



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

November 30, 2023

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

Dear Ms. Toback,

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

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

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

Sincerely,



Keith White, Director  
Actuarial Division

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

Enclosure (4)

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

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

## **2. Executive summary**

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

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

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

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

## **3. Operational Updates**

The Michigan Department of Health and Human Services (MDHHS) regularly meets with Medicaid Health Plans and provider groups to address operational issues, programmatic issues, and policy updates and clarifications. Additionally, MDHHS provides updates to the Medical Care Advisory Council

(MCAC) at regularly scheduled quarterly meetings. Overall enrollment in the Healthy Michigan Plan demonstration this year showed significant growth. This is attributable to new enrollees due to the department’s suspension on certain Medicaid renewals and case closures. The department had suspended most Medicaid renewals and case closures due to the COVID-19 public health emergency. The MDHHS resumed Medicaid renewals for all programs beginning with June 2023 renewals.

**4. Performance Metrics**

*Enrollment*

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

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

<b>Table 1: HMP Enrollment Activity</b>			
	<b>July 2023</b>	<b>August 2023</b>	<b>September 2023</b>
Total Enrollment	1,105,054	1,078,238	1,044,158
New Enrollment	14,752	16,610	17,098
Re-enrollment	541	748	1,715
Disenrollment	12,650	44,289	53,358



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

<b>Table 2 : HMP Enrollment by Subgroup</b>			
<b>Subgroup</b>	<b>July 2023</b>	<b>August 2023</b>	<b>September 2023</b>
<b>Income Group</b>			
< 50% FPL	623,278	607,124	586,703
50-100% FPL	238,305	234,108	229,194
> 100% FPL	243,471	237,006	228,261
<b>Age</b>			
19-26	236,122	229,236	220,747
27-35	280,913	273,737	264,708
36-45	222,117	217,344	211,002
46-55	189,023	185,032	180,040
56-64	176,879	172,889	167,661
<b>Sex</b>			
Female	522,356	509,265	493,072
Male	582,698	568,973	551,086
<b>Race</b>			
White	689,224	672,030	650,321
Black or African American	277,371	270,675	262,168
Asian	7,812	7,655	7,480
American Indian or Alaskan Native	17,379	16,924	16,339
Other	1,478	1,452	1,413
Unknown	111,790	109,502	106,437
<b>Ethnicity</b>			
Hispanic	72,633	71,091	68,950
Non-Hispanic	1,032,156	1,006,887	974,953
Unknown	265	260	255
<b>Specific Eligibility Groups</b>			
New Adult Group	1,036,095	1,011,914	981,252
Not New Parent/Caretaker Relatives	2	2	2
Not New Disabled Person Non-Institutionalized	22,661	21,103	19,374
Not New Disabled Person Institutionalized	252	230	200
Not New Children Age 19 to 20	46,044	44,989	43,330
<b>Total</b>	<b>1,105,054</b>	<b>1,078,238</b>	<b>1,044,158</b>

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

<b>Table 3: New HMP Enrollment by Subgroup</b>			
Subgroup	July 2023	August 2023	September 2023
<b>Income Group</b>			
< 50% FPL	7,710	8,619	8,304
50-100% FPL	3,614	4,086	4,545
> 100% FPL	3,428	3,905	4,249
<b>Age</b>			
19-26	4,652	5,611	5,856
27-35	3,758	4,033	4,107
36-45	2,988	3,318	3,487
46-55	1,926	2,117	2,177
56-64	1,428	1,531	1,471
<b>Sex</b>			
Female	7,987	9,269	9,841
Male	6,765	7,341	7,257
<b>Race</b>			
White	9,071	10,108	10,452
Black or African American	3,343	3,923	4,180
Asian	79	97	106
American Indian or Alaskan Native	229	261	264
Other	35	26	24
Unknown	1,995	2,195	2,072
<b>Ethnicity</b>			
Hispanic	1,634	1,532	1,499
Non-Hispanic	13,114	15,075	15,589
Unknown	4	3	10
<b>Specific Eligibility Groups</b>			
New Adult Group	13,315	14,526	14,814
Not New Parent/Caretaker Relatives	1	1	0
Not New Disabled Person Non-Institutionalized	276	440	549
Not New Disabled Person Institutionalized	3	6	7
Not New Children Age 19 to 20	1,157	1,637	1,728
<b>Total</b>	<b>14,752</b>	<b>16,610</b>	<b>17,098</b>

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The following table show the total number of beneficiaries enrolled in the demonstration who were due for renewal during the quarter.

<b>Table 4: HMP Renewals by Subgroup</b>			
Subgroup	July 2023	August 2023	September 2023
<b>Income Group</b>			
< 50% FPL	51,833	50,329	52,141
50-100% FPL	16,371	16,742	16,840
> 100% FPL	19,107	19,582	19,002
<b>Age</b>			
19-26	19,741	20,740	19,094
27-35	22,288	20,953	21,916
36-45	17,783	17,977	17,961
46-55	14,549	14,583	15,608
56-64	12,950	12,400	13,404
<b>Sex</b>			
Female	41,431	41,861	40,797
Male	45,880	44,792	47,186
<b>Race</b>			
White	53,636	53,655	53,971
Black or African American	23,128	22,688	23,531
Asian	490	518	484
American Indian or Alaskan Native	1,430	1,406	1,417
Other	108	110	116
Unknown	8,519	8,276	8,464
<b>Ethnicity</b>			
Hispanic	5,684	5,808	5,743
Non-Hispanic	81,610	80,826	82,220
Unknown	18	19	20
<b>Specific Eligibility Groups</b>			
New Adult Group	80,989	80,021	81,973
Not New Parent/Caretaker Relatives	0	0	0
Not New Disabled Person Non-Institutionalized	2,129	1,984	1,929
Not New Disabled Person Institutionalized	24	22	18
Not New Children Age 19 to 20	4,169	4,626	4,063
<b>Total</b>	<b>87,312</b>	<b>86,653</b>	<b>87,983</b>

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*Cost Sharing Limits*

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

<b>Table 5: HMP Cost Sharing Limit by Subgroup</b>			
Subgroup	July 2023	August 2023	September 2023
<b>Income Group</b>			
< 50% FPL	200,694	92,114	173,184
50-100% FPL	18,857	14,314	14,994
> 100% FPL	23,611	16,396	16,185
<b>Age</b>			
19-26	54,369	31,441	45,329
27-35	59,209	32,141	55,874
36-45	44,785	22,753	39,696
46-55	46,199	18,832	33,289
56-64	38,600	17,657	30,175
<b>Sex</b>			
Female	110,253	52,881	77,119
Male	132,909	69,943	127,244
<b>Race</b>			
White	144,216	72,587	117,502
Black or African American	69,355	34,203	58,804
Asian	1,369	780	1,328
American Indian or Alaskan Native	3,243	2,091	3,427
Other	305	167	266
Unknown	24,674	12,996	23,036
<b>Ethnicity</b>			
Hispanic	14,997	8,368	13,564
Non-Hispanic	228,117	114,428	190,753
Unknown	48	28	46
<b>Specific Eligibility Groups</b>			
New Adult Group	221,613	110,834	186,722
Not New Parent/Caretaker Relatives	2	1	0
Not New Disabled Person Non-Institutionalized	6,398	3,424	4,697
Not New Disabled Person Institutionalized	68	51	34
Not New Children Age 19 to 20	15,076	8,514	12,910
<b>Total</b>	<b>243,162</b>	<b>122,824</b>	<b>204,363</b>

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*Access to Care*

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

<b>Table 6: HMP Access to Care July – September 2023</b>		
Provider Type	Availability	Active Participation
Primary Care Provider	60,176	17,841
Specialist Provider	95,395	42,002

*Quality of Care and Health Outcomes*

The following Quality of Care and Health Outcomes metrics reflect calendar year 2021 data. The state will review data trends on an annual basis as described in the technical specifications.

HMP population data on Medical Assistance with Smoking and Tobacco Use Cessation is illustrated in Table 7. This metric saw a decrease from 2020 to 2021. This metric consists of the following components: advising smokers and tobacco users to quit, discussing cessation medications, and discussing cessation strategies.

<b>Table 7: Medical Assistance with Smoking and Tobacco Use Cessation</b>			
Subgroup	Denominator	Numerator	Rate
<b>Income Group</b>			
< 50% FPL	78,291	32,127	41.04
50-100% FPL	30,994	12,971	41.85
> 100% FPL	25,443	10,388	40.83
<b>Age</b>			
19-26	16,064	4,325	26.92
27-35	29,979	10,161	33.89
36-45	32,526	13,652	41.97
46-55	32,489	15,756	48.50
56-64	23,670	11,592	48.97
<b>Sex</b>			
Female	65,218	28,113	43.11
Male	69,510	27,373	39.38
<b>Race</b>			
White	89,563	38,210	42.66
Black or African American	30,679	11,677	38.06
Asian	901	406	45.06
American Indian or Alaskan Native	2,333	853	36.56

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Subgroup	Denominator	Numerator	Rate
<b>Race</b>			
Other	3,858	1,350	34.99
Unknown	7,394	2,990	40.44
<b>Total</b>	<b>134,728</b>	<b>55,486</b>	<b>41.18</b>

The percentage of Emergency Department (ED) visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD is shown in Table 8. Two rates are reported including follow up within 7 and 30 days of the ED visit. These measures saw an increase from 2020 to 2021.

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

The percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness is shown in Table 9. Two rates are reported including the percentage of ED visits for



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

<b>Table 9: Follow-Up After Emergency Department Visit for Mental Illness</b>						
Subgroup	Follow-up within 7 days			Follow-up within 30 days		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
<b>Income Group</b>						
< 50% FPL	5,625	2,041	36.28	5,625	2,787	49.54
50-100% FPL	995	427	42.91	995	582	58.49
> 100% FPL	723	326	45.09	723	429	59.34
<b>Age</b>						
19-26	2,041	872	42.72	2,041	1,143	56.00
27-35	2,460	932	37.89	2,460	1,256	51.06
36-45	1,570	516	32.87	1,570	741	47.20
46-55	894	334	37.36	894	463	51.79
56-64	378	140	37.04	378	195	51.59
<b>Sex</b>						
Female	2,817	1,207	42.85	2,817	1,622	57.58
Male	4,526	1,587	35.06	4,526	2,176	48.08
<b>Race</b>						
White	4,375	1,851	42.31	4,375	2,457	56.16
Black or African American	1,986	593	29.86	1,986	851	42.85
Asian	33	14	42.42	33	19	57.58
American Indian or Alaskan Native	168	46	27.38	168	73	43.45
Other	482	165	34.23	482	169	35.06
Unknown	478	164	34.31	478	229	47.91
<b>Total</b>	<b>7,343</b>	<b>2,794</b>	<b>38.05</b>	<b>7,343</b>	<b>3,798</b>	<b>51.72</b>

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

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<b>Table 10: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment</b>						
<b>Alcohol abuse or dependence</b>						
Subgroup	Initiation of AOD Treatment			Engagement of AOD Treatment		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
<b>Income Group</b>						
< 50% FPL	16,004	6,486	40.52	16,004	1,484	9.27
50-100% FPL	3,841	1,510	39.31	3,841	3,841	433
> 100% FPL	2,974	1,077	36.21	2,974	299	10.05
<b>Age</b>						
19-26	2,304	660	28.65	2,304	194	8.42
27-35	5,179	1,930	37.27	5,179	586	11.31
36-45	5,622	2,319	41.25	5,622	567	10.09
46-55	5,775	2,504	43.36	5,775	547	9.47
56-64	3,939	1,660	42.14	3,939	322	8.17
<b>Sex</b>						
Female	6,823	2,610	38.25	6,823	709	10.39
Male	15,996	6,463	40.40	15,996	1,507	9.42
<b>Race</b>						
White	13,198	5,392	40.85	13,198	1,521	11.52
Black or African American	6,797	2,546	37.46	6,797	436	6.41
Asian	92	37	40.22	92	4	4.35
American Indian or Alaskan Native	406	149	36.70	406	45	11.08
Other	807	332	41.14	807	93	11.52
Unknown	1,519	617	40.62	1,519	117	7.70
<b>Total</b>	<b>22,819</b>	<b>9,073</b>	<b>39.76</b>	<b>22,819</b>	<b>2,216</b>	<b>9.71</b>

<b>Table 11: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment</b>						
<b>Opioid abuse or dependence</b>						
Subgroup	Initiation of AOD Treatment			Engagement of AOD Treatment		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
<b>Income Group</b>						
< 50% FPL	5,415	2,846	52.55	5,415	1,452	26.81
50-100% FPL	951	489	51.42	951	262	27.55
> 100% FPL	626	331	52.88	626	177	28.27
<b>Age</b>						
19-26	675	339	50.22	675	168	24.89
27-35	2,553	1,414	55.39	2,553	781	30.59
36-45	2,019	1,090	53.99	2,019	581	28.78
46-55	1,169	574	49.10	1,169	268	22.93
56-64	576	249	43.05	576	93	16.14



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<b>Table 11: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Opioid abuse or dependence (continued)</b>						
Subgroup	Initiation of AOD Treatment			Engagement of AOD Treatment		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
<b>Sex</b>						
Female	2,612	1,261	48.28	2,612	645	24.69
Male	4,380	2,405	54.91	4,380	1,246	28.45
<b>Race</b>						
White	5,297	2,806	52.97	5,297	1,527	28.83
Black or African American	939	450	47.92	939	165	17.57
Asian	20	9	45.00	20	3	15.00
American Indian or Alaskan Native	152	85	55.92	152	46	30.26
Other	243	132	54.32	243	64	26.33
Unknown	341	184	53.96	341	86	25.22
<b>Total</b>	<b>6,992</b>	<b>3,666</b>	<b>52.43</b>	<b>6,992</b>	<b>1,891</b>	<b>27.05</b>

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

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

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

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

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

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

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

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The number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older is shown in table 16. This measure saw an increase from 2020 to 2021.

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

The number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39 is shown in table 17. This measure decreased from 2020 to 2021.

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

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

*Administrative costs*

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

<b>Table 18: HMP Demonstration Administrative Costs</b>		
Current Quarter CY 2023 Q3	Previous Quarter CY 2023 Q2	Demonstration Year to Date CY 2023
3,601,334	\$2,028,590	\$7,101,285

**5. Budget Neutrality and Financial Reporting Requirements**

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

**6. Evaluation Activities and Interim Findings**

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

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

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

Due to legislative action, these activities were not conducted in this quarter. The policies associated with this objective were discontinued as a result of the legislative changes signed into law in July 2023 – therefore all surveys designed to assess these policies were not conducted.

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

During this quarter, the IHPI evaluation team extracted and updated Medicaid enrollment, demographic and administrative claims data through 12/31/2022. Additionally, MCIR immunization data was extracted and linkage to HMP enrollees was verified.

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

The IHPI evaluation team began planning for updating analyses using other external data sources (BRFSS, ACS, HCUP, and Medicare cost report data) with the intention of using the most recent data available at the time the analyses are completed for the summative report. Efforts to refine the credit data analyses continued.

Per discussions with MDHHS and CMS, the IHPI evaluation team removed the second credit data purchase and accompanying analyses of additional periods of credit data from planned analyses for the summative report because the PHE continued substantially longer than expected and the credit data available at this point in time will not support the original plan to focus on people who enrolled in HMP during the pandemic and those who were disenrolled after the end of the PHE.

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

The IHPI evaluation team continued planning and refining the template for the summative evaluation report.

## 7. Enclosures/Attachments

- I. Performance Monitoring Report: Healthy Michigan Plan Measures, October 2023
- II. Performance Monitoring Report: MDHHS Dental Measures, October 2023
- III. Healthy Behaviors Incentives Program Report, June 2023

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

***PERFORMANCE MONITORING REPORT***

***Healthy Michigan Plan Measures***

**Composite – All Plans**



**October 2023**

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



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## Performance Monitoring Report

### Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State’s Medicaid Health Plans (MHPs) through 34 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include Healthy Michigan Plan (HMP) Measures, MDHHS Dental Measure, CMS Core Set Measures, HEDIS Measures, Managed Care Quality Measures, Maternal Health Measures, and Chronic Conditions Measures. **This report focuses only on the following HMP Measures:**

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

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

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2023 unless otherwise noted.

