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DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

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May 17, 2016

Jennifer Kostasich, Project Officer
Centers for Medicare and Medicaid Services
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Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

Dear Ms. Kostasich,

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

Enclosed is the second annual report for Healthy Michigan Plan. It covers the second demonstration year of the Healthy Michigan Plan. 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. She may be reached by phone at (517) 241-7172, or by e-mail at colemanj@michigan.gov.

Sincerely,


Penny Rutledge, Director
Actuarial Division

cc: Ruth Hughes
Angela Garner

Enclosures (8)

Michigan Adult Coverage Demonstration
Section 1115 Annual Report

Demonstration Year: 6 (01/01/2015 – 12/31/2015)

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Introduction

On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the Federal Poverty Level (FPL). To accompany this expansion, the Michigan Adult Benefits Waiver (ABW) was amended and transformed to establish the Healthy Michigan Plan, through which the Michigan Department of Health & Human Services (MDHHS) will test innovative approaches to beneficiary cost sharing and financial responsibility for health care for the new adult eligibility group. Healthy Michigan Plan provides a full health care benefit package as required under the Affordable Care Act including all of the Essential Health Benefits as required by federal law and regulation. There will not be any limits on the number of individuals who can enroll. Beneficiaries who received coverage under the ABW program transitioned to the Healthy Michigan Plan on April 1, 2014.

The new adult population with incomes above 100 percent of the FPL are required to make contributions toward the cost of their health care. In addition, all newly eligible adults from 0 to 133 percent of the FPL are subject to copayments consistent with federal regulations. In October 2014, the MI Health Account was established for individuals enrolled in managed care plans to track beneficiaries' cost-sharing and service utilization. Healthy Michigan Plan beneficiaries receive statements that summarize the MI Health Account activity. Beneficiaries also have opportunities to reduce their cost-sharing amounts by agreeing to address or maintain certain healthy behaviors.

State law requires MDHHS to partner with the Michigan Department of Treasury to garnish state tax returns and lottery winnings for members consistently failing to meet payment obligations associated with the Healthy Michigan Plan. Prior to the initiation of the garnishment process, members are notified in writing of payment obligations and rights to a review. Debts associated with the MI Health Account are not reported to credit reporting agencies. Members non-compliant with cost-sharing requirements do not face loss of eligibility, denial of enrollment in a health plan, or denial of services. In July 2015, MDHHS initiated the MI Health Account garnishment process as described in the Special Terms and Conditions of this demonstration.

To reflect its expanded purpose, the name of the demonstration was changed to Healthy Michigan Plan. The overarching themes used in the benefit design are:

- Increasing access to quality health care;
- Encouraging the utilization of high-value services; and
- Promoting beneficiary adoption of healthy behaviors and using evidence-based practice initiatives.

Organized service delivery systems will be utilized to improve coherence and overall program efficiency.

MDHHS's goals in amending the demonstration are to:

- Improve access to healthcare for uninsured or underinsured low-income Michigan citizens;
- Improve the quality of healthcare services delivered;
- Reduce uncompensated care;

- Encourage individuals to seek preventive care and encourage the adoption of healthy behaviors;
- Help uninsured or underinsured individuals manage their health care issues;
- Encourage quality, continuity, and appropriate medical care; and
- Study the effects of a demonstration model that infuses market-driven principles into a public healthcare insurance program by examining:
 - The extent to which the increased availability of health insurance reduces the costs of uncompensated care borne by hospitals;
 - The extent to which availability of affordable health insurance results in a reduction in the number of uninsured/underinsured individuals who reside in Michigan;
 - Whether the availability of affordable health insurance, which provides coverage for preventive and health and wellness activities, will increase healthy behaviors and improve health outcomes; and
 - The extent to which beneficiaries feel that the Healthy Michigan Plan has a positive impact on personal health outcomes and financial well-being.

Enrollment and Benefits Information

Enrollment into the Healthy Michigan Plan began April 1, 2014. Beneficiaries who were enrolled in the ABW were automatically transitioned into the Healthy Michigan Plan effective April 1, 2014. MDHHS enrolled new beneficiaries into the program beginning 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. Michigan continues to see evidence of the high demand for services offered. The following table details new enrollments and disenrollments by month:

Month	New Enrollments	Disenrollments
January	53,578	26,280
February	51,679	19,457
March	36,876	21,169
April	34,203	37,157
May	30,409	27,208
June	30,863	27,833
July	31,681	32,016
August	32,053	28,817
September	31,093	32,763
October	32,113	32,193
November	35,606	29,545
December	47,744	32,809
Total	447,898	347,247

Most Healthy Michigan Plan beneficiaries chose a health plan as opposed to automatic assignment to a health plan. As of December 14, 2015, 350,358 or, 75 percent, of the state's 467,042 Healthy Michigan Plan health plan enrollees selected a health plan. The remaining managed care enrolled beneficiaries were automatically assigned to a health plan. All Medicaid health plan members have an opportunity to change their plan within 90 days of enrollment into the plan. During this year, 33,761 of all Healthy Michigan Plan health plan enrollees changed health plans. This year, 17,256, or 51 percent, of beneficiaries that changed plans were previously automatically assigned to a health plan. The remaining beneficiaries were those that changed plans after selecting a health plan.

Healthy Michigan Plan members have the opportunity to reduce cost-sharing requirements through the completion of Health Risk Assessments and engaging in healthy behaviors. MDHHS has developed a standard Health Risk Assessment form to be completed annually. Health Risk Assessment forms and reports are located on the [MDHHS website](#). New members are informed that an annual preventive visit is a covered benefit of the Healthy Michigan Plan. The Health Risk Assessment document is intended to be completed in two parts. The member typically completes the first sections of the form with the assistance of the Healthy Michigan Plan enrollment broker. Members that are automatically assigned to a health plan are not surveyed. The remainder of the form is completed at the member's initial primary care visit.

The initial assessment questions section of the Health Risk Assessments completed through the MDHHS enrollment broker had a completion rate of 95 percent this year. MDHHS is encouraged by the high level of participation by beneficiaries at the initial point of contact.

The following table details the Health Risk Assessment data collected by the enrollment broker for the year:

Month	Number of Completed HRAs	Percent of Total	Number of Refused HRAs	Percent of Total	Total Enrollment Calls
January	12,602	96%	555	4%	13,157
February	9,648	96%	377	4%	10,025
March	13,099	96%	506	4%	13,605
April	10,698	96%	425	4%	11,123
May	9,653	96%	383	4%	10,036
June	7,229	95%	396	5%	7,625
July	7,760	95%	378	5%	8,138
August	7,821	95%	417	5%	8,238
September	7,167	95%	397	5%	7,564
October	7,053	95%	351	5%	7,404
November	6,519	94%	393	6%	6,912
December	7,398	93%	575	7%	7,973
Total	106,647	95%	5,153	5%	111,800

Completion of the remaining Health Risk Assessment sections (beyond those completed through the state's enrollment broker) requires beneficiaries to schedule an annual appointment, select a Healthy Behavior, and have member results completed by their primary care provider. The primary care provider then securely sends the completed Health Risk Assessment to the appropriate Medicaid health plan. The health plans submit their member data in a secure file to MDHHS. This year, 54,637 Health Risk Assessments for Healthy Michigan Plan beneficiaries

participating in the healthy behaviors incentive program were submitted by Medicaid health plans. Of these, health plans have reported that 43,445 of the earned incentives are gift card incentives. Additionally, 10,908 reductions in future contribution requirements have been earned. Earned reductions were first applied to the MI Health Account Statements in November 2014. This year, 17,820 reductions were applied. The remaining contribution reductions earned will be applied when those beneficiaries receive their first statement. The details of Health Risk Assessment completion can be found in the enclosed December 2015 Health Risk Assessment Report.

The following table details Health Risk Assessment data collected by the Medicaid health plans for the year:

Table 3: Health Risk Assessment Health Plan Data				
	Health Risk Assessments Submitted	Gift Cards Earned	Reductions Earned	Reductions Applied
January	4,293	3,394	875	961
February	4,641	3,669	956	596
March	7,070	5,755	1,273	1,626
April	4,356	3,427	913	1,259
May	5,218	4,136	1,068	1,098
June	4,417	3,487	904	2,151
July	5,381	4,301	1,033	2,160
August	6,898	5,439	1,409	1,701
September	2,516	1,959	547	2,716
October	3,231	2,581	643	1,312
November	2,476	1,983	487	1,223
December	4,140	3,314	800	1,017
Total	54,637	43,445	10,908	17,820

Enrollment Counts for Year and Year to Date

Enrollment counts below are for unique members for identified time periods. The unique enrollee count will differ from the count from the Beneficiary Month Reporting section as a result of disenrollment that occurred during the year. Disenrollment can occur for a variety of reasons including change in eligibility status, such as an increase in income, or as part of a redetermination cycle, for example.

In addition to substantial Healthy Michigan Plan enrollment, MDHHS saw a significant number of disenrollments from the plan as reported in the monthly enrollment reports to CMS. Healthy Michigan disenrollment reflects individuals who were disenrolled during a redetermination of eligibility or switched coverage due to eligibility for other Medicaid program benefits. In most cases, beneficiaries disenrolled from the Healthy Michigan Plan due to eligibility for other Medicaid programs. This disenrollment can be a result of MDHHS's validation of self-attested information from the beneficiary. After a beneficiary is approved for Healthy Michigan Plan coverage, MDHHS performs authentication processes to determine the beneficiary is in fact eligible as attested in the application for benefits. MDHHS matches beneficiary information provided with that available through state and federal databases. Movement between Medicaid programs is not uncommon and MDHHS expects that beneficiaries will continue to shift between Healthy Michigan and other Medicaid programs as their eligibility changes.

The following table summarizes enrollment and disenrollment activity throughout the demonstration year:

Table 4: Enrollment Counts for Year and Year to Date			
Demonstration Population	Total Number of Demonstration Beneficiaries Year Ending – 12/2015	Current Enrollees (year to date)	Disenrolled in Demonstration Year
ABW Childless Adults	N/A	N/A	N/A
Healthy Michigan Adults	886,981	886,981	347,247

Outreach/Innovation Activities to Assure Access

On March 20, 2014, Governor Snyder announced to the public that the state would begin taking applications for the new Healthy Michigan Plan effective April 1, 2014. MDHHS developed a [Healthy Michigan Program website](#) with information available to both beneficiaries and providers. The Healthy Michigan Plan website provides the public with information on eligibility, how to apply, services covered, cost sharing requirements, frequently asked questions, Health Risk Assessment completion, and provider information. The site also provides a link for members to make MI Health Account payments. MDHHS also has a mailbox, healthymichiganplan@michigan.gov, for questions or comments about the Healthy Michigan Plan. Additional Healthy Michigan Plan information and statistics can be found on the [MDHHS Healthy Michigan Plan webpage](#).

MDHHS has worked closely with provider groups through meetings, Medicaid provider policy bulletins, and various interactions with community partners and provider trade associations. At the beginning of the year, MDHHS engaged with numerous stakeholders with program updates and redetermination information as the program approached one year of implementation. Additionally, MDHHS partnered with stakeholders to review its list of chronic conditions exempt from cost sharing requirements. This year MDHHS performed outreach to inform stakeholders of the submission of the Healthy Michigan Plan Second Waiver request. This included issuing a public notice and hosting a public hearing.

MDHHS continues to provide progress reports to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings. These meetings provide an opportunity for attendees to provide program comments or suggestions. This year the MCAC met on the following dates:

- Thursday, February 19, 2015 - 1:00 p.m. to 4:30 p.m.
- Tuesday, May 5, 2015 - 1:00 p.m. to 4:30 p.m.
- Wednesday, August 12, 2015 - 1:00 p.m. to 4:30 p.m.
- Wednesday, November 18, 2015 - 1:00 p.m. to 4:30 p.m.

MCAC meeting agendas and minutes are available on the [MDHHS website](#).

Collection and Verification of Encounter Data and Enrollment Data

As a mature managed care state, all Medicaid health plans submit encounter data to MDHHS for the services provided to Healthy Michigan Plan beneficiaries following the existing MDHHS data submission requirements. MDHHS utilizes encounter data to prepare MI Health Account statements with a low volume of adjustments. MDHHS works closely with the plans in reviewing,

monitoring and investigating encounter data anomalies. MDHHS and the Medicaid health plans work collaboratively to correct any issues discovered as part of the review process.

As described in the Operational Protocol for the MI Health Accounts, state law requires consequences for Healthy Michigan Plan members that consistently fail to meet payment obligations. MDHHS encounter data staff effectively collaborated with MI Health Account vendor to initiate the garnishment process this year. As of March 1, 2016, MDHHS has successfully offset 607 individuals for a total of \$63,525.34. A detailed breakdown is included in the following table:

Source of Garnishment	Individuals Garnished	Amount Garnished
Tax	604	\$63,288.34
State Lottery	3	\$237.00
Total	607	\$63,525.34

Staff will continue to work with the MI Health Account vendor and the Michigan Department of Treasury to ensure data quality and accuracy.

Operational/Policy/Systems/Fiscal Developmental Issues

MDHHS holds bi-monthly meetings with the staff of Medicaid health plans to address operational issues, programmatic issues, and policy updates and clarifications. Updates and improvements to the Community Health Automated Medicaid Processing System (CHAMPS), the state's Medicaid Management Information System (MMIS) happen continually, and MDHHS strives to keep the health plans informed and functioning at the highest level. At these meetings, Medicaid policy bulletins and letters that impact the program are discussed, as are other operational issues. Additionally, these operational meetings include a segment of time dedicated to the oversight of the MI Health Account contactor. MDHHS and the health plans receive regular updates regarding MI Health Account activity and functionality.

On December 17, 2015, CMS approved the state's September 1, 2015 request to amend the Healthy Michigan Section 1115 Demonstration. The state sought approval of this amendment to implement requirements of state law ([MCL 400.105d\(20\)](#)). With this approval, non-medically frail individuals above 100 percent of the FPL with 48 cumulative months of Healthy Michigan Plan coverage will have the choice of one of two coverage options:

1. Select a Qualified Health Plan offered on the Federal Marketplace. These individuals will pay premiums but can enroll in the Healthy Michigan Plan when a healthy behavior requirement is met; or
2. Remain in the Healthy Michigan Plan with increased cost-sharing and contribution obligations. These individuals are also required to meet a healthy behavior requirement.

Approval of the waiver request has allowed Michigan to continue coverage for approximately 600,000 members.

Financial/Budget Neutrality Development Issues

CMS approved an increase in the Healthy Michigan Plan per member per month limit on January 13, 2015. MDHHS did not experience budget neutrality issues this year. The completed budget neutrality table provided below reflects updates as expenditures are adjusted over time. For the purposes of completing the Healthy Michigan Plan Budget Neutrality Monitoring Table, MDHHS collects Healthy Michigan Plan expenditures from information included in the CMS 64.9VIII files submitted to CMS. This year, MDHHS reported \$119,204,508.00 in administrative costs in the CMS 64.10 files submitted to CMS. Expenditures include those that both occurred and were paid in the same year in addition to adjustments to expenditures paid in years after the year of service. Expenditures for all eligible groups within the Healthy Michigan Plan were included. The state will continue to update data for each demonstration year as it becomes available.

