



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

June 1, 2022

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 2022. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

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

Sincerely,

Keith White, Director
Actuarial Division

cc: Angela Garner
Nicole McKnight

Enclosure (5)

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report
Michigan – Healthy Michigan Plan
Demonstration Year 13 – January 1, 2022 – December 31, 2022
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1. Title page for the state’s eligibility and coverage policies demonstration or eligibility and coverage policies components of the broader demonstration

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

2. Executive summary

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

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

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

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

3. Operational Updates

The Michigan Department of Health and Human Services (MDHHS) regularly meets with Medicaid Health Plans and provider groups to address operational issues, programmatic issues, and policy updates and clarifications. Additionally, MDHHS provides updates to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings. Overall enrollment in the Healthy Michigan Plan demonstration this year showed significant growth. This is attributable to new enrollees due to COVID-19

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

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

4. Performance Metrics

Enrollment

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

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

Table 1: HMP Enrollment Activity			
	January 2022	February 2022	March 2022
Total Enrollment	988,680	992,839	997,837
New Enrollment	18,012	13,335	13,277
Re-enrollment	570	539	537
Disenrollment	9,924	9,822	8,864

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

Table 2 : HMP Enrollment by Subgroup			
Subgroup	January 2022	February 2022	March 2022
Income Group			
< 50% FPL	532,106	532,950	534,186
50-100% FPL	240,572	242,321	244,371
> 100% FPL	216,002	217,568	219,280
Age			
19-26	227,399	227,417	227,756
27-35	249,702	250,999	252,501
36-45	194,186	195,283	196,400
46-55	170,863	171,425	172,035
56-64	146,530	147,715	149,145
Sex			
Female	476,116	477,487	479,192
Male	512,564	515,352	518,645
Race			
White	613,069	615,437	618,330
Black or African American	252,069	252,995	253,990
Asian	7,051	7,057	7,050
American Indian or Alaskan Native	14,982	15,095	15,170
Other	2,162	2,158	2,175
Unknown	99,347	100,097	101,122
Ethnicity			
Hispanic	58,294	58,765	59,257
Non-Hispanic	930,176	933,868	938,372
Unknown	210	206	208
Specific Eligibility Groups			
New Adult Group	928,271	932,700	937,849
Not New Parent/Caretaker Relatives	0	0	1
Not New Disabled Person Non-Institutionalized	18,749	18,214	17,625
Not New Disabled Person Institutionalized	182	189	183
Not New Children Age 19 to 20	41,478	41,736	42,179
Total	988,680	992,839	997,837

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

Table 3: New HMP Enrollment by Subgroup			
Subgroup	January 2022	February 2022	March 2022
Income Group			
< 50% FPL	10,494	7,506	7,617
50-100% FPL	4,148	3,260	3,152
> 100% FPL	3,370	2,569	2,506
Age			
19-26	5,479	4,245	4,205
27-35	4,430	3,391	3,358
36-45	3,394	2,532	2,441
46-55	2,585	1,765	1,748
56-64	2,124	1,402	1,523
Sex			
Female	9,244	7,079	6,883
Male	8,768	6,256	6,392
Race			
White	11,315	8,109	8,170
Black or African American	4,070	3,353	3,150
Asian	143	63	61
American Indian or Alaskan Native	292	207	213
Other	32	16	22
Unknown	2,160	1,587	1,659
Ethnicity			
Hispanic	1,259	1,040	1,166
Non-Hispanic	16,751	12,294	12,103
Unknown	2	1	3
Specific Eligibility Groups			
New Adult Group	16,352	11,900	11,862
Not New Parent/Caretaker Relatives	0	0	1
Not New Disabled Person Non-Institutionalized	395	339	305
Not New Disabled Person Institutionalized	7	5	4
Not New Children Age 19 to 20	1,258	1,091	1,103
Total	18,012	13,335	13,277

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The following table show the total number of beneficiaries enrolled in the demonstration who were due for renewal during the quarter. It should be noted that while member's still have renewal dates stored in the data warehouse, the department has suspended Medicaid renewals due to the COVID-19 public health emergency.

Table 4: HMP Renewals by Subgroup			
Subgroup	January 2022	February 2022	March 2022
Income Group			
< 50% FPL	12,496	13,559	13,843
50-100% FPL	4,799	5,218	5,676
> 100% FPL	4,114	4,509	4,848
Age			
19-26	4,970	5,147	5,395
27-35	5,657	6,360	6,363
36-45	4,087	4,523	4,949
46-55	3,736	4,020	4,307
56-64	2,959	3,236	3,353
Sex			
Female	10,093	11,172	11,625
Male	11,316	12,114	12,742
Race			
White	12,808	13,664	14,230
Black or African American	6,278	7,001	7,394
Asian	126	126	137
American Indian or Alaskan Native	338	356	387
Other	45	30	40
Unknown	1,814	2,109	2,179
Ethnicity			
Hispanic	1,278	1,421	1,561
Non-Hispanic	20,127	21,861	22,802
Unknown	4	4	6
Specific Eligibility Groups			
New Adult Group	20,084	21,942	23,030
Not New Parent/Caretaker Relatives	0	0	0
Not New Disabled Person Non-Institutionalized	462	502	427
Not New Disabled Person Institutionalized	4	5	3
Not New Children Age 19 to 20	859	837	907
Total	21,409	23,286	24,369

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Cost Sharing Limits

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

Table 5: HMP Cost Sharing Limit by Subgroup			
Subgroup	January 2022	February 2022	March 2022
Income Group			
< 50% FPL	145,684	40,051	30,161
50-100% FPL	8,119	3,128	2,695
> 100% FPL	8,032	2,922	2,558
Age			
19-26	35,549	11,313	9,311
27-35	36,067	12,019	9,035
36-45	28,224	8,462	6,278
46-55	34,144	8,085	5,699
56-64	27,881	6,222	5,091
Sex			
Female	75,425	19,589	15,292
Male	86,410	26,512	20,122
Race			
White	97,347	25,573	19,964
Black or African American	45,073	15,401	11,079
Asian	996	192	186
American Indian or Alaskan Native	1,919	759	554
Other	258	49	39
Unknown	16,242	4,127	3,592
Ethnicity			
Hispanic	8,114	2,707	2,300
Non-Hispanic	153,688	43,386	33,110
Unknown	34	11	4
Specific Eligibility Groups			
New Adult Group	148,447	41,576	31,757
Not New Parent/Caretaker Relatives	0	0	0
Not New Disabled Person Non-Institutionalized	4,349	1,615	1,140
Not New Disabled Person Institutionalized	18	20	25
Not New Children Age 19 to 20	9,021	2,890	2,492
Total	161,835	46,101	35,414

Access to Care

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

Table 6: HMP Access to Care January – March 2022		
Provider Type	Availability	Active Participation
Primary Care Provider	52,460	16,856
Specialist Provider	83,362	38,991

Quality of Care and Health Outcomes

The following Quality of Care and Health Outcomes metrics reflect calendar year 2020 data. The state will review data trends on an annual basis as described in the technical specifications. The tables for the program quality metrics are located in the Appendix of this report due to their size. HMP population data on Medical Assistance with Smoking and Tobacco Use Cessation is illustrated in Table 7. This metric saw a slight decrease from 2019 to 2020. This metric consists of the following components: advising smokers and tobacco users to quit, discussing cessation medications, and discussing cessation strategies.

The percentage of Emergency Department (ED) visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD is shown in Table 8. Two rates are reported including follow up within 7 and 30 days of the ED visit. These measures saw a slight decrease from 2019 to 2020.

The percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness is shown in Table 9. Two rates are reported including the percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 and 30 days of the ED visit. This measure stayed about the same from 2019 to 2020.

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

The number of inpatient hospital admissions for diabetes short-term complications per 100,000 beneficiary months for beneficiaries age 18 and older is shown in table 14. This measure saw a slight increase from 2019 to 2020. The number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older is reported in table 15. This measure saw a substantial decrease from an overall rate of 42.43 in 2019 to

24.54 in 2020. The number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older is shown in table 16. This measure saw a slight decrease from 2019 to 2020. The number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39 is shown in table 17. This measure decreased from 2019 to 2020.

Administrative costs

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

Table 18: HMP Demonstration Administrative Costs		
Current Quarter CY 2022 Q1	Previous Quarter CY 2021 Q4	Demonstration Year to Date CY 2022
\$2,981,963	\$675,605	\$2,981,963

5. Budget Neutrality and Financial Reporting Requirements

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

6. Evaluation Activities and Interim Findings

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

Demonstration evaluation activities for the Healthy Michigan Plan are conducted by an interdisciplinary team of researchers from the IHPI. Below is a summary of the key activities for the CY2022 first quarterly report:

Objective: Assessment of beneficiary experiences with HMP coverage and policies.

During this quarter, the evaluation team completed work on the beneficiary interviews for inclusion in the interim report. The team also finished its fielding the 2021 Healthy Michigan Voices (HMPV) beneficiary survey with 4,082 participant surveys completed. Cleaning and analyzing survey data is underway.

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Objective: Assessment of HMP’s impact through key informant interviews

For this objective, all planned key informant interviews have now been completed. The analyses of the interview data on social determinants and innovations in care delivery were completed. Analysis of the key informant interviews on program costs is underway.

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

Analyses utilizing administrative claims, enrollment, and payment data are underway.

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

The evaluation team is preparing for analyses of credit data. Analyses of ACS, HCUP, and Medicare cost report data are under way. BRFSS data analyses are being summarized.

7. Enclosures/Attachments

- I. Healthy Michigan Plan Healthy Behaviors Incentives Program Report, January – March 2022
- II. Performance Monitoring Report: Healthy Michigan Plan Measures, April 2022
- III. Performance Monitoring Report: MDHHS Dental Measures, April 2022
- IV. Medical Care Advisory Council Meeting Minutes, November 2021

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8. Appendix: Quality of Care and Health Outcomes Metrics

Table 7: Medical Assistance with Smoking and Tobacco Use Cessation			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	29,507	63,970	46.13
50-100% FPL	11,047	23,552	46.90
> 100% FPL	8,817	19,172	45.99
Age			
19-26	3,769	12,153	31.01
27-35	8,686	21,969	39.54
36-45	11,565	24,582	47.05
46-55	14,609	27,690	52.76
56-64	10,742	20,300	52.92
Sex			
Female	25,539	52,449	48.69
Male	23,832	54,245	43.93
Race			
White	35,275	74,061	47.63
Black or African American	10,110	23,726	42.61
Asian	354	715	49.51
American Indian or Alaskan Native	773	1,900	40.68
Other	85	182	46.70
Unknown	2,774	6,110	45.40
Total	106,694	49,371	46.27

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

Table 9: Follow-Up After Emergency Department Visit for Mental Illness						
	Follow-up within 7 days			Follow-up within 30 days		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Income Group						
< 50% FPL	5,216	1,910	36.61	5,216	2,612	50.07
50-100% FPL	904	387	42.81	904	516	57.08
> 100% FPL	701	314	44.79	701	421	60.06
Age						
19-26	2,035	839	41.23	2,035	1,128	55.43
27-35	2,113	771	36.49	2,113	1,050	49.69
36-45	1,398	512	36.62	1,398	699	50.00
46-55	924	360	38.96	924	493	53.35
56-64	351	129	36.75	351	179	51.00
Sex						
Female	2,623	1,121	42.74	2,623	1,491	56.84
Male	4,198	1,490	35.49	4,198	2,058	49.02

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Table 9: Follow-Up After Emergency Department Visit for Mental Illness Continued						
	Follow-up within 7 days			Follow-up within 30 days		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Race						
White	4,408	1,816	41.20	4,408	2,455	55.69
Black or African American	1,769	578	32.67	1,769	790	44.66
Asian	27	7	25.93	27	11	40.74
American Indian or Alaskan Native	159	66	41.51	159	94	59.12
Other	18	9	50.00	18	13	72.22
Unknown	440	135	30.68	440	186	42.27
Total	6,821	2,611	38.28	6,821	3,549	52.03

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

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Table 11: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Opioid abuse or dependence						
	Initiation of AOD Treatment			Engagement of AOD Treatment.		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Income Group						
< 50% FPL	13,815	5,309	38.42	13,815	1,211	8.76
50-100% FPL	3,209	1,177	36.68	3,209	318	9.91
> 100% FPL	2,314	850	36.73	2,314	233	10.07
Age						
19-26	1,989	552	27.75	1,989	156	7.84
27-35	4,486	1,551	34.57	4,486	440	9.81
36-45	4,602	1,844	40.07	4,602	485	10.54
46-55	5,075	2,057	40.53	5,075	455	8.97
56-64	3,186	1,332	41.79	3,186	226	7.10
Sex						
Female	5,863	2,080	35.48	5,863	539	9.19
Male	13,475	5,256	39.01	13,475	1,223	9.08
Race						
White	11,565	4,627	40.01	11,565	1,234	10.67
Black or African American	5,794	1,955	33.74	5,794	352	6.08
Asian	68	24	35.29	68	9	13.24
American Indian or Alaskan Native	466	131	34.55	466	48	10.30
Other	38	14	36.84	38	5	13.15
Unknown	1,407	555	39.45	1,407	114	8.10
Total	19,338	7,336	37.94	19,338	1,762	9.11

Table 12: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Other drug abuse or dependence						
	Initiation of AOD Treatment			Engagement of AOD Treatment		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Income Group						
< 50% FPL	4,967	2,692	54.19	4,967	1,428	28.74
50-100% FPL	912	487	53.40	912	315	34.54
> 100% FPL	598	301	50.33	598	150	25.08
Age						
19-26	712	345	48.46	712	185	25.98
27-35	2,384	1,371	57.51	2,384	801	33.60
36-45	1,763	986	55.93	1,763	556	31.54
46-55	1,083	548	50.60	1,083	257	23.73
56-64	535	230	42.99	535	94	17.57
Sex						
Female	2,464	1,250	50.73	2,464	678	27.52
Male	4,013	2,230	55.57	4,013	1,215	30.28

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Table 12: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment						
Other drug abuse or dependence Continued						
	Initiation of AOD Treatment			Engagement of AOD Treatment		
Subgroup	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Race						
White	5,155	2,845	55.19	5,155	1,611	31.25
Black or African American	834	382	45.80	834	152	18.23
Asian	13	9	69.23	13	4	30.77
American Indian or Alaskan Native	143	73	51.05	143	48	33.57
Other	9	6	66.66	9	3	33.33
Unknown	323	165	51.08	323	75	23.22
Total	6,477	3,480	53.73	6,477	1,893	29.23

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

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Table 14: Diabetes Short-Term Complications Admission Rate			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	4,459,422	1,396	31.31
50-100% FPL	1,906,711	282	14.79
> 100% FPL	1,623,555	201	12.38
Age			
19-26	1,880,268	494	26.27
27-35	1,956,388	476	24.33
36-45	1,549,251	428	27.63
46-55	1,476,862	330	22.34
56-64	1,126,919	151	13.43
Sex			
Female	3,967,361	733	18.48
Male	4,022,327	1,146	28.49
Race			
White	4,992,148	980	19.63
Black or African American	2,029,360	706	34.79
Asian	141,164	1	0.17
American Indian or Alaskan Native	122,427	23	18.79
Other	19,208	10	53.36
Unknown	685,381	159	23.20
Total	7,989,688	1,879	23.52

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

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

Table 17: Asthma in Younger Adults Admission Rate			
Subgroup	Denominator	Numerator	Rate
Income Group			
< 50% FPL	2,521,073	137	4.75
50-100% FPL	1,086,846	46	3.47
> 100% FPL	893,502	31	5.43
Age			
19-26	1,880,268	65	3.46
27-35	1,956,388	109	5.57
36-45	664,820	40	6.02
Sex			
Female	2,205,027	107	4.85
Male	2,296,449	107	4.66
Race			
White	2,740,333	82	2.99
Black or African American	1,221,211	116	9.50
Asian	74,243	0	0.00
American Indian or Alaskan Native	75,054	1	1.33
Other	11,407	0	0.00
Unknown	379,228	15	3.96
Total	4,501,476	214	4.75

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

Healthy Michigan Plan
Healthy Behaviors Incentives Program Report



Quarterly Report
January-March 2022

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 17,722 Health Risk Assessments were completed in the January-March 2022 quarter. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 14.

