



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

January 9, 2020

Jennifer Kostasich, Project Officer
Division of Medicaid and Children's Health
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601

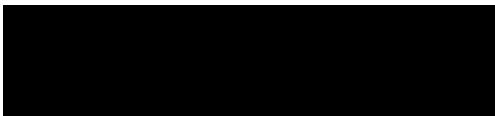
Dear Ms. Kostasich,

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

Enclosed is the quarterly report for Healthy Michigan Plan. It covers the third quarter of calendar year 2019. 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 phone at (517) 284-1190, or by e-mail at colemanj@michigan.gov.

Sincerely,



Penny Rutledge, Director
Actuarial Division

cc: Ruth Hughes
Angela Garner

Enclosure (6)

1. Title page for the state’s eligibility and coverage policies demonstration or eligibility and coverage policies components of the broader demonstration

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

2. Executive summary

On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the FPL. To accompany this expansion, the Michigan “Adult Benefits Waiver” was amended and transformed to establish the Healthy Michigan Plan (HMP), through which the state intended to test innovative approaches to beneficiary cost sharing and financial responsibility for care for the new adult eligibility group, which was authorized under section 1902(a)(10)(A)(i)(VIII) of the Act (the “adult group”). Beneficiaries receiving coverage under the sunset ABW program transitioned to the state plan and the HMP on April 1, 2014. Individuals in the new adult population with incomes above 100 percent of the FPL are required to make contributions equal to two percent of their family income toward the cost of their health care. In addition, all newly eligible adults with income from 0 to 133 percent of the FPL are required to pay copayments through an account operated in coordination with the Medicaid Health Plan (MHP).

A MI Health Account was established for each enrolled individual to track beneficiaries’ contributions and how they were expended. Beneficiaries receive quarterly statements that summarized the MI Health Account funds balance and flows of funds into and out of the account, and the use of funds for health care service copayments. Beneficiaries have opportunities to reduce their regular monthly contributions or average utilization based contributions by demonstrating achievement of recommended Healthy Behaviors. HMP beneficiaries receive a full health care benefit package as required under the Affordable Care Act, which includes all of the Essential Health Benefits and the requirements for an alternative benefit plan, as required by federal law and regulation, and there are no limits on the number of individuals who can enroll.

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

As approved, beneficiaries in the demonstration between 100 percent and 133 percent of the FPL who have had 48 months of cumulative eligibility for health care coverage through HMP will be required to pay premiums of five percent of income and have completed a health risk assessment (HRA) at their next redetermination or have engaged in specified healthy behaviors within the twelve month period prior to the annual redetermination deadline as conditions of eligibility. Additionally, beneficiaries ages 19 through 62 will be required to meet a community engagement requirement as a condition of HMP eligibility.

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

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_1. Specify community engagement policies			
CE.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to the overall community engagement enrollment count. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	CE_1-8	The state’s Community Engagement requirements do not begin until January 1, 2020.
1.1.2 Discuss any data trends related to community engagement requirement qualifying activities. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	CE_9-14	The state’s Community Engagement requirements do not begin until January 1, 2020.
1.1.3 Discuss any data trends related to beneficiaries exempt from community engagement requirements. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	CE_15-24	The state’s Community Engagement requirements do not begin until January 1, 2020.
<input checked="" type="checkbox"/> The state has no metrics related to this reporting topic.			

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CE.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: <ul style="list-style-type: none"> a) Beneficiaries exempt from community engagement requirements b) Qualifying community engagement activities and required hours c) Reporting frequency and hours measurement d) Situations that give rise to good cause e) Compliance actions f) Other policy changes 	DY 10 – Q3		During this quarter, the stat submitted its draft Implementation Plan to CMS. Legislation regarding Community Engagement hours requirements, reporting frequency and hours measurement, and opportunity to cure/grace periods was passed this quarter. The legislation (Public Act 50 of 2019) is expected to reduce beneficiary barriers to Community Engagement reporting. The legislation allows changed reporting requirements in the following ways: <ul style="list-style-type: none"> • Established an exemption from the reporting requirement if MDHHS can verify the recipient’s compliance through other data available to the department; • Extended the timeframe a beneficiary can report completion of qualifying activities. Previously beneficiaries were required to report qualifying activities by the 10th of the month following the reporting month. The legislation extended the due date to the last day of the month following the reporting month. • Additionally, the legislation allows demonstration beneficiaries the opportunity to correct missed reporting months. If a recipient does not verify that they are meeting the workforce engagement requirements by the last day of the month for the previous month, they may verify compliance with the workforce engagement requirements up to 60 days after the missed date for reporting.
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod_2. Establish beneficiary supports and modifications			
CE.Mod_2.1 Metric trends			
2.1.1 Discuss any data trends related to supports and assistance: a) Overall b) Transportation assistance c) Childcare assistance d) Language supports e) Assistance with placement f) Other supports, including assistance from other agencies and entities complementing Medicaid efforts Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	CE 25-30	<p>The state’s Community Engagement requirements do not begin until January 1, 2020. The state is exploring data sources to provide a meaningful metric for beneficiary supports.</p> <p>The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.</p>
2.1.2 Discuss any data trends related to beneficiaries who request or are granted reasonable modifications to community engagement requirements due to disability. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	CE 31-32	<p>The state’s Community Engagement requirements do not begin until January 1, 2020. The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.</p>

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CE.Mod_2.2 Implementation update			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in provided transportation, childcare assistance, language supports, placement assistance, or other supports, including assistance from other agencies and entities complementing Medicaid efforts.	DY 10 – Q3		The state submitted its draft Implementation Plan to CMS this quarter. No additional changes have been made to the demonstration design. Michigan is working to identify additional beneficiary supports and will be providing updated information when available.
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in public programs that the state Medicaid agency is partnering with to leverage existing employment and training supports.	DY 10 – Q3		Michigan will leverage its existing partnerships to provide employment and training supports. The state is working to identify additional beneficiary employment and training supports and will be providing updated information when available.
2.2.3 Describe any other program changes that have impacted the availability and accessibility of community engagement activities.	DY 10 – Q3		The state is continuing to explore ways to support the availability and accessibility of community engagement activities.

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2.2.4 Compared to the demonstration design details outlined implementation plan, describe any changes or expected changes to how the state provides reasonable modifications for beneficiaries with disabilities or connects beneficiaries with disabilities to needed supports and services.	DY 10 – Q3		MDHHS is working to identify how to connect beneficiaries with disabilities to needed supports and services and will be providing updated information when available. MDHHS will be compliant with ADA requirements.
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod_3. Establish procedures for enrollment, verification and reporting			
CE.Mod_3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
CE.Mod_3.2 Implementation update			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges to the state’s: a) Application/enrollment processes to identify beneficiaries subject to or exempt from CE b) Renewal processes for the CE demonstration population c) Other planned modifications to the state’s eligibility determination and enrollment processes and operations as a result of implementation of CE requirements.	DY 10 – Q3		The state submitted its draft Implementation Plan to CMS this quarter. No additional changes have been made to the demonstration design. Michigan will be making changes to its paper and electronic Medicaid applications to allow exemption attestation and reporting of community engagement compliance for those previously non-compliant. The state is also making changes to its redetermination packets to allow beneficiaries to attest to exemptions. Michigan plans to modify eligibility determination logic to recognize exemptions before enforcing community engagement reporting requirements and/or closures for non-compliance.

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3.2.2 From the design details outlined in the implementation plan, describe any changes or challenges with the state’s procedures for beneficiaries to report community engagement activities.	DY 10 – Q3		As described in section 1.2.1, the state has passed legislation that will offer members an opportunity to cure previous months of non-compliance. This will allow beneficiaries to attest to an exemption or the completion of qualifying activities within a 60-day calendar reporting period.
3.2.3 From the design details outlined in the implementation plan, describe any changes or challenges with the state’s procedures for CE entities, such as employers, volunteer supervisors, schools, and other institutions, to report community engagement activities, if applicable.	DY 10 – Q3		The State is working to educate community partners so they can assist beneficiaries with reporting (e.g., use of community partner resources [computers]). Michigan does not plan to develop the capacity for other entities to directly report individual beneficiary compliance at this time but will continue to explore options to decrease barriers to reporting.
3.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state’s process for beneficiaries to file for an exemption.	DY 10 – Q3		Exemptions will be reported through the MI Bridges (online electronic portal) and via telephone Interactive Voice Response (IVR). There will be an option to speak to a Customer Service Representative (CSR) to report compliance. Additionally, the state has developed a paper form to report exemptions through January 31, 2020. The state does not expect changes to the state’s process for beneficiaries to file for an exemption.

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3.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how the state will verify beneficiaries' compliance with CE requirements.	DY 10 – Q3		In Michigan, compliance reviews will be completed by the centrally located Special Processing Office (SPO). The department will sample 10% of beneficiaries who report compliance or are deemed in a compliance activity. Compliance reviews will include a review of case records and use other sources available to determine compliance. Instances where information is not obtained or does not support the compliance activity will be subject to additional review that may include a referral to the Office of Inspector General (OIG) and/or removal of the compliance month that will be replaced with a countable non-compliant month. Michigan is working with CMS to define this process.
3.2.6 Describe the actions taken by the state to use additional data sources or leverage other entities to verify compliance with or identify potential exemptions from CE requirements.	DY 10 – Q3		Michigan will utilize Bridges to identify TANF and SNAP recipients and exempt this population from community engagement reporting requirements. MDHHS SPO staff will utilize system data sources, external data sources such as Equifax, or a Verification Check List to request verification directly from a beneficiary to verify compliance or identify potential exemptions.
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod_4. Operationalize strategies for noncompliance			
CE.Mod_4.1 Metric trends			
4.1.1 Discuss any data trends related to the number of beneficiaries who have experienced: a) new suspensions b) new disenrollments Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	CE_33-34	The state’s Community Engagement requirements do not begin until January 1, 2020.
4.1.2 Discuss any data trends related to the number of beneficiaries who have experienced reinstatement of benefits after suspension. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	CE_35-40	The state’s Community Engagement requirements do not begin until January 1, 2020. The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
4.1.3 Discuss any data trends related to the number of beneficiaries who have experienced re-entry after disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	CE_41-46	The state’s Community Engagement requirements do not begin until January 1, 2020. The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
<input checked="" type="checkbox"/> The state has no metrics related to this reporting topic.			

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CE.Mod_4.2 Implementation update			
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to policies around identifying beneficiaries at risk of noncompliance and strategies to assist beneficiaries at risk of noncompliance in meeting the requirements.	DY 10 – Q3		The state submitted its draft Implementation Plan to CMS this quarter. No additional changes have been made to the demonstration design. The State is developing system functionality to identify and track “failed” months. Michigan will send a letter to each beneficiary after every “failed” non-compliance month (a month in which the beneficiary had a reporting requirement and failed to report qualifying activity compliance, failed to report an exemption, or attested to not meeting community engagement requirements).
4.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process for compliance actions or benefit reactivation (from suspension) and/or reenrollment (from termination) once community engagement requirements are met.	DY 10 – Q3		Once a beneficiary who is not exempt has reached the third “failed” month, they will receive a closure notice more than 10 days before a negative action takes place. This notice will include instructions on opportunity to cure per state legislation. Once the beneficiary’s HMP case closes for non-compliance with community engagement requirements, they must serve a one-month penalty period. After that time, they may reapply and attest to completing the requisite qualifying activities to gain eligibility. Michigan will develop a new functionality to track those beneficiaries who lose coverage for non-compliance.

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4.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how a beneficiary who is about to be suspended or disenrolled will be screened for other Medicaid eligibility groups.	DY 10 – Q3		Michigan will utilize current functionality in Bridges to cascade through the Medicaid categories as well as utilization of the established ex-parte review process before certification of Healthy Michigan Plan closure.
4.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes from the current renewal process, including changes for beneficiaries in suspension status due to noncompliance with CE requirements.	DY 10 – Q3		The state is making changes to its redetermination packet to allow beneficiary exemption self-attestation.
4.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process by which beneficiaries may reenroll after disenrollment or suspension for failure to comply with CE requirements.	DY 10 – Q3		Michigan will add questions to the Health Care Coverage applications (paper and electronic) to collect beneficiary attestation of compliance with community engagement requirements in any of the previous 12 months (including the application month) for which the month has not already been reported, as well as add questions to collect attestation to an exemption. Beneficiaries attesting to an exemption will be approved without having to serve the penalty month. Beneficiaries attesting to completion of qualifying activities will be approved for the first eligible month following the penalty month.

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4.2.6 Report any modifications to the appeals processes for beneficiaries enrolled in the 1115 CE demonstration.	DY 10 – Q3		Michigan will utilize the current appeals process for beneficiaries enrolled in the community engagement demonstration, including appeals for disenrollment for noncompliance and denials of exemption requests.
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod_5. Develop comprehensive communications strategy			
CE.Mod_5.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_5.2 Implementation update			
<p>5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about:</p> <ul style="list-style-type: none"> a) General CE policies b) Exempt populations and good cause circumstances c) Suspension or disenrollment for noncompliance d) Reactivation following suspension or reentry after disenrollment for noncompliance 	DY 10 – Q3		<p>The state submitted its draft Implementation Plan to CMS this quarter. No additional changes have been made to the demonstration design. In September, MDHHS sent letters to Health Michigan Plan members to explain the upcoming work requirements. Three different letters were created to address the recipient’s applicable circumstance. A “Not Exempt” letter was provided to beneficiaries to inform them of work requirements and the program’s exemptions. An exemption form and return envelope was provided to “Not Exempt” letter recipients as well. Beneficiaries that are exempt based on department records received the “Exempt” letter explaining work requirements and the beneficiary’s current exemptions status. Demonstration beneficiaries over 62 received a letter informing them of work requirements and their exemption to them.</p> <p>Michigan will utilize its Health Care Coverage Determination Notice to communicate disenrollment for noncompliance and the actions needed to attest to an exemption or attest to compliance with community engagement requirements. Michigan will communicate to beneficiaries regarding benefits after disenrollment for noncompliance in its Health Care Coverage Determination Notice. Members can view the disenrollment notice in MI Bridges, can contact the Beneficiary Help Line, use the MI Health Button to check healthy behavior information, and review the program informational booklet.</p>

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
5.2.2 Describe any outreach or education activities that were conducted with CE partners, such as qualified health plans, managed care organizations, providers, or community organizations, during this reporting period.	DY 10 – Q3		MDHHS regularly meets with the staff of Medicaid Health Plans to address operational issues, programmatic issues, and policy updates and clarifications. MDHHS continues to work closely with provider groups through meetings, Medicaid provider policy bulletins, and various interactions with community partners and provider trade associations. Progress reports are provided by MDHHS to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings.
5.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups.	DY 10 – Q3		Michigan’s Implementation Plan includes components to support communication with beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups. Changes are not expected at this time.
5.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state’s plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.	DY 10 – Q3		Michigan does not have modifications to the requirements based on disability; however, beneficiaries with a disability can be exempted from community engagement requirements under several categories, such as medically frail or good cause.

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5.2.5 Describe any communication or outreach conducted to CE partner organizations during this reporting period.	DY 10 – Q3		The state continually communicates in regular meetings with the MCAC, Medicaid Health Plans, provider groups, and community organizations regarding upcoming changes to the Healthy Michigan Plan. This quarter, the state continued to plan and implement its communication strategy on community engagement requirements, exemptions, and reporting to community engagement partner organizations and providers. MDHHS staff planned and began informational presentations to both internal and external stakeholders. Presentations included both in-person events and webinars. This quarter MDHHS saw internet traffic to its Healthy Michigan Plan website double while call volume at the Call Center remained relatively low.
5.2.6 Describe any internal staff training conducted during this reporting period.	DY 10 – Q3		This quarter, the state offered in-person and webinar informational presentations for department staff.
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod_6. Establish continuous monitoring			
CE.Mod_6.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_6.2 Implementation update			
6.2.1 Describe any analyses that the state has conducted to inform its monitoring beyond the required monitoring reports. Describe if these analyses have suggested the need to make changes in any CE policies.	DY 10 – Q3		The state submitted its draft Implementation Plan to CMS this quarter. No additional changes have been made to the demonstration design. Additionally, the state cannot submit its Monitoring Protocol prior to Implementation Plan approval. The state has not conducted any analyses to inform its monitoring beyond the required monitoring reports.
6.2.2 Describe if the state has assessed the availability of transportation. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 10 – Q3		Michigan continues to explore other support opportunities and will provide updated information when available. The state will continue to connect members to existing resources (ex. 211 and local organizations) for the purpose of serving the Healthy Michigan Plan Community Engagement population.
6.2.3 Describe if the state has assessed the availability of childcare supports. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 10 – Q3		Michigan continues to explore other support opportunities and will provide updated information when available. The state will continue to connect members to 211 for existing resources and pursue discussions with the Michigan Department of Education to determine if Healthy Michigan Plan Community Engagement activities could qualify members for Child Development and Care (CDC) program eligibility.

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6.2.4 Describe if the state has assessed the availability of language supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 10 – Q3		Michigan continues to explore other support opportunities and will provide updated information when available. The Medicaid beneficiary help line will be used to identify language access services.
6.2.5 Describe if the state has assessed the availability of placement assistance supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 10 – Q3		Michigan continues to explore other support opportunities and will provide updated information when available.
6.2.6 Describe if the state has assessed the availability of other supports, including assistance from other agencies and entities complementing Medicaid efforts. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 10 – Q3		Michigan continues to explore other support opportunities and will provide updated information when available.

