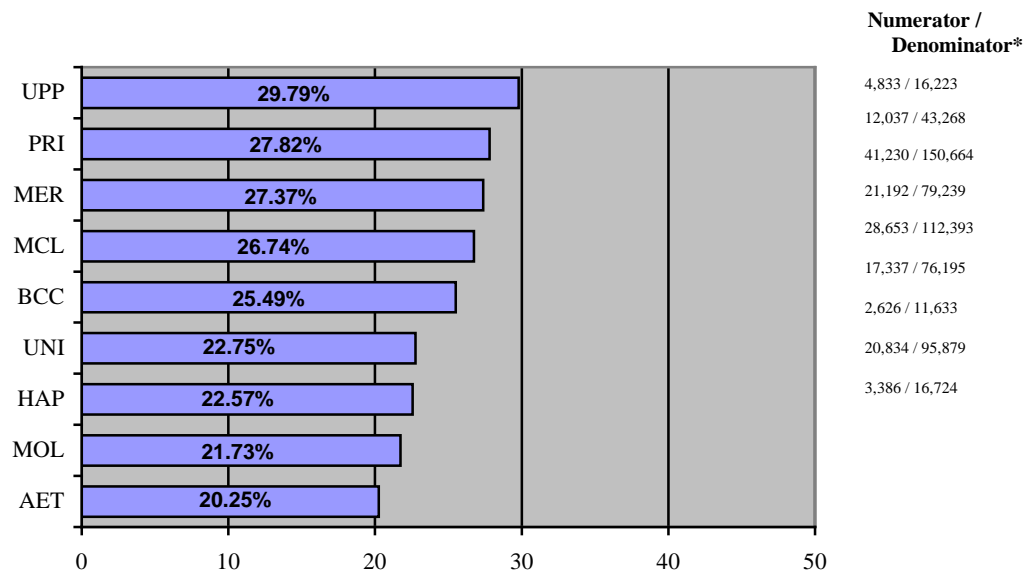
Quarterly

Summary: Results ranged from 20.25% to 29.79%

Table 11: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	1,362	10,388	13.11%
HMP Managed Care (MC) Only	159,496	630,366	25.30%

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.

Appendix A: Three Letter Medicaid Health Plan Codes

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

AET	Aetna Better Health of Michigan
BCC	Blue Cross Complete of Michigan
HAP	HAP Empowered
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
THC	Total Health Care
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 21 – Jun 22	30%	18.85%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	9.70%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	6.61%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	26.73%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	11.42%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	8.85%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	20.57%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	8.94%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	3.76%	N/A
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	20.25%	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 – BCC

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	23.70%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	13.45%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	8.81%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.61%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	13.33%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	9.51%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	25.84%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	14.46%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	8.20%	N/A
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	25.49%	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 Empowered – HAP

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	21.19%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	12.47%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	8.15%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	27.96%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	15.64%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	9.85%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	25.75%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	14.16%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	9.01%	N/A
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	22.57%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	24.42%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	15.86%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	9.74%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.38%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	17.25%	Yes
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	10.29%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	27.66%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	17.29%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	10.15%	N/A
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	26.74%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	25.28%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	16.22%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	9.82%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.47%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	16.34%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	10.03%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	26.00%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	16.35%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	8.31%	N/A
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	27.37%	N/A

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

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

Performance Monitoring Report
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 21 – Jun 22	30%	20.21%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	11.32%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	6.52%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	24.14%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	11.58%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	7.03%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	21.24%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	11.16%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	6.20%	N/A
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	21.73%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	25.00%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	16.80%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	10.66%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	27.22%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	16.63%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	10.92%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	30.54%	Yes
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	18.94%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	11.55%	N/A
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	27.82%	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

Total Health Care – THC

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	N/A	N/A
Preventive Dental Services	Jul 21 – Jun 22	17%	N/A	N/A
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	N/A	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	N/A	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	N/A	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	N/A	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	20.86%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	9.20%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	3.07%	N/A
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	N/A	N/A

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

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

Performance Monitoring Report
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 21 – Jun 22	30%	21.45%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	12.22%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	6.96%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	25.33%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	11.76%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	7.22%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	21.72%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	11.36%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	5.99%	N/A
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	22.75%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	26.96%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	19.58%	Yes
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	12.62%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.29%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	18.83%	Yes
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	13.09%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	36.03%	Yes
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	23.70%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	16.76%	N/A
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	29.79%	N/A

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

***Healthy Michigan Plan
Healthy Behaviors Incentives Program Report***



Quarterly Report
October-December 2022

Produced by:
Managed Care Plan Division

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Introduction

Pursuant to PA 208 of 2013, sections 105d(1)e and 105d(12), a Health Risk Assessment has been developed for the Healthy Michigan Plan (form DCH-1315). It is designed as a two part document, where the beneficiary completes the first three sections and the health care provider completes the last section. It includes questions on a wide range of health issues, a readiness to change assessment, and a discussion about behavior change between the beneficiary and the health care provider. The topics in the assessment cover all of the behaviors identified in PA 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.

Health Risk Assessment Part 1

Health Risk Assessments completion through Michigan ENROLLS

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

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

The completion of the Health Risk Assessment with the enrollment broker was temporarily put on hold 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 17,544 Health Risk Assessments were completed in the October-December 2022 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, 13,346 or 76.1% of beneficiaries agreed to address health risk behaviors. In addition, 3,741 or 21.3% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 97.4% 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 13,346 beneficiaries who agreed to address health risk behaviors, 56.1% chose to address more than one healthy behavior. Tables 16 and 17 report the most frequently selected health risk behaviors to address, alone and in combination.

