



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

August 24, 2023

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

Dear Ms. Toback,

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

Enclosed is the quarterly report for the Healthy Michigan Plan. It covers the second quarter of calendar year 2023. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

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

Sincerely,

Keith White, Director
Actuarial Division

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

Enclosure (4)

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

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

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(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 had suspended most Medicaid renewals and case closures due to the COVID-19 public health emergency. The MDHHS will resume Medicaid renewals for all programs beginning with June 2023 renewals.

4. Performance Metrics

Enrollment

MDHHS began enrolling new beneficiaries into the program beginning April 1, 2014. Beneficiaries who were enrolled in the ABW were automatically transitioned into the Healthy Michigan Plan effective April 1, 2014. Potential enrollees can apply for the program via the MDHHS website, by calling a toll-free number or by visiting their local MDHHS office. At this time, MDHHS does not anticipate any changes in the population served or the benefits offered.

The following table shows this quarter's 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			
	April 2023	May 2023	June 2023
Total Enrollment	1,089,658	1,094,795	1,098,901
New Enrollment	13,324	12,872	12,177
Re-enrollment	13,867	13,413	12,623
Disenrollment	8,676	8,276	8,517

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The following table demonstrates demographic characteristics of this quarter's enrolled beneficiaries:

Table 2 : HMP Enrollment by Subgroup			
Subgroup	April 2023	May 2023	June 2023
Income Group			
< 50% FPL	605,595	606,704	607,396
50-100% FPL	249,736	251,633	253,406
> 100% FPL	234,327	236,458	238,099
Age			
19-26	235,220	235,458	235,236
27-35	276,346	277,775	279,065
36-45	217,992	219,272	220,455
46-55	186,818	187,657	188,243
56-64	173,282	174,633	175,902
Sex			
Female	516,746	518,584	520,025
Male	572,912	576,211	578,876
Race			
White	679,981	682,803	684,954
Black or African American	274,019	275,019	275,862
Asian	7,795	7,822	7,828
American Indian or Alaskan Native	16,979	17,051	17,116
Other	1,610	1,617	1,625
Unknown	109,274	110,483	111,516
Ethnicity			
Hispanic	69,400	70,376	71,230
Non-Hispanic	1,020,005	1,024,162	1,027,410
Unknown	253	257	261
Specific Eligibility Groups			
New Adult Group	1,023,298	1,028,794	1,033,321
Not New Parent/Caretaker Relatives	1	1	1
Not New Disabled Person Non-Institutionalized	20,790	20,197	19,511
Not New Disabled Person Institutionalized	228	223	209
Not New Children Age 19 to 20	45,341	45,580	45,859
Total	1,089,658	1,094,795	1,098,901

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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	April 2023	May 2023	June 2023
Income Group			
< 50% FPL	7,269	6,907	6,763
50-100% FPL	3,319	3,060	2,929
> 100% FPL	2,736	2,905	2,485
Age			
19-26	4,114	4,055	3,877
27-35	3,367	3,368	3,140
36-45	2,631	2,453	2,294
46-55	1,876	1,700	1,599
56-64	1,336	1,296	1,267
Sex			
Female	6,909	6,545	6,313
Male	6,415	6,327	5,864
Race			
White	8,153	7,821	7,339
Black or African American	3,013	2,904	2,842
Asian	85	73	66
American Indian or Alaskan Native	207	210	188
Other	15	17	16
Unknown	1,851	1,847	1,726
Ethnicity			
Hispanic	1,186	1,437	1,298
Non-Hispanic	12,134	11,427	10,868
Unknown	4	8	10
Specific Eligibility Groups			
New Adult Group	12,014	11,560	10,876
Not New Parent/Caretaker Relatives	0	0	0
Not New Disabled Person Non-Institutionalized	278	253	275
Not New Disabled Person Institutionalized	5	2	2
Not New Children Age 19 to 20	1,027	1,057	1,024
Total	13,324	12,872	12,177

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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	April 2023	May 2023	June 2023
Income Group			
< 50% FPL	40,933	37,774	42,707
50-100% FPL	18,914	17,397	14,895
> 100% FPL	17,104	15,927	14,929
Age			
19-26	16,263	15,667	16,328
27-35	19,523	18,062	18,734
36-45	15,747	14,503	14,460
46-55	13,405	12,011	12,171
56-64	12,013	10,855	10,838
Sex			
Female	37,257	34,741	35,329
Male	39,694	36,357	37,202
Race			
White	47,764	44,491	45,171
Black or African American	19,805	17,758	18,645
Asian	462	480	451
American Indian or Alaskan Native	1,212	1,120	1,151
Other	110	83	108
Unknown	7,598	7,166	7,005
Ethnicity			
Hispanic	5,132	4,783	4,829
Non-Hispanic	71,786	66,296	67,692
Unknown	33	19	11
Specific Eligibility Groups			
New Adult Group	72,726	67,101	67,469
Not New Parent/Caretaker Relatives	0	0	0
Not New Disabled Person Non-Institutionalized	1,426	1,268	1,867
Not New Disabled Person Institutionalized	16	18	16
Not New Children Age 19 to 20	2,783	2,711	3,179
Total	76,951	71,098	72,532

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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	April 2023	May 2023	June 2023
Income Group			
< 50% FPL	160,957	54,474	52,211
50-100% FPL	9,273	3,939	4,204
> 100% FPL	9,696	4,018	4,331
Age			
19-26	40,095	15,947	15,965
27-35	44,324	16,520	15,887
36-45	33,124	11,061	10,755
46-55	34,190	10,014	9,748
56-64	28,193	8,889	8,391
Sex			
Female	78,844	25,510	24,465
Male	101,082	36,921	36,281
Race			
White	104,511	35,333	34,186
Black or African American	54,089	19,200	18,852
Asian	944	347	323
American Indian or Alaskan Native	2,554	938	921
Other	212	70	68
Unknown	17,616	6,543	6,396
Ethnicity			
Hispanic	10,382	4,167	4,102
Non-Hispanic	169,509	58,251	56,632
Unknown	35	13	12
Specific Eligibility Groups			
New Adult Group	162,923	55,454	54,010
Not New Parent/Caretaker Relatives	1	0	0
Not New Disabled Person Non-Institutionalized	5,176	1,916	1,526
Not New Disabled Person Institutionalized	54	25	17
Not New Children Age 19 to 20	11,772	4,986	5,193
Total	179,926	62,431	60,746

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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 April – June 2023		
Provider Type	Availability	Active Participation
Primary Care Provider	59,082	19,096
Specialist Provider	93,474	46,982

Quality of Care and Health Outcomes

The following Quality of Care and Health Outcomes metrics reflect calendar year 2021 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 decrease from 2020 to 2021. 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	78,291	32,127	41.04
50-100% FPL	30,994	12,971	41.85
> 100% FPL	25,443	10,388	40.83
Age			
19-26	16,064	4,325	26.92
27-35	29,979	10,161	33.89
36-45	32,526	13,652	41.97
46-55	32,489	15,756	48.50
56-64	23,670	11,592	48.97
Sex			
Female	65,218	28,113	43.11
Male	69,510	27,373	39.38
Race			
White	89,563	38,210	42.66
Black or African American	30,679	11,677	38.06
Asian	901	406	45.06
American Indian or Alaskan Native	2,333	853	36.56

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Table 7: Medical Assistance with Smoking and Tobacco Use Cessation (continued)			
Subgroup	Denominator	Numerator	Rate
Race			
Other	3,858	1,350	34.99
Unknown	7,394	2,990	40.44
Total	134,728	55,486	41.18

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 an increase from 2020 to 2021.

Table 8: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence						
	Follow-up within 7 days			Follow-up within 30 days		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Income Group						
< 50% FPL	10,713	1,690	15.78	10,647	2,684	25.20
50-100% FPL	1,533	247	16.11	1,591	406	25.52
> 100% FPL	1,055	170	16.11	1,064	258	24.25
Age						
19-26	1,672	152	9.09	1,672	247	14.77
27-35	4,065	661	16.26	4,066	1,091	26.83
36-45	3,598	641	17.82	3,598	1,015	28.21
46-55	2,527	436	17.25	2,527	674	26.67
56-64	1,439	217	15.08	1,439	321	22.30
Sex						
Female	3,654	561	15.35	3,654	893	24.44
Male	9,647	1,546	16.03	9,648	2,455	25.45
Race						
White	8,589	1,557	18.13	8,559	2,496	29.16
Black or African American	2,981	316	10.60	2,976	467	15.69
Asian	32	2	6.25	31	5	16.13
American Indian or Alaskan Native	297	42	14.14	296	75	25.34
Other	551	73	13.25	550	120	21.81
Unknown	851	117	13.75	890	185	20.79
Total	13,301	2,107	15.84	13,302	3,348	25.17

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

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mental illness or intentional self-harm for which the beneficiary received follow-up within 7 and 30 days of the ED visit. This measure remained approximately the same from 2020 to 2021.

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	5,625	2,041	36.28	5,625	2,787	49.54
50-100% FPL	995	427	42.91	995	582	58.49
> 100% FPL	723	326	45.09	723	429	59.34
Age						
19-26	2,041	872	42.72	2,041	1,143	56.00
27-35	2,460	932	37.89	2,460	1,256	51.06
36-45	1,570	516	32.87	1,570	741	47.20
46-55	894	334	37.36	894	463	51.79
56-64	378	140	37.04	378	195	51.59
Sex						
Female	2,817	1,207	42.85	2,817	1,622	57.58
Male	4,526	1,587	35.06	4,526	2,176	48.08
Race						
White	4,375	1,851	42.31	4,375	2,457	56.16
Black or African American	1,986	593	29.86	1,986	851	42.85
Asian	33	14	42.42	33	19	57.58
American Indian or Alaskan Native	168	46	27.38	168	73	43.45
Other	482	165	34.23	482	169	35.06
Unknown	478	164	34.31	478	229	47.91
Total	7,343	2,794	38.05	7,343	3,798	51.72

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	16,004	6,486	40.52	16,004	1,484	9.27
50-100% FPL	3,841	1,510	39.31	3,841	3,841	433
> 100% FPL	2,974	1,077	36.21	2,974	299	10.05
Age						
19-26	2,304	660	28.65	2,304	194	8.42
27-35	5,179	1,930	37.27	5,179	586	11.31
36-45	5,622	2,319	41.25	5,622	567	10.09
46-55	5,775	2,504	43.36	5,775	547	9.47
56-64	3,939	1,660	42.14	3,939	322	8.17
Sex						
Female	6,823	2,610	38.25	6,823	709	10.39
Male	15,996	6,463	40.40	15,996	1,507	9.42
Race						
White	13,198	5,392	40.85	13,198	1,521	11.52
Black or African American	6,797	2,546	37.46	6,797	436	6.41
Asian	92	37	40.22	92	4	4.35
American Indian or Alaskan Native	406	149	36.70	406	45	11.08
Other	807	332	41.14	807	93	11.52
Unknown	1,519	617	40.62	1,519	117	7.70
Total	22,819	9,073	39.76	22,819	2,216	9.71

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	5,415	2,846	52.55	5,415	1,452	26.81
50-100% FPL	951	489	51.42	951	262	27.55
> 100% FPL	626	331	52.88	626	177	28.27
Age						
19-26	675	339	50.22	675	168	24.89
27-35	2,553	1,414	55.39	2,553	781	30.59
36-45	2,019	1,090	53.99	2,019	581	28.78
46-55	1,169	574	49.10	1,169	268	22.93
56-64	576	249	43.05	576	93	16.14

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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
Sex						
Female	2,612	1,261	48.28	2,612	645	24.69
Male	4,380	2,405	54.91	4,380	1,246	28.45
Race						
White	5,297	2,806	52.97	5,297	1,527	28.83
Black or African American	939	450	47.92	939	165	17.57
Asian	20	9	45.00	20	3	15.00
American Indian or Alaskan Native	152	85	55.92	152	46	30.26
Other	243	132	54.32	243	64	26.33
Unknown	341	184	53.96	341	86	25.22
Total	6,992	3,666	52.43	6,992	1,891	27.05

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	12,274	4,405	35.88	12,274	890	7.25
50-100% FPL	2,650	791	29.85	2,650	170	6.42
> 100% FPL	1,844	579	31.40	1,844	129	7.00
Age						
19-26	3,707	1,148	30.97	3,707	236	6.37
27-35	5,178	1,767	34.13	5,178	424	8.19
36-45	3,932	1,371	34.87	3,932	286	7.27
46-55	2,724	1,008	37.00	2,724	173	6.35
56-64	1,227	481	39.20	1,227	70	5.70
Sex						
Female	6,148	1,959	31.86	6,148	355	5.77
Male	10,620	3,816	35.93	10,620	834	7.85
Race						
White	9,938	3,356	33.77	9,938	774	7.79
Black or African American	4,872	1,762	36.17	4,872	288	5.91
Asian	47	19	40.43	47	6	12.77
American Indian or Alaskan Native	339	107	31.56	339	23	6.78
Other	697	223	31.99	697	51	7.31
Unknown	875	308	35.20	875	47	5.37
Total	16,768	5,775	34.44	16,768	1,189	7.09

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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	31,020	12,559	40.48	31,020	3,690	11.89
50-100% FPL	6,968	2,589	37.16	6,968	827	11.87
> 100% FPL	5,147	1,865	36.23	5,147	584	11.35
Age						
19-26	6,241	1,980	31.73	6,241	576	9.23
27-35	11,819	4,679	39.59	11,819	1,709	14.46
36-45	10,604	4,357	41.09	10,604	1,379	13.00
46-55	9,046	3,778	41.76	9,046	962	10.63
56-64	5,425	2,219	40.90	5,425	475	8.75
Sex						
Female	14,524	5,374	37.00	14,524	1,645	11.33
Male	28,611	11,639	40.68	28,611	3,456	12.08
Race						
White	26,337	10,680	40.55	26,337	3,676	13.96
Black or African American	11,704	4,322	36.93	11,704	855	7.31
Asian	146	61	41.78	146	13	8.90
American Indian or Alaskan Native	825	318	38.55	825	111	13.45
Other	1,603	629	39.23	1,603	203	12.66
Unknown	2,520	1,003	39.80	2,520	243	9.64
Total	43,135	17,013	39.44	43,135	5,101	11.83

The number of inpatient hospital admissions for diabetes short-term complications per 100,000 beneficiary months for beneficiaries age 18 and older is shown in table 14. This measure saw a decrease from 2020 to 2021.