Table 6: Healthy Michigan Plan Budget Neutrality Monitoring Table

	DY 5 - PMPM	DY 6 - PMPM	DY 7 - PMPM	DY 8 - PMPM	DY 9 - PMPM
Approved HMP PMPM	\$667.36	\$542.15	\$569.80	\$598.86	\$629.40
Actual HMP PMPM (YTD)	\$460.12	432.01	-	-	-
Total Expenditures (YTD)	\$1,716,998,659.00	\$3,122,844,929.00	-	-	-
Total Member Months (YTD)	3,731,661	7,228,608	-	-	-

Beneficiary Month Reporting

The beneficiary counts below include member months for each of the designated months during the year, and include retroactive eligibility through December 2015.

Table 7: Healthy Michigan Plan Member Month Reporting

Month	Member Months
January	556,724
February	588,949
March	604,664
April	601,694
May	604,744
June	607,747
July	607,409
August	610,638
September	608,943
October	608,824
November	614,742
December	629,405
Total	7,244,483

Consumer Issues

This year, the total number of Healthy Michigan Plan complaints reported to MDHHS was 261. Issues obtaining prescriptions comprised 51 percent of total complaints received by MDHHS. Beneficiaries experiencing issues obtaining transportation consisted of 19 percent of total complaints reported to MDHHS. Complaints related to other covered services consisted of 21 percent of total complaints. Complaints on other issues comprised 9 percent of total complaints and included dental and behavioral health services. Overall, with over 7 million member months

during the year, MDHHS is encouraged by its low rate of contacts related to Healthy Michigan Plan complaints. MDHHS will continue to monitor calls to the Beneficiary Helpline to identify problems or trends that need to be addressed.

The following table depicts Healthy Michigan Plan related complaints that were reported to MDHHS:

Table 8: Healthy Michigan Plan Complaints Reported to MDHHS					
January 2015 – December 2015					
	Obtaining Prescriptions	Transportation	Other Covered Services	Other Issues	Total
Count	132	50	55	24	261
Percent	51%	19%	21%	9%	

Quality Assurance/Monitoring Activity

MDHHS completes Performance Monitoring Reports (PMR) for all Medicaid health plans that were licensed and approved to provide coverage to Michigan’s Medicaid beneficiaries during the reporting period. These reports are based on data submitted by the health plans. Health plans submit data for the following items: grievance and appeal reporting, a log of beneficiary contacts, financial reports, encounter data, pharmacy encounter data, provider rosters, primary care provider-to-member ratio reports, and access to care reports. The measures for the Healthy Michigan Plan population will mirror those used for the traditional Medicaid population. In addition, MDHHS will monitor trends specific to this new population over time.

MDHHS developed Healthy Michigan Plan Performance Monitoring Specifications in 2014. Many of the measures for Fiscal Year (FY) 2015 were informational as MDHHS refined its data collection and analysis process. Performance standards have now been set for these measures for FY 2016. Performance areas include Adults’ Access to Ambulatory Health Services, Outreach and Engagement to Facilitate Entry to Primary Care, Adults’ Generic Drug Utilization, Plan All-Cause Acute 30-Day Readmissions, and Timely Completion of Initial Health Risk Assessment.

The 2015 Pay for Performance Project awarded points to Medicaid health plans in performance categories based on their delivery of performance criteria. Pay for Performance under the Healthy Michigan Plan is calculated using Cost Sharing and Incentives, Access to Care, Health Risk Assessment, and Value Added categories.

The FY 2016 –2017 Focus Bonus Emergency Department Utilization Improvement Project of the Medicaid health plans began in 2015. Medicaid health plans began submitting deliverables as a part of the 2015 Pay for Performance Project. In compliance with Michigan’s Public Act 107, MDHHS will examine emergency department utilization and evaluate the health plan efforts to encourage its proper use. All Medicaid health plans were approved to begin their Focus Bonus Emergency Department Utilization Improvement Projects in February 2016.

Managed Care Reporting Requirements

MDHHS has established a variety of reporting requirements for the Medicaid health plans, many of which are compiled, analyzed and shared with the plans in the PMRs described in the Quality Assurance/Monitoring Activity section of this report. These reports have historically been used for the traditional Medicaid population, and, as indicated above, will also include information for the Healthy Michigan Plan population.

A Health Risk Assessment Report is published monthly and made available to the public by the Bureau of Medicaid Care Management and Quality Assurance within MDHHS. The December 2015 report included data for Health Risk Assessments completed through December 2015. The initial assessment questions section of the Health Risk Assessments completed through the enrollment broker had a completion rate of 95 percent. MDHHS is encouraged by the high level of participation by beneficiaries at the initial point of contact.

Completion of the remaining Health Risk Assessment sections (beyond those completed through the state's enrollment broker) requires beneficiary scheduling of an annual appointment, selecting a Healthy Behavior, and completing of member results by a primary care provider. Data from these Health Risk Assessment files were also published in the January 2015 Health Risk Assessment Report. As of December 2015, among beneficiaries who completed the Health Risk Assessment, 86 percent agreed to address healthy behaviors, and of those, 61 percent chose to address more than one healthy behavior.

In October 2014, MI Health Account quarterly statement activities began and Healthy Michigan Plan members began making payments for contributions and copays to the MI Health Account. Beneficiaries are able to make payments online and by mail. This year, the state developed a report to document MI Health Account collection activity. The MI Health Account Executive Reports published during this demonstration year have been attached.

MDHHS has refined the Managed Care Organization grievance and appeal reporting process to collect Healthy Michigan Plan specific data. Grievances are defined in the MDHHS Medicaid Health Plan Grievance/Appeal Summary Reports as an expression of dissatisfaction about any matter other than an action subject to appeal. Appeals are defined as a request for review of the health plan's decision that results in any of the following actions:

- The denial or limited authorization of a requested service, including the type or level of service;
- The reduction, suspension, or termination of a previously authorized service;
- The denial, in whole or in part, of a payment for a properly authorized and covered service;
- The failure to provide services in a timely manner, as defined by the state; or
- The failure of the health plan to act within the established timeframes for grievance and appeal disposition.

MDHHS has included grievance and appeals data reported by the Medicaid health plans from this year in the following tables:

Table 9: Managed Care Organization Appeals		
January 2015 – December 2015		
	Count	Percent
Decision Upheld	179	50.4%
Decision Overturned	176	49.6%
Total	355	

Table 10: Managed Care Organization Grievances		
January 2015 – December 2015		
Category	Count	Percent
Access	517	25%
Quality of Care	221	11%
Administrative/Service	413	20%
Billing	115	6%
Transportation	768	38%
Total	2,034	

From January 2015 to December 2015, there were 355 total appeals among all the Medicaid health plans. Medicaid health plan decisions were upheld in 50.4 percent of the appeals. In 2015 there were a total of 2,034 grievances. The greatest number of grievances came from the Transportation category. Transportation grievances relate to issues with the transportation benefit and often mirror the complaints members directly report to MDHHS. Beneficiaries, especially in rural areas, can experience difficulty in utilizing transportation services due to a lack of drivers. This issue is one that preceded the implementation of the Healthy Michigan Plan. This year, MDHHS discussed opportunities for transportation improvement and quality reporting in an effort to improve member transportation experiences. Access grievances can include a primary care physician not accepting new patients, limited specialist availability, the refusal of a primary care physician to complete a referral or write a prescription, a lack of services provided by the primary care physician, long wait times for appointments and denied services. Grievances related to quality of care pertain to the level of care issues experienced by beneficiaries. Administrative/Service grievances can range from issues with claims, enrollment, eligibility, out-of-network providers and benefits not covered. Issues reported under the Billing category pertain to billing issues. MDHHS will continue to monitor the Medicaid health plans' Grievance/Appeal Summary Reports to ensure levels of grievances remain low and resolution of grievances is completed in a timely manner.

Managed Care Delivery System

MDHHS reviewed a number of systems and program related processes and procedures related to health plan implementation of the Healthy Michigan Plan. This included a detailed investigation into how the plans operationalized cost sharing and incentive procedures, how well plans facilitated entry into primary care, and their processes to facilitate completion of the Health Risk Assessment and appropriately transmitting those Health Risk Assessment results to MDHHS for use in determining eligibility for reductions in cost sharing. On a quarterly basis, MDHHS cross references a random sample of beneficiaries who earned a healthy behaviors

incentive based on the attestation on their Health Risk Assessment with beneficiaries who had reductions processed as an additional process to monitor the accurate application of incentives, including cost-sharing reductions. MDHHS is closely monitoring access to care in the Healthy Michigan Plan program for fee-for-service and health plan members. Most recent data indicate that 85 percent of Healthy Michigan Plan enrollees have had an ambulatory or preventive care visit within the first year of the program and 64 percent had an ambulatory or preventive care visit within 150 days of enrollment.

MDHHS measures racial/ethnic health disparities through three analyses:

1. MDHHS performs an internal analysis to investigate how Healthy Michigan Plan enrollment by race/ethnicity compares to estimates modelled by the Urban Institute's Health Policy Center. This analysis is run on an ad hoc basis.
2. MDHHS conducts a Health Equity Analysis which includes quality measures across four health dimensions: Women – Adult Care and Pregnancy Care, Child and Adolescent Care, Access to Care and Living with Illness. This analysis is in its fourth year for the traditional Medicaid managed care population, and will include Healthy Michigan Plan enrollees starting in 2016 (Healthcare Effectiveness Data and Information Set (HEDIS) 2015 data). Analyses are conducted for all Medicaid managed care enrollees and for each Medicaid health plan. Health disparity analyses conducted include pair-wise disparity analyses between all non-white populations and the white reference population. Annual trending of rates is also conducted to monitor for statistically significant increases or decreases in rates for specific racial/ethnic populations. Through this analysis for 2014 (most recent data), racial/ethnic disparities have been identified for all fourteen of the quality measures collected, with the largest disparities identified in the Women – Adult Care and Pregnancy Care health dimension. An Index of Disparity is also calculated for each quality measure. This index is a valuable tool for measuring inequity in health and has been used to create health equity standards. These will start in FY2016 through the Pay for Performance. This analysis is run on an annual basis.
3. MDHHS collects race/ethnicity data for internal review for all Adult Core Set and Healthy Michigan Plan measures included in the PMR. The PMR includes both the traditional Medicaid and Healthy Michigan Plan populations. Measures which are stratified by race ethnicity include: Elective Delivery, Postpartum Care, Adults' Generic Drug Utilization, Timely Completion of Initial Health Risk Assessment, Outreach and Engagement to Facilitate Entry to Primary Care, Adults' Access to Ambulatory Health Services, Adult Body Mass Index Assessment, Breast Cancer Screening, Cervical Cancer Screening, Diabetes Short-Term Complications Admission Rate, COPD or Asthma in Older Adults Admission Rate, Heart Failure Admission Rate, Asthma in Younger Adults Admission Rate, Chlamydia Screening in Women Ages 21 to 24, Comprehensive Diabetes Care: Hemoglobin A1c Testing, Antidepressant Medication Management and Annual Monitoring for Patients on Persistent Medications. This analysis is run on a quarterly basis.

MDHHS reviews the provider network submitted by the Medicaid health plans quarterly to ensure that networks meet the adequacy criteria specified in the contract. Medicaid health plans must maintain a primary care physician to enrollee ratio of at least one full-time primary care

physician per 750 members. Pre and post implementation network review indicate that all plans maintain an adequate network and are in contract compliance. Network capacity is used in calculating the automatic assignment algorithm as outlined below and plans are given additional points for exceeding this measure.

MDHHS uses the capacity report from the state's enrollment broker (current at time of algorithm development) to determine the Open Primary Care Physician to capacity ratio for each county. When the ratio is less than 1:300, 100 points are added to the plan's score for that county. When the ratio is between 1:300 and 1:500, 50 points are added to the plan's score for that county. 24/7 availability is reviewed annually as part of the comprehensive compliance review and took place in January 2016. All Medicaid health plans demonstrated compliance with this criterion in both years.

The External Quality Review (EQR) report includes information on how well plans performed on each aspect of the compliance review, as well as a validation of each plans' HEDIS findings and performance improvement projects. The onsite reviews of plans in 2015 included components specific to the Healthy Michigan Plan. The final protocol for the visit is attached. The 2014 – 2015 EQR Technical Report is scheduled to be published in April 2016.

As part of the EQR process, health plans are required to participate in an annual performance improvement project. In 2014, plans began a new three year cycle for performance improvement projects. Each plan was required to select a special population (e.g. pregnant women, children, etc.). Each plan's proposed project was validated by the MDHHS EQR vendor prior to implementation of interventions. Plans are currently in year three of the project and will undergo a review each year of the three year cycle including final evaluation of outcomes in 2016. MDHHS is also continuing both of the quality improvement projects supported by the Adult Medicaid Quality grant from CMS (Early Elective Delivery and Adult Asthma). Final reports including evaluation of outcomes for both of those projects will be available in March 2016.

The Healthy Michigan Plan was also incorporated into the Michigan Medicaid Quality Assessment and Improvement Strategy 2015. The Quality Strategy includes detailed information on the methods used to improve care and service delivery to continually improve Michigan's Medicaid program and addresses how Michigan has integrated the Healthy Michigan Plan population throughout the quality improvement program. Reporting on the effectiveness of the Healthy Michigan Plan implementation will be included in all future Quality Strategy Annual Reviews.

MDHHS measures health plan performance through annual HEDIS reporting and the internally-derived PMR. All plans are required to undergo the HEDIS reporting process for all members who meet measure-specific eligibility criteria. Healthy Michigan Plan members are included in these reports as they become eligible for measures. Data for the quarterly PMR comes from the MDHHS data warehouse and includes rates specific to Healthy Michigan Plan members. As a result of CMS support via the Adult Medicaid Quality grant, MDHHS was able to build queries to run fifteen Adult Core Set measures out of the data warehouse, including breakouts by Healthy Michigan Plan and traditional Medicaid. In fall of 2015, standards were set for the approximately half these measures and plan performance will be compared against these standards in 2016.

The Michigan Medicaid HEDIS 2015 Results Statewide Aggregate Report and January 2016 PMR are attached to this report.

MDHHS contracted with Health Services Advisory Group, Inc. to conduct and report results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey for its Medicaid program. MDHHS has included the 2015 Adult Medicaid Health Plan CAHPS Report as an attachment. In 2016, MDHHS is conducting a Healthy Michigan Plan specific CAHPS survey.

Additionally, health plan financial information is reviewed on a quarterly basis to assure each plan has adequate working capital, their net worth is not at a negative status and the risk based capital is between 150 percent and 200 percent. Financial reports were reviewed in May 2015, August 2015 and November 2015. All Medicaid health plans demonstrated compliance with the contractual financial requirements.

