



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

December 6, 2021

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

Dear Ms. Toback,

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

Enclosed is the quarterly report for the Healthy Michigan Plan. It covers the third quarter of calendar year 2021. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

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

Sincerely,

[Redacted Signature]
Andrew Schalk, Section Manager
Health and Aging Services Administration
Actuarial Division

cc: Angela Garner
Nicole McKnight

Enclosure (5)

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

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

2. Executive summary

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

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

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

As approved, beneficiaries in the demonstration between 100 percent and 133 percent of the FPL who have had 48 months of cumulative eligibility for health care coverage through HMP will be required to pay premiums of five percent of income and have completed a health risk assessment (HRA) at their next redetermination or have engaged in specified healthy behaviors within the twelve month period prior to the annual redetermination deadline as conditions of eligibility. Additionally, beneficiaries ages 19 through 62 are required to meet a community engagement requirement as a condition of HMP eligibility. On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. This ruling stopped MDHHS’ implementation and enforcement of community engagement requirements.

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

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
AD.Mod_1. Metrics and operations for demonstrations with any eligibility and coverage policies (report for all beneficiaries in the demonstration)			
AD.Mod_8.1 Metric trends			
8.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q3	AD_1-5	Overall enrollment in the Healthy Michigan Plan demonstration this quarter showed growth over the previous quarter. This is attributable to the department's suspension on most Medicaid renewals and case closures.
8.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.	DY 12-Q3	AD_6-11	Metrics related to mid-year loss of demonstration eligibility are currently in development. The department has suspended most Medicaid renewals and case closures due to the COVID-19 public health emergency.
8.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 12-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 reports.

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
Michigan – Healthy Michigan Plan
Demonstration Year 12 – January 1, 2021 – December 31, 2021
Quarter 3 – July 1, 2021 – September 30, 2021
Submitted on December 7, 2021

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 12-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. It should be noted that while member's still have renewal dates stored in the data warehouse, the department has suspended Medicaid renewals due to the COVID-19 public health emergency.
8.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q3	AD_23	The cost sharing limits metric was consistent with previous reports. Typically, the state sees a larger number of beneficiaries reach their cost sharing limit in the first month of the quarter than the subsequent months.
8.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.	DY 12-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 reports.
8.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q3	AD_29-37	The state reported required access to care metrics showed similar levels of active provider participation from the previous quarter.
8.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.	DY 12-Q3	AD_38-44	The reported metrics reflect calendar year 2019 data. The state will review data trends on an annual basis as described in the technical specifications.

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
Michigan – Healthy Michigan Plan
Demonstration Year 12 – January 1, 2021 – December 31, 2021
Quarter 3 – July 1, 2021 – September 30, 2021
Submitted on December 7, 2021

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 12-Q3	AD_45	Total computable demonstration administrative costs for this quarter amounted to \$2,710,097.00 as reported on the CMS 64.10 WAIV form. Administrative costs were \$799,167 greater than the previous quarter.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
AD.Mod_8.2 Implementation update			
8.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	DY 12-Q3		<p>On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. This ruling stopped MDHHS' implementation and enforcement of the work community engagement requirements. The state suspended Medicaid closures on April 6, 2020 due to the COVID-19 public health emergency. Additionally, the state rescinded its work requirements for the Healthy Michigan Plan in policy bulletin MSA 20-10 published April 28, 2020. These policies remain in effect this quarter.</p> <p>On August 7, 2020, MDHHS issued a policy bulletin MSA 20-37 suspending all Medicaid renewals due to the COVID-19 public health emergency. Additionally, MDHHS suspended the implementation of the requirement for beneficiaries who have incomes above 100% of the federal poverty level and have been enrolled in HMP for 48 cumulative months to pay 5% of their income toward cost-sharing as a condition of continued enrollment in the program. Due to the COVID-19 public health emergency, beneficiaries will only lose eligibility for HMP at this time if they are deceased, move out-of-state, or request to opt out of the program. No new implantation date is currently available.</p>
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

5. Narrative information on other reporting topics

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
1. Financial/budget neutrality			
1.1 Current status and analysis			
1.1.1 Discuss the current status of financial/budget neutrality and provide an analysis of the budget neutrality to date. If the CE component is part of a comprehensive demonstration, the state should provide an analysis of the CE-related budget neutrality and an analysis of budget neutrality as a whole.	DY 12-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 12-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.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
Michigan – Healthy Michigan Plan
Demonstration Year 12 – January 1, 2021 – December 31, 2021
Quarter 3 – July 1, 2021 – September 30, 2021
Submitted on December 7, 2021

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 12-Q3		The Michigan Department of Health and Human Services (MDHHS) has arranged for the University of Michigan’s Institute for Healthcare Policy & Innovation (IHPI) to serve as the Healthy Michigan Plan (HMP) independent evaluator. IHPI has developed a comprehensive plan to address the waiver objectives of the State and the Centers for Medicare & Medicaid Services (CMS). In accordance with the HMP §1115 Demonstration Waiver Special Terms and Conditions, on December 16, 2019, the State submitted an initial version of IHPI’s evaluation design for the demonstration period ending December 31, 2023. The evaluation design received final approval from CMS on July 15, 2021.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	DY 12-Q3		<p>Demonstration evaluation activities for the Healthy Michigan Plan are conducted by an interdisciplinary team of researchers from the IHPI. Below is a summary of the key activities for the CY2021 third quarterly report:</p> <p>Objective: Continue planning with IHPI evaluation team and MDHHS for the second phase post-renewal evaluation activities and finalize new evaluation design for the demonstration period ending December 31, 2023.</p> <p>During this quarter, CMS notified the State and the IHPI evaluation team the updated evaluation design for the next five-year period (2019-2023) had been approved. The IHPI team attended monthly calls with MDHHS about the status of HMP program implementation and updates related to state program responses to the COVID-19 public health emergency.</p>

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
Michigan – Healthy Michigan Plan
Demonstration Year 12 – January 1, 2021 – December 31, 2021
Quarter 3 – July 1, 2021 – September 30, 2021
Submitted on December 7, 2021

			<p>Objective: Assessment of beneficiary experiences with HMP coverage and policies.</p> <p>The evaluation team worked on finalizing data collection instruments for the 2021 beneficiary surveys and interviews. Planning for key informant interviews began during this quarter along with drafting the interview guide for upcoming informant interviews. The team conducted all 30 beneficiary preliminary interviews and the initial fielding of the 2021 Healthy Michigan Voices (HMPV) survey began in August.</p> <p>Objective: Describe utilization patterns and characteristics of HMP beneficiaries for surveys and utilization analyses.</p> <p>IHPI utilized necessary data from the State’s Data Warehouse for sampling for the 2021 HMPV Survey. The data was utilized for continued planning for the use of Data Warehouse and Experian data to examine the impact of HMP on financial outcomes.</p>
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	DY 12-Q3		
<input type="checkbox"/> The state has no CE demonstration evaluation update to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3. Other demonstration reporting			
3.1 General reporting requirements			
3.1.1 Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?	DY 12-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 12-Q3		

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
Michigan – Healthy Michigan Plan
Demonstration Year 12 – January 1, 2021 – December 31, 2021
Quarter 3 – July 1, 2021 – September 30, 2021
Submitted on December 7, 2021

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.1.3 Has the state identified any real or anticipated issues submitting timely post approval demonstration deliverables, including a plan for remediation?	DY 12-Q3		
<input checked="" type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
3.2 Post-award public forum			
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual report.	DY 12-Q3		The state's Medical Care Advisory Council (MCAC) met on August 26, 2021. The MCAC continues to discuss and monitor the caseload growth of the HMP due to the suspension of closures due to the COVID-19 PHE.
<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.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
Michigan – Healthy Michigan Plan
Demonstration Year 12 – January 1, 2021 – December 31, 2021
Quarter 3 – July 1, 2021 – September 30, 2021
Submitted on December 7, 2021

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
4. Notable state achievements and/or innovations			
4.1 Narrative information			
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the CE hypotheses (or if broader demonstration, then CE related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	DY 12-Q3		Despite delays due to the COVID-19 public health emergency, MDHHS continues to prepare for the future implementation of currently delayed HMP program changes. While no timeline is available for the implementation of these changes, the department continues to plan for post public health emergency demonstration operations.
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Metrics reporting (AD)
State: Michigan
Demonstration Name: Healthy Michigan Plan
Demonstration Year (DY): DY 12
Calendar Dates for DY: 01/01/2021 - 12/31/2021
Reporting Period: Q3
Calendar Dates for Reporting Period: 07/01/2021 - 09/30/2021
Submitted on: 12/7/2021

Eligibility and Coverage Demonstration Metrics (AD)^a

						Demonstration			< 50% FPL ¹			50-100% FPL ¹			>100% FPL ¹	
Reporting topic ^a	#	Metric name	Metric description	Data source	Calculation lag	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d
1.1.1 Enrollment	AD_1	Total enrollment in the demonstration	The unduplicated number of beneficiaries enrolled in the demonstration at any time during the measurement period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were enrolled for at least one day during the measurement period.	Administrative records	30 days		937,736			491,546			238,875			207,405
							946,133			495,029			241,701			209,403
							957,493			491,140			246,106			212,137
1.1.1 Enrollment	AD_2	Beneficiaries in suspension status for noncompliance	The number of demonstration beneficiaries in suspension status for noncompliance with demonstration policies as of the last day of the measurement period	Administrative records	30 days		N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
1.1.1 Enrollment	AD_3	Beneficiaries in a non-eligibility period who are prevented from re-enrolling for a defined period of time	The number of prior demonstration beneficiaries who are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time, because they were disenrolled for noncompliance with demonstration policies. The count should include those prevented from re-enrolling until their redetermination date.	Administrative records	30 days		0			0			0			0
							0			0			0			0
							0			0			0			0
1.1.1 Enrollment	AD_4	New enrollees	Number of beneficiaries in the demonstration who began a new enrollment spell during the measurement period, have not had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance	Administrative records	30 days		15,874			9,163			3,854			2,837
							15,428			9,305			3,601			2,522
							15,297			9,005			3,732			2,560
1.1.1 Enrollment	AD_5	Re-enrollments or re-instatements using defined pathways after disenrollment or suspension of benefits for noncompliance with demonstration policies	Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period by using a state-defined pathway for re-enrollment (or re-instatement of benefits), i.e., meeting certain requirements, after being disenrolled (or having benefits suspended) for noncompliance with premium requirements, community engagement requirements, or other demonstration-specific requirements.	Administrative records	30 days		0			0			0			0
							0			0			0			0
							0			0			0			0
1.1.1 Enrollment	AD_6	Re-enrollments or re-instatements for beneficiaries not using defined pathways after disenrollment or suspension of benefits for noncompliance	Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period who have had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance (or re-instatement of benefits after being suspended for noncompliance).	Administrative records	30 days		0			0			0			0
							0			0			0			0
							0			0			0			0
1.1.2 Mid-year loss of demonstration eligibility	AD_7	Monthly count of beneficiaries determined ineligible for Medicaid, any reason, other than at renewal	Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_8	Monthly count of beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Beneficiaries no longer eligible for Medicaid, failure to provide timely change in circumstance information	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_9	Monthly count of beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_10	Monthly count of beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_11	Monthly count of beneficiaries no longer eligible for the demonstration due to transfer to CHIP	Beneficiaries no longer eligible for the demonstration due to transfer to CHIP	Administrative records	30 days		N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
Number of demonstration beneficiaries who lost eligibility for Medicaid during the							N/A			N/A			N/A			N/A

1.1.3 Enrollment duration at time of disenrollment	AD_12	Enrollment duration 0-3 months	Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period and whose enrollment spell had lasted 3 or fewer months at the time of disenrollment	Administrative records	30 days		N/A		N/A		N/A		N/A
							N/A		N/A		N/A		N/A
							N/A		N/A		N/A		N/A
1.1.3 Enrollment duration at time of disenrollment	AD_13	Enrollment duration 4-6 months	Number of demonstration beneficiaries who lose eligibility for Medicaid during the measurement period whose enrollment spell had lasted between 4 and 6 months at the time of disenrollment	Administrative records	30 days		N/A		N/A		N/A		N/A
							N/A		N/A		N/A		N/A
							N/A		N/A		N/A		N/A
1.1.3 Enrollment duration at time of disenrollment	AD_14	Enrollment duration 6-12 months	Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period whose enrollment spell had lasted 6 or more months (up to 12 months) at the time of disenrollment	Administrative records	30 days		N/A		N/A		N/A		N/A
							N/A		N/A		N/A		N/A
1.1.4 Renewal	AD_15	Beneficiaries due for renewal	Total number of beneficiaries enrolled in the demonstration who were due for renewal during the measurement period	Administrative records	30 days								
1.1.4 Renewal	AD_16	Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and are determined ineligible for Medicaid	Administrative records	30 days		TBD		TBD		TBD		TBD
							TBD		TBD		TBD		TBD
							TBD		TBD		TBD		TBD
1.1.4 Renewal	AD_17	Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and move from the demonstration to a Medicaid eligibility group not included in the demonstration	Administrative records	30 days		TBD		TBD		TBD		TBD
							TBD		TBD		TBD		TBD
							TBD		TBD		TBD		TBD
1.1.4 Renewal	AD_18	Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process but move from the demonstration to CHIP	Administrative records	30 days		TBD		TBD		TBD		TBD
							TBD		TBD		TBD		TBD
							TBD		TBD		TBD		TBD
1.1.4 Renewal	AD_19	Beneficiaries who did not complete renewal, disenrolled from Medicaid	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who are disenrolled from Medicaid for failure to complete the renewal process	Administrative records	30 days		TBD		TBD		TBD		TBD
							TBD		TBD		TBD		TBD
							TBD		TBD		TBD		TBD
1.1.4 Renewal	AD_20	Beneficiaries who had pending/uncompleted renewals and were still enrolled	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period for whom the state had not completed renewal determination by the end of the measurement period and were still enrolled	Administrative records	30 days		TBD		TBD		TBD		TBD
							TBD		TBD		TBD		TBD
							TBD		TBD		TBD		TBD
1.1.4 Renewal	AD_21	Beneficiaries who retained eligibility for the demonstration after completing renewal forms	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled in the demonstration after responding to renewal notices	Administrative records	30 days		TBD		TBD		TBD		TBD
							TBD		TBD		TBD		TBD
1.1.4 Renewal	AD_22	Beneficiaries who renewed ex parte	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled as determined by third-party data sources or available information, rather than beneficiary response to renewal notices	Administrative records	30 days		N/A		N/A		N/A		N/A
							N/A		N/A		N/A		N/A
							N/A		N/A		N/A		N/A
1.1.5 Cost sharing limit	AD_23	Monthly count of beneficiaries who reached 5% limit	Beneficiaries who reached 5% limit	Administrative records	30 days		168,108		142,558		12,915		12,635
							47,319		33,610		7,007		6,702
							42,497		34,331		4,435		3,731
1.1.6 Appeals and grievances	AD_24	Appeals, eligibility	Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding Medicaid eligibility	Administrative records	None		N/A						
1.1.6 Appeals and grievances	AD_25	Appeals, denial of benefits	Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding denial of benefits	Administrative records	None		N/A						
1.1.6 Appeals and grievances	AD_26	Grievances, care quality	Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding the quality of care or services provided	Administrative records	None		N/A						
1.1.6 Appeals and grievances	AD_27	Grievances, provider or managed care entities	Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding a provider or managed care entity. Managed care entities include Managed Care Organizations (MCO), Prepaid Inpatient Health Plans (PIHP), and Prepaid Ambulatory Health Plans (PAHP).	Administrative records	None		N/A						
1.1.6 Appeals and grievances	AD_28	Grievances, other	Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding other matters that are not subject to appeal	Administrative records	None		N/A						
1.1.7 Access to care	AD_29	Primary care provider availability	Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days		50,900						

1.1.7 Access to care	AD_30	Primary care provider active participation	Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days			16,484											
1.1.7 Access to care	AD_31	Specialist provider availability	Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days			80,696											
1.1.7 Access to care	AD_32	Specialist provider active participation	Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days			38,670											
1.1.7 Access to care	AD_33	Preventive care and office visit utilization	Total utilization of preventive care and office visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters and other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.7 Access to care	AD_34	Prescription drug use	Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the measurement period.	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.7 Access to care	AD_35	Emergency department utilization, total	Total number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.7 Access to care	AD_36	Emergency department utilization, non-emergency	Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period. If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the differential copayment. If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.7 Access to care	AD_37	Inpatient admissions	Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.8 Quality of care and health outcomes	AD_38A	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS measure]	This metric consists of the following components; each assesses different facets of providing medical assistance with smoking and tobacco use cessation: • Advising smokers and tobacco users to quit • Discussing cessation medications • Discussing cessation strategies	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan survey, Adult Version	90 days	92,392	47,540	51.45%	58,134	29,933	51.49%	19,293	9,977	51.71%	14,958	7,629			
1.1.8 Quality of care and health outcomes	AD_38B	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention [PCPI Foundation; NQF #0028]	This metric consists of the following components: 1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	--	--														
1.1.8 Quality of care and health outcomes	AD_39-1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]	1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	Claims and encounters or registry data	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.8 Quality of care and health outcomes	AD_39-1		Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:	--	--														
1.1.8 Quality of care and health outcomes	AD_39-1		1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)	Claims and encounters	90 days	12,408	3,043	24.52%	9,522	2,358	24.76%	1,079	277	25.67%	750	180			
1.1.8 Quality of care and health outcomes	AD_39-1		2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	Claims and encounters	90 days	12,408	1,804	14.54%	9,522	1,410	14.81%	1,079	157	14.55%	750	96			
1.1.8 Quality of care and health outcomes	AD_39-2	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]	Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported: 1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) 2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	--	--														
1.1.8 Quality of care and health outcomes	AD_39-2		1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)	Claims and encounters	90 days	8,093	4,282	52.91%	5,832	3,019	51.77%	909	543	59.74%	651	393			
1.1.8 Quality of care and health outcomes	AD_39-2		2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	Claims and encounters	90 days	8,093	3,118	38.53%	5,832	2,182	37.41%	909	394	43.34%	651	297			
1.1.8 Quality of care and health outcomes	AD_40	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted	Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following: 1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis 2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.	--	--														
1.1.8 Quality of care and health outcomes	AD_40		1. Initiation of AOD Treatment - Alcohol abuse or dependence (rate 1, cohort 1)	Claims and encounters or EHR	90 days	17,550	5,845	33.30%	11,851	4,026	33.97%	2,240	696	31.07%	1,670	559			

Add rows for any additional state-identified metrics

The MSG-AD, FUA-AD, FUM-AD, and IET-AD measures (metrics AD_38A, AD_39, and AD_40) are Healthcare Effectiveness Data and Information Set ("HEDIS") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS rates."

Certain non-NICQA measures in the CMS 1113 eligibility and coverage demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NICQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NICQA disclaims all liability for use or accuracy of the VS with the non-NICQA measures and any coding contained in the VS.

* States should create a new metrics report for each reporting quarter.

^b The reporting topics correspond to the prompts for reporting topic AD.Mod 1 in the monitoring report template.

⁶ Report metrics that are one annual value for a demonstration year only in the report specified in the reporting schedule.

^d Report count metrics in the numerator column. Administrative costs (AD 45) should also be reported in the numerator column.

*If applicable. See CMS-provided technical specifications.

^f Add columns as necessary to report additional income groups.

^k Add columns as necessary to report exempt groups.^b Add columns as necessary to report specific edibility groups.

¹ Add columns as necessary to report phase-in cohorts, if applicable.