Among beneficiaries who completed the Health Risk Assessment, 13,808 or 77.9% of beneficiaries agreed to address health risk behaviors. In addition, 3,627 or 20.5% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 98.4% of beneficiaries are choosing to address or maintain healthy behaviors. The healthy behaviors goal statements selected are reported in Table 15. Healthy behavior goal statements are also reported by age and FPL in Figures 15-2 and 15-3.

Of the 13,808 beneficiaries who agreed to address health risk behaviors, 53.7% chose to address more than one healthy behavior. Tables 13 and 14 report the most frequently selected health risk behaviors to address, alone and in combination.

Health Risk Assessment Completion with Health Care Provider

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

MONTH	COMPLETE	TOTAL
April 2021	8,475	445,092
May 2021	6,977	452,069
June 2021	7,121	459,190
July 2021	6,640	465,830
August 2021	6,983	472,813
September 2021	6,998	479,811
October 2021	6,372	486,183
November 2021	6,899	493,082
December 2021	5,384	498,466
January 2022	4,405	502,871
February 2022	6,373	509,244
March 2022	6,944	516,188

Table 14. Demographics of Population that Completed HRA with Attestation

January 2022 - March 2022		
AGE GROUP	COMPLETED HRA	
19 - 34	5,842	32.97%
35 - 49	4,976	28.08%
50 +	6,904	38.96%
GENDER		
F	10,033	56.61%
M	7,689	43.39%
FPL		
< 100% FPL	13,584	76.65%
100 - 133% FPL	4,138	23.35%
TOTAL	17,722	100.00%

Figure 13-1. Health Risk Assessments Completed with Attestation

January - March 2022



Healthy Behaviors Statement Selection

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

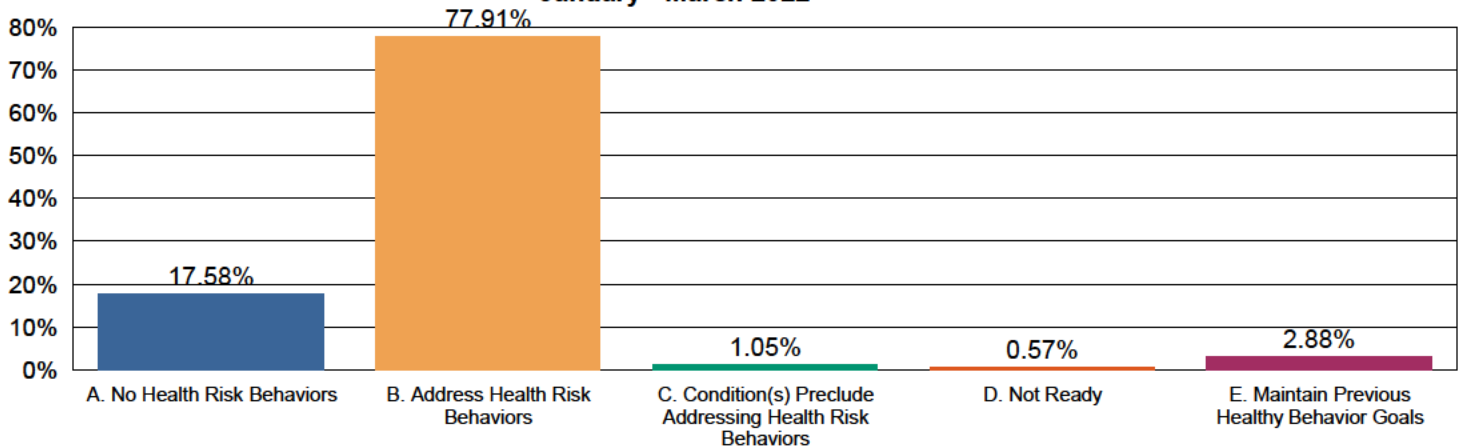
- A. Patient does not have health risk behaviors that need to be addressed at this time.
- B. Patient has identified at least one behavior to address over the next year to improve their health.
- C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing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

Figures 15-1 through 15-3 show Healthy Behaviors Statement Selections for the total population, and by age and FPL.

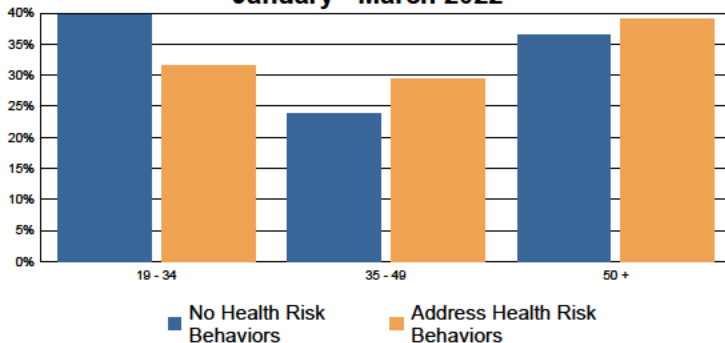
**Table 15. Healthy Behaviors Statement Selection
January - March 2022**

CHECK-UP	TOTAL	PERCENT
A. No Health Risk Behaviors	3,116	17.58%
B. Address Health Risk Behaviors	13,808	77.91%
C. Condition(s) Preclude Addressing Health Risk Behaviors	186	1.05%
D. Not Ready	101	0.57%
E. Maintain Previous Healthy Behavior Goals	511	2.88%
TOTAL	17,722	100.00%

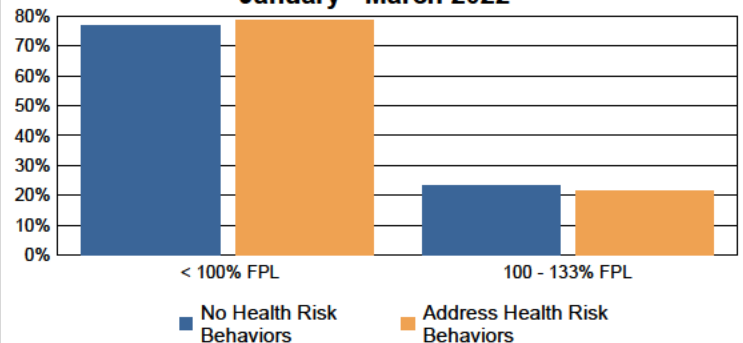
**Figure 15-1. Healthy Behaviors Statement Selection
January - March 2022**



**Figure 15-2. Statement Selection by Age
January - March 2022**



**Figure 15-3. Statement Selection by FPL
January - March 2022**



Selection of Health Risk Behaviors to Address

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

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

Of the 13,808 HRAs submitted through January-March 2022 where the beneficiary chose to address health risk behaviors, 53.69% 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	63.42%	23.47%
Tobacco Cessation	24.51%	6.32%
Immunization Status (Annual Flu Vaccine)	28.17%	2.14%
Follow-up for Chronic Conditions	31.88%	4.53%
Addressing Alcohol Abuse	3.23%	0.36%
Addressing Substance Abuse	1.24%	0.17%
Dental visit	18.59%	3.19%
Follow-up appointment for maternity care/reproductive health	1.57%	0.21%
Follow-up appointment for recommended cancer or other preventative screening(s)	15.45%	1.62%
Follow-up appointment for mental health/behavioral health	8.51%	2.22%
Other	6.55%	2.10%

Table 17. Top 10 Most Selected Health Risk Behavior Combinations

Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	3,240	23.47%
2. Tobacco Cessation ONLY	872	6.32%
3. Weight Loss, Follow-up for Chronic Conditions	705	5.11%
4. Follow-up for Chronic Conditions	625	4.53%
5. Weight Loss, Immunization Status	517	3.74%
6. Weight Loss, Tobacco Cessation	461	3.34%
7. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	356	2.58%
8. Follow-up for Behavioral Health	306	2.22%
9. Immunization Status (Annual Flu Vaccine)	296	2.14%
10. Other	290	2.10%
Total for Top 10	7,668	55.53%
Total for All Other Combinations	6,140	44.47%
Total	13,808	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.

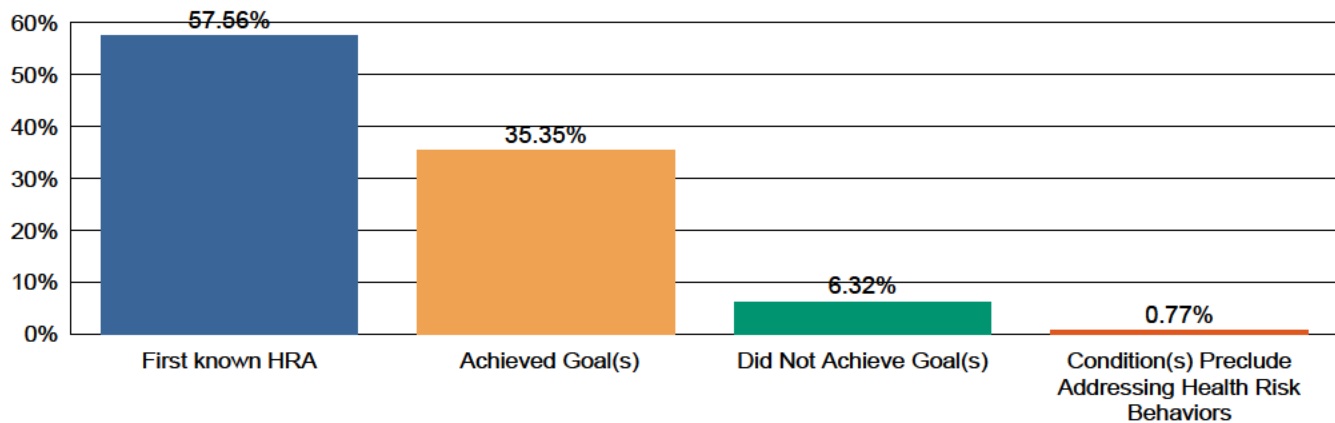
1,053 Health Risk Assessments were submitted during this quarter where this question was not available because the Healthy Behavior Goals Progress question was not available on the original form of the Health Risk Assessment.

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

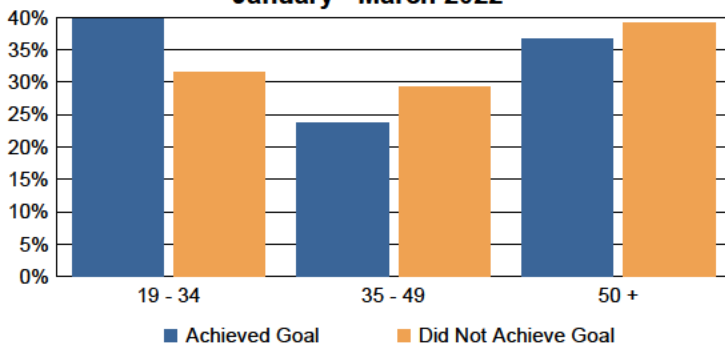
**Table 18. Healthy Behaviors Goals Progress
January - March 2022**

GOALS PROGRESS	TOTAL	PERCENT
A. First known HRA	9,595	57.56%
B. Achieved Goal(s)	5,893	35.35%
C. Did Not Achieve Goal(s)	1,053	6.32%
D. Condition(s) Preclude Addressing Health Risk Behaviors	128	0.77%
TOTAL	16,669	100.00%

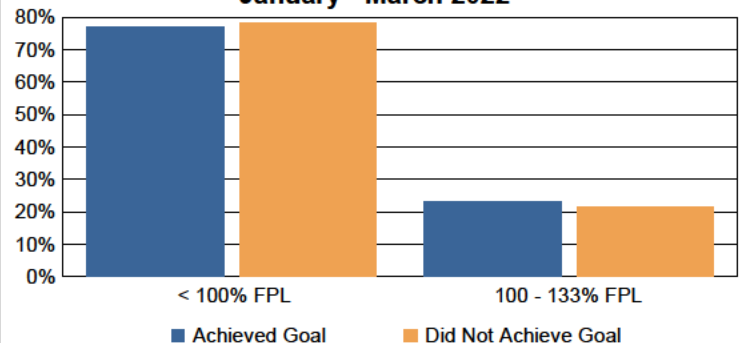
**Figure 18-1. Healthy Behaviors Goals Progress
January - March 2022**



**Figure 18-2. Statement Selection by Age
January - March 2022**



**Figure 18-3. Statement Selection by FPL
January - March 2022**



Additional Healthy Behaviors

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

A total of 5,424 wellness programs were completed in the January-March 2022 quarter. Wellness Program completion is reported by age, gender and Federal Poverty Level in Table 20. Wellness Programs are reported by health domain in Table 21.

A total of 309,184 Preventive Services were completed in the January-March 2022 quarter. Preventive Services completion is reported by age, gender and Federal Poverty Level in Table 23. Preventive Services are reported by health domain in Table 24.

A total of 383,617 distinct HMP beneficiaries completed at least one healthy behavior in the previous twelve months, April 01, 2021-March 31, 2022. Healthy Behavior completion is reported by type of healthy behavior activity in Table 25.