Health Risk Assessment Completion with Health Care Provider

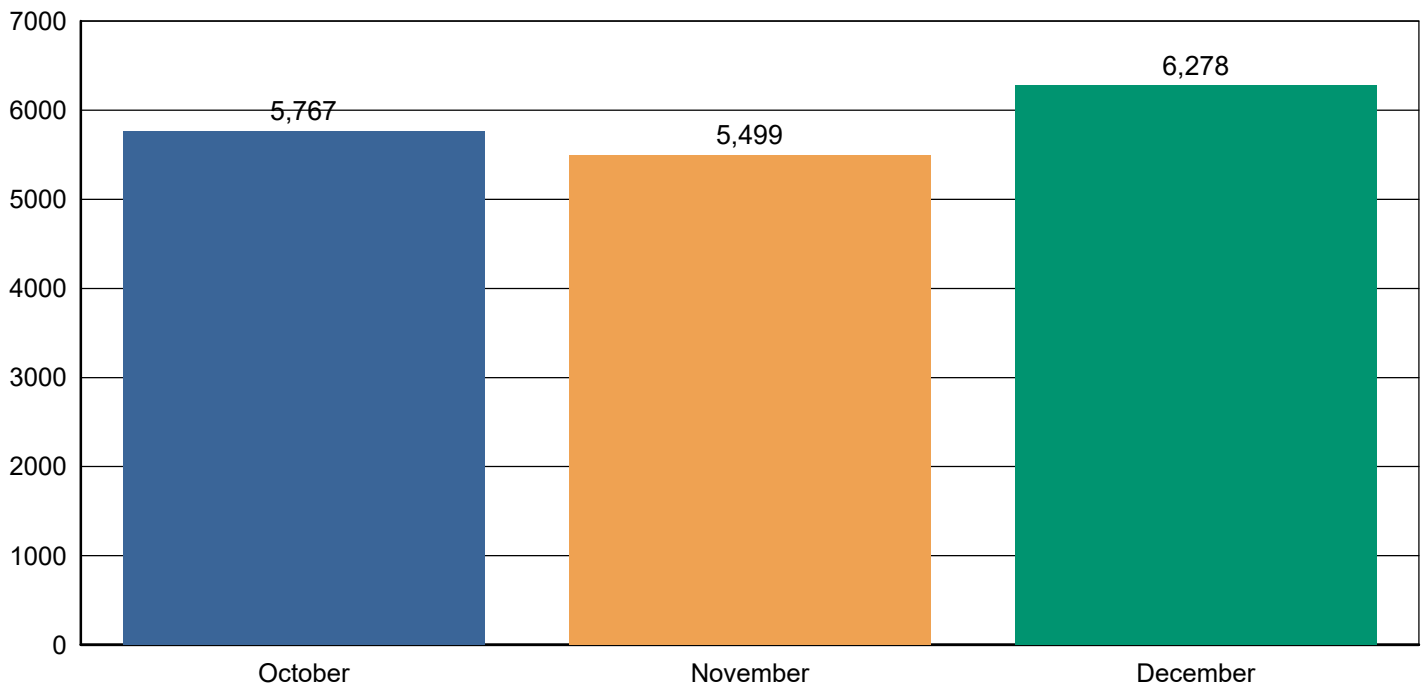
Table 13. Count of Health Risk Assessments (HRA) Completed with Attestation by Month submitted

MONTH	COMPLETE	TOTAL
January 2022	4,405	502,871
February 2022	6,373	509,244
March 2022	6,944	516,188
April 2022	6,017	522,205
May 2022	5,990	528,195
June 2022	6,064	534,259
July 2022	5,534	539,793
August 2022	6,903	546,696
September 2022	6,802	553,498
October 2022	5,767	559,265
November 2022	5,499	564,764
December 2022	6,278	571,042

Table 14. Demographics of Population that Completed HRA with Attestation

October 2022 - December 2022		
AGE GROUP	COMPLETED HRA	
19 - 34	6,582	37.52%
35 - 49	5,016	28.59%
50 +	5,946	33.89%
GENDER		
F	10,177	58.01%
M	7,367	41.99%
FPL		
< 100% FPL	13,373	76.23%
100 - 133% FPL	4,171	23.78%
TOTAL	17,544	100.00%

**Figure 13-1. Health Risk Assessments Completed with Attestation
October - December 2022**



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 2022**

CHECK-UP	TOTAL	PERCENT
A. No Health Risk Behaviors	3,301	18.82%
B. Address Health Risk Behaviors	13,346	76.07%
C. Condition(s) Preclude Addressing Health Risk Behaviors	179	1.02%
D. Not Ready	278	1.59%
E. Maintain Previous Healthy Behavior Goals	440	2.51%
TOTAL	17,544	100.00%