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6.2.7 Describe the state’s assessment of whether qualifying community engagement activities are available during a range of times, through a variety of means, and throughout the year.	DY 10 – Q3		MDHHS continues to explore other support opportunities and will provide updated information when available.
6.2.8 Describe if the state has conducted an assessment for areas with high unemployment, limited economic opportunities, and/or limited educational activities. If the state has identified any, has the state adjusted CE requirements in those areas?	DY 10 – Q3		Michigan will examine a variety of sources to identify geographic areas with high unemployment and limited economic and/or education opportunities. The state plans to utilize data for county-specific unemployment rates and possible Bridges logic previously used to for the Time-Limited Food Assistance (TLFA) requirement by county when unemployment was high. The state is exploring means to identify areas with high unemployment and subsequent actions to adjust community engagement requirements. Additional information will be provided as available.
6.2.9 Describe if the state has assessed that reasonable modifications and supports are available for beneficiaries with disabilities by region. Describe how the state will address gaps in supports. Note the frequency with which the state will assess reasonable modifications and the availability of supports.	DY 10 – Q3		Beneficiaries with a reported disability can be exempt from community engagement requirements under several categories, such as medically frail or good cause.

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CE.Mod_7. Develop, modify, and maintain systems			
CE.Mod_7.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_7.2 Implementation update			
7.2.1 Describe if the state has developed or enhanced its systems capabilities as described in the implementation plan for: <ul style="list-style-type: none"> a) Eligibility and enrollment system b) CE reporting for beneficiaries c) CE reporting for other CE entities d) Integration of data from other public programs, such as SNAP and TANF e) Suspension of benefits and payments and/or termination of eligibility f) Benefit reactivation and/or reenrollment once community engagement requirements are met g) Other significant systems changes and modifications 	DY 10 – Q3		<p>Michigan is in the process of enhancing its eligibility and enrollments system to allow for eligibility determinations to be made on beneficiaries who are subject to Community Engagement requirements. Additionally, the state is enhancing its systems for beneficiaries to report compliance with Community Engagement requirements. Michigan is currently not planning to enhance or develop systems which allow employers, volunteers, schools, etc. to report community engagement activities completed by beneficiaries. Michigan will utilize known information within its integrated eligibility system, Bridges, to allow data from programs such as SNAP and TANF to be utilized in determining eligibility for beneficiaries who are subject to community engagement requirements.</p> <p>Systems will be modified to terminate eligibility for beneficiaries who do not comply with the community engagement and/or 48-month requirement criteria or do not have an exemption from that criteria. Bridges has existing functionality that allows for the reactivation of benefits once eligibility criteria is met. Additional functionality will be added to allow MDHHS staff to enter reported compliance information after the closure and reactivate eligibility.</p>

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
7.2.2 Describe any additional systems modifications that the state is planning to implement.	DY 10 – Q3		The state does not have additional changes to note at this time.
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
AD.Mod_1. Metrics and operations for demonstrations with any eligibility and coverage policies (report for all beneficiaries in the demonstration)			
AD.Mod_8.1 Metric trends			
8.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	AD_1-5	Overall enrollment in the Healthy Michigan Plan demonstration this quarter was consistent with typical program enrollment. No significant changes to enrollment were reported. Metrics specific to Community Engagement will not be available until after its January 2020 implementation.
8.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.	DY 10 – Q3	AD_6-11	Metrics related to mid-year loss of demonstration eligibility are currently in development. During this quarter, the state discussed the data sources and staff resources needed to collect this information. The state intends to report the required metrics in future quarterly reports.
8.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	AD_12-14	The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
8.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	AD_15-22	Metrics related to demonstration renewals are currently in development. The state was able to collect metric AD 15 this quarter reporting beneficiaries due for renewal. During this quarter, the state discussed the data sources and staff resources needed to collect this information. The state intends to report the required metrics in future quarterly reports.
8.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	AD_23	The state generated these metrics on a retrospective basis as opposed to point-in-time due to the timing of the metric’s release. As a result, the data lag makes it difficult to determine data trends. The state is working toward providing this metric on a point-in-time basis as defined by CMS for future quarterly reports.
8.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	AD_24-28	The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
8.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	AD_29-37	The state reported required access to care metrics similar to those reported last quarter and will continue to monitor this metric for changes. The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
8.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	AD_38-44	Metrics related to quality of care are currently in development. The state will continue providing existing quality reports as attachments while metrics are in development. During this quarter, the state engaged in discussions on data sources and staff resources needed to collect this information. Additional discussions on meeting this reporting requirement are expected to continue. The state intends to report the required metrics in future quarterly reports.

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
8.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.	DY 10 – Q3	AD_45	Total computable demonstration administrative costs for this quarter amounted to \$4,982,208 as reported on the CMS 64.10 WAIV form.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
AD.Mod_8.2 Implementation update			
8.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	DY 10 – Q3	<p>This quarter, the state continued to prepare for the implementation of upcoming Community Engagement and Healthy Behavior demonstration requirements. Michigan also engaged in communication planning activities including letters to beneficiaries, drafting program specific policies, updating the website and preparing for public presentations. Additionally, the state decided this quarter to implement the community engagement and 48-month cost-sharing and healthy behavior requirements separately. The state will implement community engagement requirements on January 1, 2020. The healthy behavior and cost-sharing demonstration components related to 48-months of Healthy Michigan Plan enrollment is currently delayed until October 1, 2020. The state believes it can achieve greater success with implementation if these demonstration requirements are implemented separately.</p>	
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

5. Narrative information on other reporting topics

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
1. Financial/budget neutrality			
1.1 Current status and analysis			
1.1.1 Discuss the current status of financial/budget neutrality and provide an analysis of the budget neutrality to date. If the CE component is part of a comprehensive demonstration, the state should provide an analysis of the CE-related budget neutrality and an analysis of budget neutrality as a whole.	DY 10 – Q3		
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2 Implementation update			
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.	DY 10 – Q3		The state does not expect program changes with financial or budget neutrality impact.
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
2. Demonstration evaluation update			
2.1 Narrative information			
2.1.1 Provide updates on CE evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	DY 10 – Q3		The state’s independent evaluator, University of Michigan’s Institute for Healthcare Policy & Innovation (IHPI), worked this quarter with the state to draft the new demonstration evaluation design.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	DY 10 – Q3		IHPI continued work to determine the administrative data needed for the 2018 Healthy Michigan Voices (HMV) Beneficiary Survey Report. IHPI conducted analyses of 2018 HMV survey data, and longitudinal analyses of 2016, 2017 and 2018 HMV survey data for the 2018 HMV survey data. IHPI completed the data analyses for the 2018 HMV Cohort 2 Beneficiary Survey and submitted the report to MDHHS. Analyses of the 2018 Healthy Michigan Voices Follow-Up 2 Survey and the 2018 HMV Follow-Up Survey of the No Longer Enrolled in HMP are underway and reports highlighting the key findings will be submitted to MDHHS in November. Additionally, IHPI continued planning for the 2020 surveys, as part of the next phase of the evaluation.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	DY 10 – Q3		The state will continue working with IHPI and CMS to complete a comprehensive demonstration evaluation design.
<input type="checkbox"/> The state has no CE demonstration evaluation update to report for this reporting topic.			

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3. Other demonstration reporting			
3.1 General reporting requirements			
3.1.1 Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?	DY 10 – Q3		The state expects future changes may be needed to demonstration STCs based on technical corrections and state legislation.
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to: a) The schedule for completing and submitting monitoring reports? b) The content or completeness of submitted reports? Future reports?	DY 10 – Q3		The state expects to request a change to the monitoring report schedule. Michigan has historically experienced issues with a 60-day timeline to complete quarterly monitoring reports due to data lag. The state believes it can meet reporting requirements within 90 days of a quarter’s end.

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3.1.3 Has the state identified any real or anticipated issues submitting timely post approval demonstration deliverables, including a plan for remediation?	DY 10 – Q3		Yes, as described in section 3.1.2 above the state experiences challenges in submitting complete quarterly reports 60 days after the quarter ends. Michigan believes that it can complete quarterly reports within 90 days of a quarter’s end.
<input type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
3.2 Post-award public forum			
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual report.	DY 10 – Q3		Yes, the state’s Medical Care Advisory Council met on August 14, 2019. The meeting minutes have been included as an attachment to this report.
<input type="checkbox"/> There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.			

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
4. Notable state achievements and/or innovations			
4.1 Narrative information			
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the CE hypotheses (or if broader demonstration, then CE related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	DY 10 – Q3		This quarter, the department launched its stakeholder outreach beginning with a series of webinars. Feedback and questions received during the webinars were not only helpful to the department but were used to shape future presentations. This quarter, the department engaged in many discussions to craft effective communications to its stakeholders, provider groups and beneficiaries. The department is learning from experiences of states and is dedicated to communication best practices preventing unintentional loss of coverage among program participants. Additionally, Michigan had the opportunity this quarter to share its experience with the Community Engagement Implementation Plan with other states.
<input type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Wednesday, August 14, 2019

Time: 1:00 p.m. – 4:30 p.m.

Where: Michigan Public Health Institute
2436 Woodlake Circle, Suite 380
Okemos, MI 48864

Attendees: **Council Members:** Marilyn Litka-Klein, Alison Hirschel, Kim Singh, Robert Sheehan, Dominick Pallone, Amy Zaagman, Pam Lupo, Amber Bellazaire, Bill Mayer, Marion Owen, Debra Brinson, Warren White, Farah Jalloul, April Stoczynski, Jim Milanowski, Stacie Saylor (for Rebecca Blake), Melissa Samuel, Sienna Mitchell (for Dave Herbel)

Staff: Kate Massey, Erin Emerson, Kathy Stiffler, Brian Barrie, Marie LaPres, Jackie Prokop, Chris George, Phil Kurdunowicz; Steven Prichard

Other Attendees: Salli Pung, Joe Pawluszka, Rich Farran

Welcome, Introductions, Announcements

MCAC Chair Update – Alison Hirschel and Bill Mayer to co-chair

Jackie Prokop opened the meeting and announced that Alison Hirschel and Bill Mayer have agreed to serve as co-chairs for the Medical Care Advisory Council (MCAC).

Budget Update

Erin Emerson reported that the Michigan Department of Health and Human Services (MDHHS) budget for FY 2020 has not yet been finalized, and that as of the date of the meeting no formal budget negotiations have taken place between the legislature and the Governor. Alison Hirschel shared that she has drafted a letter in support of the Governor's budget recommendation for MDHHS on behalf of the MCAC and offered to share the letter with staff and the council members to get their feedback prior to sending to the members of the Legislative Conference Committee.

Healthy Michigan Plan (HMP)

Legislative Changes – Senate Bill 362 and 363

MDHHS staff provided an overview of Senate Bills 362 and 363, which would make changes to the process for reporting compliance with the HMP work requirements that will take effect on January 1, 2020. Under current law, beneficiaries have until the tenth day of the following

Medical Care Advisory Council

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month to report work or other qualifying activity totaling at least 80 hours per month to MDHHS as a condition of continued eligibility for HMP. Beneficiaries are allowed up to three months of non-compliance within a calendar year.

If adopted, the laws would allow beneficiaries to verify that they are meeting the workforce engagement requirements by the last day of each month for the previous month's qualifying activities. If a beneficiary does not report compliance with workforce engagement requirements by the last day of the month for the previous month, they may verify compliance with the workforce engagement requirements for up to 60 days after the missed date for reporting, and that month will not count as a non-compliance month. In addition, the legislation would allow MDHHS the ability to use beneficiary data within the department's system to record compliance with the new work requirements. This would eliminate the need for some beneficiaries to manually report compliance each month.

Webinars – General overview

To help explain the new HMP requirements taking effect on January 1, 2020, MDHHS is conducting a series of webinars with staff and various provider and stakeholder groups. To date, five webinars have been held, with additional dates planned in the future. The department has received many comments and questions on the webinars, and is working to incorporate suggestions for changes to the way information is presented into future outreach efforts. MDHHS staff and meeting attendees continued to discuss at length ideas for how to best inform providers and stakeholders of the changes taking place for HMP beneficiaries, including a suggestion for department staff to conduct in-person informational meetings with affected stakeholders. MDHHS will also issue a policy bulletin with information on the implementation of work requirements that will be distributed to all providers.

September Beneficiary letters and mailing

Group subject to workforce engagement

Exemption Form

In September 2019, MDHHS will begin mailing letters to beneficiaries who are identified as being subject to the workforce engagement requirements with information on reporting requirements and how to report an exemption, if applicable. As part of this process, the department redesigned the letters with the input of focus groups to be more visually appealing to recipients (e.g., including colored highlighting of important information), and to be consumer focused and behaviorally informed. This will help ensure that recipients open the letters and stay informed about the workforce engagement requirements.

Group Who Have an Exemption

HMP beneficiaries may be excused from compliance with workforce engagement requirements if they meet the definition of "medically frail" or attest to another exemption. MDHHS staff noted that in addition to the medically frail criteria that were identified at the previous MCAC

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meeting on June 25, 2019, MDHHS has expanded the definition of “medically frail” to individuals who are homeless or victims of domestic violence.

If a beneficiary is determined to be medically frail, either by self-attestation or via systems information available to MDHHS staff, he or she will be excused from compliance with workforce engagement requirements for 12 months. Beneficiaries who claim a hardship exemption will also be excused from compliance with workforce engagement requirements for a period of time to be determined in the future. MDHHS staff and meeting attendees continued to discuss the reporting and exemption process at length, including plans for periodic compliance reviews for HMP beneficiaries who self-attest to compliance with workforce engagement requirements or to meeting exemption criteria.

48-month Cumulative Enrollment Changes

In addition to the workforce engagement requirements that will take effect on January 1, 2020, MDHHS is also preparing to implement changes for beneficiaries who have been enrolled in HMP for 48 cumulative months and have incomes above 100 percent of the federal poverty level (FPL). Beginning at a date to be determined, beneficiaries who meet these criteria will be required to complete a healthy behavior and pay 5 percent of their income toward cost-sharing as a condition of continued enrollment in the Healthy Michigan Plan.

HMP operations and process questions

Kate Massey shared that with the upcoming changes for HMP, MDHHS staff are actively seeking input from providers and other stakeholders on how best to implement these changes and communicate information to beneficiaries. MDHHS staff and meeting attendees discussed several ideas for beneficiary outreach, including sending text messages to beneficiaries to let them know they will be receiving a letter about the workforce engagement requirements, or engaging in an advertising campaign directed at beneficiaries to let them know that a letter will be mailed.

One meeting attendee asked how providers will be notified if an HMP beneficiary loses coverage due to non-compliance with work requirements. In response, MDHHS staff noted that the Community Health Automated Medicaid Processing System (CHAMPS) will indicate if a beneficiary is enrolled in HMP, but information about whether the beneficiary is reporting compliance with work requirements will not be available in CHAMPS for Fee-for-Service (FFS) beneficiaries. For beneficiaries enrolled in a Medicaid Health Plan (MHP) who are non-compliant with workforce engagement requirements, the individual MHPs will be able to see if their members will soon lose coverage.

Meeting attendees were also invited to share the ways in which their individual organizations are communicating the coming HMP changes to their members. To assist in these efforts, MDHHS is in the process of creating an informational “toolkit” that will be available to providers and provider organizations for outreach.

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Flint Waiver renewal

MDHHS staff is preparing to meet with the Centers for Medicare & Medicaid Services (CMS) to discuss the process of renewing the Waiver for Individuals Impacted by Flint Water. The waiver expanded Medicaid eligibility to include children up to the age of 21 and pregnant women who lived, received childcare, or education at an address served by the Flint water system with incomes up to 400 percent of the FPL, and provides targeted case management services for these individuals, as well. While the waiver is currently set to expire in February 2021, the renewal application must be submitted to CMS by February 2020 for the program to continue. Prior to submission of the waiver renewal application, MDHHS staff plan to meet with affected stakeholders and post the application for public comment to gather feedback. The department also plans to continue seeking renewal for the Flint waiver until such a date as no individual meets the eligibility requirements. MDHHS staff and meeting attendees continued to discuss this issue at length, including ideas for new provider groups to include and a discussion of the potential length of a renewal period. One MCAC member suggested MDHHS staff promote evidence-based, targeted case management services, building upon other effective case management services offered through the department.

General Updates

Peace of Mind Registry

In response to an inquiry regarding the status of the Peace of Mind registry for HMP beneficiaries to file an Advance Directive with the department, MDHHS staff indicated that it will be discontinued after December 31, 2019. The Peace of Mind registry was established by Public Act 107 of 2013, which required MDHHS to mail an Advance Directive form to each HMP beneficiary. Due to insufficient available funding available to Gift of Life, the partnering organization that administers the Peace of Mind Registry, the registry will be discontinued after 2019 and all Advance Directives on file will be returned to each beneficiary. As a result, MDHHS no longer provides beneficiaries with a copy of an Advance Directive upon enrollment. Out of approximately 1 million Advance Directive forms distributed, only 10,000 completed Advance Directives have been returned. MDHHS staff and meeting attendees continued to discuss this issue, and one MCAC member suggested that MDHHS explore the opportunity to incorporate Advance Directives in the Michigan Care Improvement Registry (MCIR).