Table 14: Diabetes Short-Term Complications Admission Rate			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	5,157,647	1,483	28.75
50-100% FPL	2,260,805	282	12.47
> 100% FPL	1,947,308	256	13.15
Age			
19-26	2,179,683	511	23.44
27-35	2,366,412	566	23.92
36-45	1,840,727	440	23.90
46-55	1,672,046	342	20.45
56-64	1,306,892	162	12.39

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report
Michigan – Healthy Michigan Plan
Demonstration Year 14 – January 1, 2023 – December 31, 2023
Quarter 2 – April 1, 2023 – June 30, 2023
Submitted on August 24, 2023

Table 14: Diabetes Short-Term Complications Admission Rate (continued)			
Subgroup	Denominator	Numerator	Rate
Sex			
Female	4,585,172	739	16.12
Male	4,780,588	1,282	26.82
Raace			
White	5,501,803	929	16.89
Black or African American	2,402,783	828	34.46
Asian	157,687	2	1.27
American Indian or Alaskan Native	135,845	25	18.40
Other	427,654	68	15.90
Unknown	739,988	169	22.84
Total	9,365,760	2,021	21.58

The number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older is reported in table 15. This measure saw a decrease from 2020 to 2021.

Table 15: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	2,206,487	621	28.14
50-100% FPL	963,478	162	16.81
> 100% FPL	862,565	138	16.00
Age			
36-45	1,053,592	119	11.29
46-55	1,672,046	324	19.38
56-64	1,306,892	481	36.77
Sex			
Female	2,020,592	488	24.15
Male	2,011,938	436	21.67
Race			
White	2,491,738	567	22.76
Black or African American	935,308	267	28.55
Asian	73,282	2	2.73
American Indian or Alaskan Native	52,767	16	30.32
Other	140,678	11	7.81
Unknown	338,757	61	18.01
Total	4,032,530	924	22.91

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report
Michigan – Healthy Michigan Plan
Demonstration Year 14 – January 1, 2023 – December 31, 2023
Quarter 2 – April 1, 2023 – June 30, 2023
Submitted on August 24, 2023

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 an increase from 2020 to 2021.

Table 16: Heart Failure Admission Rate			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	5,157,647	1,393	27.01
50-100% FPL	2,260,805	229	10.13
> 100% FPL	1,947,308	249	12.79
Age			
19-26	2,179,683	27	1.24
27-35	2,366,412	135	5.70
36-45	1,840,727	313	17.00
46-55	1,672,046	711	42.52
56-64	1,306,892	685	52.57
Sex			
Female	4,585,172	593	12.93
Male	4,780,588	1,278	26.73
Race			
White	5,501,803	760	13.81
Black or African American	2,402,783	864	35.96
Asian	157,687	18	11.42
American Indian or Alaskan Native	135,845	19	13.99
Other	427,654	30	7.01
Unknown	739,988	180	24.32
Total	9,365,760	1,871	19.98

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 2020 to 2021.

Table 17: Asthma in Younger Adults Admission Rate			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	2,951,160	134	4.54
50-100% FPL	1,297,327	58	4.47
> 100% FPL	1,084,743	23	2.12
Age			
19-26	2,179,683	70	3.21
27-35	2,366,412	110	4.65
36-45	787,135	35	4.45
Sex			
Female	2,564,580	115	4.48
Male	2,768,650	100	3.61

Table 17: Asthma in Younger Adults Admission Rate (continued)			
Subgroup	Denominator	Numerator	Rate
Race			
White	3,010,065	63	2.09
Black or African American	1,467,475	125	8.52
Asian	84,405	0	0.00
American Indian or Alaskan Native	83,078	2	2.41
Other	286,976	11	3.92
Unknown	401,231	14	3.49
Total	5,333,230	215	4.03

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		
Current Quarter CY 2023 Q2	Previous Quarter CY 2023 Q1	Demonstration Year to Date CY 2023
\$2,028,590	\$1,471,361	\$3,499,951

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 Michigan Department of Health and Human Services (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 Centers for Medicare & Medicaid Services (CMS). In accordance with the HMP §1115 Demonstration Waiver Special Terms and Conditions, on December 16, 2019, the State submitted an initial version of IHPI’s evaluation design for the demonstration period ending December 31, 2023. The evaluation design received final approval from CMS on July 15, 2021.

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

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

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

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

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

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

The IHPI evaluation team continued working on credit data analyses.

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

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

7. Enclosures/Attachments

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

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

PERFORMANCE MONITORING REPORT

Healthy Michigan Plan Measures

Composite – All Plans



July 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		9/9		9/9			
Completion of Annual HRA	1/9		0/9		1/9			
Outreach & Engagement to Facilitate Entry to PCP	N/A		N/A		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	9/9	9/9	9/9	9/9		
Transition into CFP Status – Cohort 2	9/9	9/9	9/9	9/9	9/9	9/9		
Transition into CFP Status – Cohort 3	9/9	9/9	9/9	9/9	9/9	9/9		
Transition out of CFP Status – Cohort 1	9/9	8/9	8/8	8/9	7/9	6/9		
Transition out of CFP Status – Cohort 2	8/9	8/9	8/8	7/9	7/9	8/9		
Transition out of CFP Status – Cohort 3	9/9	9/9	6/9	5/9	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 increased slightly over the past year. In June 2023, enrollment was 816,332, up 33,712 enrollees (4.3%) from July 2022. An increase of 1,602 enrollees (0.2%) was realized between May 2023 and June 2023.

Figure 1: HMP-MC Enrollment, July 2022 – June 2023

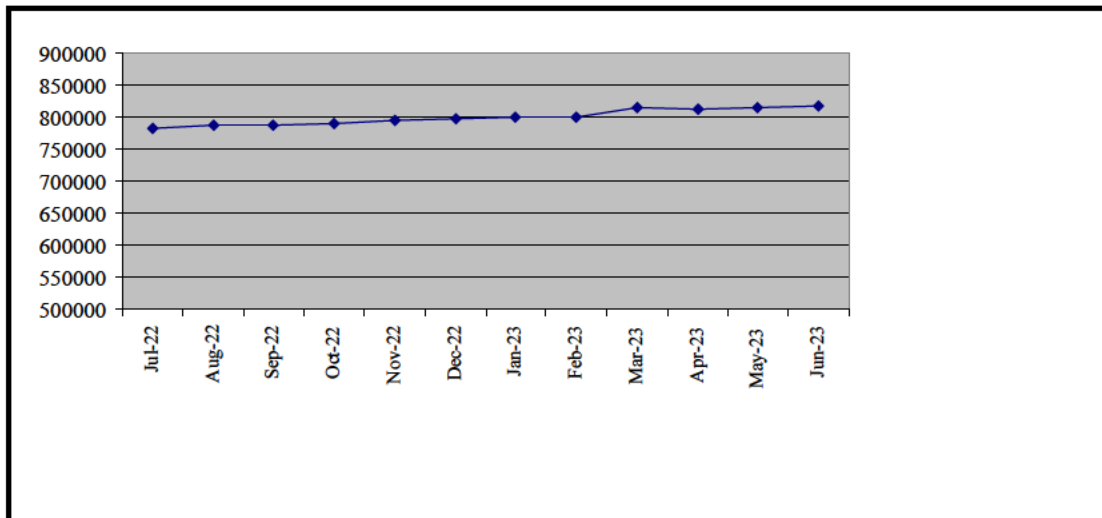
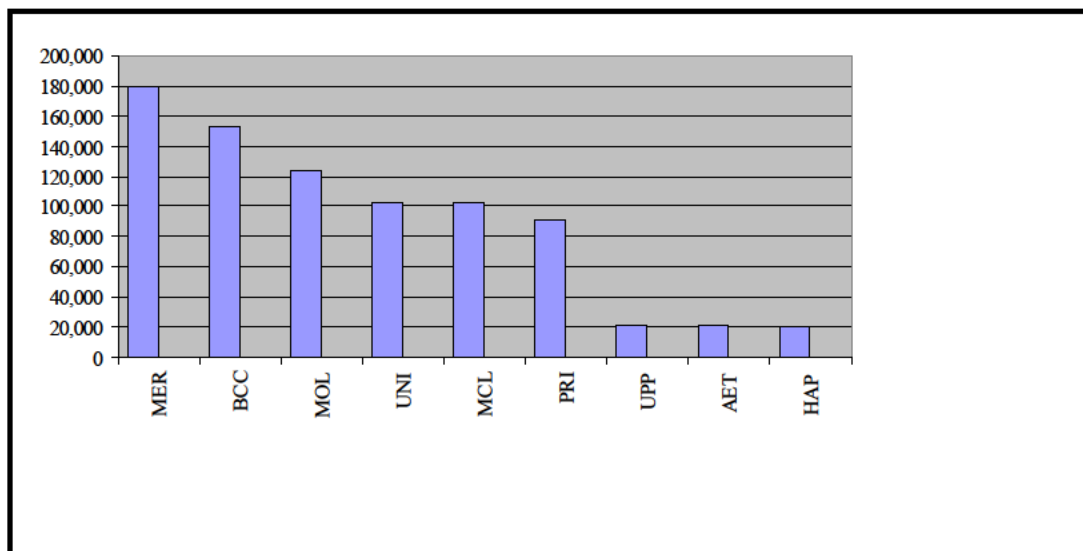


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, June 2023



Medicaid Health Plan News

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

Cross-Plan Performance Monitoring Analyses

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

Adults' Generic Drug Utilization

Measure

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

Standard

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

Measurement Period

November 2022 – January 2023

Data Source

MDHHS Data Warehouse

Measurement Frequency

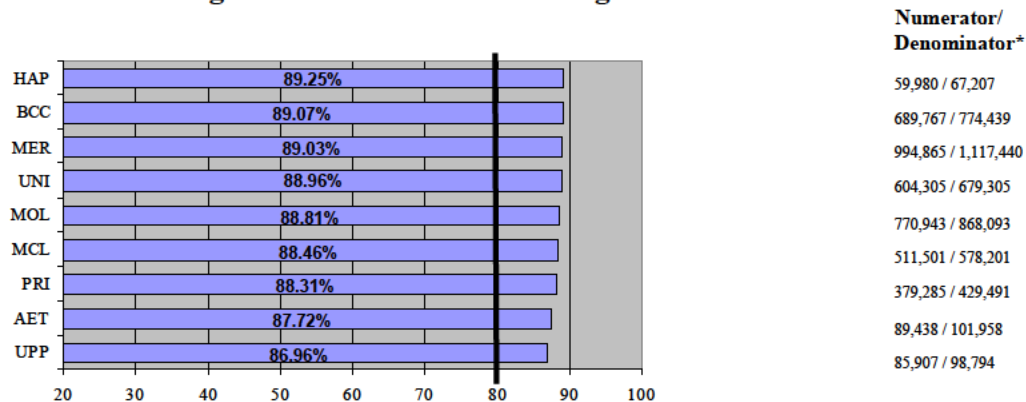
Quarterly

Summary: All plans met or exceeded the standard. Results ranged from 86.96% to 89.25%.

Table 2: Comparison across Medicaid Programs

Medicaid Program		Denominator	Percentage
Michigan Medicaid All	4,212,523	4,744,865	88.78%
Fee for Service (FFS) only	6,669	7,578	88.00%
Managed Care only	4,189,406	4,718,702	88.78%
MA-MC	1,924,422	2,167,474	88.79%
HMP-MC	2,243,902	2,527,679	88.77%

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

January 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

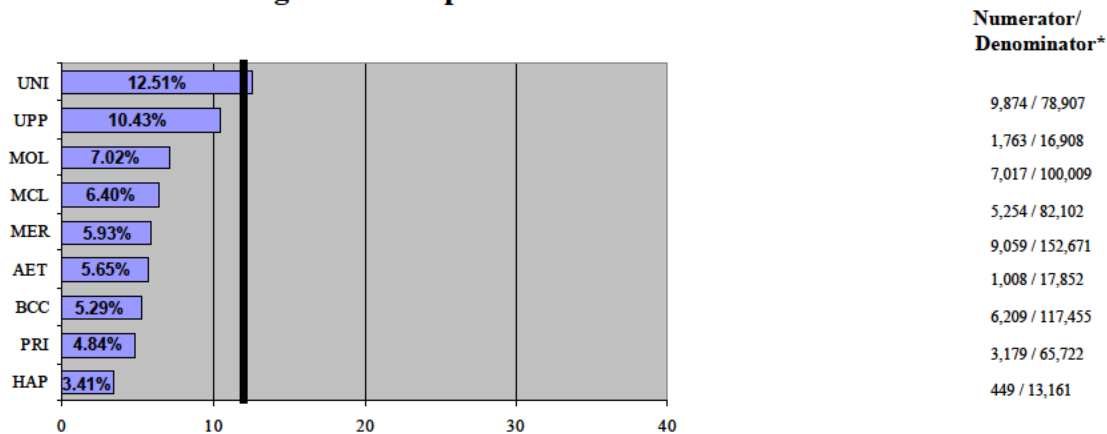
Quarterly

Summary: One (UNI) met or exceeded the standard, while eight plans (AET, BCC, HAP, MCL, MER, MOL, PRI, and UPP) did not. Results ranged from 3.41% to 12.51%.