Figure 15-1. Healthy Behaviors Statement Selection

October - December 2022

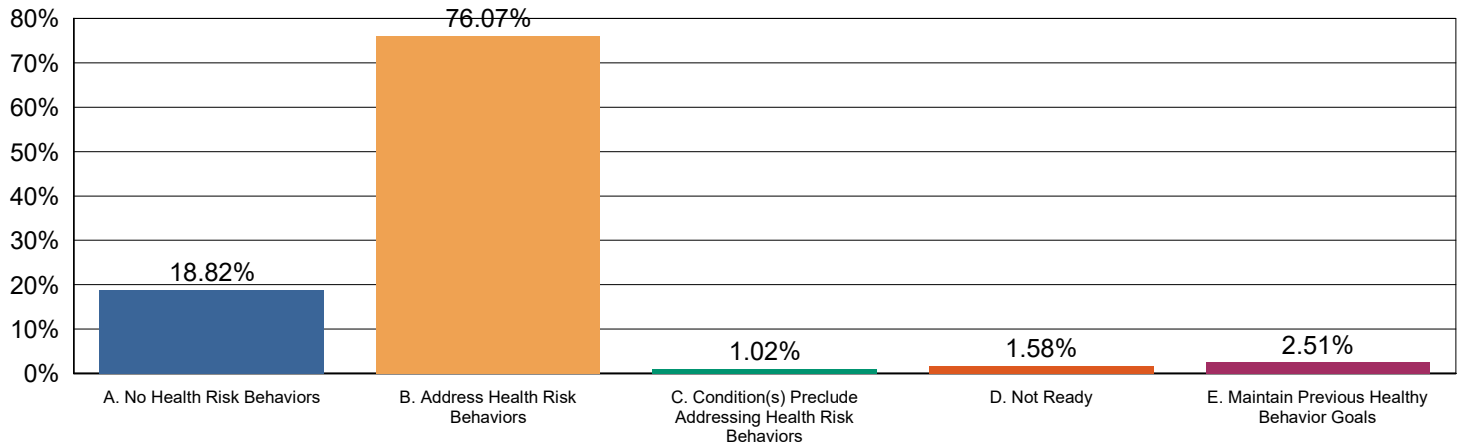


Figure 15-2. Statement Selection by Age
October - December 2022

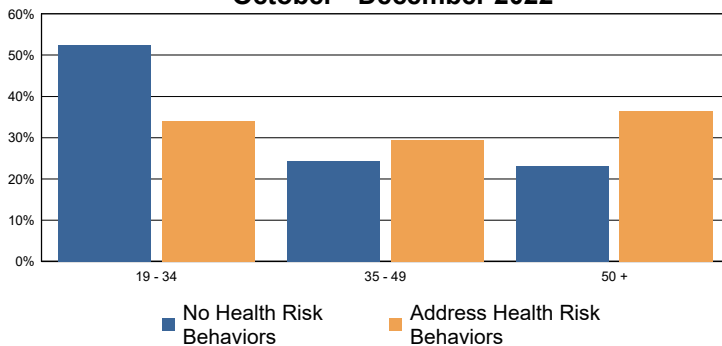
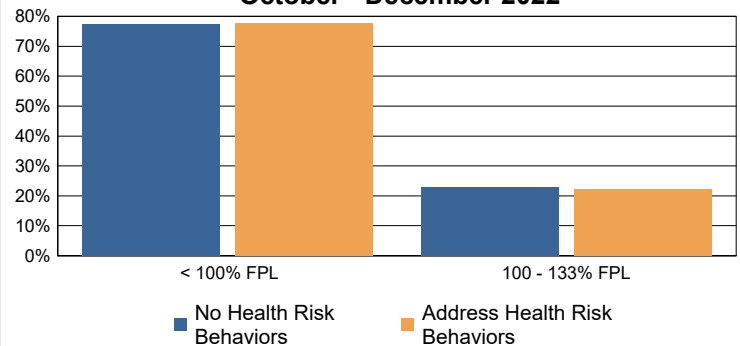


Figure 15-3. Statement Selection by FPL
October - December 2022



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 13,346 HRAs submitted through October-December 2022 where the beneficiary chose to address health risk behaviors, 56.13% 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	66.49%	21.79%
Tobacco Cessation	18.87%	3.60%
Immunization Status (Annual Flu Vaccine)	29.08%	2.59%
Follow-up for Chronic Conditions	32.91%	4.74%
Addressing Alcohol Abuse	3.67%	0.33%
Addressing Substance Abuse	1.78%	0.26%
Dental visit	16.71%	1.96%
Follow-up appointment for maternity care/reproductive health	2.59%	0.33%
Follow-up appointment for recommended cancer or other preventative screening(s)	19.50%	2.74%
Follow-up appointment for mental health/behavioral health	9.75%	2.37%
Other	7.07%	3.19%

Table 17. Top 10 Most Selected Health Risk Behavior Combinations

Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	2,908	21.79%
2. Weight Loss, Follow-up for Chronic Conditions	893	6.69%
3. Weight Loss, Immunization Status	794	5.95%
4. Follow-up for Chronic Conditions	632	4.74%
5. Tobacco Cessation ONLY	480	3.60%
6. Other	426	3.19%
7. Weight Loss, Tobacco Cessation	380	2.85%
8. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	372	2.79%
9. Cancer Screening	365	2.74%
10. Immunization Status (Annual Flu Vaccine)	345	2.59%
Total for Top 10	7,595	56.91%
Total for All Other Combinations	5,751	43.09%
Total	13,346	100.00%

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.

1,524 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 2022

GOALS PROGRESS	TOTAL	PERCENT
A. First known HRA	8,668	54.11%
B. Achieved Goal(s)	6,320	39.45%
C. Did Not Achieve Goal(s)	966	6.03%
D. Condition(s) Preclude Addressing Health Risk Behaviors	66	0.41%
TOTAL	16,020	100.00%

