



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

June 16, 2021

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 first quarter of calendar year 2021. 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,

Penny Rutledge, Director
Actuarial Division

cc: Angela Garner
Nicole McKnight

Enclosure (5)

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 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 Healthy Michigan Plan (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 HMP on April 1, 2014. 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. 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.

In September 2015, the state sought 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, including a community engagement requirement, 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. Additionally, beneficiaries ages 19 through 62 are required to meet a community engagement requirement as a condition of HMP eligibility. On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. This ruling stopped MDHHS’ implementation and enforcement of community engagement requirements.

3. Narrative information on implementation, by eligibility and coverage policy

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod _1. Specify community engagement policies			
CE.Mod _1.1 Metric trends			
1.1.1 Discuss any data trends related to the overall community engagement enrollment count. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	CE_1-8	
1.1.2 Discuss any data trends related to community engagement requirement qualifying activities. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	CE_9-14	
1.1.3 Discuss any data trends related to beneficiaries exempt from community engagement requirements. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	CE_15-24	
<input checked="" type="checkbox"/> The state has no metrics related to this reporting topic.			

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CE.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: a) Beneficiaries exempt from community engagement requirements b) Qualifying community engagement activities and required hours c) Reporting frequency and hours measurement d) Situations that give rise to good cause e) Compliance actions f) Other policy changes	DY 12-Q1		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod 2. Establish beneficiary supports and modifications			
CE.Mod 2.1 Metric trends			
2.1.1 Discuss any data trends related to supports and assistance: a) Overall b) Transportation assistance c) Childcare assistance d) Language supports e) Assistance with placement f) Other supports, including assistance from other agencies and entities complementing Medicaid efforts Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	CE 25-30	
2.1.2 Discuss any data trends related to beneficiaries who request or are granted reasonable modifications to community engagement requirements due to disability. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	CE 31-32	

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CE.Mod 2.2 Implementation update			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in provided transportation, childcare assistance, language supports, placement assistance, or other supports, including assistance from other agencies and entities complementing Medicaid efforts.	DY 12-Q1		
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in public programs that the state Medicaid agency is partnering with to leverage existing employment and training supports.	DY 12-Q1		
2.2.3 Describe any other program changes that have impacted the availability and accessibility of community engagement activities.	DY 12-Q1		

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2.2.4 Compared to the demonstration design details outlined implementation plan, describe any changes or expected changes to how the state provides reasonable modifications for beneficiaries with disabilities or connects beneficiaries with disabilities to needed supports and services.	DY 12-Q1		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod 3. Establish procedures for enrollment, verification and reporting			
CE.Mod 3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
CE.Mod 3.2 Implementation update			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges to the state's: a) Application/enrollment processes to identify beneficiaries subject to or exempt from CE b) Renewal processes for the CE demonstration population c) Other planned modifications to the state's eligibility determination and enrollment processes and operations as a result of implementation of CE requirements.	DY 12-Q1		

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3.2.2 From the design details outlined in the implementation plan, describe any changes or challenges with the state's procedures for beneficiaries to report community engagement activities.	DY 12-Q1		
3.2.3 From the design details outlined in the implementation plan, describe any changes or challenges with the state's procedures for CE entities, such as employers, volunteer supervisors, schools, and other institutions, to report community engagement activities, if applicable.	DY 12-Q1		
3.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state's process for beneficiaries to file for an exemption.	DY 12-Q1		

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3.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how the state will verify beneficiaries' compliance with CE requirements.	DY 12-Q1		
3.2.6 Describe the actions taken by the state to use additional data sources or leverage other entities to verify compliance with or identify potential exemptions from CE requirements.	DY 12-Q1		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod 4. Operationalize strategies for noncompliance			
CE.Mod 4.1 Metric trends			
4.1.1 Discuss any data trends related to the number of beneficiaries who have experienced: a) new suspensions b) new disenrollments Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	CE_33-34	
4.1.2 Discuss any data trends related to the number of beneficiaries who have experienced reinstatement of benefits after suspension. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	CE_35-40	
4.1.3 Discuss any data trends related to the number of beneficiaries who have experienced re-entry after disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	CE_41-46	
<input checked="" type="checkbox"/> The state has no metrics related to this reporting topic.			

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CE.Mod 4.2 Implementation update			
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to policies around identifying beneficiaries at risk of noncompliance and strategies to assist beneficiaries at risk of noncompliance in meeting the requirements.	DY 12-Q1		
4.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process for compliance actions or benefit reactivation (from suspension) and/or reenrollment (from termination) once community engagement requirements are met.	DY 12-Q1		

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4.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how a beneficiary who is about to be suspended or disenrolled will be screened for other Medicaid eligibility groups.	DY 12-Q1		
4.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes from the current renewal process, including changes for beneficiaries in suspension status due to noncompliance with CE requirements.	DY 12-Q1		
4.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process by which beneficiaries may reenroll after disenrollment or suspension for failure to comply with CE requirements.	DY 12-Q1		

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4.2.6 Report any modifications to the appeals processes for beneficiaries enrolled in the 1115 CE demonstration.	DY 12-Q1		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod_5. Develop comprehensive communications strategy			
CE.Mod_5.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_5.2 Implementation update			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any change or expected changes to the state's strategy to communicate with beneficiaries about: a) General CE policies b) Exempt populations and good cause circumstances c) Suspension or disenrollment for noncompliance d) Reactivation following suspension or reentry after disenrollment for noncompliance	DY 12-Q1		On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. This ruling stopped MDHHS' implementation and enforcement of community engagement requirements.

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5.2.2 Describe any outreach or education activities that were conducted with CE partners, such as qualified health plans, managed care organizations, providers, or community organizations, during this reporting period.	DY 12-Q1		MDHHS regularly meets with the staff of Medicaid Health Plans to address operational issues, programmatic issues, and policy updates and clarifications. MDHHS continues to work closely with provider groups through meetings, Medicaid provider policy bulletins, and various interactions with community partners and provider trade associations. Progress reports are provided by MDHHS to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings.
5.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups.	DY 12-Q1		Michigan's Implementation Plan includes components to support communication with beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups. Changes are not expected at this time.
5.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state's plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.	DY 12-Q1		The state has not experienced changes or challenges with the state's plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.

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5.2.5 Describe any communication or outreach conducted to CE partner organizations during this reporting period.	DY 12-Q1		The state continually communicates in regular meetings with the MCAC, Medicaid Health Plans, provider groups, and community organizations regarding upcoming changes to the Healthy Michigan Plan.
5.2.6 Describe any internal staff training conducted during this reporting period.	DY 12-Q1		There was no notable internal staff training conducted during this reporting period.
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod_6. Establish continuous monitoring			
CE.Mod_6.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_6.2 Implementation update			
6.2.1 Describe any analyses that the state has conducted to inform its monitoring beyond the required monitoring reports. Describe if these analyses have suggested the need to make changes in any CE policies.	DY 12-Q1		No additional changes have been made to the demonstration design. Additionally, the state cannot submit its Monitoring Protocol prior to Implementation Plan approval. The state has not conducted any analyses to inform its monitoring beyond the required monitoring reports.
6.2.2 Describe if the state has assessed the availability of transportation. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 12-Q1		Michigan continues to explore other support opportunities and will provide updated information when available. The state will continue to connect members to existing resources (ex. 211 and local organizations) for the purpose of serving the Healthy Michigan Plan Community Engagement population.
6.2.3 Describe if the state has assessed the availability of childcare supports. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 12-Q1		Michigan continues to explore other support opportunities and will provide updated information when available. The state will continue to connect members to 211 for existing resources and pursue discussions with the Michigan Department of Education to determine if Healthy Michigan Plan Community Engagement activities could qualify members for Child Development and Care (CDC) program eligibility.

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6.2.4 Describe if the state has assessed the availability of language supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 12-Q1		Michigan continues to explore other support opportunities and will provide updated information when available. The Medicaid beneficiary help line will be used to identify language access services.
6.2.5 Describe if the state has assessed the availability of placement assistance supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 12-Q1		Michigan continues to explore other support opportunities and will provide updated information when available.
6.2.6 Describe if the state has assessed the availability of other supports, including assistance from other agencies and entities complementing Medicaid efforts. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 12-Q1		Michigan continues to explore other support opportunities and will provide updated information when available.

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6.2.7 Describe the state’s assessment of whether qualifying community engagement activities are available during a range of times, through a variety of means, and throughout the year.	DY 12-Q1		
6.2.8 Describe if the state has conducted an assessment for areas with high unemployment, limited economic opportunities, and/or limited educational activities. If the state has identified any, has the state adjusted CE requirements in those areas?	DY 12-Q1		
6.2.9 Describe if the state has assessed that reasonable modifications and supports are available for beneficiaries with disabilities by region. Describe how the state will address gaps in supports. Note the frequency with which the state will assess reasonable modifications and the availability of supports.	DY 12-Q1		

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<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_7. Develop, modify, and maintain systems			
CE.Mod_7.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_7.2 Implementation update			
7.2.1 Describe if the state has developed or enhanced its systems capabilities as described in the implementation plan for: a) Eligibility and enrollment system b) CE reporting for beneficiaries c) CE reporting for other CE entities d) Integration of data from other public programs, such as SNAP and TANF e) Suspension of benefits and payments and/or termination of eligibility f) Benefit reactivation and/or reenrollment once community engagement requirements are met g) Other significant systems changes and modifications	DY 12-Q1		

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7.2.2 Describe any additional systems modifications that the state is planning to implement.	DY 12-Q1		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

4. Narrative information on implementation for any eligibility and coverage demonstration

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
AD.Mod 1. Metrics and operations for demonstrations with any eligibility and coverage policies (report for all beneficiaries in the demonstration)			
AD.Mod 8.1 Metric trends			
8.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	AD_1-5	Overall enrollment in the Healthy Michigan Plan demonstration this quarter showed growth over the previous quarter. This is attributable to the department's suspension on most Medicaid renewals and case closures.
8.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.	DY 12-Q1	AD_6-11	Metrics related to mid-year loss of demonstration eligibility are currently in development. The department has suspended most Medicaid renewals and case closures due to the COVID-19 public health emergency.
8.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	AD_12-14	The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future reports.

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8.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	AD_15-22	Metrics related to demonstration renewals are currently in development. The state was able to collect metric AD 15 this quarter reporting beneficiaries due for renewal. 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.
8.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	AD_23	The cost sharing limits metric 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.
8.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	AD_24-28	The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future reports.
8.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	AD_29-37	The state reported required access to care metrics showed an increase in active provider participation from the previous quarter. This increase is likely attributable to providers returning to more typical service levels after the previous quarter where there were greater restrictions on available care to limit the spread of COVID-19.
8.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	AD_38-44	The reported metrics reflect calendar year 2019 data. The state will review data trends on an annual basis as described in the technical specifications.

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8.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q1	AD_45	Total computable demonstration administrative costs for this quarter amounted to \$3,018,346 as reported on the CMS 64.10 WAIV form. Administrative costs were \$1.6 million more than the previous quarter.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
AD.Mod_8.2 Implementation update			
8.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	DY 12-Q1		<p>On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. This ruling stopped MDHHS' implementation and enforcement of the work community engagement requirements. The state suspended Medicaid closures on April 6, 2020 due to the COVID-19 public health emergency. Additionally, the state rescinded its work requirements for the Healthy Michigan Plan in policy bulletin MSA 20-10 published April 28, 2020. These policies remain in effect this quarter.</p> <p>On August 7, 2020, MDHHS issued a policy bulletin MSA 20-37 suspending all Medicaid renewals due to the COVID-19 public health emergency. Additionally, MDHHS suspended the implementation of the requirement for beneficiaries who have incomes above 100% of the federal poverty level and have been enrolled in HMP for 48 cumulative months to pay 5% of their income toward cost-sharing as a condition of continued enrollment in the program. Due to the COVID-19 public health emergency, beneficiaries will only lose eligibility for HMP at this time if they are deceased, move out-of-state, or request to opt out of the program. No new implantation date is currently available.</p>
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

5. Narrative information on other reporting topics

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
1. Financial/budget neutrality			
1.1 Current status and analysis			
1.1.1 Discuss the current status of financial/budget neutrality and provide an analysis of the budget neutrality to date. If the CE component is part of a comprehensive demonstration, the state should provide an analysis of the CE-related budget neutrality and an analysis of budget neutrality as a whole.	DY 12-Q1		
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2 Implementation update			
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.	DY 12-Q1		The state does not expect program changes with financial or budget neutrality impact.
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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2. Demonstration evaluation update			
2.1 Narrative information			
2.1.1 Provide updates on CE evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	DY 12-Q1		<p>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).</p> <p>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 is still under review by CMS. Pending formal feedback from CMS, the design documents will be revised accordingly. The HMP evaluation design is pending final approval by CMS.</p>
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	DY 12-Q1		<p>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 CY2021 first quarterly report:</p> <p>Objective: Continue planning with IHPI evaluation team and MDHHS for the second phase post-renewal evaluation activities and finalize new evaluation design for the demonstration period ending December 31, 2023.</p> <p>The IHPI evaluation team has been working with MDHHS to finalize the re-design for the second phase of the evaluation for the next five-year period (2019-2023). As part of this work, the IHPI team has worked to implement previous CMS feedback directing removal of evaluation elements related to the community engagement</p>

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			requirements in light of legal developments. Additionally, the IHPI team attended monthly calls with MDHHS about the status of HMP program implementation delays due, in part, to the COVID-19 public health emergency. The evaluation team has developed a draft workplan and updated the timeline for all evaluation activities, including those utilizing external data resources. The latest versions of the revised evaluation design documents were submitted to CMS for additional review and feedback on March 10, 2021.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	DY 12-Q1		The state will continue working with IHPI and CMS to complete a comprehensive demonstration evaluation design.
<input type="checkbox"/> The state has no CE demonstration evaluation update to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3. Other demonstration reporting			
3.1 General reporting requirements			
3.1.1 Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?	DY 12-Q1		The state expects future changes may be needed to demonstration STCs based on technical corrections and state legislation.
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to: a) The schedule for completing and submitting monitoring reports? b) The content or completeness of submitted reports? Future reports?	DY 12-Q1		

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.1.3 Has the state identified any real or anticipated issues submitting timely post approval demonstration deliverables, including a plan for remediation?	DY 12-Q1		
<input checked="" type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
3.2 Post-award public forum			
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual report.	DY 12-Q1		The state's Medical Care Advisory Council (MCAC) met on February 24, 2021. The MCAC discussed the HMP caseload growth over the last year. MDHHS has suspended the HMP eligibility renewal process for currently enrolled beneficiaries for the duration of the COVID-19 PHE. During this time, HMP beneficiaries may only lose eligibility if they move out of state or if their initial eligibility status is determined to have been fraudulent. As a result of suspending eligibility redeterminations, the HMP enrollment has seen substantial growth. Additionally, MDHHS provided the MCAC an update on the Supreme Court activity impacting the demonstration.
<input type="checkbox"/> There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.			