Table 3: Program Total

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	48,028	699,555	6.87%

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

June 2022 – October 2022
July 2022 – November 2022
August 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

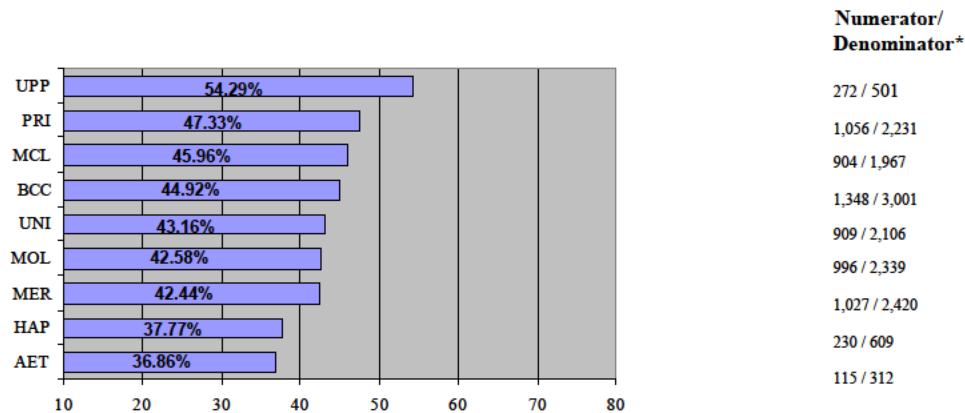
Quarterly

Summary: Results ranged from 36.86% to 54.29%.

Table 4: Program Total²

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	8,794	17,423	50.47%

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

May 2022 – June 2023

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

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

Summary:

In **Cohort 1**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 5.10% to 7.58%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.44% to 5.14%.

In **Cohort 2**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 5.80% to 7.96%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.31% to 3.97%.

In **Cohort 3**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 4.32% to 8.70%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.22% to 3.58%.

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	10	132	7.58%	Yes	33	642	5.14%	Yes
BCC	148	2,207	6.71%	Yes	278	8,270	3.36%	Yes
HAP	14	188	7.45%	Yes	18	738	2.44%	Yes
MCL	96	1,659	5.79%	Yes	164	5,268	3.11%	Yes
MER	193	3,126	6.17%	Yes	344	9,750	3.53%	Yes
MOL	95	1,281	7.42%	Yes	179	4,480	4.00%	Yes
PRI	115	1,529	7.52%	Yes	138	4,272	3.23%	Yes
UNI	110	1,593	6.91%	Yes	202	4,989	4.05%	Yes
UPP	25	490	5.10%	Yes	36	1,178	3.06%	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	7	111	6.31%	Yes	20	608	3.29%	Yes
BCC	171	2,149	7.96%	Yes	260	7,821	3.32%	Yes
HAP	10	132	7.58%	Yes	15	649	2.31%	Yes
MCL	109	1,691	6.45%	Yes	152	5,190	2.93%	Yes
MER	172	2,966	5.80%	Yes	332	9,694	3.42%	Yes
MOL	80	1,265	6.32%	Yes	158	4,369	3.62%	Yes
PRI	99	1,494	6.63%	Yes	125	4,090	3.06%	Yes
UNI	106	1,575	6.73%	Yes	175	4,896	3.57%	Yes
UPP	39	609	6.40%	Yes	46	1,159	3.97%	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	10	115	8.70%	Yes	17	702	2.42%	Yes
BCC	110	2,147	5.12%	Yes	245	7,999	3.06%	Yes
HAP	6	139	4.32%	Yes	16	646	2.48%	Yes
MCL	81	1,652	4.90%	Yes	124	5,208	2.38%	Yes
MER	174	3,027	5.75%	Yes	337	10,103	3.34%	Yes
MOL	91	1,311	6.94%	Yes	169	4,717	3.58%	Yes
PRI	87	1,457	5.97%	Yes	127	4,317	2.94%	Yes
UNI	84	1,643	5.11%	Yes	176	4,927	3.57%	Yes
UPP	30	509	5.89%	Yes	27	1,218	2.22%	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

May 2022 – June 2023

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Summary:

In *Cohort 1*, for income levels over 100% FPL, seven plans (AET, BCC, MER, MOL, PRI, UNI, and UPP) met or exceeded the standard, while two plans (HAP and MCL) did not. Results ranged from 1.88% to 3.64%. For income levels up to 100% FPL, six plans (BCC, HAP, MCL, PRI, UNI and UPP) met or exceeded the standard, while three plans (AET, MER and MOL) did not. Results ranged from 1.00% to 3.16%.

In *Cohort 2*, for income levels over 100% FPL, seven plans (BCC, MCL, MER, MOL, PRI, UNI, and UPP) met or exceeded the standard, while two plans (AET and HAP) did not. Results ranged from 1.72% to 4.28%. 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 1.20% to 4.46%.

In *Cohort 3*, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 3.46% to 6.09%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.30% to 6.10%.

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	297	2.36%	Yes	5	501	1.00%	No
BCC	103	2,957	3.48%	Yes	151	5,510	2.74%	Yes
HAP	6	308	1.95%	No	16	506	3.16%	Yes
MCL	43	2,288	1.88%	No	95	3,839	2.47%	Yes
MER	137	4,707	2.91%	Yes	153	8,018	1.91%	No
MOL	55	2,017	2.73%	Yes	65	3,650	1.78%	No
PRI	65	1,787	3.64%	Yes	56	2,545	2.20%	Yes
UNI	73	2,263	3.23%	Yes	102	3,780	2.70%	Yes
UPP	17	511	3.33%	Yes	22	780	2.82%	Yes

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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	5	290	1.72%	No	6	499	1.20%	No
BCC	111	3,090	3.59%	Yes	174	5,654	3.08%	Yes
HAP	6	320	1.88%	No	17	564	3.01%	Yes
MCL	85	2,392	3.55%	Yes	129	3,898	3.31%	Yes
MER	172	4,833	3.56%	Yes	228	8,139	2.80%	Yes
MOL	71	2,171	3.27%	Yes	126	3,818	3.30%	Yes
PRI	71	1,929	3.68%	Yes	89	2,786	3.19%	Yes
UNI	94	2,196	4.28%	Yes	118	3,864	3.05%	Yes
UPP	19	533	3.56%	Yes	32	718	4.46%	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	12	347	3.46%	Yes	13	565	2.30%	Yes
BCC	153	3,092	4.95%	Yes	215	5,793	3.71%	Yes
HAP	10	281	3.56%	Yes	31	508	6.10%	Yes
MCL	101	2,391	4.22%	Yes	128	3,869	3.31%	Yes
MER	187	4,876	3.84%	Yes	298	8,402	3.55%	Yes
MOL	88	2,370	3.71%	Yes	148	4,070	3.64%	Yes
PRI	116	1,905	6.09%	Yes	112	2,871	3.90%	Yes
UNI	116	2,240	5.18%	Yes	159	3,883	4.09%	Yes
UPP	24	523	4.59%	Yes	32	713	4.49%	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 22	80%	90.22%	Yes
	Aug 22 – Oct 22	80%	88.87%	Yes
	Nov 22 – Jan 23	80%	87.72%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.07%	No
	Oct 21 – Sep 22	12%	5.80%	No
	Jan 22 – Dec 22	12%	5.65%	No

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	36.86%	N/A
	July 22 – Nov 22 Aug 22 – Dec 22			

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
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
	5.56%	Yes	3.92%	Yes	13.93%	Yes
	7.58%	Yes	6.31%	Yes	8.70%	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
	4.49%	Yes	3.90%	Yes	4.11%	Yes
	5.14%	Yes	3.29%	Yes	2.42%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
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
	N/A	N/A	N/A	N/A	1.64%	No
	2.36%	Yes	1.72%	No	3.46%	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
	1.73%	No	1.50%	No	1.83%	No
	1.00%	No	1.20%	No	2.30%	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 22	80%	91.31%	Yes
	Aug 22 – Oct 22	80%	89.84%	Yes
	Nov 22 – Jan 23	80%	89.07%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	4.63%	No
	Oct 21 – Sep 22	12%	4.44%	No
	Jan 22 – Dec 22	12%	5.29%	No

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	44.92%	N/A
	July 22 – Nov 22 Aug 22 – Dec 22			

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
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%	8.18%	Yes	6.93%	Yes	7.06%	Yes
	6.71%	Yes	7.96%	Yes	5.12%	Yes
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%	3.73%	Yes	3.65%	Yes	3.42%	Yes
	3.36%	Yes	3.32%	Yes	3.06%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
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%	3.58%	Yes	2.82%	Yes	2.23%	Yes
	3.48%	Yes	3.59%	Yes	4.95%	Yes
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%	3.19%	Yes	2.78%	Yes	2.24%	Yes
	2.74%	Yes	3.08%	Yes	3.71%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

HAP Empowered – HAP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	90.90%	Yes
	Aug 22 – Oct 22	80%	89.57%	Yes
	Nov 22 – Jan 23	80%	89.25%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.25%	Yes
	Oct 21 – Sep 22	12%	4.82%	No
	Jan 22 – Dec 22	12%	3.41%	No

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	37.77%	N/A
	July 22 – Nov 22 Aug 22 – Dec 22			

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
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
	8.84%	Yes	9.70%	Yes	6.20%	Yes
	7.45%	Yes	7.58%	Yes	4.32%	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
	4.20%	Yes	4.19%	Yes	4.43%	Yes
	2.44%	Yes	2.31%	Yes	2.48%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
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
	2.33%	Yes	2.25%	Yes	2.48%	Yes
	1.95%	No	1.88%	No	3.56%	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
	2.63%	Yes	2.06%	Yes	1.49%	No
	3.16%	Yes	3.01%	Yes	6.10%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	90.98%	Yes
	Aug 22 – Oct 22	80%	89.64%	Yes
	Nov 22 – Jan 23	80%	88.46%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.79%	No
	Oct 21 – Sep 22	12%	6.07%	No
	Jan 22 – Dec 22	12%	6.40%	No

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	45.96%	N/A
	July 22 – Nov 22 Aug 22 – Dec 22			

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	6.78%	Yes	5.90%	Yes	5.40%	Yes
≤30%	6.35%	Yes	6.17%	Yes	6.44%	Yes
	5.79%	Yes	6.45%	Yes	4.90%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	3.31%	Yes	3.74%	Yes	3.63%	Yes
≤7%	3.31%	Yes	3.86%	Yes	2.83%	Yes
	3.11%	Yes	2.93%	Yes	2.38%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	3.89%	Yes	3.18%	Yes	2.58%	Yes
≥2%	2.45%	Yes	2.95%	Yes	1.93%	No
	1.88%	No	3.55%	Yes	4.22%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	2.86%	Yes	2.11%	Yes	2.53%	Yes
≥2%	2.32%	Yes	2.21%	Yes	1.79%	No
	2.47%	Yes	3.31%	Yes	3.31%	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 22	80%	91.25%	Yes
	Aug 22 – Oct 22	80%	90.15%	Yes
	Nov 22 – Jan 23	80%	89.03%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.38%	No
	Oct 21 – Sep 22	12%	5.93%	No
	Jan 22 – Dec 22	12%	5.93%	No

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	42.44%	N/A
	July 22 – Nov 22 Aug 22 – Dec 22			

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	6.65%	Yes	7.04%	Yes	7.51%	Yes
≤30%	6.81%	Yes	7.35%	Yes	6.55%	Yes
	6.17%	Yes	5.80%	Yes	5.75%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	3.92%	Yes	3.48%	Yes	3.89%	Yes
≤7%	3.59%	Yes	4.09%	Yes	3.43%	Yes
	3.53%	Yes	3.42%	Yes	3.34%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	4.22%	Yes	3.92%	Yes	3.76%	Yes
≥2%	2.96%	Yes	2.53%	Yes	2.35%	Yes
	2.91%	Yes	3.56%	Yes	3.84%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	2.80%	Yes	2.19%	Yes	2.63%	Yes
≥2%	2.07%	Yes	2.37%	Yes	2.02%	Yes
	1.91%	No	2.80%	Yes	3.55%	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 22	80%	90.85%	Yes
	Aug 22 – Oct 22	80%	89.70%	Yes
	Nov 22 – Jan 23	80%	88.81%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.76%	No
	Oct 21 – Sep 22	12%	6.20%	No
	Jan 22 – Dec 22	12%	7.02%	No

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22 July 22 – Nov 22 Aug 22 – Dec 22	Informational Only	42.58%	N/A

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
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
	8.26%	Yes	6.65%	Yes	6.17%	Yes
	7.42%	Yes	6.32%	Yes	6.94%	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
	3.57%	Yes	4.46%	Yes	3.87%	Yes
	4.00%	Yes	3.62%	Yes	3.58%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
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
	2.65%	Yes	2.26%	Yes	1.72%	No
	2.73%	Yes	3.27%	Yes	3.71%	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
	2.51%	Yes	1.97%	No	1.54%	No
	1.78%	No	3.30%	Yes	3.64%	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 22	80%	90.75%	Yes
	Aug 22 – Oct 22	80%	89.37%	Yes
	Nov 22 – Jan 23	80%	88.31%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	5.03%	No
	Oct 21 – Sep 22	12%	5.43%	No
	Jan 22 – Dec 22	12%	4.84%	No

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	47.33%	N/A
	July 22 – Nov 22			
	Aug 22 – Dec 22			

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	6.76%	Yes	7.16%	Yes	9.04%	Yes
≤30%	7.50%	Yes	6.46%	Yes	6.72%	Yes
	7.52%	Yes	6.63%	Yes	5.97%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL	4.29%	Yes	4.46%	Yes	3.81%	Yes
≤7%	3.11%	Yes	3.92%	Yes	3.55%	Yes
	3.23%	Yes	3.06%	Yes	2.94%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	5.06%	Yes	4.59%	Yes	4.06%	Yes
≥2%	3.68%	Yes	3.81%	Yes	3.54%	Yes
	3.64%	Yes	3.68%	Yes	6.09%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL	3.02%	Yes	2.74%	Yes	2.24%	Yes
≥2%	2.78%	Yes	2.69%	Yes	2.20%	Yes
	2.20%	Yes	3.19%	Yes	3.90%	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 22	80%	90.55%	Yes
	Aug 22 – Oct 22	80%	89.48%	Yes
	Nov 22 – Jan 23	80%	88.96%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	12.52%	Yes
	Oct 21 – Sep 22	12%	11.73%	No
	Jan 22 – Dec 22	12%	12.51%	Yes