Figure 18-1. Healthy Behaviors Goals Progress
October - December 2022

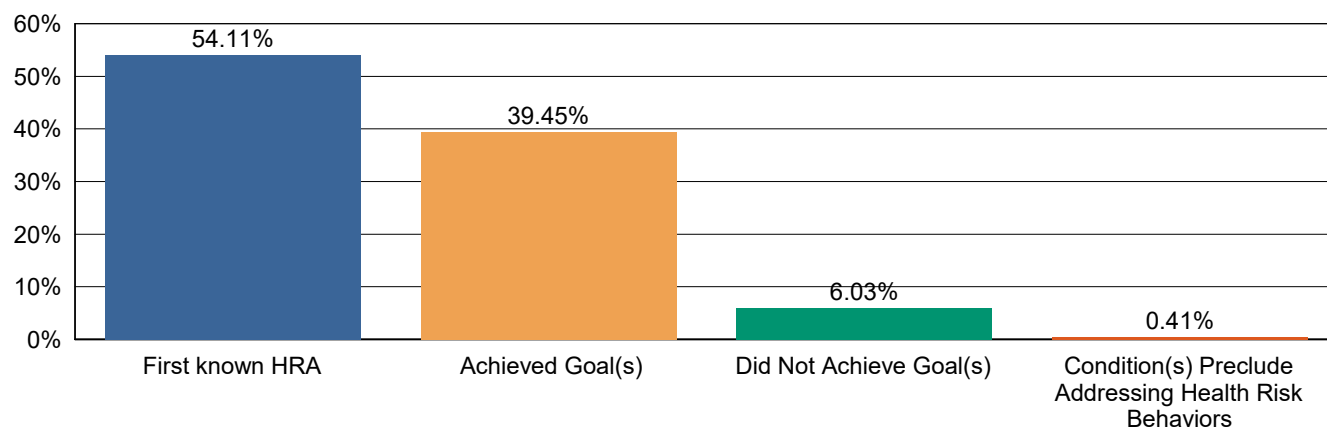


Figure 15-2. Statement Selection by Age
October - December 2022

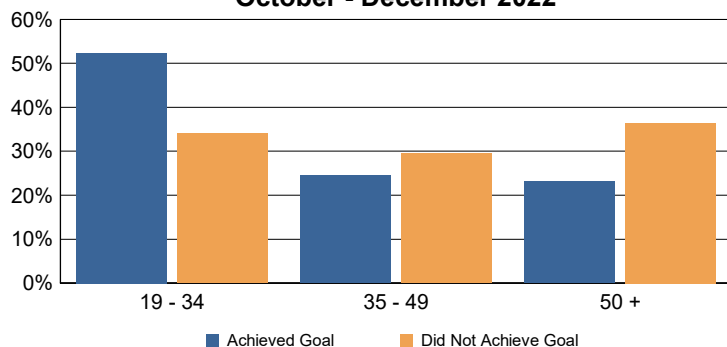
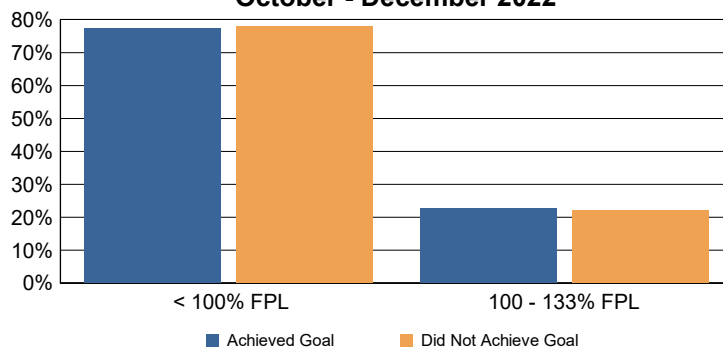


Figure 15-3. Statement Selection by FPL
October - December 2022



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 3,258 wellness programs were completed in the October-December 2022 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 373,267 Preventive Services were completed in the October-December 2022 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 364,684 distinct HMP beneficiaries completed at least one healthy behavior in the previous twelve months, January 01, 2022-December 31, 2022. Healthy Behavior completion is reported by type of healthy behavior activity in Table 25.

Wellness Programs

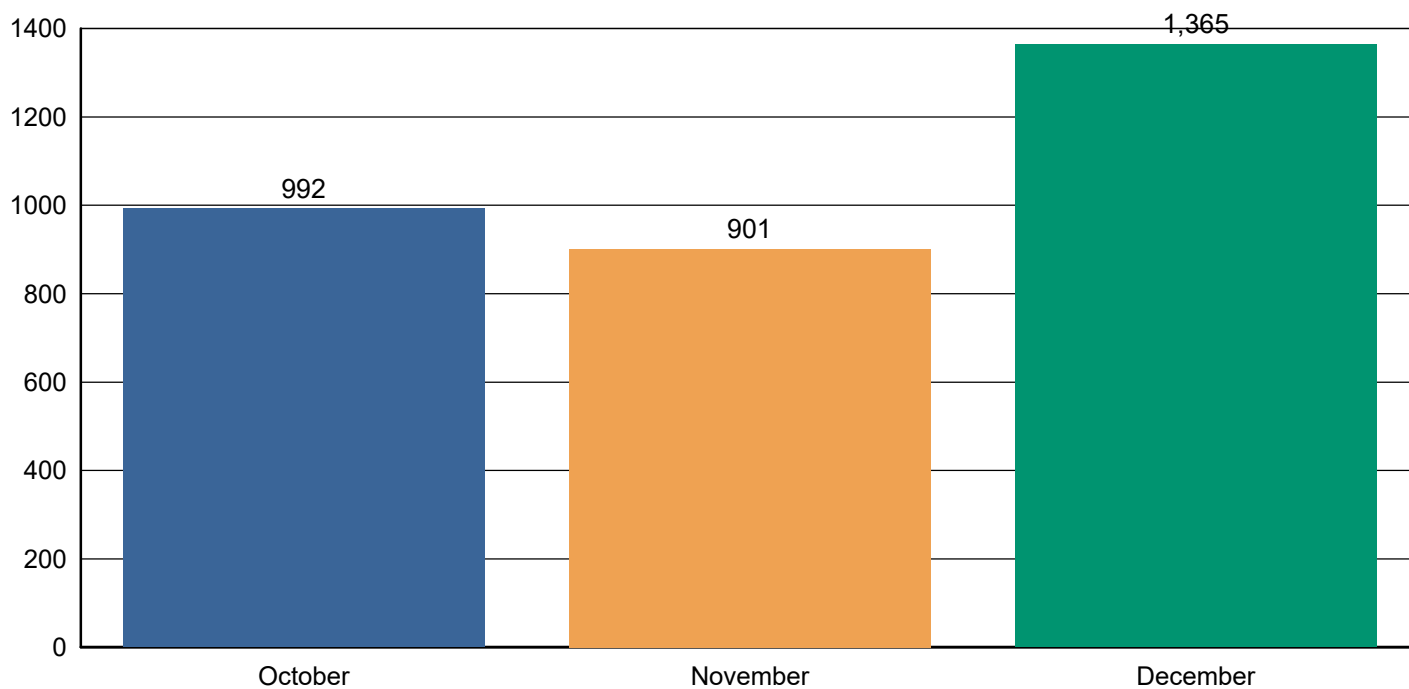
Table 19. Count of Wellness Programs Reported for Total population by Month submitted