Lessons Learned

MDHHS continues to learn from the experience of operating a program the size and scope of the Healthy Michigan Plan. Technological resources and system requirements have played an important role in Healthy Michigan Plan implementation. MDHHS learned the importance of the communication of system changes across the department. For example, this year MDHHS unexpectedly experienced a system conflict resulting in unsuccessful payments. For the most part, Healthy Michigan Plan payments were not impacted. Systems staff were able to collaborate and remedy the limited conflicts that impacted the Healthy Michigan Plan. The communication and coordination of system changes continues to be a vital element of managing the many moving parts of the Healthy Michigan Plan.

As the Healthy Michigan Plan has matured, MDHHS has closely monitored disenrollment from the plan. Initially, the level of disenrollments from the plan represented a concern to the department. MDHHS continues to query coverage information for members that disenroll from the Healthy Michigan Plan. The department has found that the majority of disenrolled members subsequently gain coverage through another Medicaid program. MDHHS has also seen disenrollments by month decrease retroactively over time. This indicates that Healthy Michigan Plan members are re-enrolling after disenrollment. MDHHS has learned to expect this pattern of disenrollment. The state continues to monitor disenrollment and is currently developing practices to get additional information about reasons for disenrollment.

MDHHS has also monitored levels of enrollment to the Healthy Michigan Plan and has observed distinct patterns. Typically in the first week of the month, total program enrollment drops due to redeterminations. Program enrollment then gradually increases throughout the month to roughly original enrollment levels. With retroactive eligibility accounted for, Healthy Michigan Plan enrollment remains steadily at or above 600,000 on a monthly basis. The state will continue to monitor enrollment and report progress on the Healthy Michigan Plan website. Healthy Michigan Plan enrollment statistics can be found at the state's [Healthy Michigan Plan website](#).

This year, the University of Michigan completed an evaluation of Healthy Michigan Plan member's experiences with the MI Health Account statements. MDHHS learned that there are

significant opportunities to educate the Healthy Michigan Plan population on the purpose and functions of the MI Health Account. Specifically, members did not find the introductory MI Health Account letter memorable and found elements of the MI Health Account statements confusing. As a result, some members were unaware of payment obligations prior to receiving statements and were confused by the content when they did receive a statement. MDHHS is working with stakeholders and its health literacy team to make improvements to MI Health Account statements. Additionally, opportunities to increase awareness of the Health Risk Assessment and healthy behaviors were also identified. MDHHS is reviewing the recommendations included in the evaluation and strategies to increase participation in healthy behaviors.

Through the evaluation, MDHHS also gained insight to Healthy Michigan Plan member MI Health Account payment experiences. Many of the interviewed beneficiaries agreed that payments were reasonable. However, some members did report challenges associated with payment obligations. Barriers to making payments included lack of internet access, competing financial obligations, lack of a bank account, unemployment and disability. An additional barrier to making payments noted is the limited methods of payments. The evaluation recommended an expansion in payment mechanisms. MDHHS is currently reviewing the cost of expanded payment methods, such as allowing credit card payments, with stakeholders.

Demonstration Evaluation

MDHHS has commissioned the University of Michigan's Institute for Healthcare Policy and Innovation (IHPI) to serve as the Healthy Michigan Plan independent evaluator. The IHPI has developed a comprehensive plan to address the needs of the state and CMS. Demonstration evaluation activities for the Healthy Michigan Plan are utilizing an interdisciplinary team of researchers from the IHPI. The activities of the evaluation will carry in six domains over the course of the 5 year evaluation period:

- I. An analysis of the impact the Healthy Michigan Plan on uncompensated care costs borne by Michigan hospitals;
- II. An analysis of the effect of Healthy Michigan Plan on the number of uninsured in Michigan;
- III. The impact of Healthy Michigan Plan on increasing healthy behaviors and improving health outcomes;
- IV. The viewpoints of beneficiaries and providers of the impact of Healthy Michigan Plan;
- V. The impact of Healthy Michigan Plan's contribution requirements on beneficiary utilization, and;
- VI. The impact of the MI Health Accounts on beneficiary healthcare utilization.

The following is a summary of the key activities for the current demonstration year:

Domain I

Domain I analyses investigate the impact of the Healthy Michigan Plan on hospital uncompensated care costs. This year IHPI has engaged in activities to find and compare baseline uncompensated care results from hospital cost reports and Internal Revenue Service filings to understand the distribution of uncompensated care in Michigan. This year, IHPI prepared extracts of Internal Revenue Service data for 2012 and updated extracts of Medicare

cost report data. Ultimately, the activities will afford an assessment of Medicaid expansion on uncompensated care costs. Additionally, the United States' Census Bureau's American Community Survey (ACS) was utilized to compare demographic statistics in Michigan and other states to identify comparable states. IHPI also accessed Agency for Healthcare Research and Quality (AHRQ) data for the purposes of identifying appropriate comparison groups, and reviewed academic literature on uncompensated care. IHPI updated baseline uncompensated care results and submitted estimates to MDHHS. Additionally, IHPI worked with cost report data to ascertain changes in uncompensated care from 2013 to 2014, which will provide the foundation for comparing Michigan to other states.

Domain II

Domain II activities review the impact of the Healthy Michigan Plan on the number of uninsured in Michigan. This year, IHPI prepared extracts of Current Population Survey (CPS) data and ACS data to help ascertain the difference between these two U.S. Census Bureau data sources. This analysis will help to formulate a baseline uninsured rate in Michigan. Additionally, reports from the United States Centers for Disease Control and Prevention were reviewed using the 2014 National Health Interview Survey to estimate the decline in the number of uninsured during 2014. IHPI is also analyzing microdata from the 2014 CPS survey to assess changes in type of insurance coverage and how coverage has changed for different subgroups. IHPI analyzed the updated data to examine changes in Michigan (at both the statewide and geographic sub-unit levels) and elsewhere to ascertain appropriate comparison groups.

Domain III

Domain III looks at the impact of Healthy Michigan Plan on healthy behaviors and health outcomes. IHPI activities included conducting preliminary feasibility assessments of key data fields relative to health behaviors, utilization, and outcomes. Those same feasibility assessments were run again later in the year and a list of data fields requiring further assessment was created. Additionally, IHPI is analyzing early utilization patterns to develop a targeted sample for the Domain IV beneficiary survey and participated in meetings to refine their sampling plan. IHPI reviewed coding and reports from previous Michigan Medicaid projects to ascertain issues and make categorization and assessment decisions. IHPI activities also included assessing Health Risk Assessment completion by questions 1-9 and questions 10-16 and by source of the Health Risk Assessment data. This data, which spanned April 2014 to September 2015, was analyzed to characterize enrollment patterns of Healthy Michigan Plan beneficiaries, and was also used to help to inform discussion of the beneficiary survey's sampling plan. The IHPI activities also included pulling enrollment, income, and member contact data, conducting review of patterns to identify subgroups for analysis, and composing questions for MDHHS relating to Health Risk Assessment completion among fee-for-service enrollees – all of which will be used to help determine the rate of primary care visits and Health Risk Assessment completion among enrollees. In addition, enrollee data was pulled to help inform the Healthy Michigan Voices (HMV) survey, particularly with regards to the sampling strategy and to ascertain that enrollee utilization data could be utilized to validate HMV survey data.

Domain IV

Domain IV examines beneficiary and provider viewpoints of Healthy Michigan Plan through surveys. This year, IHPI completed the Primary Care Practitioner (PCP) Survey and the HMV Survey. This included the planning, development, data collection and analysis of both surveys.

The MI Health Account Statements: Early Experiences of Beneficiaries Report Summary is included as an attachment.

Domains V/VI

Domains V and VI entail analyzing data to assess the impact of contributions and the MI Health Account statements on beneficiary utilization of health care services, respectively. Activities included enrollee survey development and testing for questions related to cost sharing and consumer engagement/behavior. A sampling plan was created to ensure a target sample for the survey captures the population with contribution requirements. IHPI also conducted a preliminary examination and analysis of administrative and utilization data. Activities in the this year also included refining the aims of the analyses, specifying descriptive tables, and identifying needed variables to help select the treatment and control populations. In addition, IHPI Domain V/VI team members helped prioritize questions related to Domains V/VI on the HMV Survey. Domain V/VI team members also started their coordination planning with the Domain IV team to best analyze the HMV data.

Enclosures/Attachments

1. Healthy Michigan Plan: Health Risk Assessment Report
2. MI Health Account Executive Summary Reports
3. Performance Monitoring Report: Medicaid Managed Care, Healthy Michigan Plan & Adult Core Set Measures
4. Michigan Medicaid HEDIS 2015 Results: Statewide Aggregate Report
5. 2015 Compliance Review Protocol: MDHHS Focus Study – Healthy Michigan Plan
6. 2015 Michigan Department of Health and Human Services Adult Medicaid Health Plan CAHPS Report
7. MI Health Account Statements: Early Experiences of Beneficiaries Report Summary

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Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

Healthy Michigan Plan - Health Risk Assessment Report



December 2015

Revised March 2016

Produced by:

Quality Improvement and Program Development - Managed Care Plan Division

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Introduction

Pursuant to PA 107 of 2013, sections 105d(1)e and 105d(12), a Health Risk Assessment has been developed for the Healthy Michigan Plan (form DCH-1315). It is designed as a two part document, where the beneficiary completes the first three sections and the primary care provider completes the last section. It includes questions on a wide range of health issues, a readiness to change assessment, an annual physical exam and a discussion about behavior change with their primary care provider. The topics in the assessment cover all of the behaviors identified in PA 107 including alcohol use, substance use disorders, tobacco use, obesity and immunizations. It also includes the recommended healthy behaviors identified in the Michigan Health and Wellness 4X4 Plan, which are annual physicals, BMI, blood pressure, cholesterol and blood sugar monitoring, healthy diet, regular physical exercise and tobacco use.

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 electronically transmitted to the appropriate health plan on a monthly basis to assist with outreach and care management.

The data displayed in Part 1 of this report reflect the responses to questions 1-9 of Section 1 of the Health Risk Assessment completed through Michigan ENROLLS. As shown in Table I, a total of 252,808 Health Risk Assessments were completed through Michigan ENROLLS as of December 2015. This represents a completion rate of 95.78%. Responses are reported in Tables 1 through 9. Beneficiaries who participated in the Health Risk Assessment but refused to answer specific questions are included in the total population and their answers are reported as "Refused". Responses are also reported by age and gender.

Health Risk Assessment Completion through Michigan ENROLLS

Table I. Count of Health Risk Assessments (HRA) Questions 1-9 Completed with MI Enrolls

MONTH	COMPLETE	DECLINED
January 2015	158,763	6,531 (3.95%)
February 2015	168,411	6,908 (3.94%)
March 2015	181,510	7,414 (3.92%)
April 2015	192,208	7,839 (3.92%)
May 2015	201,861	8,222 (3.91%)
June 2015	209,090	8,618 (3.96%)
July 2015	216,850	8,996 (3.98%)
August 2015	224,671	9,413 (4.02%)
September 2015	231,838	9,810 (4.06%)
October 2015	238,891	10,161 (4.08%)
November 2015	245,410	10,554 (4.12%)
December 2015	252,808	11,129 (4.22%)

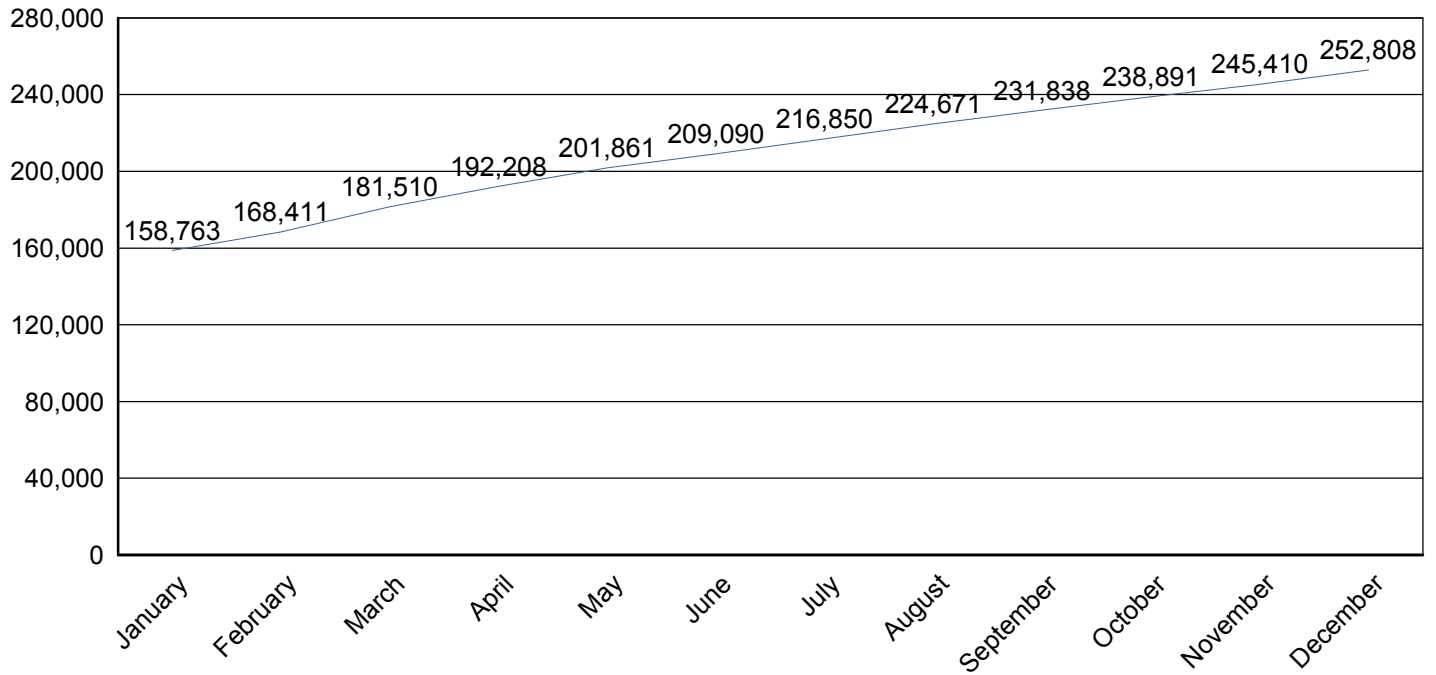
Table 11. Demographics of Population that Completed HRA Questions 1-9 with MI ENROLLS

January 2014 - December 2015

AGE GROUP	COMPLETED HRA	
19 - 29	62,302	24.64%
30 - 39	52,427	20.74%
40 - 49	53,334	21.10%
50 - 59	61,818	24.45%
60 +	22,927	9.07%
GENDER		
F	137,411	54.35%
M	115,397	45.65%
FPL		
< 100% FPL	207,660	82.14%
100 - 133% FPL	45,148	17.86%
TOTAL	252,808	100.00%

Figure I-1. Health Risk Assessments Completed with MI ENROLLS

December 2015



Question 1. General Health Rating

Question 1. In general, how would you rate your health? This question is used to assess self-reported health status. Healthy Michigan Plan enrollees were given the answer options of excellent, very good, good, fair or poor. Table 1 shows the overall answers to this question for December 2015. Among enrollees who completed the survey, this question had a 0.17% refusal rate.