Long Term Care Updates

Brian Barrie shared that MDHHS is required by the legislature to conduct a feasibility study on the implementation of managed Long-Term Services and Supports (LTSS). Since October 1, 2018, the department has been working to secure private sources of funding to assist with conducting the study, which will commence on October 1, 2019. Prior to the beginning of the research process for managed LTSS, MDHHS will conduct a public stakeholder meeting on September 5, 2019 in Mount Pleasant in which the example of an LTSS model in Washington state will be examined and ideas for implementation in Michigan will be discussed. Beginning October 1, 2019, the department will have 270 days to complete research on LTSS issues and potential ways to implement an LTSS model in Michigan and submit a report to the legislature.

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Future Agenda items

Bill Mayer requested input from meeting attendees for ideas on how to organize future MCAC meetings to best facilitate interactive discussion between MDHHS staff and council members. In response, the following ideas were discussed:

- A request was made for MDHHS staff to include members of the MCAC on policy discussions that affect their organizations outside of scheduled meetings;
- Include a standing item on the agenda for each meeting to discuss future meeting topics;
- Distribute informational resources about agenda items to MCAC members in advance of each meeting in order to allow more time for interactive discussion;
- Designate time for comment from members of the general public in attendance;
- Continue to include an agenda item for MCAC members to provide MDHHS staff and other attendees with updates on how their organizations are impacted by developments in the Medicaid program; and
- Conduct conference calls with MCAC members for urgent issues that arise between regularly scheduled meeting dates.

Policy Updates

A policy bulletin handout was distributed to meeting attendees, and the following item was discussed:

- Proposed Policy 1917-SBS – Caring 4 Students (C4S) Program.

Targeted Case Management program for parolees

In addition to the policy items listed in the handout, Jackie Prokop provided an update on a new policy in development that will provide Targeted Case Management services for incarcerated individuals who are released on parole.

Other

Marilyn Litka Klein announced that she will be retiring in the fall of 2019.

The meeting was adjourned at 3:30 p.m.

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

PERFORMANCE MONITORING REPORT

Healthy Michigan Plan Measures

Composite – All Plans



October 2019

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 27 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include MDHHS Administrative Measures, Healthy Michigan Plan (HMP) Measures, HMP Dental Measures, CMS Core Set Measures, Health Equity HEDIS Measures, HEDIS Measures and Managed Care Quality Measures. **This report focuses only on the following HMP Measures:**

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

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

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2019 unless otherwise noted.

Table 1: Fiscal Year 2019¹

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		N/A		N/A	
Completion of Annual HRA	N/A		N/A		N/A		N/A	
Outreach & Engagement to Facilitate Entry to PCP	9/11		4/10		6/11		7/11	
	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL
Transition into CFP Status – Cohort 1	10/11	11/11	10/11	10/11	9/9	9/9	10/10	9/9
Transition into CFP Status – Cohort 2	10/11	9/11	10/10	10/11	9/9	9/9	9/10	11/11
Transition into CFP Status – Cohort 3	11/11	10/11	11/11	10/11	9/9	9/9	10/11	10/11
Transition out of CFP Status – Cohort 1	7/11	10/11	10/10	9/10	8/9	9/9	9/9	11/11
Transition out of CFP Status – Cohort 2	10/11	9/11	9/10	9/9	9/9	9/9	9/9	10/10
Transition out of CFP Status – Cohort 3	8/11	10/11	8/9	10/10	8/9	9/9	9/11	10/11

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

Healthy Michigan Plan Enrollment

Michigan Medicaid Managed Care (HMP-MC) enrollment has remained steady over the past year. In September 2019, enrollment was 523,906, down 19,739 enrollees (3.6%) from October 2018. An increase of 7,321 enrollees (1.5%) was realized between August 2019 and September 2019.

Figure 1: HMP-MC Enrollment, October 2018 – September 2019

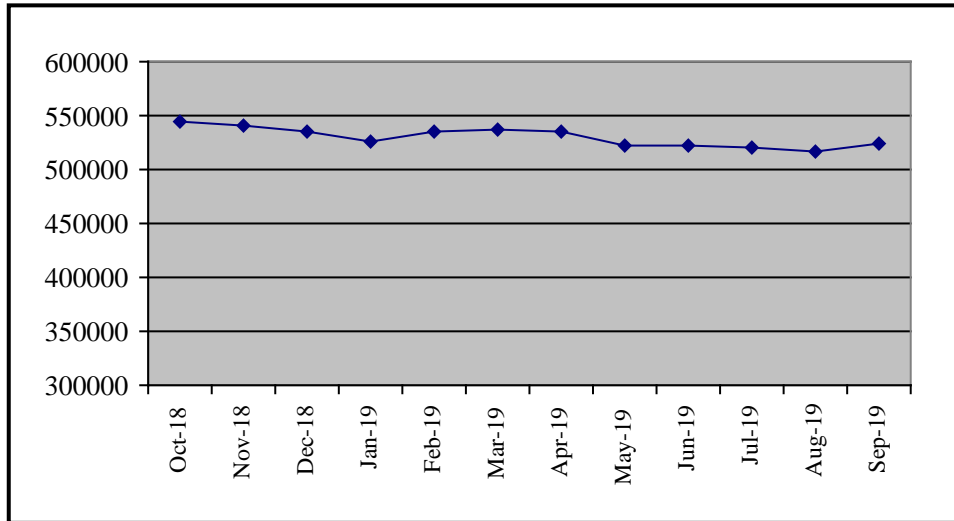
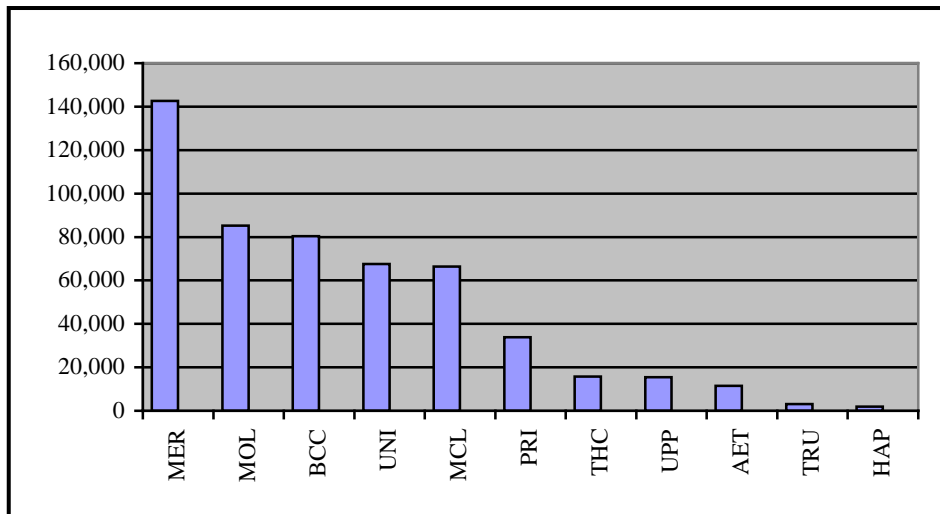


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, September 2019



Medicaid Health Plan News

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

As of January 1, 2019, HAP Midwest (MID) has changed their name to HAP Empowered (HAP). All references to MID in this report should now reflect the new HAP acronym.

As of April 1, 2019, Harbor Health Plan (HAR) has changed their name to Trusted Health Plan Michigan, Inc. (TRU). All references to HAR in this report should now reflect the new TRU acronym.

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

January 2019 –March 2019

Data Source

MDHHS Data Warehouse

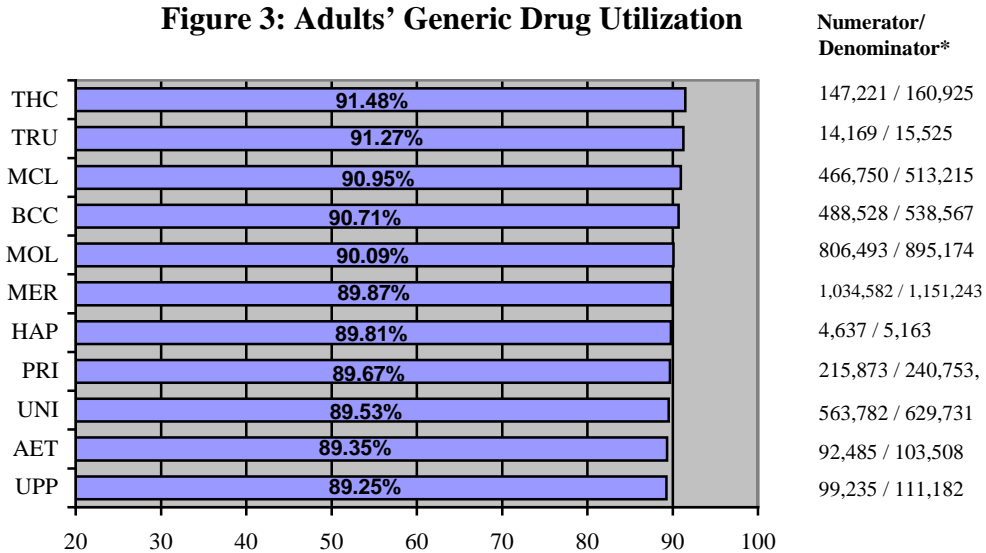
Measurement Frequency

Quarterly

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	3,983,380	4,419,680	90.13%
Fee For Service (FFS) only	7,478	8,293	90.17%
Managed Care only	3,946,667	4,379,191	90.12%
MA-MC	1,960,105	2,183,591	89.77%
HMP-MC	1,945,766	2,150,579	90.48%

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 beneficiaries enrolled in a health plan who had a Health Risk Assessment (HRA) completed during the measurement period.

Standard

N/A – Informational Only

Measurement Period

April 2018 – March 2019

Data Source

MDHHS Data Warehouse

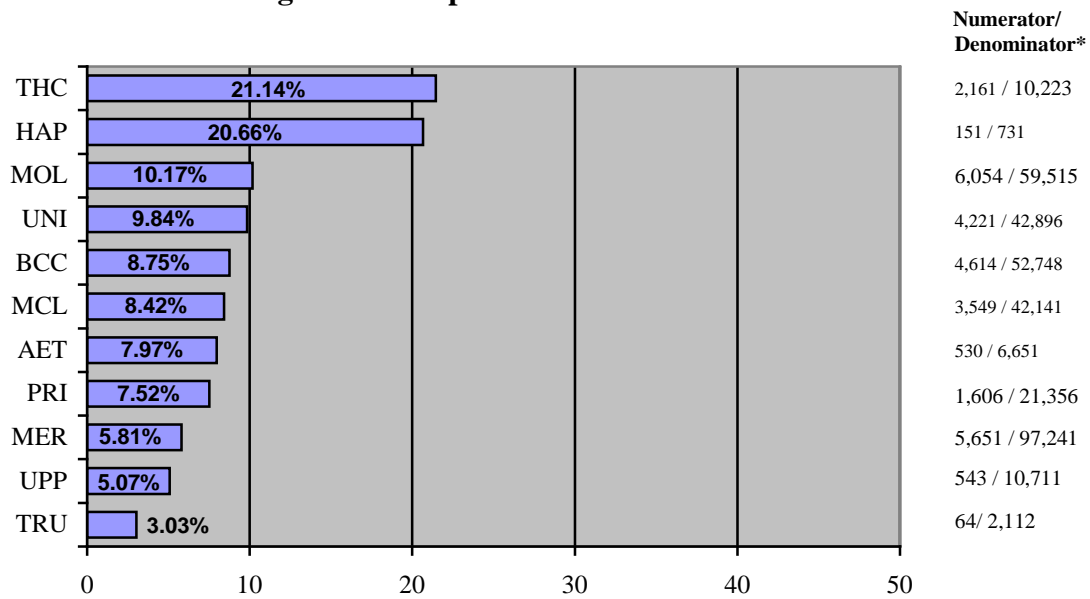
Measurement Frequency

Quarterly

Table 3: Program Total

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	33,717	404,448	8.34%

Figure 4: Completion of Annual HRA



Completion of Annual HRA Percentages

*Numerator depicts the number of eligible beneficiaries who completed a second HRA within one year (defined as 11-15 months) of their first HRA. Denominator depicts the total number of eligible beneficiaries.

Outreach and Engagement to Facilitate Entry to Primary Care

Measure

The percentage of Healthy Michigan Plan health plan enrollees 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

October 2018 – December 2018

Data Source

MDHHS Data Warehouse

Measurement Frequency

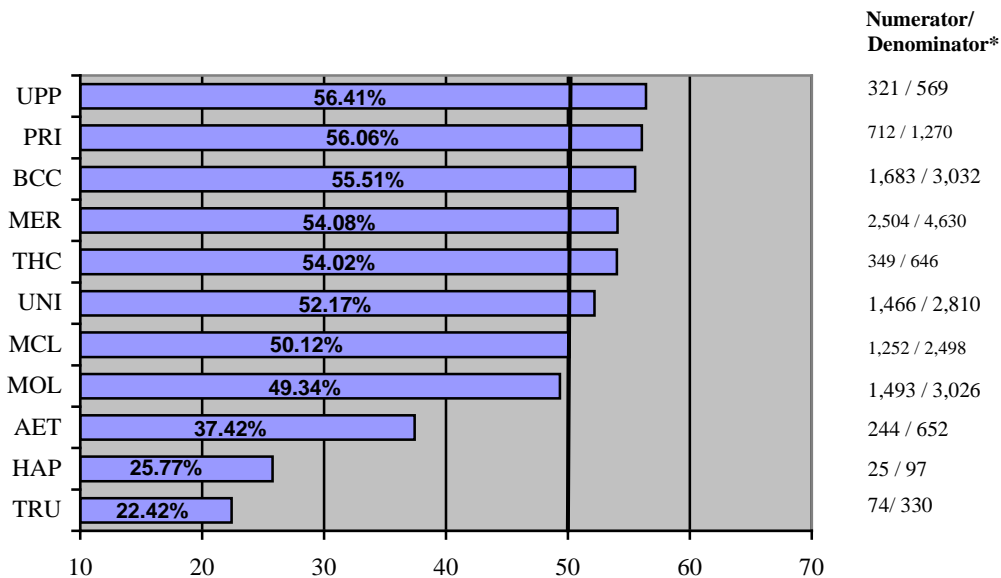
Quarterly

Summary: Seven plans met or exceeded the standard, while four plans (AET, HAP, MOL, and TRU) did not. Results ranged from 22.42% to 56.41%.

Table 4: Program Total²

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	13,832	23,269	55.15%

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 beneficiaries 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

August 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

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

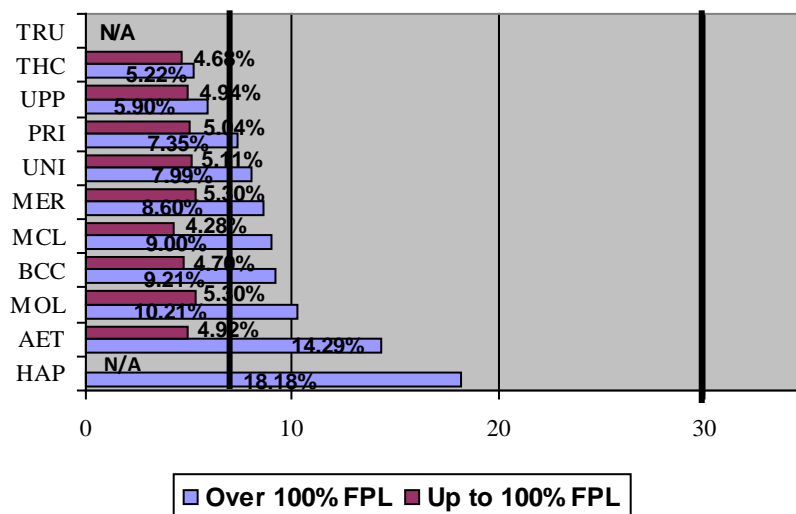
Summary:

In **Cohort 1**, for income levels over 100% FPL, ten plans met or exceeded the standard. Results ranged from 5.22% to 18.18%. For income levels up to 100% FPL, nine plans met or exceeded the standard. Results ranged from 4.28% to 5.30%.

In **Cohort 2**, for income levels over 100% FPL, nine plans met or exceeded the standard, while one plan (HAP) did not. Results ranged from 3.77% to 50.00%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 1.54% to 5.00%.

In **Cohort 3**, for income levels over 100% FPL, ten plans met or exceeded the standard, while one plan (TRU) did not. Results ranged from 7.42% to 30.77%. For income levels up to 100% FPL, ten plans met or exceeded the standard, while one plan (HAP) did not. Results ranged from 3.47% to 7.89%.