MONTH	COMPLETE	TOTAL
January 2022	1,633	133,135
February 2022	1,740	134,875
March 2022	2,051	136,926
April 2022	1,767	138,693
May 2022	950	139,643
June 2022	1,175	140,818
July 2022	918	141,736
August 2022	932	142,668
September 2022	1,130	143,798
October 2022	992	144,790
November 2022	901	145,691
December 2022	1,365	147,056

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

October 2022 - December 2022		
AGE GROUP	COMPLETED	
19 - 34	670	20.57%
35 - 49	1,112	34.13%
50 +	1,476	45.30%
GENDER		
F	1,478	45.37%
M	1,780	54.64%
FPL		
< 100% FPL	2,651	81.37%
100 - 133% FPL	607	18.63%
TOTAL	3,258	100.00%

Figure 19-1. Wellness Program Reported for Total Population
October - December 2022

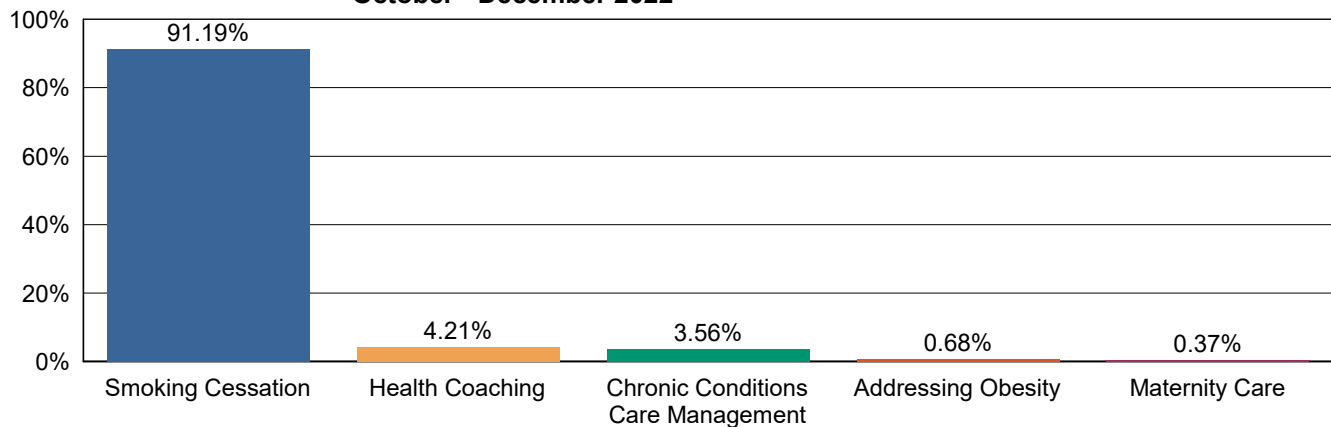


Wellness Programs: The Managed Care Plans offer a range of wellness and population health management programs to their members as part of the Healthy Behaviors Incentives Program. All Managed Care Plans offer a tobacco cessation program which follows standardized criteria. For this reason, 91.19% of wellness programs reported are tobacco cessation programs. Completed wellness programs by program type are displayed in Table 21 for the quarter October-December 2022.

**Table 21. Wellness Program Completion by Type of Wellness Program
October - December 2022**

Wellness Programs	TOTAL	PERCENT
Smoking Cessation	2,971	91.19%
Health Coaching	137	4.21%
Chronic Conditions Care Management	116	3.56%
Addressing Obesity	22	0.68%
Maternity Care	12	0.37%
TOTAL	3,258	100.00%