**Table 1: Fiscal Year 2023<sup>1</sup>**

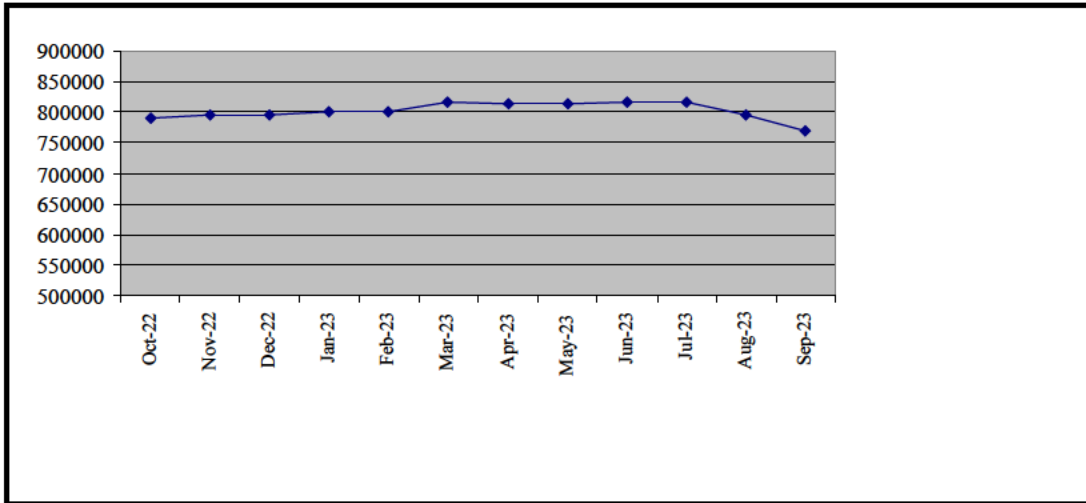
Quarterly Reported Measures	Reported in 1 <sup>st</sup> Quarter		Reported in 2 <sup>nd</sup> Quarter		Reported in 3 <sup>rd</sup> Quarter		Reported in 4 <sup>th</sup> Quarter	
Adults’ Generic Drug Utilization	9/9		9/9		9/9		9/9	
Completion of Annual HRA	1/9		0/9		1/9		0/9	
Outreach & Engagement to Facilitate 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	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9
Transition into CFP Status – Cohort 2	9/9	9/9	9/9	9/9	9/9	9/9	8/8	9/9
Transition into CFP Status – Cohort 3	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9
Transition out of CFP Status – Cohort 1	9/9	8/9	8/8	8/9	7/9	6/9	9/9	8/9
Transition out of CFP Status – Cohort 2	8/9	8/9	8/8	7/9	7/9	8/9	9/9	9/9
Transition out of CFP Status – Cohort 3	9/9	9/9	6/9	5/9	9/9	9/9	9/9	9/9

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

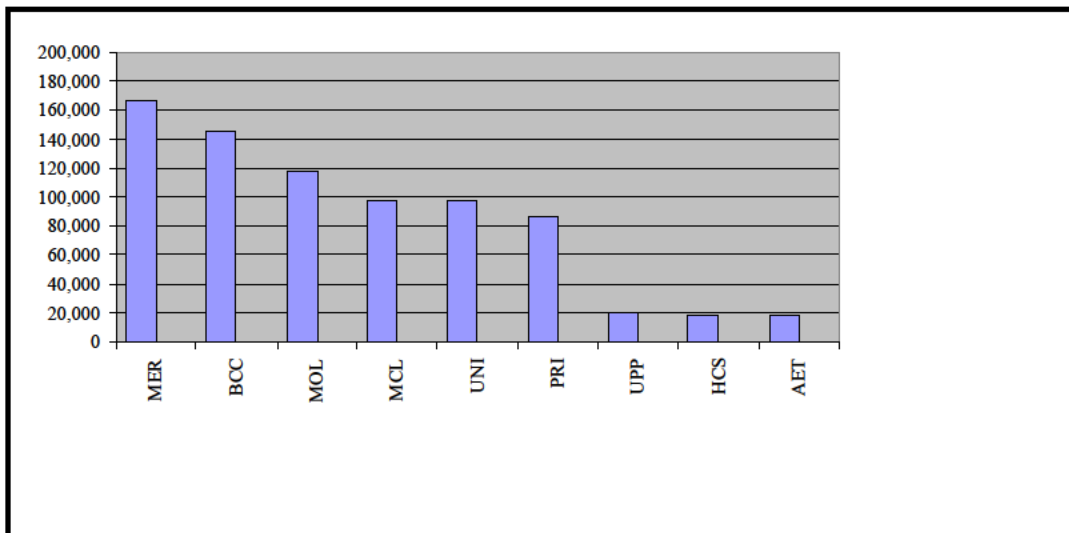
## Healthy Michigan Plan Enrollment

Michigan Medicaid Managed Care (HMP-MC) enrollment has decreased slightly over the past year. In September 2023, enrollment was 769,338, down 21,885 enrollees (2.8%) from October 2022. A decrease of 25,412 enrollees (3.2%) was realized between August 2023 and September 2023.

**Figure 1: HMP-MC Enrollment, October 2022 – September 2023**



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



## **Medicaid Health Plan News**

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

As of October 1, 2023, HAP Empowered (HAP) has changed their name to HAP CareSource (HCS). All references to HAP in this report should now reflect the new HCS acronym.

## **Cross-Plan Performance Monitoring Analyses**

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

**Adults' Generic Drug Utilization**

**Measure**

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

**Standard**

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

**Measurement Period**

February 2023 – April 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

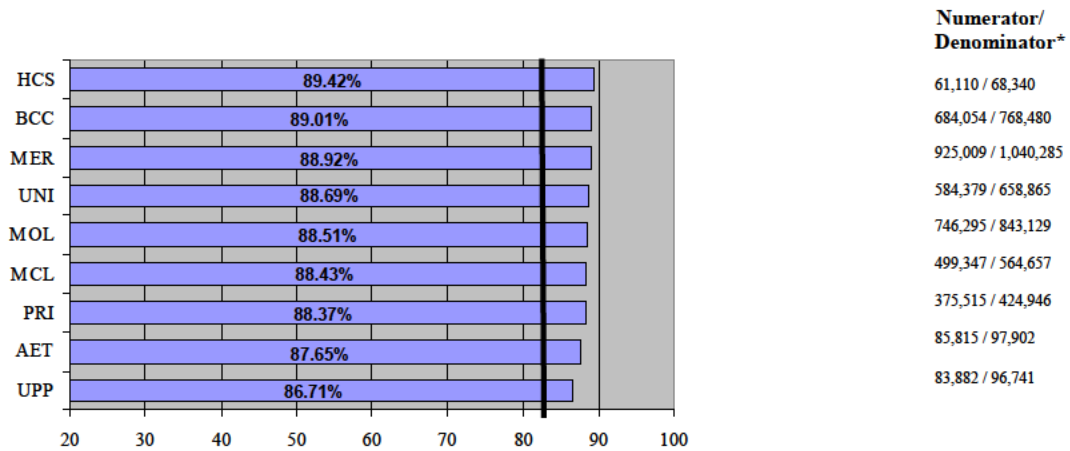
Quarterly

**Summary:** All plans met or exceeded the standard. Results ranged from 86.71% to 89.42%.

**Table 2: Comparison across Medicaid Programs**

Medicaid Program		Denominator	Percentage
Michigan Medicaid All	4,082,306	4,605,099	88.65%
Fee for Service (FFS) only	5,638	6,477	87.05%
Managed Care only	4,057,453	4,576,924	88.65%
MA-MC	1,853,192	2,092,089	88.58%
HMP-MC	2,180,251	2,458,009	88.70%

**Figure 3: Adults' Generic Drug Utilization**



**Adult's Generic Drug Utilization Percentages**

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

**Completion of Annual Health Risk Assessment (HRA)**

**Measure**

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

**Standard**

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

**Measurement Period**

April 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

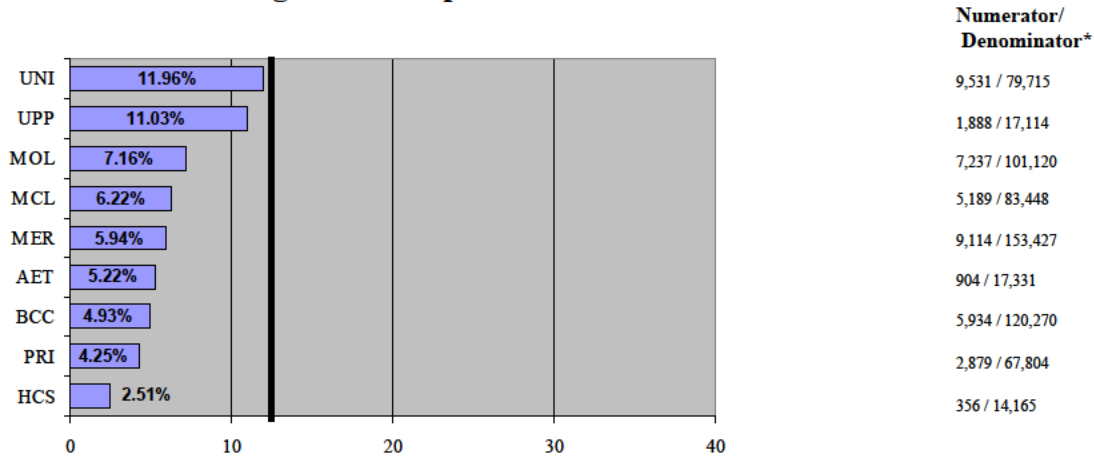
Quarterly

**Summary:** None of the plans met or exceeded the standard, while eight plans. Results ranged from 2.51% to 11.96%.

**Table 3: Program Total**

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	46,738	701,881	6.66%

**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**

September 2022 – January 2023  
 October 2022 – February 2023  
 November 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

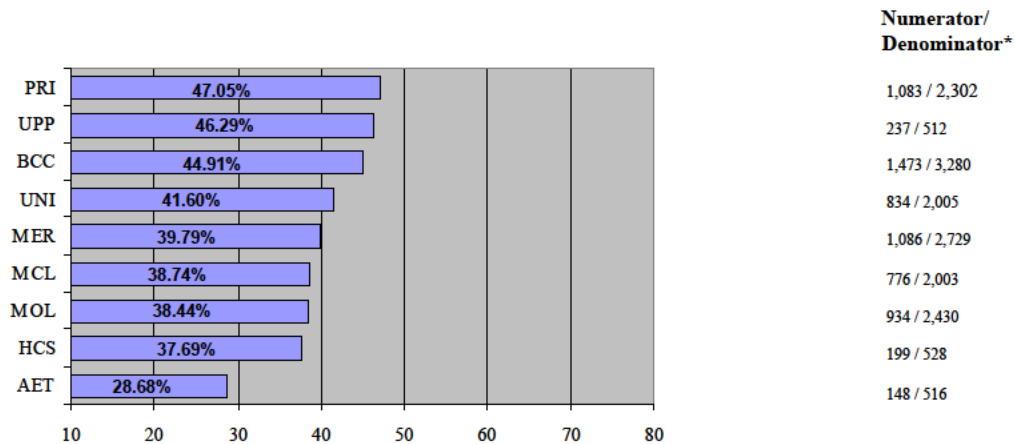
Quarterly

**Summary:** Results ranged from 28.68% to 47.05%.

**Table 4: Program Total<sup>2</sup>**

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	8,854	18,389	48.15%

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



**Outreach & Engagement to Facilitate Entry to Primary Care Percentages**

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

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

**Transition into Consistently Fail to Pay (CFP) Status**

**Measure**

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

**Standard**

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

**Measurement Period**

August 2022 – September 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

Quarterly

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

**Summary:**

In **Cohort 1**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 3.05% to 7.32%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.43% to 3.84%.

In **Cohort 2**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 4.29% to 7.11%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.24% to 3.40%.

In **Cohort 3**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 3.90% to 6.38%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 1.95% to 3.46%.

**Table 5: Transition into CFP Status - Cohort 1**

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	9	123	7.32%	Yes	20	601	3.33%	Yes
BCC	137	2,213	6.19%	Yes	207	8,126	2.55%	Yes
HCS	6	197	3.05%	Yes	19	783	2.43%	Yes
MCL	75	1,654	4.53%	Yes	138	5,183	2.66%	Yes
MER	161	3,129	5.15%	Yes	303	9,709	3.12%	Yes
MOL	90	1,259	7.15%	Yes	172	4,485	3.84%	Yes
PRI	85	1,519	5.60%	Yes	126	4,289	2.94%	Yes
UNI	87	1,598	5.44%	Yes	162	4,904	3.30%	Yes
UPP	24	476	5.04%	Yes	36	1,156	3.11%	Yes

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**Table 6: Transition into CFP Status - Cohort 2**

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	2	107	N/A	N/A	18	559	3.22%	Yes
BCC	125	2,089	5.98%	Yes	218	7,469	2.92%	Yes
HCS	7	137	5.11%	Yes	23	676	3.40%	Yes
MCL	88	1,575	5.59%	Yes	126	4,986	2.53%	Yes
MER	167	2,961	5.64%	Yes	275	9,320	2.95%	Yes
MOL	89	1,251	7.11%	Yes	133	4,282	3.11%	Yes
PRI	75	1,462	5.13%	Yes	101	4,005	2.52%	Yes
UNI	89	1,517	5.87%	Yes	138	4,623	2.99%	Yes
UPP	24	560	4.29%	Yes	24	1,071	2.24%	Yes

**Table 7: Transition into CFP Status - Cohort 3**

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	5	108	4.63%	Yes	12	615	1.95%	Yes
BCC	98	1,999	4.90%	Yes	181	7,580	2.39%	Yes
HCS	9	141	6.38%	Yes	18	663	2.71%	Yes
MCL	69	1,586	4.35%	Yes	118	4,847	2.43%	Yes
MER	133	2,777	4.79%	Yes	246	9,567	2.57%	Yes
MOL	60	1,213	4.95%	Yes	156	4,515	3.46%	Yes
PRI	67	1,409	4.76%	Yes	97	4,093	2.37%	Yes
UNI	73	1,533	4.76%	Yes	153	4,652	3.29%	Yes
UPP	18	462	3.90%	Yes	26	1,106	2.35%	Yes



**Transition out of Consistently Fail to Pay (CFP) Status**

**Measure**

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

**Standard**

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

**Measurement Period**

August 2022 – September 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

Quarterly

**Summary:**

In *Cohort 1*, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 2.37% to 6.63%. For income levels up to 100% FPL, eight plans (**BCC, HCS, MCL, MER, MOL, PRI, UNI and UPP**) met or exceeded the standard, while one plan (AET) did not. Results ranged from 1.86% to 6.01%.

In *Cohort 2*, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 2.30% to 6.01%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.43% to 5.35%.

In *Cohort 3*, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 2.30% to 4.52%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 2.20% to 4.09%.

**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	9	299	3.01%	Yes	10	539	1.86%	No
BCC	140	2,973	4.71%	Yes	217	5,714	3.80%	Yes
HCS	8	337	2.37%	Yes	16	510	3.14%	Yes
MCL	95	2,332	4.07%	Yes	141	3,890	3.62%	Yes
MER	204	4,716	4.33%	Yes	300	8,079	3.71%	Yes
MOL	102	2,124	4.80%	Yes	136	3,776	3.60%	Yes
PRI	123	1,856	6.63%	Yes	139	2,661	5.22%	Yes
UNI	102	2,280	4.47%	Yes	155	3,870	4.01%	Yes
UPP	24	536	4.48%	Yes	47	782	6.01%	Yes

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**Table 9: Transition out of CFP Status – Cohort 2**

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	6	261	2.30%	Yes	12	482	2.49%	Yes
BCC	130	3,038	4.28%	Yes	199	5,520	3.61%	Yes
HCS	11	311	3.54%	Yes	22	570	3.86%	Yes
MCL	103	2,287	4.50%	Yes	112	3,684	3.04%	Yes
MER	190	4,572	4.16%	Yes	225	7,712	2.92%	Yes
MOL	69	2,090	3.30%	Yes	89	3,657	2.43%	Yes
PRI	84	1,835	4.58%	Yes	93	2,788	3.34%	Yes
UNI	96	2,111	4.55%	Yes	111	3,724	2.98%	Yes
UPP	31	516	6.01%	Yes	37	691	5.35%	Yes

**Table 10: Transition out of CFP Status - Cohort 3**

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	11	281	3.91%	Yes	14	488	2.87%	Yes
BCC	100	2,718	3.68%	Yes	131	5,300	2.47%	Yes
HCS	6	261	2.30%	Yes	19	464	4.09%	Yes
MCL	67	2,098	3.19%	Yes	98	3,480	2.82%	Yes
MER	153	4,336	3.53%	Yes	216	7,532	2.87%	Yes
MOL	61	2,110	2.89%	Yes	88	3,713	2.37%	Yes
PRI	46	1,695	2.71%	Yes	82	2,547	3.22%	Yes
UNI	84	1,940	4.33%	Yes	123	3,559	3.46%	Yes
UPP	21	465	4.52%	Yes	14	635	2.20%	Yes

**Appendix A: Three Letter Medicaid Health Plan Codes**

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

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Aetna Better Health of Michigan – AET**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	90.22%	Yes
	Aug 22 – Oct 22	80%	88.87%	Yes
	Nov 22 – Jan 23	80%	87.72%	Yes
	Feb 23 – Apr 23	80%	87.65%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.07%	No
	Oct 21 – Sep 22	12%	5.80%	No
	Jan 22 – Dec 22	12%	5.65%	No
	Apr 22 – Mar 23	12%	5.22%	No