Figure 6: Transition into CFP Status - Cohort 1



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Figure 7: Transition into CFP Status - Cohort 2

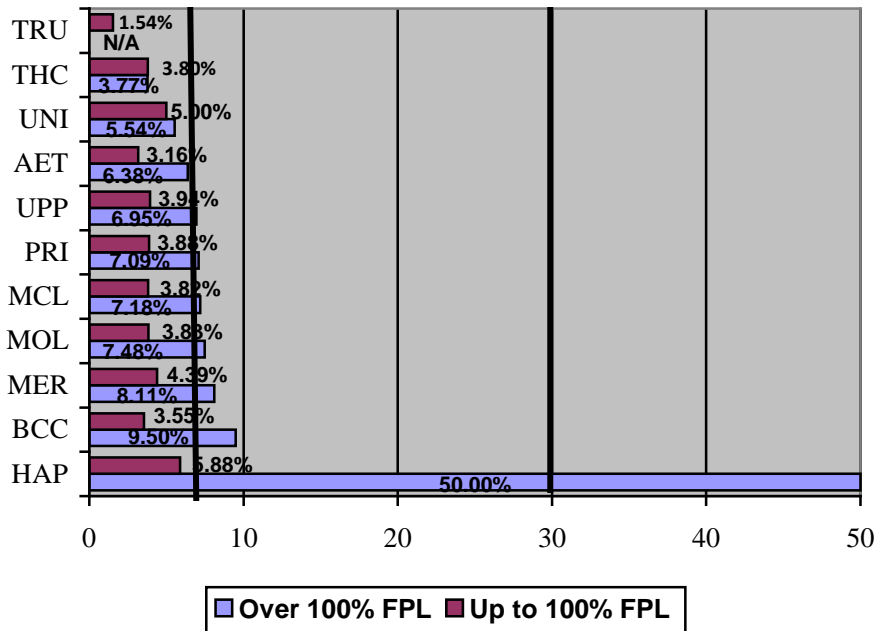
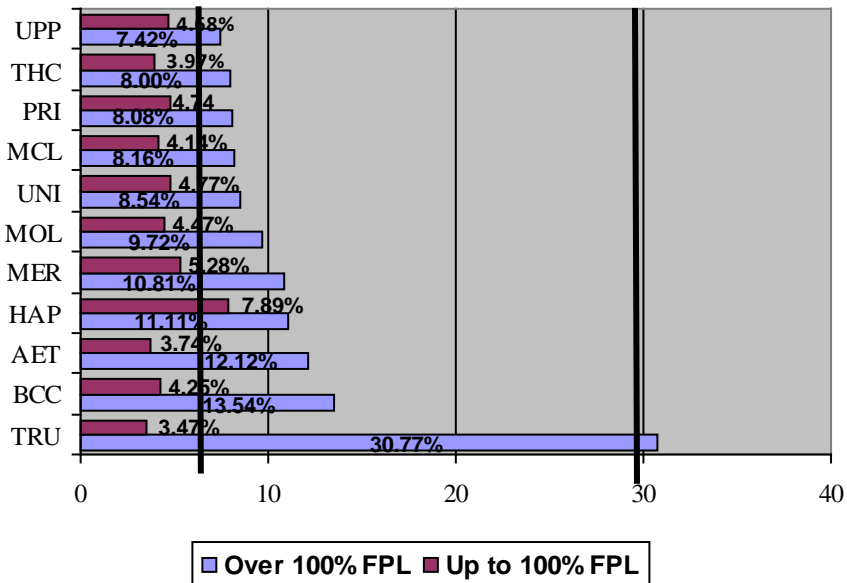


Figure 8: Transition into CFP Status - Cohort 3



Transition out of Consistently Fail to Pay (CFP) Status

Measure

The percentage of Healthy Michigan Plan beneficiaries 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

August 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

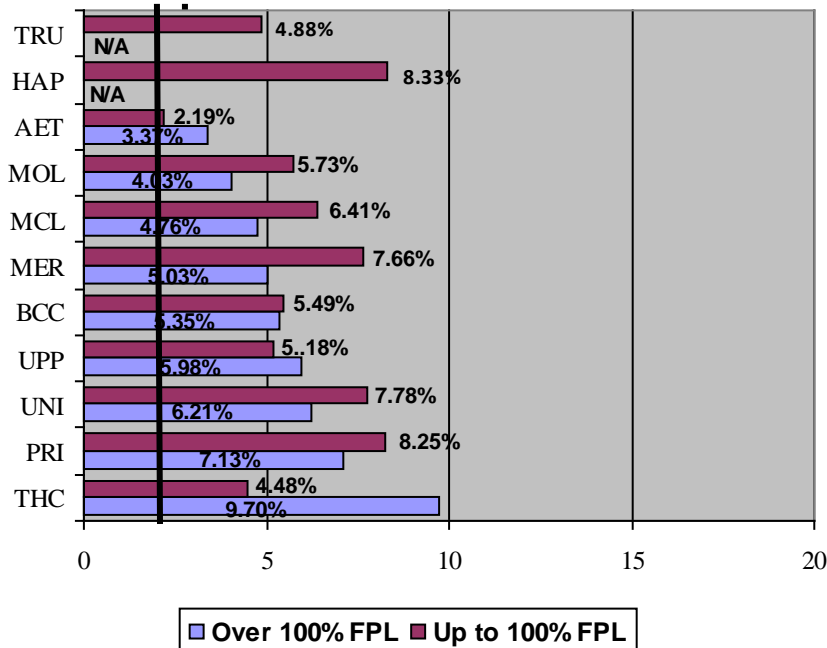
Summary:

In *Cohort 1*, for income levels over 100% FPL, nine plans met or exceeded the standard. Results ranged from 3.37% to 9.70%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.19% to 8.33%.

In *Cohort 2*, for income levels over 100% FPL, nine plans met or exceeded the standard. Results ranged from 2.36% to 5.16%. For income levels up to 100% FPL, ten plans met or exceeded the standard. Results ranged from 3.83% to 10.00%.

In *Cohort 3*, for income levels over 100% FPL, nine plans met or exceeded the standard, while two plans (AET and THC) did not. Results ranged from 1.32% to 7.14%. For income levels up to 100% FPL, ten plans met or exceeded the standard, while one plan (TRU) did not. Results ranged from 1.22% to 12.50%.

Figure 9: Transition out of CFP Status - Cohort 1



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Figure 10: Transition out of CFP Status - Cohort 2

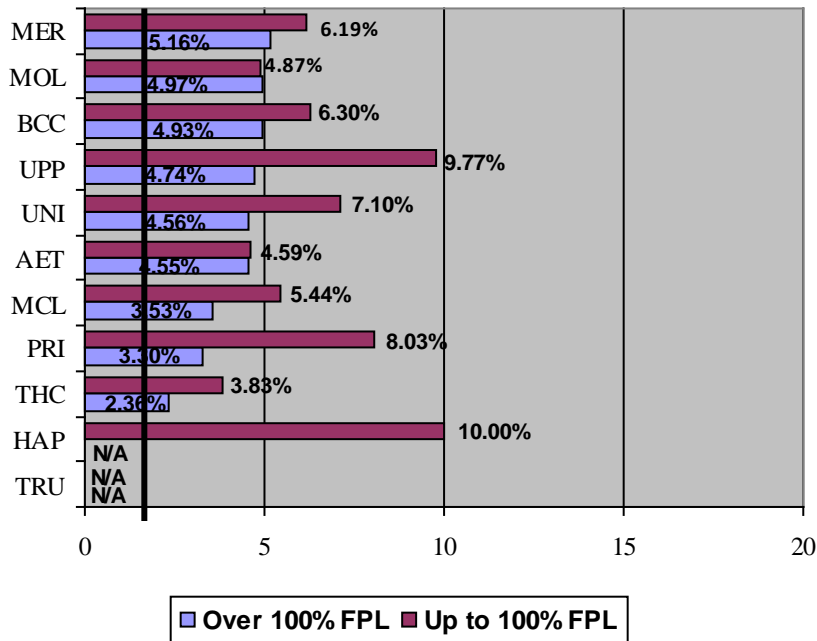
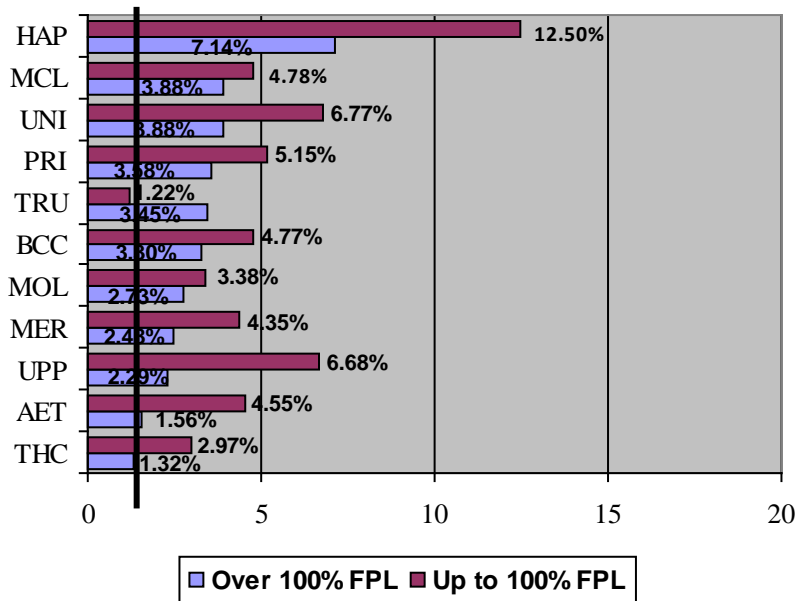


Figure 11: Transition out of CFP Status - Cohort 3



Appendix A: Three Letter Medicaid Health Plan Codes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	88.28%	N/A
	Jul 18 – Sep 18	Informational Only	88.14%	N/A
	Oct 18 – Dec 18	Informational Only	88.18%	N/A
	Jan 19 – Mar 19	Informational Only	89.35%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	10.55%	N/A
	Oct 17 – Sep 18	Informational Only	10.69%	N/A
	Jan 18 – Dec 18	Informational Only	10.28%	N/A
	Apr 18 – Mar 19	Informational Only	7.97%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	56.69%	Yes
	Apr 18 – Jun 18	50%	55.49%	Yes
	Jul 18 – Sep 18	50%	48.94%	No
	Oct 18 – Dec 18	50%	37.42%	No

Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	16.67%	Yes	25.40%	Yes	19.44%	Yes
30%	27.27%	Yes	12.50%	Yes	16.92%	Yes
30%	5.77%	Yes	14.75%	Yes	10.61%	Yes
30%	14.29%	Yes	6.38%	Yes	12.12%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	4.45%	Yes	5.88%	Yes	4.39%	Yes
7%	5.32%	Yes	3.86%	Yes	5.61%	Yes
7%	3.86%	Yes	1.72%	Yes	3.40%	Yes
7%	4.92%	Yes	3.16%	Yes	3.74%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

HEALTHY MICHIGAN PLAN:

Performance Measure		Measurement Period	Standard	Plan Result	Standard Achieved	
Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	1.85%	No	3.92%	Yes	1.23%	No
2%	4.17%	Yes	2.86%	Yes	0.60%	No
2%	2.68%	Yes	3.23%	Yes	1.32%	No
2%	3.37%	Yes	4.55%	Yes	1.56%	No
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	2.58%	Yes	1.98%	No	2.69%	Yes
2%	2.97%	Yes	4.83%	Yes	4.72%	Yes
2%	2.74%	Yes	2.73%	Yes	3.59%	Yes
2%	2.19%	Yes	4.59%	Yes	4.55%	Yes

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

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

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Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete of Michigan – BCC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	89.23%	N/A
	Jul 18 – Sep 18	Informational Only	89.03%	N/A
	Oct 18 – Dec 18	Informational Only	89.12%	N/A
	Jan 19 – Mar 19	Informational Only	90.71%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	12.26%	N/A
	Oct 17 – Sep 18	Informational Only	11.81%	N/A
	Jan 18 – Dec 18	Informational Only	11.40%	N/A
	Apr 18 – Mar 19	Informational Only	8.75%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	59.60%	Yes
	Apr 18 – Jun 18	50%	49.21%	No
	Jul 18 – Sep 18	50%	53.35%	Yes
	Oct 18 – Dec 18	50%	55.51%	Yes

*Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	11.14%	Yes	12.90%	Yes	12.26%	Yes
30%	12.71%	Yes	10.80%	Yes	10.65%	Yes
30%	7.17%	Yes	8.26%	Yes	10.34%	Yes
30%	9.21%	Yes	9.50%	Yes	13.54%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.31%	Yes	5.84%	Yes	5.68%	Yes
7%	5.19%	Yes	4.33%	Yes	4.17%	Yes
7%	4.36%	Yes	3.99%	Yes	3.75%	Yes
7%	4.70%	Yes	3.55%	Yes	4.25%	Yes

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

- 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
Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]				
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	2.04%	Yes	2.58%	Yes
2%	3.82%	Yes	3.54%	Yes
2%	3.07%	Yes	2.62%	Yes
2%	5.35%	Yes	4.93%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	4.83%	Yes	6.12%	Yes
2%	4.31%	Yes	4.58%	Yes
2%	3.87%	Yes	5.49%	Yes
2%	5.49%	Yes	6.30%	Yes
			Cohort 3 Result	Standard Achieved
			3.87%	Yes
			3.83%	Yes
			4.45%	Yes
			3.30%	Yes
			4.53%	Yes
			4.78%	Yes
			6.01%	Yes
			4.77%	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 18 – Jun 18	Informational Only	91.19%	N/A
	Jul 18 – Sep 18	Informational Only	89.02%	N/A
	Oct 18 – Dec 18	Informational Only	89.68%	N/A
	Jan 19 – Mar 19	Informational Only	89.81%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	8.77%	N/A
	Oct 17 – Sep 18	Informational Only	15.13%	N/A
	Jan 18 – Dec 18	Informational Only	18.36%	N/A
	Apr 18 – Mar 19	Informational Only	20.66%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	46.34%	N/A
	Apr 18 – Jun 18	50%	31.45%	No
	Jul 18 – Sep 18	50%	43.16%	No
	Oct 18 – Dec 18	50%	25.77%	No

*Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	12.50%	Yes	28.57%	Yes	12.50%	Yes
30%	12.50%	Yes	0.00%	No	12.50%	Yes
30%	N/A	N/A	N/A	N/A	N/A	N/A
30%	18.18%	Yes	50.00%	No	11.11%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	0.00%	Yes	14.29%	No	11.11%	No
7%	9.09%	No	50.00%	No	28.57%	No
7%	N/A	N/A	N/A	N/A	N/A	N/A
7%	N/A	N/A	5.88%	Yes	7.89%	No

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

- 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
Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]				
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	0.00%	No	14.29%	Yes
2%	0.00%	No	14.29%	Yes
2%	N/A	N/A	N/A	N/A
2%	N/A	N/A	N/A	N/A
7.14%				Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	0.00%	No	0.00%	No
2%	0.00%	No	0.00%	No
2%	N/A	N/A	N/A	N/A
2%	8.33%	Yes	10.00%	Yes
12.50%				Yes

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	91.06%	N/A
	Jul 18 – Sep 18	Informational Only	89.78%	N/A
	Oct 18 – Dec 18	Informational Only	89.69%	N/A
	Jan 19 – Mar 19	Informational Only	90.95%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	14.56%	N/A
	Oct 17 – Sep 18	Informational Only	13.42%	N/A
	Jan 18 – Dec 18	Informational Only	11.71%	N/A
	Apr 18 – Mar 19	Informational Only	8.42%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	54.99%	Yes
	Apr 18 – Jun 18	50%	46.70%	No
	Jul 18 – Sep 18	50%	51.66%	Yes
	Oct 18 – Dec 18	50%	50.12%	Yes

*Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	10.85%	Yes	10.65%	Yes	10.57%	Yes
30%	10.32%	Yes	8.84%	Yes	8.89%	Yes
30%	8.13%	Yes	8.12%	Yes	9.59%	Yes
30%	9.00%	Yes	7.18%	Yes	8.16%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.08%	Yes	4.50%	Yes	4.68%	Yes
7%	6.28%	Yes	5.14%	Yes	3.73%	Yes
7%	3.90%	Yes	3.60%	Yes	3.78%	Yes
7%	4.28%	Yes	3.82%	Yes	4.14%	Yes

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

- 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
Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]				
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	3.67%	Yes	5.08%	Yes
2%	3.64%	Yes	3.01%	Yes
2%	2.47%	Yes	3.25%	Yes
2%	4.76%	Yes	3.53%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	5.64%	Yes	5.60%	Yes
2%	5.76%	Yes	4.87%	Yes
2%	3.92%	Yes	6.94%	Yes
2%	6.41%	Yes	5.44%	Yes
			Cohort 3 Result	Standard Achieved
			3.92%	Yes
			2.53%	Yes
			4.32%	Yes
			3.88%	Yes
			5.40%	Yes
			3.66%	Yes
			5.00%	Yes
			4.78%	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 18 – Jun 18	Informational Only	88.09%	N/A
	Jul 18 – Sep 18	Informational Only	89.10%	N/A
	Oct 18 – Dec 18	Informational Only	89.03%	N/A
	Jan 19 – Mar 19	Informational Only	89.87%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	9.33%	N/A
	Oct 17 – Sep 18	Informational Only	8.65%	N/A
	Jan 18 – Dec 18	Informational Only	8.47%	N/A
	Apr 18 – Mar 19	Informational Only	5.81%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	56.36%	Yes
	Apr 18 – Jun 18	50%	50.17%	Yes
	Jul 18 – Sep 18	50%	54.11%	Yes
	Oct 18 – Dec 18	50%	54.08%	Yes

*Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	10.11%	Yes	12.34%	Yes	12.32%	Yes
30%	11.40%	Yes	10.31%	Yes	11.07%	Yes
30%	10.15%	Yes	9.55%	Yes	9.86%	Yes
30%	8.60%	Yes	8.11%	Yes	10.81%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.30%	Yes	5.01%	Yes	4.71%	Yes
7%	5.21%	Yes	4.58%	Yes	5.07%	Yes
7%	5.05%	Yes	4.62%	Yes	4.12%	Yes
7%	5.30%	Yes	4.39%	Yes	5.28%	Yes

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

- 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
Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]				
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	3.13%	Yes	3.33%	Yes
2%	3.41%	Yes	3.46%	Yes
2%	3.63%	Yes	3.36%	Yes
2%	5.03%	Yes	5.16%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	4.57%	Yes	5.19%	Yes
2%	4.78%	Yes	5.19%	Yes
2%	4.30%	Yes	4.47%	Yes
2%	7.66%	Yes	6.19%	Yes
			Cohort 3 Result	Standard Achieved
			3.61%	Yes
			2.45%	Yes
			4.21%	Yes
			2.48%	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 18 – Jun 18	Informational Only	89.31%	N/A
	Jul 18 – Sep 18	Informational Only	89.12%	N/A
	Oct 18 – Dec 18	Informational Only	89.15%	N/A
	Jan 19 – Mar 19	Informational Only	90.09%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	17.21%	N/A
	Oct 17 – Sep 18	Informational Only	15.66%	N/A
	Jan 18 – Dec 18	Informational Only	13.73%	N/A
	Apr 18 – Mar 19	Informational Only	10.17%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	50.56%	Yes
	Apr 18 – Jun 18	50%	44.99%	No
	Jul 18 – Sep 18	50%	49.42%	No
	Oct 18 – Dec 18	50%	49.34%	No

*Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	13.58%	Yes	12.47%	Yes	10.83%	Yes
30%	11.44%	Yes	9.99%	Yes	11.84%	Yes
30%	9.62%	Yes	8.29%	Yes	10.67%	Yes
30%	10.21%	Yes	7.48%	Yes	9.72%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.00%	Yes	5.52%	Yes	4.56%	Yes
7%	6.21%	Yes	4.62%	Yes	4.29%	Yes
7%	4.23%	Yes	4.37%	Yes	3.88%	Yes
7%	5.30%	Yes	3.83%	Yes	4.47%	Yes

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

- 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	
Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	3.52%	Yes	4.43%	Yes	2.81%	Yes
2%	3.85%	Yes	2.33%	Yes	2.25%	Yes
2%	2.94%	Yes	2.64%	Yes	3.74%	Yes
2%	4.03%	Yes	4.97%	Yes	2.73%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	4.13%	Yes	4.19%	Yes	4.02%	Yes
2%	3.93%	Yes	4.29%	Yes	3.14%	Yes
2%	4.02%	Yes	4.44%	Yes	5.32%	Yes
2%	5.73%	Yes	4.87%	Yes	3.38%	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 18 – Jun 18	Informational Only	88.58%	N/A
	Jul 18 – Sep 18	Informational Only	88.33%	N/A
	Oct 18 – Dec 18	Informational Only	88.33%	N/A
	Jan 19 – Mar 19	Informational Only	89.67%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	12.32%	N/A
	Oct 17 – Sep 18	Informational Only	12.20%	N/A
	Jan 18 – Dec 18	Informational Only	12.19%	N/A
	Apr 18 – Mar 19	Informational Only	7.52%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	60.97%	Yes
	Apr 18 – Jun 18	50%	53.03%	Yes
	Jul 18 – Sep 18	50%	56.59%	Yes
	Oct 18 – Dec 18	50%	56.06%	Yes

*Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	10.00%	Yes	9.84%	Yes	10.79%	Yes
30%	11.13%	Yes	8.52%	Yes	7.00%	Yes
30%	6.49%	Yes	7.77%	Yes	8.41%	Yes
30%	7.35%	Yes	7.09%	Yes	8.08%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.16%	Yes	5.64%	Yes	3.88%	Yes
7%	4.09%	Yes	4.12%	Yes	3.73%	Yes
7%	4.98%	Yes	3.16%	Yes	3.64%	Yes
7%	5.04%	Yes	3.88%	Yes	4.74%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Performance Measure		Measurement Period	Standard	Plan Result	Standard Achieved	
Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	3.76%	Yes	5.16%	Yes	5.52%	Yes
2%	4.48%	Yes	4.46%	Yes	4.77%	Yes
2%	3.48%	Yes	4.58%	Yes	5.45%	Yes
2%	7.13%	Yes	3.30%	Yes	3.58%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	6.18%	Yes	5.77%	Yes	5.72%	Yes
2%	4.44%	Yes	5.86%	Yes	3.83%	Yes
2%	4.51%	Yes	4.10%	Yes	6.61%	Yes
2%	8.25%	Yes	8.03%	Yes	5.15%	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 18 – Jun 18	Informational Only	90.24%	N/A
	Jul 18 – Sep 18	Informational Only	90.12%	N/A
	Oct 18 – Dec 18	Informational Only	90.13%	N/A
	Jan 19 – Mar 19	Informational Only	91.48%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	18.87%	N/A
	Oct 17 – Sep 18	Informational Only	18.35%	N/A
	Jan 18 – Dec 18	Informational Only	20.03%	N/A
	Apr 18 – Mar 19	Informational Only	21.14%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	57.58%	Yes
	Apr 18 – Jun 18	50%	42.47%	No
	Jul 18 – Sep 18	50%	49.67%	No
	Oct 18 – Dec 18	50%	54.02%	Yes

*Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	13.79%	Yes	10.92%	Yes	7.69%	Yes
30%	14.75%	Yes	11.30%	Yes	10.56%	Yes
30%	8.77%	Yes	5.94%	Yes	10.67%	Yes
30%	5.22%	Yes	3.77%	Yes	8.00%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	3.46%	Yes	4.41%	Yes	3.82%	Yes
7%	4.52%	Yes	4.35%	Yes	3.61%	Yes
7%	2.94%	Yes	2.96%	Yes	2.41%	Yes
7%	4.68%	Yes	3.80%	Yes	3.97%	Yes

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

- 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
Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]				
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	0.64%	No	2.61%	Yes
2%	5.75%	Yes	1.23%	No
2%	1.25%	No	2.78%	Yes
2%	9.70%	Yes	2.36%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	2.95%	Yes	2.93%	Yes
2%	1.75%	No	2.91%	Yes
2%	3.50%	Yes	2.36%	Yes
2%	4.48%	Yes	3.83%	Yes
				Cohort 3 Result
				1.99%
				3.50%
				4.94%
				1.32%
				Standard Achieved
				No
				Yes
				Yes
				Yes
				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

Trusted Health Plan – TRU

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	90.74%	N/A
	Jul 18 – Sep 18	Informational Only	91.03%	N/A
	Oct 18 – Dec 18	Informational Only	91.69%	N/A
	Jan 19 – Mar 19	Informational Only	91.27%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	8.50%	N/A
	Oct 17 – Sep 18	Informational Only	8.47%	N/A
	Jan 18 – Dec 18	Informational Only	5.27%	N/A
	Apr 18 – Mar 19	Informational Only	3.03%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	28.04%	No
	Apr 18 – Jun 18	50%	N/A	N/A
	Jul 18 – Sep 18	50%	24.09%	No
	Oct 18 – Dec 18	50%	22.42%	No

*Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	54.55%	No	33.33%	No	8.33%	Yes
30%	40.00%	No	25.00%	Yes	16.67%	Yes
30%	N/A	N/A	N/A	N/A	N/A	N/A
30%	N/A	N/A	N/A	N/A	30.77%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	2.27%	Yes	7.32%	No	4.35%	Yes
7%	3.00%	Yes	3.17%	Yes	3.59%	Yes
7%	N/A	N/A	N/A	N/A	N/A	N/A
7%	N/A	N/A	1.54%	Yes	3.47%	Yes

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

- 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

Trusted Health Plan – TRU

HEALTHY MICHIGAN PLAN:

Performance Measure		Measurement Period		Standard		Plan Result		Standard Achieved	
Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]									
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved			
2%	0.00%	No	0.00%	No	3.23%	Yes			
2%	7.14%	Yes	0.00%	No	0.00%	No			
2%	N/A	N/A	N/A	N/A	N/A	N/A			
2%	N/A	N/A	N/A	N/A	3.45%	Yes			
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved			
2%	5.17%	Yes	2.78%	Yes	2.88%	Yes			
2%	4.00%	Yes	0.00%	No	2.22%	Yes			
2%	N/A	N/A	N/A	N/A	N/A	N/A			
2%	4.88%	Yes	N/A	N/A	1.22%	No			

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	89.47%	N/A
	Jul 18 – Sep 18	Informational Only	89.18%	N/A
	Oct 18 – Dec 18	Informational Only	89.19%	N/A
	Jan 19 – Mar 19	Informational Only	89.53%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	13.12%	N/A
	Oct 17 – Sep 18	Informational Only	12.84%	N/A
	Jan 18 – Dec 18	Informational Only	12.66%	N/A
	Apr 18 – Mar 19	Informational Only	9.84%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	54.21%	Yes
	Apr 18 – Jun 18	50%	46.48%	No
	Jul 18 – Sep 18	50%	53.37%	Yes
	Oct 18 – Dec 18	50%	52.17%	Yes

*Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	10.29%	Yes	12.00	Yes	11.95%	Yes
30%	9.48%	Yes	8.22%	Yes	8.34%	Yes
30%	8.73%	Yes	9.32%	Yes	10.26%	Yes
30%	7.99%	Yes	5.54%	Yes	8.54%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.04%	Yes	5.34%	Yes	5.40%	Yes
7%	6.14%	Yes	4.92%	Yes	4.54%	Yes
7%	4.65%	Yes	4.45%	Yes	3.82%	Yes
7%	5.11%	Yes	5.00%	Yes	4.77%	Yes

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

- 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	
Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	4.59%	Yes	4.13%	Yes	4.05%	Yes
2%	5.55%	Yes	3.27%	Yes	2.75%	Yes
2%	4.02%	Yes	3.32%	Yes	4.32%	Yes
2%	7.78%	Yes	7.10%	Yes	6.77%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	6.95%	Yes	6.26%	Yes	5.40%	Yes
2%	5.11%	Yes	5.45%	Yes	4.84%	Yes
2%	4.84%	Yes	5.27%	Yes	5.70%	Yes
2%	6.21%	Yes	4.56%	Yes	3.88%	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 18 – Jun 18	Informational Only	88.68%	N/A
	Jul 18 – Sep 18	Informational Only	88.66%	N/A
	Oct 18 – Dec 18	Informational Only	88.52%	N/A
	Jan 19 – Mar 19	Informational Only	89.25%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	13.53%	N/A
	Oct 17 – Sep 18	Informational Only	12.09%	N/A
	Jan 18 – Dec 18	Informational Only	10.96%	N/A
	Apr 18 – Mar 19	Informational Only	5.07%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	58.43%	Yes
	Apr 18 – Jun 18	50%	59.85%	Yes
	Jul 18 – Sep 18	50%	58.79%	Yes
	Oct 18 – Dec 18	50%	56.41%	Yes

*Transition into CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	8.67%	Yes	9.33%	Yes	9.68%	Yes
30%	10.40%	Yes	8.92%	Yes	7.72%	Yes
30%	6.05%	Yes	6.58%	Yes	8.24%	Yes
30%	5.90%	Yes	6.95%	Yes	7.42%	Yes
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	4.44%	Yes	4.73%	Yes	4.99%	Yes
7%	4.52%	Yes	6.12%	Yes	4.15%	Yes
7%	3.43%	Yes	4.72%	Yes	3.59%	Yes
7%	4.94%	Yes	3.94%	Yes	4.68%	Yes

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

- 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
Transition out of CFP Status: [Nov 17 – Dec 18; Feb 18 – Mar 19; May 18 – Jun 19; Aug 18 – Sep 19]				
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	3.50%	Yes	3.24%	Yes
2%	6.45%	Yes	4.49%	Yes
2%	3.83%	Yes	5.04%	Yes
2%	5.98%	Yes	4.74%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved
2%	7.57%	Yes	7.14%	Yes
2%	3.98%	Yes	5.50%	Yes
2%	5.18%	Yes	4.95%	Yes
2%	5.18%	Yes	9.77%	Yes
			Cohort 3 Result	Standard Achieved
			5.17%	Yes
			5.04%	Yes
			4.29%	Yes
			2.29%	Yes
			6.68%	Yes
			7.23%	Yes
			7.93%	Yes
			6.68%	Yes

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

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

PERFORMANCE MONITORING REPORT

Healthy Michigan Plan – Dental Measures

Composite – All Plans



October 2019

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

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Performance Monitoring Report

Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State’s Medicaid Health Plans (MHPs) through 27 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include MDHHS Administrative Measures, Healthy Michigan Plan (HMP) Measures, HMP Dental Measures, CMS Core Set Measures, Health Equity HEDIS Measures, HEDIS Measures and Managed Care Quality Measures. **This report focuses only on the following HMP Dental Measures:**

Healthy Michigan Plan		
<i>Diagnostic Dental Services</i>	<i>Preventive Dental Services</i>	<i>Restorative (Dental Fillings) Dental Services</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 2019 unless otherwise noted.

Table 1: Fiscal Year 2019¹

Quarterly Reported Measures	Reported in 1 st Quarter	Reported in 2 nd Quarter	Reported in 3 rd Quarter	Reported in 4 th Quarter
Diagnostic Dental Services	N/A	N/A	N/A	N/A
Preventive Dental Services	N/A	N/A	N/A	N/A
Restorative (Dental Fillings) Dental Services	N/A	N/A	N/A	N/A

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

Healthy Michigan Plan Enrollment

Healthy Michigan Plan Medicaid Managed Care (HMP-MC) enrollment has remained steady over the past year. In September 2019, enrollment was 523,906, down 19,739 enrollees (3.6%) from October 2018. An increase of 7,321 enrollees (1.5%) was realized between August 2019 and September 2019.

Figure 1: HMP-MC Enrollment, October 2018 – September 2019

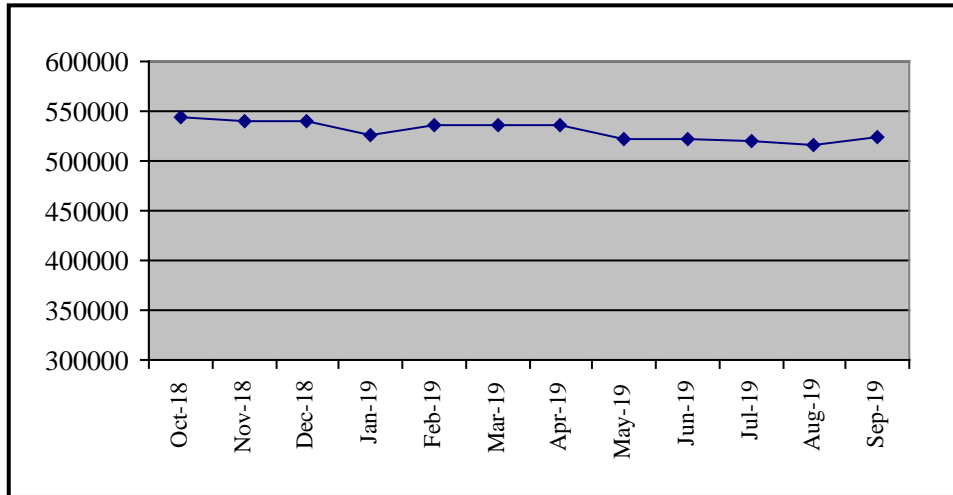
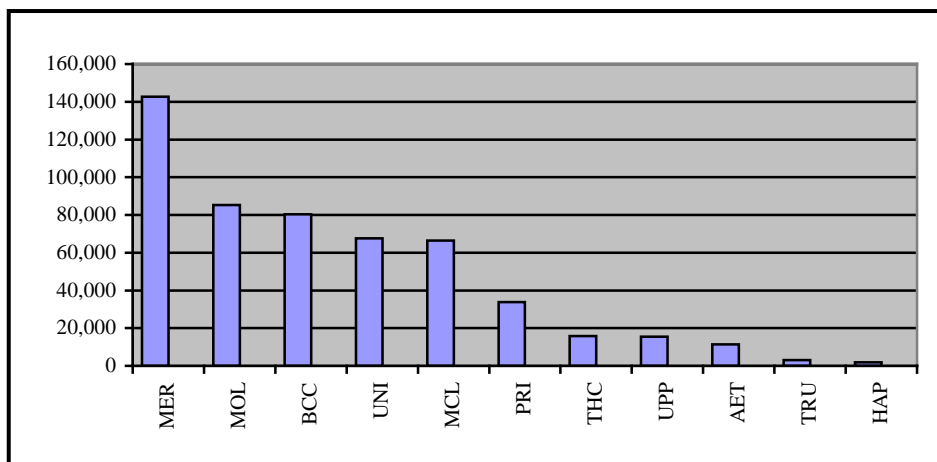


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, September 2019



Medicaid Health Plan News

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

As of January 1, 2019, HAP Midwest (MID) has changed their name to HAP Empowered (HAP). All references to MID in this report should now reflect the new HAP acronym.