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

Checks:

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

N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD
N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A
36,372		38,061		31,069		35,582		27,024		78,465
12,874		12,256		9,166		7,687		5,336		22,674
11,162		11,263		8,068		6,893		5,111		19,460

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

N/A																						
N/A																						
N/A																						

24.00%	1,548	267	17.25%	3,545	1,026	28.94%	3,090	846	27.38%	2,870	635	22.13%	1,355	269	19.85%	8,873	2,139	24.11%	3,535	904	25.57%	7,753
12.80%	1,548	159	10.27%	3,545	622	17.55%	3,090	495	16.02%	2,870	380	13.24%	1,355	148	10.92%	8,873	1,277	14.39%	3,535	527	14.91%	7,753

60.37%	2,332	1,306	56.00%	2,439	1,308	53.63%	1,677	840	50.09%	1,188	586	49.33%	457	242	52.95%	4,764	2,347	49.27%	3,329	1,935	58.13%	4,821
45.62%	2,332	981	42.07%	2,439	934	38.29%	1,677	619	36.91%	1,188	418	35.19%	457	166	36.32%	4,764	1,696	35.60%	3,329	1,422	42.72%	4,821

33.47%	1,864	468	25.11%	3,674	1,178	32.06%	4,049	1,382	34.13%	4,957	1,748	35.26%	3,006	1,069	35.56%	12,024	4,105	34.14%	5,526	1,740	31.49%	10,034
--------	-------	-----	--------	-------	-------	--------	-------	-------	--------	-------	-------	--------	-------	-------	--------	--------	-------	--------	-------	-------	--------	--------

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



White		Black or African American		Asian		American Indian or Alaskan Native		Other race		Unknown race		Hispanic ethnicity		Non-Hispanic ethnicity		
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
577,733			240,207			6,560			3,154			96,092			54,230	
562,574			242,218			6,621			3,166			97,446			55,104	
564,423			243,180			6,601			3,177			97,731			55,182	
N/A			N/A			N/A			N/A			N/A			N/A	
N/A			N/A			N/A			N/A			N/A			N/A	
N/A			N/A			N/A			N/A			N/A			N/A	
0			0			0			0			0			0	
0			0			0			0			0			0	
0			0			0			0			0			0	
9,534			4,088			87			33			1,897			1,439	
9,186			3,920			107			19			1,961			1,252	
8,916			4,239			53			23			1,814			2,224	
0			0			0			0			0			0	
0			0			0			0			0			0	
0			0			0			0			0			0	
0			0			0			0			0			0	
0			0			0			0			0			0	
0			0			0			0			0			0	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
TBD			TBD			TBD			TBD			TBD			TBD	
N/A			N/A			N/A			N/A			N/A			N/A	
N/A			N/A			N/A			N/A			N/A			N/A	
N/A			N/A			N/A			N/A			N/A			N/A	
N/A			N/A			N/A			N/A			N/A			N/A	

N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD
N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A
100,288		47,642		1,025		1,914		362		16,877		8,316		159,763
27,691		13,942		281		698		67		4,640		3,634		43,673
24,108		12,320		199		649		79		5,142		5,405		37,071

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

31,924	52.73%	19,448	9,524	48.97%	2,267	1,190	52.49%	1,274	617	48.43%	2,530	1,156	45.69%	6,331	3,129	49.42%						
--------	--------	--------	-------	--------	-------	-------	--------	-------	-----	--------	-------	-------	--------	-------	-------	--------	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

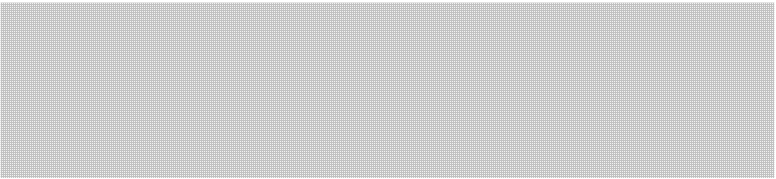
2,243	28.93%	2,536	332	13.09%	48	13	27.08%	266	60	22.56%	445	100	22.47%	1,360	295	21.69%
1,338	17.26%	2,536	189	7.45%	48	9	18.75%	266	33	12.41%	445	59	13.26%	1,360	176	12.94%

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Unknown ethnicity			Exempt groups ^d			Specific eligibility groups ^b New Adult Group		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	198			N/A			880,404	
	209			N/A			888,852	
	202			N/A			890,316	
	N/A			N/A			N/A	
	N/A			N/A			N/A	
	N/A			N/A			N/A	
	0			0			0	
	0			0			0	
	0			0			0	
	3			N/A			14,163	
	5			N/A			13,814	
	5			N/A			13,748	
	0			0			0	
	0			0			0	
	0			0			0	
	0			0			0	
	0			0			0	
	0			0			0	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	TBD			TBD			TBD	
	N/A			N/A			N/A	
	N/A			N/A			N/A	
	N/A			N/A			N/A	
	N/A			N/A			N/A	



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

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

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

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

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



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



N/A N/A N/A

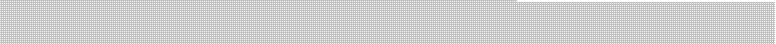
N/A N/A N/A

N/A N/A N/A



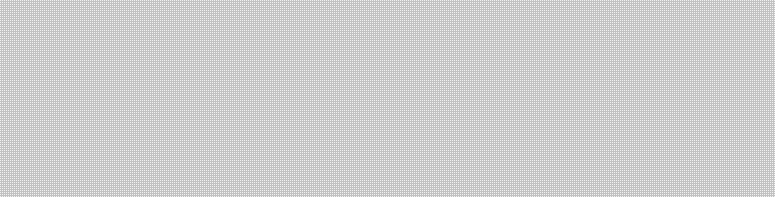
N/A N/A N/A

N/A N/A N/A



N/A N/A N/A

N/A N/A N/A



	TBD	TBD	TBD
	TBD	TBD	TBD
	TBD	TBD	TBD
	TBD	TBD	TBD
	TBD	TBD	TBD
	TBD	TBD	TBD
	TBD	TBD	TBD
	TBD	TBD	TBD

Standard information on CMS-provided metrics									
State will report (Y/N)	Reporting topic ^a	Reporting priority	#	Metric name	Metric description	Data source	Calculation lag	Measurement period	Reporting frequency
Y	1.1.1 Enrollment	Required	AD_1	Total enrollment in the demonstration	The unduplicated number of beneficiaries enrolled in the demonstration at any time during the measurement period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were enrolled for at least one day during the measurement period.	Administrative records	30 days	Month	Quarterly
Y	1.1.1 Enrollment	Required	AD_2	Beneficiaries in suspension status for noncompliance	The number of demonstration beneficiaries in suspension status for noncompliance with demonstration policies as of the last day of the measurement period	Administrative records	30 days	Month	Quarterly
Y	1.1.1 Enrollment	Required	AD_3	Beneficiaries in a non-eligibility period who are prevented from re-enrolling for a defined period of time	The number of prior demonstration beneficiaries who are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time, because they were disenrolled for noncompliance with demonstration policies. The count should include those prevented from re-enrolling until their redetermination date.	Administrative records	30 days	Month	Quarterly
Y	1.1.1 Enrollment	Required	AD_4	New enrollees	Number of beneficiaries in the demonstration who began a new enrollment spell during the measurement period, have not had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance	Administrative records	30 days	Month	Quarterly
Y	1.1.1 Enrollment	Required for states with a defined re-enrollment or re-instatement pathway	AD_5	Re-enrollments or re-instatements using defined pathways after disenrollment or suspension of benefits for noncompliance with demonstration policies	Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period by using a state-defined pathway for re-enrollment (or re-instatement of benefits), i.e., meeting certain requirements, after being disenrolled (or having benefits suspended) for noncompliance with premium requirements, community engagement requirements, or other demonstration-specific requirements.	Administrative records	30 days	Month	Quarterly
Y	1.1.1 Enrollment	Required	AD_6	Re-enrollments or re-instatements for beneficiaries not using defined pathways after disenrollment or suspension of benefits for noncompliance	Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period, have had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance (or re-instatement of benefits after being suspended for noncompliance)	Administrative records	30 days	Month	Quarterly
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_7	Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal	Total number of beneficiaries in the demonstration determined ineligible for Medicaid and disenrolled during the measurement period (separate reasons reported in other indicators), other than at renewal	Administrative records	30 days	Month	Quarterly
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_8	Beneficiaries no longer eligible for Medicaid, failure to provide timely change in circumstance information	Number of beneficiaries enrolled in the demonstration and who lost eligibility for Medicaid during the measurement period due to failure to provide timely change in circumstance information	Administrative records	30 days	Month	Quarterly
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_9	Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Number of beneficiaries who were enrolled in the demonstration and lost eligibility for Medicaid during the measurement period because they are determined ineligible after the state processes a change in circumstance	Administrative records	30 days	Month	Quarterly
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_10	Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Number of beneficiaries who were enrolled in the demonstration and transferred from the demonstration to a Medicaid eligibility group not included in the demonstration during the measurement period	Administrative records	30 days	Month	Quarterly
N	1.1.2 Mid-year loss of demonstration eligibility	Recommended	AD_11	Beneficiaries no longer eligible for the demonstration due to transfer to CHIP	Number of beneficiaries who were enrolled in the demonstration and transferred from the demonstration to CHIP during the measurement period	Administrative records	30 days	Month	Quarterly
N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_12	Enrollment duration, 0-3 months	Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period and whose enrollment spell had lasted 3 or fewer months at the time of disenrollment	Administrative records	30 days	Month	Quarterly
N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_13	Enrollment duration, 4-6 months	Number of demonstration beneficiaries who lose eligibility for Medicaid during the measurement period whose enrollment spell had lasted between 4 and 6 months at the time of disenrollment	Administrative records	30 days	Month	Quarterly
N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_14	Enrollment duration 6-12 months	Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period whose enrollment spell had lasted 6 or more months (up to 12 months) at the time of disenrollment	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_15	Beneficiaries due for renewal	Total number of beneficiaries enrolled in the demonstration who were due for renewal during the measurement period	Administrative records	30 days	Month	Quarterly

Y	1.1.4 Renewal	Required	AD_16	Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and are determined ineligible for Medicaid	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_17	Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and move from the demonstration to a Medicaid eligibility group not included in the demonstration	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_18	Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process, but move from the demonstration to CHIP	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_19	Beneficiaries who did not complete renewal, disenrolled from Medicaid	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who are disenrolled from Medicaid for failure to complete the renewal process	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_20	Beneficiaries who had pending/uncompleted renewals and were still enrolled	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period for whom the state had not completed renewal determination by the end of the measurement period and were still enrolled	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_21	Beneficiaries who retained eligibility for the demonstration after completing renewal forms	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled in the demonstration after responding to renewal notices	Administrative records	30 days	Month	Quarterly
N	1.1.4 Renewal	Recommended	AD_22	Beneficiaries who renewed ex parte	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled as determined by third-party data sources or available information, rather than beneficiary response to renewal notices	Administrative records	30 days	Month	Quarterly
Y	1.1.5 Cost sharing limit	Required	AD_23	Beneficiaries who reached 5% limit	Number of beneficiaries enrolled in the demonstration who reached the 5% of income limit on cost sharing and premiums during the month	Administrative records	30 days	Month	Quarterly
N	1.1.6 Appeals and grievances	Recommended	AD_24	Appeals, eligibility	Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding Medicaid eligibility	Administrative records	None	Quarter	Quarterly
N	1.1.6 Appeals and grievances	Recommended	AD_25	Appeals, denial of benefits	Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding denial of benefits	Administrative records	None	Quarter	Quarterly
N	1.1.6 Appeals and grievances	Recommended	AD_26	Grievances, care quality	Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding the quality of care or services provided	Administrative records	None	Quarter	Quarterly
N	1.1.6 Appeals and grievances	Recommended	AD_27	Grievances, provider or managed care entities	Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding a provider or managed care entity. Managed care entities include Managed Care Organizations (MCO), Prepaid Inpatient Health Plans (PIHP), and Prepaid Ambulatory Health Plans (PAHP).	Administrative records	None	Quarter	Quarterly
N	1.1.6 Appeals and grievances	Recommended	AD_28	Grievances, other	Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding other matters that are not subject to appeal	Administrative records	None	Quarter	Quarterly
Y	1.1.7 Access to care	Required	AD_29	Primary care provider availability	Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days	Quarter	Quarterly
Y	1.1.7 Access to care	Required	AD_30	Primary care provider active participation	Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days	Quarter	Quarterly
Y	1.1.7 Access to care	Required	AD_31	Specialist provider availability	Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days	Quarter	Quarterly
Y	1.1.7 Access to care	Required	AD_32	Specialist provider active participation	Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days	Quarter	Quarterly
N	1.1.7 Access to care	Recommended	AD_33	Preventive care and office visit utilization	Total utilization of preventive care and office visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters and other administrative records	90 days	Quarter	Quarterly
N	1.1.7 Access to care	Recommended	AD_34	Prescription drug use	Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the measurement period	Claims and encounters; other administrative records	90 days	Quarter	Quarterly
N	1.1.7 Access to care	Recommended	AD_35	Emergency department utilization, total	Total number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	Quarter	Quarterly

Y	1.1.7 Access to care	Recommended. Required for states with copayments for non-emergency use.	AD_36	Emergency department utilization, non-emergency	Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period. If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the differential copayment. If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.	Claims and encounters; other administrative records	90 days	Quarter	Quarterly
N	1.1.7 Access to care	Recommended	AD_37	Inpatient admissions	Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	Quarter	Quarterly
	1.1.8 Quality of care and health outcomes	Required (AD_38A or AD_38B-1 - 3. States do not have to report both.)	AD_38A	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS measure]	This metric consists of the following components; each assesses different facets of providing medical assistance with smoking and tobacco use cessation: • Advising smokers and tobacco users to quit • Discussing cessation medications • Discussing cessation strategies	Assessment of Healthcare Providers and Systems (CAHPS) Health Plan survey, Adult Version	90 days	Calendar year	Annually
	1.1.8 Quality of care and health outcomes	Required (AD_38A or AD_38B. States do not have to report both.)	AD_38B	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (rate 1) [PCPI Foundation; NQF #0028]	This metric consists of the following components: 1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	Claims and encounters	90 days	Calendar year	Annually
Y	1.1.8 Quality of care and health outcomes	Required	AD_39-1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]	Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported: 1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). 2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).	Claims and encounters	90 days	Calendar year	Annually
Y	1.1.8 Quality of care and health outcomes	Required	AD_39-2	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]	Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported: 1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). 2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).	Claims and encounters	90 days	Calendar year	Annually
	1.1.8 Quality of care and health outcomes	Required	AD_40	Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]	Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following: 1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis 2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit	Claims and encounters or EHR	90 days	Calendar year	Annually
Y	1.1.8 Quality of care and health outcomes	Required	AD_41	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) [AHRQ; NQF #0272; Medicaid Adult Core Set]	The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.	Claims and encounters	90 days	Calendar year	Annually
Y	1.1.8 Quality of care and health outcomes	Required	AD_42	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) [AHRQ; NQF #0275; Medicaid Adult Core Set]	Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older	Claims and encounters	90 days	Calendar year	Annually
Y	1.1.8 Quality of care and health outcomes	Required	AD_43	PQI 08: Heart Failure Admission Rate (PQI08-AD) [AHRQ; NQF #0277; Medicaid Adult Core Set]	Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older	Claims and encounters	90 days	Calendar year	Annually

Y	1.1.8 Quality of care and health outcomes	Required	AD_44	PQI 15: Asthma in Younger Adults Admission Rate (PQI15 AD) [AHRQ; NQF #0283; Medicaid Adult Core Set]	Number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39	Claims and encounters	90 days	Calendar year	Annually
	1.1.9 Administrative cost	Recommended	AD_45	Administrative cost of demonstration operation	Cost of contracts or contract amendments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, premium assistance, community engagement requirements and/or retroactive eligibility waivers	Administrative records	None	Demonstration year	Annually

N
Add rows for any additional state-identified metrics

^a The reporting topics correspond to the prompts for reporting topic AD.Mod_1 in the monitoring report template.
End of workbook

Baseline, annual goals, and demonstration target			Alignment with CMS-provided technical specifications		Initial reporting date			
Baseline reporting period (MM/DD/YYYY--MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)	Explanation of any deviations from the CMS-provided specifications. Could include different data sources or state-specific definitions, policies, codes, target populations, etc.	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)	Report name of first report in which the metric will be submitted (Format: DY1 Q3 quarterly report)	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	04/01/2019 - 06/30/2019	DY10 Q2	9/30/2019	N
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	04/01/2019 - 06/30/2019	DY10 Q2	9/30/2019	N
04/01/2020-06/30/2020	TBD	TBD	Y	N/A	04/01/2020-06/30/2020	DY11 Q1	8/31/2020	N
04/01/2020-06/30/2020	TBD	TBD	Y	N/A	04/01/2020-06/30/2020	DY11 Q1	8/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N

01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N

01/01/2020-12/31/2020	TBD	TBD	TBD		01/01/2020-12/31/2020	DY11 Annual Report	3/31/2021	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N



N/A

The state does not have a suspension policy.

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N/A

N/A

N/A

N/A

N/A

N/A

N/A
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N/A
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting

N/A

N/A

N/A

N/A

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N/A

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

TBD

TBD

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.





Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Data and reporting issues (AD)

State	Michigan	
Demonstration Name	Healthy Michigan Plan	
Demonstration Year (DY)	DY 12	
Calendar Dates for DY	01/01/2021 - 12/31/2021	
Reporting Period	Q3	
Calendar Dates for Reporting Period	07/01/2021 - 09/30/2021	
Submitted on		12/7/2021

Data Reporting Issues (AD)

Category	Metric(s) impacted
EXAMPLE: Appeals and grievances	EXAMPLE:
(Delete row before submitting)	AD_23 Grievance, other

Enrollment	AD_7 - AD_10
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitorin	
Mid-year loss of demonstration eligibility	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitorin	
Enrollment duration at time of disenrollment	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitorin	
Renewal	AD_15 - AD_21
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitorin	
Cost sharing limit	[Add rows as needed]
<input checked="" type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitorin	
Appeals and grievances	[Add rows as needed]
<input checked="" type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitorin	
Access to care	AD_35
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitorin	
Quality of care and health outcomes	AD_36 - AD_44
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitorin	
Administrative cost	[Add rows as needed]
<input checked="" type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitorin	

Note: States must prominently display the following notice on any display of Measure rates:

The MSC-AD, FUA-AD, FUM-AD, and IET_AD measures (metrics AD_38A, AD_39, and AD_40) are Healthcare Effectiveness Data and Reporting System (HEDIS) measures copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or guarantees regarding the accuracy, completeness, or reliability of the data used to calculate these measures, and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited".

Certain non-NCQA measures in the CMS 1115 eligibility and coverage demonstration contain HEDIS Value Sets (VS) contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of the VS. NCQA measures and any coding contained in the VS.

^a The state should also use this column to provide updates on any data or reporting issues described in previous reports.
End of workbook

Summary of issue	Date and report in which issue was first reported
<i>EXAMPLE:</i> <i>Difficulty collecting data for metric AD_23.</i>	<i>EXAMPLE:</i> <i>8/1/18; DY 1 Qtr. 1</i>
<i>Difficulty collecting data</i>	<i>DATE; DY10 Q2</i>
g protocol.	
g protocol.	
g protocol.	
<i>Difficulty collecting data</i>	<i>DATE; DY10 Q2</i>
g protocol.	
g protocol.	
g protocol.	
<i>Difficulty collecting data</i>	<i>DATE; DY10 Q2</i>
g protocol.	
<i>Difficulty collecting data</i>	<i>DATE; DY10 Q2</i>
ng protocol.	
g protocol.	

ctiveness Data and Information Set (“HEDIS®”) measures that are owned and
inties, or endorsement about the quality of any organization or physician that uses or
IS.

lated the adjusted measure specifications but has granted CMS permission to adjust.
ted HEDIS rates.”

/S) developed by and included with the permission of the NCQA. Proprietary coding is
hese code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-

reports. When applicable, the state should note when issues are resolved. If an issue was noted as resolved in the pre

Estimated number of impacted beneficiaries	Known or suspected cause(s) of issue (if applicable)
<i>EXAMPLE:</i> 24	<i>EXAMPLE:</i> Grievances are submitted via hardcopy through the mail to regional field offices. Often the field offices are slow to report the number of grievances they have received to the central office.
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format

vious report, it should not be reported in the current report.

Remediation plan and timeline for resolution (if applicable)/Status update if issue previously reported

EXAMPLE:

Central office is working on an electronic grievance filing system. That system will be completed by the end of the calendar year, and we will be able to quickly generate monthly, quarterly and yearly reports regarding grievances.