Table 1. Health Rating for Total Population
December 2015

HEALTH RATING	TOTAL	PERCENT
Excellent	27,762	10.98%
Very Good	64,262	25.42%
Good	90,369	35.75%
Fair	52,629	20.82%
Poor	17,369	6.87%
Refused	417	0.17%
TOTAL	252,808	100.00%

Figure 1-1. Health Rating for Total Population
December 2015

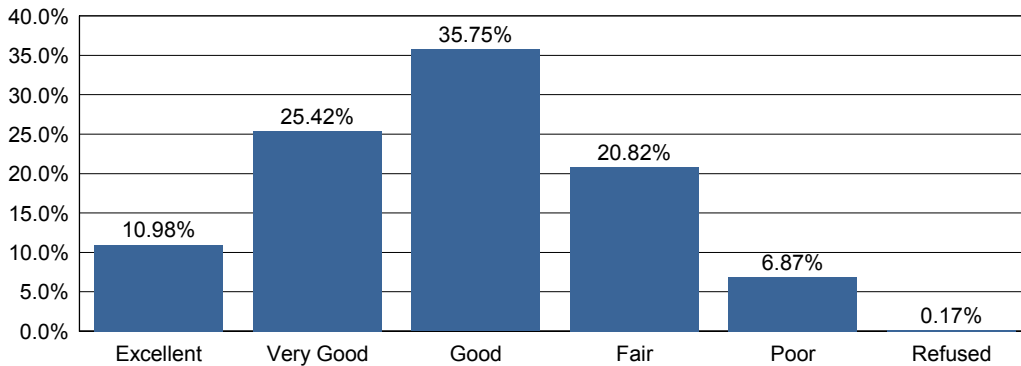


Figure 1-2. Health Rating by Age
December 2015

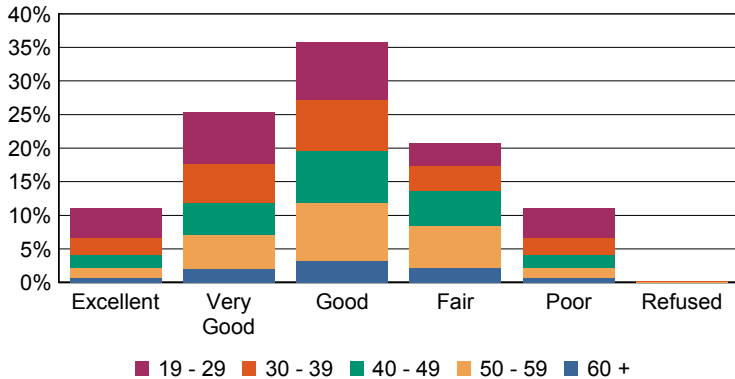
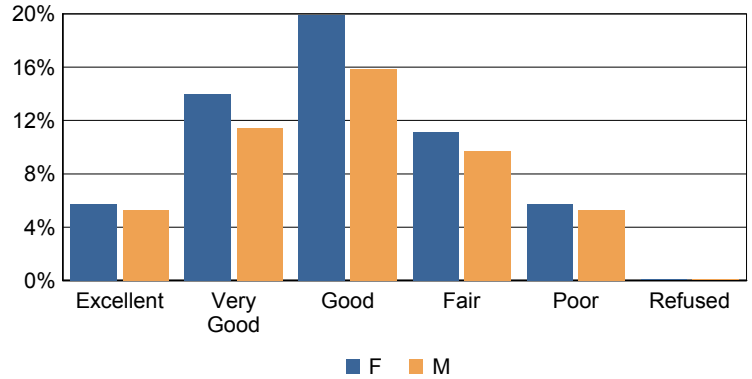


Figure 1-3. Health Rating by Gender
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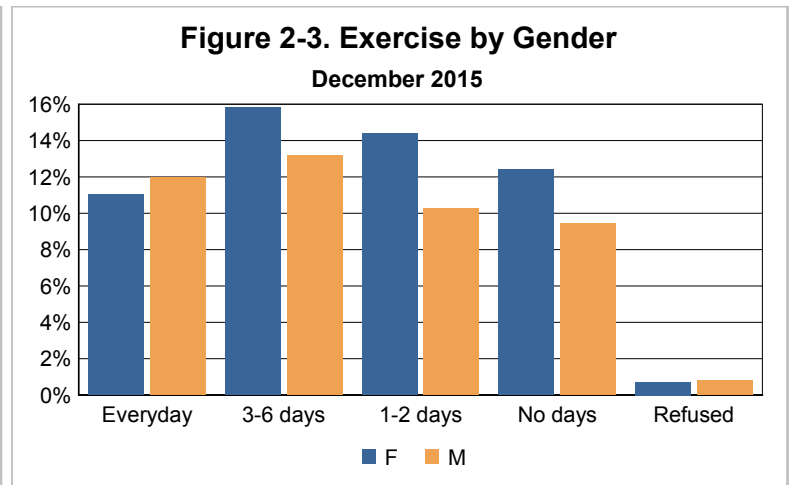
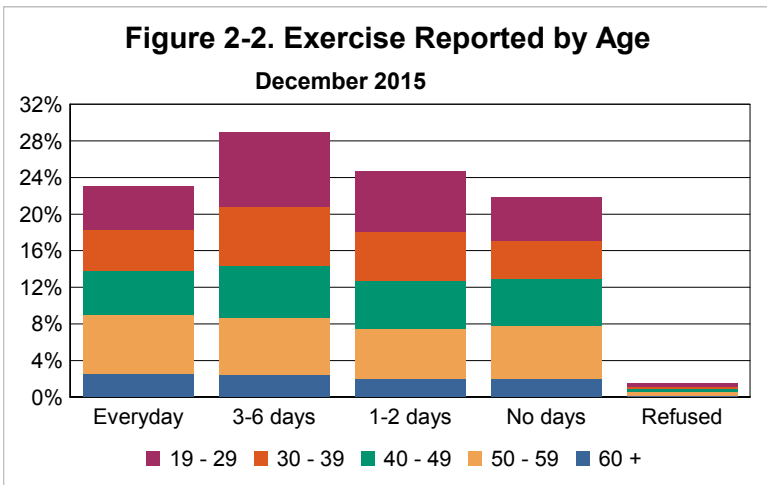
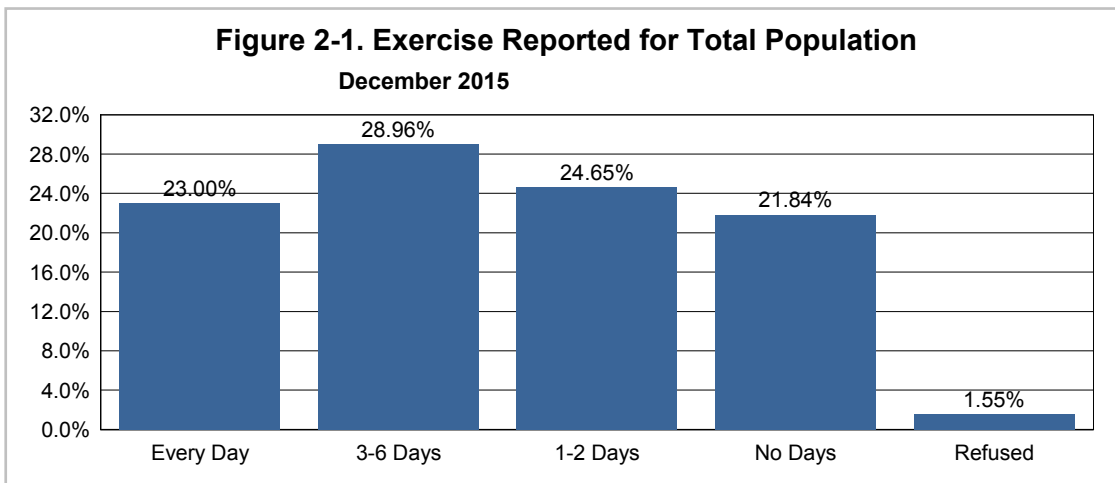


Question 2. Exercise

Question 2. In the last 7 days, how often did you exercise for at least 20 minutes a day? This question is used to assess self-reported exercise frequency as an important component of maintaining a healthy weight. Healthy Michigan Plan enrollees were given the answer options of every day, 3-6 days, 1-2 days or 0 days. Table 2 shows the overall answers to this question for December 2015. Among enrollees who participated in the survey, there was a 1.55% refusal rate for this question. Figures 2-1 through 2-3 show the exercise frequency reported for the total population, by age and gender.

**Table 2. Exercise Reported for Total Population
December 2015**

EXERCISE	TOTAL	PERCENT
Every Day	58,142	23.00%
3-6 Days	73,217	28.96%
1-2 Days	62,327	24.65%
No Days	55,208	21.84%
Refused	3,914	1.55%
TOTAL	252,808	100.00%

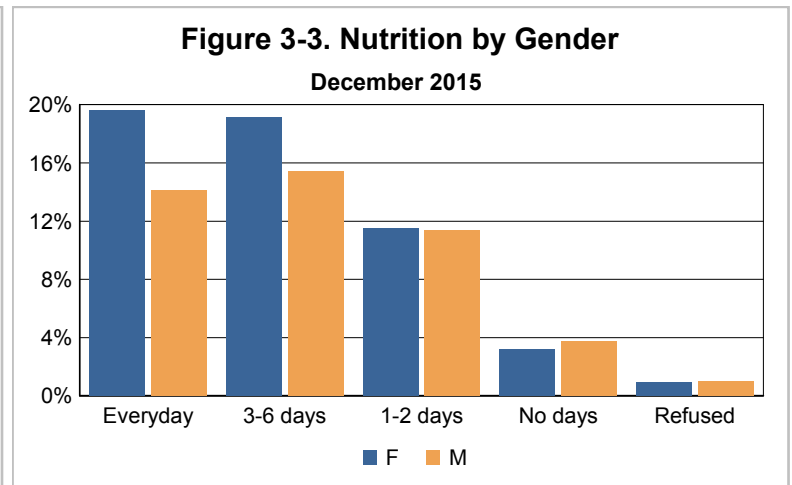
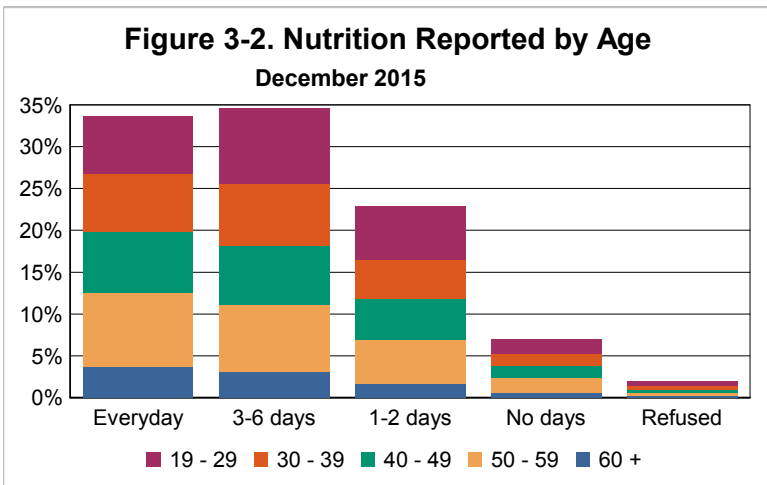
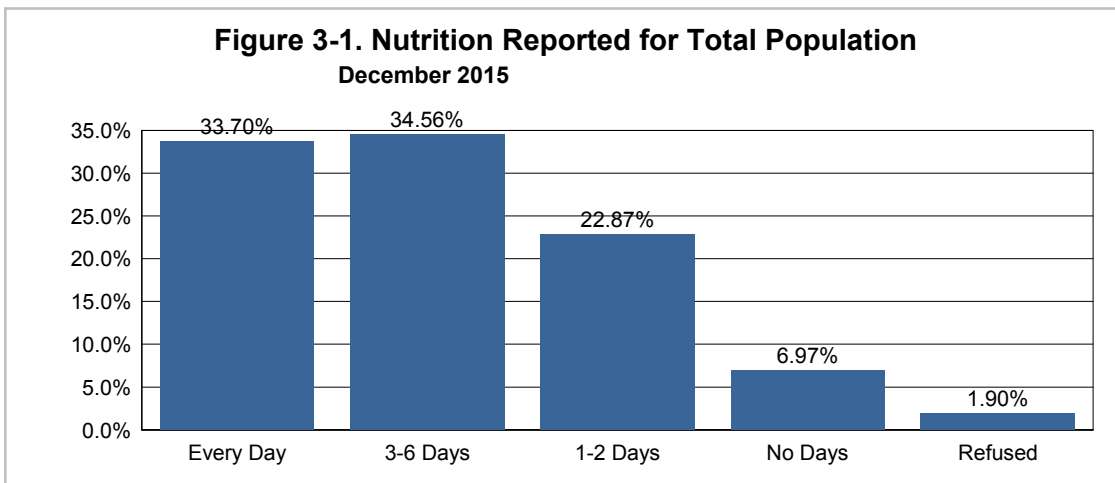


Question 3. Nutrition (Fruits and Vegetables)

Question 3. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day? This question is used to assess self-reported nutrition as an important component of maintaining a healthy weight. Healthy Michigan Plan enrollees were given the answer options of every day, 3-6 days, 1-2 days or 0 days. Table 3 shows the overall answers to this question for December 2015. Among enrollees who participated in the survey, there was a 1.90% refusal rate for this question. Figures 3-1 through 3-3 show the nutrition reported for the total population, and by age and gender.