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
4. Notable state achievements and/or innovations			
4.1 Narrative information			
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the CE hypotheses (or if broader demonstration, then CE related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	DY 12-Q1		Despite delays due to the COVID-19 public health emergency, MDHHS continues to work diligently to prepare for the future implementation of currently delayed HMP program changes. While no timeline is available for the implementation of these changes, the department continues to plan for post public health emergency demonstration operations.
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Metrics reporting (AD)
State: Michigan
Demonstration Name: Healthy Michigan Plan
Demonstration Year (DY): DY 12
Calendar Dates for DY: 01/01/2021 - 12/31/2021
Reporting Period: Q1
Calendar Dates for Reporting Period: 01/01/2021 - 03/31/2021
Submitted on: 6/16/2021

Eligibility and Coverage Demonstration Metrics (AD)^a

						Demonstration			< 50% FPL ¹			50-100% FPL ¹			>100% FPL ¹	
Reporting topic ^a	#	Metric name	Metric description	Data source	Calculation lag	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d
1.1.1 Enrollment	AD_1	Total enrollment in the demonstration	The unduplicated number of beneficiaries enrolled in the demonstration at any time during the measurement period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were enrolled for at least one day during the measurement period.	Administrative records	30 days		882,526			433,911			234,324			197,291
							896,301			435,692			239,622			200,987
							904,820			437,860			243,189			203,771
1.1.1 Enrollment	AD_2	Beneficiaries in suspension status for noncompliance	The number of demonstration beneficiaries in suspension status for noncompliance with demonstration policies as of the last day of the measurement period	Administrative records	30 days		N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
1.1.1 Enrollment	AD_3	Beneficiaries in a non-eligibility period who are prevented from re-enrolling for a defined period of time	The number of prior demonstration beneficiaries who are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time, because they were disenrolled for noncompliance with demonstration policies. The count should include those prevented from re-enrolling until their redetermination date.	Administrative records	30 days		0			0			0			0
							0			0			0			0
							0			0			0			0
1.1.1 Enrollment	AD_4	New enrollees	Number of beneficiaries in the demonstration who began a new enrollment spell during the measurement period, have not had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance	Administrative records	30 days		23,176			11,399			6,941			4,836
							21,894			9,802			7,578			4,314
							18,032			9,298			5,104			3,630
1.1.1 Enrollment	AD_5	Re-enrollments or re-instatements using defined pathways after disenrollment or suspension of benefits for noncompliance with demonstration policies	Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period by using a state-defined pathway for re-enrollment (or re-instatement of benefits), i.e., meeting certain requirements, after being disenrolled (or having benefits suspended) for noncompliance with premium requirements, community engagement requirements, or other demonstration-specific requirements.	Administrative records	30 days		0			0			0			0
							0			0			0			0
							0			0			0			0
1.1.1 Enrollment	AD_6	Re-enrollments or re-instatements for beneficiaries not using defined pathways after disenrollment or suspension of benefits for noncompliance	Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period who have had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance (or re-instatement of benefits after being suspended for noncompliance).	Administrative records	30 days		0			0			0			0
							0			0			0			0
							0			0			0			0
1.1.2 Mid-year loss of demonstration eligibility	AD_7	Monthly count of beneficiaries determined ineligible for Medicaid, any reason, other than at renewal	Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_8	Monthly count of beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Beneficiaries no longer eligible for Medicaid, failure to provide timely change in circumstance information	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_9	Monthly count of beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_10	Monthly count of beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_11	Monthly count of beneficiaries no longer eligible for the demonstration due to transfer to CHIP	Beneficiaries no longer eligible for the demonstration due to transfer to CHIP	Administrative records	30 days		N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
Number of demonstration beneficiaries who lost eligibility for Medicaid during the							N/A			N/A			N/A			N/A

1.1.7 Access to care	AD_30	Primary care provider active participation	Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days			19,108											
1.1.7 Access to care	AD_31	Specialist provider availability	Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days			76,267											
1.1.7 Access to care	AD_32	Specialist provider active participation	Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days			44,528											
1.1.7 Access to care	AD_33	Preventive care and office visit utilization	Total utilization of preventive care and office visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters and other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.7 Access to care	AD_34	Prescription drug use	Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the measurement period.	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.7 Access to care	AD_35	Emergency department utilization, total	Total number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.7 Access to care	AD_36	Emergency department utilization, non-emergency	Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period. If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the differential copayment. If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.7 Access to care	AD_37	Inpatient admissions	Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.8 Quality of care and health outcomes	AD_38A	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS measure]	This metric consists of the following components; each assesses different facets of providing medical assistance with smoking and tobacco use cessation: • Advising smokers and tobacco users to quit • Discussing cessation medications • Discussing cessation strategies	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan survey, Adult Version	90 days	92,392	47,540	51.45%	58,134	29,933	51.49%	19,293	9,977	51.71%	14,958	7,629			
1.1.8 Quality of care and health outcomes	AD_38B	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention [PCPI Foundation; NQF #0028]	This metric consists of the following components: 1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	--	--														
1.1.8 Quality of care and health outcomes	AD_39-1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]	1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	Claims and encounters or registry data	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.8 Quality of care and health outcomes	AD_39-1		Percentage of 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. Two rates are reported:	--	--														
1.1.8 Quality of care and health outcomes	AD_39-1		1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)	Claims and encounters	90 days	12,408	3,043	24.52%	9,522	2,358	24.76%	1,079	277	25.67%	750	180			
1.1.8 Quality of care and health outcomes	AD_39-1		2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	Claims and encounters	90 days	12,408	1,804	14.54%	9,522	1,410	14.81%	1,079	157	14.55%	750	96			
1.1.8 Quality of care and health outcomes	AD_39-2	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]	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. Two rates are reported: 1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) 2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	--	--														
1.1.8 Quality of care and health outcomes	AD_39-2		1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)	Claims and encounters	90 days	8,093	4,282	52.91%	5,832	3,019	51.77%	909	543	59.74%	651	393			
1.1.8 Quality of care and health outcomes	AD_39-2		2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	Claims and encounters	90 days	8,093	3,118	38.53%	5,832	2,182	37.41%	909	394	43.34%	651	297			
1.1.8 Quality of care and health outcomes	AD_40	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted	Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following: 1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis 2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit 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.	--	--														
1.1.8 Quality of care and health outcomes	AD_40		1. Initiation of AOD Treatment - Alcohol abuse or dependence (rate 1, cohort 1)	Claims and encounters or EHR	90 days	17,550	5,845	33.30%	11,851	4,026	33.97%	2,240	696	31.07%	1,670	559			

Add rows for any additional state-identified metrics

The MSC-AD, FUA-AD, FUM-AD, and IET-AD measures (metrics AD_38A, AD_38, and AD_40) are Healthcare Effectiveness Data and Information Set ("HEDIS") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

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¹ Rates for these metrics reflect Uncertified, Unaudited HEDIS rates.

AD 8, AD 9, AD 11, AD 12, AD 13, AD 14 should each be less than or equal to AD 7

N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
15,553	16,000	12,966	11,189	8,748	33,223	31,233				
17,592	19,416	15,729	13,995	10,623	38,913	38,442				
17,235	19,161	15,813	14,248	10,342	38,546	38,253				
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N/A	N/A	N/A	N/A	N/A	N/A	N/A				
N/A	N/A	N/A	N/A	N/A	N/A	N/A				
36,730	38,124	31,732	36,684	26,889	88,475	81,684				
11,925	11,523	8,513	7,582	5,133	23,118	21,558				
13,164	13,329	9,938	8,626	5,969	28,519	22,507				

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N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
51.00%	9,443	3,464	36.68%	17,973	8,082	44.97%	20,736	10,827	52.21%	26,002	14,789	56.88%	18,223	10,369	56.90%	46,302	22,856	49.36%	46,090	24,684	53.56%	60,542

N/A																						
N/A																						
N/A																						

24.00%	1,548	267	17.25%	3,545	1,026	28.94%	3,090	846	27.38%	2,870	635	22.13%	1,355	269	19.85%	8,873	2,139	24.11%	3,535	904	25.57%	7,753
12.80%	1,548	159	10.27%	3,545	622	17.55%	3,090	495	16.02%	2,870	380	13.24%	1,355	148	10.92%	8,873	1,277	14.39%	3,535	527	14.91%	7,753
60.37%	2,332	1,306	56.00%	2,439	1,308	53.63%	1,677	840	50.09%	1,188	586	49.33%	457	242	52.95%	4,764	2,347	49.27%	3,329	1,935	58.13%	4,821
45.62%	2,332	981	42.07%	2,439	934	38.29%	1,677	619	36.91%	1,188	418	35.19%	457	166	36.32%	4,764	1,696	35.60%	3,329	1,422	42.72%	4,821

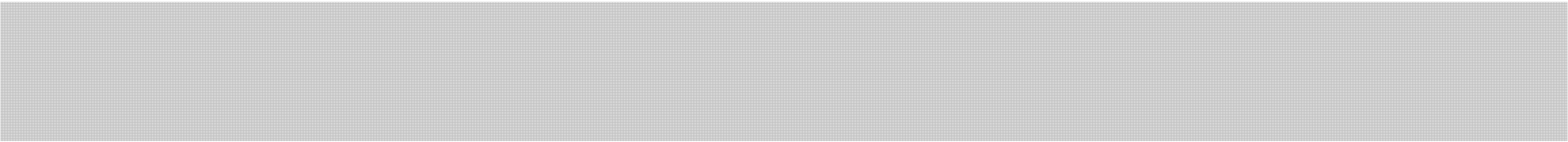
33.47%	1,864	468	25.11%	3,674	1,178	32.06%	4,049	1,382	34.13%	4,957	1,748	35.26%	3,006	1,069	35.56%	12,024	4,105	34.14%	5,526	1,740	31.49%	10,034
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45.92%	683	347	50.81%	2,429	1,333	54.88%	1,750	895	51.14%	1,179	556	47.16%	563	250	44.40%	3,962	2,086	52.65%	2,642	1,295	49.02%	4,966
26.88%	2,646	763	28.84%	3,551	1,060	29.85%	2,570	814	31.67%	2,107	663	31.47%	878	291	33.14%	7,270	2,320	31.91%	4,482	1,271	28.36%	6,870
33.54%	4,861	1,479	30.43%	8,860	3,315	37.42%	7,808	2,909	37.26%	7,777	2,805	36.07%	4,245	1,522	35.85%	21,713	7,983	36.77%	11,838	4,047	34.19%	20,384
8.84%	1,864	159	8.53%	3,674	402	10.94%	4,049	431	10.64%	4,957	412	8.31%	3,006	220	7.32%	12,024	1,100	9.15%	5,526	521	9.48%	10,034
30.20%	683	215	31.48%	2,429	849	34.95%	1,750	549	31.37%	1,179	284	24.09%	563	87	15.45%	3,962	1,272	32.10%	2,642	712	26.95%	4,966
6.72%	2,646	183	6.92%	3,551	274	7.72%	2,570	210	8.17%	2,107	139	6.60%	878	47	5.35%	7,270	574	7.90%	4,482	279	6.22%	6,870
12.72%	4,861	547	11.25%	8,860	1,502	16.95%	7,808	1,168	14.96%	7,777	820	10.54%	4,245	352	8.29%	21,713	2,895	13.33%	11,838	1,494	12.62%	20,384
11.51	1,683,597	472	28.04	1,702,373	408	23.97	1,354,777	313	23.1	1,369,412	267	19.5	1,042,640	106	10.17	3,580,454	965	26.95	3,573,612	601	16.82	4,225,543
31.43	-	-	-	-	-		768,105	126	16.40	1,369,412	570	41.62	1,042,640	654	62.73	1,569,454	622	39.63	1,611,970	728	45.16	1,959,161
14.92	1,683,597	13	0.77	1,702,373	86	5.05	1,354,777	276	20.37	1,369,412	505	36.88	1,042,640	557	53.42	3,580,454	1,032	28.82	3,573,612	405	11.33	4,225,543
4.61	1,683,597	89	5.29	1,702,373	136	7.99	586,672	59	10.06	-	-	-	-	-		2,011,000	144	7.16	1,961,642	140	7.14	2,266,382



[illegible]

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37,192		16,214		424		739		3,782		6,105		3,663		60,781	
44,998		19,682		510		887		4,368		6,910		4,265		73,070	
43,711		21,296		424		882		4,418		6,068		4,308		72,473	
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N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
96,719		46,564		1,045		1,496		8,477		15,858		8,370		161,748	
24,457		13,041		314		510		2,663		3,691		2,639		42,023	
25,364		16,931		266		524		3,308		4,633		3,311		47,694	



N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

31,924	52.73%	19,448	9,524	48.97%	2,267	1,190	52.49%	1,274	617	48.43%	2,530	1,156	45.69%	6,331	3,129	49.42%						
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2,243	28.93%	2,536	332	13.09%	48	13	27.08%	266	60	22.56%	445	100	22.47%	1,360	295	21.69%
1,338	17.26%	2,536	189	7.45%	48	9	18.75%	266	33	12.41%	445	59	13.26%	1,360	176	12.94%

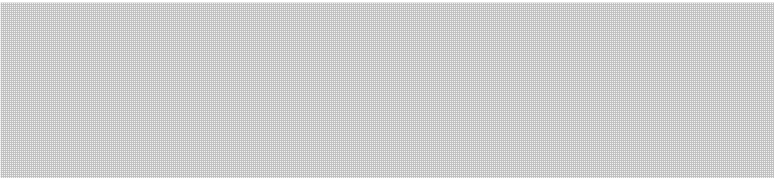
2,803	58.14%	2,034	849	41.74%	59	23	38.98%	133	76	57.14%	285	160	56.14%	761	371	48.75%
2,061	42.75%	2,034	572	28.12%	59	13	22.03%	133	66	49.62%	285	123	43.16%	761	283	37.19%

3,493	34.81%	4,965	1,466	29.53%	79	34	43.04%	288	95	32.99%	571	181	31.70%	1,613	576	35.71%
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2,571	51.77%	791	390	49.30%	22	11	50.00%	139	71	51.08%	221	120	54.30%	465	218	46.88%
2,079	30.26%	3,317	1,021	30.78%	51	14	27.45%	203	56	27.59%	401	123	30.67%	910	298	32.75%
7,655	37.55%	8,499	2,676	31.49%	147	58	39.46%	587	210	35.78%	1,116	399	30.44%	2,818	1,032	36.62%
1,052	10.48%	4,965	321	6.47%	79	10	12.66%	288	25	8.68%	571	70	12.26%	1,613	146	9.05%
1,594	32.10%	791	156	19.72%	22	4	18.18%	139	47	33.81%	221	71	32.13%	465	112	24.09%
536	7.80%	3,317	212	6.39%	51	3	5.88%	203	14	6.90%	401	37	9.23%	910	51	5.60%
3,126	15.34%	8,499	682	8.02%	147	17	11.56%	587	86	14.65%	1,116	173	15.50%	2,818	305	10.82%
785	18.58	1,711,608	488	28.51	189,096	32	16.92	86,374	12	13.89	323,535	76	23.93	617,910	173	28
803	40.99	704,347	373	52.96	90,000	20	22.22	35,672	12	33.64	112,467	28	33.20	279,777	114	40.75
572	13.54	1,711,608	637	37.22	189,096	24	12.69	86,374	11	12.74	323,535	39	22.57	617,910	154	24.92
115	5.07	1,007,261	127	12.61	99,096	4	4.04	50,702	3	5.92	211,068	11	5.30	338,133	24	7.10