Outreach/Engagement to Facilitate Entry to Primary Care.	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	43.16%	N/A
	July 22 – Nov 22 Aug 22 – Dec 22			

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	6.06%	Yes	7.66%	Yes	8.11%	Yes
≤30%	7.38%	Yes	7.39%	Yes	6.15%	Yes
	6.91%	Yes	6.73%	Yes	5.11%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL	4.10%	Yes	4.65%	Yes	4.25%	Yes
≤7%	4.33%	Yes	3.97%	Yes	4.02%	Yes
	4.05%	Yes	3.57%	Yes	3.57%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	4.87%	Yes	5.35%	Yes	4.06%	Yes
≥2%	2.99%	Yes	3.11%	Yes	3.61%	Yes
	3.23%	Yes	4.28%	Yes	5.18%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL	3.65%	Yes	3.30%	Yes	2.41%	Yes
≥2%	2.35%	Yes	2.51%	Yes	2.26%	Yes
	2.70%	Yes	3.05%	Yes	4.09%	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

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	90.37%	Yes
	Aug 22 – Oct 22	80%	89.34%	Yes
	Nov 22 – Jan 23	80%	86.96%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	5.69%	No
	Oct 21 – Sep 22	12%	6.77%	No
	Jan 22 – Dec 22	12%	10.43%	No

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	54.29%	N/A
	July 22 – Nov 22 Aug 22 – Dec 22			

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	7.34%	Yes	4.73%	Yes	4.40%	Yes
≤30%	7.03%	Yes	6.76%	Yes	5.88%	Yes
	5.10%	Yes	6.40%	Yes	5.89%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	3.60%	Yes	2.87%	Yes	3.25%	Yes
≤7%	4.68%	Yes	3.47%	Yes	2.34%	Yes
	3.06%	Yes	3.97%	Yes	2.22%	Yes

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

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	4.27%	Yes	4.57%	Yes	3.69%	Yes
≥2%	4.21%	Yes	4.64%	Yes	3.39%	Yes
	3.33%	Yes	3.56%	Yes	4.59%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	2.80%	Yes	3.53%	Yes	3.11%	Yes
≥2%	3.54%	Yes	3.58%	Yes	3.34%	Yes
	2.82%	Yes	4.46%	Yes	4.49%	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



July 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.

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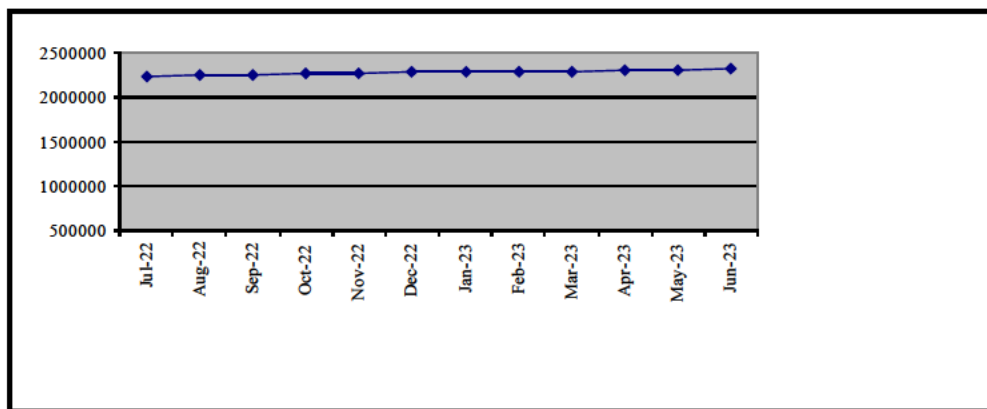
Table 1: Fiscal Year 2023¹

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	0/9	0/9	
Preventive Dental Services	1/9	1/9	1/9	
Restorative (Dental Fillings) Dental Services	0/9	0/9	0/9	
Comprehensive Diabetes Care: Diagnostic Dental Exam	N/A	N/A	N/A	
Comprehensive Diabetes Care: Preventive Dental Visit	2/9	2/9	2/9	
Comprehensive Diabetes Care: Restorative Dental Visit	N/A	N/A	N/A	
Diagnostic Dental Visits in Pregnant Women	2/10	1/9	1/9	
Preventive Dental Visits in Pregnant Women	N/A	N/A	N/A	
Restorative Dental Visits in Pregnant Women	N/A	N/A	N/A	
Adults: Any Dental Visit	N/A	N/A	N/A	

Managed Care Enrollment

Michigan Medicaid Managed Care (MA-MC) enrollment has remained steady over the past year. In June 2023 enrollment was 2,314,097 up 73,825 enrollees (3.3%) from July 2022. An increase of 3,562 enrollees (0.2%) was realized between May 2023 and June 2023.

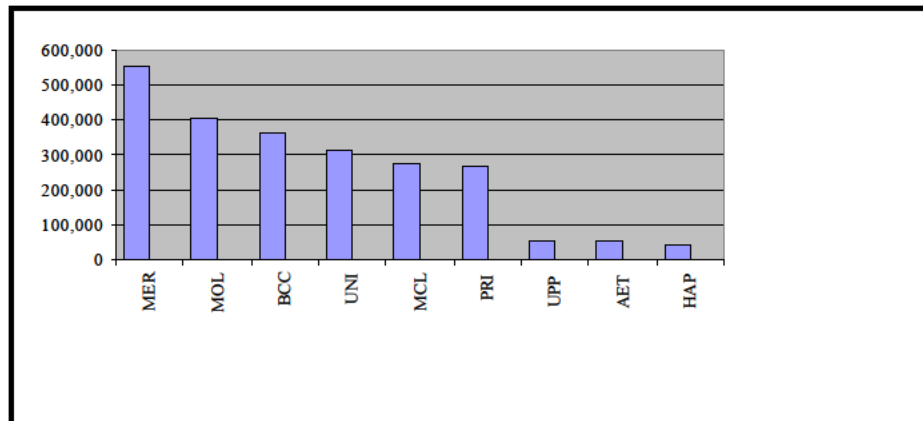
Figure 1: Medicaid Managed Care Enrollment, July 2022 – June 2023



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).

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



Medicaid Health Plan News

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

As of October 1, 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

January 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

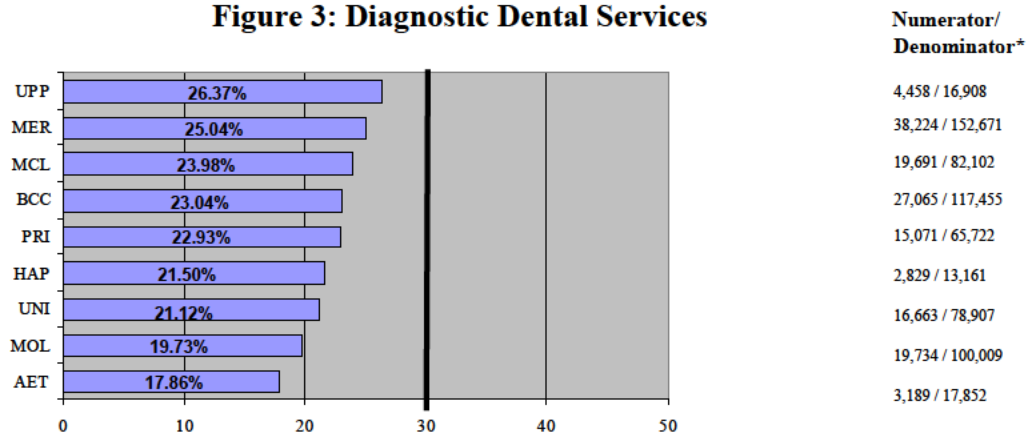
Quarterly

Summary: None of the health plans met or exceeded the standard. Results ranged from 17.86% to 26.37%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	1,221	11,114	10.99%
HMP Managed Care (MC) Only	150,035	653,750	22.95%

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

January 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

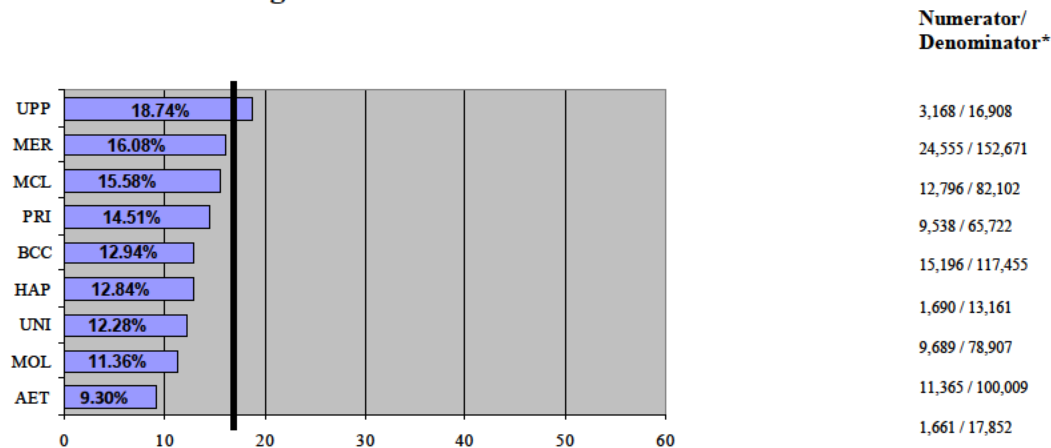
Quarterly

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 9.30% to 18.74%.

Table 3: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	604	11,114	5.44%
HMP Managed Care (MC) Only	91,450	653,750	13.99%

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

January 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

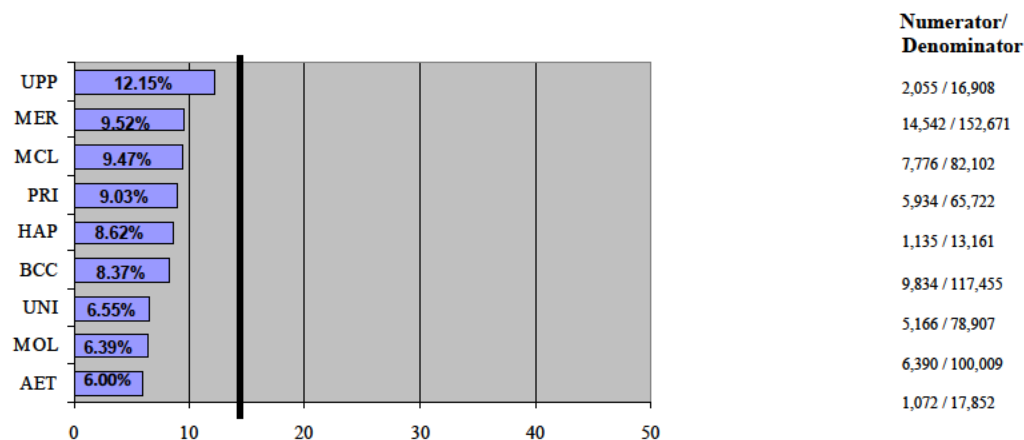
Quarterly

Summary: None of the plan met or exceeded the standard. Results ranged from 6.00% to 12.15%.

Table 4: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	392	11,114	3.53%
HMP Managed Care (MC) Only	55,068	653,750	8.42%

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

January 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

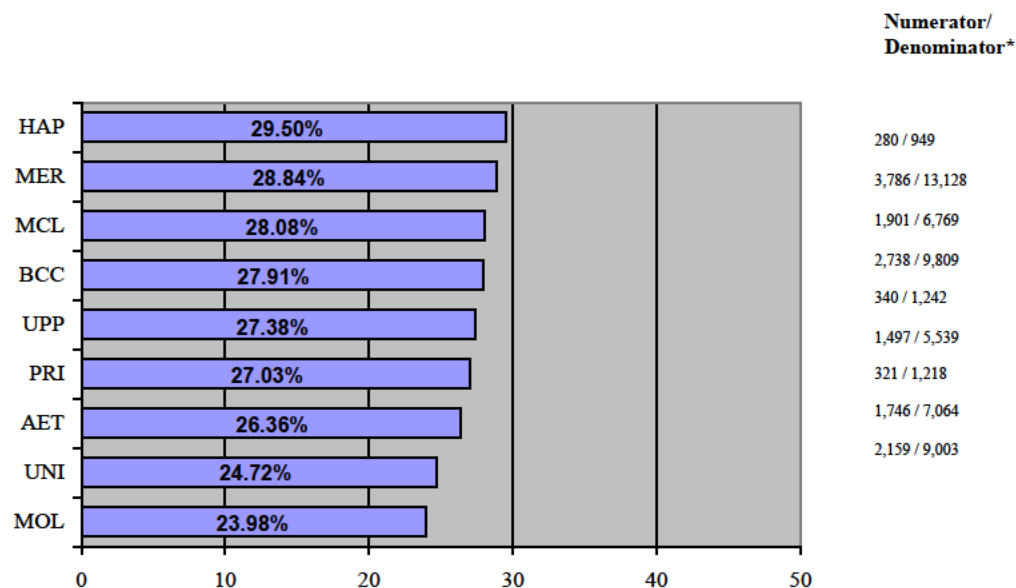
Quarterly

Summary: Results ranged from 23.98% to 29.50%

Table 5: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	162	782	20.72%
HMP Managed Care (MC) Only	15,110	55,657	27.15%