Wellness Programs

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

MONTH	COMPLETE	TOTAL
April 2021	3,448	111,875
May 2021	2,524	114,399
June 2021	2,941	117,340
July 2021	2,440	119,780
August 2021	2,270	122,050
September 2021	3,047	125,097
October 2021	2,176	127,273
November 2021	2,435	129,708
December 2021	1,794	131,502
January 2022	1,633	133,135
February 2022	1,740	134,875
March 2022	2,051	136,926

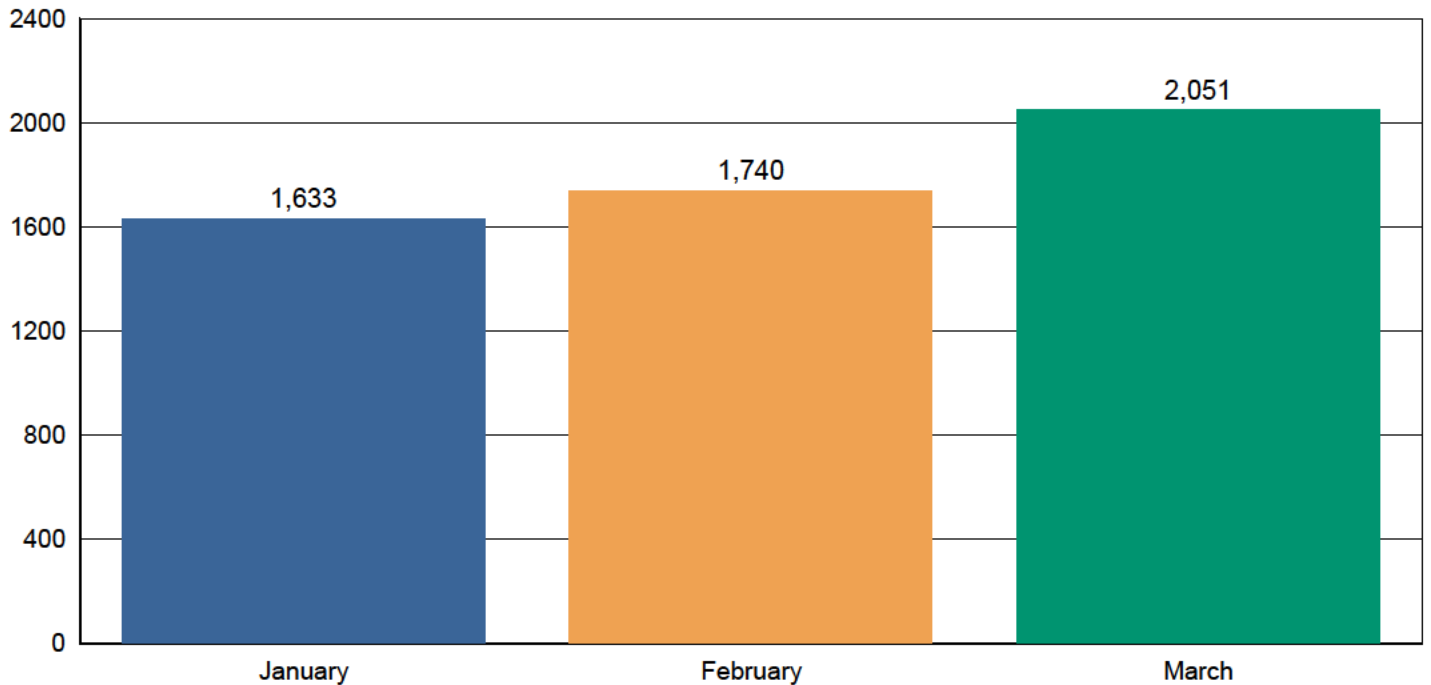
Table 20. Wellness Programs Reported for Age Group, Gender and FPL

January 2022 - March 2022

AGE GROUP	COMPLETED	
19 - 34	1,151	21.22%
35 - 49	2,120	39.09%
50 +	2,153	39.69%
GENDER		
F	2,650	48.86%
M	2,774	51.14%
FPL		
< 100% FPL	4,428	81.64%
100 - 133% FPL	996	18.36%
TOTAL	5,424	100.00%

Figure 19-1. Wellness Program Reported for Total Population

January - March 2022

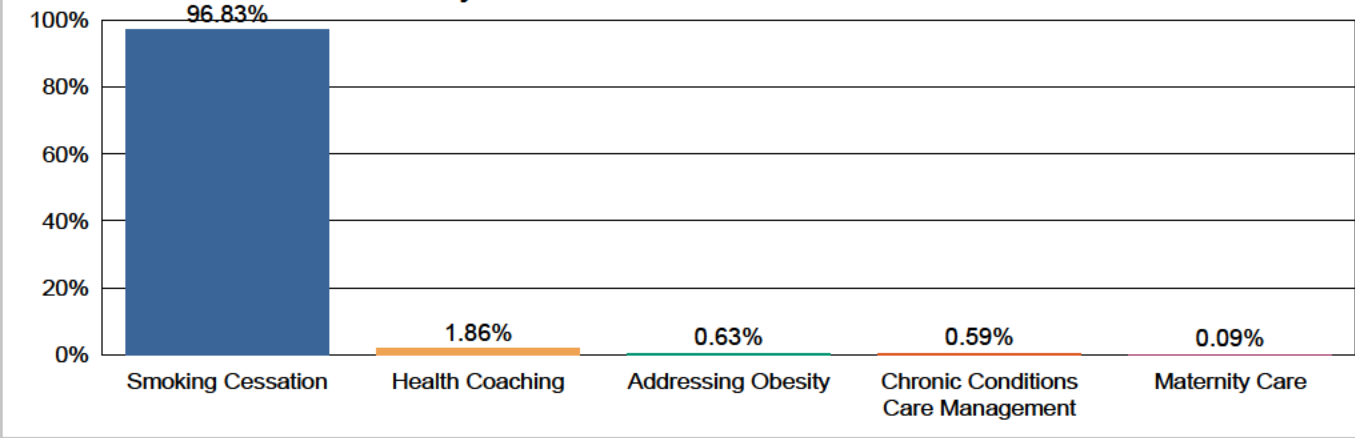


Wellness Programs: The Managed Care Plans offer a range of wellness and population health management programs to their members as part of the Healthy Behaviors Incentives Program. All Managed Care Plans offer a tobacco cessation program which follows standardized criteria. For this reason, 96.83% of wellness programs reported are tobacco cessation programs. Completed wellness programs by program type are displayed in Table 21 for the quarter January-March 2022.

**Table 21. Wellness Program Completion by Type of Wellness Program
January - March 2022**

Wellness Programs	TOTAL	PERCENT
Smoking Cessation	5,252	96.83%
Health Coaching	101	1.86%
Addressing Obesity	34	0.63%
Chronic Conditions Care Management	32	0.59%
Maternity Care	5	0.09%
TOTAL	5,424	100.00%

**Figure 21-1. Wellness Program Completion by Type of Wellness Program
January - March 2022**



Preventive Services

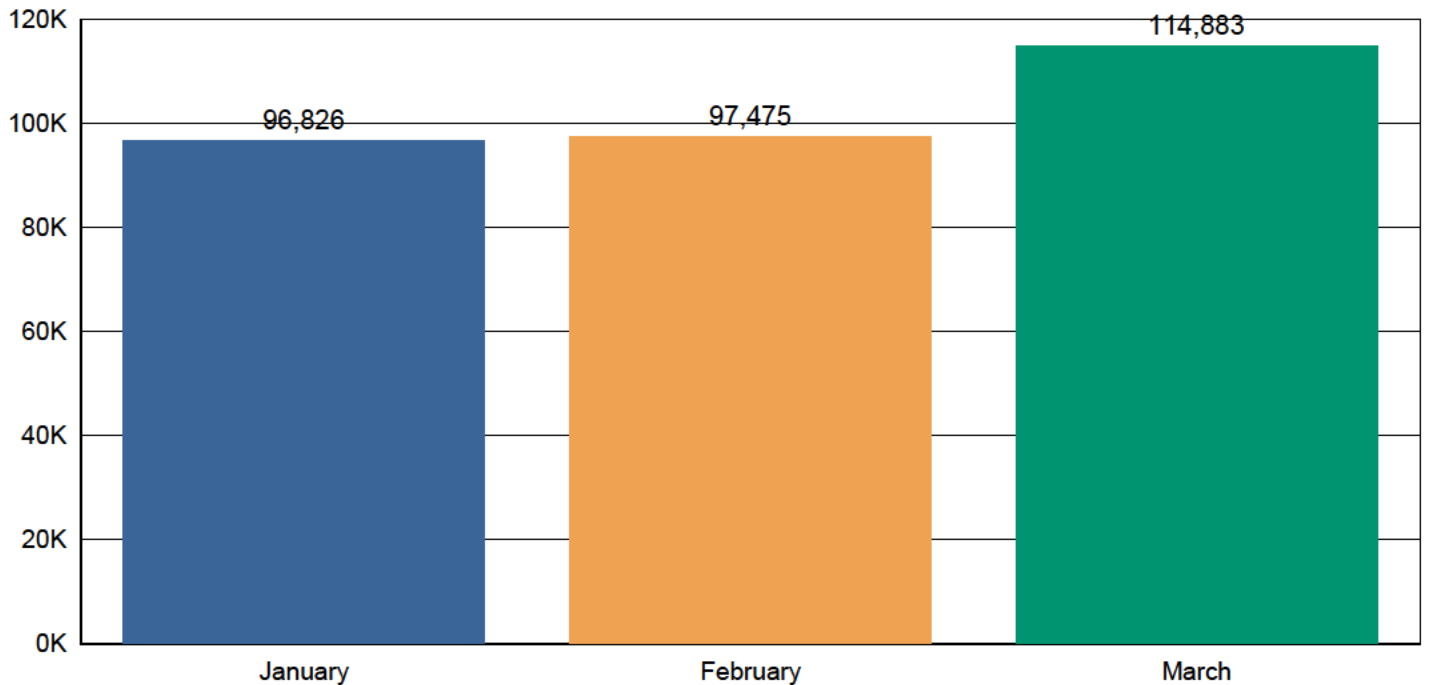
Table 22. Count of Preventive Services Reported for Total population by Month submitted

MONTH	COMPLETE	TOTAL
April 2021	179,080	5,013,336
May 2021	128,438	5,141,774
June 2021	136,601	5,278,375
July 2021	124,568	5,402,943
August 2021	110,598	5,513,541
September 2021	128,238	5,641,779
October 2021	135,907	5,777,686
November 2021	121,560	5,899,246
December 2021	136,530	6,035,776
January 2022	96,826	6,132,602
February 2022	97,475	6,230,077
March 2022	114,883	6,344,960

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

January 2022 - March 2022		
AGE GROUP	COMPLETED	
19 - 34	135,863	43.94%
35 - 49	81,676	26.42%
50 +	91,645	29.64%
GENDER		
F	222,956	72.11%
M	86,228	27.89%
FPL		
< 100% FPL	234,520	75.85%
100 - 133% FPL	74,664	24.15%
TOTAL	309,184	100.00%

Figure 22-1. Preventive Services Reported for Total Population
January - March 2022

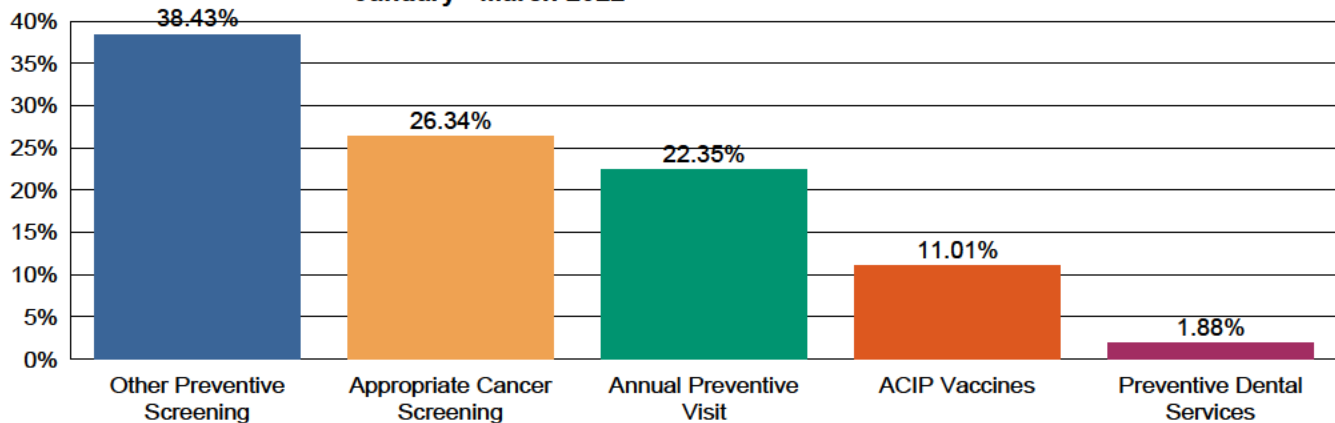


Preventive Services Reported: All Healthy Michigan Plan Enrollees can participate in the Healthy Behaviors Incentives Program by utilizing select preventive services. Utilization of these services are identified through claims/encounter review. The preventive services utilized and their percentage of total preventive services reported are displayed in Table 24 for the quarter January-March 2022. The associated codes for the selected preventive services can be found in Appendix 1.

**Table 24. Preventive Services Completion by Type of Preventive Service
January - March 2022**

Preventive Services	TOTAL	PERCENT
Other Preventive Screening	118,814	38.43%
Appropriate Cancer Screening	81,424	26.34%
Annual Preventive Visit	69,112	22.35%
ACIP Vaccines	34,027	11.01%
Preventive Dental Services	5,807	1.88%
TOTAL	309,184	100.00%

**Figure 24-1. Preventive Services Completion by Type of Preventive Service
January - March 2022**

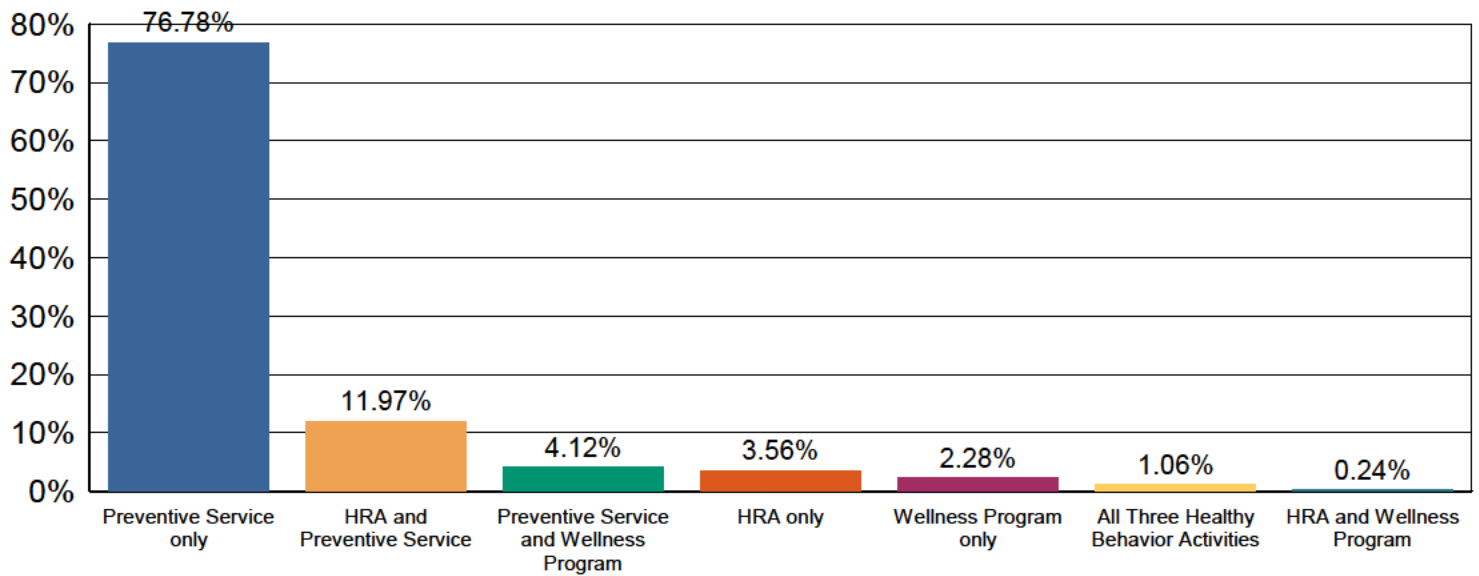


Healthy Behavior Activities

Table 25. Count of distinct HMP beneficiaries who completed Healthy Behavior Activities for April 2021 - March 2022

Healthy Behavior Activity	Total	Percent
HRA only	13,644	3.56%
Wellness Program only	8,735	2.28%
Preventive Service only	294,545	76.78%
HRA and Preventive Service	45,908	11.97%
HRA and Wellness Program	904	0.24%
Preventive Service and Wellness Program	15,805	4.12%
All Three Healthy Behavior Activities	4,076	1.06%
TOTAL	383,617	100.00%

Figure 25.1 Count of Distinct HMP Beneficiaries who completed one or more Healthy Behavior Activities
April 2021 - March 2022



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PERFORMANCE MONITORING REPORT

Healthy Michigan Plan Measures

Composite – All Plans



April 2022

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

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Performance Monitoring Report

Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through 22 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include Healthy Michigan Plan (HMP) Measures, MDHHS Dental Measures, CMS Core Set 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 2022 unless otherwise noted.