Unknown ethnicity			Exempt groups ^d			Specific eligibility groups ^b New Adult Group		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	207			N/A			831,443	
	201			N/A			842,393	
	213			N/A			850,873	
N/A				N/A			N/A	
N/A				N/A			N/A	
N/A				N/A			N/A	
	0			0			0	
	0			0			0	
	0			0			0	
	10			N/A			21,093	
	9			N/A			20,004	
	18			N/A			16,246	
	0			0			0	
	0			0			0	
	0			0			0	
	0			0			0	
	0			0			0	
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N/A				N/A			N/A	
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N/A				N/A			N/A	

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N/A		N/A		N/A	
N/A		N/A		N/A	
N/A		N/A		N/A	
N/A		N/A		N/A	
N/A		N/A		N/A	
	12	N/A		60,338	
	20	N/A		73,001	
	18	N/A		72,526	
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N/A		N/A		N/A	
N/A		N/A		N/A	
	41	N/A		157,256	
	14	N/A		40,813	
	21	N/A		46,487	



N/A N/A N/A N/A N/A N/A N/A N/A N/A

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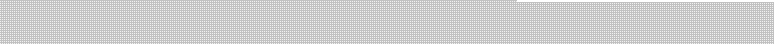
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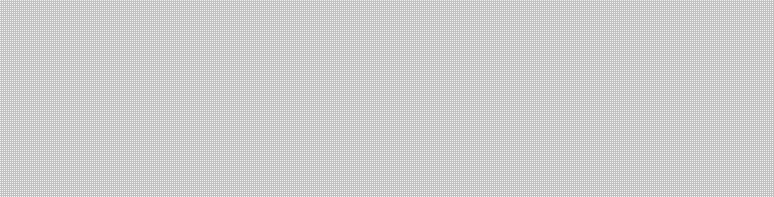
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Medical Services Administration
Bureau of Medicaid Care Management and Customer Service

PERFORMANCE MONITORING REPORT

Healthy Michigan Plan Measures

Composite – All Plans



April 2021

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

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Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through 30 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 MDHHS Administrative Measures; Healthy Michigan Plan (HMP) Measures; MDHHS Dental Measures; CMS Core Set Measures; Health Equity HEDIS Measures; HEDIS Measures and Managed Care Quality 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 2021 unless otherwise noted.

Table 1: Fiscal Year 2021

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	N/A		N/A					
Completion of Annual HRA	N/A		N/A					
Outreach & Engagement to Facilitate Entry to PCP	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	N/A	N/A	N/A	N/A				
Transition into CFP Status – Cohort 2	N/A	N/A	N/A	N/A				
Transition into CFP Status – Cohort 3	N/A	N/A	N/A	N/A				
Transition out of CFP Status – Cohort 1	N/A	N/A	N/A	N/A				
Transition out of CFP Status – Cohort 2	N/A	N/A	N/A	N/A				
Transition out of CFP Status – Cohort 3	N/A	N/A	N/A	N/A				

Healthy Michigan Plan Enrollment

Michigan Medicaid Managed Care (HMP-MC) enrollment has increased over the past year. In March 2021, enrollment was 728,814, up 190,421 enrollees (35.4%) from April 2020. An increase of 10,636 enrollees (1.5%) was realized between February 2021 and March 2021.

Figure 1: HMP-MC Enrollment, April 2020 – March 2021

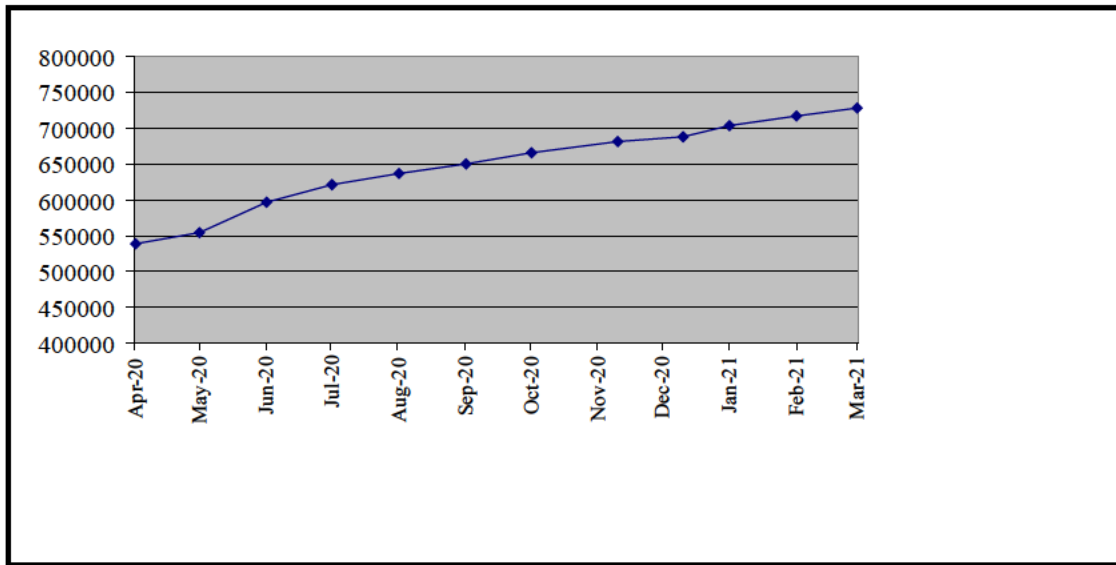
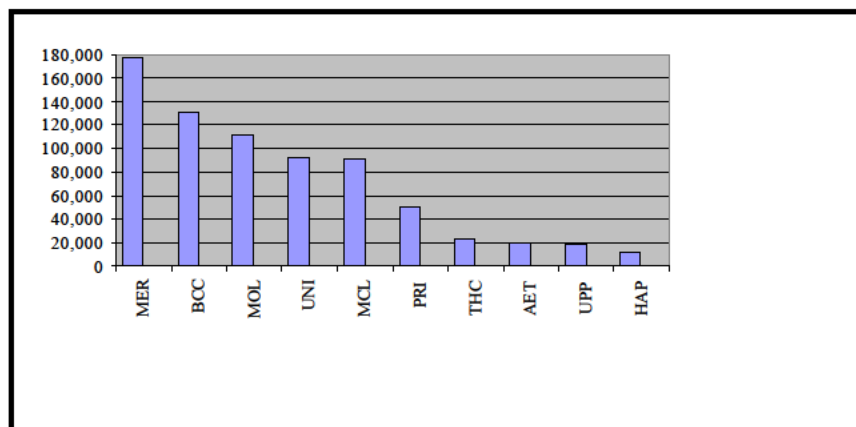


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, March 2021



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

N/A – Informational Only

Measurement Period

July 2020 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

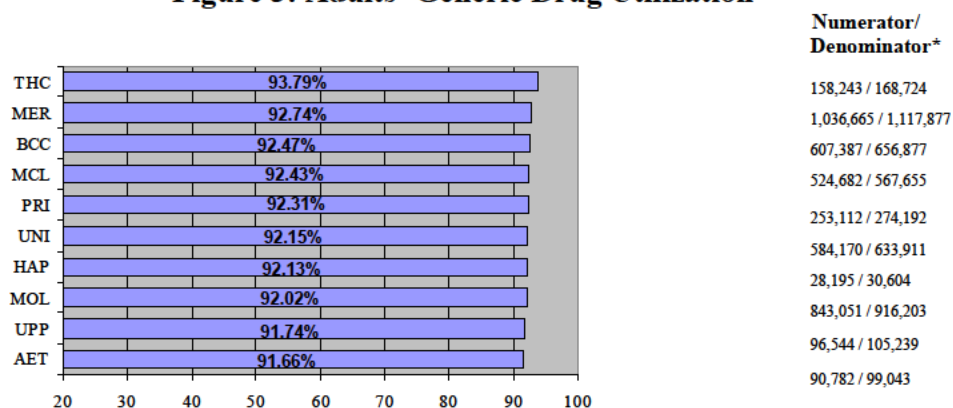
Quarterly

Summary: Results ranged from 91.66% to 93.79%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,259,571	4,610,550	92.39%
Fee For Service (FFS) only	4,458	4,972	89.66%
Managed Care only	4,234,648	4,583,048	92.40%
MA-MC	2,040,461	2,210,562	92.31%
HMP-MC	2,153,022	2,328,634	92.46%

Figure 3: Adults' Generic Drug Utilization



Adult's Generic Drug Utilization Percentages

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

Completion of Annual Health Risk Assessment (HRA)

Measure

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

Standard

N/A – Informational Only

Measurement Period

October 2019 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

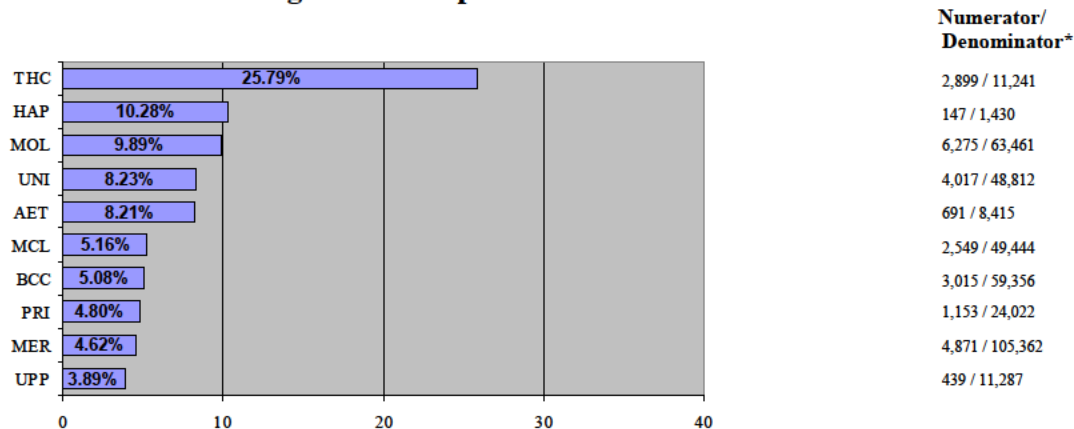
Quarterly

Summary: Results ranged from 3.89% to 25.79%.

Table 3: Program Total

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	30,337	449,080	6.76%

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

April 2020 – June 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

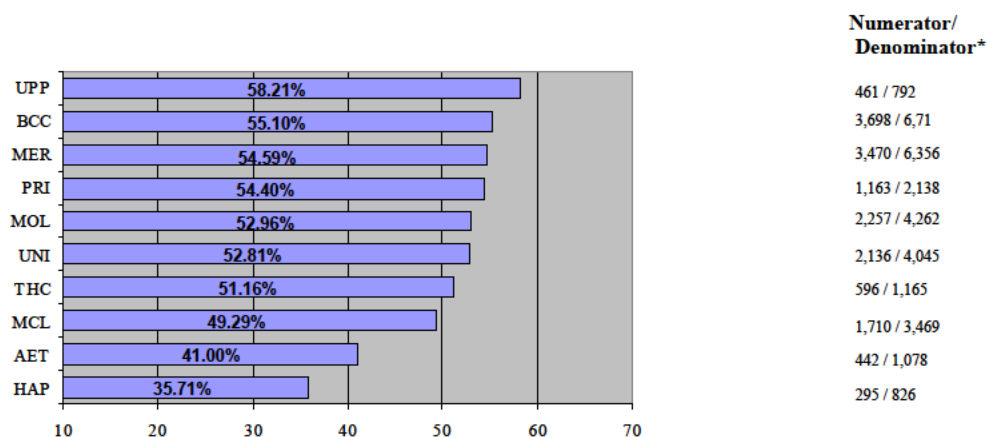
Quarterly

Summary: Results ranged from 35.71% to 58.21%.

Table 4: Program Total¹

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	20,535	35,151	58.42%

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.

¹ 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

N/A – Informational Only

Measurement Period

February 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

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

Summary:

In **Cohort 1**, for income levels over 100% FPL, results ranged from 4.90% to 12.37%. For income levels up to 100% FPL, results ranged from 2.98% to 6.76%.

In **Cohort 2**, for income levels over 100% FPL, results ranged from 3.70% to 10.08%. For income levels up to 100% FPL, results ranged from 2.64% to 7.69%.

In **Cohort 3**, for income levels over 100% FPL, results ranged from 3.85% to 11.11%. For income levels up to 100% FPL, results ranged from 3.34% to 10.87%.

Table 5: Transition into CFP Status - Cohort 1

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	9	93	9.68%	N/A	11	369	2.98%	N/A
BCC	73	1,190	6.13%	N/A	145	4,147	3.50%	N/A
HAP	3	31	9.68%	N/A	5	74	6.76%	N/A
MCL	54	1,102	4.90%	N/A	132	3,272	4.03%	N/A
MER	203	2,413	8.41%	N/A	302	7,194	4.20%	N/A
MOL	101	1,140	8.86%	N/A	160	3,863	4.14%	N/A
PRI	42	715	5.87%	N/A	67	1,721	3.89%	N/A
THC	23	186	12.37%	N/A	22	694	3.17%	N/A
UNI	105	1,122	9.36%	N/A	143	3,150	4.54%	N/A
UPP	19	385	4.94%	N/A	26	843	3.08%	N/A

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Table 6: Transition into CFP Status - Cohort 2

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	12	119	10.08%	N/A	14	445	3.15%	N/A
BCC	90	1,248	7.21%	N/A	164	4,354	3.77%	N/A
HAP	1	27	3.70%	N/A	7	91	7.69%	N/A
MCL	81	1,222	6.63%	N/A	121	3,604	3.36%	N/A
MER	186	2,434	7.64%	N/A	259	7,707	3.36%	N/A
MOL	115	1,243	9.25%	N/A	169	4,559	3.71%	N/A
PRI	58	741	7.83%	N/A	57	1,877	3.04%	N/A
THC	7	148	4.73%	N/A	20	758	2.64%	N/A
UNI	72	1,113	6.47%	N/A	134	3,337	4.02%	N/A
UPP	30	438	6.85%	N/A	41	864	4.75%	N/A

Table 7: Transition into CFP Status - Cohort 3

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	11	121	9.09%	N/A	27	536	5.04%	N/A
BCC	124	1,387	8.94%	N/A	219	5,069	4.32%	N/A
HAP	1	26	3.85%	N/A	10	92	10.87%	N/A
MCL	117	1,319	8.87%	N/A	182	4,098	4.44%	N/A
MER	284	2,774	10.24%	N/A	324	9,170	3.53%	N/A
MOL	111	1,310	8.47%	N/A	250	5,338	4.68%	N/A
PRI	68	832	8.17%	N/A	80	2,105	3.80%	N/A
THC	23	207	11.11%	N/A	35	925	3.78%	N/A
UNI	91	1,264	7.20%	N/A	180	3,843	4.68%	N/A
UPP	33	468	7.05%	N/A	32	959	3.34%	N/A

Transition out of Consistently Fail to Pay (CFP) Status

Measure

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

Standard

N/A – Informational Only

Measurement Period

February 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Summary:

In *Cohort 1*, for income levels over 100% FPL, results ranged from 2.14% to 5.80%. For income levels up to 100% FPL, results ranged from 2.06% to 4.18%.