**Figure 21-1. Wellness Program Completion by Type of Wellness Program
October - December 2022**



Preventive Services

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

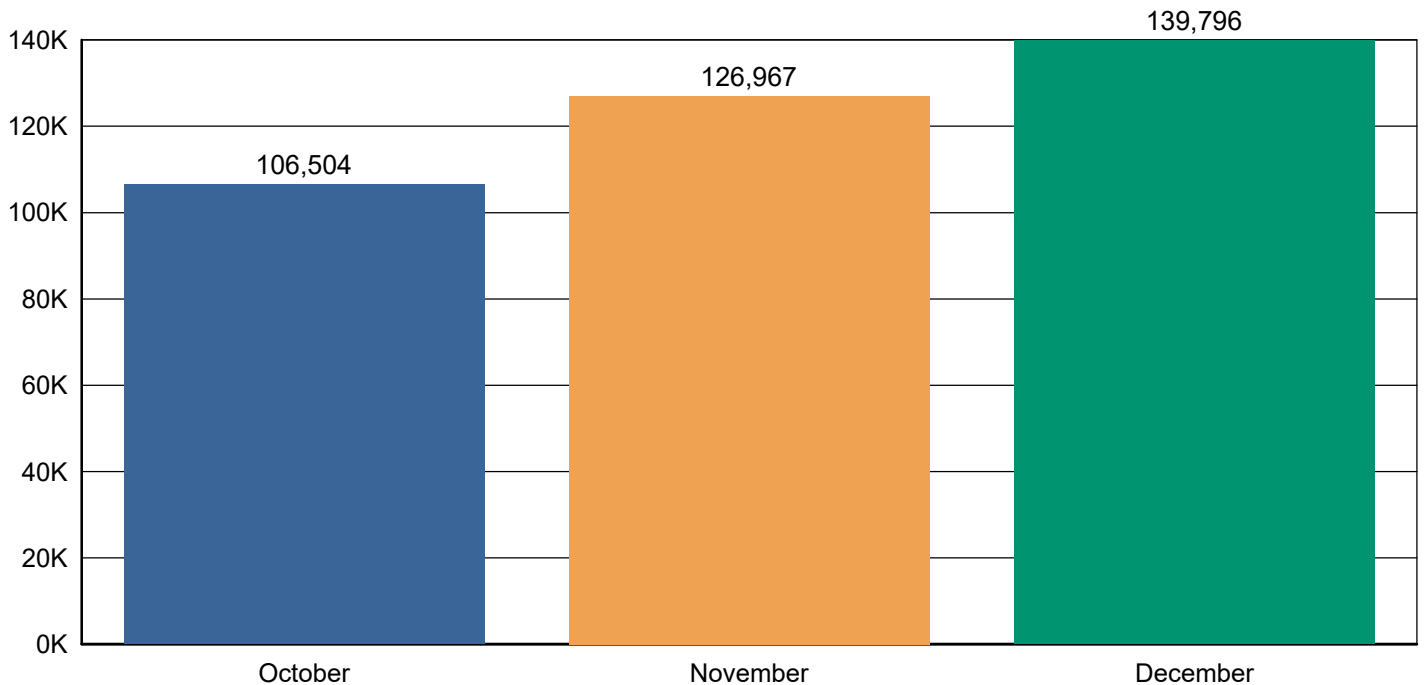
MONTH	COMPLETE	TOTAL
January 2022	96,826	6,132,602
February 2022	97,475	6,230,077
March 2022	114,883	6,344,960
April 2022	111,449	6,456,409
May 2022	111,164	6,567,573
June 2022	140,149	6,707,722
July 2022	117,853	6,825,575
August 2022	121,876	6,947,451
September 2022	113,563	7,061,014
October 2022	106,504	7,167,518
November 2022	126,967	7,294,485
December 2022	139,796	7,434,281

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

October 2022 - December 2022

AGE GROUP	COMPLETED	
19 - 34	154,212	41.31%
35 - 49	101,989	27.32%
50 +	117,066	31.36%
GENDER		
F	267,339	71.62%
M	105,928	28.38%
FPL		
< 100% FPL	282,055	75.56%
100 - 133% FPL	91,212	24.44%
TOTAL	373,267	100.00%

**Figure 22-1. Preventive Services Reported for Total Population
October - December 2022**

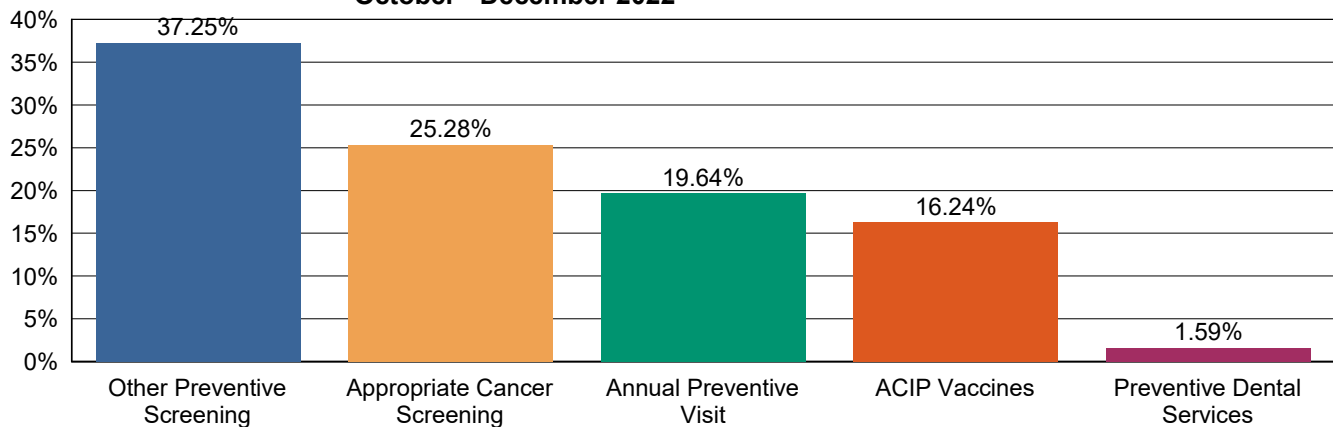


Preventive Services Reported: All Healthy Michigan Plan Enrollees can participate in the Healthy Behaviors Incentives Program by utilizing select preventive services. Utilization of these services are identified through claims/encounter review. The preventive services utilized and their percentage of total preventive services reported are displayed in Table 24 for the quarter October-December 2022. 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 2022**