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	36.86%	N/A
	July 22 – Nov 22			
	Aug 22 – Dec 22			
Sep 22 – Jan 23 Oct 22 – Feb 23 Nov 22 – Mar 23	Informational Only	28.68%	N/A	

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	7.89%	Yes	8.85%	Yes	4.50%	Yes
≤30%	5.56%	Yes	3.92%	Yes	13.93%	Yes
	7.58%	Yes	6.31%	Yes	8.70%	Yes
	7.32%	Yes	N/A	N/A	4.63%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	4.49%	Yes	4.12%	Yes	2.95%	Yes
≤7%	4.49%	Yes	3.90%	Yes	4.11%	Yes
	5.14%	Yes	3.29%	Yes	2.42%	Yes
	3.33%	Yes	3.22%	Yes	1.95%	Yes

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

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

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Aetna Better Health of Michigan – AET**

**HEALTHY MICHIGAN PLAN:**

Performance	Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]					
>100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.70%	Yes	3.00%	Yes	3.69%	Yes
	N/A	N/A	N/A	N/A	1.64%	No
	2.36%	Yes	1.72%	No	3.46%	Yes
	3.01%	Yes	2.30%	Yes	3.91%	Yes
<100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	1.37%	No	2.40%	Yes	2.29%	Yes
	1.73%	No	1.50%	No	1.83%	No
	1.00%	No	1.20%	No	2.30%	Yes
	1.86%	No	2.49%	Yes	2.87%	Yes

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Blue Cross Complete of Michigan – BCC**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	91.31%	Yes
	Aug 22 – Oct 22	80%	89.84%	Yes
	Nov 22 – Jan 23	80%	89.07%	Yes
	<b>Feb 23 – Apr 23</b>	<b>80%</b>	<b>89.01%</b>	<b>Yes</b>

Completion of Annual HRA	Jul 21 – Jun 22	12%	4.63%	No
	Oct 21 – Sep 22	12%	4.44%	No
	Jan 22 – Dec 22	12%	5.29%	No
	<b>Apr 22 – Mar 23</b>	<b>12%</b>	<b>4.93%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	44.92%	N/A
	July 22 – Nov 22			
	Aug 22 – Dec 22			
Sep 22 – Jan 23 Oct 22 – Feb 23 Nov 22 – Mar 23	Informational Only	44.91%	N/A	

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	8.38%	Yes	8.05%	Yes	7.06%	Yes
≤30%	8.18%	Yes	6.93%	Yes	7.06%	Yes
	6.71%	Yes	7.96%	Yes	5.12%	Yes
	<b>6.19%</b>	<b>Yes</b>	<b>5.98%</b>	<b>Yes</b>	<b>4.90%</b>	<b>Yes</b>
	Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result
≤7%	4.19%	Yes	3.96%	Yes	3.72%	Yes
	3.73%	Yes	3.65%	Yes	3.42%	Yes
	3.36%	Yes	3.32%	Yes	3.06%	Yes
	<b>2.55%</b>	<b>Yes</b>	<b>2.92%</b>	<b>Yes</b>	<b>2.39%</b>	<b>Yes</b>

*\*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 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.90%	Yes	4.66%	Yes	4.06%	Yes
	3.58%	Yes	2.82%	Yes	2.23%	Yes
	3.48%	Yes	3.59%	Yes	4.95%	Yes
	4.71%	Yes	4.28%	Yes	3.68%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.24%	Yes	2.67%	Yes	2.60%	Yes
	3.19%	Yes	2.78%	Yes	2.24%	Yes
	2.74%	Yes	3.08%	Yes	3.71%	Yes
	3.80%	Yes	3.61%	Yes	2.47%	Yes

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**HAP CareSource – HCS**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	90.90%	Yes
	Aug 22 – Oct 22	80%	89.57%	Yes
	Nov 22 – Jan 23	80%	89.25%	Yes
	<b>Feb 23 – Apr 23</b>	<b>80%</b>	<b>89.42%</b>	<b>Yes</b>

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.25%	Yes
	Oct 21 – Sep 22	12%	4.82%	No
	Jan 22 – Dec 22	12%	3.41%	No
	<b>Apr 22 – Mar 23</b>	<b>12%</b>	<b>2.51%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	37.77%	N/A
	July 22 – Nov 22			
	Aug 22 – Dec 22			
Sep 22 – Jan 23 Oct 22 – Feb 23 Nov 22 – Mar 23	<b>Informational Only</b>	<b>37.69%</b>	<b>N/A</b>	

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	5.95%	Yes	10.37%	Yes	11.27%	Yes
≤30%	8.84%	Yes	9.70%	Yes	6.20%	Yes
	7.45%	Yes	7.58%	Yes	4.32%	Yes
	<b>3.05%</b>	<b>Yes</b>	<b>5.11%</b>	<b>Yes</b>	<b>6.38%</b>	<b>Yes</b>
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	5.01%	Yes	6.45%	Yes	4.21%	Yes
≤7%	4.20%	Yes	4.19%	Yes	4.43%	Yes
	2.44%	Yes	2.31%	Yes	2.48%	Yes
	<b>2.43%</b>	<b>Yes</b>	<b>3.40%</b>	<b>Yes</b>	<b>2.71%</b>	<b>Yes</b>

*\*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 CareSource – HCS**

**HEALTHY MICHIGAN PLAN:**

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	4.35%	Yes	1.75%	No	2.53%	Yes
	2.33%	Yes	2.25%	Yes	2.48%	Yes
	1.95%	No	1.88%	No	3.56%	Yes
	2.37%	Yes	3.54%	Yes	2.30%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.01%	Yes	1.03%	No	2.09%	Yes
	2.63%	Yes	2.06%	Yes	1.49%	No
	3.16%	Yes	3.01%	Yes	6.10%	Yes
	3.14%	Yes	3.86%	Yes	4.09%	Yes

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**McLaren Health Plan – MCL**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	90.98%	Yes
	Aug 22 – Oct 22	80%	89.64%	Yes
	Nov 22 – Jan 23	80%	88.46%	Yes
	<b>Feb 23 – Apr 23</b>	<b>80%</b>	<b>88.43%</b>	<b>Yes</b>

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.79%	No
	Oct 21 – Sep 22	12%	6.07%	No
	Jan 22 – Dec 22	12%	6.40%	No
	<b>Apr 22 – Mar 23</b>	<b>12%</b>	<b>6.22%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	45.96%	N/A
	July 22 – Nov 22			
	Aug 22 – Dec 22			
Sep 22 – Jan 23 Oct 22 – Feb 23 Nov 22 – Mar 23	<b>Informational Only</b>	<b>38.74%</b>	<b>N/A</b>	

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	6.78%	Yes	5.90%	Yes	5.40%	Yes
≤30%	6.35%	Yes	6.17%	Yes	6.44%	Yes
	5.79%	Yes	6.45%	Yes	4.90%	Yes
	<b>4.53%</b>	<b>Yes</b>	<b>5.59%</b>	<b>Yes</b>	<b>4.35%</b>	<b>Yes</b>
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.31%	Yes	3.74%	Yes	3.63%	Yes
	3.31%	Yes	3.86%	Yes	2.83%	Yes
	3.11%	Yes	2.93%	Yes	2.38%	Yes
	<b>2.66%</b>	<b>Yes</b>	<b>2.53%</b>	<b>Yes</b>	<b>2.43%</b>	<b>Yes</b>

*\*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 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.89%	Yes	3.18%	Yes	2.58%	Yes
	2.45%	Yes	2.95%	Yes	1.93%	No
	1.88%	No	3.55%	Yes	4.22%	Yes
	4.07%	Yes	4.50%	Yes	3.19%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.86%	Yes	2.11%	Yes	2.53%	Yes
	2.32%	Yes	2.21%	Yes	1.79%	No
	2.47%	Yes	3.31%	Yes	3.31%	Yes
	3.62%	Yes	3.04%	Yes	2.82%	Yes

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

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Meridian Health Plan of Michigan – MER**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	91.25%	Yes
	Aug 22 – Oct 22	80%	90.15%	Yes
	Nov 22 – Jan 23	80%	89.03%	Yes
	<b>Feb 23 – Apr 23</b>	<b>80%</b>	<b>88.92%</b>	<b>Yes</b>

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.38%	No
	Oct 21 – Sep 22	12%	5.93%	No
	Jan 22 – Dec 22	12%	5.93%	No
	<b>Apr 22 – Mar 23</b>	<b>12%</b>	<b>5.94%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	42.44%	N/A
	July 22 – Nov 22			
	Aug 22 – Dec 22			
Sep 22 – Jan 23 Oct 22 – Feb 23 Nov 22 – Mar 23	<b>Informational Only</b>	<b>39.79%</b>	<b>N/A</b>	

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	6.65%	Yes	7.04%	Yes	7.51%	Yes
≤30%	6.81%	Yes	7.35%	Yes	6.55%	Yes
	6.17%	Yes	5.80%	Yes	5.75%	Yes
	<b>5.15%</b>	<b>Yes</b>	<b>5.64%</b>	<b>Yes</b>	<b>4.79%</b>	<b>Yes</b>
	Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result
≤7%	3.92%	Yes	3.48%	Yes	3.89%	Yes
	3.59%	Yes	4.09%	Yes	3.43%	Yes
	3.53%	Yes	3.42%	Yes	3.34%	Yes
	<b>3.12%</b>	<b>Yes</b>	<b>2.95%</b>	<b>Yes</b>	<b>2.57%</b>	<b>Yes</b>

*\*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 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	4.22%	Yes	3.92%	Yes	3.76%	Yes
	2.96%	Yes	2.53%	Yes	2.35%	Yes
	2.91%	Yes	3.56%	Yes	3.84%	Yes
	4.33%	Yes	4.16%	Yes	3.53%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.80%	Yes	2.19%	Yes	2.63%	Yes
	2.07%	Yes	2.37%	Yes	2.02%	Yes
	1.91%	No	2.80%	Yes	3.55%	Yes
	3.71%	Yes	2.92%	Yes	2.87%	Yes

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

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Molina Healthcare of Michigan – MOL**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	90.85%	Yes
	Aug 22 – Oct 22	80%	89.70%	Yes
	Nov 22 – Jan 23	80%	88.81%	Yes
	Feb 23 – Apr 23	80%	88.51%	Yes

Completion of Annual HRA	Jul 21 – Jun 22	12%	6.76%	No
	Oct 21 – Sep 22	12%	6.20%	No
	Jan 22 – Dec 22	12%	7.02%	No
	Apr 22 – Mar 23	12%	7.16%	No

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	42.58%	N/A
	July 22 – Nov 22			
	Aug 22 – Dec 22			
Sep 22 – Jan 23 Oct 22 – Feb 23 Nov 22 – Mar 23	Informational Only	38.44%	N/A	

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	7.10%	Yes	7.34%	Yes	7.84%	Yes
≤30%	8.26%	Yes	6.65%	Yes	6.17%	Yes
	7.42%	Yes	6.32%	Yes	6.94%	Yes
	7.15%	Yes	7.11%	Yes	4.95%	Yes
	Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result
<100% FPL	4.48%	Yes	4.22%	Yes	3.54%	Yes
≤7%	3.57%	Yes	4.46%	Yes	3.87%	Yes
	4.00%	Yes	3.62%	Yes	3.58%	Yes
	3.84%	Yes	3.11%	Yes	3.46%	Yes

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

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

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Molina Healthcare of Michigan – MOL**

**HEALTHY MICHIGAN PLAN:**

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.43%	Yes	3.57%	Yes	2.78%	Yes
	2.65%	Yes	2.26%	Yes	1.72%	No
	2.73%	Yes	3.27%	Yes	3.71%	Yes
	4.80%	Yes	3.30%	Yes	2.89%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.32%	Yes	2.47%	Yes	2.06%	Yes
	2.51%	Yes	1.97%	No	1.54%	No
	1.78%	No	3.30%	Yes	3.64%	Yes
	3.60%	Yes	2.43%	Yes	2.37%	Yes

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Priority Health Choice – PRI**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	90.75%	Yes
	Aug 22 – Oct 22	80%	89.37%	Yes
	Nov 22 – Jan 23	80%	88.31%	Yes
	<b>Feb 23 – Apr 23</b>	<b>80%</b>	<b>88.37%</b>	<b>Yes</b>

Completion of Annual HRA	Jul 21 – Jun 22	12%	5.03%	No
	Oct 21 – Sep 22	12%	5.43%	No
	Jan 22 – Dec 22	12%	4.84%	No
	<b>Apr 22 – Mar 23</b>	<b>12%</b>	<b>4.25%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	47.33%	N/A
	July 22 – Nov 22			
	Aug 22 – Dec 22			
Sep 22 – Jan 23	<b>Informational Only</b>	<b>47.05%</b>	<b>N/A</b>	
Oct 22 – Feb 23				
Nov 22 – Mar 23				

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	6.76%	Yes	7.16%	Yes	9.04%	Yes
≤30%	7.50%	Yes	6.46%	Yes	6.72%	Yes
	7.52%	Yes	6.63%	Yes	5.97%	Yes
	<b>5.60%</b>	<b>Yes</b>	<b>5.13%</b>	<b>Yes</b>	<b>4.76%</b>	<b>Yes</b>
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	4.29%	Yes	4.46%	Yes	3.81%	Yes
	3.11%	Yes	3.92%	Yes	3.55%	Yes
	3.23%	Yes	3.06%	Yes	2.94%	Yes
	<b>2.94%</b>	<b>Yes</b>	<b>2.52%</b>	<b>Yes</b>	<b>2.37%</b>	<b>Yes</b>

*\*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 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.06%	Yes	4.59%	Yes	4.06%	Yes
	3.68%	Yes	3.81%	Yes	3.54%	Yes
	3.64%	Yes	3.68%	Yes	6.09%	Yes
	6.63%	Yes	4.58%	Yes	2.71%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.02%	Yes	2.74%	Yes	2.24%	Yes
	2.78%	Yes	2.69%	Yes	2.20%	Yes
	2.20%	Yes	3.19%	Yes	3.90%	Yes
	5.22%	Yes	3.34%	Yes	3.22%	Yes

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**UnitedHealthcare Community Plan – UNI**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	90.55%	Yes
	Aug 22 – Oct 22	80%	89.48%	Yes
	Nov 22 – Jan 23	80%	88.96%	Yes
	<b>Feb 23 – Apr 23</b>	<b>80%</b>	<b>88.69%</b>	<b>Yes</b>

Completion of Annual HRA	Jul 21 – Jun 22	12%	12.52%	Yes
	Oct 21 – Sep 22	12%	11.73%	No
	Jan 22 – Dec 22	12%	12.51%	Yes
	<b>Apr 22 – Mar 23</b>	<b>12%</b>	<b>11.96%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care.	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	43.16%	N/A
	July 22 – Nov 22			
	Aug 22 – Dec 22			
Sep 22 – Jan 23 Oct 22 – Feb 23 Nov 22 – Mar 23	<b>Informational Only</b>	<b>41.60%</b>	<b>N/A</b>	

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	6.06%	Yes	7.66%	Yes	8.11%	Yes
≤30%	7.38%	Yes	7.39%	Yes	6.15%	Yes
	6.91%	Yes	6.73%	Yes	5.11%	Yes
	<b>5.44%</b>	<b>Yes</b>	<b>5.87%</b>	<b>Yes</b>	<b>4.76%</b>	<b>Yes</b>
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	4.10%	Yes	4.65%	Yes	4.25%	Yes
	4.33%	Yes	3.97%	Yes	4.02%	Yes
	4.05%	Yes	3.57%	Yes	3.57%	Yes
	<b>3.30%</b>	<b>Yes</b>	<b>2.99%</b>	<b>Yes</b>	<b>3.29%</b>	<b>Yes</b>

*\*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 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	4.87%	Yes	5.35%	Yes	4.06%	Yes
	2.99%	Yes	3.11%	Yes	3.61%	Yes
	3.23%	Yes	4.28%	Yes	5.18%	Yes
	4.47%	Yes	4.55%	Yes	4.33%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	3.65%	Yes	3.30%	Yes	2.41%	Yes
	2.35%	Yes	2.51%	Yes	2.26%	Yes
	2.70%	Yes	3.05%	Yes	4.09%	Yes
	4.01%	Yes	2.98%	Yes	3.46%	Yes

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

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Upper Peninsula Health Plan – UPP**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	May 22– Jul 22	80%	90.37%	Yes
	Aug 22 – Oct 22	80%	89.34%	Yes
	Nov 22 – Jan 23	80%	86.96%	Yes
	<b>Feb 23 – Apr 23</b>	<b>80%</b>	<b>86.71%</b>	<b>Yes</b>

Completion of Annual HRA	Jul 21 – Jun 22	12%	5.69%	No
	Oct 21 – Sep 22	12%	6.77%	No
	Jan 22 – Dec 22	12%	10.43%	No
	<b>Apr 22 – Mar 23</b>	<b>12%</b>	<b>11.03%</b>	<b>No</b>