Table 1: Fiscal Year 2022¹

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	4/10		4/10					
Outreach & Engagement to Facilitate Entry to PCP	7/10		8/10					
	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL
Transition into CFP Status – Cohort 1	8/9	9/9	9/9	9/9				
Transition into CFP Status – Cohort 2	9/9	9/9	9/9	8/9				
Transition into CFP Status – Cohort 3	9/9	8/9	9/9	8/9				
Transition out of CFP Status – Cohort 1	7/7	7/8	7/7	7/8				
Transition out of CFP Status – Cohort 2	9/9	7/9	4/8	9/9				
Transition out of CFP Status – Cohort 3	9/9	8/9	6/8	8/8				

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

Healthy Michigan Plan Enrollment

Michigan Medicaid Managed Care (HMP-MC) enrollment has remained steady over the past year. In March 2022, enrollment was 773,662, up 37,937 enrollees (5.2%) from April 2021. An increase of 7,635 enrollees (1.0%) was realized between February 2022 and March 2022.

Figure 1: HMP-MC Enrollment, April 2021 – March 2022

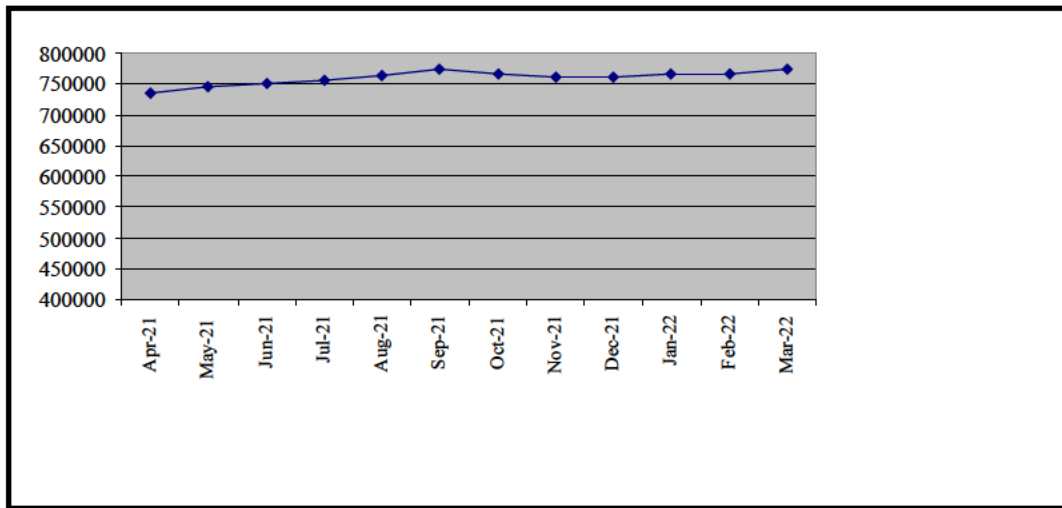
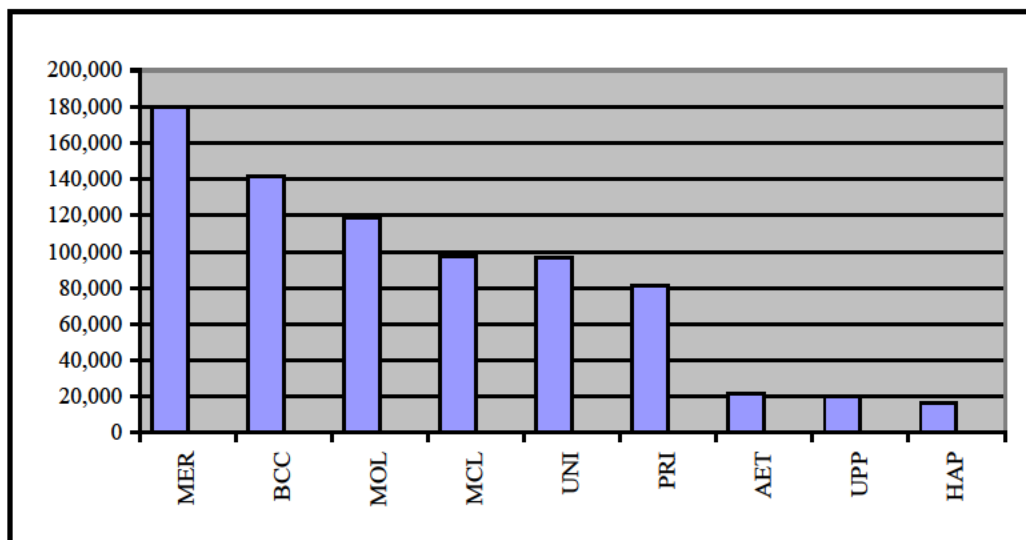


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, March 2022



Medicaid Health Plan News

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

As of October 1, 2021, Total Health Care (THC) is no longer an active Medicaid Health Plan. However, their information will continue to appear in the quarterly PMRs until such data is no longer available.

Cross-Plan Performance Monitoring Analyses

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

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

August 2021 – October 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

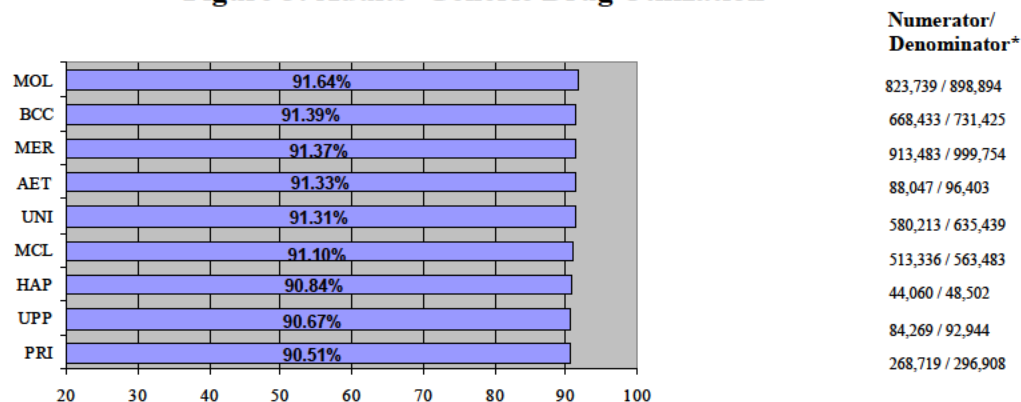
Quarterly

Summary: Results ranged from 90.51% to 91.64%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,150,699	4,544,478	91.34%
Fee for Service (FFS) only	4,254	4,710	90.32%
Managed Care only	4,130,954	4,522,532	91.34%
MA-MC	1,881,902	2,058,503	91.42%
HMP-MC	2,217,487	2,429,788	91.26%

Figure 3: Adults' Generic Drug Utilization



Adult's Generic Drug Utilization Percentages

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

Completion of Annual Health Risk Assessment (HRA)

Measure

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

Standard

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

Measurement Period

October 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

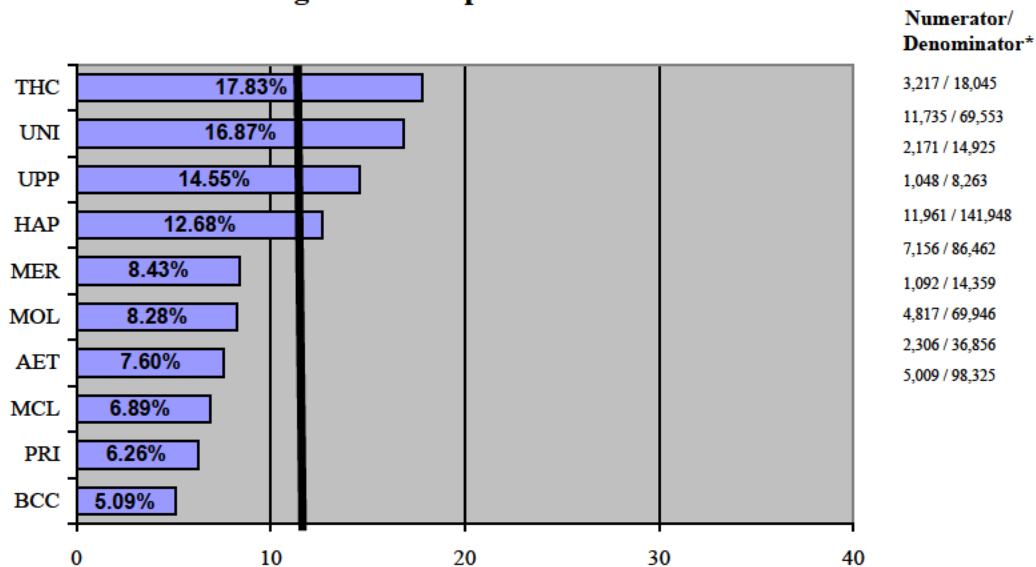
Quarterly

Summary: Four plans (HAP, THC, UNI, and UPP), met or exceeded the standard, while six plans (AET, BCC, MCL, MER, MOL, and PRI), did not. Results ranged from 5.09% to 17.83%.

Table 3: Program Total

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	55,964	619,742	9.03%

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

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

Enrollment Dates

April 2021 – June 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

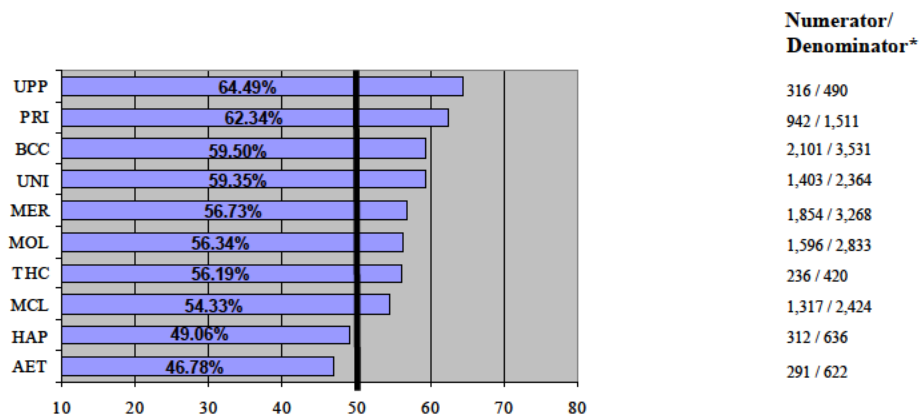
Quarterly

Summary: Eight plans (BCC, MCL, MER, MOL, PRI, THC, UNI, and UPP), met or exceeded the standard, while two plans (AET and HAP), did not. Results ranged from 46.78% to 64.49%.

Table 4: Program Total²

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	15,173	22,904	66.25%

Figure 5: Outreach & Engagement to Facilitate Entry to Primary Care



Outreach & Engagement to Facilitate Entry to Primary Care Percentages

*Numerator depicts the number of eligible beneficiaries who had an ambulatory or preventive care visit within 150 days of enrollment in a health plan. Denominator depicts the total number of eligible beneficiaries.

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

Transition into Consistently Fail to Pay (CFP) Status

Measure

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

Standard

Income level over 100% FPL – At or **below** 30%
Income level up to 100% FPL – At or **below** 7%

Measurement Period

February 2021 – March 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

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

Summary:

In **Cohort 1**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 5.24% to 14.29%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 3.41% to 4.94%.

In **Cohort 2**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 4.83% to 10.12%. For income levels up to 100% FPL, eight plans (**AET, BCC, MCL, MER, MOL, PRI, UNI, and UPP**) met or exceeded the standard, while one plan (HAP) did not. Results ranged from 4.34% to 8.02%.

In **Cohort 3**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 5.38% to 10.62%. For income levels up to 100% FPL, eight plans (**AET, BCC, MCL, MER, MOL, PRI, UNI, and UPP**) met or exceeded the standard, while one plan (HAP) did not. Results ranged from 3.34% to 7.21%.

Table 5: Transition into CFP Status - Cohort 1³

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	22	154	14.29%	Yes	29	639	4.54%	Yes
BCC	137	2,186	6.27%	Yes	270	6,557	4.12%	Yes
HAP	8	87	9.20%	Yes	13	368	3.53%	Yes
MCL	86	1,637	5.25%	Yes	167	4,431	3.77%	Yes
MER	199	3,350	5.94%	Yes	371	9,052	4.10%	Yes
MOL	85	1,621	5.24%	Yes	218	5,162	4.22%	Yes
PRI	62	1,132	5.48%	Yes	88	2,578	3.41%	Yes
UNI	105	1,650	6.36%	Yes	208	4,212	4.94%	Yes
UPP	33	532	6.20%	Yes	38	1,105	3.44%	Yes

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

Performance Monitoring Report

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	17	168	10.12%	Yes	35	716	4.89%	Yes
BCC	239	2,434	9.82%	Yes	410	7,369	5.56%	Yes
HAP	9	93	9.68%	Yes	32	399	8.02%	No
MCL	151	1,892	7.98%	Yes	236	5,109	4.62%	Yes
MER	299	3,580	8.35%	Yes	524	10,077	5.20%	Yes
MOL	175	1,825	9.59%	Yes	325	6,031	5.39%	Yes
PRI	86	1,198	7.18%	Yes	127	2,799	4.54%	Yes
UNI	148	1,746	8.48%	Yes	275	4,865	5.65%	Yes
UPP	29	600	4.83%	Yes	48	1,107	4.34%	Yes

Table 7: Transition into CFP Status - Cohort 3

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	10	124	8.06%	Yes	41	630	6.51%	Yes
BCC	225	2,300	9.78%	Yes	345	7,475	4.62%	Yes
HAP	5	93	5.38%	Yes	31	430	7.21%	No
MCL	151	1,758	8.59%	Yes	192	5,137	3.74%	Yes
MER	348	3,563	9.77%	Yes	464	10,525	4.41%	Yes
MOL	148	1,393	10.62%	Yes	225	4,996	4.50%	Yes
PRI	101	1,217	8.30%	Yes	107	2,973	3.60%	Yes
UNI	170	1,758	9.67%	Yes	263	4,937	5.33%	Yes
UPP	36	560	6.43%	Yes	39	1,167	3.34%	Yes

Transition out of Consistently Fail to Pay (CFP) Status

Measure

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

Standard

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

Measurement Period

February 2021 – March 2022

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Summary:

In *Cohort 1*, for income levels over 100% FPL, all plans (without a rate of “N/A”), met or exceeded the standard. Results ranged from 2.39% to 3.54%. For income levels up to 100% FPL, seven plans (without a rate of “NA”: **AET, BCC, MCL, MER, PRI, UNI, and UPP**) met or exceeded the standard, while one plan (MOL) did not. Results ranged from 1.73% to 2.99%.