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

January 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

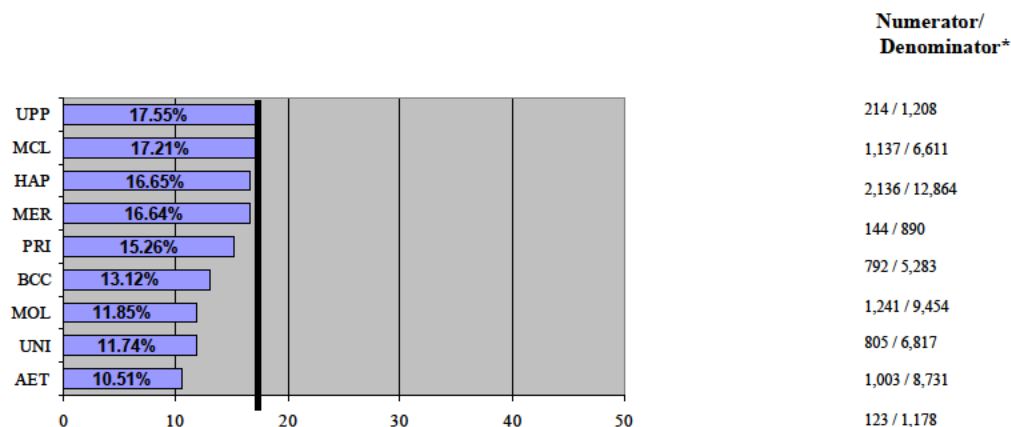
Quarterly

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 10.51% to 17.55%

Table 6: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	69	782	8.82%
HMP Managed Care (MC) Only	8,052	55,657	14.47%

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

January 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

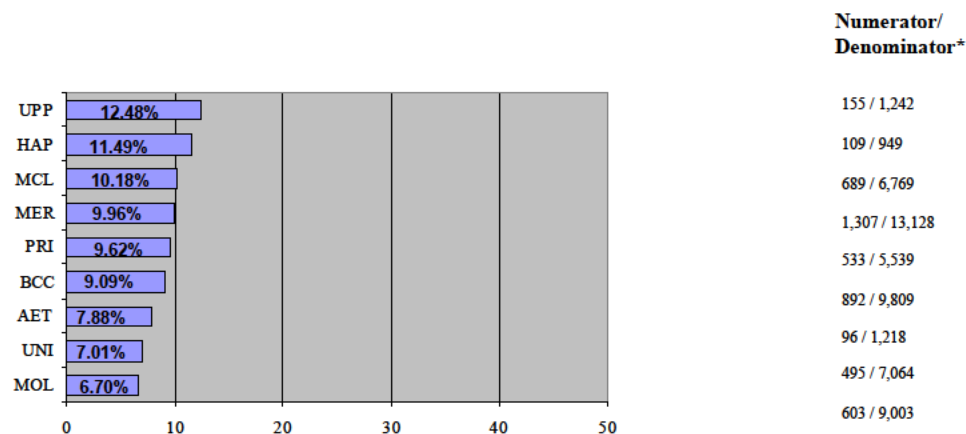
Quarterly

Summary: Results ranged from 6.70% to 12.48%

Table 7: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	31	782	3.96%
HMP Managed Care (MC) Only	4,982	55,657	8.95%

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

January 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

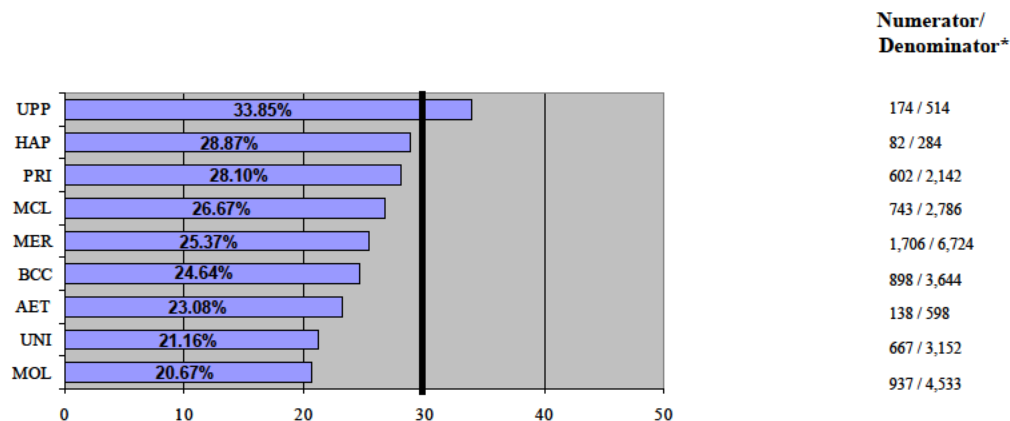
Quarterly

Summary: One plan (UPP) met or exceeded the standard, while eight plans (AET, BCC, HAP, MCL, MER, MOL, UNI and UPP), did not. Results ranged from 20.67% to 33.85%

Table 8: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	7,283	32,839	22.18%
Fee for Service (FFS) only	78	376	20.74%
Managed Care only	6,224	25,650	24.26%
MA-MC	3,212	14,559	22.06%

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

January 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

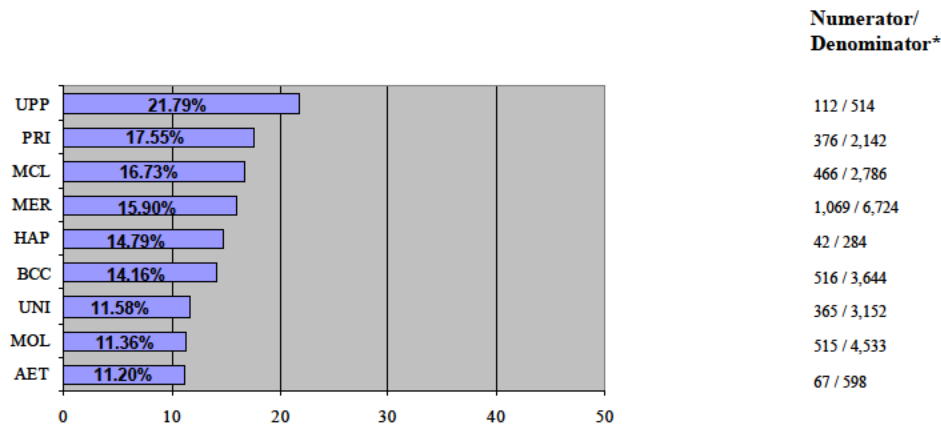
Quarterly

Summary: Results ranged from 11.20% to 21.79%

Table 9: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,273	32,839	13.01%
Fee for Service (FFS) only	38	376	10.11%
Managed Care only	3,680	25,650	14.35%
MA-MC	1,714	14,559	11.77%

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

January 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

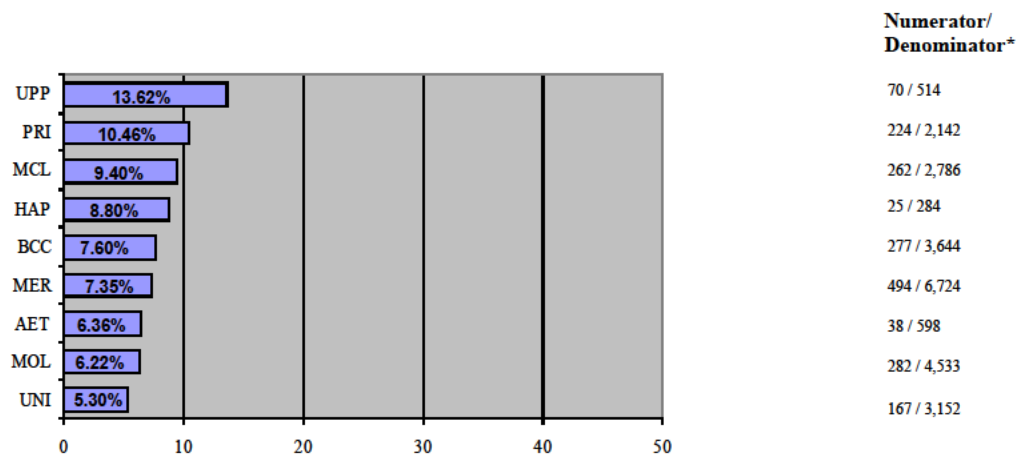
Quarterly

Summary: Results ranged from 5.30% to 13.62%

Table 10: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	2,270	32,839	6.91%
Fee for Service (FFS) only	26	376	6.92%
Managed Care only	1,930	25,650	7.52%
MA-MC	904	14,559	6.21%

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

January 2022 – December 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

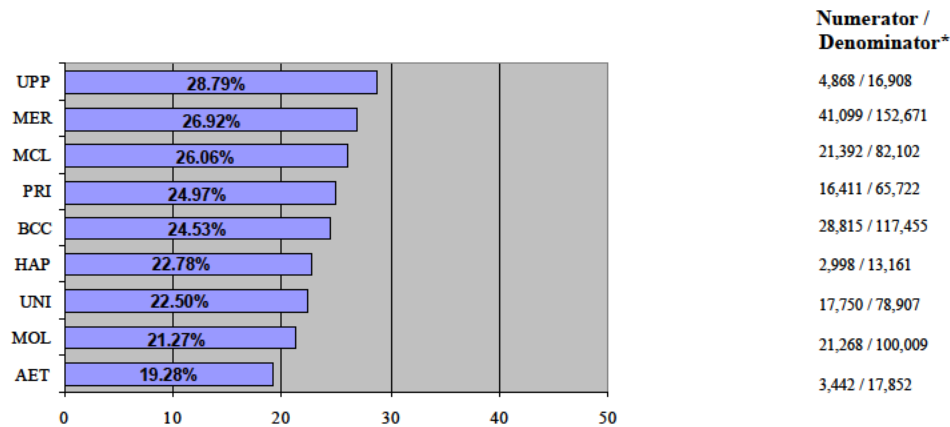
Quarterly

Summary: Results ranged from 19.28% to 28.79%

Table 11: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	1,342	11,114	12.08%
HMP Managed Care (MC) Only	161,333	653,750	24.68%

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
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
	Oct 21 – Sep 22	30%	18.23%	No
	Jan 22 – Dec 22	30%	17.86%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	9.70%	No
	Oct 21 – Sep 22	17%	9.27%	No
	Jan 22 – Dec 22	17%	9.30%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	6.61%	No
	Oct 21 – Sep 22	14%	6.42%	No
	Jan 22 – Dec 22	14%	6.00%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	26.73%	N/A
	Oct 21 – Sep 22	Informational Only	26.23%	N/A
	Jan 22 – Dec 22	Informational Only	26.36%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	11.42%	No
	Oct 21 – Sep 22	17%	10.44%	No
	Jan 22 – Dec 22	17%	10.51%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	8.85%	N/A
	Oct 21 – Sep 22	Informational Only	8.91%	N/A
	Jan 22 – Dec 22	Informational Only	7.88%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	20.57%	No
	Oct 21 – Sep 22	30%	21.53%	No
	Jan 22 – Dec 22	30%	23.08%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	8.94%	N/A
	Oct 21 – Sep 22	Informational Only	9.43%	N/A
	Jan 22 – Dec 22	Informational Only	11.20%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	3.76%	N/A
	Oct 21 – Sep 22	Informational Only	5.52%	N/A
	Jan 22 – Dec 22	Informational Only	6.36%	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

Aetna Better Health of Michigan – AET

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	20.25%	N/A
	Oct 21 – Sep 22	Informational Only	19.74%	N/A
	Jan 22 – Dec 22	Informational Only	19.28%	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
	Oct 21 – Sep 22	30%	23.18%	No
	Jan 22 – Dec 22	30%	23.04%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	13.45%	No
	Oct 21 – Sep 22	17%	13.16%	No
	Jan 22 – Dec 22	17%	12.94%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	8.81%	No
	Oct 21 – Sep 22	14%	8.57%	No
	Jan 22 – Dec 22	14%	8.37%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.61%	N/A
	Oct 21 – Sep 22	Informational Only	28.07%	N/A
	Jan 22 – Dec 22	Informational Only	27.91%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	13.33%	No
	Oct 21 – Sep 22	17%	13.13%	No
	Jan 22 – Dec 22	17%	13.12%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	9.51%	N/A
	Oct 21 – Sep 22	Informational Only	9.17%	N/A
	Jan 22 – Dec 22	Informational Only	9.09%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	25.84%	No
	Oct 21 – Sep 22	30%	25.11%	No
	Jan 22 – Dec 22	30%	24.64%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	14.46%	N/A
	Oct 21 – Sep 22	Informational Only	14.06%	N/A
	Jan 22 – Dec 22	Informational Only	14.16%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	8.20%	N/A
	Oct 21 – Sep 22	Informational Only	7.59%	N/A
	Jan 22 – Dec 22	Informational Only	7.60%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete – BCC