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	Informational Only	N/A	N/A
	N/A	Informational Only	N/A	N/A
	Jun 22 – Oct 22	Informational Only	54.29%	N/A
	July 22 – Nov 22			
	Aug 22 – Dec 22			
Sep 22 – Jan 23 Oct 22 – Feb 23 Nov 22 – Mar 23	<b>Informational Only</b>	<b>46.29%</b>	<b>N/A</b>	

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	7.34%	Yes	4.73%	Yes	4.40%	Yes
≤30%	7.03%	Yes	6.76%	Yes	5.88%	Yes
	5.10%	Yes	6.40%	Yes	5.89%	Yes
	<b>5.04%</b>	<b>Yes</b>	<b>4.29%</b>	<b>Yes</b>	<b>3.90%</b>	<b>Yes</b>
	Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result
≤7%	3.60%	Yes	2.87%	Yes	3.25%	Yes
	4.68%	Yes	3.47%	Yes	2.34%	Yes
	3.06%	Yes	3.97%	Yes	2.22%	Yes
	<b>3.11%</b>	<b>Yes</b>	<b>2.24%</b>	<b>Yes</b>	<b>2.35%</b>	<b>Yes</b>

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

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Upper Peninsula Health Plan – UPP**

**HEALTHY MICHIGAN PLAN:**

Transition out of CFP Status: [Nov 21 – Dec 22]; [Feb 22 – Mar 23]; [May 22 – Jun 23]; [Aug 22 – Sep 23]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	4.27%	Yes	4.57%	Yes	3.69%	Yes
	4.21%	Yes	4.64%	Yes	3.39%	Yes
	3.33%	Yes	3.56%	Yes	4.59%	Yes
	<b>4.48%</b>	<b>Yes</b>	<b>6.01%</b>	<b>Yes</b>	<b>4.52%</b>	<b>Yes</b>
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.80%	Yes	3.53%	Yes	3.11%	Yes
	3.54%	Yes	3.58%	Yes	3.34%	Yes
	2.82%	Yes	4.46%	Yes	4.49%	Yes
	<b>6.01%</b>	<b>Yes</b>	<b>5.35%</b>	<b>Yes</b>	<b>2.20%</b>	<b>Yes</b>

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

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

***PERFORMANCE MONITORING REPORT***

***MDHHS Dental Measures***

**Composite – All Plans**



**October 2023**

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

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**Executive Summary**

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State’s Medicaid Health Plans (MHPs) through 34 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include Healthy Michigan Plan (HMP) Measures, MDHHS Dental Measure, CMS Core Set Measures, HEDIS Measures, Managed Care Quality Measures, Maternal Health Measures, and Chronic Conditions Measures. **This report focuses only on the following MDHHS Dental Measures:**

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

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

The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2023 unless otherwise noted.

Performance Monitoring Report

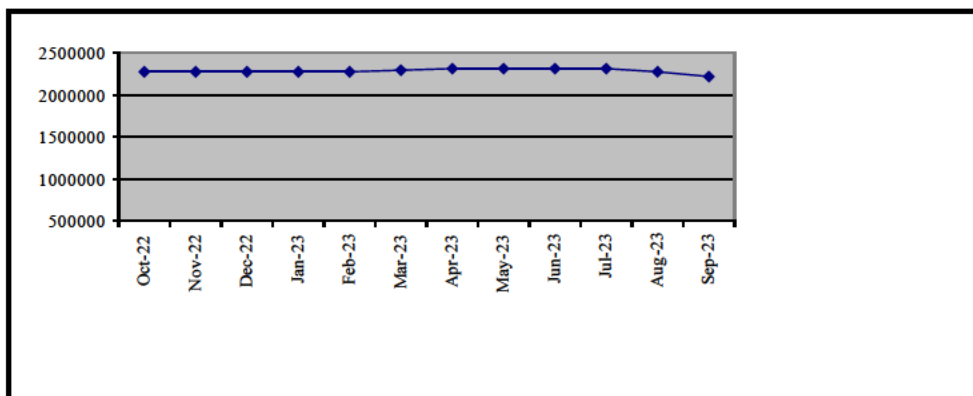
**Table 1: Fiscal Year 2023<sup>1</sup>**

Quarterly Reported Measures	Reported in 1 <sup>st</sup> Quarter	Reported in 2 <sup>nd</sup> Quarter	Reported in 3 <sup>rd</sup> Quarter	Reported in 4 <sup>th</sup> Quarter
Diagnostic Dental Services	0/9	0/9	0/9	0/9
Preventive Dental Services	1/9	1/9	1/9	1/9
Restorative (Dental Fillings) Dental Services	0/9	0/9	0/9	0/9
Comprehensive Diabetes Care: Diagnostic Dental Exam	N/A	N/A	N/A	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	2/9	2/9	2/9	2/9
Comprehensive Diabetes Care: Restorative Dental Visit	N/A	N/A	N/A	N/A
Diagnostic Dental Visits in Pregnant Women	2/10	1/9	1/9	1/9
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 dropped slightly over the past year. In September 2023 enrollment was 2,210,101, down 55,406 enrollees (2.5%) from October 2022. A decrease of 56,002 enrollees (2.4%) was realized between August 2023 and September 2023.

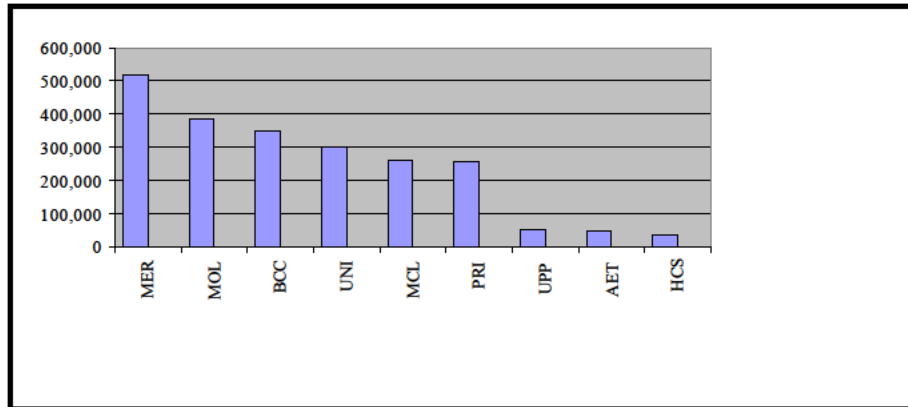
**Figure 1: Medicaid Managed Care Enrollment, October 2022 – September 2023**



<sup>1</sup> N/A will be shown for measures where the standard is Informational Only. Also, measures with a denominator less than 10 do not include Total Health Care (THC).

## Performance Monitoring Report

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



### Medicaid Health Plan News

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

As of October 1, 2023, HAP Empowered (HAP) has changed their name to HAP CareSource (HCS). All references to HAP in this report should now reflect the new HCS acronym.

### Cross-Plan Performance Monitoring Analyses

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

**Diagnostic Dental Services**

**Measure**

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

**Standard**

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

**Measurement Period**

April 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

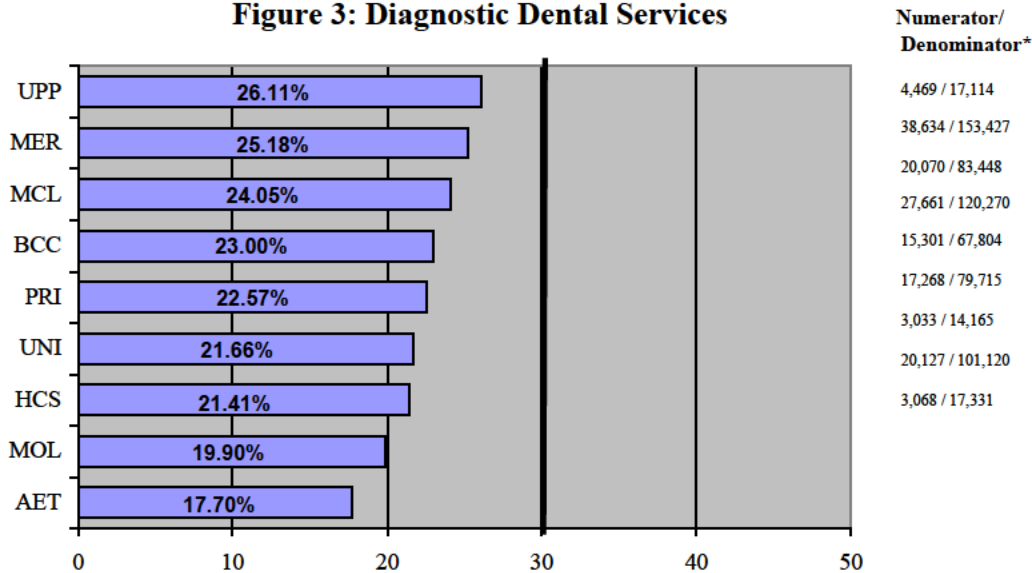
Quarterly

**Summary:** None of the health plans met or exceeded the standard. Results ranged from 17.70% to 26.11%.

**Table 2: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	1,270	11,486	11.06%
HMP Managed Care (MC) Only	152,349	662,251	23.00%

**Figure 3: Diagnostic Dental Services**



Diagnostic Dental Services Percentages

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

**Preventive Dental Services**

**Measure**

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

**Standard**

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

**Measurement Period**

April 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

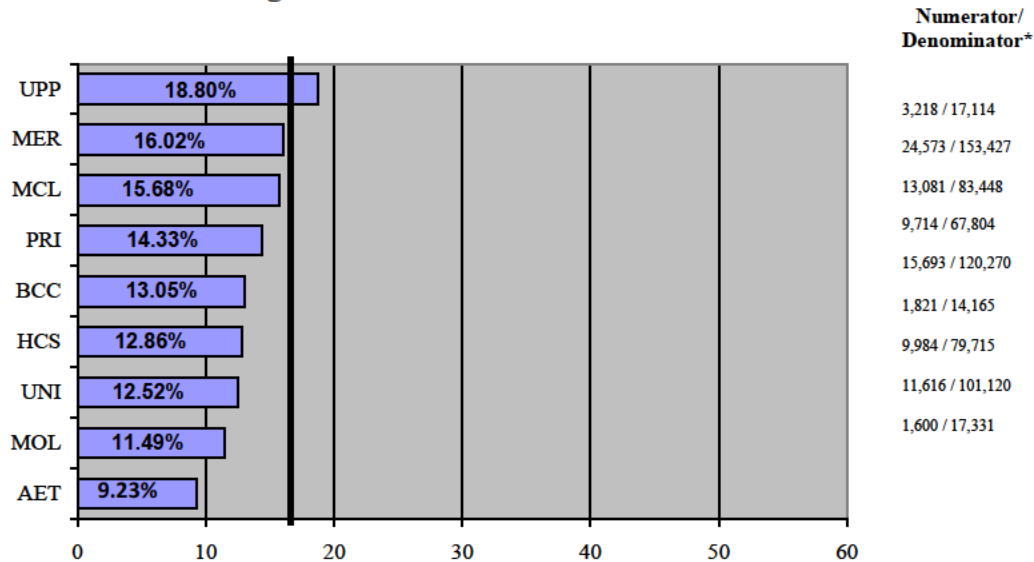
Quarterly

**Summary:** One plan (UPP) met or exceeded the standard, while eight plans (AET, BCC, HCS, MCL, MER, MOL, PRI, and UNI), did not. Results ranged from 9.23% to 18.80%.

**Table 3: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	644	11,486	5.61%
HMP Managed Care (MC) Only	92,854	662,251	14.02%

**Figure 4: Preventive Dental Services**



Preventive Dental Services Percentages

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

**Restorative (Dental Fillings) Services**

**Measure**

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

**Standard**

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

**Measurement Period**

April 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

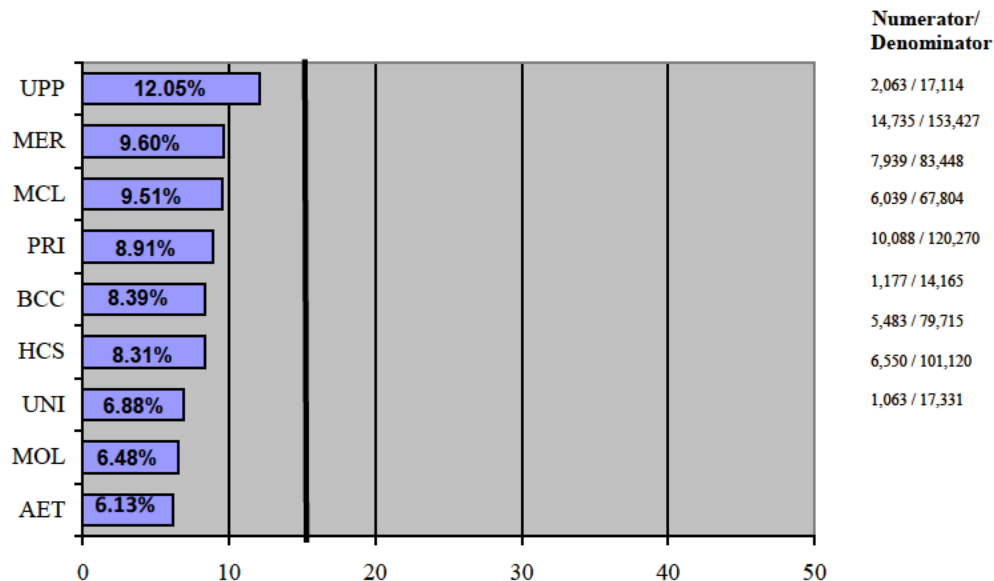
Quarterly

**Summary:** None of the plan met or exceeded the standard. Results ranged from 6.13% to 12.05%.

**Table 4: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	425	11,486	3.70%
HMP Managed Care (MC) Only	56,162	662,251	8.48%

**Figure 5: Restorative (Dental Fillings) Dental Services**



Restorative (Dental Fillings) Dental Services Percentages

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

**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 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

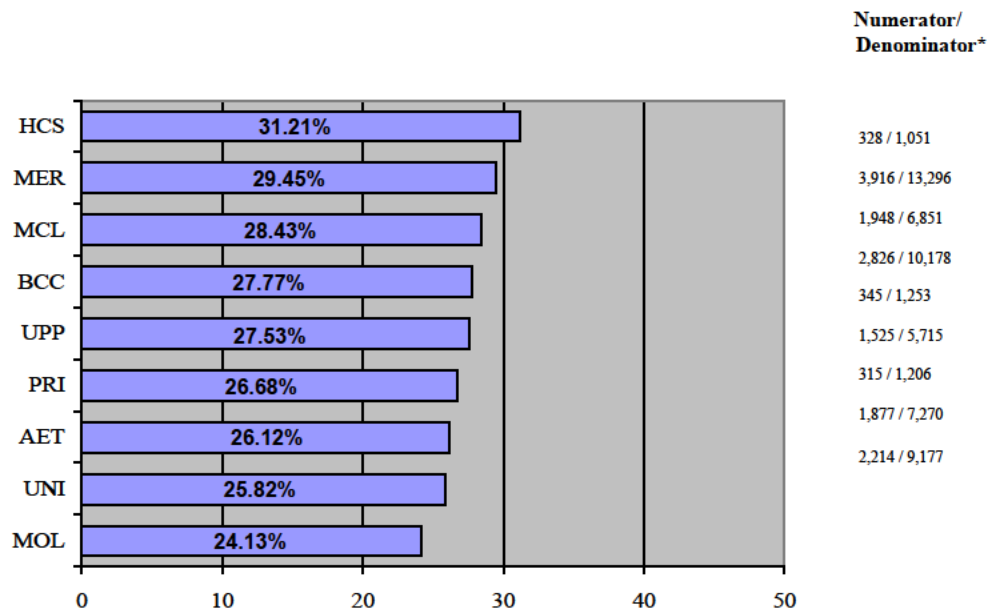
Quarterly

**Summary:** Results ranged from 23.98% to 29.50%

**Table 5: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	172	776	22.16%
HMP Managed Care (MC) Only	15,591	56,848	27.43%