As of April 1, 2019, Harbor Health Plan (HAR) has changed their name to Trusted Health Plan Michigan, Inc. (TRU). All references to HAR in this report should now reflect the new TRU acronym.

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 enrollees between the ages of 19 and 64 who received at least one diagnostic dental service within the measurement period.

Standard

N/A – Informational Only

Measurement Period

April 2018 – March 2019

Data Source

MDHHS Data Warehouse

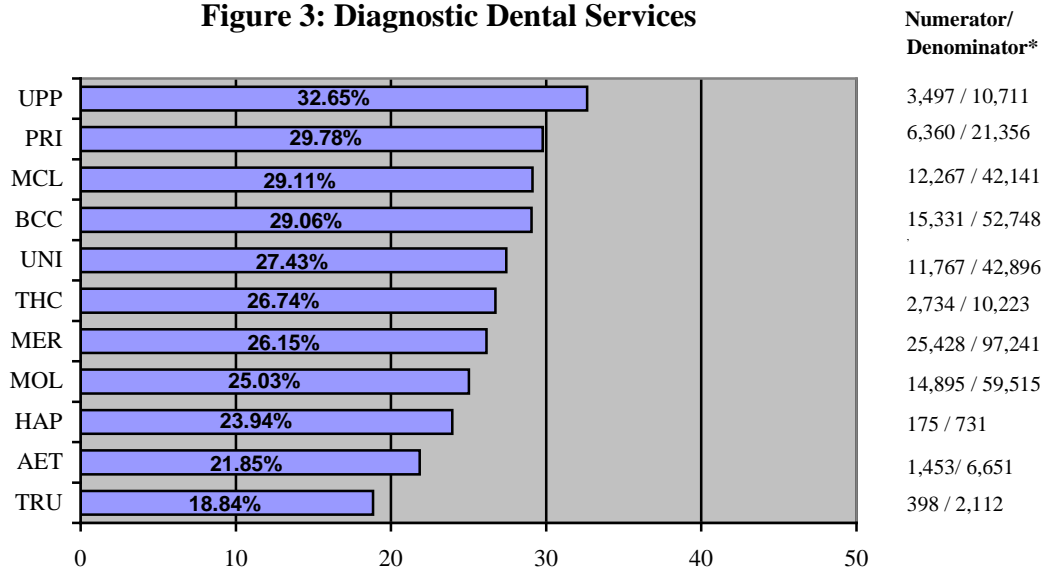
Measurement Frequency

Quarterly

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	1,119	6,447	17.36%
HMP Managed Care (MC) Only	96,686	352,883	27.40%

Figure 3: Diagnostic Dental Services



Diagnostic Dental Services Percentages

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

Preventive Dental Services

Measure

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

Standard

N/A – Informational Only

Measurement Period

April 2018 – March 2019

Data Source

MDHHS Data Warehouse

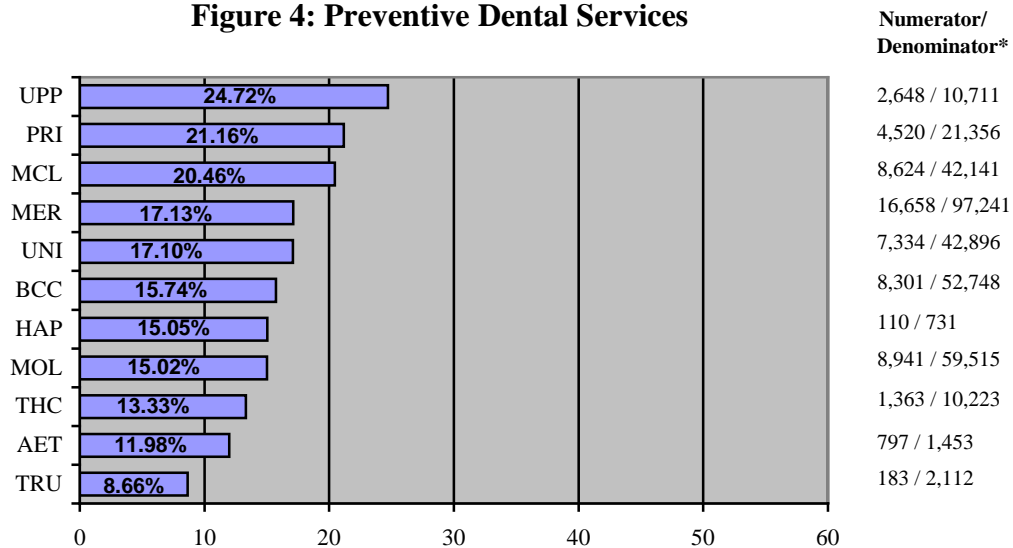
Measurement Frequency

Quarterly

Table 3: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	594	6,447	9.21%
HMP Managed Care (MC) Only	60,883	352,883	17.25%

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 enrollees between the ages of 19 and 64 who received at least one restorative (dental fillings) dental service within the measurement period.

Standard

N/A – Informational Only

Measurement Period

April 2018 – March 2019

Data Source

MDHHS Data Warehouse

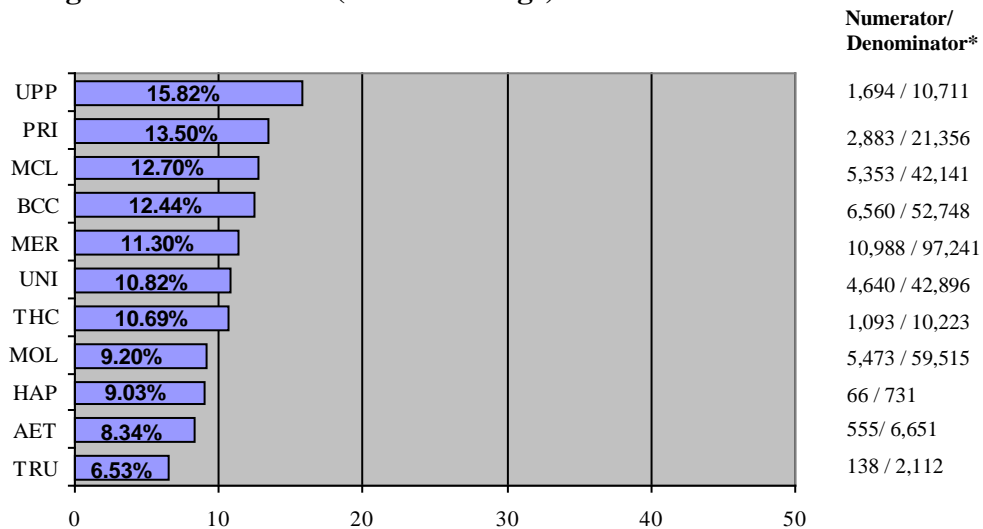
Measurement Frequency

Quarterly

Table 4: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	405	6,447	6.28%
HMP Managed Care (MC) Only	40,522	352,883	11.48%

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.

Appendix A: Three Letter Medicaid Health Plan Codes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	19.85%	N/A
	Oct 17 – Sep 18	Informational Only	20.17%	N/A
	Jan 18 – Dec 18	Informational Only	21.08%	N/A
	Apr 18 – Mar 19	Informational Only	21.85%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	11.01%	N/A
	Oct 17 – Sep 18	Informational Only	11.16%	N/A
	Jan 18 – Dec 18	Informational Only	11.82%	N/A
	Apr 18 – Mar 19	Informational Only	11.98%	N/A

Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	8.10%	N/A
	Oct 17 – Sep 18	Informational Only	8.00%	N/A
	Jan 18 – Dec 18	Informational Only	8.22%	N/A
	Apr 18 – Mar 19	Informational Only	8.34%	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

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	28.79%	N/A
	Oct 17 – Sep 18	Informational Only	28.67%	N/A
	Jan 18 – Dec 18	Informational Only	28.86%	N/A
	Apr 18 – Mar 19	Informational Only	29.06%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	14.58%	N/A
	Oct 17 – Sep 18	Informational Only	14.72%	N/A
	Jan 18 – Dec 18	Informational Only	15.44%	N/A
	Apr 18 – Mar 19	Informational Only	15.74%	N/A

Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	12.91%	N/A
	Oct 17 – Sep 18	Informational Only	12.65%	N/A
	Jan 18 – Dec 18	Informational Only	12.58%	N/A
	Apr 18 – Mar 19	Informational Only	12.44%	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

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	18.60%	N/A
	Oct 17 – Sep 18	Informational Only	19.30%	N/A
	Jan 18 – Dec 18	Informational Only	21.39%	N/A
	Apr 18 – Mar 19	Informational Only	23.94%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	11.09%	N/A
	Oct 17 – Sep 18	Informational Only	12.35%	N/A
	Jan 18 – Dec 18	Informational Only	13.19%	N/A
	Apr 18 – Mar 19	Informational Only	15.05%	N/A

Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	8.05%	N/A
	Oct 17 – Sep 18	Informational Only	8.70%	N/A
	Jan 18 – Dec 18	Informational Only	8.56%	N/A
	Apr 18 – Mar 19	Informational Only	9.03%	N/A

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

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Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	32.80%	N/A
	Oct 17 – Sep 18	Informational Only	30.03%	N/A
	Jan 18 – Dec 18	Informational Only	29.26%	N/A
	Apr 18 – Mar 19	Informational Only	29.11%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	23.12%	N/A
	Oct 17 – Sep 18	Informational Only	20.75%	N/A
	Jan 18 – Dec 18	Informational Only	20.40%	N/A
	Apr 18 – Mar 19	Informational Only	20.46%	N/A

Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	14.38%	N/A
	Oct 17 – Sep 18	Informational Only	13.07%	N/A
	Jan 18 – Dec 18	Informational Only	12.71%	N/A
	Apr 18 – Mar 19	Informational Only	12.70%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan of Michigan – MER

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	26.01%	N/A
	Oct 17 – Sep 18	Informational Only	25.69%	N/A
	Jan 18 – Dec 18	Informational Only	26.08%	N/A
	Apr 18 – Mar 19	Informational Only	26.15%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	16.69%	N/A
	Oct 17 – Sep 18	Informational Only	16.42%	N/A
	Jan 18 – Dec 18	Informational Only	17.11%	N/A
	Apr 18 – Mar 19	Informational Only	17.13%	N/A

Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	11.70%	N/A
	Oct 17 – Sep 18	Informational Only	11.44%	N/A
	Jan 18 – Dec 18	Informational Only	11.42%	N/A
	Apr 18 – Mar 19	Informational Only	11.30%	N/A

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	24.33%	N/A
	Oct 17 – Sep 18	Informational Only	24.80%	N/A
	Jan 18 – Dec 18	Informational Only	25.17%	N/A
	Apr 18 – Mar 19	Informational Only	25.03%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	13.89%	N/A
	Oct 17 – Sep 18	Informational Only	14.27%	N/A
	Jan 18 – Dec 18	Informational Only	14.87%	N/A
	Apr 18 – Mar 19	Informational Only	15.02%	N/A

Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	9.03%	N/A
	Oct 17 – Sep 18	Informational Only	9.27%	N/A
	Jan 18 – Dec 18	Informational Only	9.39%	N/A
	Apr 18 – Mar 19	Informational Only	9.20%	N/A

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	28.58%	N/A
	Oct 17 – Sep 18	Informational Only	29.24%	N/A
	Jan 18 – Dec 18	Informational Only	29.69%	N/A
	Apr 18 – Mar 19	Informational Only	29.78%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	20.23%	N/A
	Oct 17 – Sep 18	Informational Only	20.73%	N/A
	Jan 18 – Dec 18	Informational Only	21.10%	N/A
	Apr 18 – Mar 19	Informational Only	21.16%	N/A

Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	13.28%	N/A
	Oct 17 – Sep 18	Informational Only	13.49%	N/A
	Jan 18 – Dec 18	Informational Only	13.54%	N/A
	Apr 18 – Mar 19	Informational Only	13.50%	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

Total Health Care – THC

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	25.87%	N/A
	Oct 17 – Sep 18	Informational Only	26.26%	N/A
	Jan 18 – Dec 18	Informational Only	26.75%	N/A
	Apr 18 – Mar 19	Informational Only	26.74%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	12.13%	N/A
	Oct 17 – Sep 18	Informational Only	12.62%	N/A
	Jan 18 – Dec 18	Informational Only	13.06%	N/A
	Apr 18 – Mar 19	Informational Only	13.33%	N/A

Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	10.85%	N/A
	Oct 17 – Sep 18	Informational Only	10.78%	N/A
	Jan 18 – Dec 18	Informational Only	10.56%	N/A
	Apr 18 – Mar 19	Informational Only	10.69%	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

Trusted Health Plan – TRU

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	19.77%	N/A
	Oct 17 – Sep 18	Informational Only	18.66%	N/A
	Jan 18 – Dec 18	Informational Only	17.97%	N/A
	Apr 18 – Mar 19	Informational Only	18.84%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	8.27%	N/A
	Oct 17 – Sep 18	Informational Only	8.24%	N/A
	Jan 18 – Dec 18	Informational Only	7.95%	N/A
	Apr 18 – Mar 19	Informational Only	8.66%	N/A

Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	7.76%	N/A
	Oct 17 – Sep 18	Informational Only	7.13%	N/A
	Jan 18 – Dec 18	Informational Only	6.65%	N/A
	Apr 18 – Mar 19	Informational Only	6.53%	N/A

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Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	28.02%	N/A
	Oct 17 – Sep 18	Informational Only	27.13%	N/A
	Jan 18 – Dec 18	Informational Only	27.45%	N/A
	Apr 18 – Mar 19	Informational Only	27.43%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	16.86%	N/A
	Oct 17 – Sep 18	Informational Only	16.76%	N/A
	Jan 18 – Dec 18	Informational Only	17.32%	N/A
	Apr 18 – Mar 19	Informational Only	17.10%	N/A

Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	11.58%	N/A
	Oct 17 – Sep 18	Informational Only	11.05%	N/A
	Jan 18 – Dec 18	Informational Only	11.12%	N/A
	Apr 18 – Mar 19	Informational Only	10.82%	N/A

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Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	34.97%	N/A
	Oct 17 – Sep 18	Informational Only	34.40%	N/A
	Jan 18 – Dec 18	Informational Only	33.78%	N/A
	Apr 18 – Mar 19	Informational Only	32.65%	N/A

Preventive Dental Services	Jul 17 – Jun 18	Informational Only	25.95%	N/A
	Oct 17 – Sep 18	Informational Only	25.75%	N/A
	Jan 18 – Dec 18	Informational Only	25.14%	N/A
	Apr 18 – Mar 19	Informational Only	24.72%	N/A

Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	17.28%	N/A
	Oct 17 – Sep 18	Informational Only	16.41%	N/A
	Jan 18 – Dec 18	Informational Only	16.38%	N/A
	Apr 18 – Mar 19	Informational Only	15.82%	N/A

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

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

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
July-September 2019

Produced by:

Quality Improvement and Program Development - Managed Care Plan Division

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Introduction

Pursuant to PA 107 of 2013, sections 105d(1)e and 105d(12), a Health Risk Assessment has been developed for the Healthy Michigan Plan (form DCH-1315). It is designed as a two part document, where the beneficiary completes the first three sections and the health care provider completes the last section. It includes questions on a wide range of health issues, a readiness to change assessment, and a discussion about behavior change between the beneficiary and the health care provider. The topics in the assessment cover all of the behaviors identified in PA 107 including alcohol use, substance use disorders, tobacco use, obesity and immunizations. It also includes the recommended healthy behaviors identified in the Michigan Health and Wellness 4X4 Plan, which include annual physicals, healthy diet, regular physical exercise and reducing tobacco use. As of April 2018, three new questions were added on the topics of annual dental visit, access to transportation and unmet basic needs. The question on anxiety and depression was removed and replaced with a question on chronic stress based on feedback regarding the most meaningful ways to ask about self-reported behavioral health status.

Health Risk Assessment Part 1

Health Risk Assessments completion through Michigan ENROLLS

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

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

The completion of the Health Risk Assessment with the enrollment broker was temporarily put on hold in May 2019.

Health Risk Assessment Part 2

Health Risk Assessments completion with Provider Attestation

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

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

The data displayed in Part 2 of this report reflect the healthy behavior goals selected in the final section of the Health Risk Assessment. As shown in Table 13, a total of 14,499 Health Risk Assessments were completed in the July-September 2019 quarter. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 14.

Among beneficiaries who completed the Health Risk Assessment, 12,377 or 85.4% of beneficiaries agreed to address health risk behaviors. In addition, 1,861 or 12.8% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 98.2% of beneficiaries are choosing to address or maintain healthy behaviors. The healthy behaviors goal statements selected are reported in Table 15. Healthy behavior goal statements are also reported by age and FPL in Figures 15-2 and 15-3.

Of the 12,377 beneficiaries who agreed to address health risk behaviors, 58.9% chose to address more than one healthy behavior. Tables 13 and 14 report the most frequently selected health risk behaviors to address, alone and in combination. Figure 18 is a Venn diagram representing the overlapping nature of the multiple healthy behaviors selected.