In *Cohort 2*, for income levels over 100% FPL, results ranged from 1.26% to 4.99%. For income levels up to 100% FPL, results ranged from 2.30% to 7.69%.

In *Cohort 3*, for income levels over 100% FPL, results ranged from 1.09% to 5.06%. For income levels up to 100% FPL, results ranged from 2.29% to 4.24%.

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	4	126	3.17%	N/A	8	265	3.02%	N/A
BCC	37	1,172	3.16%	N/A	91	2,398	3.79%	N/A
HAP	4	69	5.80%	N/A	2	97	2.06%	N/A
MCL	45	1,233	3.65%	N/A	72	2,011	3.58%	N/A
MER	108	2,769	3.90%	N/A	177	4,684	3.78%	N/A
MOL	45	1,384	3.25%	N/A	83	2,719	3.05%	N/A
PRI	30	596	5.03%	N/A	35	877	3.99%	N/A
THC	4	187	2.14%	N/A	9	416	2.16%	N/A
UNI	49	1,121	4.37%	N/A	84	2,010	4.18%	N/A
UPP	8	331	2.42%	N/A	21	506	4.15%	N/A

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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	2	159	1.26%	N/A	7	304	2.30%	N/A
BCC	52	1,319	3.94%	N/A	88	2,327	3.78%	N/A
HAP	1	66	1.52%	N/A	2	104	7.69%	N/A
MCL	41	1,277	3.21%	N/A	89	2,183	4.08%	N/A
MER	117	2,836	4.13%	N/A	196	4,791	4.09%	N/A
MOL	46	1,536	2.99%	N/A	78	2,905	2.69%	N/A
PRI	28	648	4.32%	N/A	36	970	3.71%	N/A
THC	11	221	4.98%	N/A	13	478	2.72%	N/A
UNI	53	1,143	4.64%	N/A	91	1,949	4.67%	N/A
UPP	17	341	4.99%	N/A	28	477	5.87%	N/A

Table 10: Transition out of CFP Status - Cohort 3

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	2	184	1.09%	N/A	9	393	2.29%	N/A
BCC	41	1,455	2.82%	N/A	96	2,956	3.25%	N/A
HAP	4	79	5.06%	N/A	5	133	3.76%	N/A
MCL	40	1,498	2.67%	N/A	81	2,509	3.23%	N/A
MER	116	3,430	3.38%	N/A	171	5,861	2.92%	N/A
MOL	51	1,951	2.61%	N/A	99	3,632	2.73%	N/A
PRI	34	753	4.52%	N/A	39	1,108	3.52%	N/A
THC	4	277	1.44%	N/A	15	563	2.66%	N/A
UNI	48	1,361	3.53%	N/A	75	2,293	3.27%	N/A
UPP	7	366	1.91%	N/A	23	543	4.24%	N/A

Appendix A: Three Letter Medicaid Health Plan Codes

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

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

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Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.03%	N/A
	Jul 20 – Sep 20	Informational Only	91.66%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	10.43%	N/A
	Oct 19 – Sep 20	Informational Only	8.21%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	35.10%	N/A
	Apr 20 – Jun 20	Informational Only	41.00%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL						
≤30%	5.97%	N/A	2.20%	N/A	4.12%	N/A
	9.68%	N/A	10.08%	N/A	9.09%	N/A
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL						
≤7%	3.16%	N/A	3.48%	N/A	3.33%	N/A
	2.98%	N/A	3.15%	N/A	5.04%	N/A

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

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL						
≥2%	7.48%	N/A	3.52%	N/A	1.83%	N/A
	3.17%	N/A	1.26%	N/A	1.09%	N/A
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL						
≥2%	7.79%	N/A	3.64%	N/A	2.14%	N/A
	3.02%	N/A	2.30%	N/A	2.29%	N/A

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

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

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Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete of Michigan – BCC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.62%	N/A
	Jul 20 – Sep 20	Informational Only	92.47%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	6.11%	N/A
	Oct 19 – Sep 20	Informational Only	5.08%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	49.54%	N/A
	Apr 20 – Jun 20	Informational Only	55.10%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	6.05%	N/A	4.95%	N/A	5.05%	N/A
	6.13%	N/A	7.21%	N/A	8.94%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.47%	N/A	2.69%	N/A	3.36%	N/A
	3.50%	N/A	3.77%	N/A	4.32%	N/A

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

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.97%	N/A	6.80%	N/A	5.27%	N/A
	3.16%	N/A	3.94%	N/A	2.82%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.57%	N/A	6.81%	N/A	4.28%	N/A
	3.79%	N/A	3.78%	N/A	3.25%	N/A

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

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

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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	Apr 20 – Jun 20	Informational Only	92.56%	N/A
	Jul 20 – Sep 20	Informational Only	92.13%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	9.67%	N/A
	Oct 19 – Sep 20	Informational Only	10.28%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	32.58%	N/A
	Apr 20 – Jun 20	Informational Only	35.71%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	7.14%	N/A	32.00%	N/A	5.56%	N/A
	9.68%	N/A	3.70%	N/A	3.85%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	0.00%	N/A	8.22%	N/A	5.71%	N/A
	6.76%	N/A	7.69%	N/A	10.87%	N/A

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

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.41%	N/A	0.00%	N/A	6.67%	N/A
	5.80%	N/A	1.52%	N/A	5.06%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.33%	N/A	2.33%	N/A	3.79%	N/A
	2.06%	N/A	1.92%	N/A	3.76%	N/A

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

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

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Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.51%	N/A
	Jul 20 – Sep 20	Informational Only	92.43%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	5.60%	N/A
	Oct 19 – Sep 20	Informational Only	5.16%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	47.97%	N/A
	Apr 20 – Jun 20	Informational Only	49.29%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.85%	N/A	5.54%	N/A	4.42%	N/A
	4.90%	N/A	6.63%	N/A	8.87%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	2.61%	N/A	3.48%	N/A	2.70%	N/A
	4.03%	N/A	3.36%	N/A	4.44%	N/A

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

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.41%	N/A	6.34%	N/A	3.82%	N/A
	3.65%	N/A	3.21%	N/A	2.67%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.96%	N/A	6.00%	N/A	3.37%	N/A
	3.58%	N/A	4.08%	N/A	3.23%	N/A

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

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

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Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan of Michigan – MER

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	93.00%	N/A
	Jul 20 – Sep 20	Informational Only	92.74%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	3.56%	N/A
	Oct 19 – Sep 20	Informational Only	4.62%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	52.48%	N/A
	Apr 20 – Jun 20	Informational Only	54.59%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	5.70%	N/A	5.51%	N/A	6.64%	N/A
	8.41%	N/A	7.64%	N/A	10.24%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.77%	N/A	3.55%	N/A	3.04%	N/A
	4.20%	N/A	3.36%	N/A	3.53%	N/A

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

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.67%	N/A	5.98%	N/A	4.18%	N/A
	3.90%	N/A	4.13%	N/A	3.38%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.70%	N/A	6.11%	N/A	5.04%	N/A
	3.78%	N/A	4.09%	N/A	2.92%	N/A

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

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

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Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.31%	N/A
	Jul 20 – Sep 20	Informational Only	92.02%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	10.82%	N/A
	Oct 19 – Sep 20	Informational Only	9.89%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	48.96%	N/A
	Apr 20 – Jun 20	Informational Only	52.96%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	5.89%	N/A	6.31%	N/A	7.10%	N/A
	8.86%	N/A	9.25%	N/A	8.47%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.71%	N/A	3.33%	N/A	3.20%	N/A
	4.14%	N/A	3.71%	N/A	4.68%	N/A

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

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.53%	N/A	5.04%	N/A	4.38%	N/A
	3.25%	N/A	2.99%	N/A	2.61%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.91%	N/A	5.97%	N/A	3.74%	N/A
	3.05%	N/A	2.69%	N/A	2.73%	N/A

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

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

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Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.13%	N/A
	Jul 20 – Sep 20	Informational Only	92.31%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	5.29%	N/A
	Oct 19 – Sep 20	Informational Only	4.80%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	55.54%	N/A
	Apr 20 – Jun 20	Informational Only	54.40%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.59%	N/A	4.98%	N/A	4.69%	N/A
	5.87%	N/A	7.83%	N/A	8.17%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.71%	N/A	3.02%	N/A	2.62%	N/A
	3.89%	N/A	3.04%	N/A	3.80%	N/A

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

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	9.47%	N/A	6.29%	N/A	4.64%	N/A
	5.03%	N/A	4.32%	N/A	4.52%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.64%	N/A	6.48%	N/A	3.49%	N/A
	3.99%	N/A	3.71%	N/A	3.52%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	93.70%	N/A
	Jul 20 – Sep 20	Informational Only	93.79%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	28.51%	N/A
	Oct 19 – Sep 20	Informational Only	25.79%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	51.46%	N/A
	Apr 20 – Jun 20	Informational Only	51.16%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	7.45%	N/A	10.45%	N/A	4.40%	N/A
	12.37%	N/A	4.73%	N/A	11.11%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	2.12%	N/A	2.81%	N/A	3.27%	N/A
	3.17%	N/A	2.64%	N/A	3.78%	N/A

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

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.88%	N/A	3.66%	N/A	3.60%	N/A
	2.14%	N/A	4.98%	N/A	1.44%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.88%	N/A	5.66%	N/A	4.45%	N/A
	2.16%	N/A	2.72%	N/A	2.66%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.29%	N/A
	Jul 20 – Sep 20	Informational Only	92.15%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	7.14%	N/A
	Oct 19 – Sep 20	Informational Only	8.23%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	48.75%	N/A
	Apr 20 – Jun 20	Informational Only	52.81%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.69%	N/A	7.20%	N/A	5.66%	N/A
	9.36%	N/A	6.47%	N/A	7.20%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	4.11%	N/A	3.78%	N/A	3.38%	N/A
	4.54%	N/A	4.02%	N/A	4.68%	N/A

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

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.99%	N/A	7.66%	N/A	6.38%	N/A
	4.37%	N/A	4.64%	N/A	3.53%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.82%	N/A	7.98%	N/A	5.14%	N/A
	4.18%	N/A	4.67%	N/A	3.27%	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

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.09%	N/A
	Jul 20 – Sep 20	Informational Only	91.74%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	2.41%	N/A
	Oct 19 – Sep 20	Informational Only	3.89%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	56.81%	N/A
	Apr 20 – Jun 20	Informational Only	58.21%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.28%	N/A	4.96%	N/A	3.86%	N/A
	4.94%	N/A	6.85%	N/A	7.05%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	2.41%	N/A	2.97%	N/A	3.31%	N/A
	3.08%	N/A	4.75%	N/A	3.34%	N/A

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

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.94%	N/A	7.03%	N/A	4.79%	N/A
	2.42%	N/A	4.99%	N/A	1.91%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.72%	N/A	8.55%	N/A	4.76%	N/A
	4.15%	N/A	5.87%	N/A	4.24%	N/A

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

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

Medical Services Administration
Bureau of Medicaid Care Management and Customer Service

PERFORMANCE MONITORING REPORT

MDHHS Dental Measures

Composite – All Plans



April 2021

Revised May 20, 2021

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 30 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 MDHHS Administrative Measures; Healthy Michigan Plan (HMP) Measures; MDHHS Dental Measures; CMS Core Set Measures; Health Equity HEDIS Measures; HEDIS Measures and Managed Care Quality 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 2021 unless otherwise noted.

Performance Monitoring Report

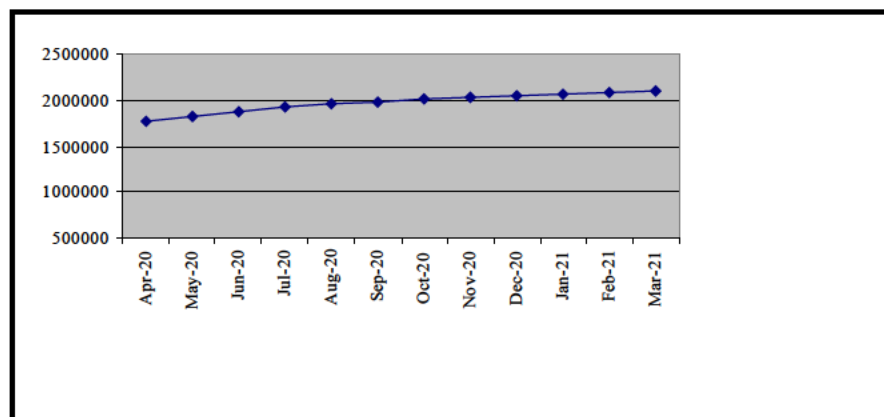
Table 1: Fiscal Year 2021¹

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

Managed Care Enrollment

Michigan Medicaid Managed Care (MA-MC) enrollment has increased over the past year. In March 2021, enrollment was 2,105,351 up 335,986 enrollees (19%) from April 2020. An increase of 20,445 enrollees (1.0%) was realized between February 2021 and March 2021.