In *Cohort 2*, for income levels over 100% FPL, four plans (without a rate of “N/A”: **BCC, MCL, UNI, and UPP**) met or exceeded the standard, while four plans (AET, MER, MOL, and PRI) did not. Results ranged from 1.28% to 2.94%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.01% to 2.97%.

In *Cohort 3*, for income levels over 100% FPL, six plans (without a rate of “N/A”: **AET, BCC, MCL, PRI, UNI, and UPP**) met or exceeded the standard, while two plans (MER and MOL) did not. Results ranged from 1.63% to 2.92%. For income levels up to 100% FPL, eight plans (**AET, BCC, MCL, MER, MOL, PRI, UNI, and UPP**) met or exceeded the standards, while one plan (HAP) did not. Results ranged from 1.91% to 2.47%.

Table 8: Transition out of CFP Status - Cohort 1⁴

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	3	263	N/A	N/A	11	439	2.51%	Yes
BCC	72	2,033	3.54%	Yes	113	3,780	2.99%	Yes
HAP	3	177	N/A	N/A	3	239	N/A	N/A
MCL	48	1,694	2.83%	Yes	66	2,915	2.26%	Yes
MER	111	3,832	2.90%	Yes	165	6,412	2.57%	Yes
MOL	47	1,963	2.39%	Yes	64	3,696	1.73%	No
PRI	32	917	3.49%	Yes	37	1,329	2.78%	Yes
UNI	47	1,639	2.87%	Yes	72	2,833	2.54%	Yes
UPP	16	480	3.33%	Yes	19	644	2.95%	Yes

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

Performance Monitoring Report

Table 9: Transition out of CFP Status – Cohort 2

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	5	305	1.64%	No	11	529	2.08%	Yes
BCC	71	2,414	2.94%	Yes	125	4,320	2.89%	Yes
HAP	3	204	N/A	N/A	8	330	2.42%	Yes
MCL	39	1,915	2.04%	Yes	73	3,253	2.24%	Yes
MER	80	4,260	1.88%	No	139	6,925	2.01%	Yes
MOL	42	2,371	1.77%	No	112	4,463	2.51%	Yes
PRI	14	1,091	1.28%	No	45	1,515	2.97%	Yes
UNI	41	1,774	2.31%	Yes	92	3,094	2.97%	Yes
UPP	13	446	2.91%	Yes	13	638	2.04%	Yes

Table 10: Transition out of CFP Status - Cohort 3

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	6	237	2.53%	Yes	11	445	2.47%	Yes
BCC	62	2,473	2.51%	Yes	91	4,528	2.01%	Yes
HAP	3	158	N/A	NA	6	314	1.91%	No
MCL	41	1,999	2.05%	Yes	67	3,295	2.03%	Yes
MER	71	4,345	1.63%	No	154	7,668	2.01%	Yes
MOL	34	2,078	1.64%	No	80	3,791	2.11%	Yes
PRI	32	1,095	2.92%	Yes	36	1,522	2.37%	Yes
UNI	43	1,839	2.34%	Yes	71	3,198	2.22%	Yes
UPP	11	447	2.46%	Yes	15	662	2.27%	Yes

Appendix A: Three Letter Medicaid Health Plan Codes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 21– Jun 21	Informational Only	86.65%	N/A
	Aug 21 – Oct 21 *	Informational Only	91.33%	N/A

**Per the PMR Specifications, the measurement period has been modified to better align with changes to measure.*

Completion of Annual HRA	Jul 20 – Jun 21	12%	7.48%	No
	Oct 20 – Sep 21	12%	7.60%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 21 – Mar 21	50%	44.65%	No
	Apr 21 – Jun 21	50%	46.78%	No

Transition into CFP Status: [Nov 20 – Dec 21]; [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.90%	Yes	6.55%	Yes	9.44%	Yes
	14.29%	Yes	10.12%	Yes	8.06%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	5.52%	Yes	4.51%	Yes	4.72%	Yes
	4.54%	Yes	4.89%	Yes	6.51%	Yes

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

Transition out of CFP Status: [Nov 20 – Dec 21]; [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	N/A	N/A	2.43%	Yes	2.94%	Yes
	N/A	N/A	1.64%	No	2.53%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	1.33%	No	1.31%	No	1.91%	No
	2.51%	Yes	2.08%	Yes	2.47%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete of Michigan – BCC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 21 – Jun 21	Informational Only	88.46%	N/A
	Aug 21 – Oct 21 *	Informational Only	91.39%	N/A

**Per the PMR Specifications, the measurement period has been modified to better align with changes to measure.*

Completion of Annual HRA	Jul 20 – Jun 21	12%	5.32%	No
	Oct 20 – Sep 21	12%	5.09%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 21 – Mar 21	50%	62.19%	Yes
	Apr 21 – Jun 21	50%	59.50%	Yes

Transition into CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL						
≤30%	4.73%	Yes	4.81%	Yes	4.68%	Yes
	6.27%	Yes	9.82%	Yes	9.78%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL						
≤7%	3.57%	Yes	4.25%	Yes	3.99%	Yes
	4.12%	Yes	5.56%	Yes	4.62%	Yes

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

Transition out of CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL						
≥2%	4.77%	Yes	4.36%	Yes	4.00%	Yes
	3.54%	Yes	2.94%	Yes	2.51%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL						
≥2%	2.83%	Yes	2.59%	Yes	2.60%	Yes
	2.99%	Yes	2.89%	Yes	2.01%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

HAP Empowered – HAP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 21 – Jun 21	Informational Only	88.08%	N/A
	Aug 21 – Oct 21 *	Informational Only	90.84%	N/A

**Per the PMR Specifications, the measurement period has been modified to better align with changes to measure.*

Completion of Annual HRA	Jul 20 – Jun 21	12%	15.17%	Yes
	Oct 20 – Sep 21	12%	12.68%	Yes

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 21 – Mar 21	50%	47.49%	No
	Apr 21 – Jun 21	50%	49.09%	No

Transition into CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	N/A	N/A	7.78%	Yes	6.58%	Yes
≤30%	9.20%	Yes	9.68%	Yes	5.38%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL	5.26%	Yes	6.06%	Yes	7.96%	No
≤7%	3.53%	Yes	8.02%	No	7.21%	No

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

Transition out of CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	N/A	N/A	2.58%	Yes	5.36%	Yes
≥2%	N/A	N/A	N/A	N/A	N/A	N/A
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL	N/A	N/A	2.49%	Yes	2.41%	Yes
≥2%	N/A	N/A	2.42%	Yes	1.91%	No

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 21 – Jun 21	Informational Only	87.66%	N/A
	Aug 21 – Oct 21 *	Informational Only	91.10%	N/A

**Per the PMR Specifications, the measurement period has been modified to better align with changes to measure.*

Completion of Annual HRA	Jul 20 – Jun 21	12%	7.72%	No
	Oct 20 – Sep 21	12%	6.89%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 21 – Mar 21	50%	57.70%	Yes
	Apr 21 – Jun 21	50%	54.33%	Yes

Transition into CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	2.95%	Yes	3.72%	Yes	3.94%	Yes
	5.25%	Yes	7.98%	Yes	8.59%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.81%	Yes	3.65%	Yes	3.14%	Yes
	3.77%	Yes	4.62%	Yes	3.74%	Yes

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

Transition out of CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.78%	Yes	3.29%	Yes	3.00%	Yes
	2.83%	Yes	2.04%	Yes	2.05%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.26%	Yes	3.18%	Yes	3.01%	Yes
	2.26%	Yes	2.24%	Yes	2.03%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan of Michigan – MER

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 21 – Jun 21	Informational Only	87.63%	N/A
	Aug 21 – Oct 21 *	Informational Only	91.37%	N/A

**Per the PMR Specifications, the measurement period has been modified to better align with changes to measure.*

Completion of Annual HRA	Jul 20 – Jun 21	12%	8.43%	No
	Oct 20 – Sep 21	12%	8.43%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 21 – Mar 21	50%	57.17%	Yes
	Apr 21 – Jun 21	50%	56.73%	Yes

Transition into CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	3.10%	Yes	4.85%	Yes	4.15%	Yes
	5.94%	Yes	8.35%	Yes	9.77%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.54%	Yes	3.97%	Yes	3.86%	Yes
	4.10%	Yes	5.20%	Yes	4.41%	Yes

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

Transition out of CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.49%	Yes	3.41%	Yes	3.22%	Yes
	2.90%	Yes	1.88%	No	1.63%	No
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.00%	Yes	2.98%	Yes	2.64%	Yes
	2.57%	Yes	2.01%	Yes	2.01%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 21 – Jun 21	Informational Only	88.11%	N/A
	Aug 21 – Oct 21 *	Informational Only	91.64%	N/A

**Per the PMR Specifications, the measurement period has been modified to better align with changes to measure.*

Completion of Annual HRA	Jul 20 – Jun 21	12%	8.62%	No
	Oct 20 – Sep 21	12%	8.28%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 21 – Mar 21	50%	57.54%	Yes
	Apr 21 – Jun 21	50%	56.34%	Yes

Transition into CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	3.50%	Yes	4.93%	Yes	5.46%	Yes
	5.24%	Yes	9.59%	Yes	10.62%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.35%	Yes	4.59%	Yes	3.79%	Yes
	4.22%	Yes	5.39%	Yes	4.50%	Yes

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

Transition out of CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.93%	Yes	2.00%	Yes	2.98%	Yes
	2.39%	Yes	1.77%	No	1.64%	No
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.88%	Yes	1.70%	No	2.16%	Yes
	1.73%	No	2.51%	Yes	2.11%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 21 – Jun 21	Informational Only	86.93%	N/A
	Aug 21 – Oct 21 *	Informational Only	90.51%	N/A

**Per the PMR Specifications, the measurement period has been modified to better align with changes to measure.*

Completion of Annual HRA	Jul 20 – Jun 21	12%	6.03%	No
	Oct 20 – Sep 21	12%	6.26%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 21 – Mar 21	50%	64.41%	Yes
	Apr 21 – Jun 21	50%	62.34%	Yes

Transition into CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL						
≤30%	2.68%	Yes	3.24%	Yes	5.07%	Yes
	5.48%	Yes	7.18%	Yes	8.30%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL						
≤7%	3.30%	Yes	3.56%	Yes	3.34%	Yes
	3.41%	Yes	4.54%	Yes	3.60%	Yes

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

Transition out of CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL						
≥2%	4.50%	Yes	3.94%	Yes	4.65%	Yes
	3.49%	Yes	1.28%	No	2.92%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL						
≥2%	3.40%	Yes	3.24%	Yes	3.43%	Yes
	2.78%	Yes	2.97%	Yes	2.37%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 21 – Jun 21	Informational Only	88.85%	N/A
	Aug 21 – Oct 21 *	Informational Only	N/A	N/A

**Per the PMR Specifications, the measurement period has been modified to better align with changes to measure.*

Completion of Annual HRA	Jul 20 – Jun 21	12%	20.32%	Yes
	Oct 20 – Sep 21	12%	17.83%	Yes

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 21 – Mar 21	50%	49.83%	No
	Apr 21 – Jun 21	50%	56.19%	Yes

Transition into CFP Status: [Nov 20 – Dec 21]; [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤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

**This is a reverse measure. A lower rate indicates better performance. Data is no longer available for this measure.*

Transition out of CFP Status: [Nov 20 – Dec 21]; [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A

Data is no longer available for this measure

- 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 21 – Jun 21	Informational Only	88.03%	N/A
	Aug 21 – Oct 21 *	Informational Only	91.31%	N/A

**Per the PMR Specifications, the measurement period has been modified to better align with changes to measure.*

Completion of Annual HRA	Jul 20 – Jun 21	12%	16.69%	Yes
	Oct 20 – Sep 21	12%	16.87%	Yes

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 21 – Mar 21	50%	56.67%	Yes
	Apr 21 – Jun 21	50%	59.35%	Yes

Transition into CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL						
≤30%	3.18%	Yes	3.92%	Yes	5.43%	Yes
	6.36%	Yes	8.48%	Yes	9.67%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL						
≤7%	4.10%	Yes	4.65%	Yes	4.40%	Yes
	4.94%	Yes	5.65%	Yes	5.33%	Yes

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

Transition out of CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL						
≥2%	4.90%	Yes	3.89%	Yes	3.43%	Yes
	2.87%	Yes	2.31%	Yes	2.34%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL						
≥2%	2.45%	Yes	3.35%	Yes	3.48%	Yes
	2.54%	Yes	2.97%	Yes	2.22%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 21 – Jun 21	Informational Only	85.09%	N/A
	Aug 21 – Oct 21 *	Informational Only	90.67%	N/A

**Per the PMR Specifications, the measurement period has been modified to better align with changes to measure.*

Completion of Annual HRA	Jul 20 – Jun 21	12%	13.89%	Yes
	Oct 20 – Sep 21	12%	14.55%	Yes

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 21 – Mar 21	50%	59.48%	Yes
	Apr 21 – Jun 21	50%	64.49%	Yes

Transition into CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.38%	Yes	2.82%	Yes	2.13%	Yes
	6.20%	Yes	4.83%	Yes	6.42%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.65%	Yes	3.58%	Yes	3.58%	Yes
	3.44%	Yes	4.34%	Yes	3.34%	Yes

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

Transition out of CFP Status: [Nov 20 – Dec 21]: [Feb 21 – Mar 22]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.16%	Yes	3.19%	Yes	3.58%	Yes
	3.33%	Yes	2.91%	Yes	2.46%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.45%	Yes	3.49%	Yes	2.62%	Yes
	2.95%	Yes	2.04%	Yes	2.27%	Yes

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

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

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

PERFORMANCE MONITORING REPORT

MDHHS Dental Measures

Composite – All Plans



April 2022

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 22 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include Healthy Michigan Plan (HMP) Measures, MDHHS Dental Measure, CMS Core Set Measures, HEDIS Measures, 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 2022 unless otherwise noted.