Health Risk Assessment Completion with Health Care Provider

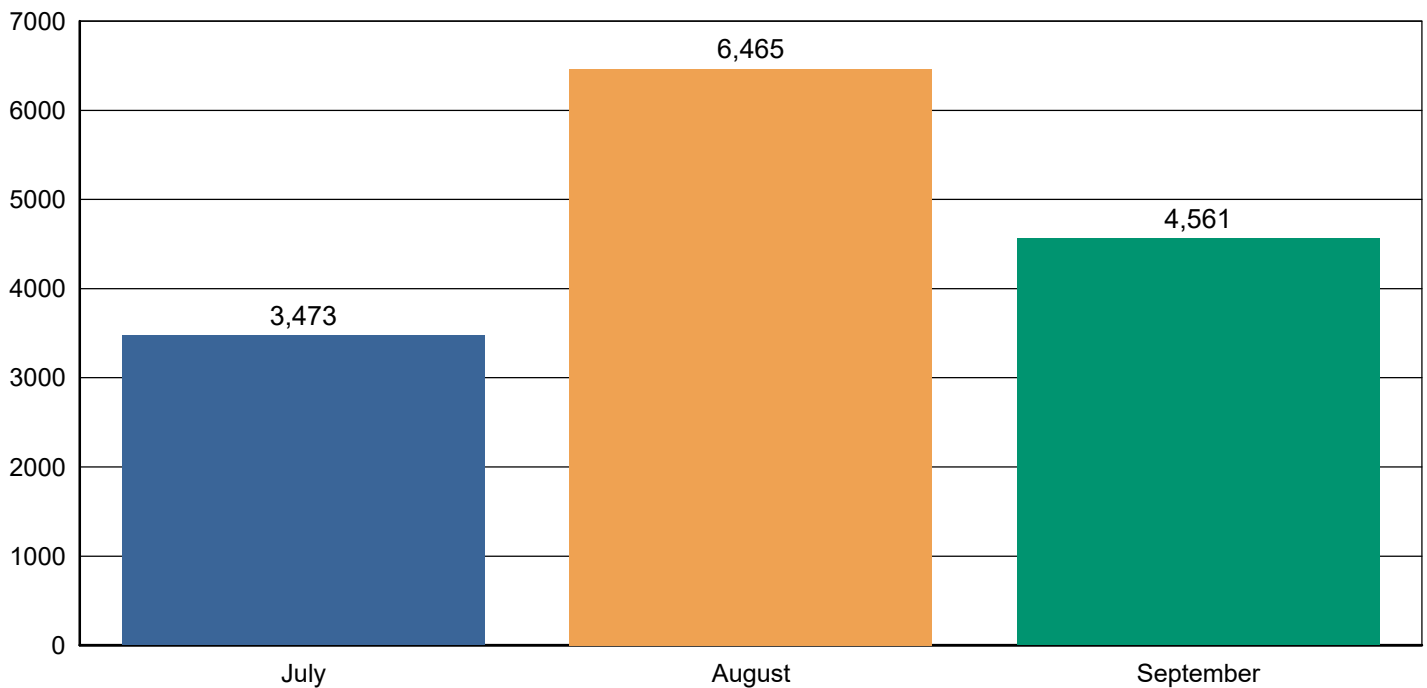
Table 1. Count of Health Risk Assessments (HRA) Completed with Attestation by Month submitted

MONTH	COMPLETE	TOTAL
October 2018	3,743	303,983
November 2018	4,841	308,824
December 2018	4,917	313,741
January 2019	2,920	316,661
February 2019	3,277	319,938
March 2019	4,671	324,609
April 2019	4,003	328,612
May 2019	4,724	333,336
June 2019	3,954	337,290
July 2019	3,473	340,763
August 2019	6,465	347,228
September 2019	4,561	351,789

Table 2. Demographics of Population that Completed HRA with Attestation

July 2019 - September 2019		
AGE GROUP	COMPLETED HRA	
19 - 34	4,828	33.30%
35 - 49	4,148	28.61%
50 +	5,523	38.09%
GENDER		
F	8,319	57.38%
M	6,180	42.62%
FPL		
< 100% FPL	11,549	79.65%
100 - 133% FPL	2,950	20.35%
TOTAL	14,499	100.00%

**Figure 1-1. Health Risk Assessments Completed with Attestation
July - September 2019**



Healthy Behaviors Statement Selection

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

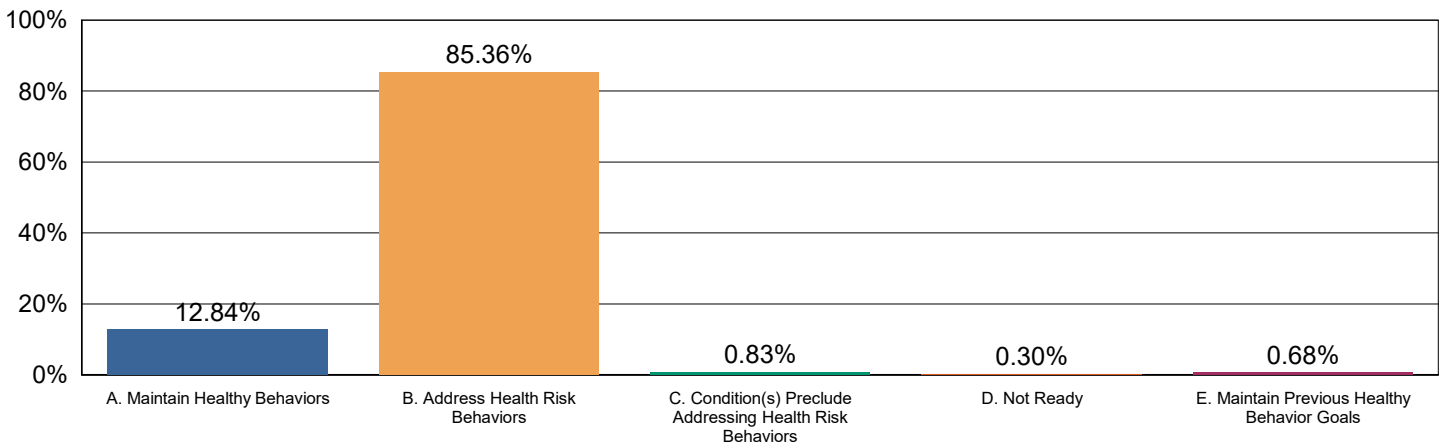
- A. Patient does not have health risk behaviors that need to be addressed at this times
- B. Patient has identified at least one behavior to address over the next year to improve their health
- C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing 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.

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

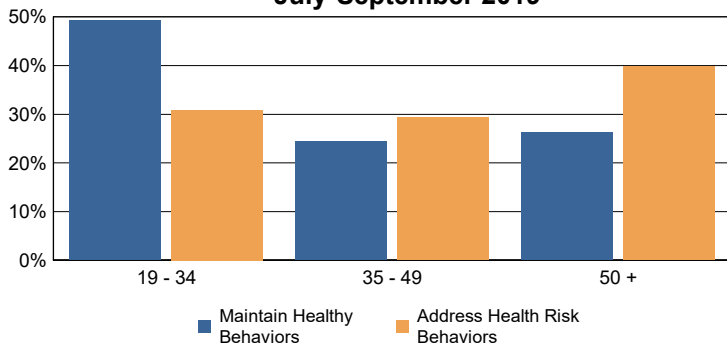
**Table 3. Healthy Behaviors Statement Selection
July - September 2019**

CHECK-UP	TOTAL	PERCENT
A. Maintain Healthy Behaviors	1,861	12.84%
B. Address Health Risk Behaviors	12,377	85.37%
C. Condition(s) Preclude Addressing Health Risk Behaviors	120	0.83%
D. Not Ready	43	0.30%
E. Maintain Previous Healthy Behavior Goals	98	0.68%
TOTAL	14,499	100.00%

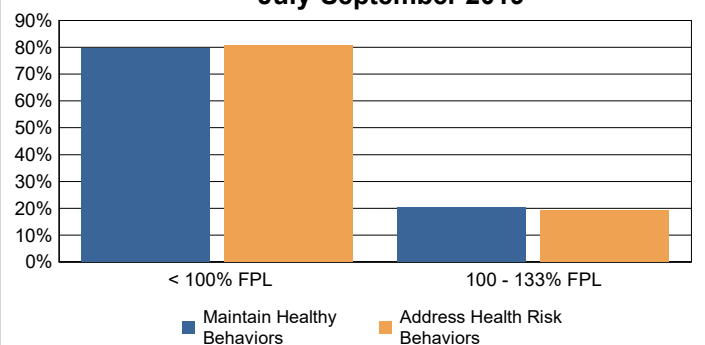
**Figure 3-1. Healthy Behaviors Statement Selection
July - September 2019**



**Figure 3-2. Statement Selection by Age
July-September 2019**



**Figure 3-3. Statement Selection by FPL
July-September 2019**



Selection of Health Risk Behaviors to Address

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

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

Of the 12,377 HRAs submitted through July-September 2019 where the beneficiary chose to address health risk behaviors, 58.92% 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 4. Health Risk Behaviors Selected in Combination and Alone

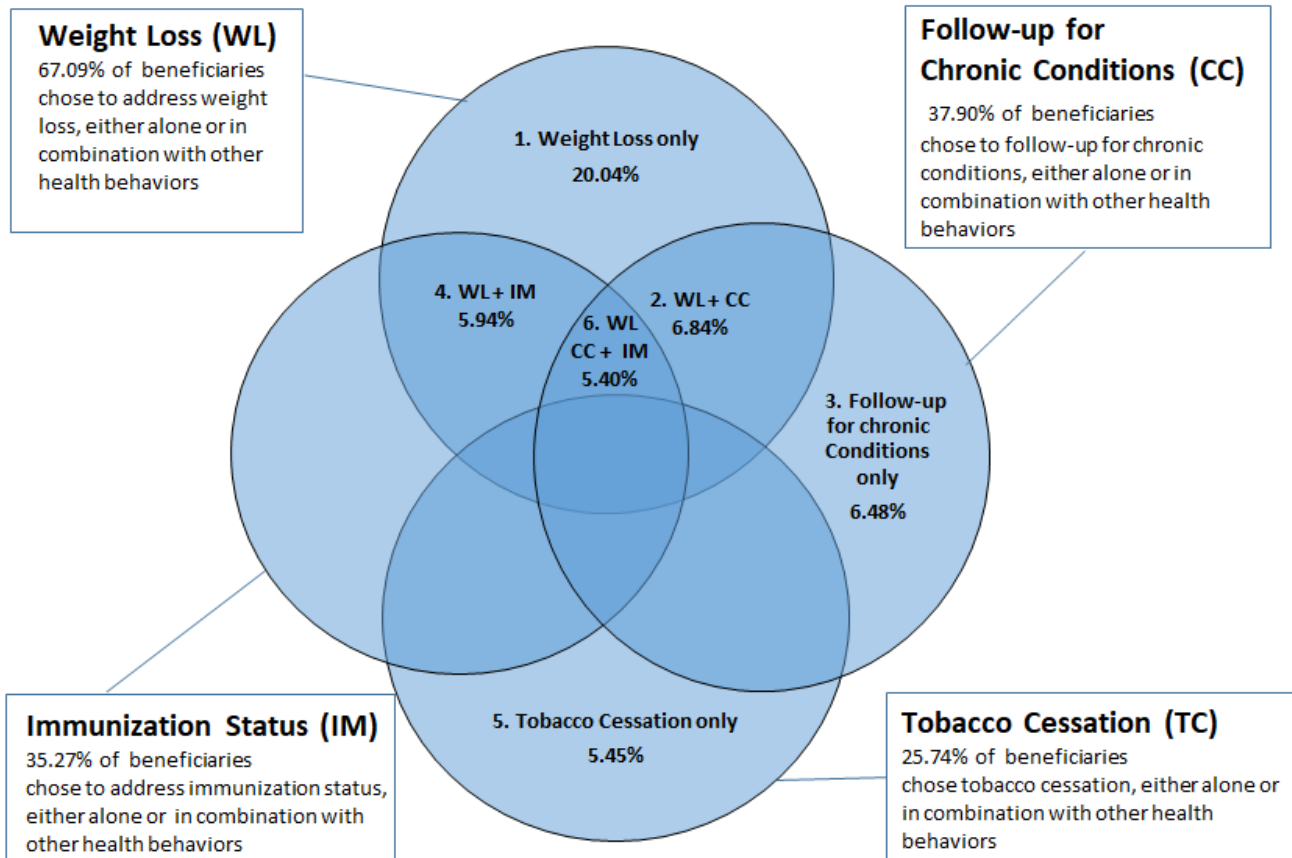
Health Risk Behavior	Chose this behavior and at least one more	Chose ONLY this behavior
Weight Loss	67.09%	20.04%
Tobacco Cessation	25.74%	5.45%
Immunization Status (Annual Flu Vaccine)	35.27%	3.41%
Follow-up for Chronic Conditions	37.90%	6.48%
Addressing Alcohol Abuse	3.96%	0.39%
Addressing Substance Abuse	1.30%	0.21%
Dental visit	9.06%	0.41%
Follow-up appointment for maternity care/reproductive health	1.16%	0.17%
Follow-up appointment for recommended cancer or other preventative screening(s)	15.31%	1.27%
Follow-up appointment for mental health/behavioral health	7.15%	1.55%
Other	4.78%	1.71%

Table 5. Top 10 Most Selected Health Risk Behavior Combinations

Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	2,480	20.04%
2. Weight Loss, Follow-up for Chronic Conditions	847	6.84%
3. Follow-up for Chronic Conditions	802	6.48%
4. Weight Loss, Immunization Status	735	5.94%
5. Tobacco Cessation ONLY	675	5.45%
6. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	668	5.40%
7. Weight Loss, Tobacco Cessation	443	3.58%
8. Immunization Status (Annual Flu Vaccine)	422	3.41%
9. Weight Loss, Immunization Status, Follow-up for Chronic Conditions, Cancer Screening	241	1.95%
10. Weight Loss, Tobacco, Flu Vaccine, Chronic Conditions	234	1.89%
Total for Top 10	7,547	60.98%
Total for All Other Combinations	4,830	39.02%
Total	12,377	100.00%

Figure 5-1. Health Risk Assessment Completion with Provider Attestation

Representation of the overlapping nature of health risk behavior selections greater than 5% of Total for Jul-Sep 2019



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.

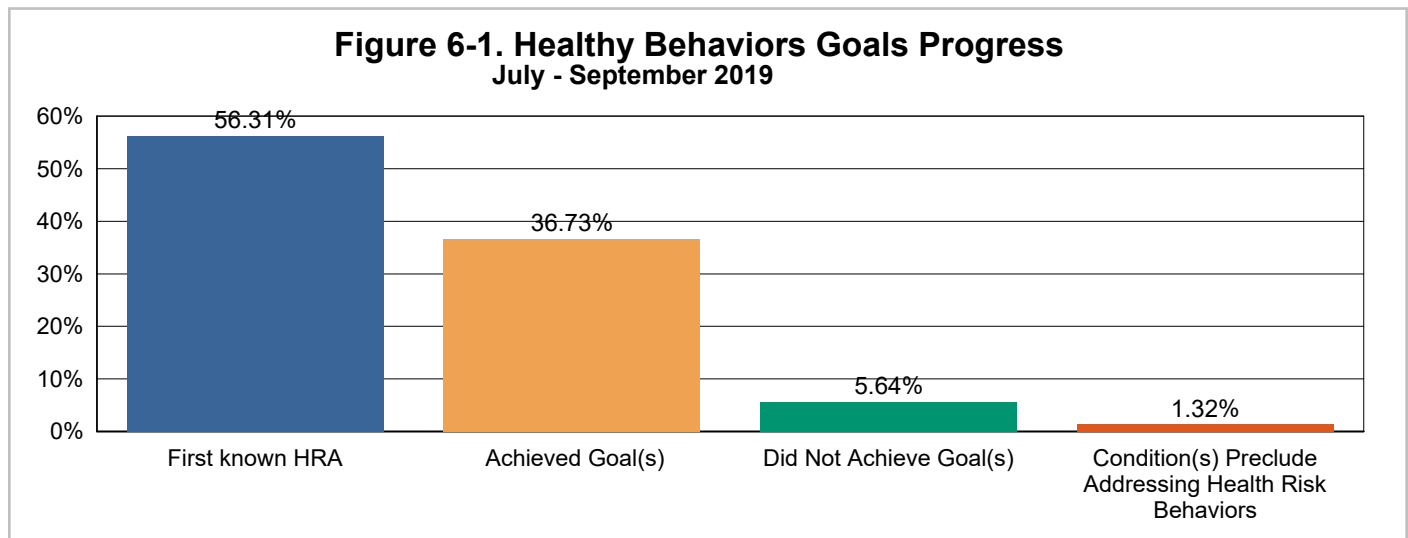
1,048 Health Risk Assessments were submitted during this quarter where this question was not available because the Healthy Behavior Goals Progress question was not available on the original form of the Health Risk Assessment.