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	25.49%	N/A
	Oct 21 – Sep 22	Informational Only	24.83%	N/A
	Jan 22 – Dec 22	Informational Only	24.53%	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
	Oct 21 – Sep 22	30%	21.70%	No
	Jan 22 – Dec 22	30%	21.50%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	12.47%	No
	Oct 21 – Sep 22	17%	12.79%	No
	Jan 22 – Dec 22	17%	12.84%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	8.15%	No
	Oct 21 – Sep 22	14%	8.56%	No
	Jan 22 – Dec 22	14%	8.62%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	27.96%	N/A
	Oct 21 – Sep 22	Informational Only	27.98%	N/A
	Jan 22 – Dec 22	Informational Only	29.50%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	15.64%	No
	Oct 21 – Sep 22	17%	16.18%	No
	Jan 22 – Dec 22	17%	16.65%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	9.85%	N/A
	Oct 21 – Sep 22	Informational Only	11.46%	N/A
	Jan 22 – Dec 22	Informational Only	11.49%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	25.75%	No
	Oct 21 – Sep 22	30%	29.69%	No
	Jan 22 – Dec 22	30%	28.87%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	14.16%	N/A
	Oct 21 – Sep 22	Informational Only	15.62%	N/A
	Jan 22 – Dec 22	Informational Only	14.79%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	9.01%	N/A
	Oct 21 – Sep 22	Informational Only	9.77%	N/A
	Jan 22 – Dec 22	Informational Only	8.80%	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
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	22.57%	N/A
	Oct 21 – Sep 22	Informational Only	22.92%	N/A
	Jan 22 – Dec 22	Informational Only	22.78%	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
	Oct 21 – Sep 22	30%	24.19%	No
	Jan 22 – Dec 22	30%	23.98%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	15.86%	No
	Oct 21 – Sep 22	17%	15.74%	No
	Jan 22 – Dec 22	17%	15.58%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	9.74%	No
	Oct 21 – Sep 22	14%	9.45%	No
	Jan 22 – Dec 22	14%	9.47%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.38%	N/A
	Oct 21 – Sep 22	Informational Only	27.83%	N/A
	Jan 22 – Dec 22	Informational Only	28.08%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	17.25%	Yes
	Oct 21 – Sep 22	17%	17.20%	Yes
	Jan 22 – Dec 22	17%	17.21%	Yes
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	10.29%	N/A
	Oct 21 – Sep 22	Informational Only	10.14%	N/A
	Jan 22 – Dec 22	Informational Only	10.18%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	27.66%	No
	Oct 21 – Sep 22	30%	27.61%	No
	Jan 22 – Dec 22	30%	26.67%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	17.29%	N/A
	Oct 21 – Sep 22	Informational Only	17.16%	N/A
	Jan 22 – Dec 22	Informational Only	16.73%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	10.15%	N/A
	Oct 21 – Sep 22	Informational Only	9.98%	N/A
	Jan 22 – Dec 22	Informational Only	9.40%	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
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	26.74%	N/A
	Oct 21 – Sep 22	Informational Only	26.39%	N/A
	Jan 22 – Dec 22	Informational Only	26.06%	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
	Oct 21 – Sep 22	30%	25.24%	No
	Jan 22 – Dec 22	30%	25.04%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	16.22%	No
	Oct 21 – Sep 22	17%	16.16%	No
	Jan 22 – Dec 22	17%	16.08%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	9.82%	No
	Oct 21 – Sep 22	14%	9.65%	No
	Jan 22 – Dec 22	14%	9.52%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.47%	N/A
	Oct 21 – Sep 22	Informational Only	28.55%	N/A
	Jan 22 – Dec 22	Informational Only	28.84%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	16.34%	No
	Oct 21 – Sep 22	17%	16.60%	No
	Jan 22 – Dec 22	17%	16.64%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	10.03%	N/A
	Oct 21 – Sep 22	Informational Only	9.90%	N/A
	Jan 22 – Dec 22	Informational Only	9.96%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	26.00%	No
	Oct 21 – Sep 22	30%	25.85%	No
	Jan 22 – Dec 22	30%	25.37%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	16.35%	N/A
	Oct 21 – Sep 22	Informational Only	16.22%	N/A
	Jan 22 – Dec 22	Informational Only	15.90%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	8.31%	N/A
	Oct 21 – Sep 22	Informational Only	7.74%	N/A
	Jan 22 – Dec 22	Informational Only	7.35%	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
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	27.37%	N/A
	Oct 21 – Sep 22	Informational Only	27.19%	N/A
	Jan 22 – Dec 22	Informational Only	26.92%	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
	Oct 21 – Sep 22	30%	20.03%	No
	Jan 22 – Dec 22	30%	19.73%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	11.32%	No
	Oct 21 – Sep 22	17%	11.36%	No
	Jan 22 – Dec 22	17%	11.36%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	6.52%	No
	Oct 21 – Sep 22	14%	6.46%	No
	Jan 22 – Dec 22	14%	6.39%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	24.14%	N/A
	Oct 21 – Sep 22	Informational Only	23.88%	N/A
	Jan 22 – Dec 22	Informational Only	23.98%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	11.58%	No
	Oct 21 – Sep 22	17%	11.49%	No
	Jan 22 – Dec 22	17%	11.85%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	7.03%	N/A
	Oct 21 – Sep 22	Informational Only	6.95%	N/A
	Jan 22 – Dec 22	Informational Only	6.70%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	21.24%	No
	Oct 21 – Sep 22	30%	20.38%	No
	Jan 22 – Dec 22	30%	20.67%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	11.16%	N/A
	Oct 21 – Sep 22	Informational Only	11.07%	N/A
	Jan 22 – Dec 22	Informational Only	11.36%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	6.20%	N/A
	Oct 21 – Sep 22	Informational Only	5.98%	N/A
	Jan 22 – Dec 22	Informational Only	6.22%	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
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	21.73%	N/A
	Oct 21 – Sep 22	Informational Only	21.61%	N/A
	Jan 22 – Dec 22	Informational Only	21.27%	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
	Oct 21 – Sep 22	30%	23.22%	No
	Jan 22 – Dec 22	30%	22.93%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	16.80%	No
	Oct 21 – Sep 22	17%	14.70%	No
	Jan 22 – Dec 22	17%	14.51%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	10.66%	No
	Oct 21 – Sep 22	14%	9.29%	No
	Jan 22 – Dec 22	14%	9.03%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	27.22%	N/A
	Oct 21 – Sep 22	Informational Only	27.43%	N/A
	Jan 22 – Dec 22	Informational Only	27.03%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	16.63%	No
	Oct 21 – Sep 22	17%	14.99%	No
	Jan 22 – Dec 22	17%	15.26%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	10.92%	N/A
	Oct 21 – Sep 22	Informational Only	9.96%	N/A
	Jan 22 – Dec 22	Informational Only	9.62%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	30.54%	Yes
	Oct 21 – Sep 22	30%	28.53%	No
	Jan 22 – Dec 22	30%	28.10%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	18.94%	N/A
	Oct 21 – Sep 22	Informational Only	18.31%	N/A
	Jan 22 – Dec 22	Informational Only	17.55%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	11.55%	N/A
	Oct 21 – Sep 22	Informational Only	10.33%	N/A
	Jan 22 – Dec 22	Informational Only	10.46%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	27.82%	N/A
	Oct 21 – Sep 22	Informational Only	25.39%	N/A
	Jan 22 – Dec 22	Informational Only	24.97%	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
	Oct 21 – Sep 22	30%	21.29%	No
	Jan 22 – Dec 22	30%	21.12%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	12.22%	No
	Oct 21 – Sep 22	17%	12.19%	No
	Jan 22 – Dec 22	17%	12.28%	No
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	6.96%	No
	Oct 21 – Sep 22	14%	6.66%	No
	Jan 22 – Dec 22	14%	6.55%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	25.33%	N/A
	Oct 21 – Sep 22	Informational Only	25.26%	N/A
	Jan 22 – Dec 22	Informational Only	24.72%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	11.76%	No
	Oct 21 – Sep 22	17%	11.81%	No
	Jan 22 – Dec 22	17%	11.74%	No
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	7.22%	N/A
	Oct 21 – Sep 22	Informational Only	6.98%	N/A
	Jan 22 – Dec 22	Informational Only	7.01%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	21.72%	No
	Oct 21 – Sep 22	30%	20.90%	No
	Jan 22 – Dec 22	30%	21.16%	No
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	11.36%	N/A
	Oct 21 – Sep 22	Informational Only	10.95%	N/A
	Jan 22 – Dec 22	Informational Only	11.58%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	5.99%	N/A
	Oct 21 – Sep 22	Informational Only	5.57%	N/A
	Jan 22 – Dec 22	Informational Only	5.30%	N/A

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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
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	22.75%	N/A
	Oct 21 – Sep 22	Informational Only	22.54%	N/A
	Jan 22 – Dec 22	Informational Only	22.50%	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
	Oct 21 – Sep 22	30%	26.74%	No
	Jan 22 – Dec 22	30%	26.37%	No
Preventive Dental Services	Jul 21 – Jun 22	17%	19.58%	Yes
	Oct 21 – Sep 22	17%	19.31%	Yes
	Jan 22 – Dec 22	17%	18.74%	Yes
Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	12.62%	No
	Oct 21 – Sep 22	14%	12.39%	No
	Jan 22 – Dec 22	14%	12.15%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.29%	N/A
	Oct 21 – Sep 22	Informational Only	27.32%	N/A
	Jan 22 – Dec 22	Informational Only	27.38%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	18.83%	Yes
	Oct 21 – Sep 22	17%	17.72%	Yes
	Jan 22 – Dec 22	17%	17.55%	Yes
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	13.09%	N/A
	Oct 21 – Sep 22	Informational Only	12.75%	N/A
	Jan 22 – Dec 22	Informational Only	12.48%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	36.03%	Yes
	Oct 21 – Sep 22	30%	34.05%	Yes
	Jan 22 – Dec 22	30%	33.85%	Yes
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	23.70%	N/A
	Oct 21 – Sep 22	Informational Only	21.72%	N/A
	Jan 22 – Dec 22	Informational Only	21.79%	N/A
Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	16.76%	N/A
	Oct 21 – Sep 22	Informational Only	15.66%	N/A
	Jan 22 – Dec 22	Informational Only	13.62%	N/A

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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
Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	29.79%	N/A
	Oct 21 – Sep 22	Informational Only	29.37%	N/A
	Jan 22 – Dec 22	Informational Only	28.79%	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
January-March 2023

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 20,990 Health Risk Assessments were completed in the January-March 2023 quarter. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 14.

Among beneficiaries who completed the Health Risk Assessment, 17,506 or 83.4% of beneficiaries agreed to address health risk behaviors. In addition, 3,063 or 14.6% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 98.0% 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 17,506 beneficiaries who agreed to address health risk behaviors, 56.4% 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

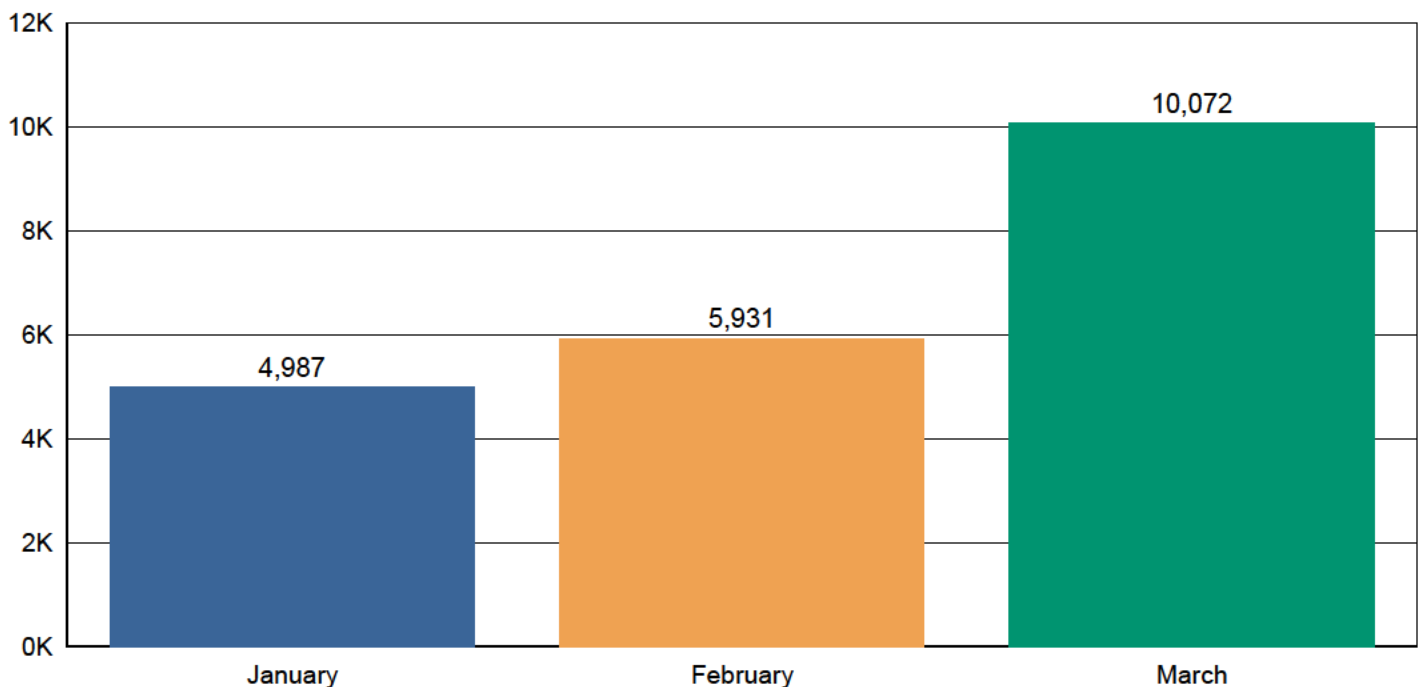
Table 13. Count of Health Risk Assessments (HRA) Completed with Attestation by Month submitted

MONTH	COMPLETE	TOTAL
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
January 2023	4,987	576,029
February 2023	5,931	581,960
March 2023	10,072	592,032

Table 14. Demographics of Population that Completed HRA with Attestation

January 2023 - March 2023		
AGE GROUP	COMPLETED HRA	
19 - 34	7,572	36.07%
35 - 49	6,233	29.70%
50 +	7,185	34.23%
GENDER		
F	12,047	57.39%
M	8,943	42.61%
FPL		
< 100% FPL	16,159	76.98%
100 - 133% FPL	4,831	23.02%
TOTAL	20,990	100.00%

Figure 13-1. Health Risk Assessments Completed with Attestation
January - March 2023



Healthy Behaviors Statement Selection

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

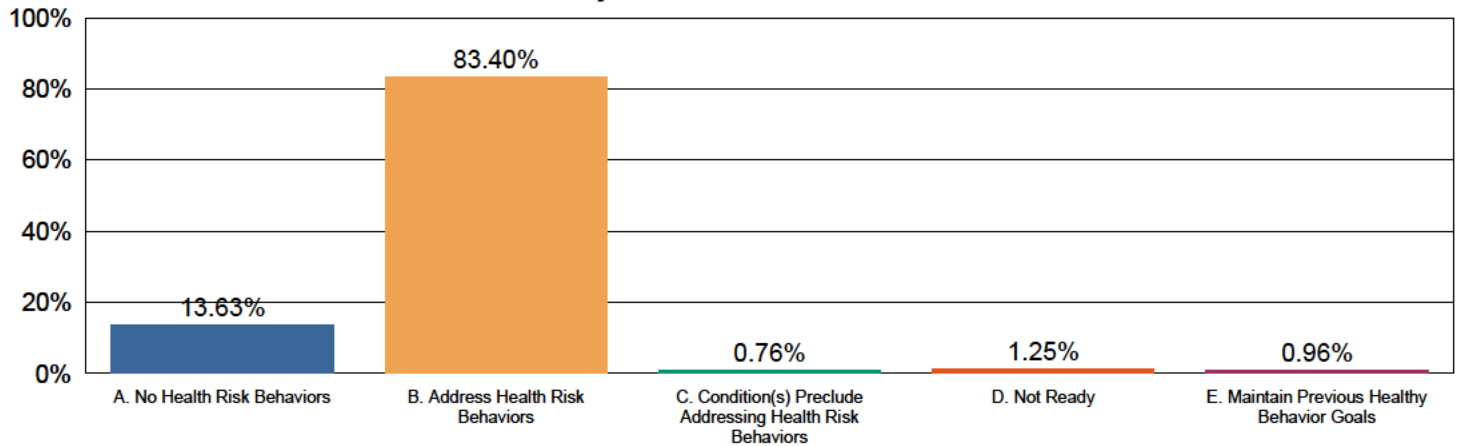
- A. Patient does not have health risk behaviors that need to be addressed at this time.
- B. Patient has identified at least one behavior to address over the next year to improve their health.
- C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing unhealthy behaviors at this time.
- D. Unhealthy behaviors have been identified, patient's readiness to change has been assessed, and patient is not ready to make changes at this time.
- E. Patient has committed to maintain their previously achieved Healthy Behavior Goal(s).