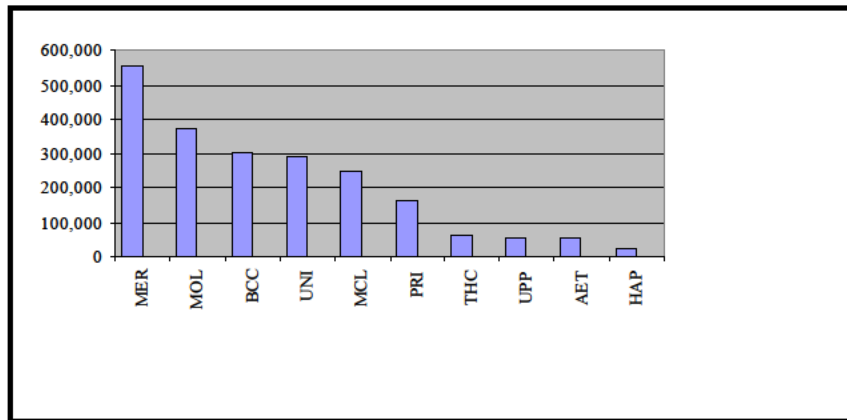
Figure 1: Medicaid Managed Care Enrollment, April 2020 – March 2021



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

Performance Monitoring Report

Figure 2: Medicaid Managed Care Enrollment by Health Plan, March 2021



Medicaid Health Plan News

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

As of January 1, 2020, Trusted Health Plan Michigan (TRU) 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

N/A – Informational Only

Measurement Period

October 2019 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

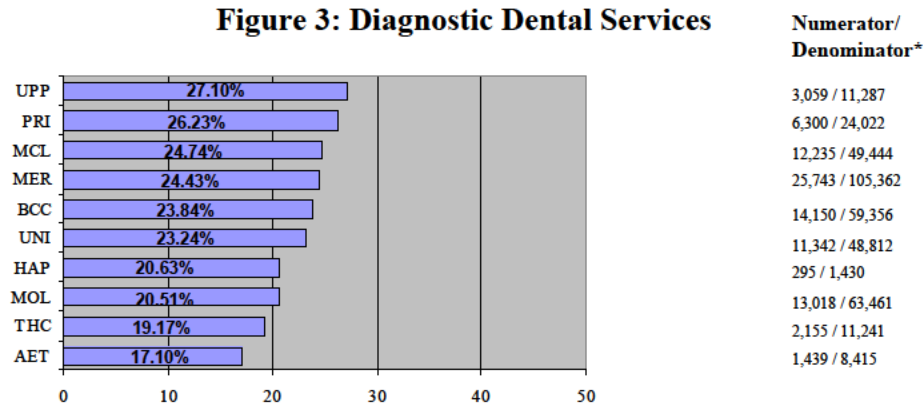
Quarterly

Summary: Results ranged from 17.10% to 27.10%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	1,000	6,509	15.36%
HMP Managed Care (MC) Only	91,990	391,070	23.52%

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

N/A – Informational Only

Measurement Period

October 2019 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

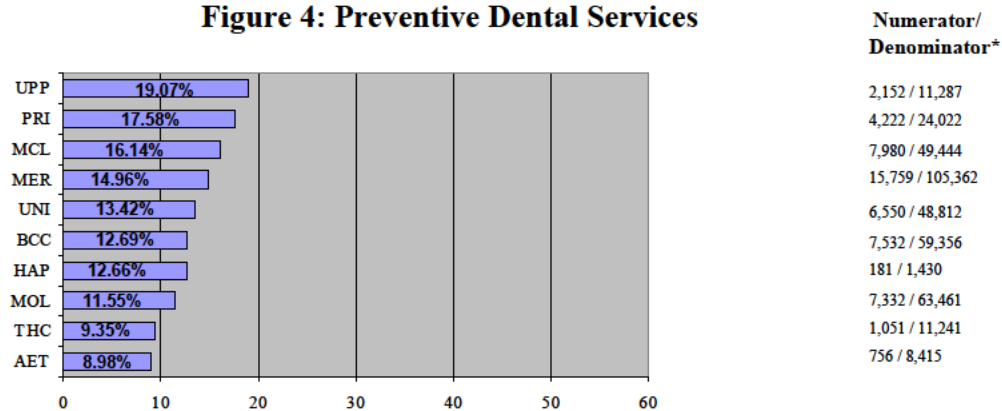
Quarterly

Summary: Results ranged from 8.98% to 19.07%.

Table 3: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	482	6,509	7.40%
HMP Managed Care (MC) Only	54,703	391,070	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

N/A – Informational Only

Measurement Period

October 2019 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

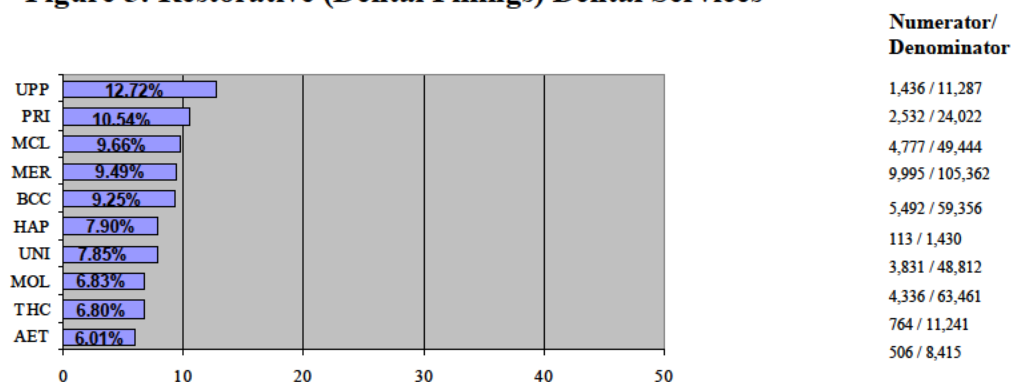
Quarterly

Summary: Results ranged from 6.01% to 12.72%.

Table 4: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	271	6,509	4.16%
HMP Managed Care (MC) Only	34,582	391,070	8.84%

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

October 2019 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

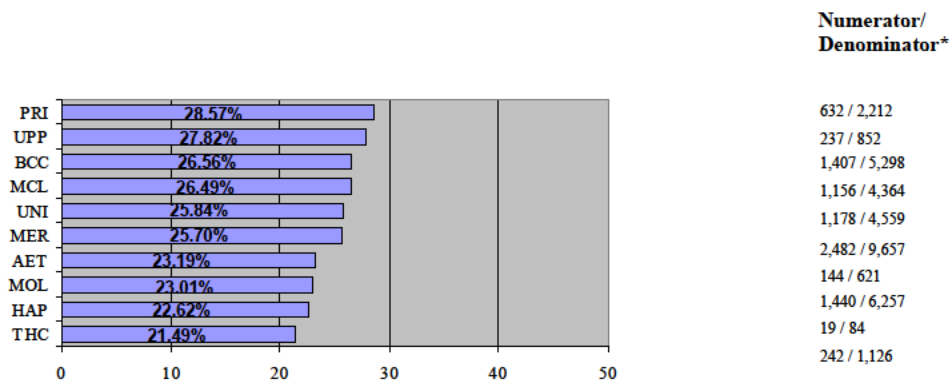
Quarterly

Summary: Results ranged from 21.49% to 28.57%

Table 5: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	140	522	26.82%
HMP Managed Care (MC) Only	9,154	35,822	25.55%

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

N/A – Informational Only

Measurement Period

October 2019 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

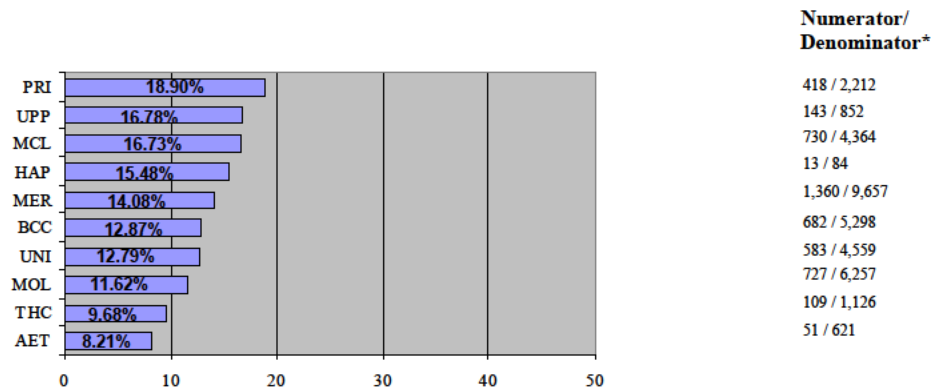
Quarterly

Summary: Results ranged from 8.21% to 18.90%

Table 6: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	661	522	12.64%
HMP Managed Care (MC) Only	4,911	35,822	13.71%

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

October 2019 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

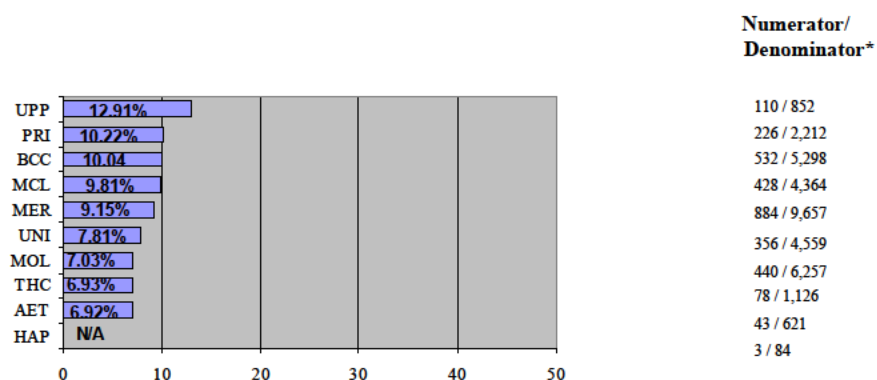
Quarterly

Summary: Results ranged from 6.93% to 12.91%

Table 7: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	25	522	4.79%
HMP Managed Care (MC) Only	3,165	35,822	8.84%

Figure 8: Comprehensive Diabetes Care: Restorative Dental Visit²



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.

² Results showing N/A are for plans with a numerator less than 5 and a denominator less than 30.

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

N/A – Informational Only

Measurement Period

October 2019 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

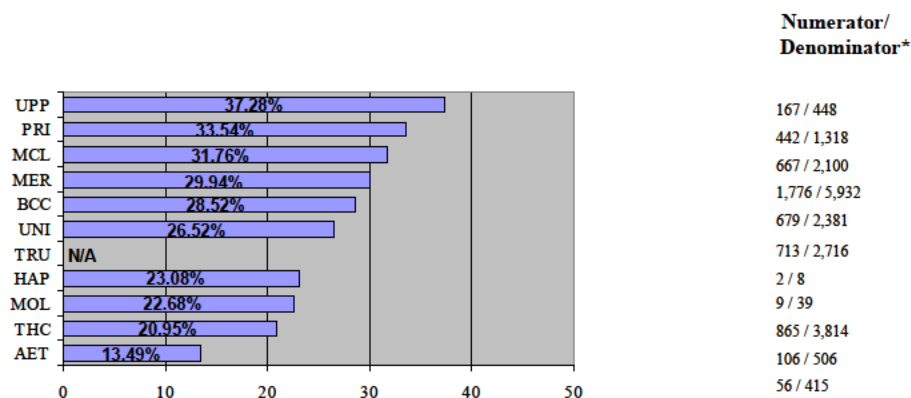
Quarterly

Summary: Results ranged from 13.49% to 37.28%

Table 8: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	8,157	34,404	23.71%
Fee For Service (FFS) only	93	385	24.16%
Managed Care only	5,757	20,648	27.88%
MA-MC	3,278	12,396	26.44%

Figure 9: Diagnostic Dental Visits in Pregnant Women³



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.

³ Results showing N/A are for plans with a numerator less than 5 and a denominator less than 30.

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

October 2019 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

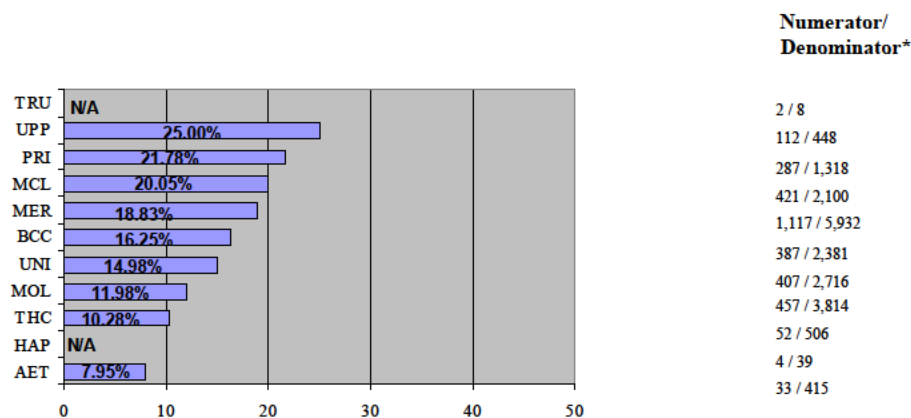
Quarterly

Summary: Results ranged from 7.95% to 25.00%

Table 9: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,776	34,404	13.88%
Fee For Service (FFS) only	48	385	12.47%
Managed Care only	3,418	20,648	16.55%
MA-MC	1,821	12,396	14.69%

Figure 10: Preventive Dental Visits in Pregnant Women⁴



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.

⁴ Results showing N/A are for plans with a numerator less than 5 and a denominator less than 30.

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

October 2019 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

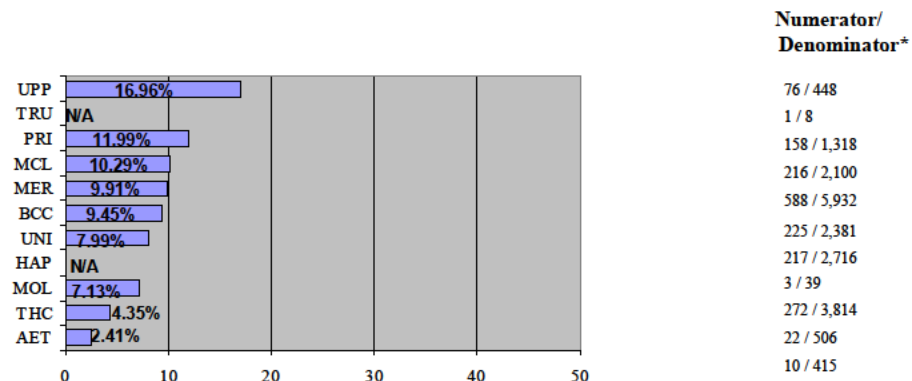
Quarterly

Summary: Results ranged from 2.41% to 16.96%

Table 10: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	2,581	34,404	7.50%
Fee For Service (FFS) only	27	385	7.01%
Managed Care only	1,873	20,648	9.07%
MA-MC	1,015	12,396	8.19%

Figure 11: Restorative Dental Visits in Pregnant Women⁵



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.

⁵ Results showing N/A are for plans with a numerator less than 5 and a denominator less than 30.