**Figure 6: Comprehensive Diabetes Care: Diagnostic Dental Exam**



Comprehensive Diabetes Care: Diagnostic Dental Exam Percentages

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



**Comprehensive Diabetes Care: Preventive Dental Visit**

**Measure**

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

**Standard**

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

**Measurement Period**

April 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

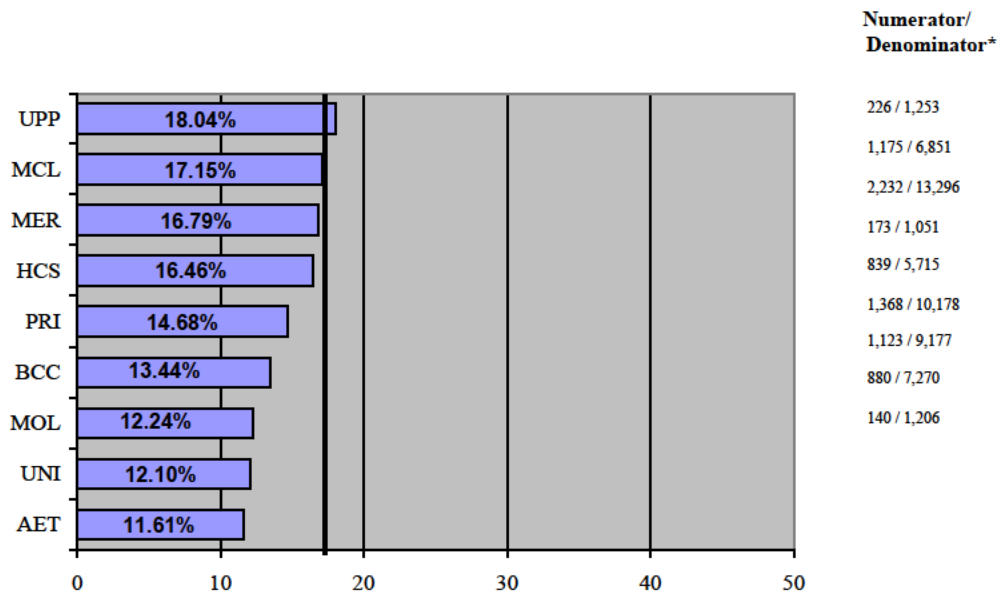
Quarterly

**Summary:** Two plans (MCL and UPP) met or exceeded the standard, while seven plans (AET, BCC, HCS, MER, MOL, PRI, and UNI). Results ranged from 11.61% to 18.04%

**Table 6: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	74	776	9.54%
HMP Managed Care (MC) Only	8,296	56,848	14.59%

**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 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

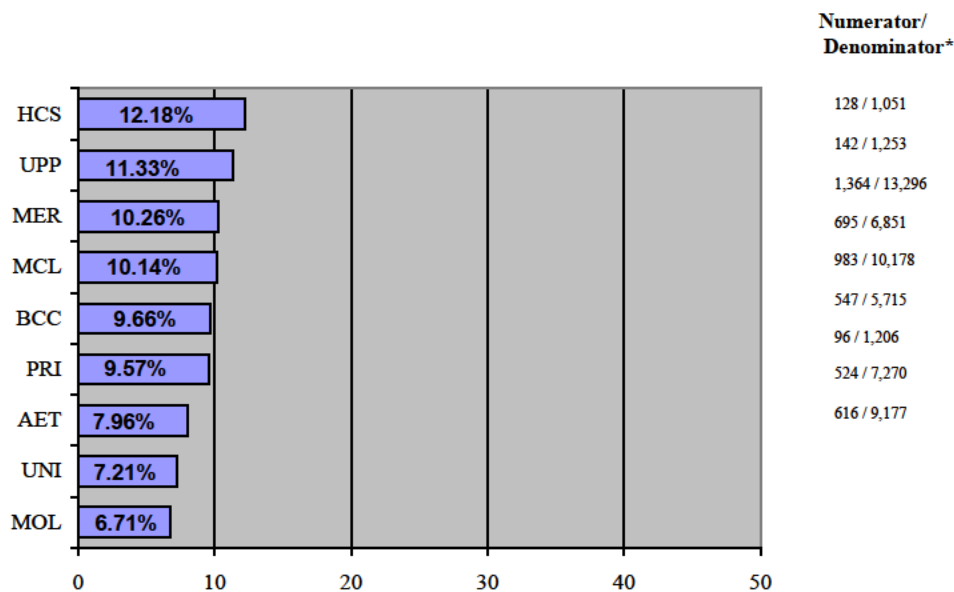
Quarterly

**Summary:** Results ranged from 6.71% to 12.18%

**Table 7: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	37	776	4.77%
HMP Managed Care (MC) Only	5,195	56,848	9.14%

**Figure 8: Comprehensive Diabetes Care: Restorative Dental Visit**



Comprehensive Diabetes Care: Restorative Dental Visit Percentages

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

**Diagnostic Dental Visits in Pregnant Women**

**Measure**

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

**Standard**

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

**Measurement Period**

April 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

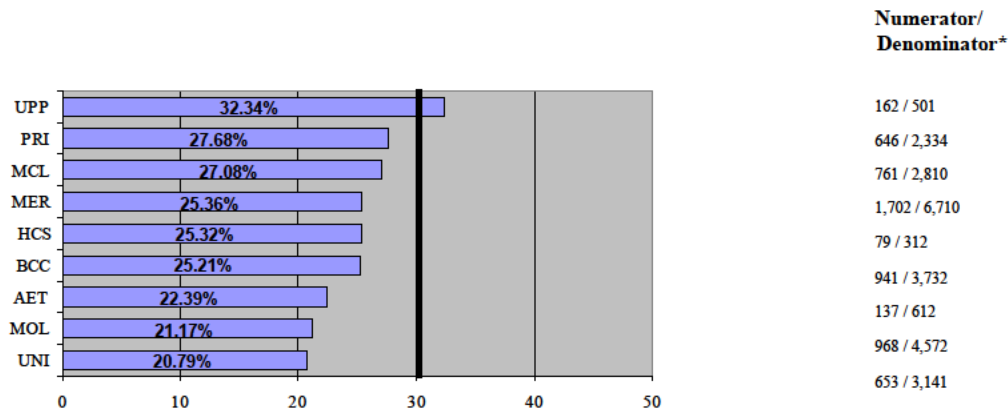
Quarterly

**Summary:** One plan (UPP) met or exceeded the standard, while eight plans (AET, BCC, HCS, MCL, MER, MOL, UNI and UPP), did not. Results ranged from 20.79% to 32.34%

**Table 8: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	7,287	32,611	22.34%
Fee for Service (FFS) only	69	371	18.60%
Managed Care only	6,276	25,797	24.33%
MA-MC	3,328	14,896	22.34%

**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 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

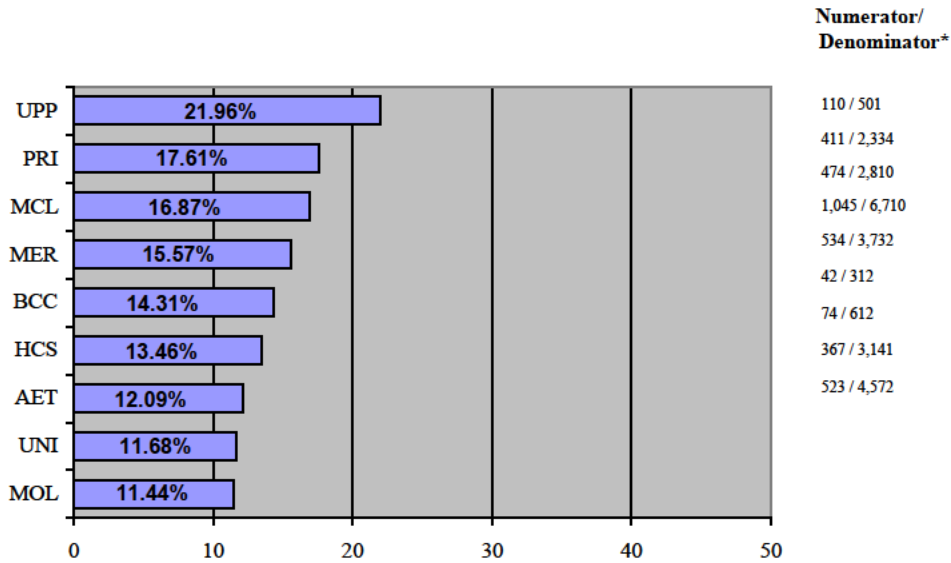
Quarterly

**Summary:** Results ranged from 11.44% to 21.99%

**Table 9: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,247	32,611	13.02%
Fee for Service (FFS) only	38	371	10.24%
Managed Care only	3,706	25,797	14.37%
MA-MC	1,756	14,896	11.79%

**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 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

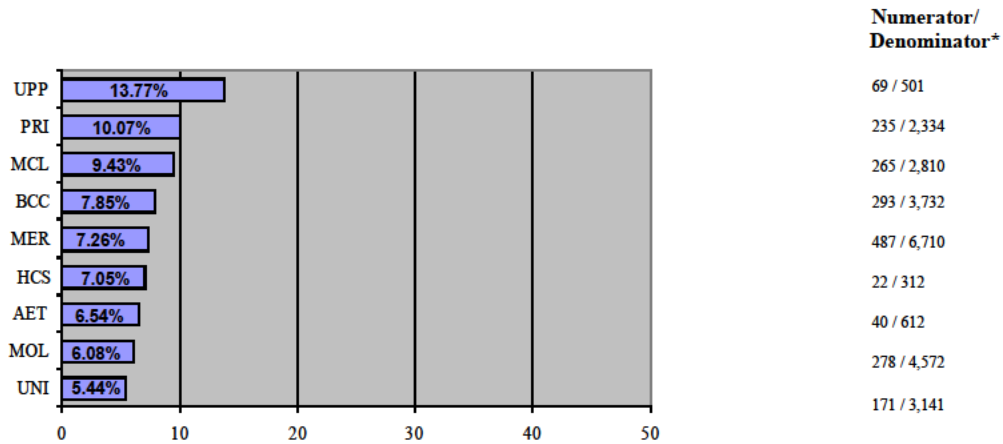
Quarterly

**Summary:** Results ranged from 5.44% to 13.77%

**Table 10: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	2,257	32,611	6.92%
Fee for Service (FFS) only	26	371	7.01%
Managed Care only	1,933	25,797	7.49%
MA-MC	939	14,896	6.30%

**Figure 11: Restorative Dental Visits in Pregnant Women**



Restorative Dental Visits in Pregnant Women

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

**Adults: Any Dental Visit**

**Measure**

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

**Standard**

N/A – Informational Only

**Measurement Period**

April 2022 – March 2023

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

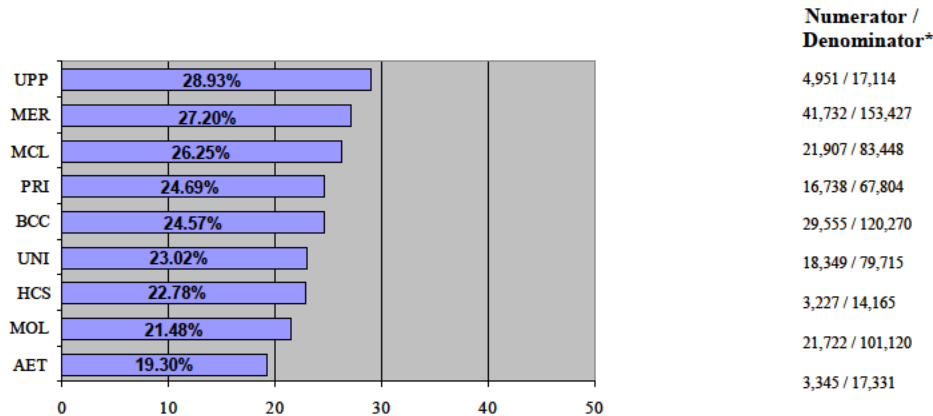
Quarterly

**Summary:** Results ranged from 19.30% to 28.93%

**Table 11: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee for Service (FFS) Only	1,418	11,486	12.34%
HMP Managed Care (MC) Only	164,420	662,251	24.83%

**Figure 12: Adults: Any Dental Visit**



Adults: Any Dental Visit

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

**Appendix A: Three Letter Medicaid Health Plan Codes**

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

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Aetna Better Health of Michigan – AET**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	18.85%	No
	Oct 21 – Sep 22	30%	18.23%	No
	Jan 22 – Dec 22	30%	17.86%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>17.70%</b>	<b>No</b>

Preventive Dental Services	Jul 21 – Jun 22	17%	9.70%	No
	Oct 21 – Sep 22	17%	9.27%	No
	Jan 22 – Dec 22	17%	9.30%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>9.23%</b>	<b>No</b>

Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	6.61%	No
	Oct 21 – Sep 22	14%	6.42%	No
	Jan 22 – Dec 22	14%	6.00%	No
	<b>Apr 22 – Mar 23</b>	<b>14%</b>	<b>6.13%</b>	<b>No</b>

Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	26.73%	N/A
	Oct 21 – Sep 22	Informational Only	26.23%	N/A
	Jan 22 – Dec 22	Informational Only	26.36%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>26.12%</b>	<b>N/A</b>

Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	11.42%	No
	Oct 21 – Sep 22	17%	10.44%	No
	Jan 22 – Dec 22	17%	10.51%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>11.61%</b>	<b>No</b>

Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	8.85%	N/A
	Oct 21 – Sep 22	Informational Only	8.91%	N/A
	Jan 22 – Dec 22	Informational Only	7.88%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>7.96%</b>	<b>N/A</b>

Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	20.57%	No
	Oct 21 – Sep 22	30%	21.53%	No
	Jan 22 – Dec 22	30%	23.08%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>22.39%</b>	<b>No</b>

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

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**Appendix B: One Year Plan-Specific Analysis**

**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 21 – Jun 22	Informational Only	8.94%	N/A
	Oct 21 – Sep 22	Informational Only	9.43%	N/A
	Jan 22 – Dec 22	Informational Only	11.20%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>12.09%</b>	<b>N/A</b>

Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	3.76%	N/A
	Oct 21 – Sep 22	Informational Only	5.52%	N/A
	Jan 22 – Dec 22	Informational Only	6.36%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>6.54%</b>	<b>N/A</b>

Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	20.25%	N/A
	Oct 21 – Sep 22	Informational Only	19.74%	N/A
	Jan 22 – Dec 22	Informational Only	19.28%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>19.30%</b>	<b>N/A</b>

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**Appendix B: One Year Plan-Specific Analysis**

**Blue Cross Complete – BCC**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	23.70%	No
	Oct 21 – Sep 22	30%	23.18%	No
	Jan 22 – Dec 22	30%	23.04%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>23.00%</b>	<b>No</b>

Preventive Dental Services	Jul 21 – Jun 22	17%	13.45%	No
	Oct 21 – Sep 22	17%	13.16%	No
	Jan 22 – Dec 22	17%	12.94%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>13.05%</b>	<b>No</b>

Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	8.81%	No
	Oct 21 – Sep 22	14%	8.57%	No
	Jan 22 – Dec 22	14%	8.37%	No
	<b>Apr 22 – Mar 23</b>	<b>14%</b>	<b>8.39%</b>	<b>No</b>

Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.61%	N/A
	Oct 21 – Sep 22	Informational Only	28.07%	N/A
	Jan 22 – Dec 22	Informational Only	27.91%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>27.77%</b>	<b>N/A</b>

Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	13.33%	No
	Oct 21 – Sep 22	17%	13.13%	No
	Jan 22 – Dec 22	17%	13.12%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>13.44%</b>	<b>No</b>

Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	9.51%	N/A
	Oct 21 – Sep 22	Informational Only	9.17%	N/A
	Jan 22 – Dec 22	Informational Only	9.09%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>9.66%</b>	<b>N/A</b>

Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	25.84%	No
	Oct 21 – Sep 22	30%	25.11%	No
	<b>Jan 22 – Dec 22</b>	<b>30%</b>	<b>24.64%</b>	<b>No</b>
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>25.21%</b>	<b>No</b>

- 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 21 – Jun 22	Informational Only	14.46%	N/A
	Oct 21 – Sep 22	Informational Only	14.06%	N/A
	Jan 22 – Dec 22	Informational Only	14.16%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>14.31%</b>	<b>N/A</b>

Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	8.20%	N/A
	Oct 21 – Sep 22	Informational Only	7.59%	N/A
	Jan 22 – Dec 22	Informational Only	7.60%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>7.85%</b>	<b>N/A</b>

Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	25.49%	N/A
	Oct 21 – Sep 22	Informational Only	24.83%	N/A
	Jan 22 – Dec 22	Informational Only	24.53%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>24.57%</b>	<b>N/A</b>

- 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 CareSource – HCS**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	21.19%	No
	Oct 21 – Sep 22	30%	21.70%	No
	Jan 22 – Dec 22	30%	21.50%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>21.41%</b>	<b>No</b>

Preventive Dental Services	Jul 21 – Jun 22	17%	12.47%	No
	Oct 21 – Sep 22	17%	12.79%	No
	Jan 22 – Dec 22	17%	12.84%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>12.86%</b>	<b>No</b>

Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	8.15%	No
	Oct 21 – Sep 22	14%	8.56%	No
	Jan 22 – Dec 22	14%	8.62%	No
	<b>Apr 22 – Mar 23</b>	<b>14%</b>	<b>8.31%</b>	<b>No</b>

Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	27.96%	N/A
	Oct 21 – Sep 22	Informational Only	27.98%	N/A
	Jan 22 – Dec 22	Informational Only	29.50%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>31.21%</b>	<b>N/A</b>

Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	15.64%	No
	Oct 21 – Sep 22	17%	16.18%	No
	Jan 22 – Dec 22	17%	16.65%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>16.46%</b>	<b>No</b>

Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	9.85%	N/A
	Oct 21 – Sep 22	Informational Only	11.46%	N/A
	Jan 22 – Dec 22	Informational Only	11.49%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>12.18%</b>	<b>N/A</b>

Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	25.75%	No
	Oct 21 – Sep 22	30%	29.69%	No
	Jan 22 – Dec 22	30%	28.87%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>25.32%</b>	<b>No</b>

- 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 CareSource – HCS**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	14.16%	N/A
	Oct 21 – Sep 22	Informational Only	15.62%	N/A
	Jan 22 – Dec 22	Informational Only	14.79%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>13.46%</b>	<b>N/A</b>

Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	9.01%	N/A
	Oct 21 – Sep 22	Informational Only	9.77%	N/A
	Jan 22 – Dec 22	Informational Only	8.80%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>7.05%</b>	<b>N/A</b>

Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	22.57%	N/A
	Oct 21 – Sep 22	Informational Only	22.92%	N/A
	Jan 22 – Dec 22	Informational Only	22.78%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>22.78%</b>	<b>N/A</b>

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**McLaren Health Plan – MCL**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	24.42%	No
	Oct 21 – Sep 22	30%	24.19%	No
	Jan 22 – Dec 22	30%	23.98%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>24.05%</b>	<b>No</b>

Preventive Dental Services	Jul 21 – Jun 22	17%	15.86%	No
	Oct 21 – Sep 22	17%	15.74%	No
	Jan 22 – Dec 22	17%	15.58%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>15.68%</b>	<b>No</b>

Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	9.74%	No
	Oct 21 – Sep 22	14%	9.45%	No
	Jan 22 – Dec 22	14%	9.47%	No
	<b>Apr 22 – Mar 23</b>	<b>14%</b>	<b>9.51%</b>	<b>No</b>

Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.38%	N/A
	Oct 21 – Sep 22	Informational Only	27.83%	N/A
	Jan 22 – Dec 22	Informational Only	28.08%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>28.43%</b>	<b>N/A</b>

Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	17.25%	Yes
	Oct 21 – Sep 22	17%	17.20%	Yes
	Jan 22 – Dec 22	17%	17.21%	Yes
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>17.15%</b>	<b>Yes</b>

Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	10.29%	N/A
	Oct 21 – Sep 22	Informational Only	10.14%	N/A
	Jan 22 – Dec 22	Informational Only	10.18%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>10.14%</b>	<b>N/A</b>

Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	27.66%	No
	Oct 21 – Sep 22	30%	27.61%	No
	Jan 22 – Dec 22	30%	26.67%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>27.08%</b>	<b>No</b>

- 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 21 – Jun 22	Informational Only	17.29%	N/A
	Oct 21 – Sep 22	Informational Only	17.16%	N/A
	Jan 22 – Dec 22	Informational Only	16.73%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>16.87%</b>	<b>N/A</b>

Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	10.15%	N/A
	Oct 21 – Sep 22	Informational Only	9.98%	N/A
	Jan 22 – Dec 22	Informational Only	9.40%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>9.43%</b>	<b>N/A</b>

Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	26.74%	N/A
	Oct 21 – Sep 22	Informational Only	26.39%	N/A
	Jan 22 – Dec 22	Informational Only	26.06%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>26.25%</b>	<b>N/A</b>

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

Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Meridian Health Plan of Michigan – MER**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	25.28%	No
	Oct 21 – Sep 22	30%	25.24%	No
	Jan 22 – Dec 22	30%	25.04%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>25.18%</b>	<b>No</b>

Preventive Dental Services	Jul 21 – Jun 22	17%	16.22%	No
	Oct 21 – Sep 22	17%	16.16%	No
	Jan 22 – Dec 22	17%	16.08%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>16.02%</b>	<b>No</b>

Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	9.82%	No
	Oct 21 – Sep 22	14%	9.65%	No
	Jan 22 – Dec 22	14%	9.52%	No
	<b>Apr 22 – Mar 23</b>	<b>14%</b>	<b>9.60%</b>	<b>No</b>

Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.47%	N/A
	Oct 21 – Sep 22	Informational Only	28.55%	N/A
	Jan 22 – Dec 22	Informational Only	28.84%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>29.45%</b>	<b>N/A</b>

Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	16.34%	No
	Oct 21 – Sep 22	17%	16.60%	No
	Jan 22 – Dec 22	17%	16.64%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>16.79%</b>	<b>No</b>

Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	10.03%	N/A
	Oct 21 – Sep 22	Informational Only	9.90%	N/A
	Jan 22 – Dec 22	Informational Only	9.96%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>10.26%</b>	<b>N/A</b>

Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	26.00%	No
	Oct 21 – Sep 22	30%	25.85%	No
	Jan 22 – Dec 22	30%	25.37%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>25.36%</b>	<b>No</b>

- 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 21 – Jun 22	Informational Only	16.35%	N/A
	Oct 21 – Sep 22	Informational Only	16.22%	N/A
	Jan 22 – Dec 22	Informational Only	15.90%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>15.57%</b>	<b>N/A</b>

Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	8.31%	N/A
	Oct 21 – Sep 22	Informational Only	7.74%	N/A
	Jan 22 – Dec 22	Informational Only	7.35%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>7.26%</b>	<b>N/A</b>

Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	27.37%	N/A
	Oct 21 – Sep 22	Informational Only	27.19%	N/A
	Jan 22 – Dec 22	Informational Only	26.92%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>27.20%</b>	<b>N/A</b>

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Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Molina Healthcare of Michigan – MOL**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	20.21%	No
	Oct 21 – Sep 22	30%	20.03%	No
	Jan 22 – Dec 22	30%	19.73%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>19.90%</b>	<b>No</b>

Preventive Dental Services	Jul 21 – Jun 22	17%	11.32%	No
	Oct 21 – Sep 22	17%	11.36%	No
	Jan 22 – Dec 22	17%	11.36%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>11.49%</b>	<b>No</b>

Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	6.52%	No
	Oct 21 – Sep 22	14%	6.46%	No
	Jan 22 – Dec 22	14%	6.39%	No
	<b>Apr 22 – Mar 23</b>	<b>14%</b>	<b>6.48%</b>	<b>No</b>

Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	24.14%	N/A
	Oct 21 – Sep 22	Informational Only	23.88%	N/A
	Jan 22 – Dec 22	Informational Only	23.98%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>24.13%</b>	<b>N/A</b>

Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	11.58%	No
	Oct 21 – Sep 22	17%	11.49%	No
	Jan 22 – Dec 22	17%	11.85%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>12.24%</b>	<b>No</b>

Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	7.03%	N/A
	Oct 21 – Sep 22	Informational Only	6.95%	N/A
	Jan 22 – Dec 22	Informational Only	6.70%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>6.71%</b>	<b>N/A</b>

Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	21.24%	No
	Oct 21 – Sep 22	30%	20.38%	No
	Jan 22 – Dec 22	30%	20.67%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>21.17%</b>	<b>No</b>

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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 21 – Jun 22	Informational Only	11.16%	N/A
	Oct 21 – Sep 22	Informational Only	11.07%	N/A
	Jan 22 – Dec 22	Informational Only	11.36%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>11.44%</b>	<b>N/A</b>

Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	6.20%	N/A
	Oct 21 – Sep 22	Informational Only	5.98%	N/A
	Jan 22 – Dec 22	Informational Only	6.22%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>6.08%</b>	<b>N/A</b>

Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	21.73%	N/A
	Oct 21 – Sep 22	Informational Only	21.61%	N/A
	Jan 22 – Dec 22	Informational Only	21.27%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>21.48%</b>	<b>N/A</b>

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Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Priority Health Choice – PRI**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	25.00%	No
	Oct 21 – Sep 22	30%	23.22%	No
	Jan 22 – Dec 22	30%	22.93%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>22.57%</b>	<b>No</b>

Preventive Dental Services	Jul 21 – Jun 22	17%	16.80%	No
	Oct 21 – Sep 22	17%	14.70%	No
	Jan 22 – Dec 22	17%	14.51%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>14.33%</b>	<b>No</b>

Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	10.66%	No
	Oct 21 – Sep 22	14%	9.29%	No
	Jan 22 – Dec 22	14%	9.03%	No
	<b>Apr 22 – Mar 23</b>	<b>14%</b>	<b>8.91%</b>	<b>No</b>

Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	27.22%	N/A
	Oct 21 – Sep 22	Informational Only	27.43%	N/A
	Jan 22 – Dec 22	Informational Only	27.03%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>26.68%</b>	<b>N/A</b>

Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	16.63%	No
	Oct 21 – Sep 22	17%	14.99%	No
	Jan 22 – Dec 22	17%	15.26%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>14.68%</b>	<b>No</b>

Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	10.92%	N/A
	Oct 21 – Sep 22	Informational Only	9.96%	N/A
	Jan 22 – Dec 22	Informational Only	9.62%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>9.57%</b>	<b>N/A</b>

Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	30.54%	Yes
	Oct 21 – Sep 22	30%	28.53%	No
	Jan 22 – Dec 22	30%	28.10%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>27.68%</b>	<b>No</b>

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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 21 – Jun 22	Informational Only	18.94%	N/A
	Oct 21 – Sep 22	Informational Only	18.31%	N/A
	Jan 22 – Dec 22	Informational Only	17.55%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>17.61%</b>	<b>N/A</b>

Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	11.55%	N/A
	Oct 21 – Sep 22	Informational Only	10.33%	N/A
	Jan 22 – Dec 22	Informational Only	10.46%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>10.07%</b>	<b>N/A</b>

Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	27.82%	N/A
	Oct 21 – Sep 22	Informational Only	25.39%	N/A
	Jan 22 – Dec 22	Informational Only	24.97%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>24.69%</b>	<b>N/A</b>

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Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**UnitedHealthcare Community Plan – UNI**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	21.45%	No
	Oct 21 – Sep 22	30%	21.29%	No
	Jan 22 – Dec 22	30%	21.12%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>21.66%</b>	<b>No</b>

Preventive Dental Services	Jul 21 – Jun 22	17%	12.22%	No
	Oct 21 – Sep 22	17%	12.19%	No
	Jan 22 – Dec 22	17%	12.28%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>12.52%</b>	<b>No</b>

Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	6.96%	No
	Oct 21 – Sep 22	14%	6.66%	No
	Jan 22 – Dec 22	14%	6.55%	No
	<b>Apr 22 – Mar 23</b>	<b>14%</b>	<b>6.88%</b>	<b>No</b>

Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	25.33%	N/A
	Oct 21 – Sep 22	Informational Only	25.26%	N/A
	Jan 22 – Dec 22	Informational Only	24.72%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>25.82%</b>	<b>N/A</b>

Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	11.76%	No
	Oct 21 – Sep 22	17%	11.81%	No
	Jan 22 – Dec 22	17%	11.74%	No
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>12.10%</b>	<b>No</b>

Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	7.22%	N/A
	Oct 21 – Sep 22	Informational Only	6.98%	N/A
	Jan 22 – Dec 22	Informational Only	7.01%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>7.21%</b>	<b>N/A</b>

Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	21.72%	No
	Oct 21 – Sep 22	30%	20.90%	No
	Jan 22 – Dec 22	30%	21.16%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>20.79%</b>	<b>No</b>

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Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**UnitedHealthcare Community Plan – UNI**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	11.36%	N/A
	Oct 21 – Sep 22	Informational Only	10.95%	N/A
	Jan 22 – Dec 22	Informational Only	11.58%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>11.68%</b>	<b>N/A</b>

Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	5.99%	N/A
	Oct 21 – Sep 22	Informational Only	5.57%	N/A
	Jan 22 – Dec 22	Informational Only	5.30%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>5.44%</b>	<b>N/A</b>

Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	22.75%	N/A
	Oct 21 – Sep 22	Informational Only	22.54%	N/A
	Jan 22 – Dec 22	Informational Only	22.50%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>23.02%</b>	<b>N/A</b>

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Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Upper Peninsula Health Plan – UPP**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 21 – Jun 22	30%	26.96%	No
	Oct 21 – Sep 22	30%	26.74%	No
	Jan 22 – Dec 22	30%	26.37%	No
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>26.11%</b>	<b>No</b>

Preventive Dental Services	Jul 21 – Jun 22	17%	19.58%	Yes
	Oct 21 – Sep 22	17%	19.31%	Yes
	Jan 22 – Dec 22	17%	18.74%	Yes
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>18.80%</b>	<b>Yes</b>

Restorative (Dental Fillings) Dental Services	Jul 21 – Jun 22	14%	12.62%	No
	Oct 21 – Sep 22	14%	12.39%	No
	Jan 22 – Dec 22	14%	12.15%	No
	<b>Apr 22 – Mar 23</b>	<b>14%</b>	<b>12.05%</b>	<b>No</b>

Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 21 – Jun 22	Informational Only	28.29%	N/A
	Oct 21 – Sep 22	Informational Only	27.32%	N/A
	Jan 22 – Dec 22	Informational Only	27.38%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>27.53%</b>	<b>N/A</b>

Comprehensive Diabetes Care: Preventive Dental Visit	Jul 21 – Jun 22	17%	18.83%	Yes
	Oct 21 – Sep 22	17%	17.72%	Yes
	Jan 22 – Dec 22	17%	17.55%	Yes
	<b>Apr 22 – Mar 23</b>	<b>17%</b>	<b>18.04%</b>	<b>Yes</b>

Comprehensive Diabetes Care: Restorative Dental Visit	Jul 21 – Jun 22	Informational Only	13.09%	N/A
	Oct 21 – Sep 22	Informational Only	12.75%	N/A
	Jan 22 – Dec 22	Informational Only	12.48%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>11.33%</b>	<b>N/A</b>

Diagnostic Dental Visits in Pregnant Women	Jul 21 – Jun 22	30%	36.03%	Yes
	Oct 21 – Sep 22	30%	34.05%	Yes
	Jan 22 – Dec 22	30%	33.85%	Yes
	<b>Apr 22 – Mar 23</b>	<b>30%</b>	<b>32.34%</b>	<b>Yes</b>

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Performance Monitoring Report

**Appendix B: One Year Plan-Specific Analysis**

**Upper Peninsula Health Plan – UPP**

**MDHHS DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Preventive Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	23.70%	N/A
	Oct 21 – Sep 22	Informational Only	21.72%	N/A
	Jan 22 – Dec 22	Informational Only	21.79%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>21.96%</b>	<b>N/A</b>

Restorative Dental Visits in Pregnant Women	Jul 21 – Jun 22	Informational Only	16.76%	N/A
	Oct 21 – Sep 22	Informational Only	15.66%	N/A
	Jan 22 – Dec 22	Informational Only	13.62%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>13.77%</b>	<b>N/A</b>

Adults: Any Dental Visit	Jul 21 – Jun 22	Informational Only	29.79%	N/A
	Oct 21 – Sep 22	Informational Only	29.37%	N/A
	Jan 22 – Dec 22	Informational Only	28.79%	N/A
	<b>Apr 22 – Mar 23</b>	<b>Informational Only</b>	<b>28.93%</b>	<b>N/A</b>

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

*Healthy Michigan Plan  
Healthy Behaviors Incentives Program Report*



Quarterly Report  
April-June 2023

Produced by:  
Managed Care Plan Division

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## **Introduction**

Pursuant to PA 208 of 2013, sections 105d(1)e and 105d(12), a Health Risk Assessment has been developed for the Healthy Michigan Plan (form DCH-1315). It is designed as a two part document, where the beneficiary completes the first three sections and the health care provider completes the last section. It includes questions on a wide range of health issues, a readiness to change assessment, and a discussion about behavior change between the beneficiary and the health care provider. The topics in the assessment cover all of the behaviors identified in PA 208 including alcohol use, substance use disorders, tobacco use, obesity and immunizations. It also includes the recommended healthy behaviors identified in the Michigan Health and Wellness 4X4 Plan, which include annual physicals, healthy diet, regular physical exercise and reducing tobacco use. As of April 2018, three new questions were added on the topics of annual dental visit, access to transportation and unmet basic needs. The question on anxiety and depression was removed and replaced with a question on chronic stress based on feedback regarding the most meaningful ways to ask about self-reported behavioral health status.

## **Health Risk Assessment Part 1**

### Health Risk Assessments completion through Michigan ENROLLS

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

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

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

## Health Risk Assessment Part 2

### Health Risk Assessments completion with Provider Attestation

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

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

The data displayed in Part 2 of this report reflect the healthy behavior goals selected in the final section of the Health Risk Assessment. As shown in Table 13, a total of 23,852 Health Risk Assessments were completed in the April-June 2023 quarter. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 14.

Among beneficiaries who completed the Health Risk Assessment, 18,644 or 78.2% of beneficiaries agreed to address health risk behaviors. In addition, 4,844 or 20.3% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 98.5% of beneficiaries are choosing to address or maintain healthy behaviors. The healthy behaviors goal statements selected are reported in Table 15. Healthy behavior goal statements are also reported by age and FPL in Figures 15-2 and 15-3.

Of the 18,644 beneficiaries who agreed to address health risk behaviors, 54.5% chose to address more than one healthy behavior. Tables 13 and 14 report the most frequently selected health risk behaviors to address, alone and in combination.