The state will acquire the needed data and receive training on new data sources

The state will acquire the needed data and receive training on new data sources

The state will acquire the needed data and receive training on new data sources

The state will acquire the needed data and receive training on new data sources

Medical Services Administration
Bureau of Medicaid Care Management and Customer Service

PERFORMANCE MONITORING REPORT

Healthy Michigan Plan Measures

Composite – All Plans



October 2021

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

Table of Contents

Executive Summary	3
Measurement Frequency	3
Healthy Michigan Plan Enrollment	4
Medicaid Health Plan News.....	5
Cross-Plan Performance Monitoring Analyses.....	5

Healthy Michigan Plan

Adults' Generic Drug Utilization.....	6
Completion of Annual Health Risk Assessment (HRA).....	7
Outreach and Engagement to Facilitate Entry to Primary Care	8
Transition into Consistently Fail to Pay Status.....	9
Transition out of Consistently Fail to Pay Status.....	11

Appendixes

Appendix A: Three Letter Medicaid Health Plan Codes	13
Appendix B: One-Year Plan-Specific Analysis.....	14

Figures

Figure 1: Healthy Michigan Plan Enrollment, October 2020 – September 2021	4
Figure 2: Healthy Michigan Plan Enrollment by Medicaid Health Plan, September 2021	4
Figure 3: Adults' Generic Drug Utilization	6
Figure 4: Completion of Annual Health Risk Assessment (HRA)	7
Figure 5: Outreach and Engagement to Facilitate Entry to Primary Care	8

Table

Table 1: Fiscal Year 2021	3
Table 2: Adults' Generic Drug Utilization Comparison.....	6
Table 3: Completion of Annual Health Risk Assessment (HRA)	7
Table 4: Outreach and Engagement to Facilitate Entry to Primary Care	8
Table 5-7: Transition into CFP Status	9
Table 8-10: Transition out of CFP Status	11

Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through 30 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include MDHHS Administrative Measures; Healthy Michigan Plan (HMP) Measures; MDHHS Dental Measures; CMS Core Set Measures; Health Equity HEDIS Measures; HEDIS Measures and Managed Care Quality Measures. **This report focuses only on the following HMP Measures:**

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

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

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2021 unless otherwise noted.

Table 1: Fiscal Year 2021

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

Healthy Michigan Plan Enrollment

Michigan Medicaid Managed Care (HMP-MC) enrollment has increased over the past year. In September 2021, enrollment was 774,361, up 77,704 enrollees (11.2%) from October 2020. An increase of 11,661 enrollees (1.5%) was realized between August 2021 and September 2021.

Figure 1: HMP-MC Enrollment, October 2020 – September 2021

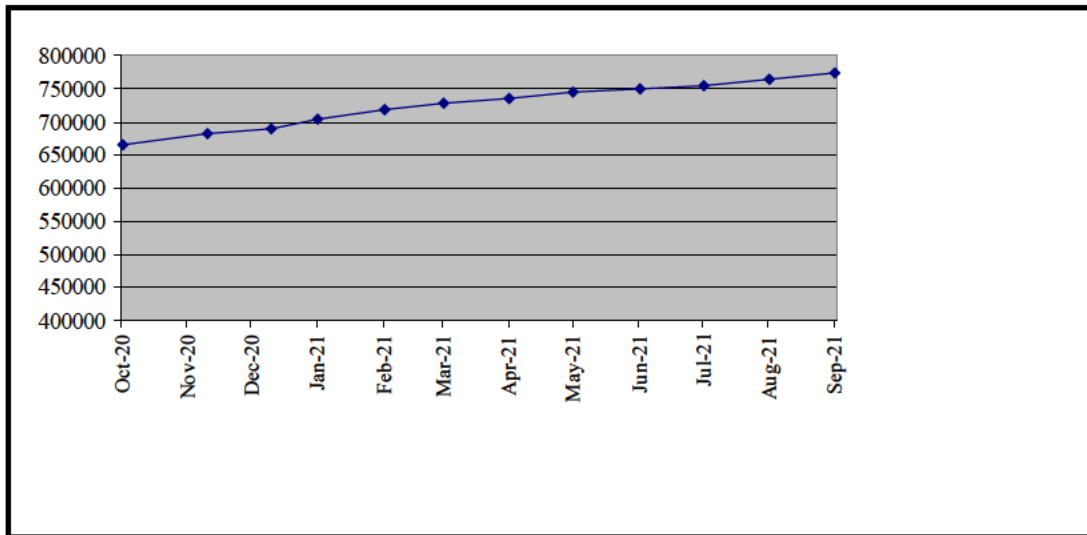
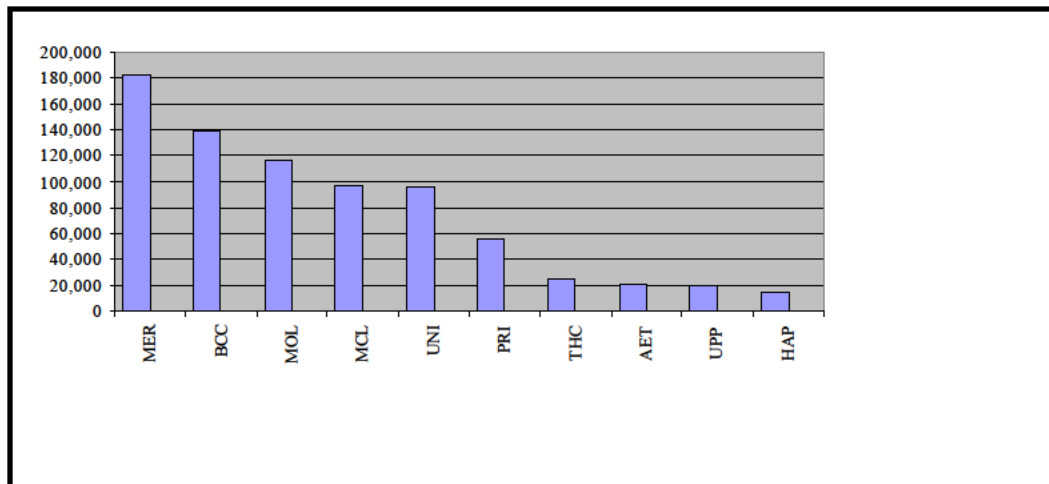


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, September 2021



Medicaid Health Plan News

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

Cross-Plan Performance Monitoring Analyses

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

Adults' Generic Drug Utilization

Measure

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

Standard

N/A – Informational Only

Measurement Period

January 2021 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

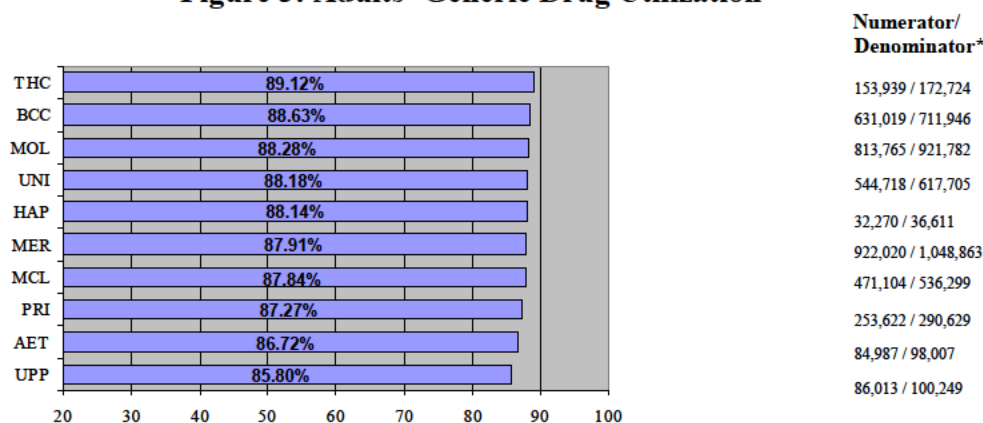
Quarterly

Summary: Results ranged from 85.80% to 89.12%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,032,061	4,578,547	88.06%
Fee For Service (FFS) only	4,980	5,722	87.03%
Managed Care only	4,005,560	4,548,361	88.07%
MA-MC	1,854,739	2,113,470	87.76%
HMP-MC	2,119,855	2,400,237	88.32%

Figure 3: Adults' Generic Drug Utilization



Adult's Generic Drug Utilization Percentages

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

Completion of Annual Health Risk Assessment (HRA)

Measure

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

Standard

N/A – Informational Only

Measurement Period

April 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

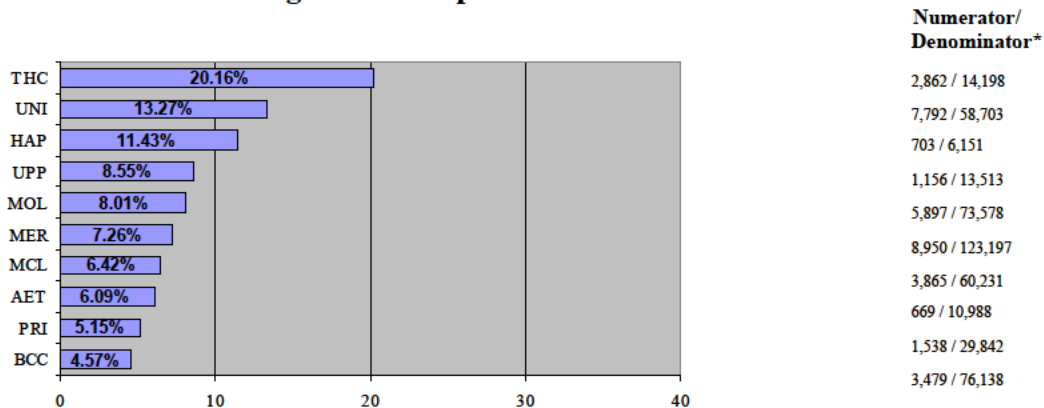
Quarterly

Summary: Results ranged from 4.57% to 20.16%.

Table 3: Program Total

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	43,764	547,037	8.00%

Figure 4: Completion of Annual HRA



Completion of Annual HRA Percentages

*Numerator depicts the number of eligible beneficiaries who completed at least one incentive eligible HRA with an attestation date during the measurement period. Denominator depicts the total number of eligible beneficiaries.

Outreach and Engagement to Facilitate Entry to Primary Care

Measure

The percentage of Healthy Michigan Plan members who have an ambulatory or preventive care visit within 150 days of enrollment into a health plan who had not previously had an ambulatory or preventive care visit since enrollment in Healthy Michigan Plan.

Standard

N/A – Informational Only

Enrollment Dates

October 2020 – December 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

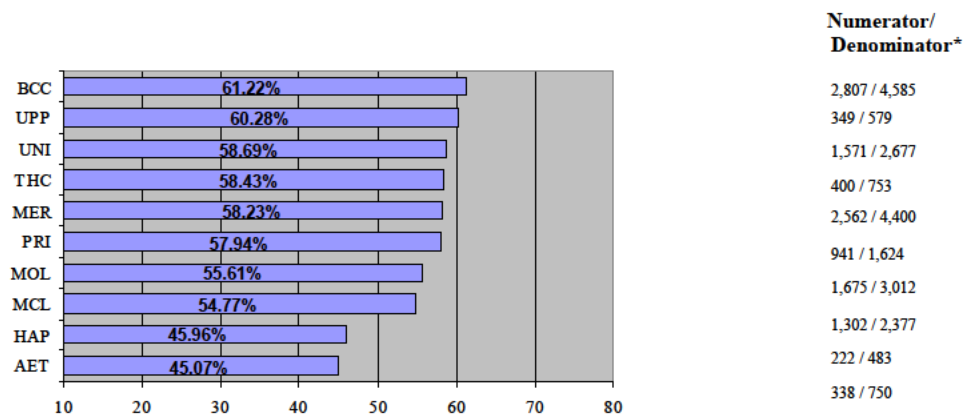
Quarterly

Summary: Results ranged from 45.07% to 61.22%.

Table 4: Program Total¹

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	17,223	21,240	81.09%

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



Outreach & Engagement to Facilitate Entry to Primary Care Percentages

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

¹ This includes visits during the HMP FFS period prior to enrollment in a Medicaid health plan.

Transition into Consistently Fail to Pay (CFP) Status

Measure

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

Standard

N/A – Informational Only

Measurement Period

August 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

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

Summary:

In **Cohort 1**, for income levels over 100% FPL, results ranged from 1.97% to 12.73%. For income levels up to 100% FPL, results ranged from 1.94% to 3.65%.

In **Cohort 2**, for income levels over 100% FPL, results ranged from 2.12% to 4.50%. For income levels up to 100% FPL, results ranged from 2.84% to 4.33%.

In **Cohort 3**, for income levels over 100% FPL, results ranged from 1.89% to 4.26%. For income levels up to 100% FPL, results ranged from 2.27% to 4.64%.

Table 5: Transition into CFP Status - Cohort 1²

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	1	118	N/A	N/A	16	489	3.27%	N/A
BCC	72	1,628	4.42%	N/A	168	5,081	3.31%	N/A
HAP	7	55	12.73%	N/A	7	225	3.11%	N/A
MCL	55	1,335	4.12%	N/A	125	3,815	3.28%	N/A
MER	141	2,801	5.03%	N/A	266	7,977	3.33%	N/A
MOL	49	1,298	3.78%	N/A	150	4,354	3.45%	N/A
PRI	31	853	3.63%	N/A	40	2,067	1.94%	N/A
THC	7	200	3.50%	N/A	22	800	2.75%	N/A
UNI	42	1,359	3.09%	N/A	130	3,560	3.65%	N/A
UPP	9	457	1.97%	N/A	22	909	2.42%	N/A

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

Performance Monitoring Report

Table 6: Transition into CFP Status - Cohort 2³

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	4	118	N/A	N/A	22	508	4.33%	N/A
BCC	72	1,601	4.50%	N/A	168	5,184	3.24%	N/A
HAP	2	57	N/A	N/A	11	283	3.89%	N/A
MCL	31	1,464	2.12%	N/A	116	4,079	2.84%	N/A
MER	121	2,885	4.19%	N/A	332	8,638	3.84%	N/A
MOL	54	1,405	3.84%	N/A	191	4,958	3.85%	N/A
PRI	29	956	3.03%	N/A	64	2,233	2.87%	N/A
THC	8	182	4.40%	N/A	24	770	3.12%	N/A
UNI	52	1,372	3.79%	N/A	144	3,783	3.81%	N/A
UPP	18	512	3.52%	N/A	30	964	3.11%	N/A

Table 7: Transition into CFP Status - Cohort 3

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	6	141	4.26%	N/A	17	596	2.85%	N/A
BCC	62	1,682	3.69%	N/A	167	5,742	2.91%	N/A
HAP	1	47	N/A	N/A	13	280	4.64%	N/A
MCL	36	1,480	2.43%	N/A	127	4,539	2.80%	N/A
MER	102	3,080	3.31%	N/A	359	9,539	3.76%	N/A
MOL	43	1,447	2.97%	N/A	192	5,575	3.44%	N/A
PRI	22	991	2.22%	N/A	66	2,388	2.76%	N/A
THC	6	228	2.63%	N/A	25	965	2.59%	N/A
UNI	45	1,466	3.07%	N/A	129	4,073	3.17%	N/A
UPP	10	530	1.89%	N/A	24	1,059	2.27%	N/A

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

Transition out of Consistently Fail to Pay (CFP) Status

Measure

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

Standard

N/A – Informational Only

Measurement Period

August 2020 – September 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Summary:

In ***Cohort 1***, for income levels over 100% FPL, results ranged from 8.37% to 14.67%. For income levels up to 100% FPL, results ranged from 3.54% to 8.33%.

In ***Cohort 2***, for income levels over 100% FPL, results ranged from 7.24% to 14.44%. For income levels up to 100% FPL, results ranged from 3.68% to 5.18%.

In ***Cohort 3***, for income levels over 100% FPL, results ranged from 7.84% to 13.16%. For income levels up to 100% FPL, results ranged from 3.00% to 4.97%.

Table 8: Transition out of CFP Status - Cohort 1

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	33	225	14.67%	N/A	12	339	3.54%	N/A
BCC	182	1,761	10.34%	N/A	155	3,081	5.03%	N/A
HAP	15	144	10.42%	N/A	14	168	8.33%	N/A
MCL	185	1,663	11.12%	N/A	125	2,563	4.88%	N/A
MER	392	3,798	10.32%	N/A	258	5,738	4.50%	N/A
MOL	204	1,943	10.50%	N/A	139	3,273	4.25%	N/A
PRI	110	859	12.81%	N/A	69	1,140	6.05%	N/A
THC	34	312	10.90%	N/A	24	520	4.62%	N/A
UNI	207	1,630	12.70%	N/A	146	2,464	5.93%	N/A
UPP	37	442	8.37%	N/A	29	563	5.15%	N/A

Performance Monitoring Report

Table 9: Transition out of CFP Status – Cohort 2

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	18	239	7.53%	N/A	19	380	5.00%	N/A
BCC	242	1,936	12.50%	N/A	138	3,126	4.41%	N/A
HAP	11	152	7.24%	N/A	10	204	4.90%	N/A
MCL	225	1,811	12.42%	N/A	127	2,669	4.76%	N/A
MER	404	3,815	10.59%	N/A	244	5,734	4.26%	N/A
MOL	249	2,114	11.78%	N/A	162	3,584	4.52%	N/A
PRI	109	977	11.16%	N/A	47	1,278	3.68%	N/A
THC	25	270	9.26%	N/A	25	528	4.73%	N/A
UNI	209	1,593	13.12%	N/A	125	2,414	5.18%	N/A
UPP	67	464	14.44%	N/A	24	568	4.23%	N/A

Table 10: Transition out of CFP Status - Cohort 3

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	35	266	13.16%	N/A	21	497	4.23%	N/A
BCC	240	2,102	11.42%	N/A	164	3,709	4.42%	N/A
HAP	14	136	10.29%	N/A	6	200	3.00%	N/A
MCL	210	1,963	10.70%	N/A	117	2,969	3.94%	N/A
MER	465	4,315	10.78%	N/A	274	6,851	4.00%	N/A
MOL	238	2,438	9.76%	N/A	170	4,254	4.00%	N/A
PRI	114	1,021	11.17%	N/A	61	1,294	4.71%	N/A
THC	29	370	7.84%	N/A	25	671	3.73%	N/A
UNI	217	1,777	12.21%	N/A	134	2,694	4.97%	N/A
UPP	52	480	10.83%	N/A	30	606	4.95%	N/A

Appendix A: Three Letter Medicaid Health Plan Codes

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

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

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 20 – Jun 20	Informational Only	92.03%	N/A
	Jul 20 – Sep 20	Informational Only	91.66%	N/A
	Oct 20 – Dec 20	Informational Only	86.92%	N/A
	Jan 21 – Mar 21	Informational Only	86.72%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	10.43%	N/A
	Oct 19 – Sep 20	Informational Only	8.21%	N/A
	Jan 20 – Dec 20	Informational Only	6.24%	N/A
	Apr 20 – Mar 21	Informational Only	6.09%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	35.10%	N/A
	Apr 20 – Jun 20	Informational Only	41.00%	N/A
	Jul 20 – Sep 20	Informational Only	44.08%	N/A
	Oct 20 – Dec 20	Informational Only	45.07%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]: [Feb 20 – Mar 21]: [May 20 – Jun 21]: [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	5.97%	N/A	2.20%	N/A	4.12%	N/A
	9.68%	N/A	10.08%	N/A	9.09%	N/A
	15.09%	N/A	19.01%	N/A	11.11%	N/A
	N/A	N/A	N/A	N/A	4.26%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.16%	N/A	3.48%	N/A	3.33%	N/A
	2.98%	N/A	3.15%	N/A	5.04%	N/A
	5.00%	N/A	4.62%	N/A	3.43%	N/A
	3.27%	N/A	4.33%	N/A	2.85%	N/A