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

October 2019 – September 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

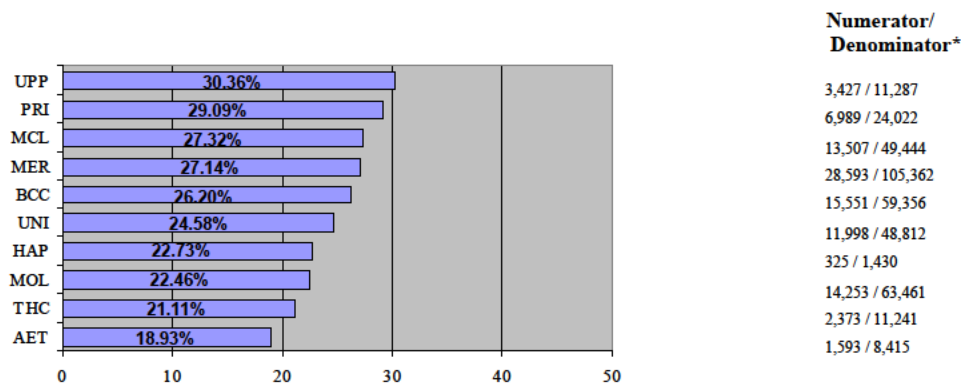
Quarterly

Summary: Results ranged from 18.93% to 30.36%

Table 11: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	1,105	6,509	16.98%
HMP Managed Care (MC) Only	101,024	391,070	25.83%

Figure 12: Adults: Any Dental Visit



Adults: Any Dental Visit

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

Appendix A: Three Letter Medicaid Health Plan Codes

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

AET	Aetna Better Health of Michigan
BCC	Blue Cross Complete of Michigan
HAP	HAP Empowered
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
THC	Total Health Care
TRU	Trusted Health Plan Michigan, Inc.
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 19 – Jun 20	Informational Only	17.36%	N/A
	Oct 19 – Sep 20	Informational Only	17.10%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	9.27%	N/A
	Oct 19 – Sep 20	Informational Only	8.98%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	6.24%	N/A
	Oct 19 – Sep 20	Informational Only	6.01%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	24.77%	N/A
	Oct 19 – Sep 20	Informational Only	23.19%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	8.32%	N/A
	Oct 19 – Sep 20	Informational Only	8.21%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	5.61%	N/A
	Oct 19 – Sep 20	Informational Only	6.92%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	15.54%	N/A
	Oct 19 – Sep 20	Informational Only	13.49%	N/A
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	8.77%	N/A
	Oct 19 – Sep 20	Informational Only	7.95%	N/A
Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	3.76%	N/A
	Oct 19 – Sep 20	Informational Only	2.41%	N/A
Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	19.68%	N/A
	Oct 19 – Sep 20	Informational Only	18.93%	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 19 – Jun 20	Informational Only	25.77%	N/A
	Oct 19 – Sep 20	Informational Only	23.84%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	14.19%	N/A
	Oct 19 – Sep 20	Informational Only	12.69%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	10.40%	N/A
	Oct 19 – Sep 20	Informational Only	9.25%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	27.89%	N/A
	Oct 19 – Sep 20	Informational Only	26.56%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	13.77%	N/A
	Oct 19 – Sep 20	Informational Only	12.87%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	11.43%	N/A
	Oct 19 – Sep 20	Informational Only	10.04%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	28.85%	N/A
	Oct 19 – Sep 20	Informational Only	28.52%	N/A
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	16.85%	N/A
	Oct 19 – Sep 20	Informational Only	16.25%	N/A
Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	10.56%	N/A
	Oct 19 – Sep 20	Informational Only	9.45%	N/A
Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	28.09%	N/A
	Oct 19 – Sep 20	Informational Only	26.20%	N/A

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

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

Performance Monitoring Report
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 19 – Jun 20	Informational Only	21.49%	N/A
	Oct 19 – Sep 20	Informational Only	20.63%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	13.44%	N/A
	Oct 19 – Sep 20	Informational Only	12.66%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	7.19%	N/A
	Oct 19 – Sep 20	Informational Only	7.90%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	26.76%	N/A
	Oct 19 – Sep 20	Informational Only	22.62%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	15.49%	N/A
	Oct 19 – Sep 20	Informational Only	15.48%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	7.04%	N/A
	Oct 19 – Sep 20	Informational Only	N/A	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	22.22%	N/A
	Oct 19 – Sep 20	Informational Only	23.08%	N/A
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	N/A	N/A
	Oct 19 – Sep 20	Informational Only	N/A	N/A
Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	N/A	N/A
	Oct 19 – Sep 20	Informational Only	N/A	N/A
Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	22.77%	N/A
	Oct 19 – Sep 20	Informational Only	22.73%	N/A

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

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

Performance Monitoring Report
Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	26.78%	N/A
	Oct 19 – Sep 20	Informational Only	24.74%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	18.48%	N/A
	Oct 19 – Sep 20	Informational Only	16.14%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	10.66%	N/A
	Oct 19 – Sep 20	Informational Only	9.66%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	28.00%	N/A
	Oct 19 – Sep 20	Informational Only	26.49%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	18.58%	N/A
	Oct 19 – Sep 20	Informational Only	16.73%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	10.58%	N/A
	Oct 19 – Sep 20	Informational Only	9.81%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	33.81%	N/A
	Oct 19 – Sep 20	Informational Only	31.76%	N/A
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	22.41%	N/A
	Oct 19 – Sep 20	Informational Only	20.05%	N/A
Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	10.76%	N/A
	Oct 19 – Sep 20	Informational Only	10.29%	N/A
Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	29.45%	N/A
	Oct 19 – Sep 20	Informational Only	27.32%	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 19 – Jun 20	Informational Only	26.67%	N/A
	Oct 19 – Sep 20	Informational Only	24.43%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	17.24%	N/A
	Oct 19 – Sep 20	Informational Only	14.96%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	10.58%	N/A
	Oct 19 – Sep 20	Informational Only	9.49%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	27.84%	N/A
	Oct 19 – Sep 20	Informational Only	25.70%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	16.53%	N/A
	Oct 19 – Sep 20	Informational Only	14.08%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	10.52%	N/A
	Oct 19 – Sep 20	Informational Only	9.15%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	31.52%	N/A
	Oct 19 – Sep 20	Informational Only	29.94%	N/A
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	19.90%	N/A
	Oct 19 – Sep 20	Informational Only	18.83%	N/A
Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	10.50%	N/A
	Oct 19 – Sep 20	Informational Only	9.91%	N/A
Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	29.39%	N/A
	Oct 19 – Sep 20	Informational Only	27.14%	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 19 – Jun 20	Informational Only	21.99%	N/A
	Oct 19 – Sep 20	Informational Only	20.51%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	13.13%	N/A
	Oct 19 – Sep 20	Informational Only	11.55%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	7.64%	N/A
	Oct 19 – Sep 20	Informational Only	6.83%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	25.03%	N/A
	Oct 19 – Sep 20	Informational Only	23.01%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	13.07%	N/A
	Oct 19 – Sep 20	Informational Only	11.62%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	8.17%	N/A
	Oct 19 – Sep 20	Informational Only	7.03%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	26.38%	N/A
	Oct 19 – Sep 20	Informational Only	22.68%	N/A
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	14.71%	N/A
	Oct 19 – Sep 20	Informational Only	11.98%	N/A
Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	7.82%	N/A
	Oct 19 – Sep 20	Informational Only	7.13%	N/A
Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	24.04%	N/A
	Oct 19 – Sep 20	Informational Only	22.46%	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
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	28.03%	N/A
	Oct 19 – Sep 20	Informational Only	26.32%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	20.08%	N/A
	Oct 19 – Sep 20	Informational Only	17.58%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	11.62%	N/A
	Oct 19 – Sep 20	Informational Only	10.54%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	30.32%	N/A
	Oct 19 – Sep 20	Informational Only	28.57%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	20.83%	N/A
	Oct 19 – Sep 20	Informational Only	18.90%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	11.78%	N/A
	Oct 19 – Sep 20	Informational Only	10.22%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	34.59%	N/A
	Oct 19 – Sep 20	Informational Only	33.54%	N/A
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	22.19%	N/A
	Oct 19 – Sep 20	Informational Only	21.78%	N/A
Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	12.18%	N/A
	Oct 19 – Sep 20	Informational Only	11.99%	N/A
Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	31.00%	N/A
	Oct 19 – Sep 20	Informational Only	29.09%	N/A

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

Performance Monitoring Report
Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	22.08%	N/A
	Oct 19 – Sep 20	Informational Only	19.17%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	11.20%	N/A
	Oct 19 – Sep 20	Informational Only	9.35%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	8.12%	N/A
	Oct 19 – Sep 20	Informational Only	6.80%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	23.56%	N/A
	Oct 19 – Sep 20	Informational Only	21.49%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	10.39%	N/A
	Oct 19 – Sep 20	Informational Only	9.68%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	7.79%	N/A
	Oct 19 – Sep 20	Informational Only	6.93%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	23.42%	N/A
	Oct 19 – Sep 20	Informational Only	20.95%	N/A
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	11.42%	N/A
	Oct 19 – Sep 20	Informational Only	10.28%	N/A
Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	5.51%	N/A
	Oct 19 – Sep 20	Informational Only	4.35%	N/A
Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	23.90%	N/A
	Oct 19 – Sep 20	Informational Only	21.11%	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 19 – Jun 20	Informational Only	24.74%	N/A
	Oct 19 – Sep 20	Informational Only	23.24%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	14.90%	N/A
	Oct 19 – Sep 20	Informational Only	13.42%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	8.54%	N/A
	Oct 19 – Sep 20	Informational Only	7.85%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	27.34%	N/A
	Oct 19 – Sep 20	Informational Only	25.84%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	13.97%	N/A
	Oct 19 – Sep 20	Informational Only	12.79%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	8.37%	N/A
	Oct 19 – Sep 20	Informational Only	7.81%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	28.20%	N/A
	Oct 19 – Sep 20	Informational Only	26.25%	N/A
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	16.89%	N/A
	Oct 19 – Sep 20	Informational Only	14.98%	N/A
Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	8.88%	N/A
	Oct 19 – Sep 20	Informational Only	7.99%	N/A
Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	26.10%	N/A
	Oct 19 – Sep 20	Informational Only	24.58%	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 19 – Jun 20	Informational Only	28.69%	N/A
	Oct 19 – Sep 20	Informational Only	27.10%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	21.26%	N/A
	Oct 19 – Sep 20	Informational Only	19.07%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	13.42%	N/A
	Oct 19 – Sep 20	Informational Only	12.72%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	28.52%	N/A
	Oct 19 – Sep 20	Informational Only	27.82%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	19.58%	N/A
	Oct 19 – Sep 20	Informational Only	16.78%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	13.46%	N/A
	Oct 19 – Sep 20	Informational Only	12.91%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	38.88%	N/A
	Oct 19 – Sep 20	Informational Only	37.28%	N/A
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	28.34%	N/A
	Oct 19 – Sep 20	Informational Only	25.00%	N/A
Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	18.97%	N/A
	Oct 19 – Sep 20	Informational Only	16.96%	N/A
Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	31.89%	N/A
	Oct 19 – Sep 20	Informational Only	30.36%	N/A

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

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Michigan Department of Health and Human Services
Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

Healthy Michigan Plan
Healthy Behaviors Incentives Program Report



Quarterly Report
October-December 2020

Produced by:
Managed Care Plan Division

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Introduction

Pursuant to PA 208 of 2018, sections 105d(1)e and 105d(12), a Health Risk Assessment has been developed for the Healthy Michigan Plan (form DCH-1315). It is designed as a two part document, where the beneficiary completes the first three sections and the health care provider completes the last section. It includes questions on a wide range of health issues, a readiness to change assessment, and a discussion about behavior change between the beneficiary and the health care provider. The topics in the assessment cover all of the behaviors identified in PA 208 including alcohol use, substance use disorders, tobacco use, obesity and immunizations. It also includes the recommended healthy behaviors identified in the Michigan Health and Wellness 4X4 Plan, which include annual physicals, healthy diet, regular physical exercise and reducing tobacco use. As of April 2018, three new questions were added on the topics of annual dental visit, access to transportation and unmet basic needs. The question on anxiety and depression was removed and replaced with a question on chronic stress based on feedback regarding the most meaningful ways to ask about self-reported behavioral health status.

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 14,901 Health Risk Assessments were completed in the October-December 2020 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, 12,199 or 81.9% of beneficiaries agreed to address health risk behaviors. In addition, 2,480 or 16.6% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 98.5% 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 12,199 beneficiaries who agreed to address health risk behaviors, 54.1% chose to address more than one healthy behavior. Tables 13 and 14 report the most frequently selected health risk behaviors to address, alone and in combination. Figure 18 is a Venn diagram representing the overlapping nature of the multiple healthy behaviors selected.

Health Risk Assessment Completion with Health Care Provider

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

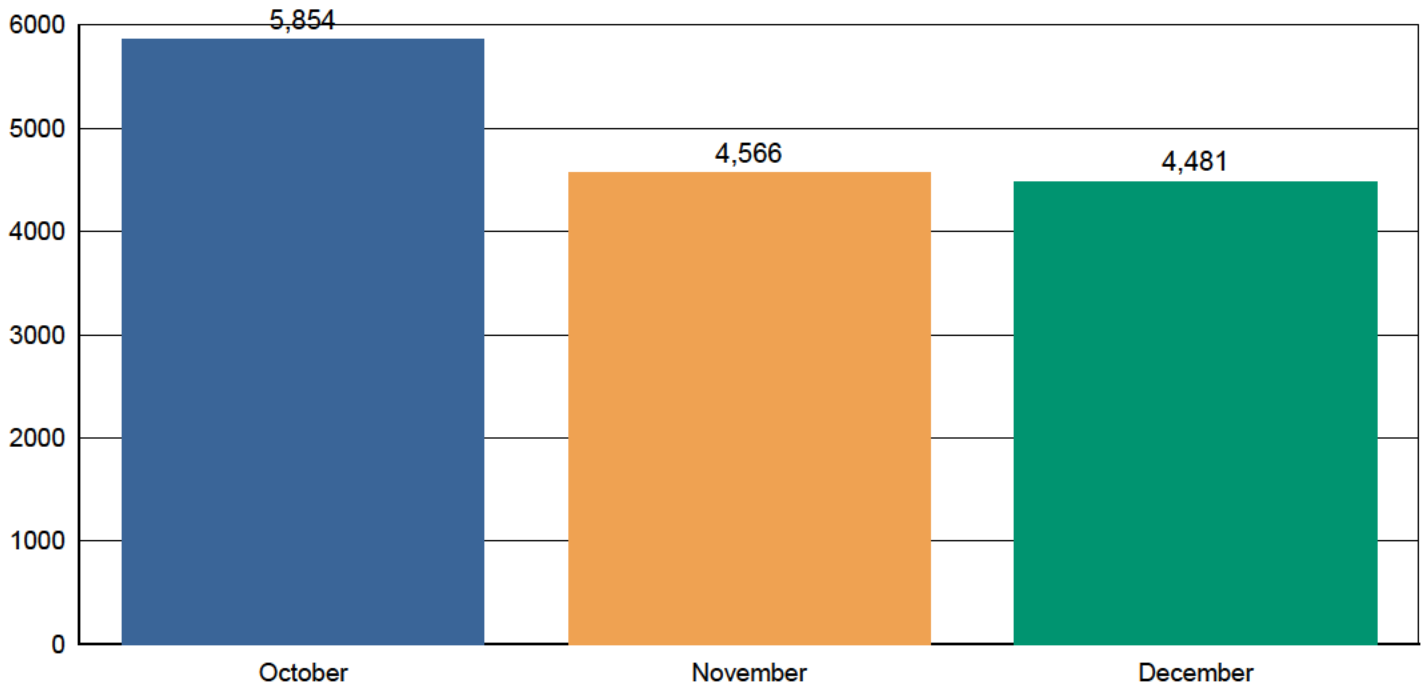
MONTH	COMPLETE	TOTAL
January 2020	3,176	367,447
February 2020	4,379	371,826
March 2020	3,933	375,759
April 2020	2,894	378,653
May 2020	2,830	381,483
June 2020	4,162	385,645
July 2020	5,774	391,419
August 2020	4,386	395,805
September 2020	6,505	402,310
October 2020	5,854	408,164
November 2020	4,566	412,730
December 2020	4,481	417,211