Preventive Services	TOTAL	PERCENT
Other Preventive Screening	139,058	37.25%
Appropriate Cancer Screening	94,364	25.28%
Annual Preventive Visit	73,301	19.64%
ACIP Vaccines	60,609	16.24%
Preventive Dental Services	5,935	1.59%
TOTAL	373,267	100.00%

**Figure 24-1. Preventive Services Completion by Type of Preventive Service
October - December 2022**

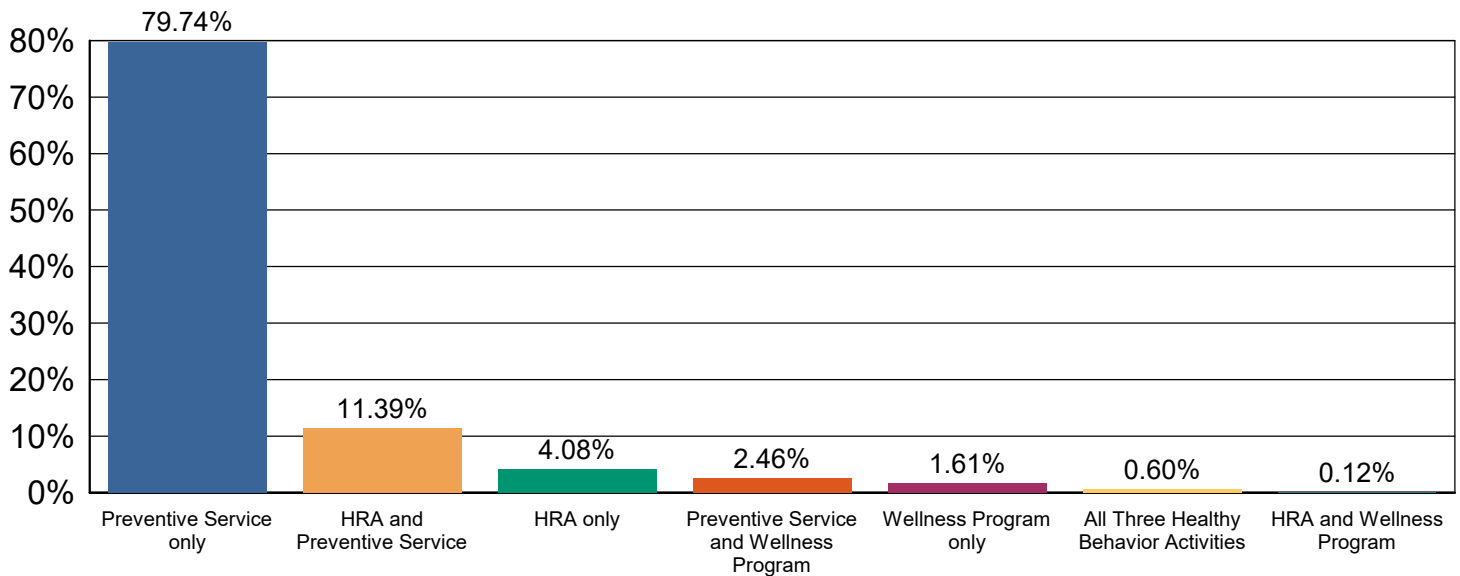


Healthy Behavior Activities

Table 25. Count of distinct HMP beneficiaries who completed Healthy Behavior Activities for January 2022 - December 2022

Healthy Behavior Activity	Total	Percent
HRA only	14,897	4.09%
Wellness Program only	5,862	1.61%
Preventive Service only	290,795	79.74%
HRA and Preventive Service	41,527	11.39%
HRA and Wellness Program	434	0.12%
Preventive Service and Wellness Program	8,990	2.47%
All Three Healthy Behavior Activities	2,179	0.60%
TOTAL	364,684	100.00%

Figure 25.1 Count of Distinct HMP Beneficiaries who completed one or more Healthy Behavior Activities
January 2022 - December 2022



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



Michigan Department of Health and Human Services
Behavioral and Physical Health and Aging Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Wednesday, August 24, 2022

Time: 1:00 p.m. – 3:00 p.m.

Where: Teams Meeting

Attendees: **Council Members:** Alison Hirschel, Amber Bellazaire, Amy Zaagman, April Stopczynski, Bill Mayer, Deb Brinson, Dianne Haas, Dominick Pallone, Farah Jalloul, Kim Singh, Kristen Reese, Marion Owen, Melissa Samuel, Philip Bergquist, Salli Pung, Barry Cargill, David Herbel

Staff: Katie Commey, Lyndia Deromedi, Pamela Diebolt, Erin Emerson, Amy Epkey, Elizabeth Gallagher, Farah Hanley, Eric Houghtaling, Nicole Hudson, Laura Kilfoyle, Marie LaPres, Alymamah Mashra, Alicia McGirl, Emily Morris, Nell Newton, Deja Peterson, Mary Schrauben, Carmen Starkweather, Meghan Vanderstelt, Scott Wamsley, Jeffery Wieferich, Emily Morris, Jed Miller, Steven Prichard

Other Attendees: Virginia Gibson, Kelly Bidelman, John Ayanian, Erica Solway, Stephanie Myers, Pat Anderson, Tiffany Stone, Sarah Clark, Cathy Sunlin, Erin Beathard, Jackie Prokop

Welcome, Introductions, Announcements

Bill Mayer opened the meeting.

FY23 Budget Update

Amy Epkey shared that since the FY23 budget has been signed into law, Michigan Department of Health and Human Services (MDHHS) staff have been working to utilize appropriated funds. Meeting attendees were invited to submit any questions related to budget implementation.