**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:

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]; [May 20 – Jun 21]; [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.48%	N/A	3.52%	N/A	1.83%	N/A
	3.17%	N/A	1.26%	N/A	1.09%	N/A
	3.57%	N/A	1.95%	N/A	4.37%	N/A
	14.67%	N/A	7.53%	N/A	13.16%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.79%	N/A	3.64%	N/A	2.14%	N/A
	3.02%	N/A	2.30%	N/A	2.29%	N/A
	3.03%	N/A	4.62%	N/A	3.06%	N/A
	3.54%	N/A	5.00%	N/A	4.23%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete of Michigan – BCC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.62%	N/A
	Jul 20 – Sep 20	Informational Only	92.47%	N/A
	Oct 20 – Dec 20	Informational Only	88.30%	N/A
	Jan 21 – Mar 21	Informational Only	88.63%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	6.11%	N/A
	Oct 19 – Sep 20	Informational Only	5.08%	N/A
	Jan 20 – Dec 20	Informational Only	5.00%	N/A
	Apr 20 – Mar 21	Informational Only	4.57%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	49.54%	N/A
	Apr 20 – Jun 20	Informational Only	55.10%	N/A
	Jul 20 – Sep 20	Informational Only	61.50%	N/A
	Oct 20 – Dec 20	Informational Only	61.22%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]: [Feb 20 – Mar 21]: [May 20 – Jun 21]: [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	6.05%	N/A	4.95%	N/A	5.05%	N/A
	6.13%	N/A	7.21%	N/A	8.94%	N/A
	9.86%	N/A	11.87%	N/A	6.61%	N/A
	4.42%	N/A	4.50%	N/A	3.69%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.47%	N/A	2.69%	N/A	3.36%	N/A
	3.50%	N/A	3.77%	N/A	4.32%	N/A
	3.92%	N/A	3.90%	N/A	2.83%	N/A
	3.31%	N/A	3.24%	N/A	2.91%	N/A

**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:

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]; [May 20 – Jun 21]; [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.97%	N/A	6.80%	N/A	5.27%	N/A
	3.16%	N/A	3.94%	N/A	2.82%	N/A
	3.40%	N/A	4.77%	N/A	3.23%	N/A
	10.34%	N/A	12.50%	N/A	11.42%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.57%	N/A	6.81%	N/A	4.28%	N/A
	3.79%	N/A	3.78%	N/A	3.25%	N/A
	3.96%	N/A	3.13%	N/A	3.19%	N/A
	5.03%	N/A	4.41%	N/A	4.42%	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:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.56%	N/A
	Jul 20 – Sep 20	Informational Only	92.13%	N/A
	Oct 20 – Dec 20	Informational Only	88.34%	N/A
	Jan 21 – Mar 21	Informational Only	88.14%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	9.67%	N/A
	Oct 19 – Sep 20	Informational Only	10.28%	N/A
	Jan 20 – Dec 20	Informational Only	9.84%	N/A
	Apr 20 – Mar 21	Informational Only	11.43%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	32.58%	N/A
	Apr 20 – Jun 20	Informational Only	35.71%	N/A
	Jul 20 – Sep 20	Informational Only	77.74%	N/A
	Oct 20 – Dec 20	Informational Only	45.96%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]: [Feb 20 – Mar 21]: [May 20 – Jun 21]: [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	7.14%	N/A	32.00%	N/A	5.56%	N/A
	9.68%	N/A	3.70%	N/A	3.85%	N/A
	35.56%	N/A	14.89%	N/A	9.52%	N/A
	12.73%	N/A	N/A	N/A	N/A	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	0.00%	N/A	8.22%	N/A	5.71%	N/A
	6.76%	N/A	7.69%	N/A	10.87%	N/A
	6.08%	N/A	4.08%	N/A	3.02%	N/A
	3.11%	N/A	3.89%	N/A	4.64%	N/A

**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:

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]; [May 20 – Jun 21]; [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.41%	N/A	0.00%	N/A	6.67%	N/A
	5.80%	N/A	1.52%	N/A	5.06%	N/A
	1.16%	N/A	2.75%	N/A	0.00%	N/A
	10.42%	N/A	7.24%	N/A	10.29%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.33%	N/A	2.33%	N/A	3.79%	N/A
	2.06%	N/A	1.92%	N/A	3.76%	N/A
	3.54%	N/A	3.21%	N/A	0.63%	N/A
	8.33%	N/A	4.90%	N/A	3.00%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.51%	N/A
	Jul 20 – Sep 20	Informational Only	92.43%	N/A
	Oct 20 – Dec 20	Informational Only	87.57%	N/A
	Jan 21 – Mar 21	Informational Only	87.84%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	5.60%	N/A
	Oct 19 – Sep 20	Informational Only	5.16%	N/A
	Jan 20 – Dec 20	Informational Only	5.56%	N/A
	Apr 20 – Mar 21	Informational Only	6.42%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	47.97%	N/A
	Apr 20 – Jun 20	Informational Only	49.29%	N/A
	Jul 20 – Sep 20	Informational Only	53.82%	N/A
	Oct 20 – Dec 20	Informational Only	54.77%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]: [Feb 20 – Mar 21]: [May 20 – Jun 21]: [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.85%	N/A	5.54%	N/A	4.42%	N/A
	4.90%	N/A	6.63%	N/A	8.87%	N/A
	10.09%	N/A	10.11%	N/A	6.16%	N/A
	4.12%	N/A	2.12%	N/A	2.43%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	2.61%	N/A	3.48%	N/A	2.70%	N/A
	4.03%	N/A	3.36%	N/A	4.44%	N/A
	4.45%	N/A	4.20%	N/A	2.45%	N/A
	3.28%	N/A	2.84%	N/A	2.80%	N/A

**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:

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]; [May 20 – Jun 21]; [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.41%	N/A	6.34%	N/A	3.82%	N/A
	3.65%	N/A	3.21%	N/A	2.67%	N/A
	3.06%	N/A	2.93%	N/A	3.98%	N/A
	11.12%	N/A	12.42%	N/A	10.70%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.96%	N/A	6.00%	N/A	3.37%	N/A
	3.58%	N/A	4.08%	N/A	3.23%	N/A
	3.24%	N/A	3.17%	N/A	4.20%	N/A
	4.88%	N/A	4.76%	N/A	3.94%	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:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	93.00%	N/A
	Jul 20 – Sep 20	Informational Only	92.74%	N/A
	Oct 20 – Dec 20	Informational Only	87.79%	N/A
	Jan 21 – Mar 21	Informational Only	87.91%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	3.56%	N/A
	Oct 19 – Sep 20	Informational Only	4.62%	N/A
	Jan 20 – Dec 20	Informational Only	5.50%	N/A
	Apr 20 – Mar 21	Informational Only	7.26%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	52.48%	N/A
	Apr 20 – Jun 20	Informational Only	54.59%	N/A
	Jul 20 – Sep 20	Informational Only	57.52%	N/A
	Oct 20 – Dec 20	Informational Only	58.23%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]: [Feb 20 – Mar 21]: [May 20 – Jun 21]: [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	5.70%	N/A	5.51%	N/A	6.64%	N/A
	8.41%	N/A	7.64%	N/A	10.24%	N/A
	11.42%	N/A	10.37%	N/A	6.78%	N/A
	5.03%	N/A	4.19%	N/A	3.31%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.77%	N/A	3.55%	N/A	3.04%	N/A
	4.20%	N/A	3.36%	N/A	3.53%	N/A
	4.42%	N/A	4.31%	N/A	2.89%	N/A
	3.33%	N/A	3.84%	N/A	3.76%	N/A

**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:

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]; [May 20 – Jun 21]; [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.67%	N/A	5.98%	N/A	4.18%	N/A
	3.90%	N/A	4.13%	N/A	3.38%	N/A
	2.95%	N/A	3.58%	N/A	4.00%	N/A
	10.32%	N/A	10.59%	N/A	10.78%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.70%	N/A	6.11%	N/A	5.04%	N/A
	3.78%	N/A	4.09%	N/A	2.92%	N/A
	3.40%	N/A	3.38%	N/A	3.22%	N/A
	4.50%	N/A	4.26%	N/A	4.00%	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:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.31%	N/A
	Jul 20 – Sep 20	Informational Only	92.02%	N/A
	Oct 20 – Dec 20	Informational Only	88.37%	N/A
	Jan 21 – Mar 21	Informational Only	88.28%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	10.82%	N/A
	Oct 19 – Sep 20	Informational Only	9.89%	N/A
	Jan 20 – Dec 20	Informational Only	8.84%	N/A
	Apr 20 – Mar 21	Informational Only	8.01%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	48.96%	N/A
	Apr 20 – Jun 20	Informational Only	52.96%	N/A
	Jul 20 – Sep 20	Informational Only	56.38%	N/A
	Oct 20 – Dec 20	Informational Only	55.61%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]: [Feb 20 – Mar 21]: [May 20 – Jun 21]: [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	5.89%	N/A	6.31%	N/A	7.10%	N/A
	8.86%	N/A	9.25%	N/A	8.47%	N/A
	12.46%	N/A	11.82%	N/A	8.65%	N/A
	3.78%	N/A	3.84%	N/A	2.97%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.71%	N/A	3.33%	N/A	3.20%	N/A
	4.14%	N/A	3.71%	N/A	4.68%	N/A
	4.84%	N/A	4.62%	N/A	3.44%	N/A
	3.45%	N/A	3.85%	N/A	3.44%	N/A

**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:

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]; [May 20 – Jun 21]; [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.53%	N/A	5.04%	N/A	4.38%	N/A
	3.25%	N/A	2.99%	N/A	2.61%	N/A
	3.13%	N/A	4.24%	N/A	3.16%	N/A
	10.50%	N/A	11.78%	N/A	9.76%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.91%	N/A	5.97%	N/A	3.74%	N/A
	3.05%	N/A	2.69%	N/A	2.73%	N/A
	3.08%	N/A	2.99%	N/A	2.57%	N/A
	4.25%	N/A	4.52%	N/A	4.00%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.13%	N/A
	Jul 20 – Sep 20	Informational Only	92.31%	N/A
	Oct 20 – Dec 20	Informational Only	87.14%	N/A
	Jan 21 – Mar 21	Informational Only	87.27%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	5.29%	N/A
	Oct 19 – Sep 20	Informational Only	4.80%	N/A
	Jan 20 – Dec 20	Informational Only	5.35%	N/A
	Apr 20 – Mar 21	Informational Only	5.15%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	55.54%	N/A
	Apr 20 – Jun 20	Informational Only	54.40%	N/A
	Jul 20 – Sep 20	Informational Only	57.75%	N/A
	Oct 20 – Dec 20	Informational Only	57.94%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]: [Feb 20 – Mar 21]: [May 20 – Jun 21]: [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.59%	N/A	4.98%	N/A	4.69%	N/A
	5.87%	N/A	7.83%	N/A	8.17%	N/A
	9.92%	N/A	7.60%	N/A	5.71%	N/A
	3.63%	N/A	3.03%	N/A	2.22%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.71%	N/A	3.02%	N/A	2.62%	N/A
	3.89%	N/A	3.04%	N/A	3.80%	N/A
	4.11%	N/A	3.43%	N/A	2.81%	N/A
	1.94%	N/A	2.87%	N/A	2.76%	N/A

**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

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]; [May 20 – Jun 21]; [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	9.47%	N/A	6.29%	N/A	4.64%	N/A
	5.03%	N/A	4.32%	N/A	4.52%	N/A
	3.17%	N/A	4.14%	N/A	5.46%	N/A
	12.81%	N/A	11.16%	N/A	11.17%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.64%	N/A	6.48%	N/A	3.49%	N/A
	3.99%	N/A	3.71%	N/A	3.52%	N/A
	4.39%	N/A	4.25%	N/A	5.85%	N/A
	6.05%	N/A	3.68%	N/A	4.71%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	93.70%	N/A
	Jul 20 – Sep 20	Informational Only	93.79%	N/A
	Oct 20 – Dec 20	Informational Only	89.64%	N/A
	Jan 21 – Mar 21	Informational Only	89.12%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	28.51%	N/A
	Oct 19 – Sep 20	Informational Only	25.79%	N/A
	Jan 20 – Dec 20	Informational Only	22.15%	N/A
	Apr 20 – Mar 21	Informational Only	20.16%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	51.46%	N/A
	Apr 20 – Jun 20	Informational Only	51.16%	N/A
	Jul 20 – Sep 20	Informational Only	55.24%	N/A
	Oct 20 – Dec 20	Informational Only	58.43%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]: [Feb 20 – Mar 21]: [May 20 – Jun 21]: [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	7.45%	N/A	10.45%	N/A	4.40%	N/A
	12.37%	N/A	4.73%	N/A	11.11%	N/A
	13.19%	N/A	13.92%	N/A	6.05%	N/A
	3.50%	N/A	4.40%	N/A	2.63%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	2.12%	N/A	2.81%	N/A	3.27%	N/A
	3.17%	N/A	2.64%	N/A	3.78%	N/A
	3.61%	N/A	4.13%	N/A	2.63%	N/A
	2.75%	N/A	3.12%	N/A	2.59%	N/A

**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:

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]; [May 20 – Jun 21]; [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.88%	N/A	3.66%	N/A	3.60%	N/A
	2.14%	N/A	4.98%	N/A	1.44%	N/A
	2.61%	N/A	2.08%	N/A	2.39%	N/A
	10.90%	N/A	9.26%	N/A	7.84%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.88%	N/A	5.66%	N/A	4.45%	N/A
	2.16%	N/A	2.72%	N/A	2.66%	N/A
	1.71%	N/A	3.56%	N/A	3.29%	N/A
	4.62%	N/A	4.73%	N/A	3.73%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.29%	N/A
	Jul 20 – Sep 20	Informational Only	92.15%	N/A
	Oct 20 – Dec 20	Informational Only	88.68%	N/A
	Jan 21 – Mar 21	Informational Only	88.18%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	7.14%	N/A
	Oct 19 – Sep 20	Informational Only	8.23%	N/A
	Jan 20 – Dec 20	Informational Only	12.73%	N/A
	Apr 20 – Mar 21	Informational Only	13.27%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	48.75%	N/A
	Apr 20 – Jun 20	Informational Only	52.81%	N/A
	Jul 20 – Sep 20	Informational Only	57.93%	N/A
	Oct 20 – Dec 20	Informational Only	58.69%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]: [Feb 20 – Mar 21]: [May 20 – Jun 21]: [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.69%	N/A	7.20%	N/A	5.66%	N/A
	9.36%	N/A	6.47%	N/A	7.20%	N/A
	10.94%	N/A	9.76%	N/A	6.18%	N/A
	3.09%	N/A	3.79%	N/A	3.07%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	4.11%	N/A	3.78%	N/A	3.38%	N/A
	4.54%	N/A	4.02%	N/A	4.68%	N/A
	5.19%	N/A	4.69%	N/A	3.79%	N/A
	3.65%	N/A	3.81%	N/A	3.17%	N/A

**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:

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]; [May 20 – Jun 21]; [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.99%	N/A	7.66%	N/A	6.38%	N/A
	4.37%	N/A	4.64%	N/A	3.53%	N/A
	4.17%	N/A	3.70%	N/A	4.86%	N/A
	12.70%	N/A	13.12%	N/A	12.21%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.82%	N/A	7.98%	N/A	5.14%	N/A
	4.18%	N/A	4.67%	N/A	3.27%	N/A
	3.95%	N/A	4.54%	N/A	4.37%	N/A
	5.93%	N/A	5.18%	N/A	4.97%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	Informational Only	92.09%	N/A
	Jul 20 – Sep 20	Informational Only	91.74%	N/A
	Oct 20 – Dec 20	Informational Only	86.15%	N/A
	Jan 21 – Mar 21	Informational Only	85.80%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	Informational Only	2.41%	N/A
	Oct 19 – Sep 20	Informational Only	3.89%	N/A
	Jan 20 – Dec 20	Informational Only	4.72%	N/A
	Apr 20 – Mar 21	Informational Only	8.55%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	Informational Only	56.81%	N/A
	Apr 20 – Jun 20	Informational Only	58.21%	N/A
	Jul 20 – Sep 20	Informational Only	60.92%	N/A
	Oct 20 – Dec 20	Informational Only	60.28%	N/A

Transition into CFP Status: [Nov 19 – Dec 20]: [Feb 20 – Mar 21]: [May 20 – Jun 21]: [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.28%	N/A	4.96%	N/A	3.86%	N/A
	4.94%	N/A	6.85%	N/A	7.05%	N/A
	6.94%	N/A	7.26%	N/A	4.13%	N/A
	1.97%	N/A	3.52%	N/A	1.89%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	2.41%	N/A	2.97%	N/A	3.31%	N/A
	3.08%	N/A	4.75%	N/A	3.34%	N/A
	4.44%	N/A	3.66%	N/A	3.08%	N/A
	2.42%	N/A	3.11%	N/A	2.27%	N/A

**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

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN:

Transition out of CFP Status: [Nov 19 – Dec 20]; [Feb 20 – Mar 21]; [May 20 – Jun 21]; [Aug 20 – Sep 21]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.94%	N/A	7.03%	N/A	4.79%	N/A
	2.42%	N/A	4.99%	N/A	1.91%	N/A
	4.02%	N/A	6.02%	N/A	3.87%	N/A
	8.37%	N/A	14.44%	N/A	10.83%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.72%	N/A	8.55%	N/A	4.76%	N/A
	4.15%	N/A	5.87%	N/A	4.24%	N/A
	4.36%	N/A	6.03%	N/A	6.10%	N/A
	5.15%	N/A	4.23%	N/A	4.95%	N/A

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

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

Medical Services Administration
Bureau of Medicaid Care Management and Customer Service

PERFORMANCE MONITORING REPORT

MDHHS Dental Measures

Composite – All Plans



October 2021

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

Table of Contents

Executive Summary	4
Managed Care Enrollment	5
Medicaid Health Plan News.....	6
Cross-Plan Performance Monitoring Analyses.....	6

MDHHS Dental Measures

Diagnostic Dental Services	7
Preventive Dental Services	8
Restorative (Dental Fillings) Dental Services	9
Comprehensive Diabetes Care: Diagnostic Dental Exam	10
Comprehensive Diabetes Care: Preventive Dental Visit	11
Comprehensive Diabetes Care: Restorative Dental Visit	12
Diagnostic Dental Visits in Pregnant Women	13
Preventive Dental Visits in Pregnant Women	14
Restorative Dental Visits in Pregnant Women	15
Adults: Any Dental Visit	16

Appendixes

Appendix A: Three Letter Medicaid Health Plan Codes	17
Appendix B: One-Year Plan-Specific Analysis.....	18

Figures

Figure 1: Managed Care Enrollment, October 2020 – September 2021.....	5
Figure 2: Managed Care Enrollment by Medicaid Health Plan, September 2021.....	6
Figure 3: Diagnostic Dental Services	7
Figure 4: Preventive Dental Services.....	8
Figure 5: Restorative (Dental Fillings) Dental Services	9
Figure 6: Comprehensive Diabetes Care: Diagnostic Dental Exam	10
Figure 7: Comprehensive Diabetes Care: Preventive Dental Visit.....	11
Figure 8: Comprehensive Diabetes Care: Restorative Dental Visit.....	12
Figure 9: Diagnostic Dental Visits in Pregnant Women.....	13
Figure 10: Preventive Dental Visits in Pregnant Women.....	14
Figure 11: Restorative Dental Visits in Pregnant Women.....	15
Figure 12: Adults: Any Dental Visit.....	16

Tables

Table 1: Fiscal Year 2021	5
Table 2: Diagnostic Dental Services Comparison	7
Table 3: Preventive Dental Services Comparison	8
Table 4: Restorative (Dental Fillings) Dental Services Comparison.....	9
Table 5: Comprehensive Diabetes Care: Diagnostic Dental Exam	10
Table 6: Comprehensive Diabetes Care: Preventive Dental Visit	11
Table 7: Comprehensive Diabetes Care: Restorative Dental Visit.....	12
Table 8: Diagnostic Dental Visits in Pregnant Women	13
Table 9: Preventive Dental Visits in Pregnant Women	14
Table 10: Restorative Dental Visits in Pregnant Women	15
Table 11: Adults: Any Dental Visit	16

Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through 30 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include MDHHS Administrative Measures; Healthy Michigan Plan (HMP) Measures; MDHHS Dental Measures; CMS Core Set Measures; Health Equity HEDIS Measures; HEDIS Measures and Managed Care Quality Measures. **This report focuses only on the following MDHHS Dental Measures:**

MDHHS Dental Measures		
<i>Diagnostic Dental Services</i>	<i>Preventive Dental Services</i>	<i>Restorative (Dental Filings) Dental Services</i>
<i>Comprehensive Diabetes Care: Diagnostic Dental Exam</i>	<i>Comprehensive Diabetes Care: Preventive Dental Visit</i>	<i>Comprehensive Diabetes Care: Restorative Dental Visit</i>
<i>Diagnostic Dental Visits in Pregnant Women</i>	<i>Preventive Dental Visits in Pregnant Women</i>	<i>Restorative Dental Visits in Pregnant Women</i>
<i>Adults: Any Dental</i>		

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

The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2021 unless otherwise noted.