## Health Risk Assessment Completion with Health Care Provider

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

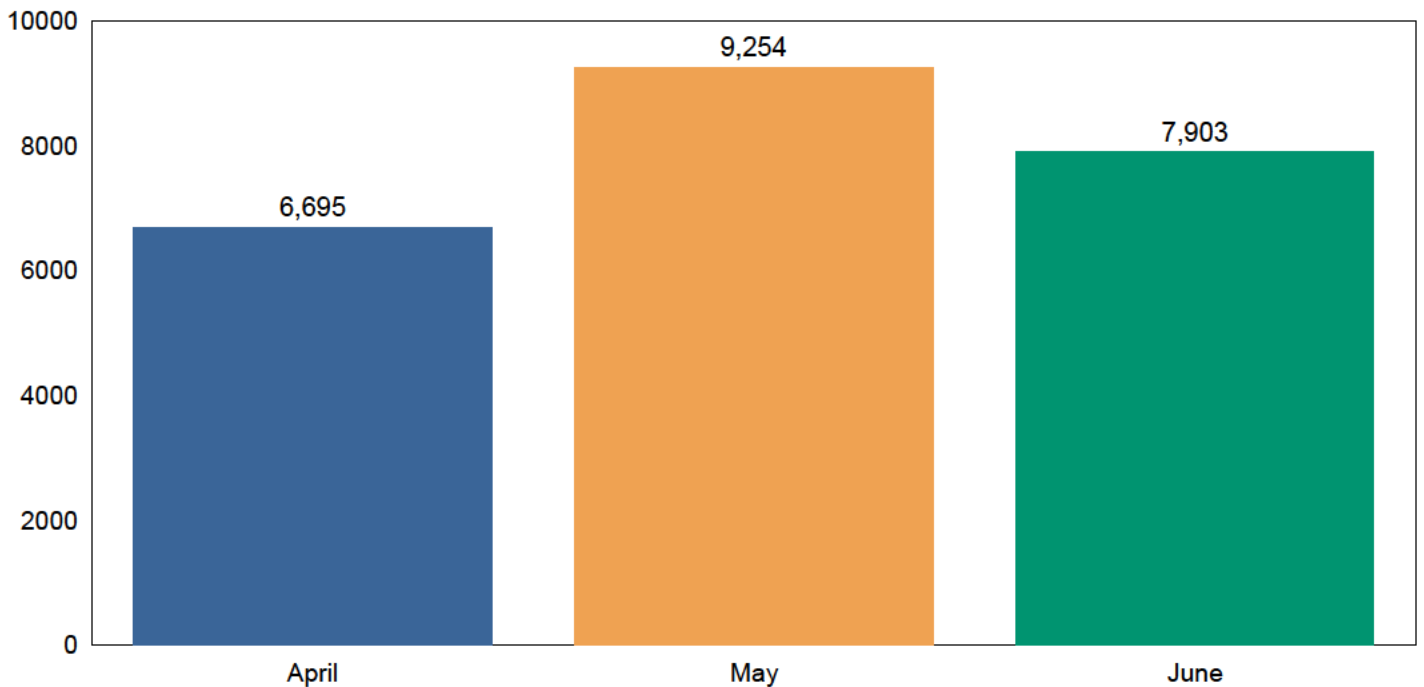
MONTH	COMPLETE	TOTAL
July 2022	5,534	539,793
August 2022	6,903	546,696
September 2022	6,802	553,498
October 2022	5,767	559,265
November 2022	5,499	564,764
December 2022	6,278	571,042
January 2023	4,987	576,029
February 2023	5,931	581,960
March 2023	10,072	592,032
April 2023	6,695	598,727
May 2023	9,254	607,981
June 2023	7,903	615,884

**Table 14. Demographics of Population that Completed HRA with Attestation**

April 2023 - June 2023

AGE GROUP	COMPLETED HRA	
19 - 34	8,348	35.00%
35 - 49	6,827	28.62%
50 +	8,677	36.38%
GENDER		
F	13,710	57.48%
M	10,142	42.52%
FPL		
< 100% FPL	18,317	76.79%
100 - 133% FPL	5,535	23.21%
TOTAL	<b>23,852</b>	<b>100.00%</b>

**Figure 13-1. Health Risk Assessments Completed with Attestation  
April - June 2023**



## Healthy Behaviors Statement Selection

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

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

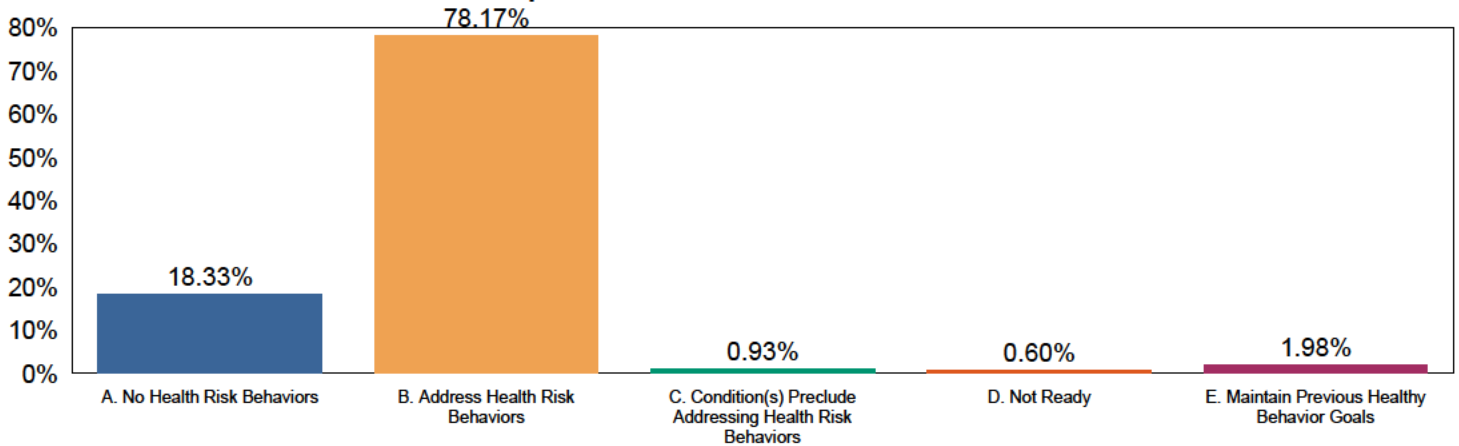
Figures 10-2 through 10-4 show Healthy Behaviors Statement Selections for the total population, and by age and FPL.

**Table 15. Healthy Behaviors Statement Selection  
April - June 2023**

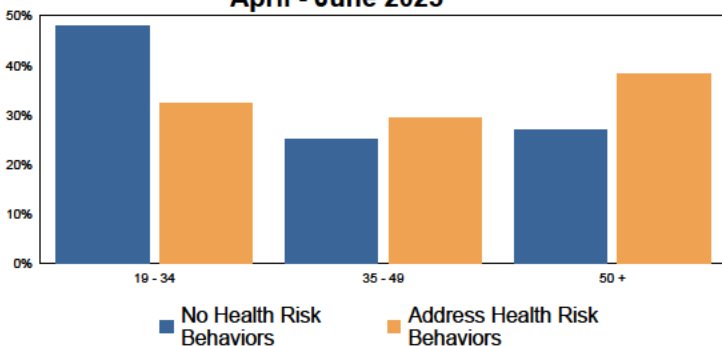
CHECK-UP	TOTAL	PERCENT
A. No Health Risk Behaviors	4,372	18.33%
B. Address Health Risk Behaviors	18,644	78.17%
C. Condition(s) Preclude Addressing Health Risk Behaviors	221	0.93%
D. Not Ready	143	0.60%
E. Maintain Previous Healthy Behavior Goals	472	1.98%
<b>TOTAL</b>	<b>23,852</b>	<b>100.00%</b>

**Figure 15-1. Healthy Behaviors Statement Selection**

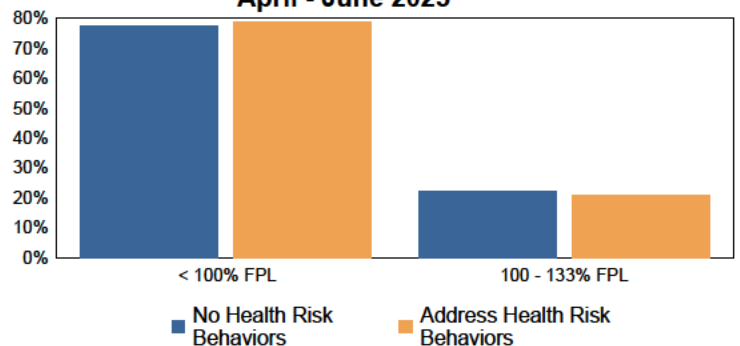
April - June 2023



**Figure 15-2. Statement Selection by Age**  
April - June 2023



**Figure 15-3. Statement Selection by FPL**  
April - June 2023



## Selection of Health Risk Behaviors to Address

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

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

Of the 18,644 HRAs submitted through April-June 2023 where the beneficiary chose to address health risk behaviors, 54.52% 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	67.23%	25.12%
Tobacco Cessation	19.82%	4.18%
Immunization Status (Annual Flu Vaccine)	22.44%	1.50%
Follow-up for Chronic Conditions	32.42%	3.89%
Addressing Alcohol Abuse	4.58%	0.28%
Addressing Substance Abuse	1.57%	0.17%
Dental visit	18.65%	2.30%
Follow-up appointment for maternity care/reproductive health	2.38%	0.18%
Follow-up appointment for recommended cancer or other preventative screening(s)	22.27%	2.38%
Follow-up appointment for mental health/behavioral health	10.94%	1.94%
Other	8.13%	3.57%

**Table 17. Top 10 Most Selected Health Risk Behavior Combinations**

<b>Health Risk Behavior Combination</b>	<b>Count</b>	<b>Percent</b>
1. Weight Loss ONLY	4,684	25.12%
2. Weight Loss, Follow-up for Chronic Conditions	948	5.09%
3. Tobacco Cessation ONLY	779	4.18%
4. Follow-up for Chronic Conditions	725	3.89%
5. Weight Loss, Immunization Status	675	3.62%
6. Other	665	3.57%
7. Weight Loss, Tobacco Cessation	571	3.06%
8. Cancer Screening	443	2.38%
9. Weight Loss, Follow-up for Chronic Conditions, Cancer Screening	365	1.96%
10. Follow-up for Behavioral Health	361	1.94%
Total for Top 10	10,216	54.80%
Total for All Other Combinations	8,428	45.21%
<b>Total</b>	<b>18,644</b>	<b>100.00%</b>



## 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.

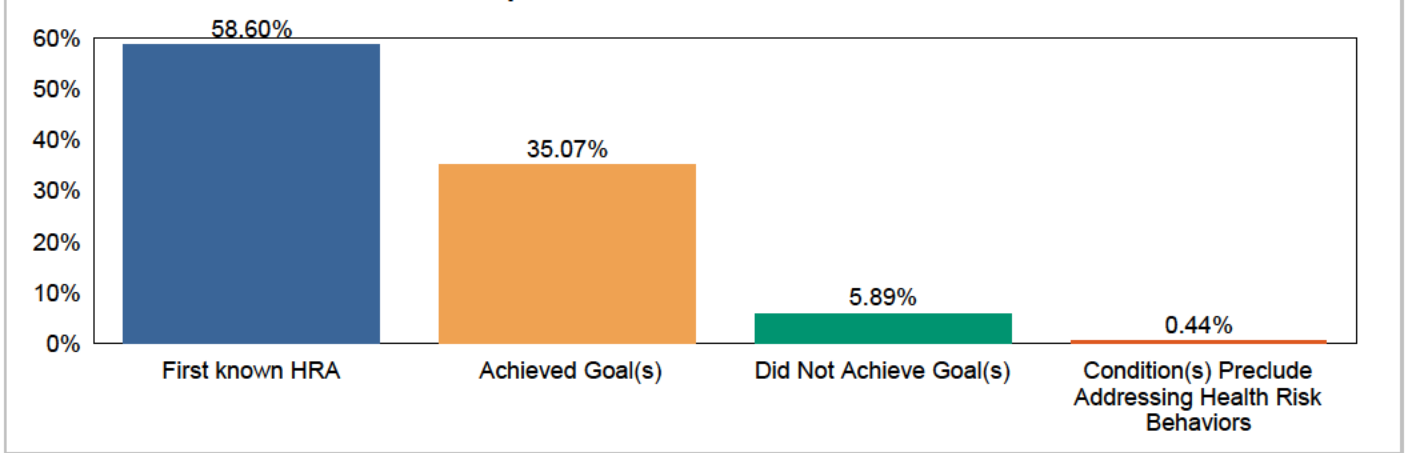
968 Health Risk Assessments were submitted during this quarter where this question was not available because the Healthy Behavior Goals Progress question was not available on the original form of the Health Risk Assessment.

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

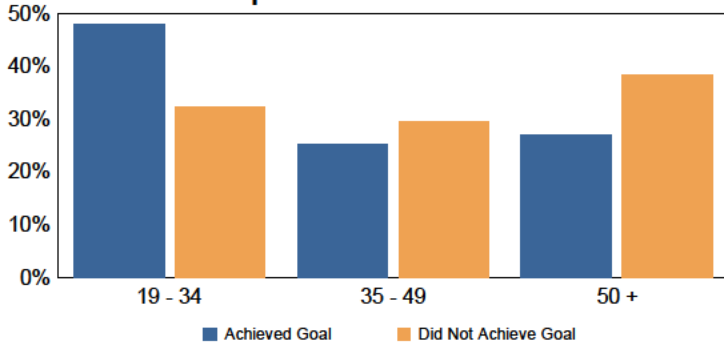
**Table 18. Healthy Behaviors Goals Progress  
April - June 2023**

GOALS PROGRESS	TOTAL	PERCENT
A. First known HRA	13,409	58.60%
B. Achieved Goal(s)	8,026	35.07%
C. Did Not Achieve Goal(s)	1,349	5.90%
D. Condition(s) Preclude Addressing Health Risk Behaviors	100	0.44%
<b>TOTAL</b>	<b>22,884</b>	<b>100.00%</b>

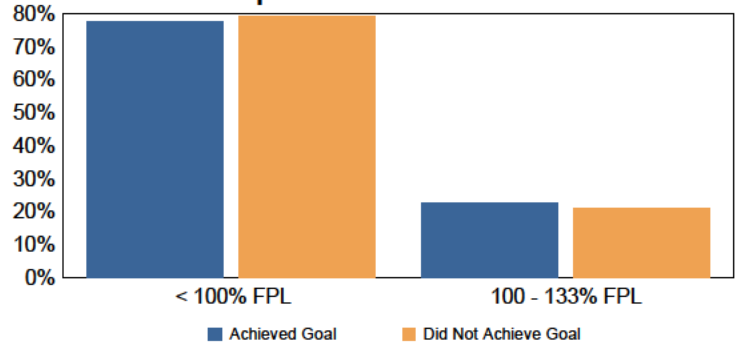
**Figure 18-1. Healthy Behaviors Goals Progress  
April - June 2023**



**Figure 15-2. Statement Selection by Age  
April - June 2023**



**Figure 15-3. Statement Selection by FPL  
April - June 2023**



## **Additional Healthy Behaviors**

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

A total of 4,272 wellness programs were completed in the April-June 2023 quarter. Wellness Program completion is reported by age, gender and Federal Poverty Level in Table 20. Wellness Programs are reported by health domain in Table 21.

A total of 443,415 Preventive Services were completed in the April-June 2023 quarter. Preventive Services completion is reported by age, gender and Federal Poverty Level in Table 23. Preventive Services are reported by health domain in Table 24.

A total of 394,982 distinct HMP beneficiaries completed at least one healthy behavior in the previous twelve months, July 01, 2022-June 30, 2023. Healthy Behavior completion is reported by type of healthy behavior activity in Table 25.