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

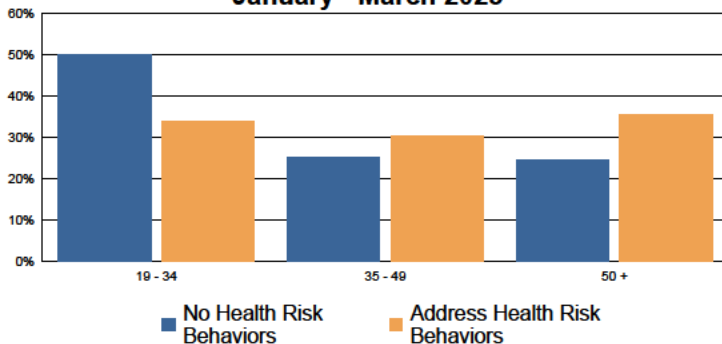
**Table 15. Healthy Behaviors Statement Selection
January - March 2023**

CHECK-UP	TOTAL	PERCENT
A. No Health Risk Behaviors	2,862	13.64%
B. Address Health Risk Behaviors	17,506	83.40%
C. Condition(s) Preclude Addressing Health Risk Behaviors	159	0.76%
D. Not Ready	262	1.25%
E. Maintain Previous Healthy Behavior Goals	201	0.96%
TOTAL	20,990	100.00%

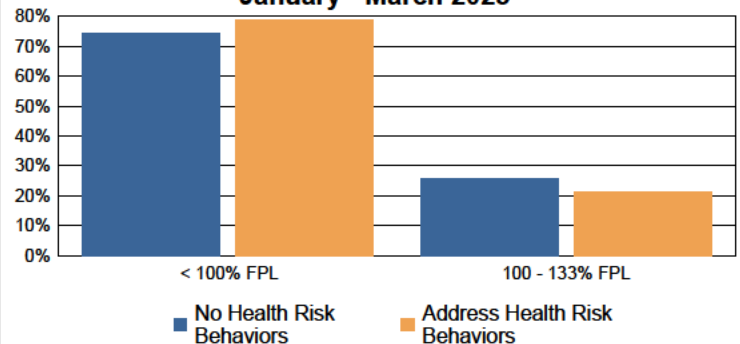
**Figure 15-1. Healthy Behaviors Statement Selection
January - March 2023**



**Figure 15-2. Statement Selection by Age
January - March 2023**



**Figure 15-3. Statement Selection by FPL
January - March 2023**



Selection of Health Risk Behaviors to Address

Section 4. Healthy Behaviors: In discussion with the beneficiary, when Statement B, "Patient has identified at least one behavior they intend to address over the next year to improve their health" is selected, providers choose one or more of the following 11 statements to identify the healthy behaviors the beneficiary has chosen to address for the year:

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

Of the 17,506 HRAs submitted through January-March 2023 where the beneficiary chose to address health risk behaviors, 56.41% 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	64.51%	21.78%
Tobacco Cessation	21.37%	3.98%
Immunization Status (Annual Flu Vaccine)	27.29%	1.81%
Follow-up for Chronic Conditions	33.45%	3.40%
Addressing Alcohol Abuse	3.55%	0.25%
Addressing Substance Abuse	2.01%	0.19%
Dental visit	24.77%	3.87%
Follow-up appointment for maternity care/reproductive health	3.04%	0.21%
Follow-up appointment for recommended cancer or other preventative screening(s)	22.83%	2.41%
Follow-up appointment for mental health/behavioral health	10.38%	2.35%
Other	7.08%	3.35%

Table 17. Top 10 Most Selected Health Risk Behavior Combinations

Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	3,813	21.78%
2. Weight Loss, Follow-up for Chronic Conditions	906	5.18%
3. Tobacco Cessation ONLY	697	3.98%
4. Follow-up for Chronic Conditions	595	3.40%
5. Other	587	3.35%
6. Weight Loss, Immunization Status	586	3.35%
7. Weight Loss, Tobacco Cessation	497	2.84%
8. Cancer Screening	422	2.41%
9. Follow-up for Behavioral Health	411	2.35%
10. Immunization Status (Annual Flu Vaccine)	316	1.81%
Total for Top 10	8,830	50.44%
Total for All Other Combinations	8,676	49.56%
Total	17,506	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.

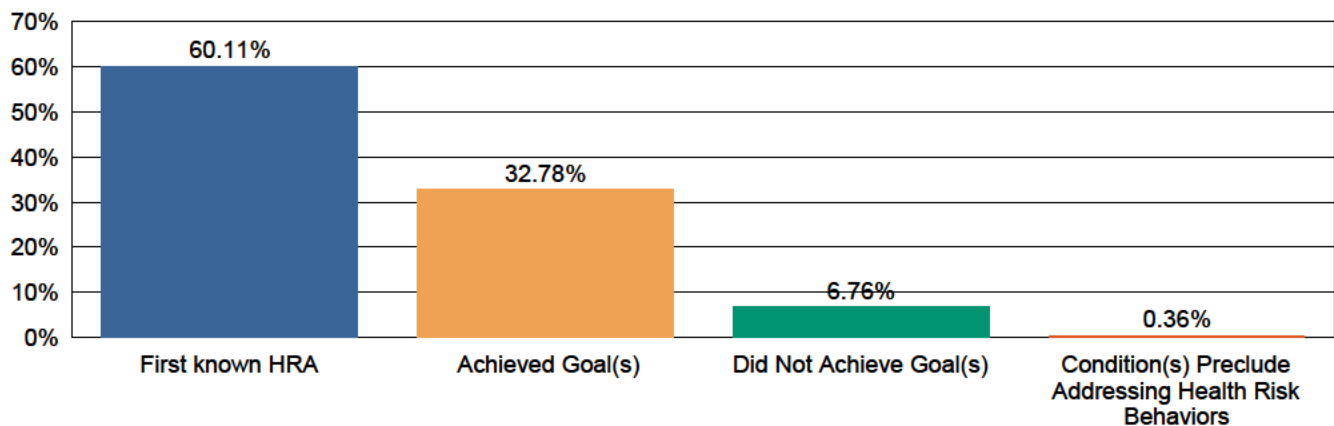
1,057 Health Risk Assessments were submitted during this quarter where this question was not available because the Healthy Behavior Goals Progress question was not available on the original form of the Health Risk Assessment.

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

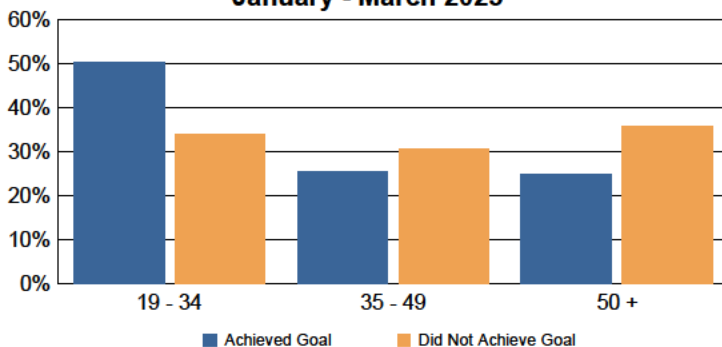
**Table 18. Healthy Behaviors Goals Progress
January - March 2023**

GOALS PROGRESS	TOTAL	PERCENT
A. First known HRA	11,981	60.11%
B. Achieved Goal(s)	6,534	32.78%
C. Did Not Achieve Goal(s)	1,347	6.76%
D. Condition(s) Preclude Addressing Health Risk Behaviors	71	0.36%
TOTAL	19,933	100.00%

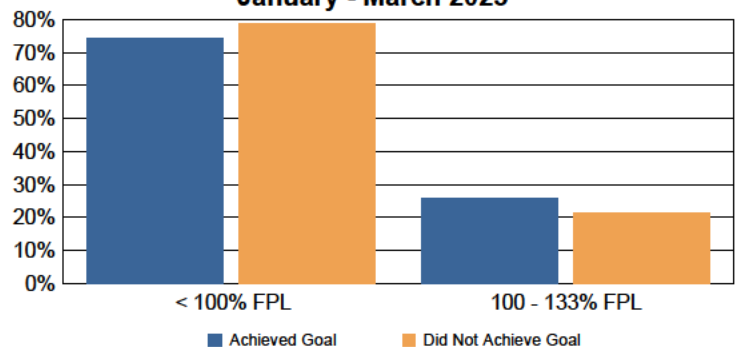
**Figure 18-1. Healthy Behaviors Goals Progress
January - March 2023**



**Figure 15-2. Statement Selection by Age
January - March 2023**



**Figure 15-3. Statement Selection by FPL
January - March 2023**



Additional Healthy Behaviors

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

A total of 2,529 wellness programs were completed in the January-March 2023 quarter. Wellness Program completion is reported by age, gender and Federal Poverty Level in Table 20. Wellness Programs are reported by health domain in Table 21.

A total of 372,080 Preventive Services were completed in the January-March 2023 quarter. Preventive Services completion is reported by age, gender and Federal Poverty Level in Table 23. Preventive Services are reported by health domain in Table 24.

A total of 383,429 distinct HMP beneficiaries completed at least one healthy behavior in the previous twelve months, April 01, 2022-March 31, 2023. Healthy Behavior completion is reported by type of healthy behavior activity in Table 25.

Wellness Programs

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

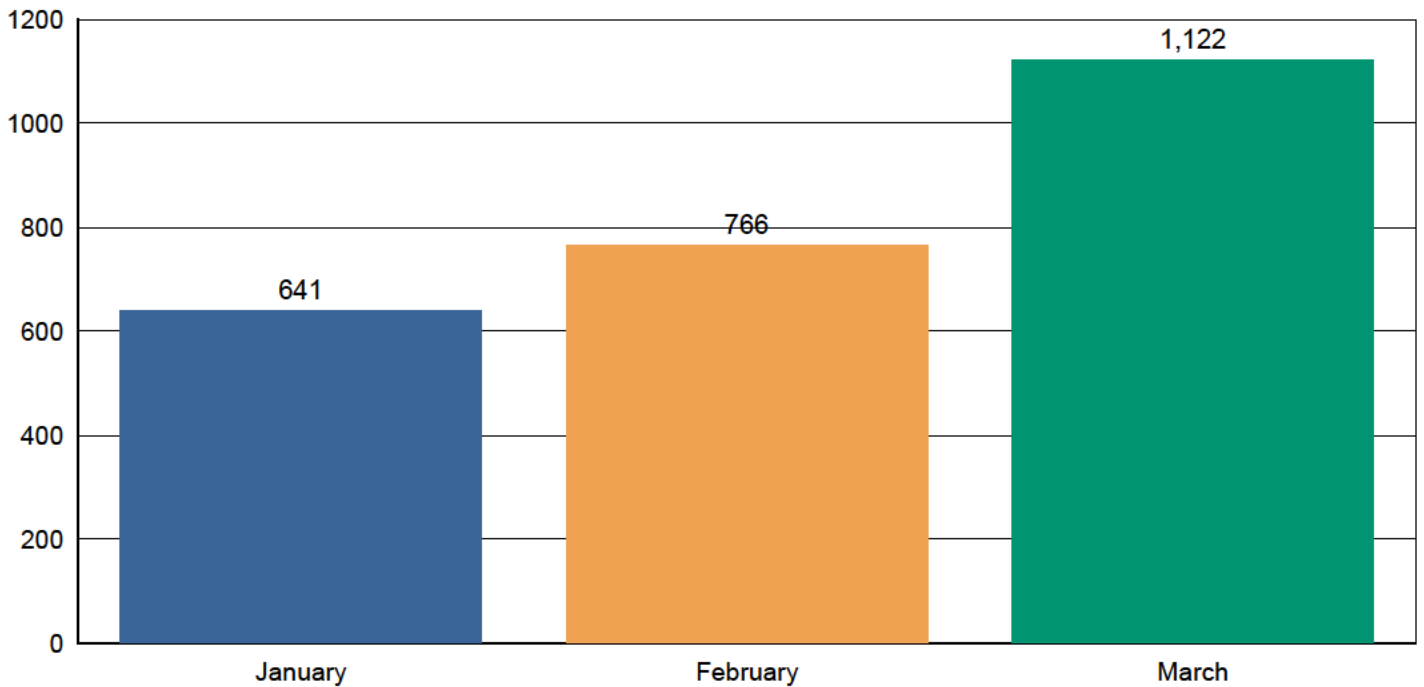
MONTH	COMPLETE	TOTAL
April 2022	1,767	138,693
May 2022	950	139,643
June 2022	1,175	140,818
July 2022	918	141,736
August 2022	932	142,668
September 2022	1,130	143,798
October 2022	992	144,790
November 2022	901	145,691
December 2022	1,365	147,056
January 2023	641	147,697
February 2023	766	148,463
March 2023	1,122	149,585