Table 3. Nutrition Reported for Total Population
December 2015

NUTRITION	TOTAL	PERCENT
Every Day	85,210	33.71%
3-6 Days	87,361	34.56%
1-2 Days	57,814	22.87%
No Days	17,619	6.97%
Refused	4,804	1.90%
TOTAL	252,808	100.00%

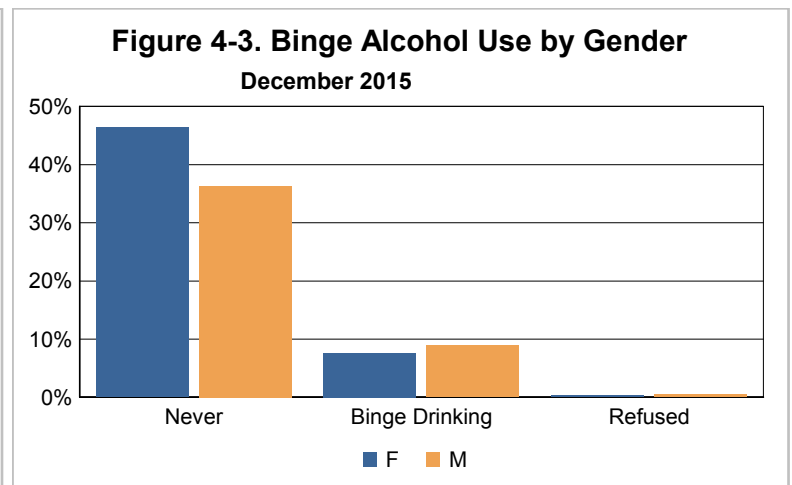
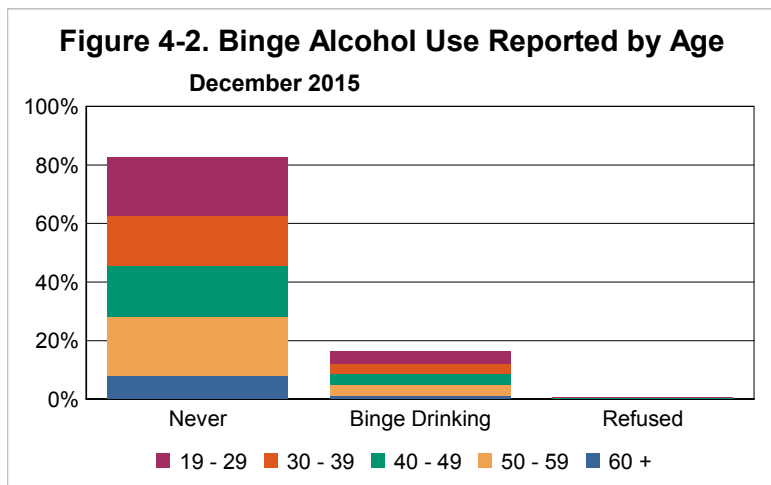
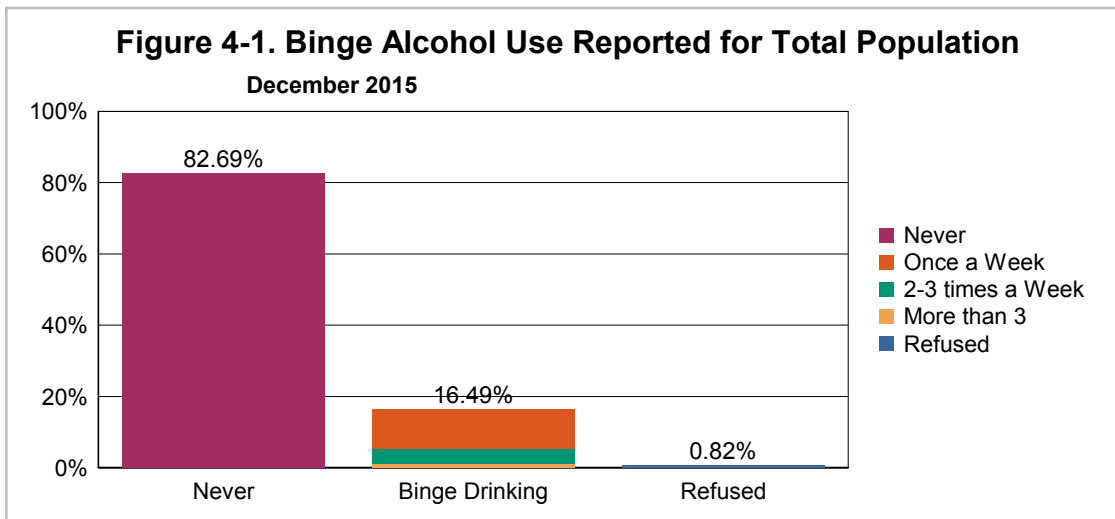


Question 4. Binge Alcohol Use

Question 4. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time? This question is used to assess self-reported binge alcohol use. Healthy Michigan Plan enrollees were given the answer options of never, once a week, 2-3 a week and more than 3 times during the week. Table 4 shows the combined overall answers to these questions for December 2015. Among enrollees who participated in the survey, there was a 0.82% refusal rate for this question. Figures 4-1 through 4-3 show binge alcohol use status reported for the total population, and by age and gender.

Table 4. Binge Alcohol Use Reported for Total Population
December 2015

ALCOHOL	TOTAL	PERCENT
Never	209,048	82.69%
Once a Week	28,033	11.09%
2-3 times a Week	11,024	4.36%
More than 3	2,629	1.04%
Refused	2,074	0.82%
TOTAL	252,808	100.00%



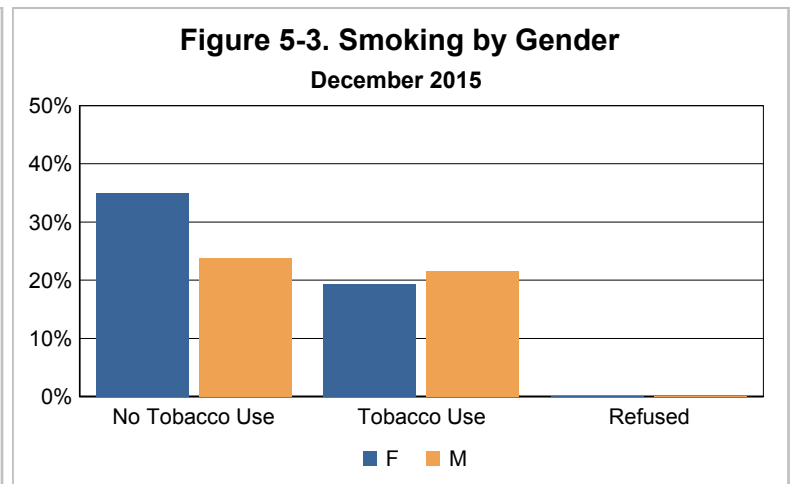
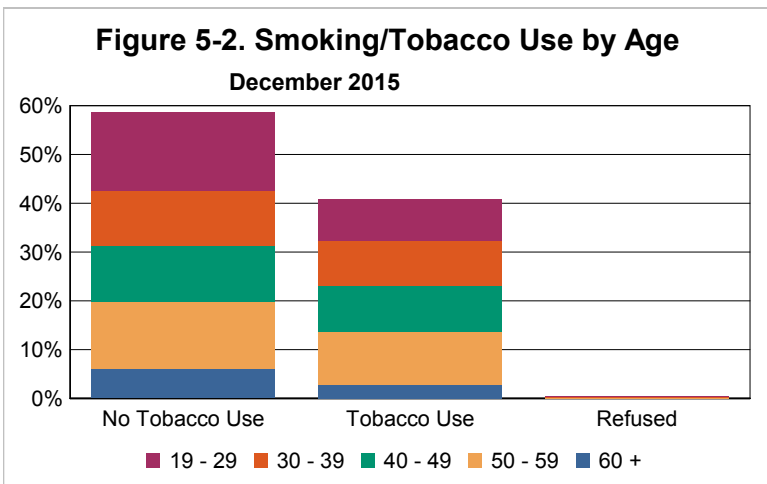
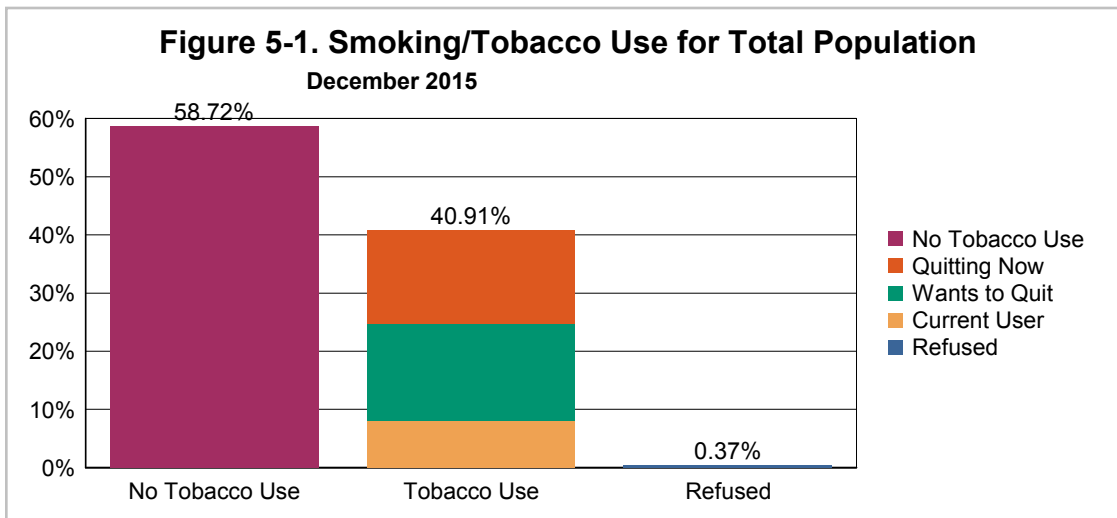
Question 5. Smoking/Tobacco Use

Question 5. In the last 30 days, have you smoked or used tobacco? This question is used to assess self-reported smoking/tobacco use. Healthy Michigan Plan enrollees were given the answer options of yes or no. Enrollees who answered yes, were asked a follow-up question: If YES, do you want to quit smoking or using tobacco? For this follow-up question, enrollees were given the answer options of yes, I am working on quitting or cutting back right now and no. Table 5 shows the combined overall answers to these questions for December 2015. Question 5 had a 0.37% refusal rate. Figures 5-1 through 5-3 show smoking/tobacco use reported for the total population, and by age and gender.

Table 5. Smoking/Tobacco Use Reported for Total Population

December 2015

TOBACCO USE	TOTAL	PERCENT
No Tobacco Use	148,448	58.72%
Quitting Now	40,785	16.13%
Wants to Quit	42,241	16.71%
Current User	20,403	8.07%
Refused	931	0.37%
TOTAL	252,808	100.00%



Question 6. Anxiety and Depression

Question 6. In the last 30 days, how often have you felt tense, anxious or depressed? This question is used to assess self-reported mental health status. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 6 shows the overall answers to this question for December 2015. Among enrollees who participated in the survey, there was a 11.68% refusal rate for this question. Figures 6-1 through 6-3 show anxiety and depression reported for the total population, and by age and gender.

Table 6. Anxiety and Depression Reported for Total Population

December 2015

DEPRESSION	TOTAL	PERCENT
Almost Every day	53,949	21.34%
Sometimes	66,586	26.34%
Rarely	53,354	21.11%
Never	49,386	19.54%
Refused	29,533	11.68%
TOTAL	252,808	100.00%

Figure 6-1. Anxiety and Depression Reported for Total Population

December 2015

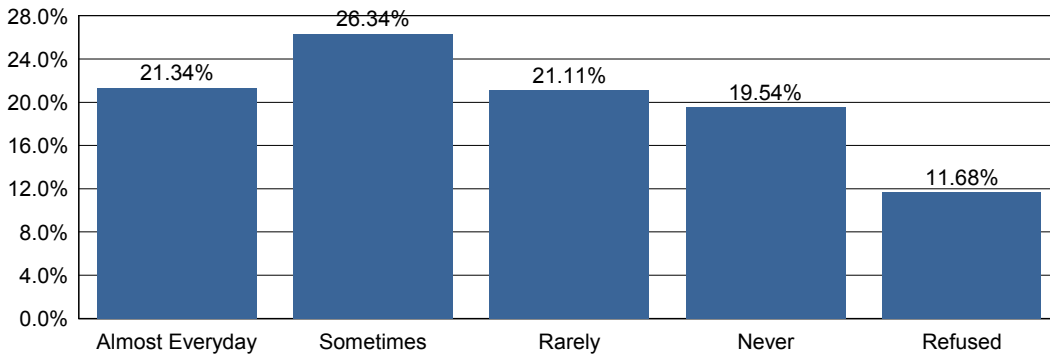


Figure 6-2. Anxiety and Depression Reported by Age

December 2015

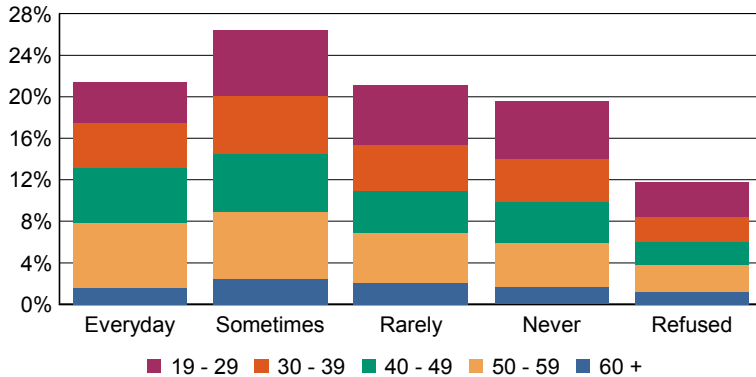
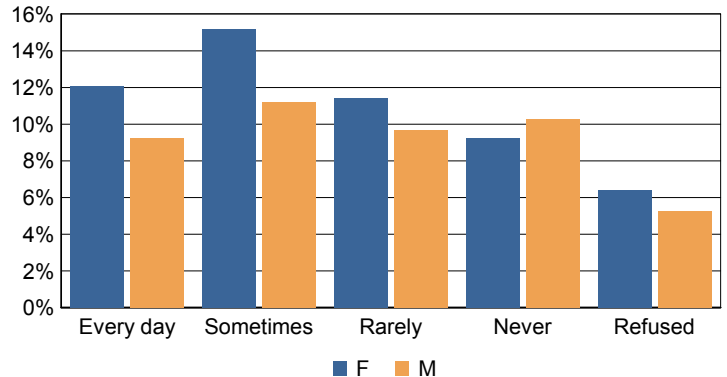