Performance Monitoring Report

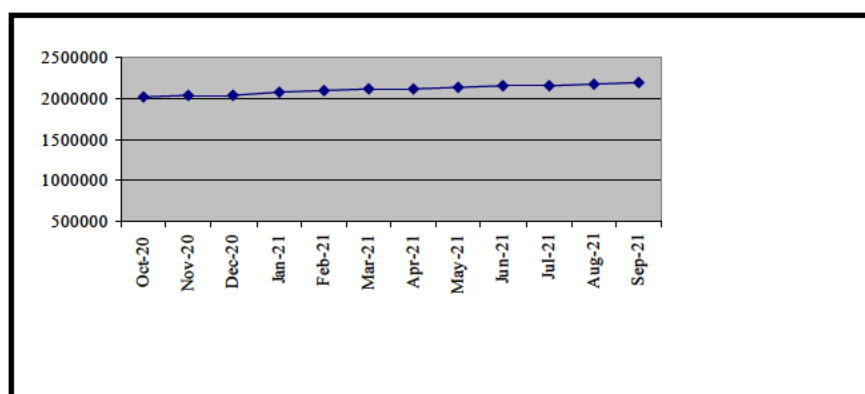
Table 1: Fiscal Year 2021¹

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

Managed Care Enrollment

Michigan Medicaid Managed Care (MA-MC) enrollment has remained steady over the past year. In September 2021, enrollment was 2,179,949 up 174,913 enrollees (8.7%) from October 2020. An increase of 6,072 enrollees (0.3%) was realized between August 2021 and September 2021.

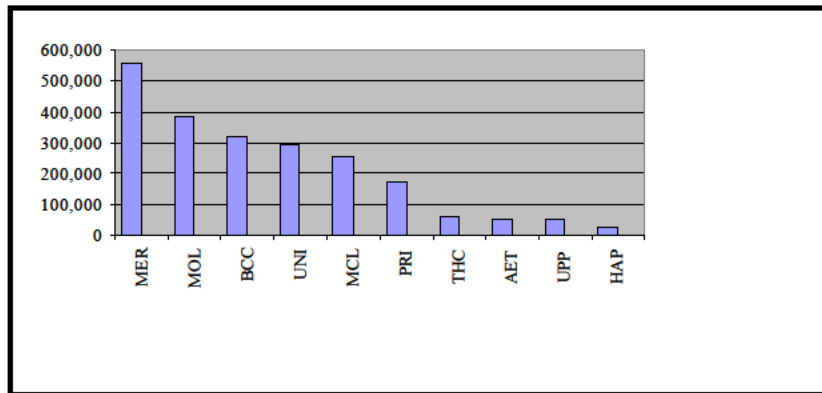
Figure 1: Medicaid Managed Care Enrollment, October 2020 – September 2021



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

Performance Monitoring Report

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



Medicaid Health Plan News

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

Cross-Plan Performance Monitoring Analyses

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

Diagnostic Dental Services**Measure**

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

Standard

N/A – Informational Only

Measurement Period

April 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

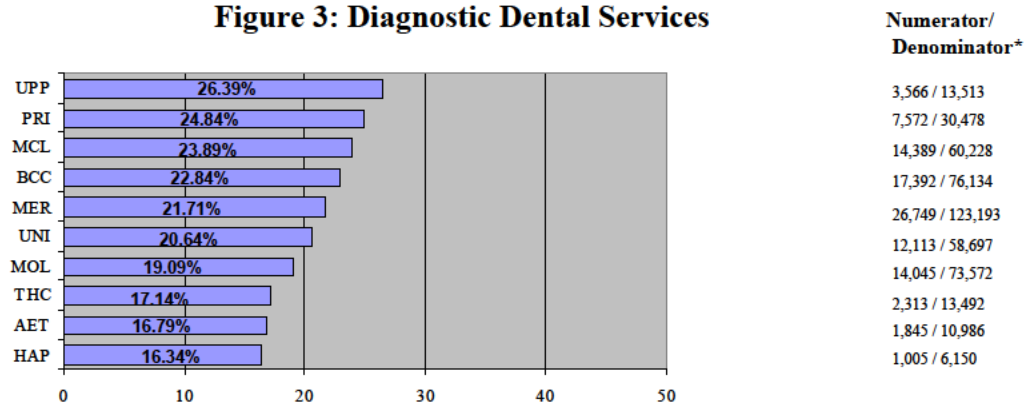
Quarterly

Summary: Results ranged from 16.34% to 26.39%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	960	7,645	12.56%
HMP Managed Care (MC) Only	103,133	473,231	21.79%

Figure 3: Diagnostic Dental Services



Diagnostic Dental Services Percentages

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

Preventive Dental Services

Measure

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

Standard

N/A – Informational Only

Measurement Period

April 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

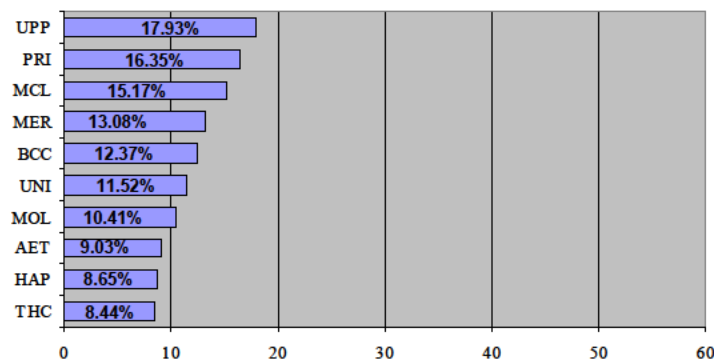
Quarterly

Summary: Results ranged from 8.44% to 17.93%.

Table 3: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	444	7,645	5.81%
HMP Managed Care (MC) Only	60,346	473,231	12.75%

Figure 4: Preventive Dental Services



**Numerator/
Denominator***

2,423 / 13,513
4,984 / 30,478
9,135 / 60,228
16,119 / 123,193
9,421 / 76,134
6,763 / 58,697
7,658 / 73,572
992 / 10,986
532 / 6,150
1,139 / 13,492

Preventive Dental Services Percentages

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

Restorative (Dental Fillings) Services**Measure**

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

Standard

N/A – Informational Only

Measurement Period

April 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

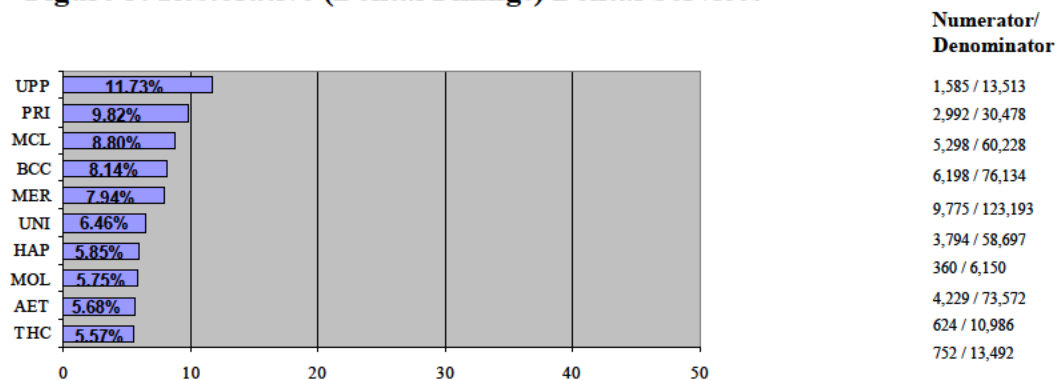
Quarterly

Summary: Results ranged from 5.57% to 11.73%.

Table 4: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	255	7,645	3.34%
HMP Managed Care (MC) Only	36,414	473,231	7.70%

Figure 5: Restorative (Dental Fillings) Dental Services



Restorative (Dental Fillings) Dental Services Percentages

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

Comprehensive Diabetes Care: Diagnostic Dental Exam

Measure

The percentage of Healthy Michigan Plan members between the ages of 19 and 64 with Type 1 or Type 2 Diabetes who received at least one diagnostic dental service within the measurement period.

Standard

N/A – Informational Only

Measurement Period

April 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

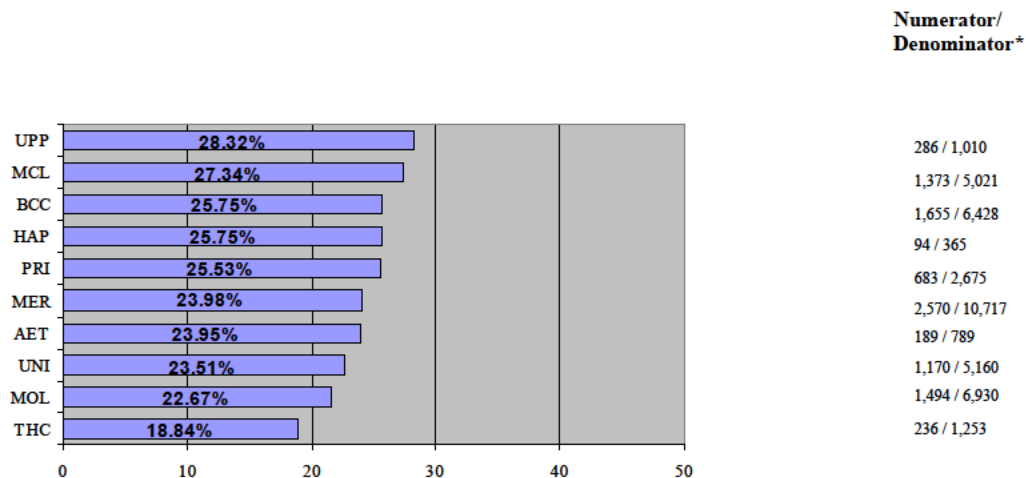
Quarterly

Summary: Results ranged from 18.84% to 28.32%

Table 5: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	145	599	24.21%
HMP Managed Care (MC) Only	9,989	41,066	24.32%

Figure 6: Comprehensive Diabetes Care: Diagnostic Dental Exam



Comprehensive Diabetes Care: Diagnostic Dental Exam Percentages

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

Comprehensive Diabetes Care: Preventive Dental Visit**Measure**

The percentage of Healthy Michigan Plan members between the ages of 19 and 64 with Type 1 or Type 2 Diabetes who received at least one preventive dental service within the measurement period.

Standard

N/A – Informational Only

Measurement Period

April 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

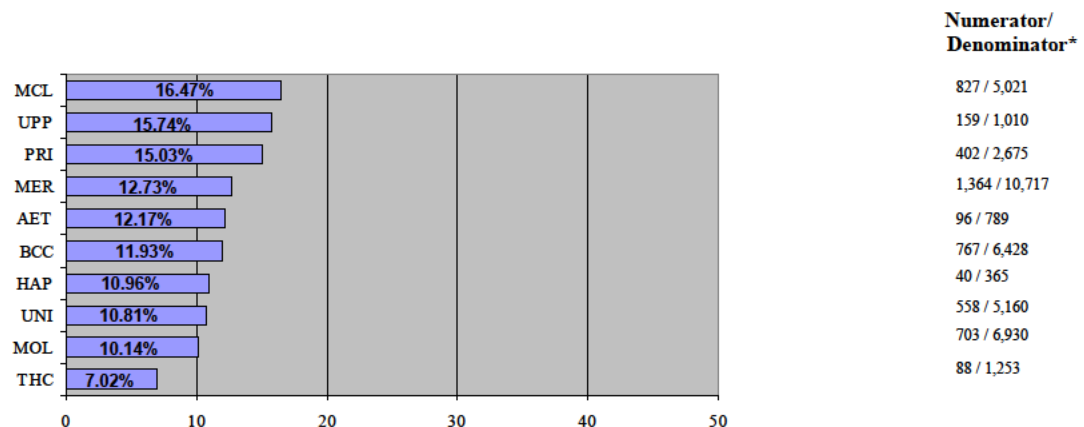
Quarterly

Summary: Results ranged from 7.02% to 16.47%

Table 6: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	66	599	11.02%
HMP Managed Care (MC) Only	5,112	41,066	12.45%

Figure 7: Comprehensive Diabetes Care: Preventive Dental Visit



Comprehensive Diabetes Care: Preventive Dental Visit Percentages

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

Comprehensive Diabetes Care: Restorative Dental Visit

Measure

The percentage of Healthy Michigan Plan members between the ages of 19 and 64 with Type 1 or Type 2 Diabetes who received at least one restorative dental service within the measurement period.

Standard

N/A – Informational Only

Measurement Period

April 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

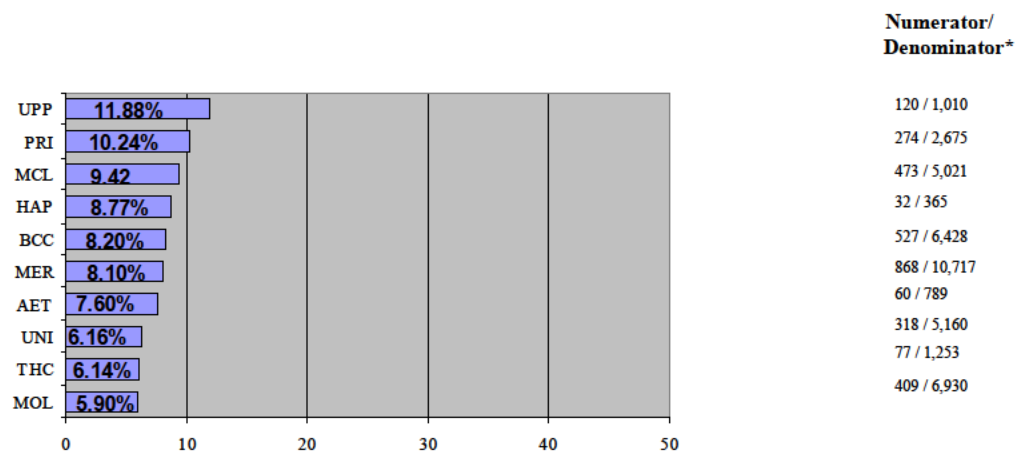
Quarterly

Summary: Results ranged from 5.90% to 11.88%

Table 7: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	23	599	3.84%
HMP Managed Care (MC) Only	3,229	41,066	7.86%

Figure 8: Comprehensive Diabetes Care: Restorative Dental Visit



Comprehensive Diabetes Care: Restorative Dental Visit Percentages

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

Diagnostic Dental Visits in Pregnant Women

Measure

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

Standard

N/A – Informational Only

Measurement Period

April 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

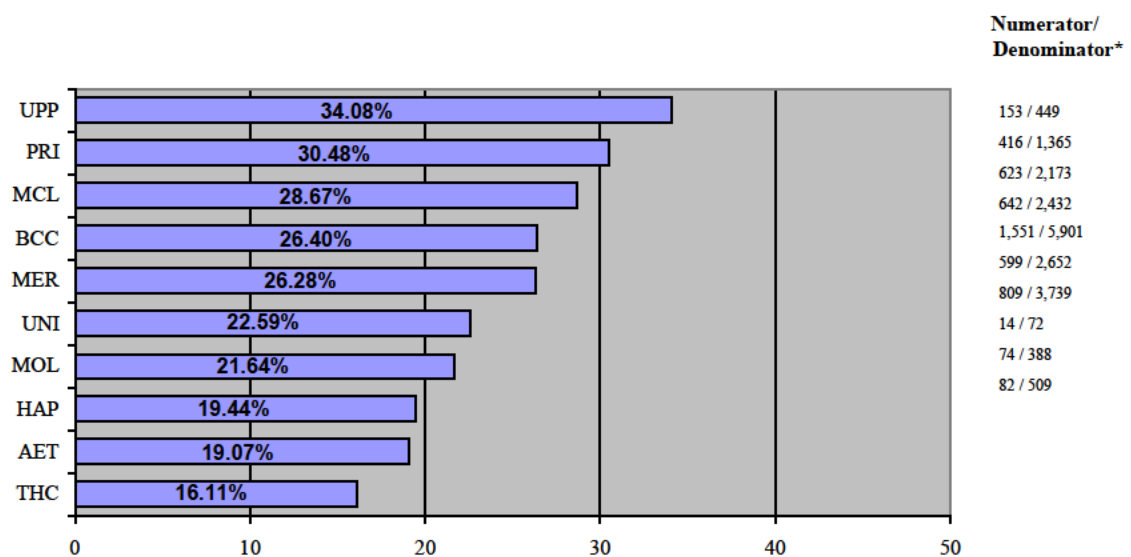
Quarterly

Summary: Results ranged from 16.11% to 34.08%

Table 8: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	7,142	32,861	21.73%
Fee For Service (FFS) only	73	363	20.11%
Managed Care only	5,212	20,659	25.23%
MA-MC	2,888	12,131	23.81%

Figure 9: Diagnostic Dental Visits in Pregnant Women



Diagnostic Dental Visits in Pregnant Women

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

Preventive Dental Visits in Pregnant Women

Measure

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

Standard

N/A – Informational Only

Measurement Period

April 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

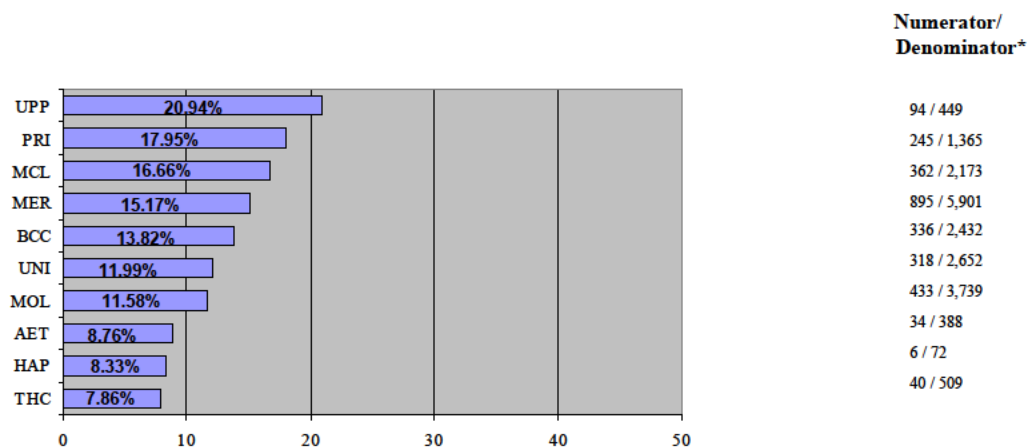
Quarterly

Summary: Results ranged from 7.86% to 20.94%

Table 9: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	3,917	32,861	11.92%
Fee For Service (FFS) only	30	363	8.26%
Managed Care only	2,872	20,659	13.90%
MA-MC	1,454	12,131	11.99%

Figure 10: Preventive Dental Visits in Pregnant Women



Preventive Dental Visits in Pregnant Women

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

Restorative Dental Visits in Pregnant Women

Measure

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

Standard

N/A – Informational Only

Measurement Period

April 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

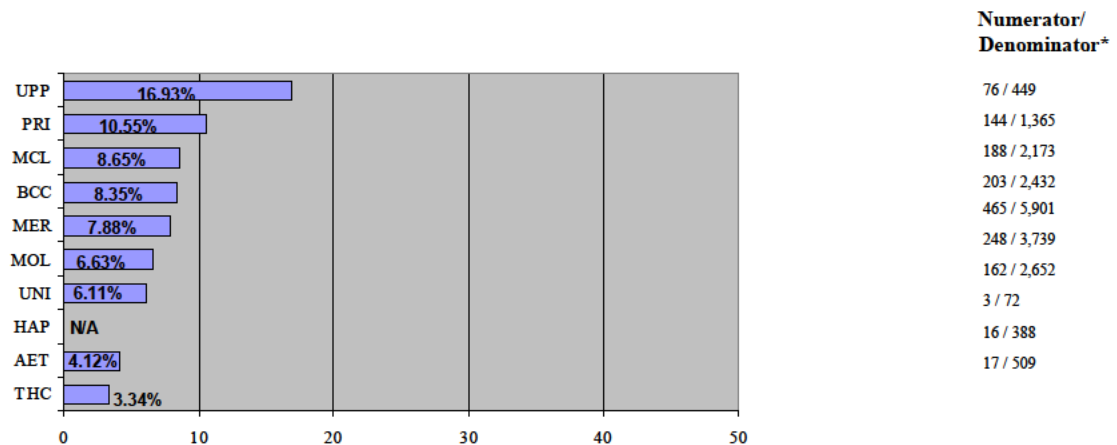
Quarterly

Summary: Results ranged from 3.34% to 16.93%

Table 10: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	2,091	32,861	6.36%
Fee For Service (FFS) only	17	363	4.68%
Managed Care only	1,584	20,659	7.67%
MA-MC	805	12,131	6.64%