Table 14. Demographics of Population that Completed HRA with Attestation

October 2020 - December 2020		
AGE GROUP	COMPLETED HRA	
19 - 34	5,218	35.02%
35 - 49	4,122	27.66%
50 +	5,561	37.32%
GENDER		
F	8,491	56.98%
M	6,410	43.02%
FPL		
< 100% FPL	11,299	75.83%
100 - 133% FPL	3,602	24.17%
TOTAL	14,901	100.00%

Figure 13-1. Health Risk Assessments Completed with Attestation

October - December 2020



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:

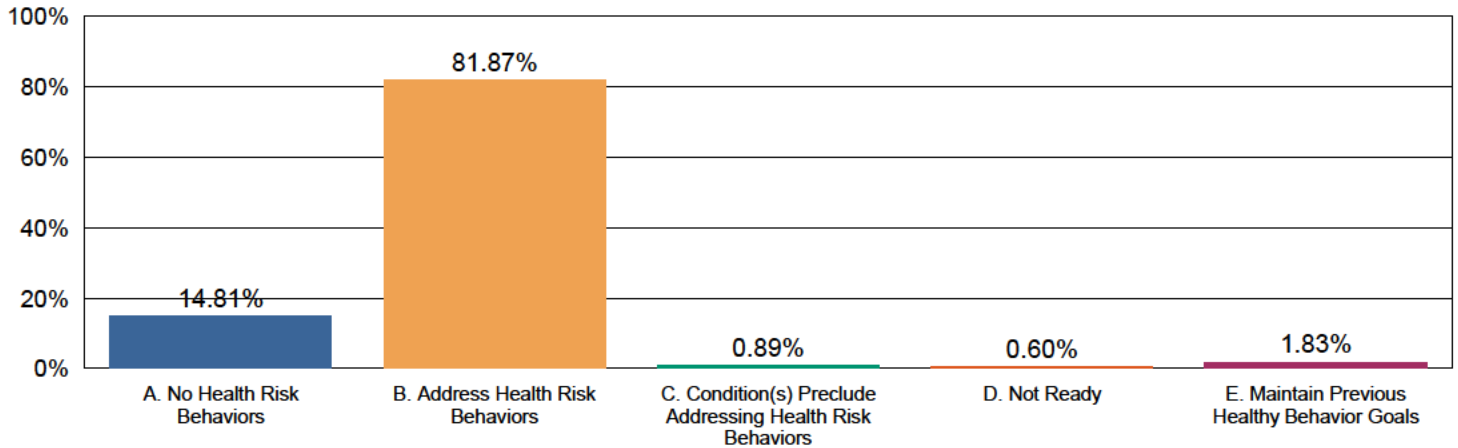
- A. Patient does not have health risk behaviors that need to be addressed at this time.
- B. Patient has identified at least one behavior to address over the next year to improve their health.
- C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing 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 15-1 through 15-3 show Healthy Behaviors Statement Selections for the total population, and by age and FPL.

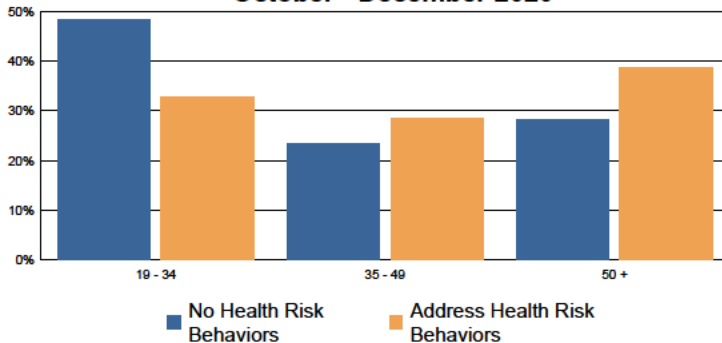
**Table 15. Healthy Behaviors Statement Selection
October - December 2020**

Healthy Behaviors Statement	TOTAL	PERCENT
A. No Health Risk Behaviors	2,207	14.81%
B. Address Health Risk Behaviors	12,199	81.87%
C. Condition(s) Preclude Addressing Health Risk Behaviors	133	0.89%
D. Not Ready	89	0.60%
E. Maintain Previous Healthy Behavior Goals	273	1.83%
TOTAL	14,901	100.00%

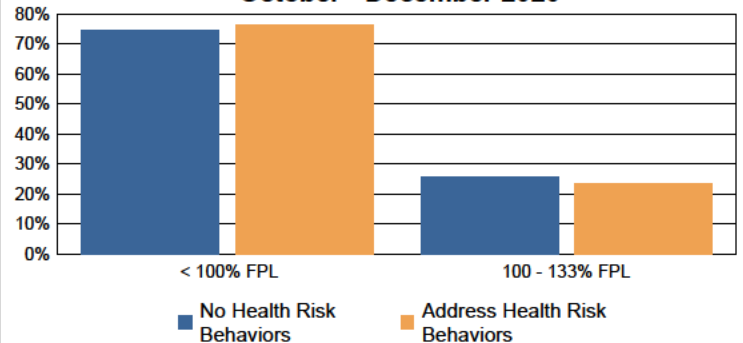
**Figure 15-1. Healthy Behaviors Statement Selection
October - December 2020**



**Figure 15-2. Statement Selection by Age
October - December 2020**



**Figure 15-3. Statement Selection by FPL
October - December 2020**



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 12,199 HRAs submitted through October-December 2020 where the beneficiary chose to address health risk behaviors, 54.10% of beneficiaries chose more than one healthy behavior to address. The top 10 most selected behavior combinations and the rate that each behavior was selected in combination and alone are presented in the tables below:

Table 16. Health Risk Behaviors Selected in Combination and Alone

Health Risk Behavior	Chose this behavior and at least one more	Chose ONLY this behavior
Weight Loss	66.10%	24.10%
Tobacco Cessation	24.42%	6.64%
Immunization Status (Annual Flu Vaccine)	28.53%	3.44%
Follow-up for Chronic Conditions	28.15%	3.11%
Addressing Alcohol Abuse	3.68%	0.36%
Addressing Substance Abuse	1.38%	0.25%
Dental visit	14.93%	1.42%
Follow-up appointment for maternity care/reproductive health	1.23%	0.16%
Follow-up appointment for recommended cancer or other preventative screening(s)	14.50%	1.17%
Follow-up appointment for mental health/behavioral health	7.56%	1.53%
Other	11.08%	3.72%

Table 17. Top 10 Most Selected Health Risk Behavior Combinations

Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	2,940	24.10%
2. Tobacco Cessation ONLY	810	6.64%
3. Weight Loss, Immunization Status	559	4.58%
4. Weight Loss, Follow-up for Chronic Conditions	516	4.23%
5. Other	454	3.72%
6. Immunization Status (Annual Flu Vaccine)	419	3.44%
7. Weight Loss, Tobacco Cessation	389	3.19%
8. Follow-up for Chronic Conditions	379	3.11%
9. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	343	2.81%
10. Weight Loss, Other	248	2.03%
Total for Top 10	7,057	57.85%
Total for All Other Combinations	5,142	42.15%
Total	12,199	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.

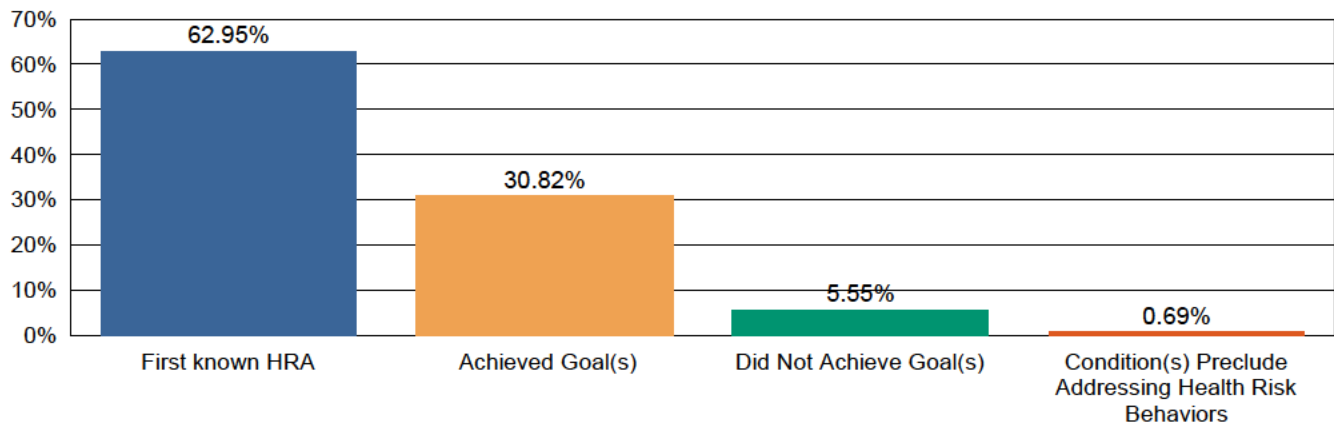
1,927 Health Risk Assessments were submitted during this quarter where this question was not available because the Healthy Behavior Goals Progress question was not available on the original form of the Health Risk Assessment.

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

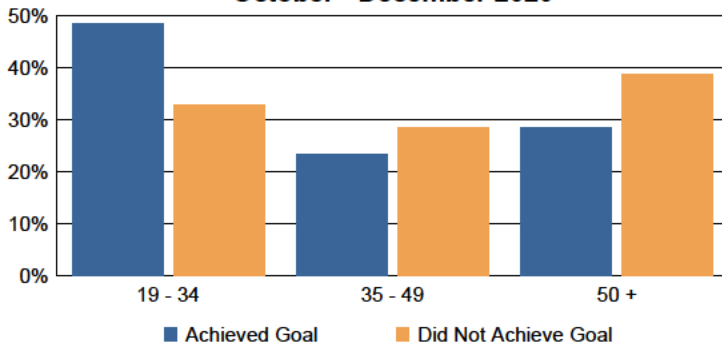
**Table 18. Healthy Behaviors Goals Progress
October - December 2020**

GOALS PROGRESS	TOTAL	PERCENT
A. First known HRA	8,167	62.95%
B. Achieved Goal(s)	3,998	30.82%
C. Did Not Achieve Goal(s)	720	5.55%
D. Condition(s) Preclude Addressing Health Risk Behaviors	89	0.69%
TOTAL	12,974	100.00%

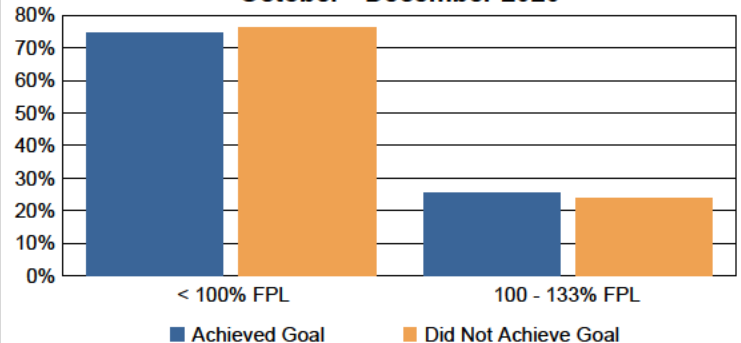
**Figure 18-1. Healthy Behaviors Goals Progress
October - December 2020**



**Figure 18-2. Statement Selection by Age
October - December 2020**



**Figure 18-3. Statement Selection by FPL
October - December 2020**



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 7,644 wellness programs were completed in the October-December 2020 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 405,748 Preventive Services were completed in the October-December 2020 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 343,490 distinct HMP beneficiaries completed at least one healthy behavior in the previous twelve months, January 01, 2020-December 31, 2020. Healthy Behavior completion is reported by type of healthy behavior activity in Table 25.

Wellness Programs

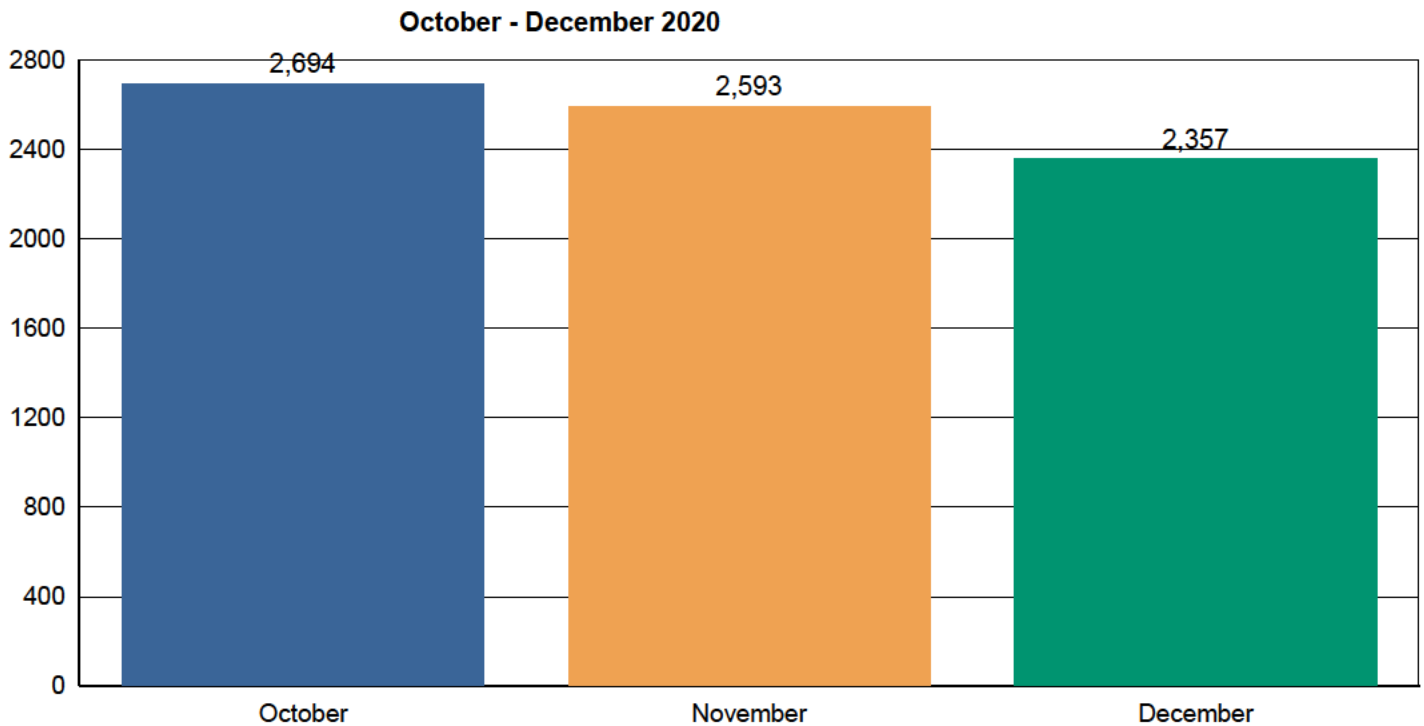
Table 19. Count of Wellness Programs Reported for Total population by Month submitted