Performance Monitoring Report

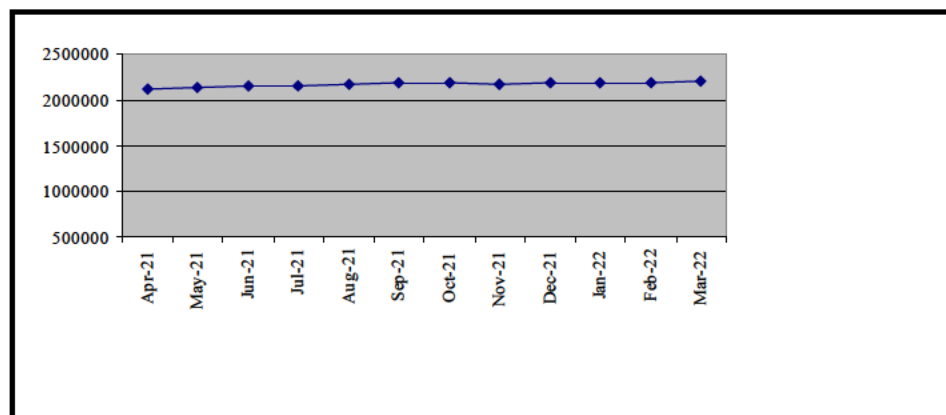
Table 1: Fiscal Year 2022¹

Quarterly Reported Measures	Reported in 1 st Quarter	Reported in 2 nd Quarter	Reported in 3 rd Quarter	Reported in 4 th Quarter
Diagnostic Dental Services	0/10	0/10		
Preventive Dental Services	2/10	2/10		
Restorative (Dental Fillings) Dental Services	0/10	0/10		
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	1/10	2/10		
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 remained steady over the past year. In March 2022 enrollment was 2,211,680 up 92,451 enrollees (4.4%) from April 2021. An increase of 16,495 enrollees (0.8%) was realized between February 2022 and March 2022.

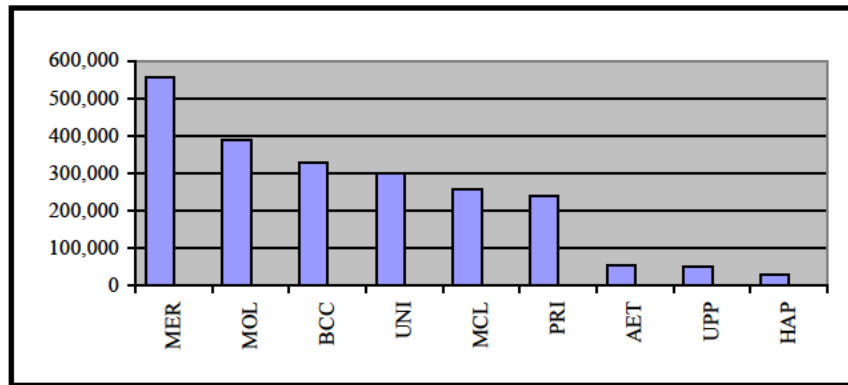
Figure 1: Medicaid Managed Care Enrollment, April 2021 – March 2022



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

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



Medicaid Health Plan News

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

As of October 1, 2021, Total Health Care (THC) is no longer an active Medicaid Health Plan. However, their information will continue to appear in the quarterly PMRs until such data is no longer available.

Cross-Plan Performance Monitoring Analyses

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

Diagnostic Dental Services**Measure**

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

Standard

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

Measurement Period

October 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

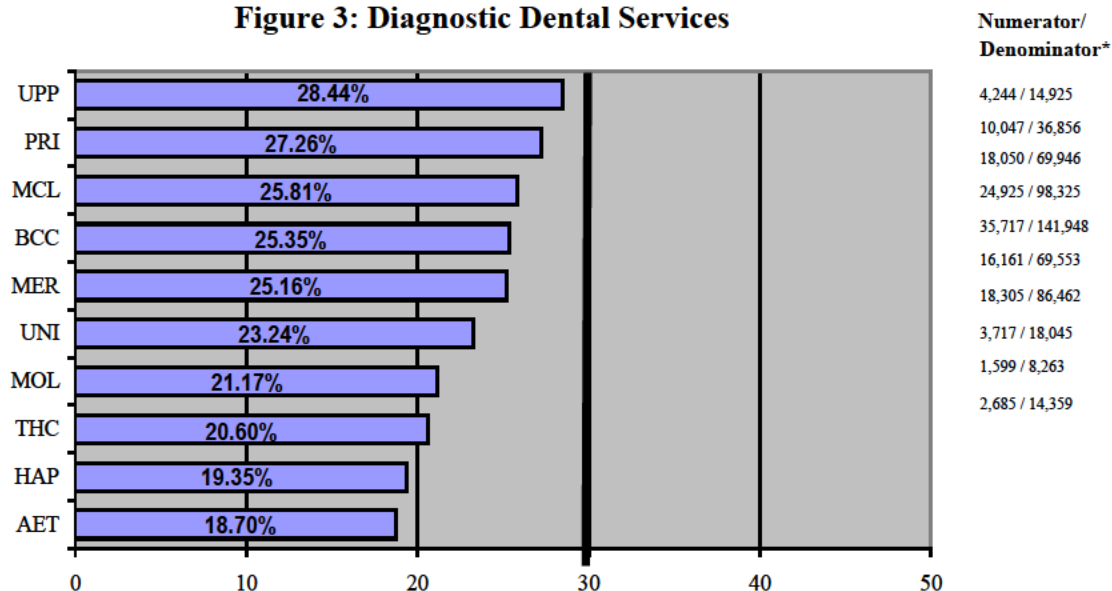
Quarterly

Summary: None of the health plans met or exceeded the standard. Results ranged from 18.70% to 28.44%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	1,269	8,846	14.34%
HMP Managed Care (MC) Only	138,661	567,794	24.42%

Figure 3: Diagnostic Dental Services



Diagnostic Dental Services Percentages

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

Preventive Dental Services

Measure

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

Standard

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

Measurement Period

October 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

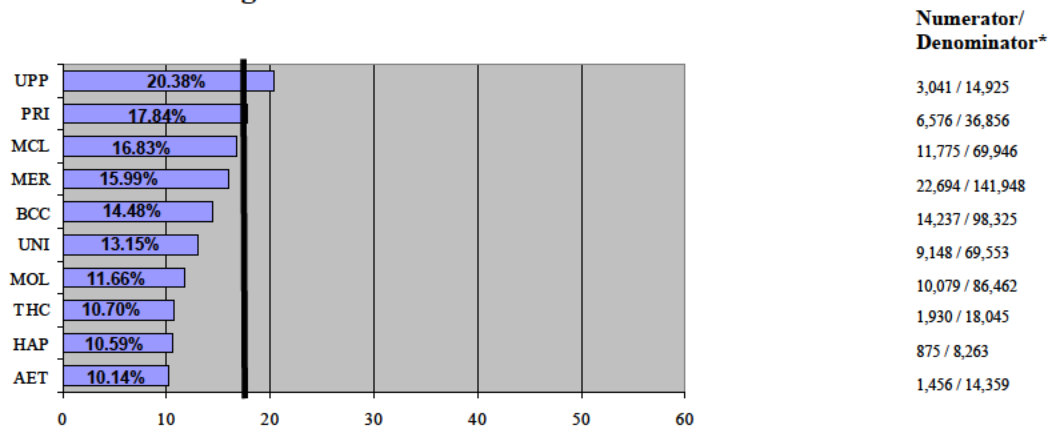
Quarterly

Summary: Two plans (**PRI and UPP**) met or exceeded the standard, while eight plans (AET, BCC, HAP, MCL, MER, MOL, THC, and UNI), did not. Results ranged from 10.14% to 20.38%.

Table 3: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	595	8,846	6.73%
HMP Managed Care (MC) Only	83,655	567,794	14.73%

Figure 4: Preventive Dental Services



Preventive Dental Services Percentages

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

Restorative (Dental Fillings) Services

Measure

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

Standard

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

Measurement Period

October 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

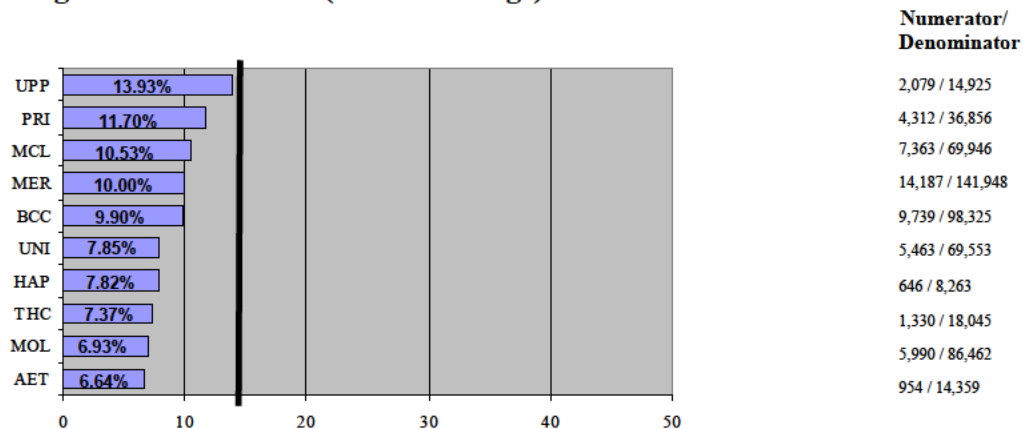
Quarterly

Summary: None of the plan met or exceeded the standard. Results ranged from 6.64% to 13.93%.

Table 4: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	379	8,846	4.28%
HMP Managed Care (MC) Only	53,339	567,794	9.39%

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 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

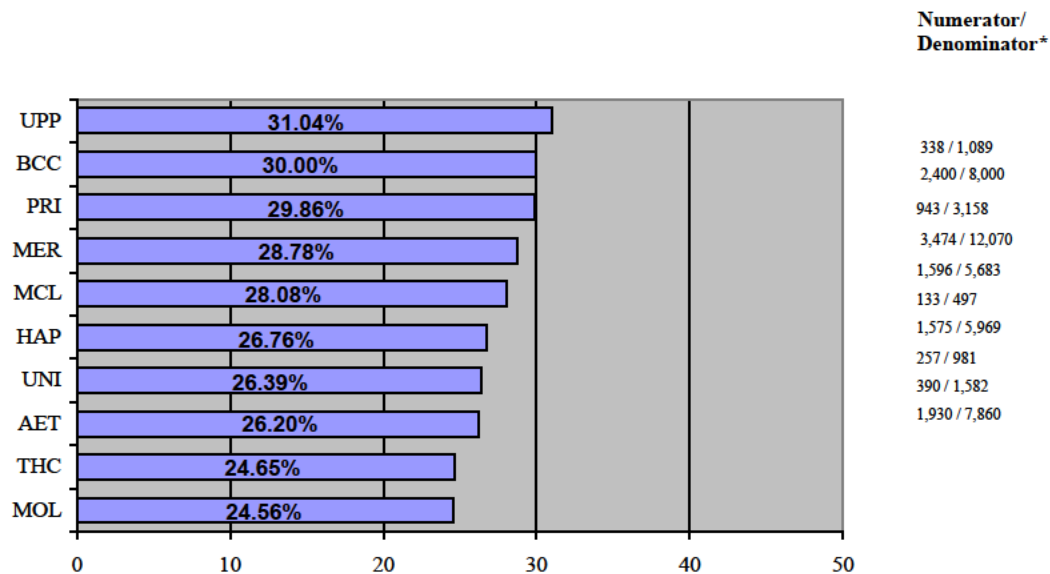
Quarterly

Summary: Results ranged from 24.56% to 31.04%

Table 5: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	190	646	29.41%
HMP Managed Care (MC) Only	13,353	47,801	27.94%

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 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

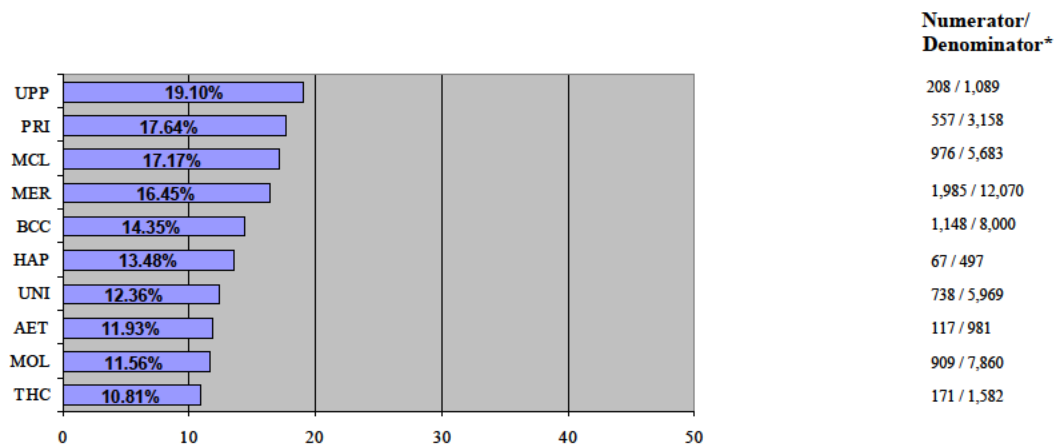
Quarterly

Summary: Results ranged from 10.81% to 19.10%

Table 6: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	81	646	12.54%
HMP Managed Care (MC) Only	7,038	47,801	14.72%

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 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

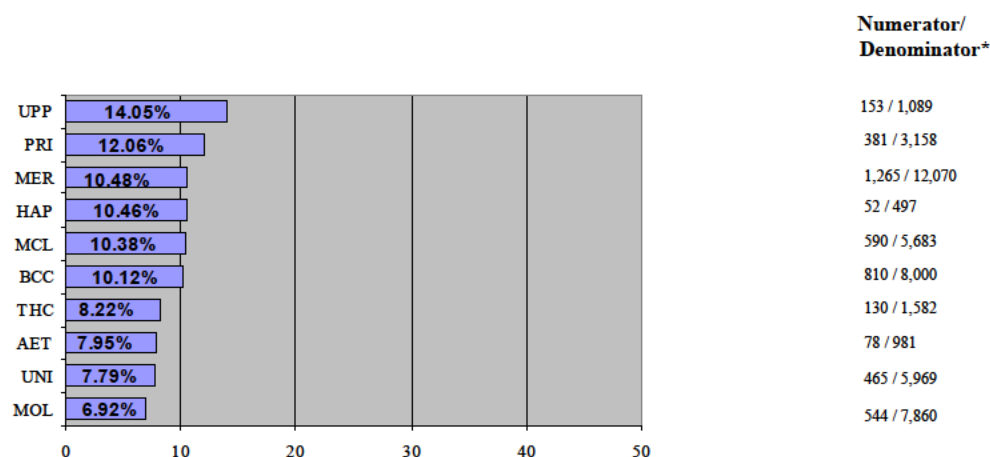
Quarterly

Summary: Results ranged from 6.92% to 14.05%

Table 7: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	39	646	6.04%
HMP Managed Care (MC) Only	4,581	47,801	9.58%