Figure 11: Restorative Dental Visits in Pregnant Women²



Restorative Dental Visits in Pregnant Women

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

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

Adults: Any Dental Visit**Measure**

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

Standard

N/A – Informational Only

Measurement Period

April 2020 – March 2021

Data Source

MDHHS Data Warehouse

Measurement Frequency

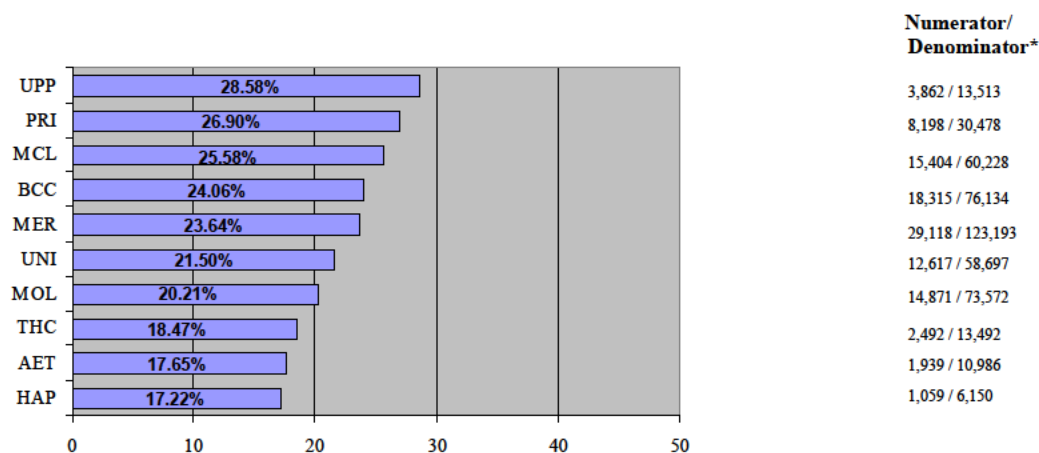
Quarterly

Summary: Results ranged from 17.22% to 28.58%

Table 11: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	1,047	7,645	13.70%
HMP Managed Care (MC) Only	110,117	473,231	23.27%

Figure 12: Adults: Any Dental Visit



Adults: Any Dental Visit

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

Appendix A: Three Letter Medicaid Health Plan Codes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	17.36%	N/A
	Oct 19 – Sep 20	Informational Only	17.10%	N/A
	Jan 20 – Dec 20	Informational Only	16.41%	N/A
	Apr 20 – Mar 21	Informational Only	16.79%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	9.27%	N/A
	Oct 19 – Sep 20	Informational Only	8.98%	N/A
	Jan 20 – Dec 20	Informational Only	8.66%	N/A
	Apr 20 – Mar 21	Informational Only	9.03%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	6.24%	N/A
	Oct 19 – Sep 20	Informational Only	6.01%	N/A
	Jan 20 – Dec 20	Informational Only	5.93%	N/A
	Apr 20 – Mar 21	Informational Only	5.68%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	24.77%	N/A
	Oct 19 – Sep 20	Informational Only	23.19%	N/A
	Jan 20 – Dec 20	Informational Only	23.96%	N/A
	Apr 20 – Mar 21	Informational Only	23.95%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	8.32%	N/A
	Oct 19 – Sep 20	Informational Only	8.21%	N/A
	Jan 20 – Dec 20	Informational Only	10.94%	N/A
	Apr 20 – Mar 21	Informational Only	12.17%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	5.61%	N/A
	Oct 19 – Sep 20	Informational Only	6.92%	N/A
	Jan 20 – Dec 20	Informational Only	7.34%	N/A
	Apr 20 – Mar 21	Informational Only	7.60%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	15.54%	N/A
	Oct 19 – Sep 20	Informational Only	13.49%	N/A
	Jan 20 – Dec 20	Informational Only	18.55%	N/A
	Apr 20 – Mar 21	Informational Only	19.07%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	8.77%	N/A
	Oct 19 – Sep 20	Informational Only	7.95%	N/A
	Jan 20 – Dec 20	Informational Only	8.92%	N/A
	Apr 20 – Mar 21	Informational Only	8.76%	N/A

Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	3.76%	N/A
	Oct 19 – Sep 20	Informational Only	2.41%	N/A
	Jan 20 – Dec 20	Informational Only	4.10%	N/A
	Apr 20 – Mar 21	Informational Only	4.12%	N/A

Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	19.68%	N/A
	Oct 19 – Sep 20	Informational Only	18.93%	N/A
	Jan 20 – Dec 20	Informational Only	17.81%	N/A
	Apr 20 – Mar 21	Informational Only	17.65%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete – BCC

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	25.77%	N/A
	Oct 19 – Sep 20	Informational Only	23.84%	N/A
	Jan 20 – Dec 20	Informational Only	22.93%	N/A
	Apr 20 – Mar 21	Informational Only	22.84%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	14.19%	N/A
	Oct 19 – Sep 20	Informational Only	12.69%	N/A
	Jan 20 – Dec 20	Informational Only	12.27%	N/A
	Apr 20 – Mar 21	Informational Only	12.37%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	10.40%	N/A
	Oct 19 – Sep 20	Informational Only	9.25%	N/A
	Jan 20 – Dec 20	Informational Only	8.36%	N/A
	Apr 20 – Mar 21	Informational Only	8.14%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	27.89%	N/A
	Oct 19 – Sep 20	Informational Only	26.56%	N/A
	Jan 20 – Dec 20	Informational Only	26.02%	N/A
	Apr 20 – Mar 21	Informational Only	25.75%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	13.77%	N/A
	Oct 19 – Sep 20	Informational Only	12.87%	N/A
	Jan 20 – Dec 20	Informational Only	12.28%	N/A
	Apr 20 – Mar 21	Informational Only	11.93%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	11.43%	N/A
	Oct 19 – Sep 20	Informational Only	10.04%	N/A
	Jan 20 – Dec 20	Informational Only	8.83%	N/A
	Apr 20 – Mar 21	Informational Only	8.20%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	28.85%	N/A
	Oct 19 – Sep 20	Informational Only	28.52%	N/A
	Jan 20 – Dec 20	Informational Only	27.22%	N/A
	Apr 20 – Mar 21	Informational Only	26.40%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete – BCC

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	16.85%	N/A
	Oct 19 – Sep 20	Informational Only	16.25%	N/A
	Jan 20 – Dec 20	Informational Only	14.69%	N/A
	Apr 20 – Mar 21	Informational Only	13.82%	N/A

Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	10.56%	N/A
	Oct 19 – Sep 20	Informational Only	9.45%	N/A
	Jan 20 – Dec 20	Informational Only	8.78%	N/A
	Apr 20 – Mar 21	Informational Only	8.35%	N/A

Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	28.09%	N/A
	Oct 19 – Sep 20	Informational Only	26.20%	N/A
	Jan 20 – Dec 20	Informational Only	24.77%	N/A
	Apr 20 – Mar 21	Informational Only	24.06%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

HAP Empowered – HAP

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	21.49%	N/A
	Oct 19 – Sep 20	Informational Only	20.63%	N/A
	Jan 20 – Dec 20	Informational Only	16.85%	N/A
	Apr 20 – Mar 21	Informational Only	16.34%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	13.44%	N/A
	Oct 19 – Sep 20	Informational Only	12.66%	N/A
	Jan 20 – Dec 20	Informational Only	9.02%	N/A
	Apr 20 – Mar 21	Informational Only	8.65%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	7.19%	N/A
	Oct 19 – Sep 20	Informational Only	7.90%	N/A
	Jan 20 – Dec 20	Informational Only	6.13%	N/A
	Apr 20 – Mar 21	Informational Only	5.85%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	26.76%	N/A
	Oct 19 – Sep 20	Informational Only	22.62%	N/A
	Jan 20 – Dec 20	Informational Only	23.55%	N/A
	Apr 20 – Mar 21	Informational Only	25.75%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	15.49%	N/A
	Oct 19 – Sep 20	Informational Only	15.48%	N/A
	Jan 20 – Dec 20	Informational Only	11.23%	N/A
	Apr 20 – Mar 21	Informational Only	10.96%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	7.04%	N/A
	Oct 19 – Sep 20	Informational Only	N/A	N/A
	Jan 20 – Dec 20	Informational Only	6.16%	N/A
	Apr 20 – Mar 21	Informational Only	8.77%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	22.22%	N/A
	Oct 19 – Sep 20	Informational Only	23.08%	N/A
	Jan 20 – Dec 20	Informational Only	20.37%	N/A
	Apr 20 – Mar 21	Informational Only	19.44%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	N/A	N/A
	Oct 19 – Sep 20	Informational Only	N/A	N/A
	Jan 20 – Dec 20	Informational Only	N/A	N/A
	Apr 20 – Mar 21	Informational Only	8.33%	N/A

Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	N/A	N/A
	Oct 19 – Sep 20	Informational Only	N/A	N/A
	Jan 20 – Dec 20	Informational Only	N/A	N/A
	Apr 20 – Mar 21	Informational Only	N/A	N/A

Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	22.77%	N/A
	Oct 19 – Sep 20	Informational Only	22.73%	N/A
	Jan 20 – Dec 20	Informational Only	17.90%	N/A
	Apr 20 – Mar 21	Informational Only	17.22%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	26.78%	N/A
	Oct 19 – Sep 20	Informational Only	24.74%	N/A
	Jan 20 – Dec 20	Informational Only	23.53%	N/A
	Apr 20 – Mar 21	Informational Only	23.89%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	18.48%	N/A
	Oct 19 – Sep 20	Informational Only	16.14%	N/A
	Jan 20 – Dec 20	Informational Only	14.95%	N/A
	Apr 20 – Mar 21	Informational Only	15.17%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	10.66%	N/A
	Oct 19 – Sep 20	Informational Only	9.66%	N/A
	Jan 20 – Dec 20	Informational Only	8.89%	N/A
	Apr 20 – Mar 21	Informational Only	8.80%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	28.00%	N/A
	Oct 19 – Sep 20	Informational Only	26.49%	N/A
	Jan 20 – Dec 20	Informational Only	25.86%	N/A
	Apr 20 – Mar 21	Informational Only	27.34%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	18.58%	N/A
	Oct 19 – Sep 20	Informational Only	16.73%	N/A
	Jan 20 – Dec 20	Informational Only	16.04%	N/A
	Apr 20 – Mar 21	Informational Only	16.47%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	10.58%	N/A
	Oct 19 – Sep 20	Informational Only	9.81%	N/A
	Jan 20 – Dec 20	Informational Only	9.18%	N/A
	Apr 20 – Mar 21	Informational Only	9.42%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	33.81%	N/A
	Oct 19 – Sep 20	Informational Only	31.76%	N/A
	Jan 20 – Dec 20	Informational Only	29.56%	N/A
	Apr 20 – Mar 21	Informational Only	28.67%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	22.41%	N/A
	Oct 19 – Sep 20	Informational Only	20.05%	N/A
	Jan 20 – Dec 20	Informational Only	17.90%	N/A
	Apr 20 – Mar 21	Informational Only	16.66%	N/A

Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	10.76%	N/A
	Oct 19 – Sep 20	Informational Only	10.29%	N/A
	Jan 20 – Dec 20	Informational Only	9.40%	N/A
	Apr 20 – Mar 21	Informational Only	8.65%	N/A

Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	29.45%	N/A
	Oct 19 – Sep 20	Informational Only	27.32%	N/A
	Jan 20 – Dec 20	Informational Only	25.79%	N/A
	Apr 20 – Mar 21	Informational Only	25.58%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan of Michigan – MER

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	26.67%	N/A
	Oct 19 – Sep 20	Informational Only	24.43%	N/A
	Jan 20 – Dec 20	Informational Only	22.25%	N/A
	Apr 20 – Mar 21	Informational Only	21.71%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	17.24%	N/A
	Oct 19 – Sep 20	Informational Only	14.96%	N/A
	Jan 20 – Dec 20	Informational Only	13.27%	N/A
	Apr 20 – Mar 21	Informational Only	13.08%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	10.58%	N/A
	Oct 19 – Sep 20	Informational Only	9.49%	N/A
	Jan 20 – Dec 20	Informational Only	8.24%	N/A
	Apr 20 – Mar 21	Informational Only	7.94%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	27.84%	N/A
	Oct 19 – Sep 20	Informational Only	25.70%	N/A
	Jan 20 – Dec 20	Informational Only	23.51%	N/A
	Apr 20 – Mar 21	Informational Only	23.98%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	16.53%	N/A
	Oct 19 – Sep 20	Informational Only	14.08%	N/A
	Jan 20 – Dec 20	Informational Only	12.45%	N/A
	Apr 20 – Mar 21	Informational Only	12.73%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	10.52%	N/A
	Oct 19 – Sep 20	Informational Only	9.15%	N/A
	Jan 20 – Dec 20	Informational Only	7.85%	N/A
	Apr 20 – Mar 21	Informational Only	8.10%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	31.52%	N/A
	Oct 19 – Sep 20	Informational Only	29.94%	N/A
	Jan 20 – Dec 20	Informational Only	28.58%	N/A
	Apr 20 – Mar 21	Informational Only	26.28%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan of Michigan – MER

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	19.90%	N/A
	Oct 19 – Sep 20	Informational Only	18.83%	N/A
	Jan 20 – Dec 20	Informational Only	17.27%	N/A
	Apr 20 – Mar 21	Informational Only	15.17%	N/A

Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	10.50%	N/A
	Oct 19 – Sep 20	Informational Only	9.91%	N/A
	Jan 20 – Dec 20	Informational Only	9.06%	N/A
	Apr 20 – Mar 21	Informational Only	7.88%	N/A

Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	29.39%	N/A
	Oct 19 – Sep 20	Informational Only	27.14%	N/A
	Jan 20 – Dec 20	Informational Only	24.66%	N/A
	Apr 20 – Mar 21	Informational Only	23.64%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	21.99%	N/A
	Oct 19 – Sep 20	Informational Only	20.51%	N/A
	Jan 20 – Dec 20	Informational Only	19.61%	N/A
	Apr 20 – Mar 21	Informational Only	19.09%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	13.13%	N/A
	Oct 19 – Sep 20	Informational Only	11.55%	N/A
	Jan 20 – Dec 20	Informational Only	10.73%	N/A
	Apr 20 – Mar 21	Informational Only	10.41%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	7.64%	N/A
	Oct 19 – Sep 20	Informational Only	6.83%	N/A
	Jan 20 – Dec 20	Informational Only	6.14%	N/A
	Apr 20 – Mar 21	Informational Only	5.75%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	25.03%	N/A
	Oct 19 – Sep 20	Informational Only	23.01%	N/A
	Jan 20 – Dec 20	Informational Only	22.18%	N/A
	Apr 20 – Mar 21	Informational Only	21.56%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	13.07%	N/A
	Oct 19 – Sep 20	Informational Only	11.62%	N/A
	Jan 20 – Dec 20	Informational Only	10.46%	N/A
	Apr 20 – Mar 21	Informational Only	10.14%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	8.17%	N/A
	Oct 19 – Sep 20	Informational Only	7.03%	N/A
	Jan 20 – Dec 20	Informational Only	6.06%	N/A
	Apr 20 – Mar 21	Informational Only	5.90%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	26.38%	N/A
	Oct 19 – Sep 20	Informational Only	22.68%	N/A
	Jan 20 – Dec 20	Informational Only	22.85%	N/A
	Apr 20 – Mar 21	Informational Only	21.64%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	14.71%	N/A
	Oct 19 – Sep 20	Informational Only	11.98%	N/A
	Jan 20 – Dec 20	Informational Only	12.30%	N/A
	Apr 20 – Mar 21	Informational Only	11.58%	N/A

Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	7.82%	N/A
	Oct 19 – Sep 20	Informational Only	7.13%	N/A
	Jan 20 – Dec 20	Informational Only	7.27%	N/A
	Apr 20 – Mar 21	Informational Only	6.63%	N/A

Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	24.04%	N/A
	Oct 19 – Sep 20	Informational Only	22.46%	N/A
	Jan 20 – Dec 20	Informational Only	21.21%	N/A
	Apr 20 – Mar 21	Informational Only	20.21%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	28.03%	N/A
	Oct 19 – Sep 20	Informational Only	26.32%	N/A
	Jan 20 – Dec 20	Informational Only	25.40%	N/A
	Apr 20 – Mar 21	Informational Only	24.84%	N/A

Preventive Dental Services	Jul 19 – Jun 20	Informational Only	20.08%	N/A
	Oct 19 – Sep 20	Informational Only	17.58%	N/A
	Jan 20 – Dec 20	Informational Only	16.77%	N/A
	Apr 20 – Mar 21	Informational Only	16.35%	N/A

Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	11.62%	N/A
	Oct 19 – Sep 20	Informational Only	10.54%	N/A
	Jan 20 – Dec 20	Informational Only	10.05%	N/A
	Apr 20 – Mar 21	Informational Only	9.82%	N/A

Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	30.32%	N/A
	Oct 19 – Sep 20	Informational Only	28.57%	N/A
	Jan 20 – Dec 20	Informational Only	27.42%	N/A
	Apr 20 – Mar 21	Informational Only	25.53%	N/A

Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	20.83%	N/A
	Oct 19 – Sep 20	Informational Only	18.90%	N/A
	Jan 20 – Dec 20	Informational Only	16.36%	N/A
	Apr 20 – Mar 21	Informational Only	15.03%	N/A

Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	11.78%	N/A
	Oct 19 – Sep 20	Informational Only	10.22%	N/A
	Jan 20 – Dec 20	Informational Only	10.43%	N/A
	Apr 20 – Mar 21	Informational Only	10.24%	N/A

Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	34.59%	N/A
	Oct 19 – Sep 20	Informational Only	33.54%	N/A
	Jan 20 – Dec 20	Informational Only	32.21%	N/A
	Apr 20 – Mar 21	Informational Only	30.48%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	22.19%	N/A
	Oct 19 – Sep 20	Informational Only	21.78%	N/A
	Jan 20 – Dec 20	Informational Only	20.30%	N/A
	Apr 20 – Mar 21	Informational Only	17.95%	N/A

Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	12.18%	N/A
	Oct 19 – Sep 20	Informational Only	11.99%	N/A
	Jan 20 – Dec 20	Informational Only	11.09%	N/A
	Apr 20 – Mar 21	Informational Only	10.55%	N/A

Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	31.00%	N/A
	Oct 19 – Sep 20	Informational Only	29.09%	N/A
	Jan 20 – Dec 20	Informational Only	28.04%	N/A
	Apr 20 – Mar 21	Informational Only	26.90%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	22.08%	N/A
	Oct 19 – Sep 20	Informational Only	19.17%	N/A
	Jan 20 – Dec 20	Informational Only	17.83%	N/A
	Apr 20 – Mar 21	Informational Only	17.14%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	11.20%	N/A
	Oct 19 – Sep 20	Informational Only	9.35%	N/A
	Jan 20 – Dec 20	Informational Only	8.41%	N/A
	Apr 20 – Mar 21	Informational Only	8.44%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	8.12%	N/A
	Oct 19 – Sep 20	Informational Only	6.80%	N/A
	Jan 20 – Dec 20	Informational Only	6.10%	N/A
	Apr 20 – Mar 21	Informational Only	5.57%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	23.56%	N/A
	Oct 19 – Sep 20	Informational Only	21.49%	N/A
	Jan 20 – Dec 20	Informational Only	18.77%	N/A
	Apr 20 – Mar 21	Informational Only	18.84%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	10.39%	N/A
	Oct 19 – Sep 20	Informational Only	9.68%	N/A
	Jan 20 – Dec 20	Informational Only	7.79%	N/A
	Apr 20 – Mar 21	Informational Only	7.02%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	7.79%	N/A
	Oct 19 – Sep 20	Informational Only	6.93%	N/A
	Jan 20 – Dec 20	Informational Only	6.31%	N/A
	Apr 20 – Mar 21	Informational Only	6.14%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	23.42%	N/A
	Oct 19 – Sep 20	Informational Only	20.95%	N/A
	Jan 20 – Dec 20	Informational Only	17.96%	N/A
	Apr 20 – Mar 21	Informational Only	16.11%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	11.42%	N/A
	Oct 19 – Sep 20	Informational Only	10.28%	N/A
	Jan 20 – Dec 20	Informational Only	8.51%	N/A
	Apr 20 – Mar 21	Informational Only	7.86%	N/A

Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	5.51%	N/A
	Oct 19 – Sep 20	Informational Only	4.35%	N/A
	Jan 20 – Dec 20	Informational Only	3.78%	N/A
	Apr 20 – Mar 21	Informational Only	3.34%	N/A

Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	23.90%	N/A
	Oct 19 – Sep 20	Informational Only	21.11%	N/A
	Jan 20 – Dec 20	Informational Only	19.69%	N/A
	Apr 20 – Mar 21	Informational Only	18.47%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	24.74%	N/A
	Oct 19 – Sep 20	Informational Only	23.24%	N/A
	Jan 20 – Dec 20	Informational Only	21.13%	N/A
	Apr 20 – Mar 21	Informational Only	20.64%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	14.90%	N/A
	Oct 19 – Sep 20	Informational Only	13.42%	N/A
	Jan 20 – Dec 20	Informational Only	11.74%	N/A
	Apr 20 – Mar 21	Informational Only	11.52%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	8.54%	N/A
	Oct 19 – Sep 20	Informational Only	7.85%	N/A
	Jan 20 – Dec 20	Informational Only	6.90%	N/A
	Apr 20 – Mar 21	Informational Only	6.46%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	27.34%	N/A
	Oct 19 – Sep 20	Informational Only	25.84%	N/A
	Jan 20 – Dec 20	Informational Only	23.97%	N/A
	Apr 20 – Mar 21	Informational Only	22.67%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	13.97%	N/A
	Oct 19 – Sep 20	Informational Only	12.79%	N/A
	Jan 20 – Dec 20	Informational Only	11.33%	N/A
	Apr 20 – Mar 21	Informational Only	10.81%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	8.37%	N/A
	Oct 19 – Sep 20	Informational Only	7.81%	N/A
	Jan 20 – Dec 20	Informational Only	6.95%	N/A
	Apr 20 – Mar 21	Informational Only	6.16%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	28.20%	N/A
	Oct 19 – Sep 20	Informational Only	26.25%	N/A
	Jan 20 – Dec 20	Informational Only	25.25%	N/A
	Apr 20 – Mar 21	Informational Only	22.59%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	16.89%	N/A
	Oct 19 – Sep 20	Informational Only	14.98%	N/A
	Jan 20 – Dec 20	Informational Only	13.75%	N/A
	Apr 20 – Mar 21	Informational Only	11.99%	N/A

Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	8.88%	N/A
	Oct 19 – Sep 20	Informational Only	7.99%	N/A
	Jan 20 – Dec 20	Informational Only	7.42%	N/A
	Apr 20 – Mar 21	Informational Only	6.11%	N/A

Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	26.10%	N/A
	Oct 19 – Sep 20	Informational Only	24.58%	N/A
	Jan 20 – Dec 20	Informational Only	23.86%	N/A
	Apr 20 – Mar 21	Informational Only	21.50%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 19 – Jun 20	Informational Only	28.69%	N/A
	Oct 19 – Sep 20	Informational Only	27.10%	N/A
	Jan 20 – Dec 20	Informational Only	26.76%	N/A
	Apr 20 – Mar 21	Informational Only	26.39%	N/A
Preventive Dental Services	Jul 19 – Jun 20	Informational Only	21.26%	N/A
	Oct 19 – Sep 20	Informational Only	19.07%	N/A
	Jan 20 – Dec 20	Informational Only	18.19%	N/A
	Apr 20 – Mar 21	Informational Only	17.93%	N/A
Restorative (Dental Fillings) Dental Services	Jul 19 – Jun 20	Informational Only	13.42%	N/A
	Oct 19 – Sep 20	Informational Only	12.72%	N/A
	Jan 20 – Dec 20	Informational Only	12.00%	N/A
	Apr 20 – Mar 21	Informational Only	11.73%	N/A
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 19 – Jun 20	Informational Only	28.52%	N/A
	Oct 19 – Sep 20	Informational Only	27.82%	N/A
	Jan 20 – Dec 20	Informational Only	27.68%	N/A
	Apr 20 – Mar 21	Informational Only	28.32%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 19 – Jun 20	Informational Only	19.58%	N/A
	Oct 19 – Sep 20	Informational Only	16.78%	N/A
	Jan 20 – Dec 20	Informational Only	16.74%	N/A
	Apr 20 – Mar 21	Informational Only	15.74%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 19 – Jun 20	Informational Only	13.46%	N/A
	Oct 19 – Sep 20	Informational Only	12.91%	N/A
	Jan 20 – Dec 20	Informational Only	12.88%	N/A
	Apr 20 – Mar 21	Informational Only	11.88%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	38.88%	N/A
	Oct 19 – Sep 20	Informational Only	37.28%	N/A
	Jan 20 – Dec 20	Informational Only	36.59%	N/A
	Apr 20 – Mar 21	Informational Only	34.08%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	28.34%	N/A
	Oct 19 – Sep 20	Informational Only	25.00%	N/A
	Jan 20 – Dec 20	Informational Only	24.54%	N/A
	Apr 20 – Mar 21	Informational Only	20.94%	N/A

Restorative Dental Visits in Pregnant Women	Jul 19 – Jun 20	Informational Only	18.97%	N/A
	Oct 19 – Sep 20	Informational Only	16.96%	N/A
	Jan 20 – Dec 20	Informational Only	18.64%	N/A
	Apr 20 – Mar 21	Informational Only	16.93%	N/A

Adults: Any Dental Visit	Jul 19 – Jun 20	Informational Only	31.89%	N/A
	Oct 19 – Sep 20	Informational Only	30.36%	N/A
	Jan 20 – Dec 20	Informational Only	29.26%	N/A
	Apr 20 – Mar 21	Informational Only	28.58%	N/A

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

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

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 2021

Produced by:
Managed Care Plan Division

Table of Contents

Health Risk Assessment Part 1

Introduction	2
--------------	---

Health Risk Assessment Part 2

Introduction	3
--------------	---

Health Risk Assessment Completion with Attestation	4
--	---

Healthy Behaviors Statement Selection	5
---------------------------------------	---

Selection of Health Risk Behaviors to Address	6
---	---

Healthy Behaviors Goal Progress	8
---------------------------------	---

Additional Healthy Behaviors

Introduction	9
--------------	---

Wellness Programs	10
-------------------	----

Preventive Services	12
---------------------	----

Healthy Behavior Activities	14
-----------------------------	----

Appendix 1	15
------------	----

Introduction

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

Health Risk Assessment Part 1

Health Risk Assessments completion through Michigan ENROLLS

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

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

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

Health Risk Assessment Part 2

Health Risk Assessments completion with Provider Attestation

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

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

The data displayed in Part 2 of this report reflect the healthy behavior goals selected in the final section of the Health Risk Assessment. As shown in Table 13, a total of 20,621 Health Risk Assessments were completed in the July-September 2021 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, 16,573 or 80.4% of beneficiaries agreed to address health risk behaviors. In addition, 3,676 or 17.8% 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 16,573 beneficiaries who agreed to address health risk behaviors, 52.9% 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 13. Count of Health Risk Assessments (HRA) Completed with Attestation by Month submitted

MONTH	COMPLETE	TOTAL
October 2020	5,854	408,164
November 2020	4,566	412,730
December 2020	4,481	417,211
January 2021	5,095	422,306
February 2021	5,809	428,115
March 2021	8,502	436,617
April 2021	8,475	445,092
May 2021	6,977	452,069
June 2021	7,121	459,190
July 2021	6,640	465,830
August 2021	6,983	472,813
September 2021	6,998	479,811

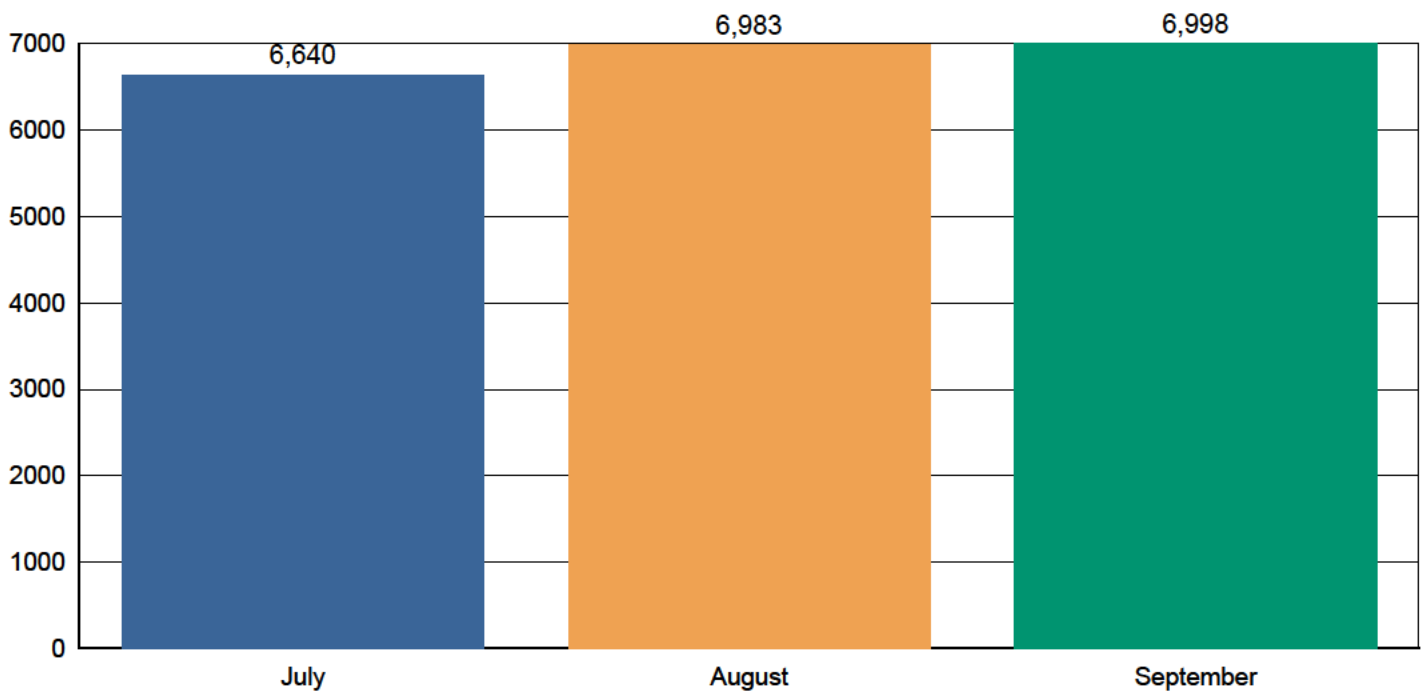
Table 14. Demographics of Population that Completed HRA with Attestation

July 2021 - September 2021

AGE GROUP	COMPLETED HRA	
19 - 34	6,998	33.94%
35 - 49	5,872	28.48%
50 +	7,751	37.59%
GENDER		
F	11,859	57.51%
M	8,762	42.49%
FPL		
< 100% FPL	15,479	75.06%
100 - 133% FPL	5,142	24.94%
TOTAL	20,621	100.00%

Figure 13-1. Health Risk Assessments Completed with Attestation

July - September 2021



Healthy Behaviors Statement Selection

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

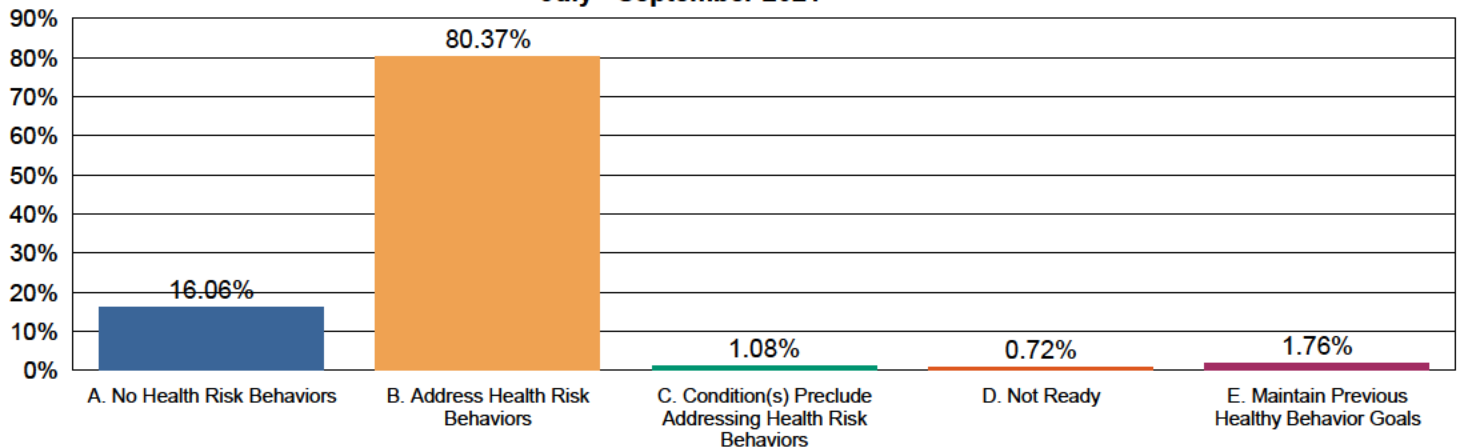
- A. Patient does not have health risk behaviors that need to be addressed at this time.
- B. Patient has identified at least one behavior to address over the next year to improve their health.
- C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing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

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

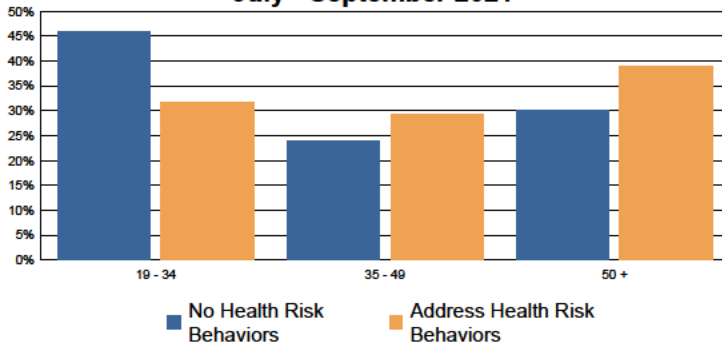
**Table 15. Healthy Behaviors Statement Selection
July - September 2021**

CHECK-UP	TOTAL	PERCENT
A. No Health Risk Behaviors	3,312	16.06%
B. Address Health Risk Behaviors	16,573	80.37%
C. Condition(s) Preclude Addressing Health Risk Behaviors	223	1.08%
D. Not Ready	149	0.72%
E. Maintain Previous Healthy Behavior Goals	364	1.77%
TOTAL	20,621	100.00%

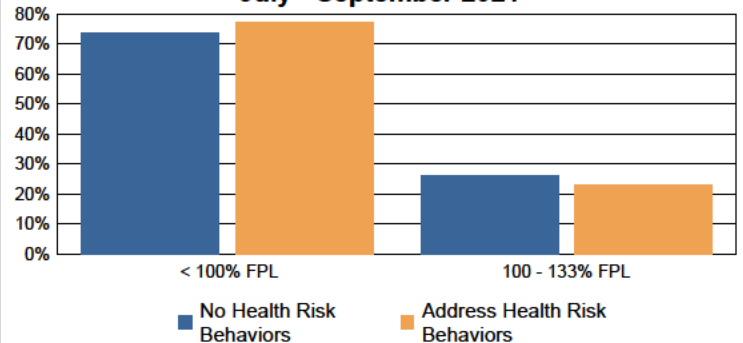
**Figure 15-1. Healthy Behaviors Statement Selection
July - September 2021**



**Figure 15-2. Statement Selection by Age
July - September 2021**



**Figure 15-3. Statement Selection by FPL
July - September 2021**



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 16,573 HRAs submitted through July-September 2021 where the beneficiary chose to address health risk behaviors, 52.88% of beneficiaries chose more than one healthy behavior to address. The top 10 most selected behavior combinations and the rate that each behavior was selected in combination and alone are presented in the tables below:

Table 16. Health Risk Behaviors Selected in Combination and Alone

Health Risk Behavior	Chose this behavior and at least one more	Chose ONLY this behavior
Weight Loss	63.54%	24.49%
Tobacco Cessation	24.44%	6.06%
Immunization Status (Annual Flu Vaccine)	28.26%	2.05%
Follow-up for Chronic Conditions	32.11%	4.74%
Addressing Alcohol Abuse	3.49%	0.37%
Addressing Substance Abuse	1.37%	0.22%
Dental visit	17.89%	2.70%
Follow-up appointment for maternity care/reproductive health	1.79%	0.24%
Follow-up appointment for recommended cancer or other preventative screening(s)	15.93%	1.62%
Follow-up appointment for mental health/behavioral health	7.48%	1.88%
Other	6.24%	2.75%

Table 17. Top 10 Most Selected Health Risk Behavior Combinations

Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	4,058	24.49%
2. Tobacco Cessation ONLY	1,004	6.06%
3. Weight Loss, Follow-up for Chronic Conditions	857	5.17%
4. Follow-up for Chronic Conditions	786	4.74%
5. Weight Loss, Immunization Status	653	3.94%
6. Weight Loss, Tobacco Cessation	599	3.61%
7. Other	456	2.75%
8. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	426	2.57%
9. Immunization Status (Annual Flu Vaccine)	340	2.05%
10. Follow-up for Behavioral Health	312	1.88%
Total for Top 10	9,491	57.27%
Total for All Other Combinations	7,082	42.73%
Total	16,573	100.00%

Healthy Behaviors Goals Progress

Section 4. Healthy Behaviors Goals Progress: In discussion with the patient, health care providers choose between 4 statements to attest to whether the patient achieved or made significant progress towards the health behavior goal(s) he or she had previously selected to work on the year before. The 4 statements are:

- A. Not applicable - this is the first known Healthy Michigan Plan Health Risk Assessment for this patient.
- B. Yes.
- C. No.
- D. Patient had a serious medical, behavioral, or social condition or conditions which precluded addressing unhealthy behaviors.

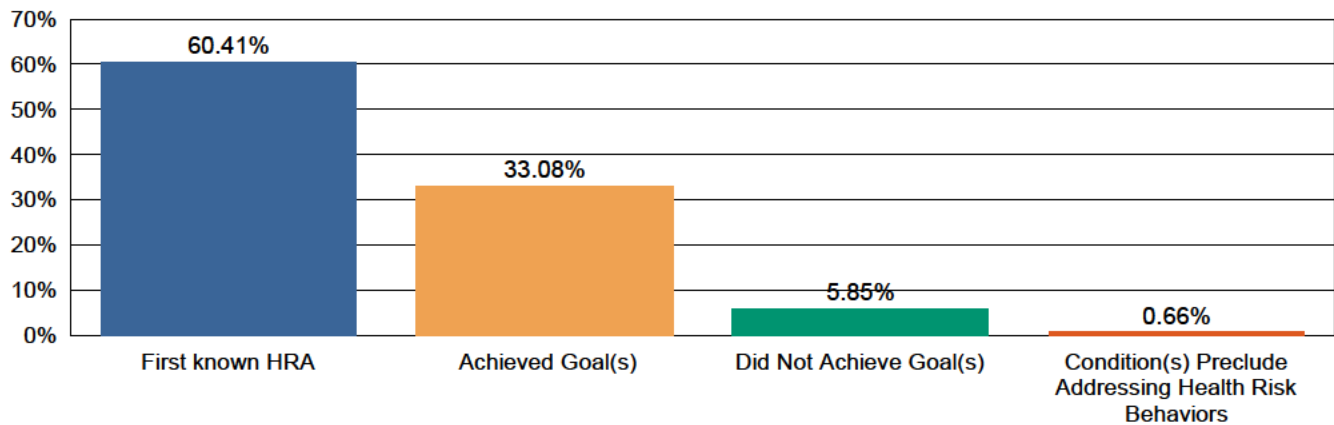
1,113 Health Risk Assessments were submitted during this quarter where this question was not available because the Healthy Behavior Goals Progress question was not available on the original form of the Health Risk Assessment.