Figure 6-3. Anxiety and Depression by Gender

December 2015

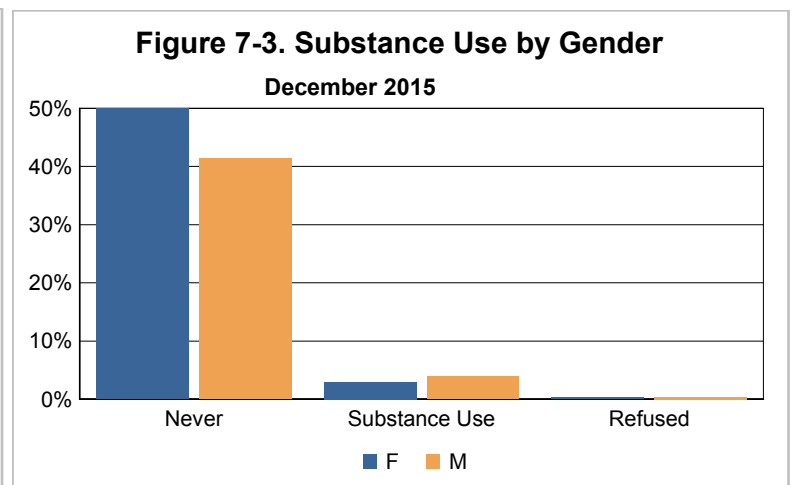
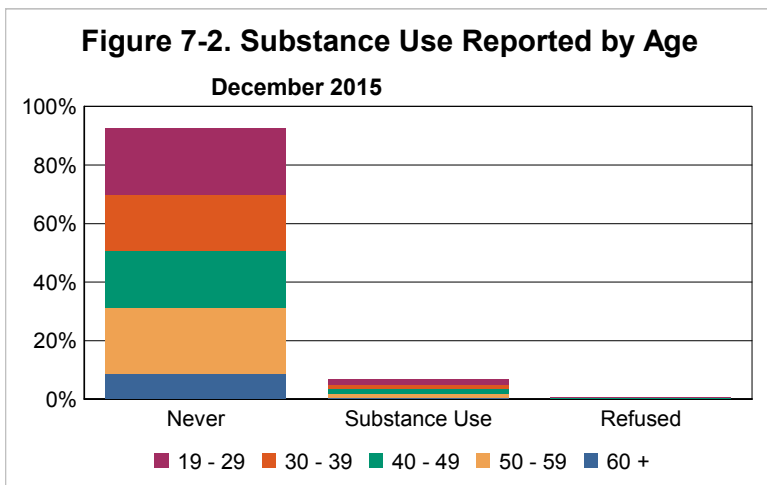
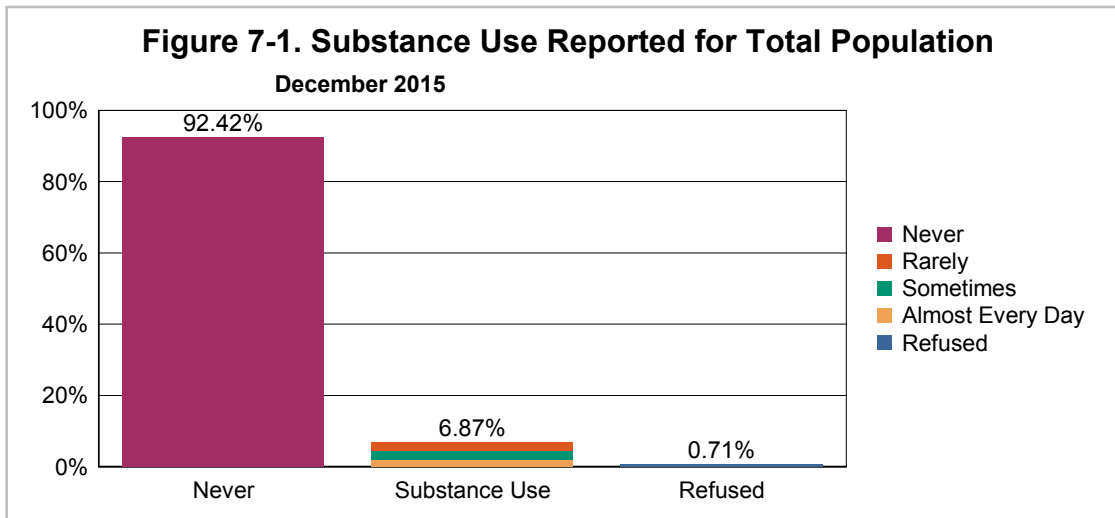


Question 7. Drugs and Substance Use

Question 7. Do you use drugs or medications (other than exactly as prescribed for you) which affect your mood or help you to relax? This question is used to assess self-reported substance use. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 7 shows the overall answers to this question for December 2015. Among enrollees who participated in the survey, there was a 0.71% refusal rate for this question. Figures 7-1 through 7-3 show substance use reported for the total population, and by age and gender.

**Table 7. Binge Alcohol Use Reported for Total Population
December 2015**

SUBSTANCE USE	TOTAL	PERCENT
Almost Every Day	4,937	1.95%
Sometimes	6,458	2.56%
Rarely	5,971	2.36%
Never	233,636	92.42%
Refused	1,806	0.71%
TOTAL	252,808	100.00%

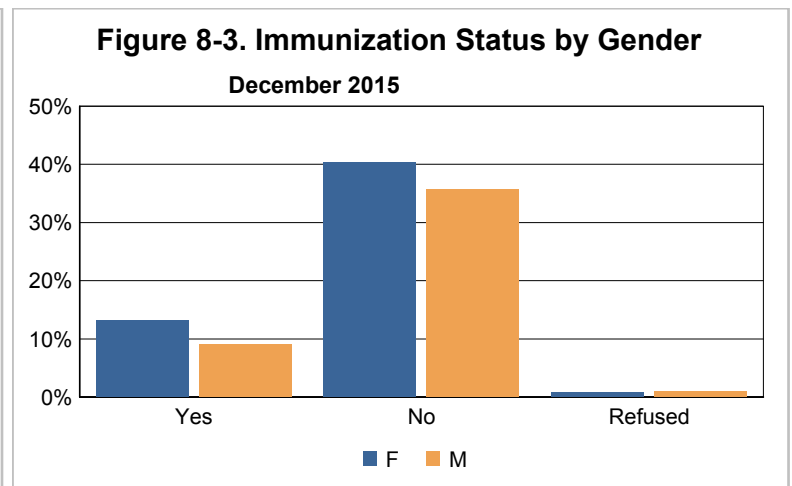
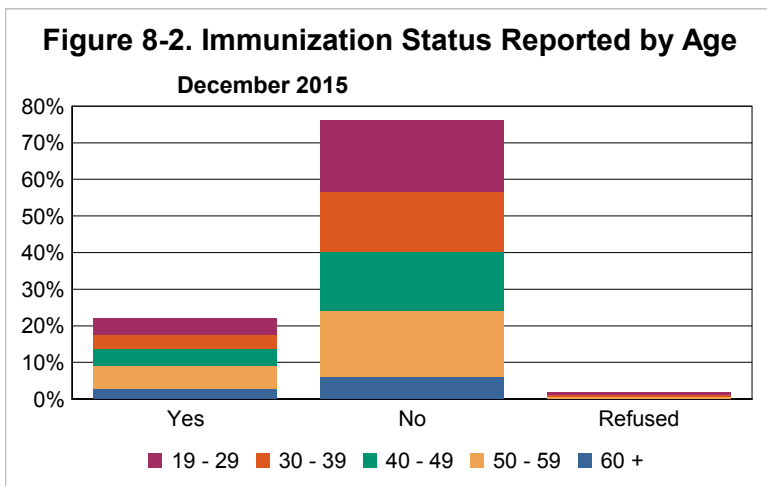
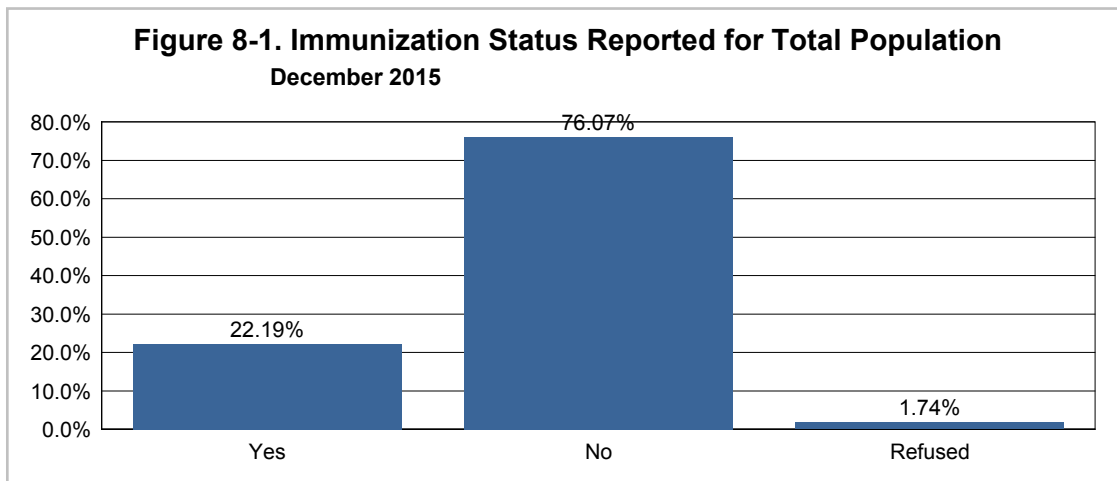


Question 8. Immunization Status (Annual Flu Vaccine)

Question 8. The flu vaccine can be a shot in the arm or a spray in the nose. Have you had a flu shot or flu spray in the last year?
 This question is used to assess self-reported annual flu vaccine as an indicator of immunization status. Healthy Michigan Plan enrollees were given the answer options of yes or no. Table 8 shows the overall answers to this question for December 2015. Among enrollees who participated in the survey, there was a 1.74% refusal rate for this question. Figures 8-1 through 8-3 show immunization status reported for the total population, and by age and gender.

**Table 8. Immunization Status Reported for Total Population
 December 2015**

IMMUNIZATION	TOTAL	PERCENT
Yes	56,096	22.19%
No	192,305	76.07%
Refused	4,407	1.74%
TOTAL	252,808	100.00%

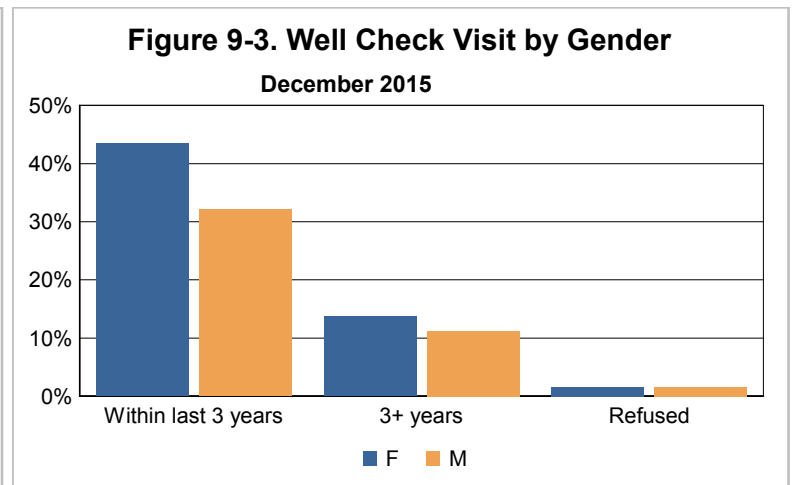
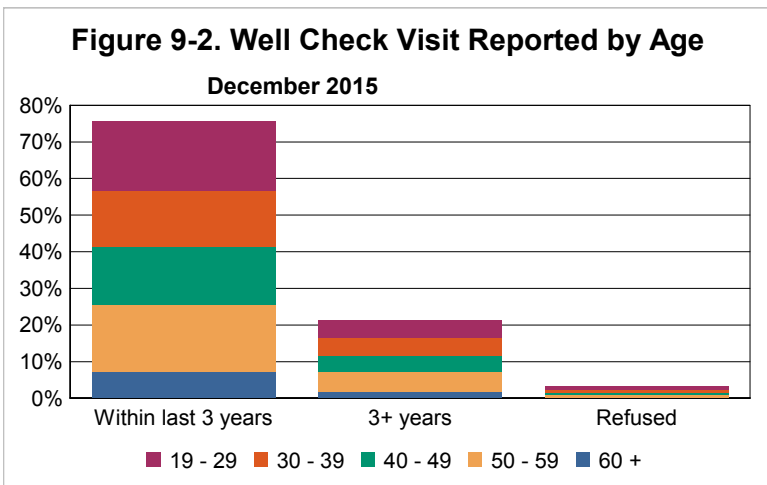
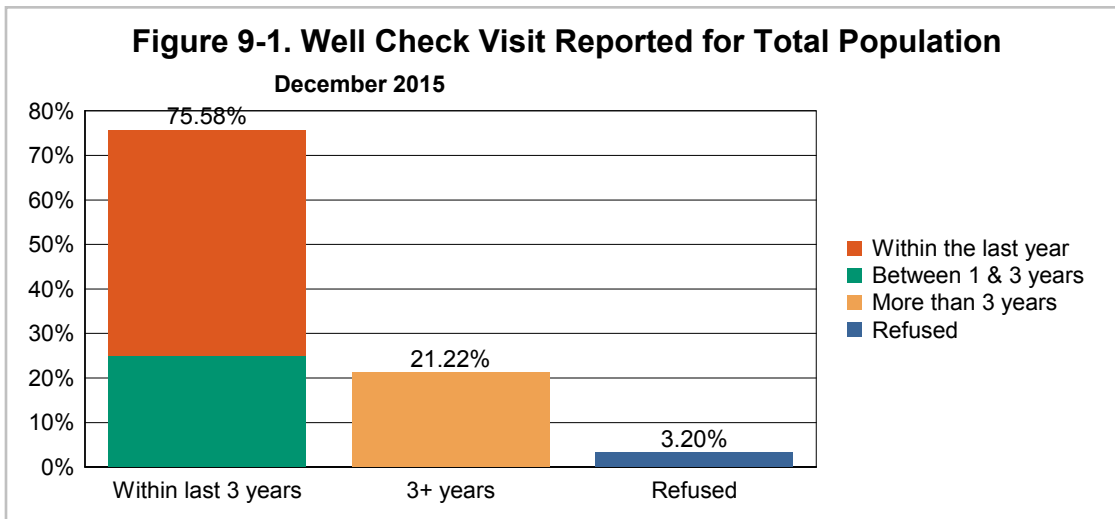


Question 9. Well Check Visit

Question 9. A checkup is a visit to a doctor's office that is NOT for a specific problem. How long has it been since your last check-up? This question is used to assess self-reported well check visit. Healthy Michigan Plan enrollees were given the answer options of within the last year, between 1-3 years and more than 3 years. Table 9 shows the overall answers to this question for December 2015. Among enrollees who participated in the survey, there was a 3.20% refusal rate for this question. Figures 9-1 through 9-3 show well check visit reported for the total population, and by age and gender.

Table 9. Well Check Visit Reported for Total Population
December 2015

CHECK-UP	TOTAL	PERCENT
Within the last year	128,247	50.73%
Between 1 & 3 years	62,835	24.86%
More than 3 years	53,637	21.22%
Refused	8,089	3.20%
TOTAL	252,808	100.00%



Health Risk Assessment Part 2

Health Risk Assessments completion with Primary Care Provider

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 completed jointly by beneficiaries and their primary care provider. It is designed as a tool for identifying annual health 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 primary care provider attestation and agree to maintain or address healthy behaviors are eligible for an incentive. Of the 567,712 beneficiaries who have been enrolled in a health plan for at least six months, 84,383 or 14.9% have completed the Health Risk Assessment with their primary care provider as of December 2015.

The data displayed in Part 2 of this report reflect the healthy behavior goals selected jointly by Healthy Michigan Plan beneficiaries and their primary care provider in the final section of the Health Risk Assessment. As shown in Table 10, a total of 96,394 Health Risk Assessments were completed with primary care providers as of December 2015. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 11.

Among beneficiaries who completed the Health Risk Assessment, 82,584 or 85.7% of beneficiaries agreed to address health risk behaviors. In addition, 12,831 or 13.3% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 99.0% of beneficiaries are choosing to address or maintain healthy behaviors. The healthy behaviors goal statements selected are reported in Table 12. Healthy behavior goal statements are also reported by age and gender in Figures 10-3 and 10-4.

Of the 82,584 beneficiaries who agreed to address health risk behaviors, 61.1% chose to address more than one healthy behavior. Tables 13 and 14 report the most frequently selected health risk behaviors to address, alone and in combination. Figure 10-5 is a Venn diagram representing the overlapping nature of the multiple healthy behaviors selected.