Figure 8: Comprehensive Diabetes Care: Restorative Dental Visit



Comprehensive Diabetes Care: Restorative Dental Visit Percentages

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

Diagnostic Dental Visits in Pregnant Women

Measure

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

Standard

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

Measurement Period

October 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

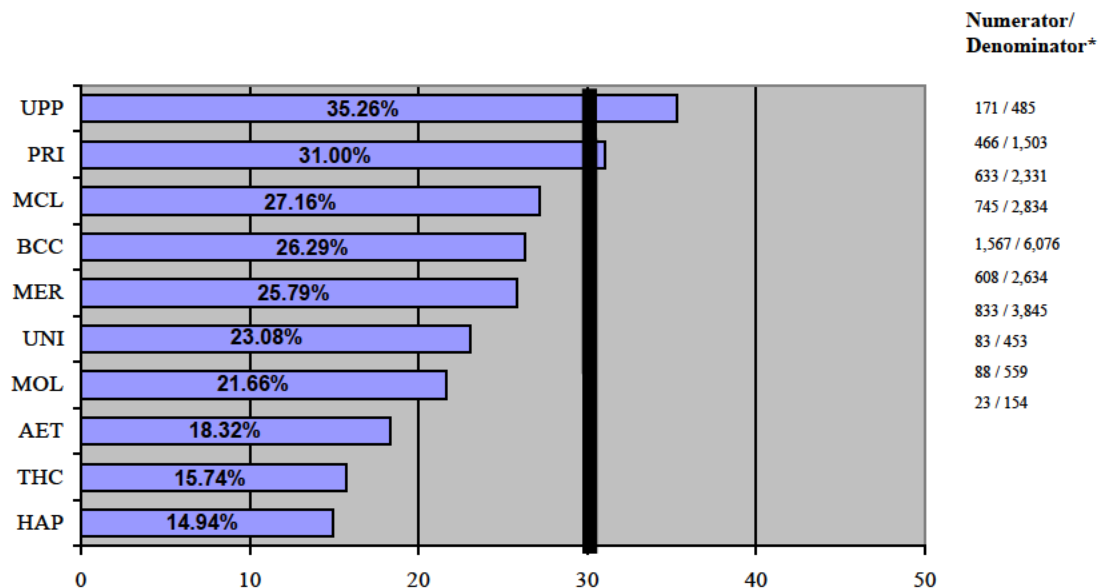
Quarterly

Summary: Two plans (**PRI and UPP**) met or exceeded the standard, while eight plans (AET, BCC, HAP, MCL, MER, MOL, THC, and UNI), did not. Results ranged from 14.94% to 35.26%

Table 8: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	7,137	32,608	21.89%
Fee for Service (FFS) only	69	364	18.96%
Managed Care only	5,482	21,938	24.99%
MA-MC	2,865	12,284	23.32%

Figure 9: Diagnostic Dental Visits in Pregnant Women



Diagnostic Dental Visits in Pregnant Women

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

Preventive Dental Visits in Pregnant Women

Measure

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

Standard

N/A – Informational Only

Measurement Period

October 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

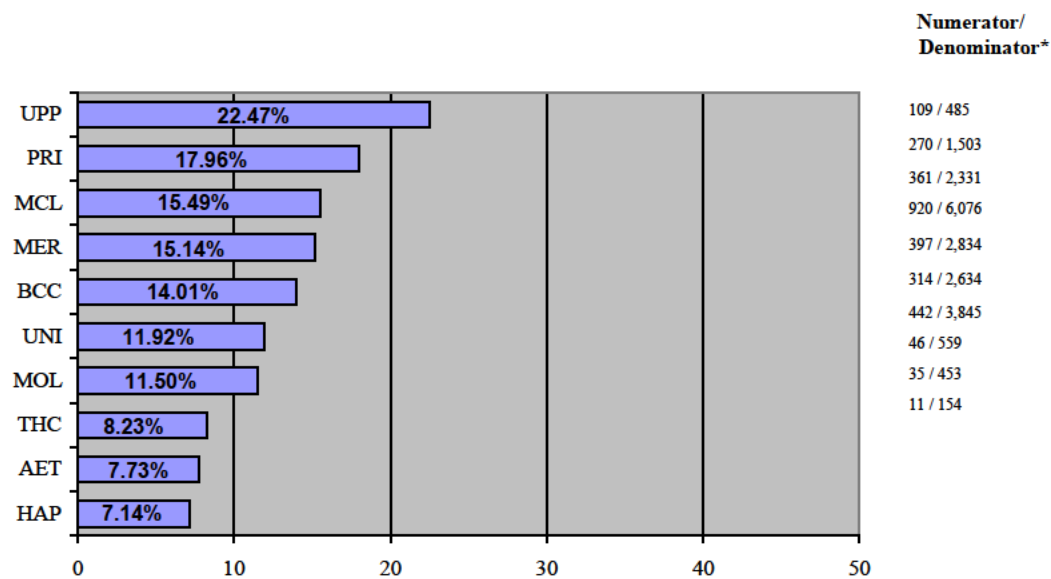
Quarterly

Summary: Results ranged from 7.14% to 22.47%

Table 9: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	3,953	32,608	12.12%
Fee for Service (FFS) only	26	364	7.97%
Managed Care only	3,040	21,938	13.86%
MA-MC	1,434	12,284	11.67%

Figure 10: Preventive Dental Visits in Pregnant Women



Preventive Dental Visits in Pregnant Women

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

Restorative Dental Visits in Pregnant Women

Measure

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

Standard

N/A – Informational Only

Measurement Period

October 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

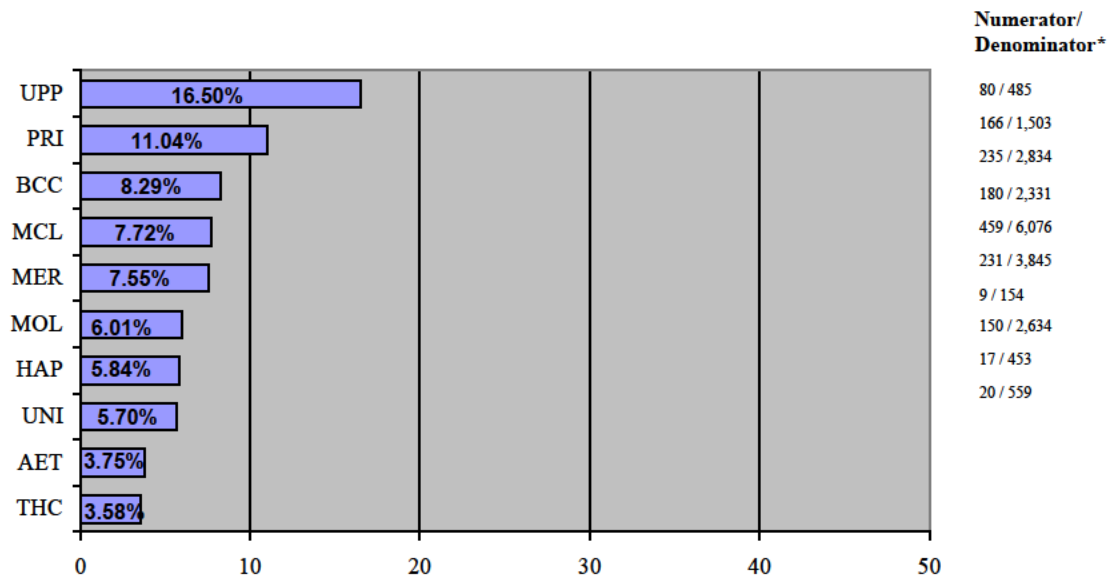
Quarterly

Summary: Results ranged from 3.58% to 16.50%

Table 10: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	2,092	32,608	6.42%
Fee for Service (FFS) only	13	364	3.57%
Managed Care only	1,625	21,938	7.41%
MA-MC	751	12,284	6.11%

Figure 11: Restorative Dental Visits in Pregnant Women



Restorative Dental Visits in Pregnant Women

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

Adults: Any Dental Visit**Measure**

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

Standard

N/A – Informational Only

Measurement Period

October 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

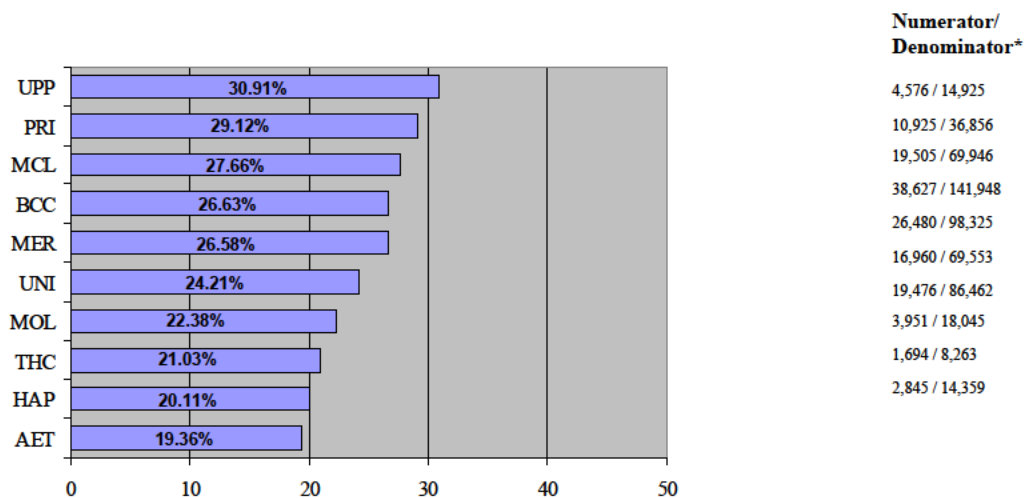
Quarterly

Summary: Results ranged from 19.81% to 30.66%

Table 11: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	1,373	8,846	15.52%
HMP Managed Care (MC) Only	148,427	567,794	26.14%

Figure 12: Adults: Any Dental Visit



Adults: Any Dental Visit

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

Appendix A: Three Letter Medicaid Health Plan Codes

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

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

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

Aetna Better Health of Michigan – AET

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 20 – Jun 21	30%	18.48%	No
	Oct 20 – Sep 21	30%	18.70%	No
Preventive Dental Services	Jul 20 – Jun 21	17%	10.10%	No
	Oct 20 – Sep 21	17%	10.14%	No
Restorative (Dental Fillings) Dental Services	Jul 20 – Jun 21	14%	6.51%	No
	Oct 20 – Sep 21	14%	6.64%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 20 – Jun 21	Informational Only	25.24%	N/A
	Oct 20 – Sep 21	Informational Only	26.20%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 20 – Jun 21	Informational Only	11.70%	N/A
	Oct 20 – Sep 21	Informational Only	11.93%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 20 – Jun 21	Informational Only	7.48%	N/A
	Oct 20 – Sep 21	Informational Only	7.95%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 20 – Jun 21	30%	17.36%	No
	Oct 20 – Sep 21	30%	18.32%	No
Preventive Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	8.07%	N/A
	Oct 20 – Sep 21	Informational Only	7.73%	N/A
Restorative Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	4.40%	N/A
	Oct 20 – Sep 21	Informational Only	3.75%	N/A
Adults: Any Dental Visit	Jul 20 – Jun 21	Informational Only	19.36%	N/A
	Oct 20 – Sep 21	Informational Only	19.81%	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 20 – Jun 21	30%	25.42%	No
	Oct 20 – Sep 21	30%	25.35%	No
Preventive Dental Services	Jul 20 – Jun 21	17%	14.24%	No
	Oct 20 – Sep 21	17%	14.48%	No
Restorative (Dental Fillings) Dental Services	Jul 20 – Jun 21	14%	9.76%	No
	Oct 20 – Sep 21	14%	9.90%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 20 – Jun 21	Informational Only	29.41%	N/A
	Oct 20 – Sep 21	Informational Only	30.00%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 20 – Jun 21	Informational Only	13.96%	N/A
	Oct 20 – Sep 21	Informational Only	14.35%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 20 – Jun 21	Informational Only	9.95%	N/A
	Oct 20 – Sep 21	Informational Only	10.12%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 20 – Jun 21	30%	25.59%	No
	Oct 20 – Sep 21	30%	26.29%	No
Preventive Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	13.20%	N/A
	Oct 20 – Sep 21	Informational Only	14.01%	N/A
Restorative Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	7.46%	N/A
	Oct 20 – Sep 21	Informational Only	8.29%	N/A
Adults: Any Dental Visit	Jul 20 – Jun 21	Informational Only	26.63%	N/A
	Oct 20 – Sep 21	Informational Only	26.93%	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

HAP Empowered – HAP

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 20 – Jun 21	30%	19.12%	No
	Oct 20 – Sep 21	30%	19.35%	No
Preventive Dental Services	Jul 20 – Jun 21	17%	10.53%	No
	Oct 20 – Sep 21	17%	10.59%	No
Restorative (Dental Fillings) Dental Services	Jul 20 – Jun 21	14%	7.79%	No
	Oct 20 – Sep 21	14%	7.82%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 20 – Jun 21	Informational Only	26.62%	N/A
	Oct 20 – Sep 21	Informational Only	26.76%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 20 – Jun 21	Informational Only	12.07%	N/A
	Oct 20 – Sep 21	Informational Only	13.48%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 20 – Jun 21	Informational Only	10.71%	N/A
	Oct 20 – Sep 21	Informational Only	10.46%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 20 – Jun 21	30%	17.43%	No
	Oct 20 – Sep 21	30%	14.94%	No
Preventive Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	7.34%	N/A
	Oct 20 – Sep 21	Informational Only	7.14%	N/A
Restorative Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	4.59%	N/A
	Oct 20 – Sep 21	Informational Only	5.84%	N/A
Adults: Any Dental Visit	Jul 20 – Jun 21	Informational Only	20.11%	N/A
	Oct 20 – Sep 21	Informational Only	20.50%	N/A