## Wellness Programs

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

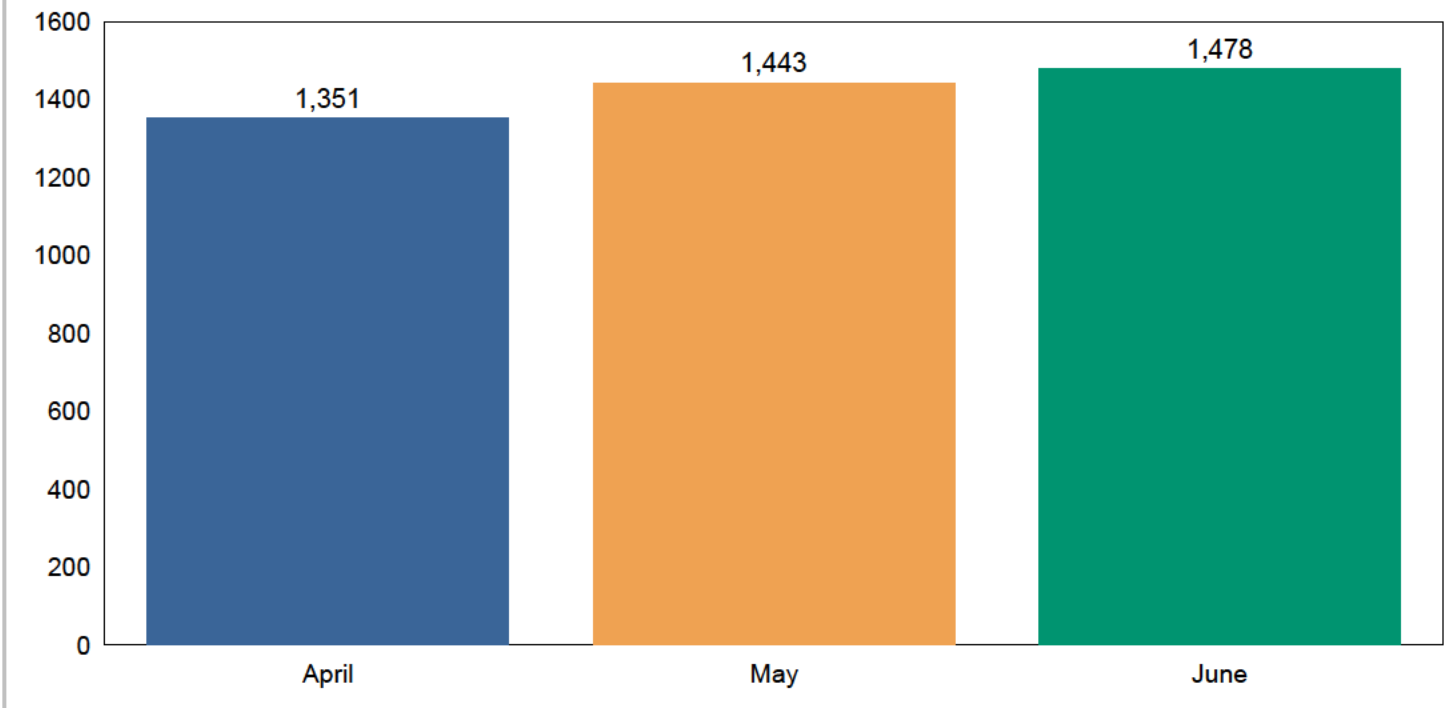
MONTH	COMPLETE	TOTAL
July 2022	918	141,736
August 2022	932	142,668
September 2022	1,130	143,798
October 2022	992	144,790
November 2022	901	145,691
December 2022	1,365	147,056
January 2023	641	147,697
February 2023	766	148,463
March 2023	1,122	149,585
April 2023	1,351	150,936
May 2023	1,443	152,379
June 2023	1,478	153,857

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

April 2023 - June 2023

AGE GROUP	COMPLETED	
19 - 34	861	20.15%
35 - 49	1,496	35.02%
50 +	1,915	44.83%
GENDER		
F	1,951	45.67%
M	2,321	54.33%
FPL		
< 100% FPL	3,481	81.48%
100 - 133% FPL	791	18.52%
<b>TOTAL</b>	<b>4,272</b>	<b>100.00%</b>

**Figure 19-1. Wellness Program Reported for Total Population**  
April - June 2023

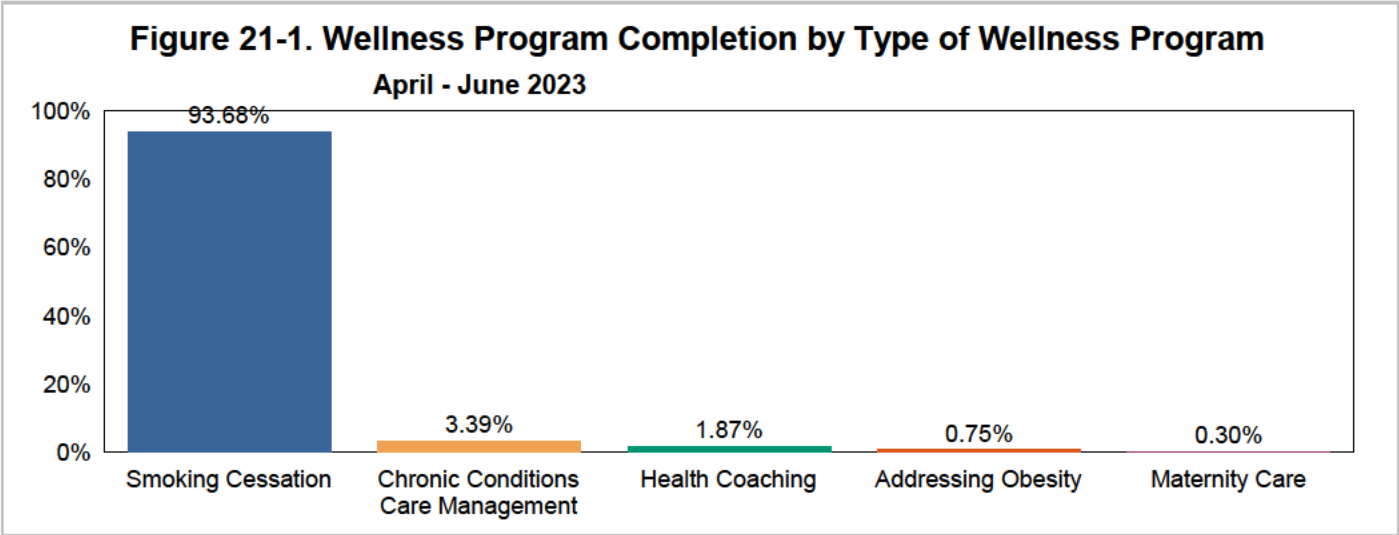


**Wellness Programs:** The Managed Care Plans offer a range of wellness and population health management programs to their members as part of the Healthy Behaviors Incentives Program. All Managed Care Plans offer a tobacco cessation program which follows standardized criteria. For this reason, 93.68% of wellness programs reported are tobacco cessation programs. Completed wellness programs by program type are displayed in Table 21 for the quarter April-June 2023.

**Table 21. Wellness Program Completion by Type of Wellness Program  
April - June 2023**

Wellness Programs	TOTAL	PERCENT
Smoking Cessation	4,002	93.68%
Chronic Conditions Care Management	145	3.39%
Health Coaching	80	1.87%
Addressing Obesity	32	0.75%
Maternity Care	13	0.30%
<b>TOTAL</b>	<b>4,272</b>	<b>100.00%</b>

**Figure 21-1. Wellness Program Completion by Type of Wellness Program  
April - June 2023**



## Preventive Services

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

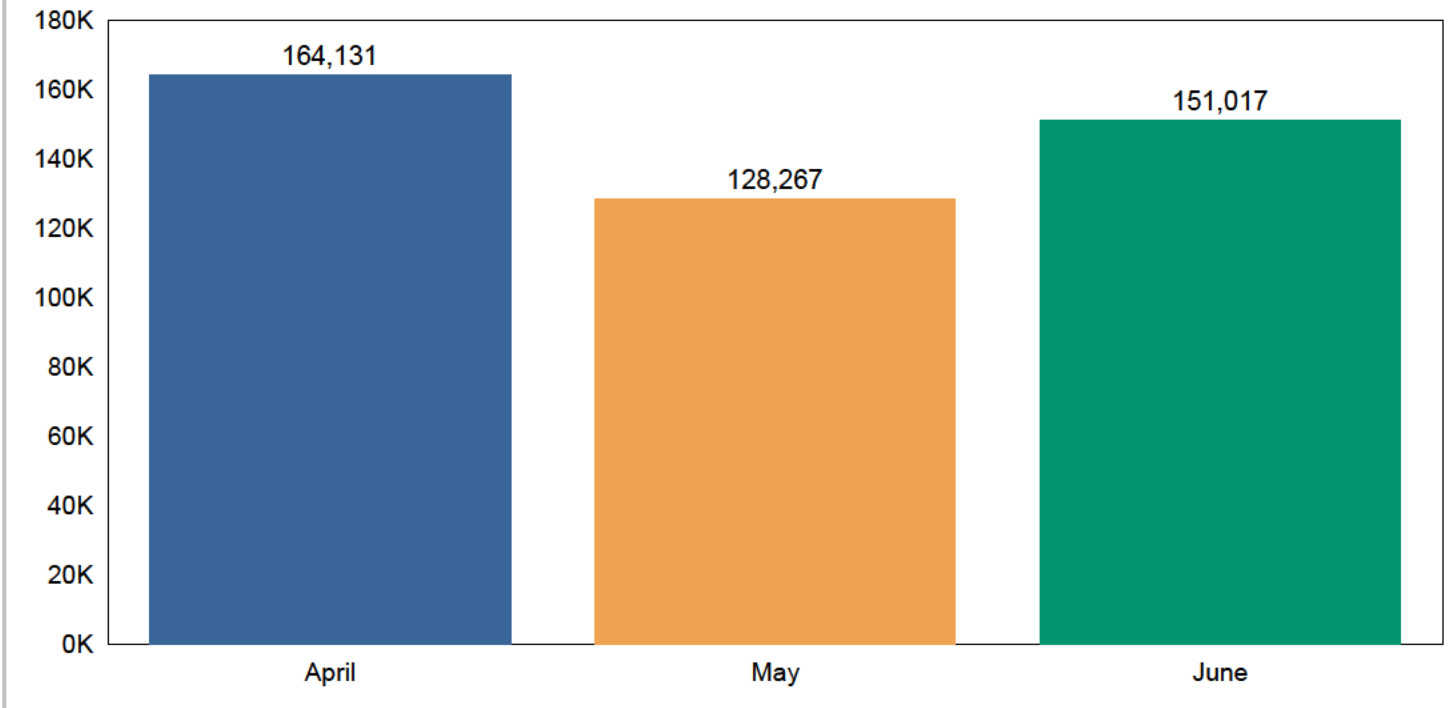
MONTH	COMPLETE	TOTAL
July 2022	117,853	6,825,575
August 2022	121,876	6,947,451
September 2022	113,563	7,061,014
October 2022	106,504	7,167,518
November 2022	126,967	7,294,485
December 2022	139,796	7,434,281
January 2023	117,620	7,551,901
February 2023	124,604	7,676,505
March 2023	129,856	7,806,361
April 2023	164,131	7,970,492
May 2023	128,267	8,098,759
June 2023	151,017	8,249,776

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

April 2023 - June 2023

AGE GROUP	COMPLETED	
19 - 34	177,958	40.13%
35 - 49	127,070	28.66%
50 +	138,387	31.21%
GENDER		
F	321,369	72.48%
M	122,046	27.52%
FPL		
< 100% FPL	336,763	75.95%
100 - 133% FPL	106,652	24.05%
TOTAL	443,415	100.00%

**Figure 22-1. Preventive Services Reported for Total Population  
April - June 2023**

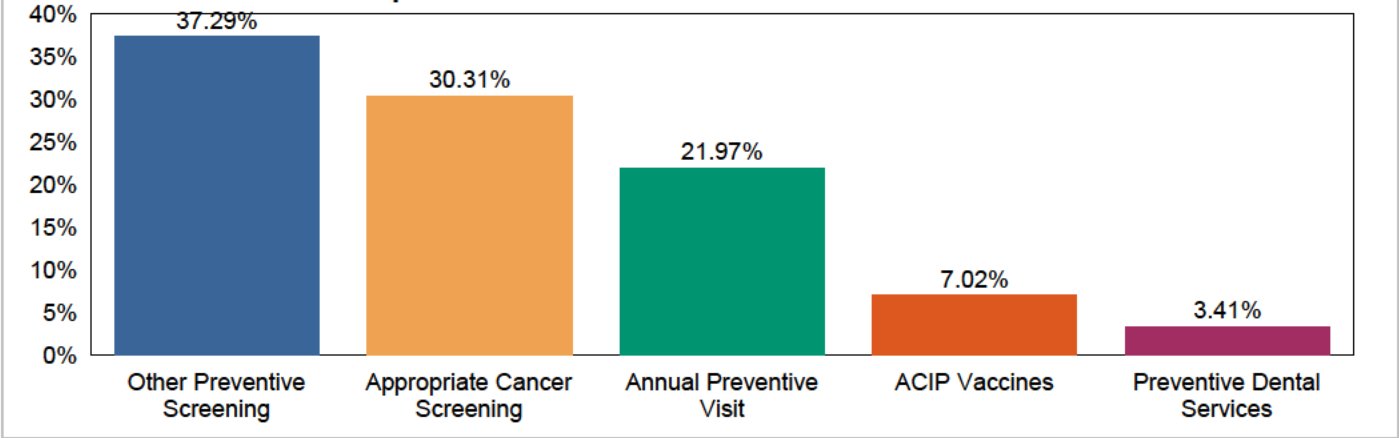


**Preventive Services Reported:** All Healthy Michigan Plan Enrollees can participate in the Healthy Behaviors Incentives Program by utilizing select preventive services. Utilization of these services are identified through claims/encounter review. The preventive services utilized and their percentage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

**Table 24. Preventive Services Completion by Type of Preventive Service  
April - June 2023**

Preventive Services	TOTAL	PERCENT
Other Preventive Screening	165,345	37.29%
Appropriate Cancer Screening	134,399	30.31%
Annual Preventive Visit	97,426	21.97%
ACIP Vaccines	31,118	7.02%
Preventive Dental Services	15,127	3.41%
<b>TOTAL</b>	<b>443,415</b>	<b>100.00%</b>

**Figure 24-1. Preventive Services Completion by Type of Preventive Service  
April - June 2023**

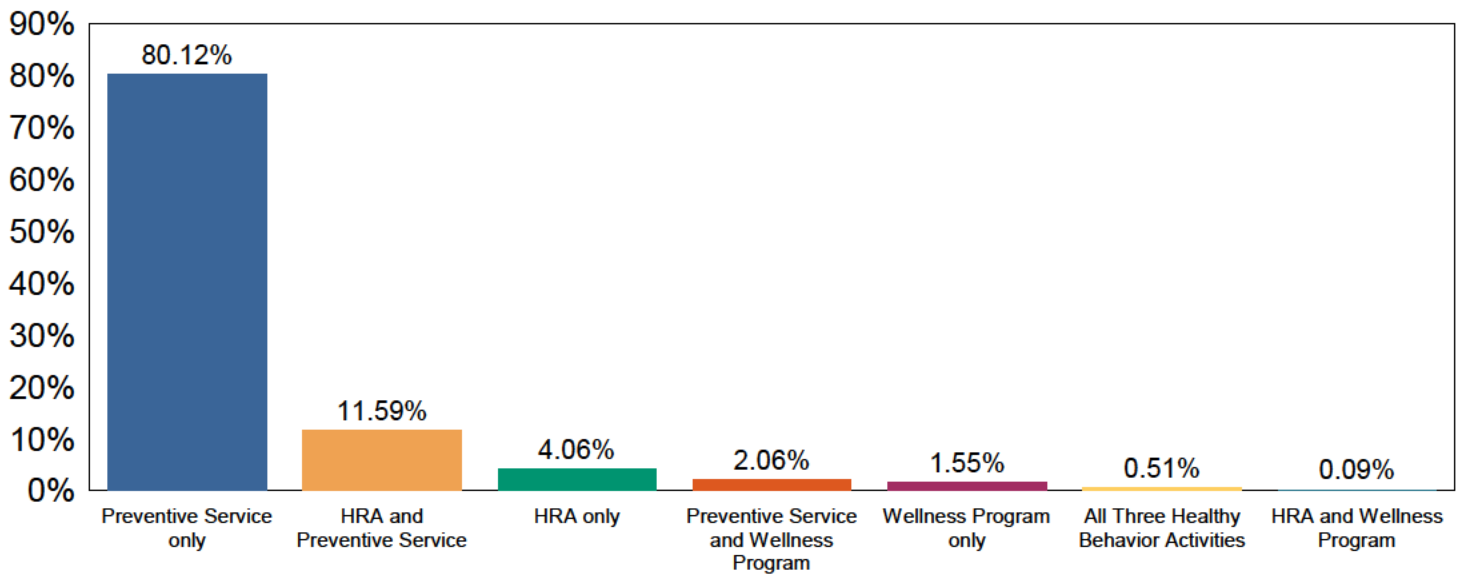


## Healthy Behavior Activities

**Table 25. Count of distinct HMP beneficiaries who completed Healthy Behavior Activities for July 2022 - June 2023**

Healthy Behavior Activity	Total	Percent
HRA only	16,053	4.06%
Wellness Program only	6,135	1.55%
Preventive Service only	316,448	80.12%
HRA and Preventive Service	45,792	11.59%
HRA and Wellness Program	372	0.09%
Preventive Service and Wellness Program	8,157	2.07%
All Three Healthy Behavior Activities	2,025	0.51%
<b>TOTAL</b>	<b>394,982</b>	<b>100.00%</b>

**Figure 25.1 Count of Distinct HMP Beneficiaries who completed one or more Healthy Behavior Activities July 2022 - June 2023**



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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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