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

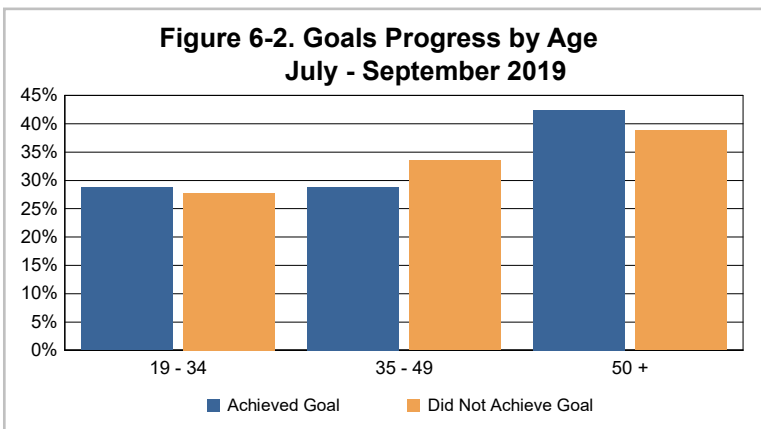
**Table 6. Healthy Behaviors Goals Progress
July - September 2019**

GOALS PROGRESS	TOTAL	PERCENT
A. First known HRA	7,574	56.31%
B. Achieved Goal(s)	4,940	36.73%
C. Did Not Achieve Goal(s)	759	5.64%
D. Condition(s) Preclude Addressing Health Risk Behaviors	178	1.32%
TOTAL	13,451	100.00%

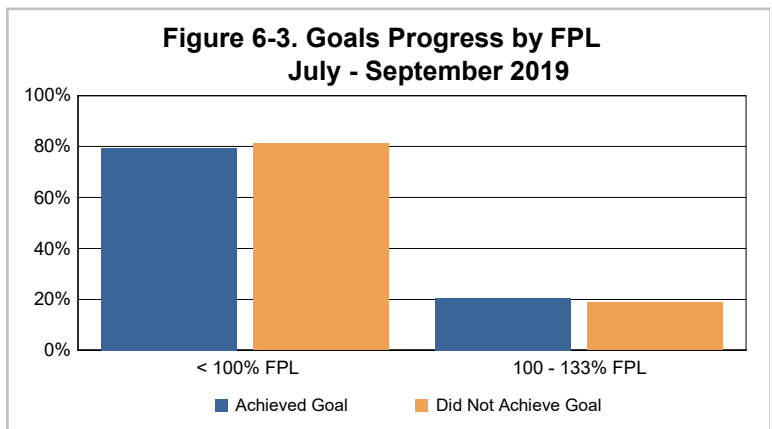
**Figure 6-1. Healthy Behaviors Goals Progress
July - September 2019**



**Figure 6-2. Goals Progress by Age
July - September 2019**



**Figure 6-3. Goals Progress by FPL
July - September 2019**



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 and could therefore be counted more than once in this report. However, they will still only be eligible for one incentive per year.

A total of 7,598 wellness programs were completed in the July-September 2019 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 298,135 Preventive Services were completed in the July-September 2019 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.

Wellness Programs

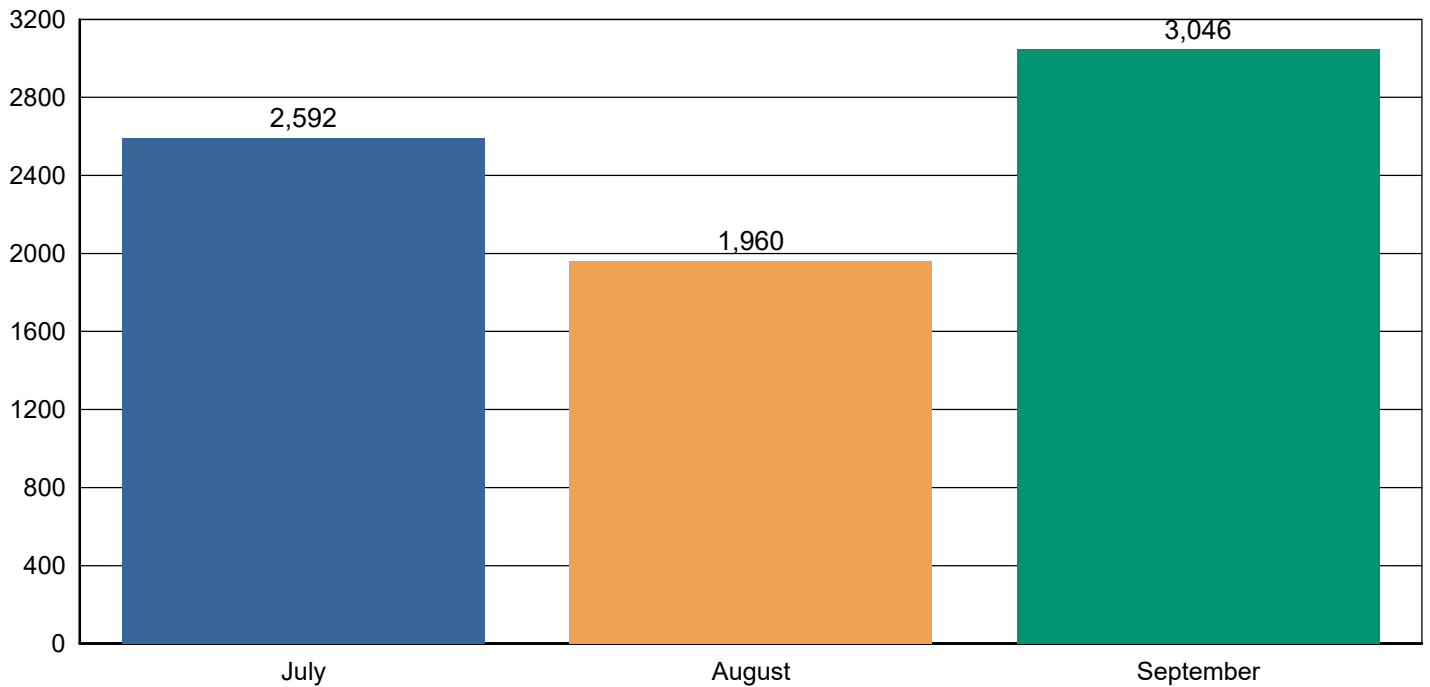
Table 7. Count of Wellness Programs Reported for Total population by Months submitted

MONTH	COMPLETE	TOTAL
October 2018	2,110	19,654
November 2018	1,304	20,958
December 2018	1,234	22,192
January 2019	1,495	23,687
February 2019	1,190	24,877
March 2019	3,333	28,210
April 2019	1,302	29,512
May 2019	1,570	31,082
June 2019	4,711	35,793
July 2019	2,592	38,385
August 2019	1,960	40,345
September 2019	3,046	43,391

Table 8. Wellness Programs Reported for Age Group, Gender and FPL

July 2019 - September 2019		
AGE GROUP	COMPLETED	
19 - 34	2,077	27.34%
35 - 49	2,645	34.81%
50 +	2,876	37.85%
GENDER		
F	3,925	51.66%
M	3,673	48.34%
FPL		
< 100% FPL	6,361	83.72%
100 - 133% FPL	1,237	16.28%
TOTAL	7,598	100.00%

**Figure 7-1. Wellness Program Reported for Total Population
July - September 2019**

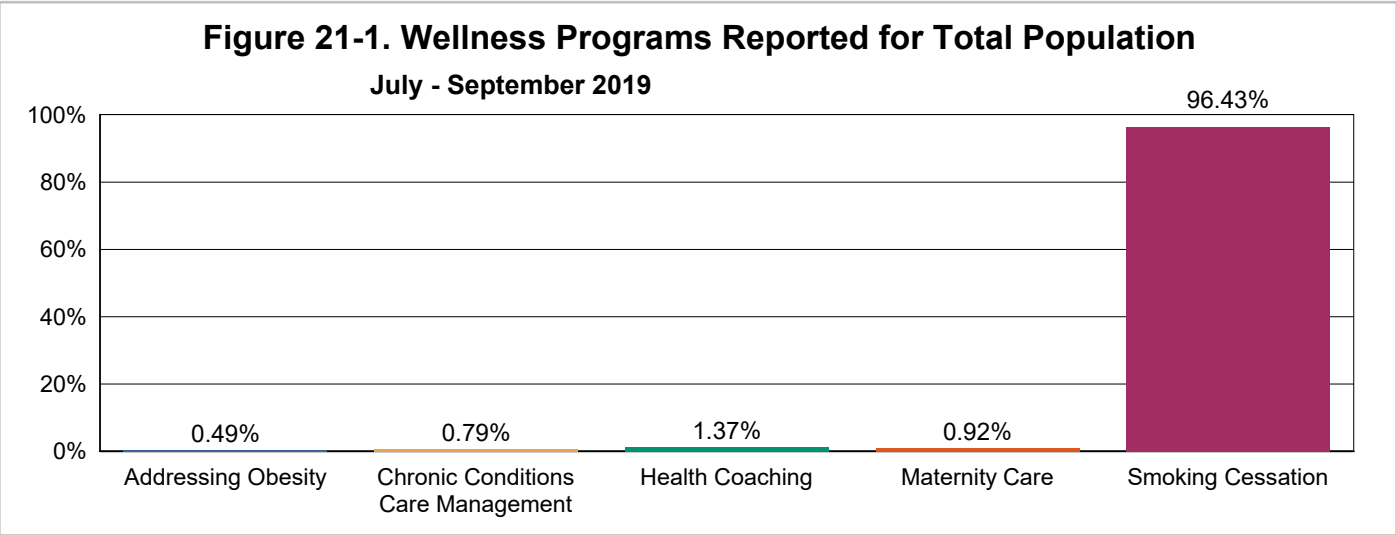


Wellness Programs: The Managed Care Plans offer a range of wellness and population health management programs to their members as part of the Healthy Behaviors Incentives Program. Ten of the eleven Managed Care Plans offer a tobacco cessation program which follows standardized criteria. For this reason, 96.43% of wellness programs reported are tobacco cessation programs. Completed wellness programs are displayed in Table 21 for the quarter July-September 2019.

**Table 21. Participation in Wellness Programs for Total Population
July - September 2019**

Wellness Programs	TOTAL	PERCENT
Addressing Obesity	37	0.49%
Chronic Conditions Care Management	60	0.79%
Health Coaching	104	1.37%
Maternity Care	70	0.92%
Smoking Cessation	7,327	96.43%
TOTAL	7,598	100.00%

**Figure 21-1. Wellness Programs Reported for Total Population
July - September 2019**



Preventive Services

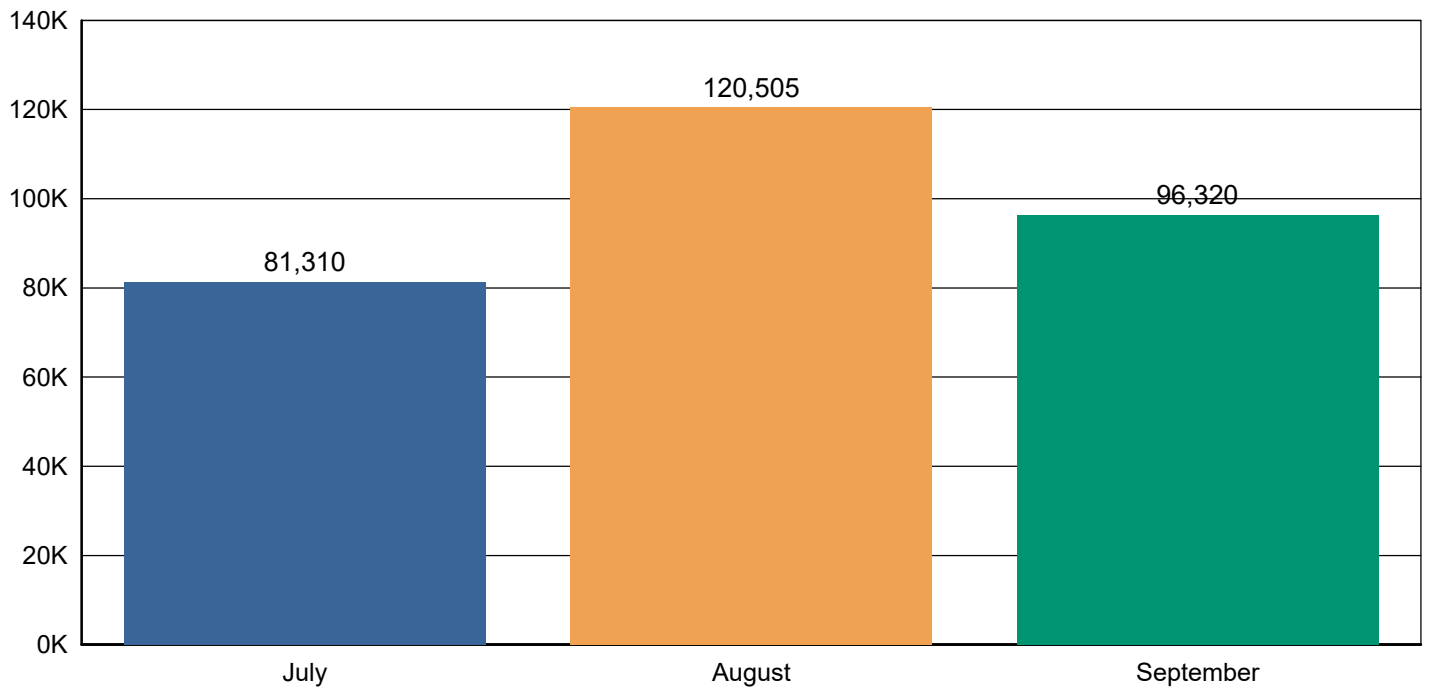
Table 10. Count of Preventive Services Reported for Total population by Months submitted

MONTH	COMPLETE	TOTAL
October 2018	127,191	1,647,111
November 2018	224,064	1,871,175
December 2018	101,734	1,972,909
January 2019	87,404	2,060,313
February 2019	77,296	2,137,609
March 2019	98,688	2,236,297
April 2019	85,822	2,322,119
May 2019	95,477	2,417,596
June 2019	91,448	2,509,044
July 2019	81,310	2,590,354
August 2019	120,505	2,710,859
September 2019	96,320	2,807,179

Table 11. Preventive Services Reported for Age Group, Gender and FPL

July 2019 - September 2019		
AGE GROUP	COMPLETED	
19 - 34	138,346	46.40%
35 - 49	76,227	25.57%
50 +	83,562	28.03%
GENDER		
F	217,203	72.85%
M	80,932	27.15%
FPL		
< 100% FPL	232,897	78.12%
100 - 133% FPL	65,238	21.88%
TOTAL	298,135	100.00%

**Figure 10-1. Preventive Services Reported for Total Population
July - September 2019**

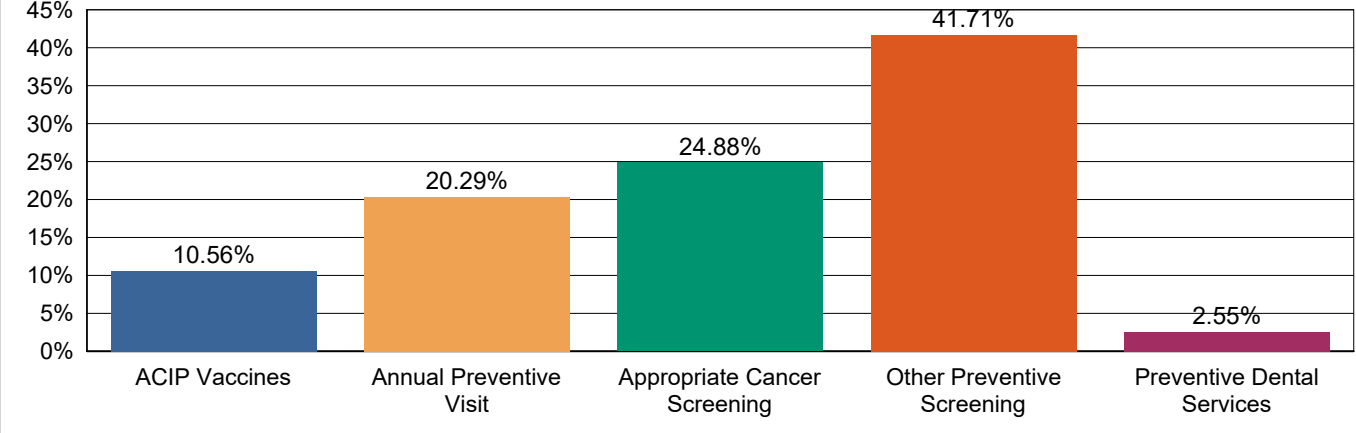


Preventive Services Reported: All Healthy Michigan Plan Enrollees can participate in the Healthy Behaviors Incentives Program by utilizing select preventive services. Utilization of these services are identified through claims/encounter review. The preventive services utilized and their percentage of total preventive services reported are displayed in Table 24 for the quarter July-September 2019. The associated codes for the selected preventive services can be found in Appendix 1.

**Table 12. Participation in Preventive Services for Total Population
July - September 2019**

Preventive Services	TOTAL	PERCENT
ACIP Vaccines	31,490	10.56%
Annual Preventive Visit	60,499	20.29%
Appropriate Cancer Screening	74,183	24.88%
Other Preventive Screening	124,348	41.71%
Preventive Dental Services	7,615	2.55%
TOTAL	298,135	100.00%

**Figure 12-1. Preventive Services Reported for Total Population
July - September 2019**



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