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

January 2023 - March 2023

AGE GROUP	COMPLETED	
19 - 34	562	22.22%
35 - 49	878	34.72%
50 +	1,089	43.06%
GENDER		
F	1,135	44.88%
M	1,394	55.12%
FPL		
< 100% FPL	2,041	80.70%
100 - 133% FPL	488	19.30%
TOTAL	2,529	100.00%

Figure 19-1. Wellness Program Reported for Total Population
January - March 2023

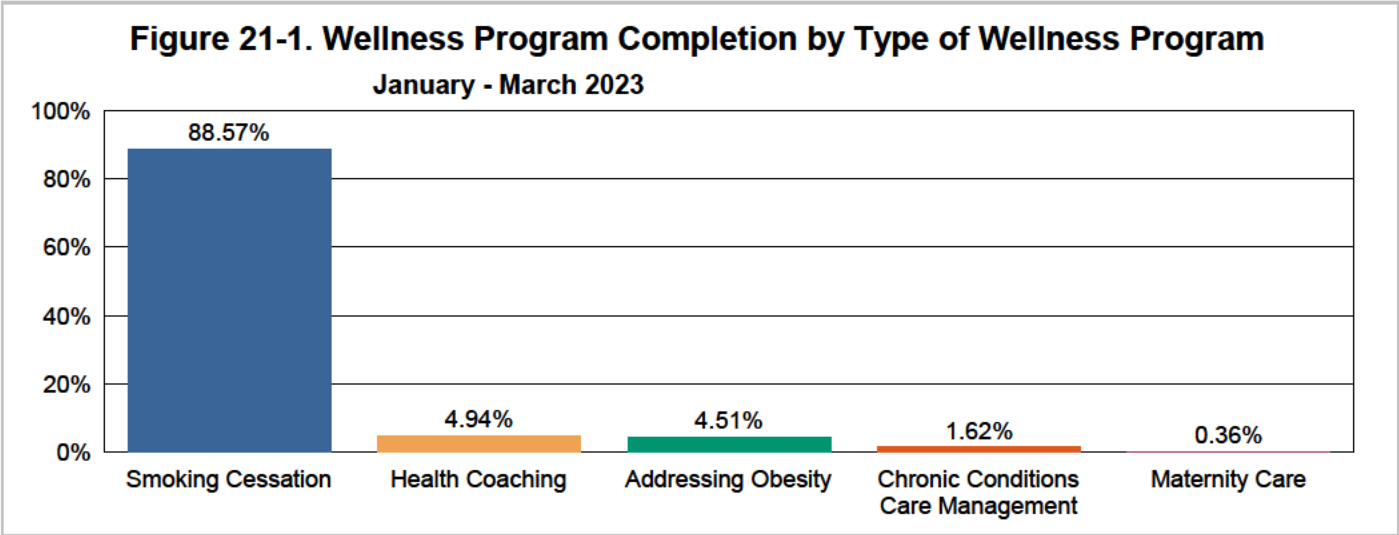


Wellness Programs: The Managed Care Plans offer a range of wellness and population health management programs to their members as part of the Healthy Behaviors Incentives Program. All Managed Care Plans offer a tobacco cessation program which follows standardized criteria. For this reason, 88.57% of wellness programs reported are tobacco cessation programs. Completed wellness programs by program type are displayed in Table 21 for the quarter January-March 2023.

**Table 21. Wellness Program Completion by Type of Wellness Program
January - March 2023**

Wellness Programs	TOTAL	PERCENT
Smoking Cessation	2,240	88.57%
Health Coaching	125	4.94%
Addressing Obesity	114	4.51%
Chronic Conditions Care Management	41	1.62%
Maternity Care	9	0.36%
TOTAL	2,529	100.00%

**Figure 21-1. Wellness Program Completion by Type of Wellness Program
January - March 2023**



Preventive Services

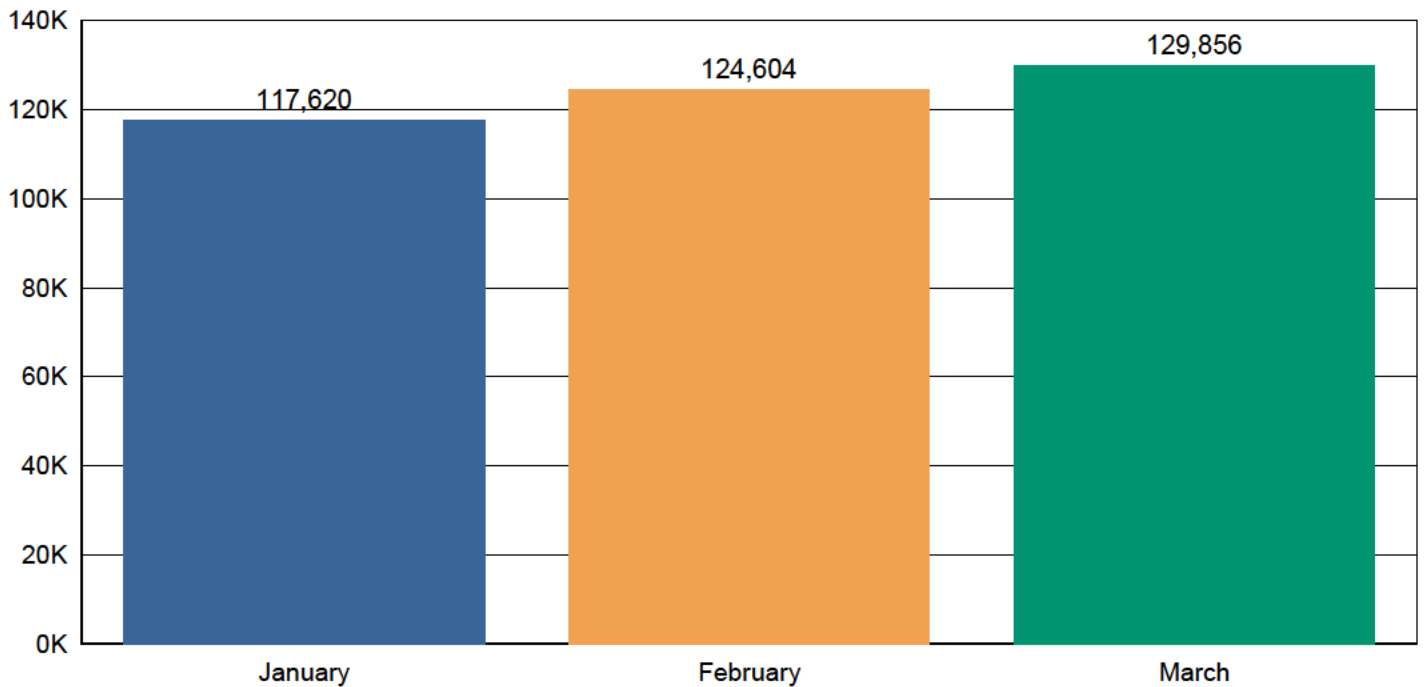
Table 22. Count of Preventive Services Reported for Total population by Month submitted

MONTH	COMPLETE	TOTAL
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
January 2023	117,620	7,551,901
February 2023	124,604	7,676,505
March 2023	129,856	7,806,361

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

January 2023 - March 2023		
AGE GROUP	COMPLETED	
19 - 34	154,427	41.50%
35 - 49	103,552	27.83%
50 +	114,101	30.67%
GENDER		
F	265,535	71.37%
M	106,545	28.64%
FPL		
< 100% FPL	281,596	75.68%
100 - 133% FPL	90,484	24.32%
TOTAL	372,080	100.00%

**Figure 22-1. Preventive Services Reported for Total Population
January - March 2023**

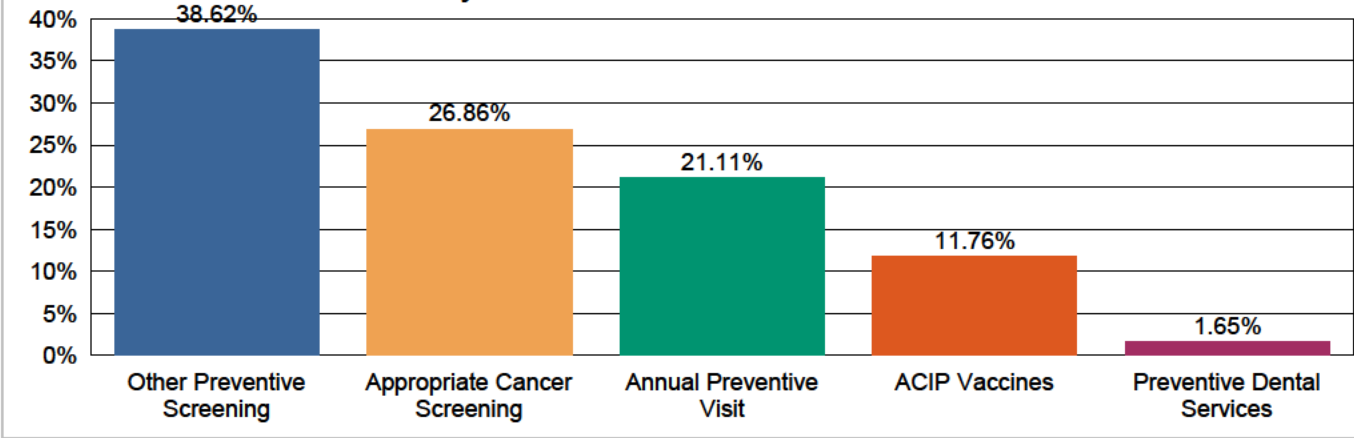


Preventive Services Reported: All Healthy Michigan Plan Enrollees can participate in the Healthy Behaviors Incentives Program by utilizing select preventive services. Utilization of these services are identified through claims/encounter review. The preventive services utilized and their percentage of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

**Table 24. Preventive Services Completion by Type of Preventive Service
January - March 2023**

Preventive Services	TOTAL	PERCENT
Other Preventive Screening	143,707	38.62%
Appropriate Cancer Screening	99,946	26.86%
Annual Preventive Visit	78,538	21.11%
ACIP Vaccines	43,770	11.76%
Preventive Dental Services	6,119	1.65%
TOTAL	372,080	100.00%

**Figure 24-1. Preventive Services Completion by Type of Preventive Service
January - March 2023**

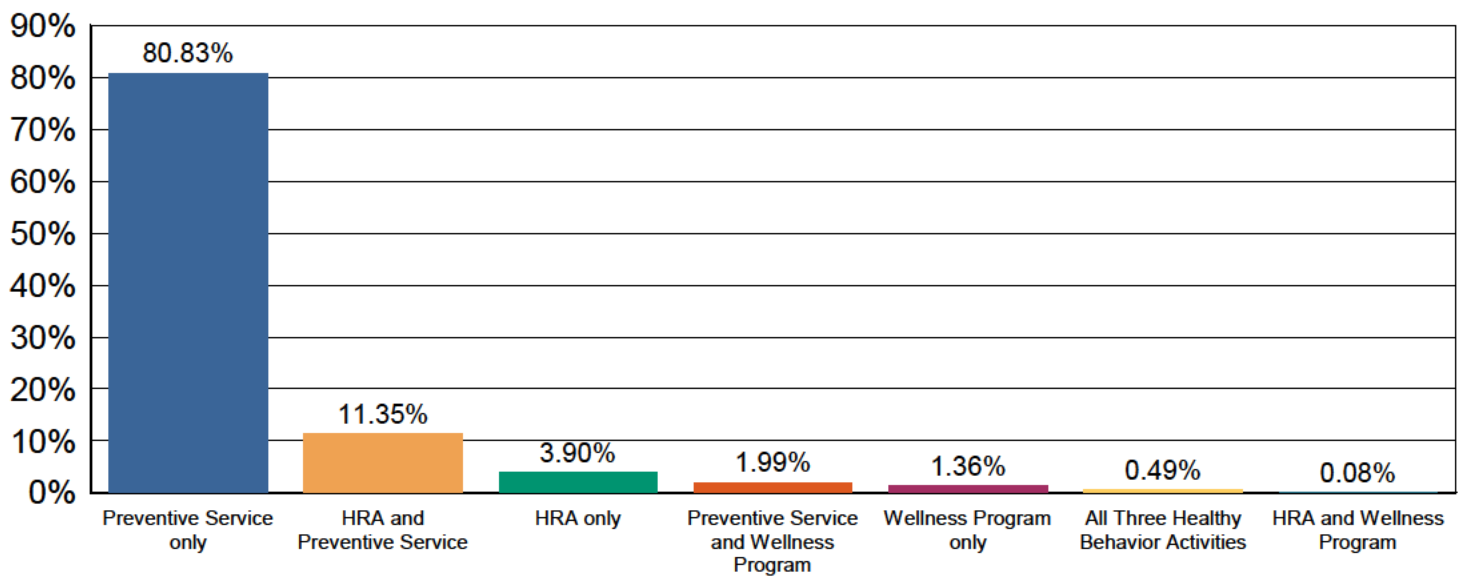


Healthy Behavior Activities

Table 25. Count of distinct HMP beneficiaries who completed Healthy Behavior Activities for April 2022 - March 2023

Healthy Behavior Activity	Total	Percent
HRA only	14,948	3.90%
Wellness Program only	5,224	1.36%
Preventive Service only	309,916	80.83%
HRA and Preventive Service	43,510	11.35%
HRA and Wellness Program	317	0.08%
Preventive Service and Wellness Program	7,636	1.99%
All Three Healthy Behavior Activities	1,878	0.49%
TOTAL	383,429	100.00%

Figure 25.1 Count of Distinct HMP Beneficiaries who completed one or more Healthy Behavior Activities
April 2022 - March 2023



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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