Health Risk Assessment Completion with Primary Care Provider

Table 10. Count of Health Risk Assessments (HRA) Completed with Primary Care Provider by Attestation

MONTH	COMPLETE	TOTAL
January 2015	3,988	44,715
February 2015	4,147	48,879
March 2015	4,990	53,895
April 2015	4,948	58,860
May 2015	4,684	63,587
June 2015	5,643	69,265
July 2015	7,262	76,544
August 2015	6,148	82,702
September 2015	5,161	87,876
October 2015*	4,680	92,569
November 2015*	3,217	95,795
December 2015*	596	96,394

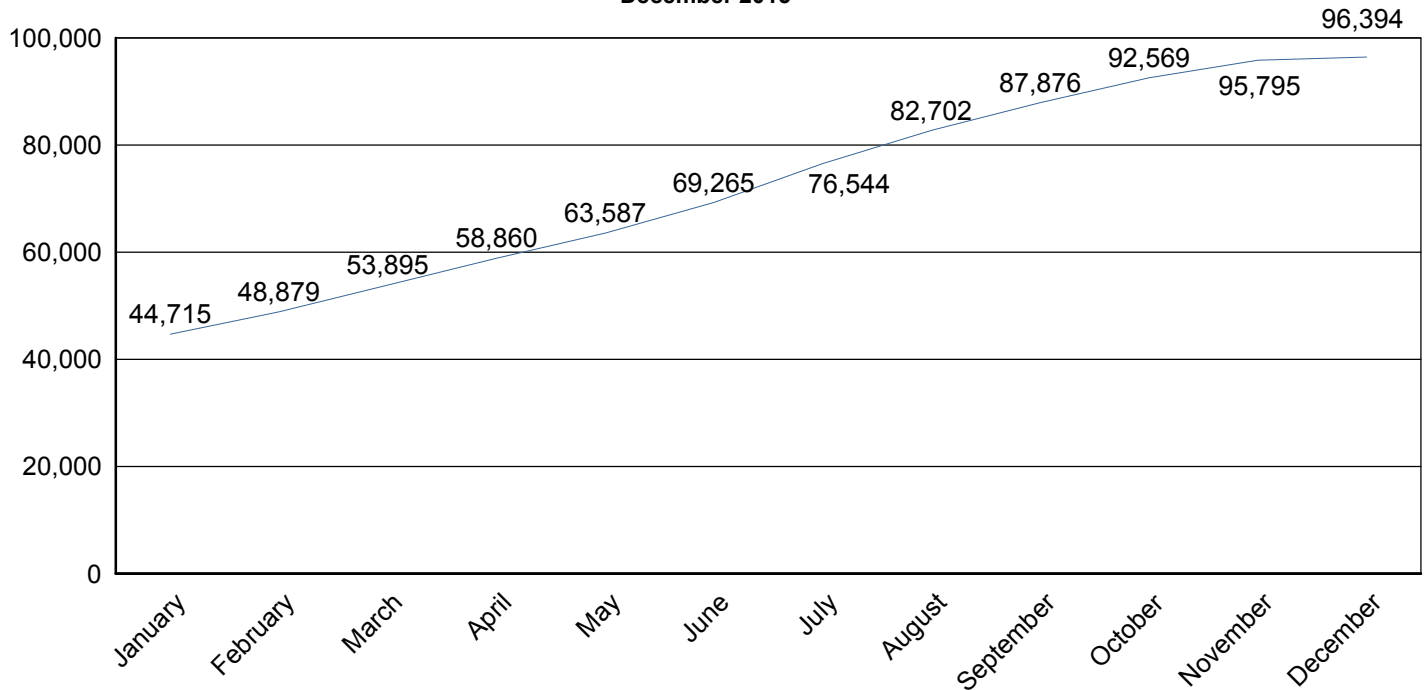
*Many completed HRAs for these months have not yet been submitted.

Table 11. Demographics of Population that Completed HRA with Primary Care Provider

September 2014 - December 2015		
AGE GROUP	COMPLETED HRA	
19 - 29	19,143	19.86%
30 - 39	16,335	16.95%
40 - 49	19,441	20.17%
50 - 59	29,003	30.09%
60 +	12,472	12.94%
GENDER		
F	55,578	57.66%
M	40,816	42.34%
FPL		
< 100% FPL	77,000	79.88%
100 - 133% FPL	19,394	20.12%
TOTAL	96,394	100.00%

Figure 10-1. Health Risk Assessments Completed with Primary Care Provider

December 2015



Healthy Behaviors Statement Selection

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

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

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

**Table 12. Healthy Behaviors Statement Selection
December 2015**

CHECK-UP	TOTAL	PERCENT
A. Maintain Healthy Behaviors	12,831	13.31%
B. Address Health Risk Behaviors	82,584	85.67%
C. Condition(s) Preclude Addressing Health Risk Behaviors	446	0.46%
D. Not Ready	533	0.55%
TOTAL	96,394	100.00%

Figure 10-2. Healthy Behaviors Statement Selection

December 2015

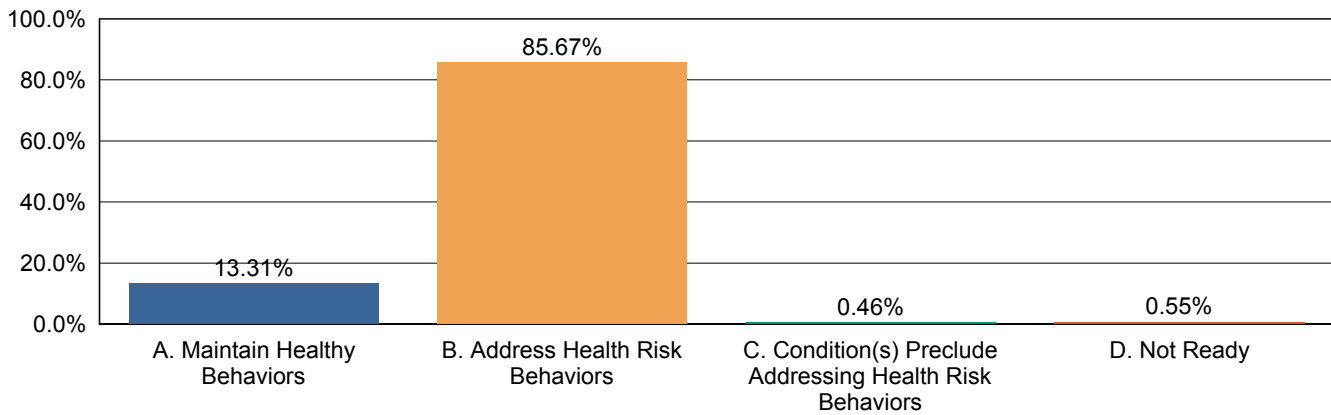


Figure 10-3. Maintain or Addressing Health Risk Behaviors Statement Selection by Age

December 2015

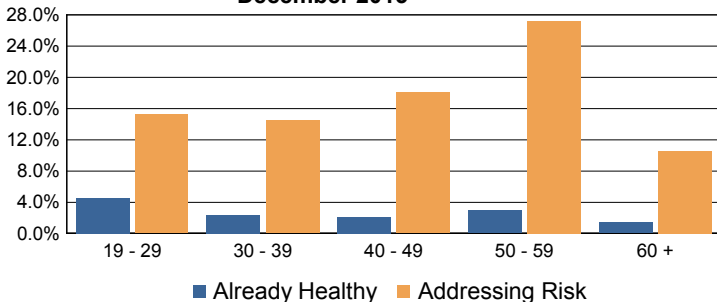
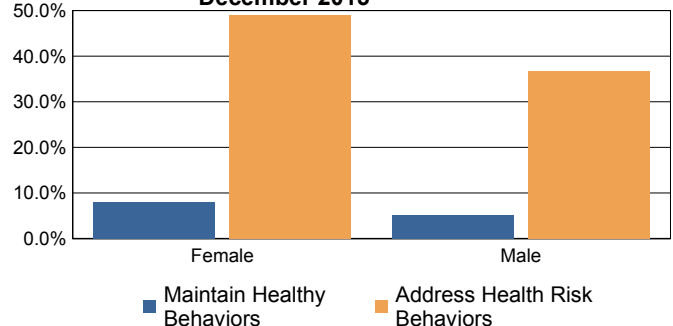


Figure 10-4. Statement Selection by Gender

December 2015



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 7 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. Other: explain _____

Of the 82,584 HRAs submitted through December 2015 where the beneficiary chose to address health risk behaviors, 61.12% of beneficiaries chose more than one healthy behavior to address. The top 7 most selected behavior combinations and the rate that each behavior was selected in combination and alone are presented in the tables below:

Table 13. Top 7 Most Selected Health Risk Behavior Combinations

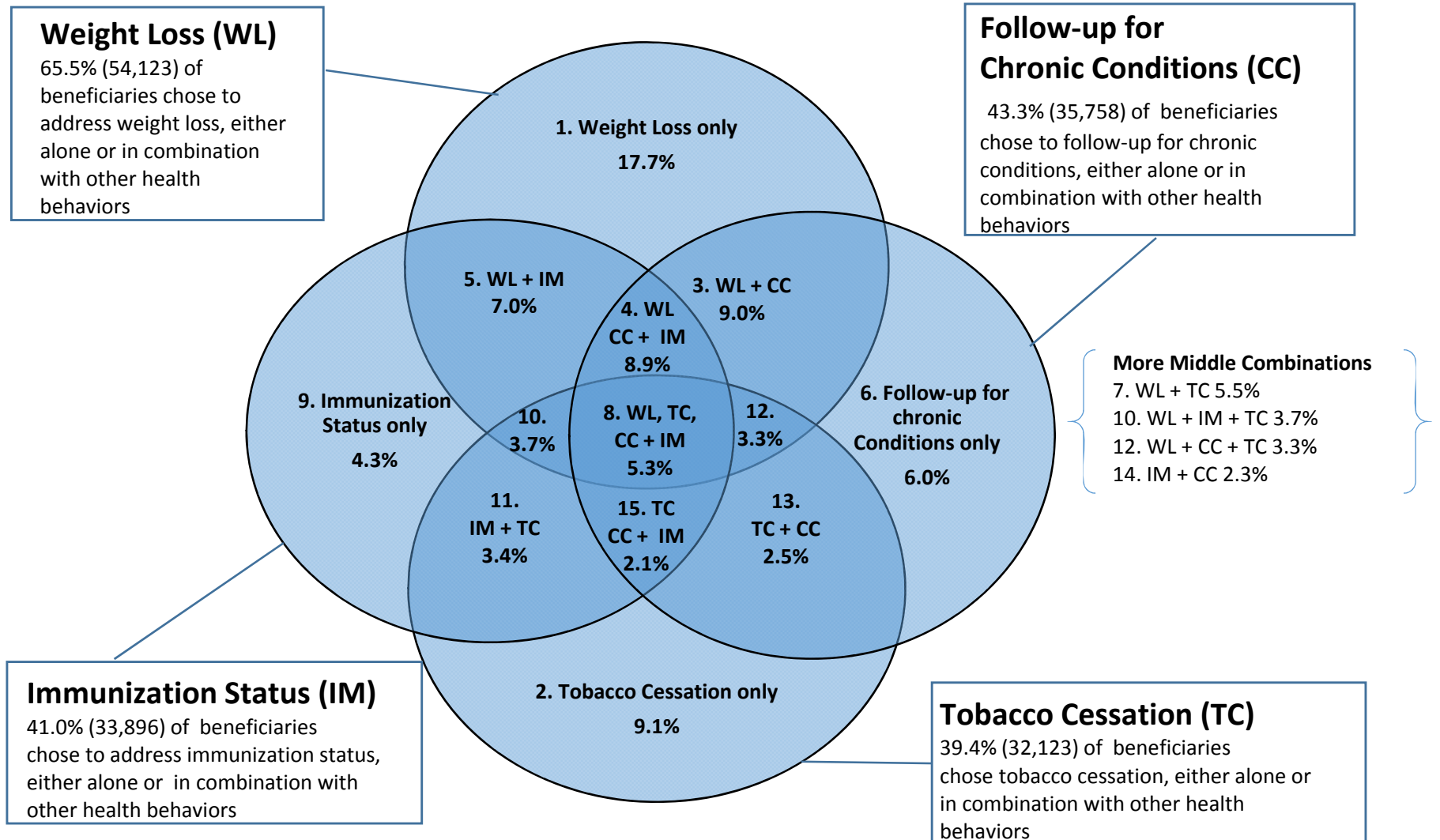
Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	14,653	17.74%
2. Tobacco Cessation ONLY	7,497	9.08%
3. Weight Loss, Follow-up for Chronic Conditions	7,461	9.03%
4. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	7,338	8.89%
5. Weight Loss, Immunization Status	5,799	7.02%
6. Follow-up for Chronic Conditions	4,926	5.97%
7. Weight Loss, Tobacco Cessation	4,527	5.48%
Total for Top 7	52,201	63.21%
Total for All Other Combinations	30,383	36.79%
Total	82,584	100.00%

Table 14. 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	65.53%	17.74%
Tobacco Cessation	39.40%	9.08%
Immunization Status (Annual Flu Vaccine)	41.04%	4.31%
Follow-up for Chronic Conditions	43.30%	5.97%
Addressing Alcohol Abuse	4.80%	0.40%
Addressing Substance Abuse	1.21%	0.11%
Other	4.40%	1.27%

Health Risk Assessment Completion with Primary Care Provider

Representation of the overlapping nature of top 15 health risk behavior selections December 2015



MI HEALTH ACCOUNT



EXECUTIVE SUMMARY REPORT

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HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2015

MAXIMUS contracts with each Healthy Michigan Plan health plan to operate the MI Health Account (MIHA). The MIHA documents health care costs and payments for health plan members eligible for the Healthy Michigan Plan. Any amount the beneficiary owes to the MIHA is reflected in the quarterly statement that is mailed to the beneficiary. The MIHA quarterly statement shows the total amount owed for co-pays and/or contributions.

A co-pay is a fixed amount beneficiaries pay for a health care service. Before a beneficiary is enrolled in managed care, the beneficiary will pay any co-pays directly to their provider at the time of service. Once enrolled in managed care, co-pays for health plan covered services will be paid into the MIHA.

A contribution is the amount of money that is paid toward health care coverage. **Beneficiaries with incomes at or below 100% of the Federal Poverty Level (FPL) will NOT have a contribution.** Beneficiaries above 100% FPL are required to pay contributions that are based on income and family size. The quarterly statement informs beneficiaries what to pay for co-pays and contributions each month for the next three months, includes payment coupons with instructions on how to make a payment, as well as tips on how to reduce costs (Healthy Behavior incentives). The statement lists the services the beneficiary has received, the amount the beneficiary has paid, what amount they still need to pay, and the amount the health plan has paid.