MONTH	COMPLETE	TOTAL
January 2020	2,822	58,310
February 2020	2,976	61,286
March 2020	15,531	76,817
April 2020	3,721	80,538
May 2020	1,368	81,906
June 2020	2,910	84,816
July 2020	2,736	87,552
August 2020	2,346	89,898
September 2020	2,769	92,667
October 2020	2,694	95,361
November 2020	2,593	97,954
December 2020	2,357	100,311

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

October 2020 - December 2020		
AGE GROUP	COMPLETED	
19 - 34	1,794	23.47%
35 - 49	2,769	36.22%
50 +	3,081	40.31%
GENDER		
F	3,860	50.50%
M	3,784	49.50%
FPL		
< 100% FPL	6,235	81.57%
100 - 133% FPL	1,409	18.43%
TOTAL	7,644	100.00%

Figure 19-1. Wellness Program Reported for Total Population

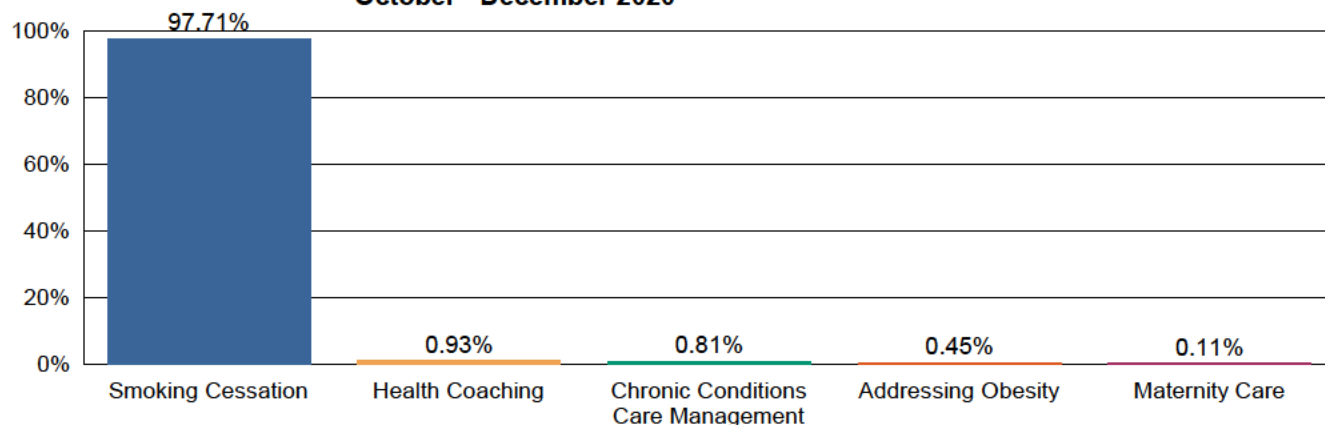


Wellness Programs: The Managed Care Plans offer a range of wellness and population health management programs to their members as part of the Healthy Behaviors Incentives Program. All Managed Care Plans offer a tobacco cessation program which follows standardized criteria. For this reason, 97.71% of wellness programs reported are tobacco cessation programs. Completed wellness programs by program type are displayed in Table 21 for the quarter October-December 2020.

**Table 21. Wellness Program Completion by Type of Wellness Program
October - December 2020**

Wellness Programs	TOTAL	PERCENT
Smoking Cessation	7,469	97.71%
Health Coaching	71	0.93%
Chronic Conditions Care Management	62	0.81%
Addressing Obesity	34	0.45%
Maternity Care	8	0.11%
TOTAL	7,644	100.00%

**Figure 21-1. Wellness Program Completion by Type of Wellness Program
October - December 2020**



Preventive Services

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

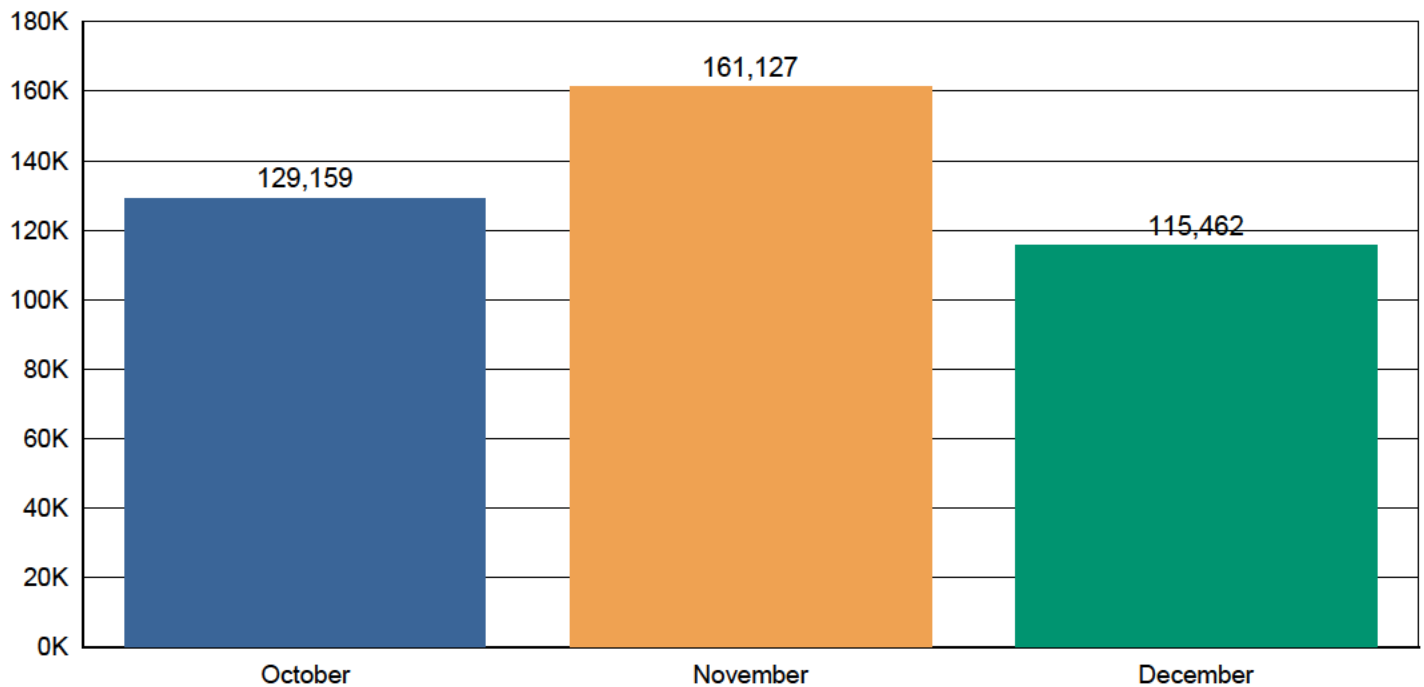
MONTH	COMPLETE	TOTAL
January 2020	113,940	3,270,254
February 2020	99,531	3,369,785
March 2020	119,372	3,489,157
April 2020	80,058	3,569,215
May 2020	43,821	3,613,036
June 2020	69,219	3,682,255
July 2020	133,579	3,815,834
August 2020	100,244	3,916,078
September 2020	100,125	4,016,203
October 2020	129,159	4,145,362
November 2020	161,127	4,306,489
December 2020	115,462	4,421,951

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

October 2020 - December 2020		
AGE GROUP	COMPLETED	
19 - 34	178,437	43.98%
35 - 49	107,347	26.46%
50 +	119,964	29.57%
GENDER		
F	293,901	72.43%
M	111,847	27.57%
FPL		
< 100% FPL	305,317	75.25%
100 - 133% FPL	100,431	24.75%
TOTAL	405,748	100.00%

Figure 22-1. Preventive Services Reported for Total Population

October - December 2020

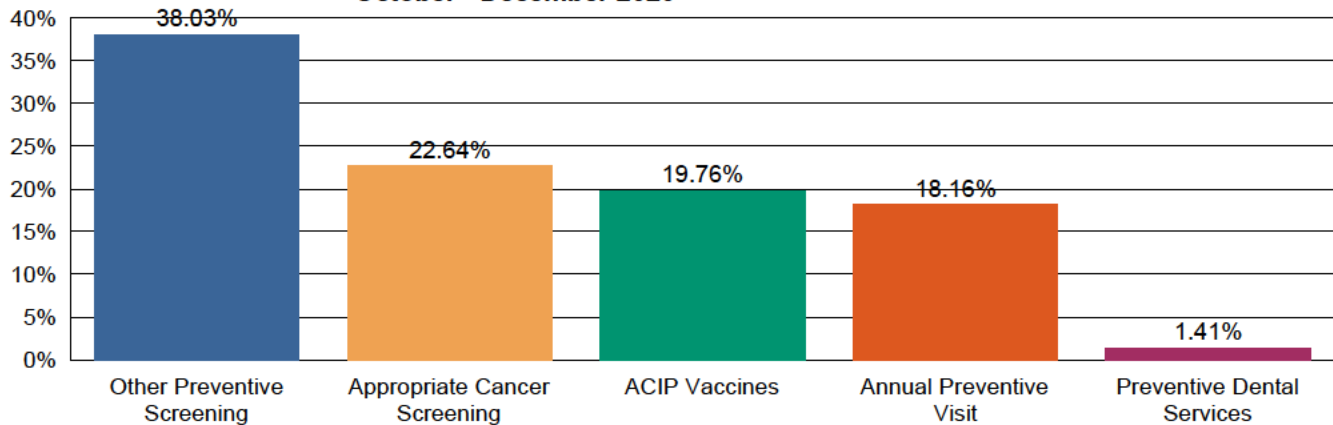


Preventive Services Reported: All Healthy Michigan Plan Enrollees can participate in the Healthy Behaviors Incentives Program by utilizing select preventive services. Utilization of these services are identified through claims/encounter review. The preventive services utilized and their percentage of total preventive services reported are displayed in Table 24 for the quarter October-December 2020. The associated codes for the selected preventive services can be found in Appendix 1.

**Table 24. Preventive Services Completion by Type of Preventive Service
October - December 2020**

Preventive Services	TOTAL	PERCENT
Other Preventive Screening	154,321	38.03%
Appropriate Cancer Screening	91,875	22.64%
ACIP Vaccines	80,163	19.76%
Annual Preventive Visit	73,681	18.16%
Preventive Dental Services	5,708	1.41%
TOTAL	405,748	100.00%

**Figure 24-1. Preventive Services Completion by Type of Preventive Service
October - December 2020**

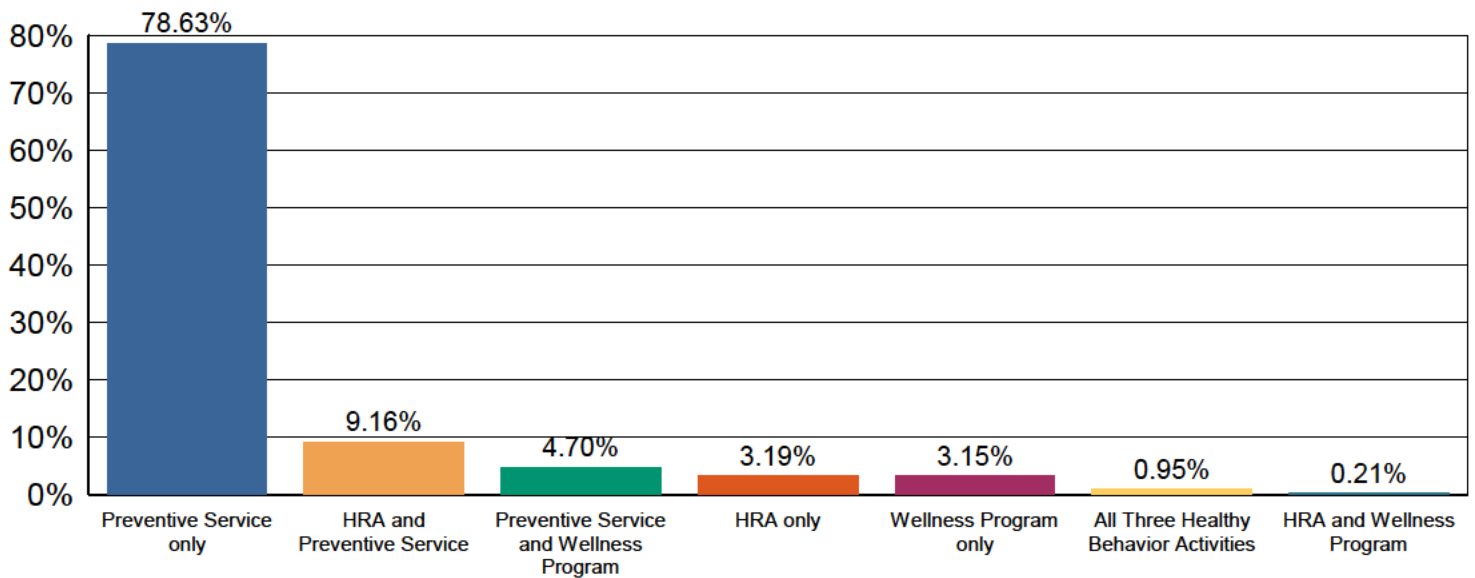


Healthy Behavior Activities

Table 25. Count of distinct HMP beneficiaries who completed Healthy Behavior Activities for January 2020 - December 2020

Healthy Behavior Activity	Total	Percent
HRA only	10,954	3.19%
Wellness Program only	10,818	3.15%
Preventive Service only	270,093	78.63%
HRA and Preventive Service	31,468	9.16%
HRA and Wellness Program	731	0.21%
Preventive Service and Wellness Program	16,156	4.70%
All Three Healthy Behavior Activities	3,270	0.95%
TOTAL	343,490	100.00%

Figure 25.1 Count of Distinct HMP Beneficiaries who completed one or more Healthy Behavior Activities
January 2020 - December 2020



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