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

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

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

McLaren Health Plan – MCL

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 20 – Jun 21	30%	25.93%	No
	Oct 20 – Sep 21	30%	25.81%	No
Preventive Dental Services	Jul 20 – Jun 21	17%	16.93%	No
	Oct 20 – Sep 21	17%	16.83%	No
Restorative (Dental Fillings) Dental Services	Jul 20 – Jun 21	14%	10.38%	No
	Oct 20 – Sep 21	14%	10.53%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 20 – Jun 21	Informational Only	29.06%	N/A
	Oct 20 – Sep 21	Informational Only	28.08%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 20 – Jun 21	Informational Only	18.05%	N/A
	Oct 20 – Sep 21	Informational Only	17.17%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 20 – Jun 21	Informational Only	10.97%	N/A
	Oct 20 – Sep 21	Informational Only	10.38%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 20 – Jun 21	30%	27.37%	No
	Oct 20 – Sep 21	30%	27.16%	No
Preventive Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	15.39%	N/A
	Oct 20 – Sep 21	Informational Only	15.49%	N/A
Restorative Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	7.94%	N/A
	Oct 20 – Sep 21	Informational Only	7.72%	N/A
Adults: Any Dental Visit	Jul 20 – Jun 21	Informational Only	27.66%	N/A
	Oct 20 – Sep 21	Informational Only	27.89%	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 20 – Jun 21	30%	24.70%	No
	Oct 20 – Sep 21	30%	25.16%	No
Preventive Dental Services	Jul 20 – Jun 21	17%	15.38%	No
	Oct 20 – Sep 21	17%	15.99%	No
Restorative (Dental Fillings) Dental Services	Jul 20 – Jun 21	14%	9.66%	No
	Oct 20 – Sep 21	14%	10.00%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 20 – Jun 21	Informational Only	27.86%	N/A
	Oct 20 – Sep 21	Informational Only	28.78%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 20 – Jun 21	Informational Only	15.52%	N/A
	Oct 20 – Sep 21	Informational Only	16.45%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 20 – Jun 21	Informational Only	9.95%	N/A
	Oct 20 – Sep 21	Informational Only	10.48%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 20 – Jun 21	30%	25.98%	No
	Oct 20 – Sep 21	30%	25.79%	No
Preventive Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	15.05%	N/A
	Oct 20 – Sep 21	Informational Only	15.14%	N/A
Restorative Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	7.62%	N/A
	Oct 20 – Sep 21	Informational Only	7.55%	N/A
Adults: Any Dental Visit	Jul 20 – Jun 21	Informational Only	26.58%	N/A
	Oct 20 – Sep 21	Informational Only	27.21%	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 20 – Jun 21	30%	21.22%	No
	Oct 20 – Sep 21	30%	21.17%	No
Preventive Dental Services	Jul 20 – Jun 21	17%	11.65%	No
	Oct 20 – Sep 21	17%	11.66%	No
Restorative (Dental Fillings) Dental Services	Jul 20 – Jun 21	14%	6.89%	No
	Oct 20 – Sep 21	14%	6.93%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 20 – Jun 21	Informational Only	24.30%	N/A
	Oct 20 – Sep 21	Informational Only	24.56%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 20 – Jun 21	Informational Only	11.19%	N/A
	Oct 20 – Sep 21	Informational Only	11.56%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 20 – Jun 21	Informational Only	6.85%	N/A
	Oct 20 – Sep 21	Informational Only	6.92%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 20 – Jun 21	30%	21.79%	No
	Oct 20 – Sep 21	30%	21.66%	No
Preventive Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	11.64%	N/A
	Oct 20 – Sep 21	Informational Only	11.50%	N/A
Restorative Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	6.51%	N/A
	Oct 20 – Sep 21	Informational Only	6.01%	N/A
Adults: Any Dental Visit	Jul 20 – Jun 21	Informational Only	22.38%	N/A
	Oct 20 – Sep 21	Informational Only	22.53%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 20 – Jun 21	30%	27.20%	No
	Oct 20 – Sep 21	30%	27.26%	No
Preventive Dental Services	Jul 20 – Jun 21	17%	17.90%	Yes
	Oct 20 – Sep 21	17%	17.84%	Yes
Restorative (Dental Fillings) Dental Services	Jul 20 – Jun 21	14%	11.58%	No
	Oct 20 – Sep 21	14%	11.70%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 20 – Jun 21	Informational Only	28.79%	N/A
	Oct 20 – Sep 21	Informational Only	29.86%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 20 – Jun 21	Informational Only	17.27%	N/A
	Oct 20 – Sep 21	Informational Only	17.64%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 20 – Jun 21	Informational Only	11.92%	N/A
	Oct 20 – Sep 21	Informational Only	12.06%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 20 – Jun 21	30%	29.18%	No
	Oct 20 – Sep 21	30%	31.00%	Yes
Preventive Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	17.38%	N/A
	Oct 20 – Sep 21	Informational Only	17.96%	N/A
Restorative Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	10.52%	N/A
	Oct 20 – Sep 21	Informational Only	11.04%	N/A
Adults: Any Dental Visit	Jul 20 – Jun 21	Informational Only	29.12%	N/A
	Oct 20 – Sep 21	Informational Only	29.64%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 20 – Jun 21	30%	19.64%	No
	Oct 20 – Sep 21	30%	20.60%	No
Preventive Dental Services	Jul 20 – Jun 21	17%	10.10%	Yes
	Oct 20 – Sep 21	17%	10.70%	No
Restorative (Dental Fillings) Dental Services	Jul 20 – Jun 21	14%	6.77%	No
	Oct 20 – Sep 21	14%	7.37%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 20 – Jun 21	Informational Only	22.64%	N/A
	Oct 20 – Sep 21	Informational Only	24.65%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 20 – Jun 21	Informational Only	10.05%	N/A
	Oct 20 – Sep 21	Informational Only	10.81%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 20 – Jun 21	Informational Only	7.19%	N/A
	Oct 20 – Sep 21	Informational Only	8.22%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 20 – Jun 21	30%	14.37%	No
	Oct 20 – Sep 21	30%	15.74%	No
Preventive Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	7.28%	N/A
	Oct 20 – Sep 21	Informational Only	8.23%	N/A
Restorative Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	4.02%	N/A
	Oct 20 – Sep 21	Informational Only	3.58%	N/A
Adults: Any Dental Visit	Jul 20 – Jun 21	Informational Only	21.03%	N/A
	Oct 20 – Sep 21	Informational Only	21.90%	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 20 – Jun 21	30%	23.32%	No
	Oct 20 – Sep 21	30%	23.24%	No
Preventive Dental Services	Jul 20 – Jun 21	17%	13.19%	No
	Oct 20 – Sep 21	17%	13.15%	No
Restorative (Dental Fillings) Dental Services	Jul 20 – Jun 21	14%	7.76%	No
	Oct 20 – Sep 21	14%	7.85%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 20 – Jun 21	Informational Only	25.89%	N/A
	Oct 20 – Sep 21	Informational Only	26.39%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 20 – Jun 21	Informational Only	12.18%	N/A
	Oct 20 – Sep 21	Informational Only	12.36%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit.	Jul 20 – Jun 21	Informational Only	7.83%	N/A
	Oct 20 – Sep 21	Informational Only	7.79%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 20 – Jun 21	30%	22.84%	No
	Oct 20 – Sep 21	30%	23.08%	No
Preventive Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	11.88%	N/A
	Oct 20 – Sep 21	Informational Only	11.92%	N/A
Restorative Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	5.62%	N/A
	Oct 20 – Sep 21	Informational Only	5.70%	N/A
Adults: Any Dental Visit	Jul 20 – Jun 21	Informational Only	24.21%	N/A
	Oct 20 – Sep 21	Informational Only	24.38%	N/A

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

Upper Peninsula Health Plan – UPP

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 20 – Jun 21	30%	28.77%	No
	Oct 20 – Sep 21	30%	28.44%	No
Preventive Dental Services	Jul 20 – Jun 21	17%	20.04%	Yes
	Oct 20 – Sep 21	17%	20.38%	Yes
Restorative (Dental Fillings) Dental Services	Jul 20 – Jun 21	14%	13.84%	No
	Oct 20 – Sep 21	14%	13.93%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 20 – Jun 21	Informational Only	31.27%	N/A
	Oct 20 – Sep 21	Informational Only	31.04%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 20 – Jun 21	Informational Only	18.97%	N/A
	Oct 20 – Sep 21	Informational Only	19.10%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 20 – Jun 21	Informational Only	14.65%	N/A
	Oct 20 – Sep 21	Informational Only	14.05%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 20 – Jun 21	30%	34.38%	Yes
	Oct 20 – Sep 21	30%	35.26%	Yes
Preventive Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	21.04%	N/A
	Oct 20 – Sep 21	Informational Only	22.47%	N/A
Restorative Dental Visits in Pregnant Women	Jul 20 – Jun 21	Informational Only	16.46%	N/A
	Oct 20 – Sep 21	Informational Only	16.50%	N/A
Adults: Any Dental Visit	Jul 20 – Jun 21	Informational Only	30.91%	N/A
	Oct 20 – Sep 21	Informational Only	30.66%	N/A

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Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Wednesday, November 17, 2021

Time: 1:00 p.m. – 4:30 p.m.

Where: Zoom Meeting

Attendees: **Council Members:** Amy Zaagman, Alison Hirschel, Amber Bellazaire, April Stopczynski, Barry Cargill, Bill Mayer, David Herbel, Dianne Haas, Ellen Sugrue Hyman (MI Oral Health Coalition), Farah Jalloul, Chris George (for Amy Hundley), Jason Jorkasky, Jean Ingersoll, Jim Milanowski, Kim Singh, Kristin Reese, Philip Bergquist, Mary Schrauben, Lisa Dedden Cooper, Linda Vail, Dominick Pallone, Salli Pung

Staff: Brian Keisling, Christina Severin, Cindy Linn, Kate Massey, Katie Commey, Kim Hamilton, Lisa Grost Marie LaPres, Pam Diebolt, Penny Rutledge, Scott Wamsley, Tom Curtis, Kristina Leonardi, Jon Villasurda, Jared Welehodsky, Jen McDonald

Other Attendees: Randy Hannan, Lindsay McLaughlin, Renee Topolski, Rich Farran, Jackie Prokop, Cathy Sunlin, Tiffany Stone

MI Kids Now Feedback Forum

Staff from Martin-Waymire began the meeting by facilitating a feedback forum for the MI Kids Now initiative.

Department Updates

Kate Massey shared that, in an effort to streamline services to residents of long-term care facilities, the Medical Services Administration has merged with the Aging and Adult Services Administration within the Michigan Department of Health and Human Services (MDHHS) to form the Health and Aging Services Administration. The only organizational change that was made as a result of this merger was in the Bureau of Aging, Community Living, and Support. Scott Wamsley has been named director of this bureau, which now oversees the Operations and Aging Network Support Division, led by Cindy Masterson, Home Help Section, led by Michelle Martin, Integrated Care Division, led by Pam Gourwitz, and the Community Living Supports & Long-Term Care Policy division, led by Kristina Leonardi.

Budget Update

Farah Hanley shared the following budget updates:

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FY22

MDHHS staff are currently negotiating with the legislature on a potential supplemental bill to allocate funds from a federal COVID-19 non-discretionary grant.

FY23

Governor Whitmer is expected to release an executive budget recommendation for FY23 in the first or second week of February 2022. Information on the department's priorities for FY 23 will not be available until the legislature meets in January 2022 for the FY23 Consensus Revenue Estimating Conference.

Benton Harbor Water

MDHHS staff from the Public Health Administration shared information on lead contamination of water in Benton Harbor. A PowerPoint presentation was provided and the issue was discussed.

FY22 Budget

Health and Aging Services Administration staff gave the following updates on the implementation of the FY22 budget:

Children's Special Health Care Services (CSHCS) Eligibility Extension for Sickle Cell

Effective October 1, 2021, CSHCS eligibility is expanded to allow individuals age 21 and above who have been diagnosed with sickle cell disease to be enrolled in CSHCS coverage. Individuals over 21 years of age with sickle cell disease who have previously aged out of CSHCS coverage or others wishing to enroll in CSHCS may do so by submitting a medical report and completed CSHCS application (MSA 0737).

Direct Care Worker Wage Increase

Direct care workers employed by skilled nursing facilities, adult foster care homes, area agencies on aging and their contractors, and homes for the aged that provide personal care services will receive a wage increase of \$2.34 per hour in FY22.

MI Choice & Program of All-Inclusive Care for the Elderly (PACE) Slots

The FY22 budget also included \$19 million to add 1,000 slots to the MI Choice Waiver program, and to lift the enrollment cap from the PACE program. In response to a question about the potential need for additional MI Choice Waiver slots in the future, Scott Wamsley indicated that the focus to date has been to ensure that resources are in place to serve current MI Choice waiver beneficiaries, but that MDHHS will assess the impact of the current expansion on reducing or eliminating the waiting list for MI Choice Waiver slots to determine if

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additional expansion is needed.

Aging Programs

MDHHS staff are working to update existing grants for aging programs to incorporate COVID-19 premium pay authorized by the FY22 budget. In addition, the department is also closely monitoring the federal budget process in order to anticipate the total amount of combined state and federal support that will be available for aging services.

Ambulance Rates

Effective November 1, 2021, ambulance rates are increased to 100% of Medicare rates for Medicaid Fee-for-Service and Medicaid Health Plans.

Private Duty Nursing (PDN) Increases

MDHHS has received funding to increase the PDN reimbursement rate by 10%.

Healthy Moms, Healthy Babies – 12 Month Postpartum Coverage

Brian Keisling shared that although beneficiaries cannot lose Medicaid eligibility while the federal COVID-19 Public Health Emergency (PHE) is in place, MDHHS has received state budget authorization to expand postpartum coverage from 60 days to 12 months. Because of federal legislation that is in place, this change cannot be implemented at the state level before April 1, 2022.

Information Technology Upgrades

MDHHS has received authorization and funding in the FY22 budget to implement an Electronic Visit Verification (EVV) system for providers of personal care services.

Long-Term Care

Changes to Non-Available Bed Plan Policy (MSA 21-43)

Scott Wamsley provided a summary of bulletin [MSA 21-43](#) – COVID-19 Response: Changes to Non-Available Bed Plan Policy, and the issue was discussed.

Home and Community-Based Services (HCBS) American Rescue Plan Act (ARPA) Plan

MDHHS is in the process of working with the University of Michigan Center for Health Research Transformation (CHRT) and public sector consultants to gather feedback on an environmental scan from other states related to HCBS and Long-Term Care Services. This feedback will be used to inform the department's plan for utilizing ARPA funds to improve delivery of these services.

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COVID-19 Updates

Extension of the COVID-19 Vaccine to Ages 5-11

MDHHS staff from the Division of Immunization shared information on extending COVID-19 vaccine eligibility to children ages 5-11. A PowerPoint presentation was provided and the issue was discussed.

Employer Vaccine Mandate

The Centers for Medicare & Medicaid Services (CMS) issued an interim final rule on November 5, 2021 establishing health and safety standards for 21 different provider types, which includes the enforcement of a COVID-19 vaccine mandate for all employees of the affected provider types.

Post-Public Health Emergency Guidance

In preparation for potential end of the COVID-19 federal PHE, MDHHS has convened workgroups across multiple agencies of the department to develop project plans for winding down emergency measures that have been put in place. The work groups will develop project plans for the following areas:

- Renewals and redeterminations
- Level of Care Determination realignment
- Coordination of information between MDHHS and the Department of Insurance and Financial Services (DIFS)
- Assessing the impact of the conclusion of the public health emergency on policy changes that have been implemented in response to COVID-19

The PHE is currently extended into April 2022, and MDHHS staff are continuing to monitor federal guidance for updates.

Home Testing Policy

MDHHS staff are developing a policy to update COVID-19 testing guidance. The policy update will indicate that MDHHS follows testing recommendations from the Centers for Disease Control and Prevention (CDC), and will also include guidelines for coverage of COVID-19 home tests, effective for dates of service on and after August 30, 2021.

National Governor's Association (NGA) Best Practices Collaborative on Opioid Strategies

MDHHS staff from the Division of Policy and Planning presented information on the Department's efforts to respond to opioid use disorder (OUD). A PowerPoint presentation

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was provided and the issue was discussed.

Certified Community Behavioral Health Clinic (CCBHC) Update

Jon Villasurda from the Behavioral Health and Developmental Disabilities Administration shared an update on the implementation of CCBHCs in Michigan. A PowerPoint presentation was provided and the issue was discussed.

The Meeting was adjourned at 4:30 p.m.