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

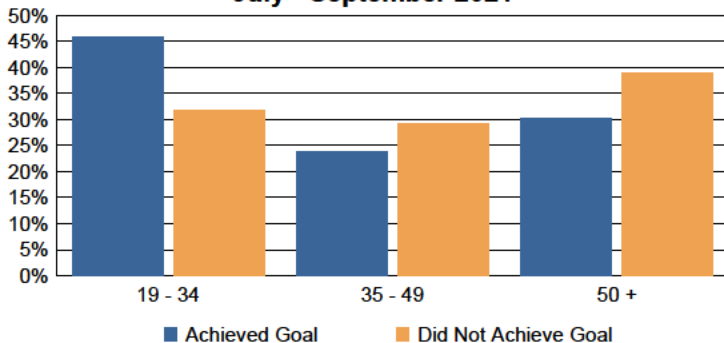
**Table 18. Healthy Behaviors Goals Progress
July - September 2021**

GOALS PROGRESS	TOTAL	PERCENT
A. First known HRA	11,784	60.41%
B. Achieved Goal(s)	6,454	33.08%
C. Did Not Achieve Goal(s)	1,141	5.85%
D. Condition(s) Preclude Addressing Health Risk Behaviors	129	0.66%
TOTAL	19,508	100.00%

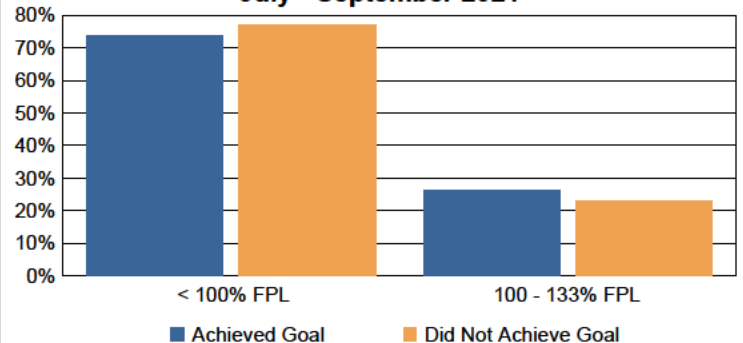
**Figure 18-1. Healthy Behaviors Goals Progress
July - September 2021**



**Figure 18-2. Statement Selection by Age
July - September 2021**



**Figure 18-3. Statement Selection by FPL
July - September 2021**



Additional Healthy Behaviors

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

A total of 7,757 wellness programs were completed in the July-September 2021 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 363,404 Preventive Services were completed in the July-September 2021 quarter. Preventive Services completion is reported by age, gender and Federal Poverty Level in Table 23. Preventive Services are reported by health domain in Table 24.

A total of 390,212 distinct HMP beneficiaries completed at least one healthy behavior in the previous twelve months, October 01, 2020-September 30, 2021. Healthy Behavior completion is reported by type of healthy behavior activity in Table 25.

Wellness Programs

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

MONTH	COMPLETE	TOTAL
October 2020	2,694	95,361
November 2020	2,593	97,954
December 2020	2,357	100,311
January 2021	2,447	102,758
February 2021	2,071	104,829
March 2021	3,598	108,427
April 2021	3,448	111,875
May 2021	2,524	114,399
June 2021	2,941	117,340
July 2021	2,440	119,780
August 2021	2,270	122,050
September 2021	3,047	125,097

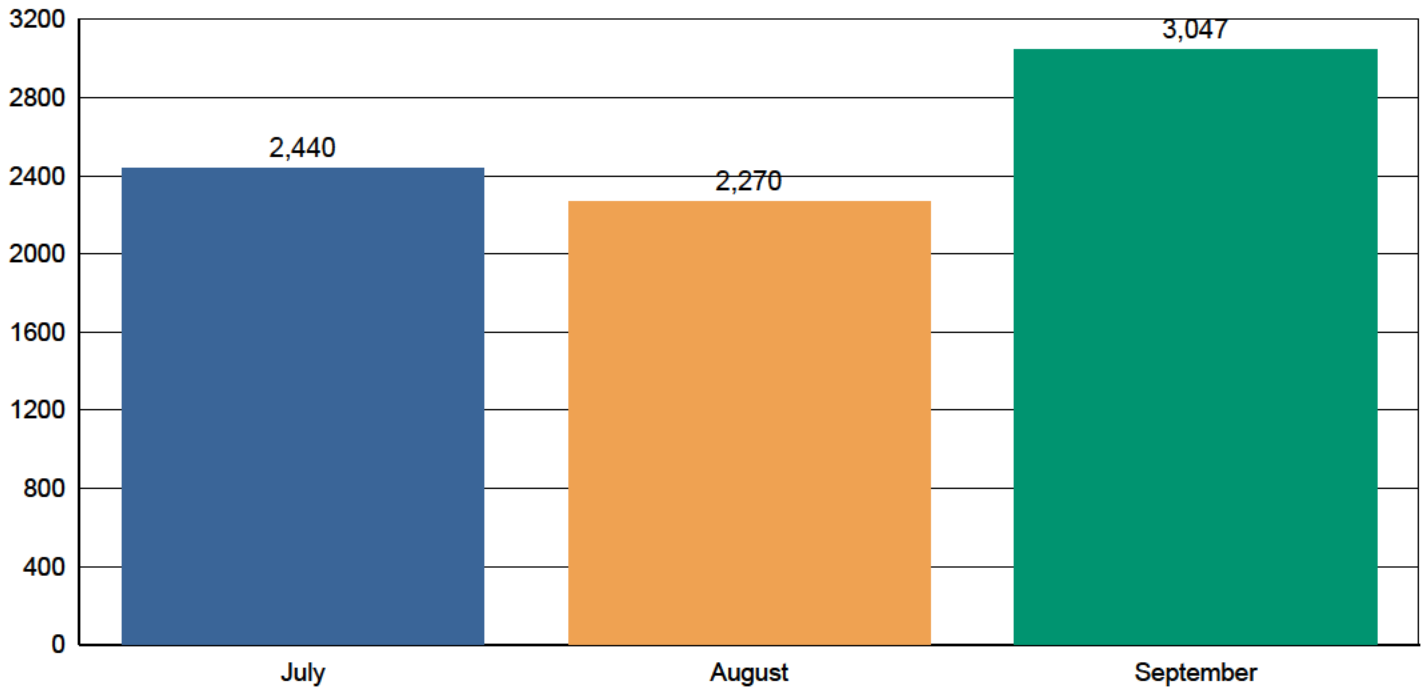
Table 20. Wellness Programs Reported for Age Group, Gender and FPL

July 2021 - September 2021

AGE GROUP	COMPLETED	
19 - 34	1,767	22.78%
35 - 49	2,783	35.88%
50 +	3,207	41.34%
GENDER		
F	3,867	49.85%
M	3,890	50.15%
FPL		
< 100% FPL	6,177	79.63%
100 - 133% FPL	1,580	20.37%
TOTAL	7,757	100.00%

Figure 19-1. Wellness Program Reported for Total Population

July - September 2021

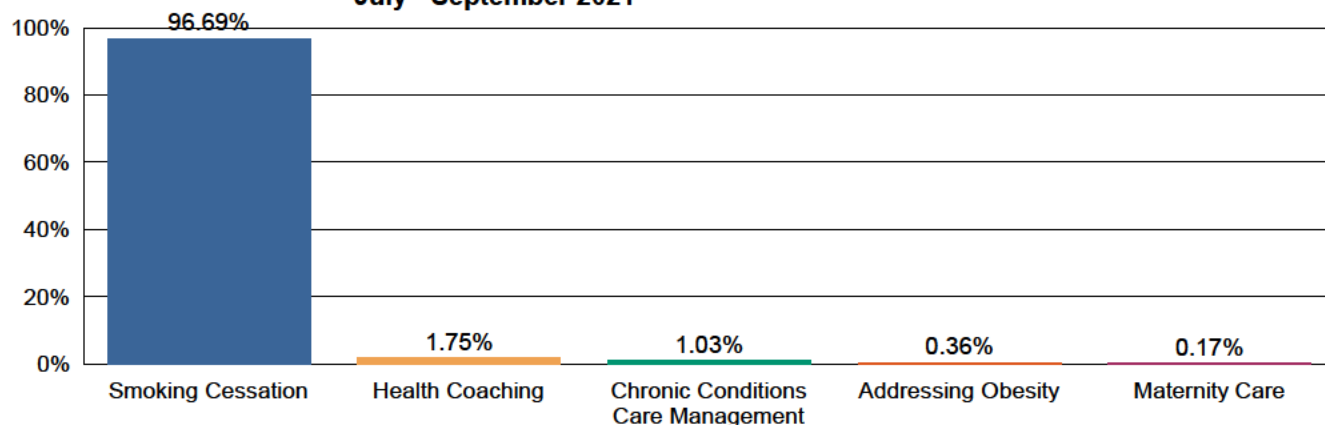


Wellness Programs: The Managed Care Plans offer a range of wellness and population health management programs to their members as part of the Healthy Behaviors Incentives Program. All Managed Care Plans offer a tobacco cessation program which follows standardized criteria. For this reason, 96.69% of wellness programs reported are tobacco cessation programs. Completed wellness programs by program type are displayed in Table 21 for the quarter July-September 2021.

**Table 21. Wellness Program Completion by Type of Wellness Program
July - September 2021**

Wellness Programs	TOTAL	PERCENT
Smoking Cessation	7,500	96.69%
Health Coaching	136	1.75%
Chronic Conditions Care Management	80	1.03%
Addressing Obesity	28	0.36%
Maternity Care	13	0.17%
TOTAL	7,757	100.00%

**Figure 21-1. Wellness Program Completion by Type of Wellness Program
July - September 2021**



Preventive Services

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

MONTH	COMPLETE	TOTAL
October 2020	129,159	4,145,362
November 2020	161,127	4,306,489
December 2020	115,462	4,421,951
January 2021	119,982	4,541,933
February 2021	96,754	4,638,687
March 2021	195,569	4,834,256
April 2021	179,080	5,013,336
May 2021	128,438	5,141,774
June 2021	136,601	5,278,375
July 2021	124,568	5,402,943
August 2021	110,598	5,513,541
September 2021	128,238	5,641,779

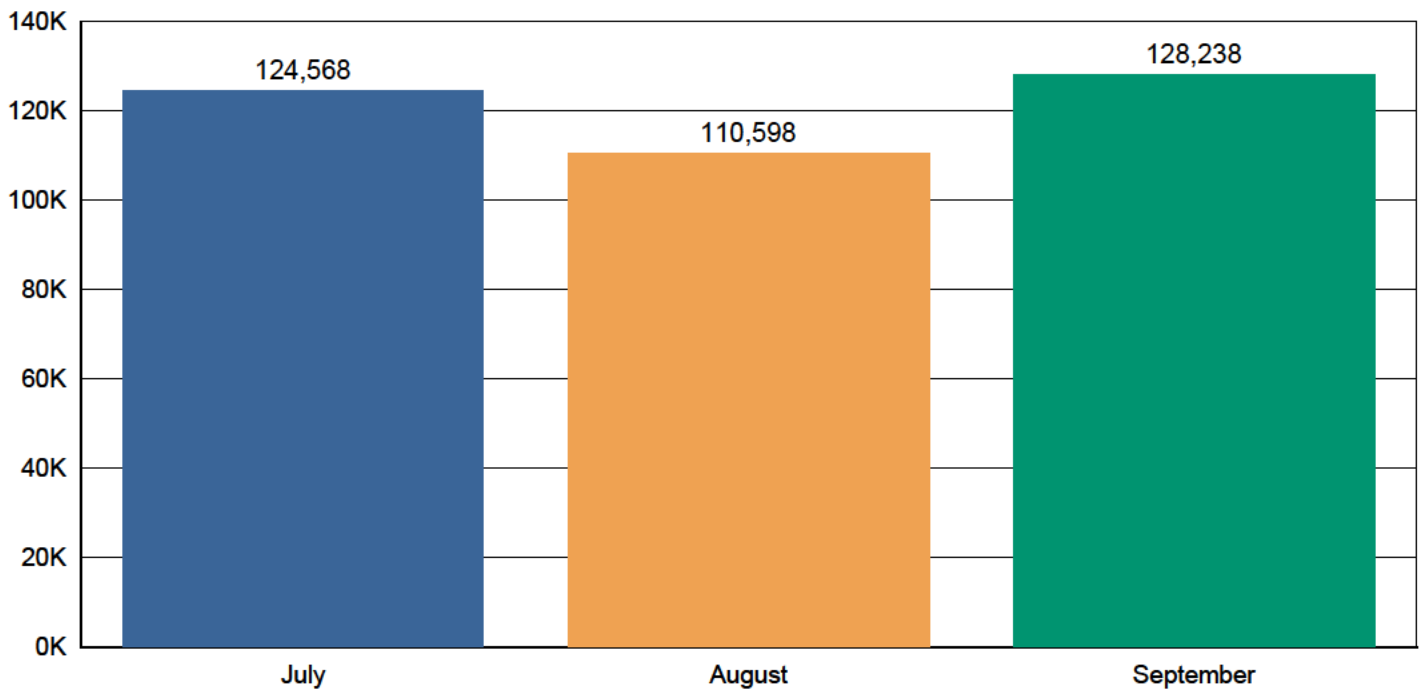
Table 23. Preventive Services Reported for Age Group, Gender and FPL

July 2021 - September 2021

AGE GROUP	COMPLETED	
19 - 34	166,616	45.85%
35 - 49	95,151	26.18%
50 +	101,637	27.97%
GENDER		
F	265,916	73.17%
M	97,488	26.83%
FPL		
< 100% FPL	273,016	75.13%
100 - 133% FPL	90,388	24.87%
TOTAL	363,404	100.00%

Figure 22-1. Preventive Services Reported for Total Population

July - September 2021

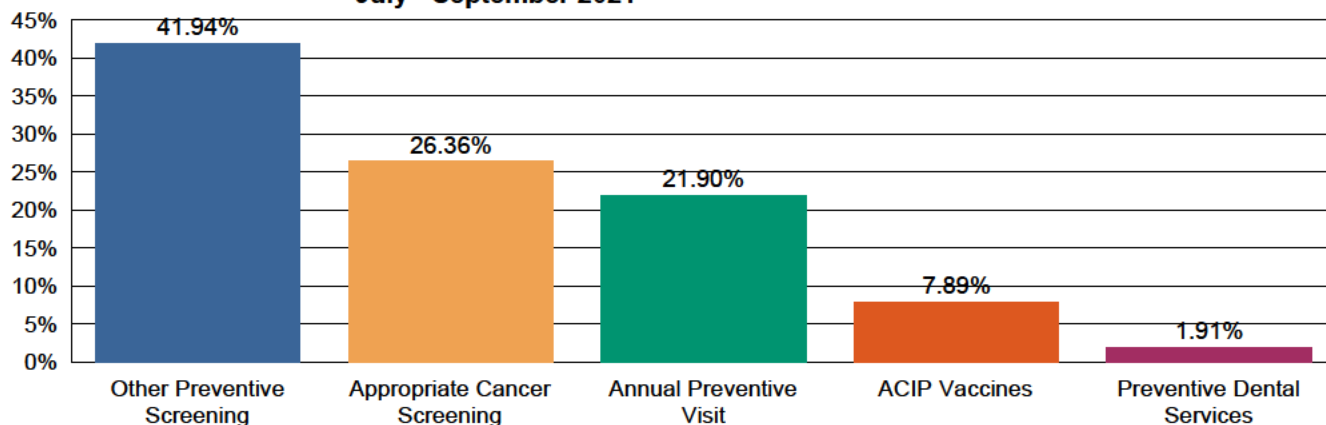


Preventive Services Reported: All Healthy Michigan Plan Enrollees can participate in the Healthy Behaviors Incentives Program by utilizing select preventive services. Utilization of these services are identified through claims/encounter review. The preventive services utilized and their percentage of total preventive services reported are displayed in Table 24 for the quarter July-September 2021. The associated codes for the selected preventive services can be found in Appendix 1.

**Table 24. Preventive Services Completion by Type of Preventive Service
July - September 2021**

Preventive Services	TOTAL	PERCENT
Other Preventive Screening	152,407	41.94%
Appropriate Cancer Screening	95,806	26.36%
Annual Preventive Visit	79,578	21.90%
ACIP Vaccines	28,689	7.90%
Preventive Dental Services	6,924	1.91%
TOTAL	363,404	100.00%

**Figure 24-1. Preventive Services Completion by Type of Preventive Service
July - September 2021**

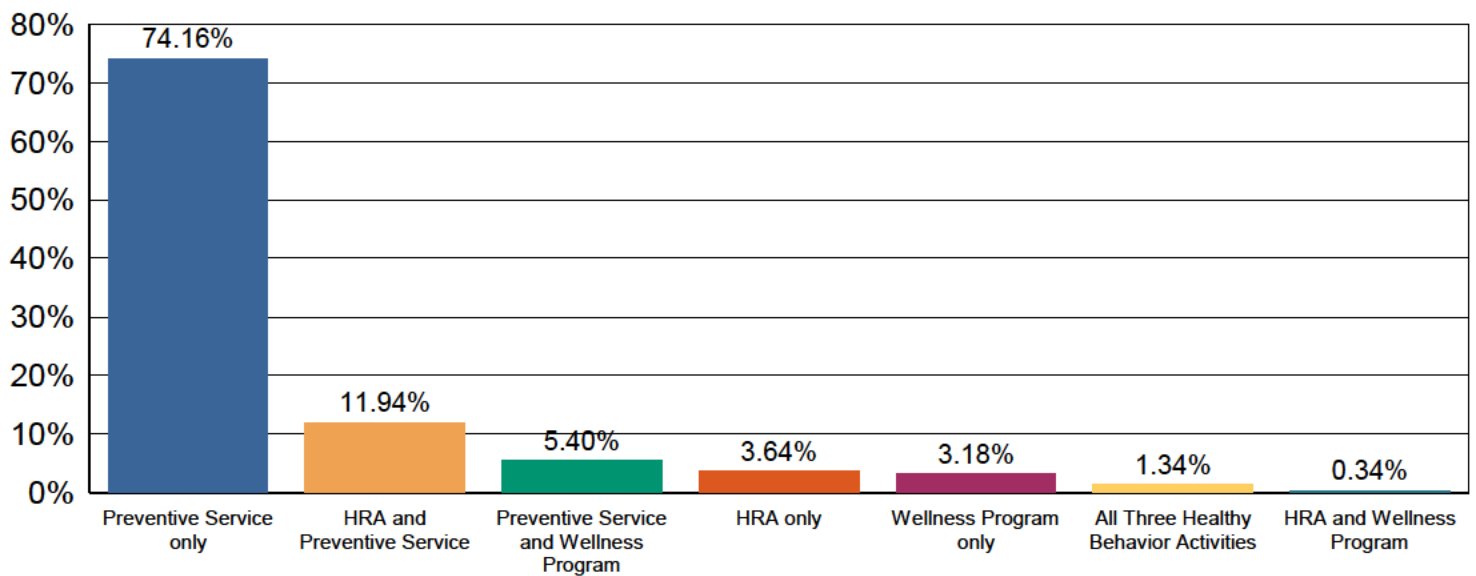


Healthy Behavior Activities

Table 25. Count of distinct HMP beneficiaries who completed Healthy Behavior Activities for October 2020 - September 2021

Healthy Behavior Activity	Total	Percent
HRA only	14,184	3.64%
Wellness Program only	12,396	3.18%
Preventive Service only	289,393	74.16%
HRA and Preventive Service	46,592	11.94%
HRA and Wellness Program	1,336	0.34%
Preventive Service and Wellness Program	21,072	5.40%
All Three Healthy Behavior Activities	5,239	1.34%
TOTAL	390,212	100.00%

**Figure 25.1 Count of Distinct HMP Beneficiaries who completed one or more Healthy Behavior Activities
October 2020 - September 2021**



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