Healthy Michigan Plan Renewal Update

Erin Emerson provided an update on the Healthy Michigan Plan Waiver renewal process. A PowerPoint presentation was shared with attendees and the document was discussed. Formal public comments are due by October 31, 2022; however, MDHHS will continue to accept comments throughout the renewal process. Comments may be submitted to healthymichiganplan@michigan.gov. An additional public hearing will be held in September or early October and will be announced on the MDHHS website at www.michigan.gov/healthymichiganplan >> 2023 HMP Demonstration Waiver Extension Request Information.

Medical Care Advisory Council

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In response to a question about the five-year length of the waiver renewal request, Erin Emerson responded that CMS has limited waiver renewal periods to five years in the past, and 10-year extensions have only been granted to a couple of states. However, she offered the possibility of discussing a long-term extension with CMS prior to the formal submission of the waiver request in December 2022. In response to a follow-up question regarding cost-sharing requirements, Ms. Emerson noted that MDHHS is required by state law to include a request for cost-sharing provisions in the waiver application submission, but the state anticipates having a discussion on this topic with CMS staff.

In addition, staff from the University of Michigan's Institute for Healthcare Policy & Innovation (IHPI) shared findings from the Health Michigan Plan Interim Evaluation Report. A PowerPoint presentation was provided and the document was discussed.

A meeting attendee asked if the researchers discussed identifying and sharing best practices for the expansion of care management and community health worker (CHW) use during the interviews that were conducted for the study. In response, IHPI staff shared that while they don't recall that specific point being discussed, many interviewees shared the belief that the Healthy Michigan Plan provided the incentive for many entities to work together. One example of this cooperation that was shared is in the increased integration of behavioral health and physical health services that have taken place within the University of Michigan's Primary Care Practice.

A meeting attendee also asked if the researcher's findings indicated that beneficiaries viewed cost-sharing requirements as a barrier to receiving care. In response, IHPI staff shared that 70-80 percent of interviewees for the study found it reasonable to share in some portion of the cost of medical care. Further, some beneficiaries shared that by contributing toward their care they could expect a higher quality and standard of care.

A meeting attendee asked if language or cultural differences may act as a barrier to beneficiaries completing the Health Risk Assessment (HRA) process. In response, IHPI staff shared that while the beneficiaries that were interviewed did not have concerns with this issue, some of the providers surveyed indicated they employed staff who represent the different cultural backgrounds of their patient population to better facilitate the HRA process. In addition, IHPI staff noted that the interviews for the study were conducted in English, Spanish and Arabic to provide better opportunity for beneficiaries to voice any concerns.

COVID-19 Updates

Public Health Emergency (PHE) Extension

On July 15, 2022, the Biden administration extended the current COVID-19 PHE through October 2022. States will receive 60 days' notice prior to the termination of the PHE.

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Novovax Vaccine

MDHHS staff from the Public Health Administration shared that the U.S. Food & Drug Administration (FDA) has granted Emergency Use Authorization (EUA) for the Novavax COVID-19 vaccine for use in individuals age 12 years and older. In contrast to the other mRNA COVID-19 vaccines that are currently available, the Novavax vaccine is protein-based. It is currently available for ordering by all Medicaid-enrolled providers and is able to be stored at standard vaccine refrigeration temperatures. As of August 24, 2022, 130 doses of the Novavax vaccine have been administered in Michigan. MDHHS staff and meeting attendees continued to discuss this issue.

Long-Term Care

Special Needs Plan Final Rule for MI Health Link

On April 29, 2022, CMS released the Contract Year (CY) 2023 Medicare Advantage and Part D final rule that, in part, would require the State of Michigan to discontinue the MI Health Link program unless the State of Michigan chooses to transition the MI Health Link demonstration to a dual special needs program (D-SNP). Under these requirements, states must submit a transition plan to CMS by October 1, 2022, while the current MI Health Link program may continue to operate through 2025 during the transition period. MDHHS staff are currently working to develop a transition plan for submission to CMS. MDHHS staff and meeting attendees continued to discuss this issue at length.

Michigan Health Endowment Fund (MHEF) Health Equity Grant Update

MDHHS has received a grant from MHEF to help ensure equitable access to home and community-based services (HCBS) programs. As part of this process, MDHHS staff are currently working with partners from the University of Michigan and Michigan State University to examine data on health equity in these programs to identify strategies for improving outcomes, as well as engaging with stakeholder and advisory groups.

Electronic Visit Verification (EVV) Update

MDHHS has issued a request for proposals (RFP) for the implementation of an EVV system for providers of personal care services, with responses due by September 16, 2022. Additional information about this process is available on the MDHHS website at www.michigan.gov/evv.

Infant Formula Shortage

Infant formula shortages continue to be an issue across the State of Michigan. The Abbott factory in Sturgis, Michigan resumed its operations on June 4, 2022, but operations were once again discontinued due to heavy rains and plant flooding. The MDHHS Women, Infants and Children (WIC) program continues to monitor different options for addressing shortages across the state, and has taken actions consistent with those of other statewide agencies to respond to

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this issue.

Monkeypox Update

MDHHS staff from the Public Health Administration gave an update on the department's response to the Monkeypox virus. A PowerPoint presentation was provided and the document was discussed.

Policy Updates

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

- Proposed Policy 2210-Doula – Medicaid Coverage of Doula Services
- Proposed Policy 2223-Telemedicine – Telemedicine Policy Post-COVID-19 Public Health Emergency

In addition, MDHHS is working to develop policy to enroll Community Health Workers (CHWs) as a new Medicaid provider type as required by language included in the FY23 budget.

General Updates

A meeting attendee requested that future updates be provided regarding the change to attending/ordering/referring claim editing that was referenced in bulletin [MSA 21-45](#).

The meeting was adjourned at 3:00 p.m.