Quarterly Statement Mailing Guidelines

- The first quarterly statement is mailed six months after a beneficiary joins a health plan. After that, quarterly statements are sent every three months.
- A beneficiary follows his or her own enrollment quarter based on their enrollment effective date.
- Quarterly statements are mailed by the 15th calendar day of each month
- Statements are not mailed to beneficiaries if there are no health care services to display or payment due for a particular quarter.

Chart 1 displays the statement mailing activity for the past six months including co-pay and contribution amounts owed at the time the statement was mailed.

Chart 1: Account Statement Mailing							
Month Statement Mailed	Statements Mailed	Statements Requiring a Copay Only	Statements Requiring a Contribution Only	Statements Requiring a Copay and Contribution	Total Copay Amount Owed	Total Contribution Amount Owed	Percentage of Statements Requiring Payment
Apr-15	80,889	17,978	5,258	7,447	\$184,135.08	\$709,952.92	37.93%
May-15	44,567	10,857	3,510	5,010	\$114,096.56	\$463,685.26	43.48%
Jun-15	69,748	16,568	4,725	7,842	\$185,968.11	\$679,431.06	41.77%
Jul-15	96,770	22,745	6,427	9,913	\$250,438.00	\$897,209.03	40.39%
Aug-15	61,759	14,472	5,448	7,478	\$153,361.67	\$706,162.56	44.36%
Sep-15	76,512	17,398	6,830	8,596	\$186,792.48	\$831,609.13	42.90%
Oct-15	95,337	20,085	8,920	9,259	\$186,698.16	\$993,375.77	40.14%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2015

Payments for the MIHA are due on the 15th of the month following the month they were billed.

Chart 2 displays a collection history of the number of beneficiaries that owe into the MIHA, the number of beneficiaries that have paid and the total dollar amount collected. The chart below displays all quarterly statement mailings, amounts owed and amounts collected to date. Completed quarterly payment cycles are explained and reflected in chart 3.

Chart 2: Collection Amount Summary						
Month Statement Mailed	Beneficiaries Required to Pay	Number of Beneficiaries Paid	Percent of Beneficiaries Paid	Total Amount Owed*	Amount Collected	Percentage Collected*
Oct-14	3,974	1,925	48.44%	\$24,932.80	\$13,064.41	52.40%
Nov-14	2,295	904	39.39%	\$41,340.92	\$22,042.01	53.32%
Dec-14	26,414	10,619	40.20%	\$495,825.89	\$271,140.36	54.68%
Jan-15	32,237	10,563	32.77%	\$604,853.09	\$272,991.19	45.13%
Feb-15	14,358	4,596	32.01%	\$256,550.24	\$117,582.86	45.83%
Mar-15	37,141	11,941	32.15%	\$664,381.37	\$289,030.33	43.50%
Apr-15	38,130	10,147	26.61%	\$684,796.13	\$245,270.87	35.82%
May-15	24,387	6,032	24.73%	\$431,273.49	\$148,990.16	34.55%
Jun-15	36,977	10,366	28.03%	\$686,265.42	\$256,965.56	37.44%
Jul-15	49,001	10,841	22.12%	\$893,026.22	\$251,487.79	28.16%
Aug-15	34,876	7,032	20.16%	\$859,524.23	\$156,905.30	18.25%
Sep-15	41,420	7,846	18.94%	\$1,018,401.61	\$135,221.40	13.28%
Oct-15	47,522	2,067	4.35%	\$1,180,073.93	\$22,407.94	1.90%
TOTAL	388,732	94,879	24.41%	\$7,841,245.34	\$2,203,100.18	28.10%

***Note: The total amount owed and percentage collected will fluctuate within a quarter as changes to beneficiary circumstances affect the MIHA. For instance, if a beneficiary reports a change in income that drops them below 100% of FPL, contribution amounts will be adjusted and may include removal of amounts reflected on the last quarterly statement that are not yet paid.**

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2015

Chart 3 displays the total amount collected by completed quarter, by enrollment month, since the implementation of the MIHA. For example, beneficiaries who enrolled in May 2014 received their first quarterly statement in November 2014. These individuals had until February 2015 to pay in full, which constitutes a completed quarter. Please note that the Percentage Collected will change even in completed quarters because payments received are applied to the oldest invoice owed.

Chart 3: Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
April 2014	Oct 2014 - Dec 2014	\$24,932.80	\$13,064.41	52.40%
	Jan 2015 - Mar 2015	\$212,598.08	\$100,616.70	47.33%
	Apr 2015 - Jun 2015	\$179,903.76	\$68,422.89	38.03%
	Jul 2015 - Sept 2015	\$182,270.73	\$49,434.59	27.12%
May 2014	Nov 2014 - Jan 2015	\$41,340.92	\$22,042.01	53.32%
	Feb 2015 - Apr 2015	\$65,292.50	\$30,280.94	46.38%
	May 2015 - Jul 2015	\$51,850.96	\$21,738.05	41.92%
June 2014	Dec 2014 - Feb 2015	\$495,825.89	\$271,140.36	54.68%
	Mar 2015 - May 2015	\$422,119.39	\$195,974.49	46.43%
	Jun 2015 - Aug 2015	\$377,507.33	\$163,868.71	43.41%
July 2014	Jan 2015 - Mar 2015	\$392,255.01	\$172,374.49	43.94%
	Apr 2015 - Jun 2015	\$304,088.90	\$107,638.79	35.40%
	Jul 2015 - Sept 2015	\$278,635.26	\$79,087.22	28.38%
Aug 2014	Feb 2015 - Apr 2015	\$191,257.74	\$87,301.92	45.65%
	May 2015 - Jul 2015	\$148,389.04	\$50,029.24	33.71%
Sept 2014	Mar 2015 - May 2015	\$242,261.98	\$93,055.84	38.41%
	Jun 2015 - Aug 2015	\$182,738.99	\$50,858.52	27.83%
Oct 2014	Apr 2015 - Jun 2015	\$200,803.47	\$69,209.19	34.47%
	Jul 2015 - Sept 2015	\$158,264.72	\$37,491.25	23.69%
Nov 2014	May 2015 - Jul 2015	\$231,033.49	\$77,222.87	33.42%
Dec 2014	Jun 2015 - Aug 2015	\$126,019.10	\$42,238.33	33.52%
Jan 2015	Jul 2015 - Sept 2015	\$273,855.51	\$85,474.73	31.21%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2015

Payments for the MIHA can be made one of two ways. Beneficiaries can mail a check or money order to the MIHA payment address. The payment coupon is not required to send in a payment by mail. Beneficiaries also have the option to pay online using a bank account.

Chart 4 displays a six month history of the percentage of payments made into the MIHA.

Chart 4: Methods of Payment						
	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Percent Paid Online	30.21%	26.09%	28.11%	31.11%	27.13%	22.64%
Percent Paid by Mail	69.79%	73.91%	71.89%	68.89%	72.87%	77.36%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2015

Adjustment Activities

Beneficiaries are not required to pay co-pays and/or contributions when specific criteria are met. In these cases, an adjustment is made to the beneficiary's quarterly statement.

This includes populations that are exempt; beneficiaries that are under age 21, pregnant, in hospice and Native American beneficiaries. It also includes beneficiaries who were not otherwise exempt, but have met their five percent maximum cost share and beneficiaries whose Federal Poverty Level is no longer in a range that requires a contribution.

Chart 5A: Adjustment Activities				
	Oct-15		YTD	
	# of Beneficiaries	Total \$	# of Beneficiaries	Total \$
Beneficiary is under age 21	525	\$27,198.05	3807	\$207,151.35
Pregnancy	563	\$19,419.28	3313	\$94,561.80
Hospice	0	\$0.00	0	\$0.00
Native American	50	\$1,325.50	354	\$19,137.00
Five Percent Cost Share Limit Met	36,587	\$457,714.47	279,437	\$3,497,944.08
FPL No longer >100% - Contribution	0	\$0.00	0	\$0.00
TOTAL	37,725	505,657.30	286,911	3,818,794.23

Healthy Behavior Incentives

There are also cases in which a beneficiary may qualify for a reduction in co-pays and/or contributions due to Healthy Behavior incentives. All health plans offer enrolled beneficiaries financial incentives that reward healthy behaviors and personal responsibility. To be eligible for incentives a beneficiary must first complete a health risk assessment (HRA) with their primary care provider (PCP) and agree to address or maintain health behaviors.

Co-pays – Beneficiaries can receive a 50% reduction in co-pays once they have paid 2% of their income in co-pays AND agree to address or maintain healthy behaviors.

Contributions - Beneficiaries can receive a 50% reduction in contributions if they complete an HRA with a PCP attestation and agree to address or maintain healthy behaviors.

Gift Cards – Beneficiaries at or below 100% FPL receive a \$50.00 gift card if they complete an HRA with a PCP attestation and agree to address or maintain healthy behaviors.

Chart 5B: Healthy Behaviors				
	Oct-15		YTD	
	# of Beneficiaries	Total \$	# of Beneficiaries	Total \$
Co-pay	301	\$1,252.81	848	\$3,926.39
Contribution	2,870	\$95,815.35	17,138	\$551,558.65
Gift Cards	5,087	N/A	57,542	N/A
TOTAL	8,258	\$97,068.16	75,528	\$555,485.04

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: OCTOBER 2015

Beneficiaries that do not pay three consecutive months they have been billed copays or contributions are considered “consistently failing to pay (CFP)” status. Once a beneficiary is in CFP status, the following language is added to the quarterly statement: “If your account is overdue, you may have a penalty. For example, if you have a healthy behavior reduction, you could lose it. Your information may also be sent to the Michigan Department of Treasury. They can take your overdue amount from your tax refund or future lottery winnings. Your doctor cannot refuse to see you because of an overdue amount.” Beneficiaries that are in CFP status and have a total amount owed of at least \$50 can be referred to the Department of Treasury for collection. Beneficiaries that have not paid at least 50% of their total contributions and copays billed to them in the past 12 months can also be referred to the Department of Treasury for collection.

Chart 6 displays the past due collection history and the number of beneficiaries that have past due balances that can be collected through the Department of Treasury.

Chart 6: Past Due Collection Amounts		
Month	# of Beneficiaries with Past Due Co-pays/Contributions	# of Beneficiaries with Past Due Co-pays/Contributions that are Collectible Debt
May-15	23,046	116
Jun-15	29,073	1,404
Jul-15	38,956	2,198
Aug-15	46,584	830
Sep-15	49,638	2,627
Oct-15	53,078	3,273

Chart 7 displays the total amount of past due invoices according to the length of time the invoice has been outstanding.

Chart 7: Delinquent Copay and Contribution Amounts by Aging Category						
Days	0-30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days	TOTAL
Amount Due	\$603,141.39	\$518,601.86	\$440,428.61	\$381,446.00	\$1,470,186.30	\$3,413,804.16
Number of Beneficiaries That Owe	56,187	48,820	41,941	36,709	45,586	86,457

MI HEALTH ACCOUNT



EXECUTIVE SUMMARY REPORT

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HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2015

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A contribution is the amount of money that is paid toward health care coverage. **Beneficiaries with incomes at or below 100% of the Federal Poverty Level (FPL) will NOT have a contribution.** Beneficiaries above 100% FPL are required to pay contributions that are based on income and family size. The quarterly statement informs beneficiaries what to pay for co-pays and contributions each month for the next three months, includes payment coupons with instructions on how to make a payment, as well as tips on how to reduce costs (Healthy Behavior incentives). The statement lists the services the beneficiary has received, the amount the beneficiary has paid, what amount they still need to pay, and the amount the health plan has paid.

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Jul-15	96,770	22,745	6,427	9,913	\$250,438.00	\$897,209.03	40.39%
Aug-15	61,759	14,472	5,448	7,478	\$153,361.67	\$706,162.56	44.36%
Sep-15	76,512	17,398	6,830	8,596	\$186,792.48	\$831,609.13	42.90%
Oct-15	95,337	20,085	8,920	9,259	\$186,698.16	\$993,375.77	40.14%
Nov-15	62,459	26,447	8,602	6,791	\$177,522.02	\$841,134.41	66.99%
Dec-15	74,326	27,792	10,747	6,083	\$161,245.77	\$917,954.67	60.04%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2015

Payments for the MIHA are due on the 15th of the month following the month they were billed.

Chart 2 displays a collection history of the number of beneficiaries that owe into the MIHA, the number of beneficiaries that have paid and the total dollar amount collected. The chart below displays all quarterly statement mailings, amounts owed and amounts collected to date. Completed quarterly payment cycles are explained and reflected in chart 3.

Chart 2: Collection Amount Summary						
Month Statement Mailed	Beneficiaries Required to Pay	Number of Beneficiaries Paid	Percent of Beneficiaries Paid	Total Amount Owed*	Amount Collected	Percentage Collected*
Oct-14	3,974	1,952	49.12%	\$24,422.08	\$13,218.07	54.12%
Nov-14	2,295	914	39.83%	\$40,683.08	\$22,309.02	54.84%
Dec-14	26,414	10,740	40.66%	\$480,609.19	\$273,276.04	56.86%
Jan-15	25,971	10,743	41.37%	\$582,765.34	\$275,885.77	47.34%
Feb-15	11,282	4,698	41.64%	\$248,305.06	\$119,433.50	48.10%
Mar-15	29,526	12,240	41.45%	\$589,201.06	\$294,111.02	49.92%
Apr-15	30,683	10,713	34.92%	\$648,132.87	\$257,244.33	39.69%
May-15	19,377	6,365	32.85%	\$403,864.26	\$156,526.95	38.76%
Jun-15	29,135	11,140	38.24%	\$651,013.03	\$279,438.34	42.92%
Jul-15	39,085	12,191	31.19%	\$724,174.73	\$292,541.10	40.40%
Aug-15	27,398	6,839	24.96%	\$449,470.76	\$177,919.07	39.58%
Sep-15	32,824	10,685	32.55%	\$819,761.28	\$267,874.35	32.68%
Oct-15	38,264	10,512	27.47%	\$1,180,073.93	\$258,031.62	21.87%
Nov-15	41,840	5,832	13.94%	\$1,018,656.43	\$134,432.66	13.20%
Dec-15	44,622	5,077	11.38%	\$1,079,200.44	\$91,025.99	8.43%
TOTAL	402,690	120,641	29.96%	\$8,940,333.54	\$2,913,267.83	32.59%

***Note: The total amount owed and percentage collected will fluctuate within a quarter as changes to beneficiary circumstances affect the MIHA. For instance, if a beneficiary reports a change in income that drops them below 100% of FPL, contribution amounts will be adjusted and may include removal of amounts reflected on the last quarterly statement that are not yet paid.**

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2015

Chart 3 displays the total amount collected by completed quarter, by enrollment month. For example, beneficiaries who enrolled in May 2014 received their first quarterly statement in November 2014. These individuals had until February 2015 to pay in full, which constitutes a completed quarter. Please note that the Percentage Collected will change even in completed quarters because payments received are applied to the oldest invoice owed.

Chart 3: Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
April 2014	Oct 2014 - Dec 2014	\$24,422.08	\$13,218.07	54.12%
	Jan 2015 - Mar 2015	\$204,384.25	\$101,770.38	49.79%
	Apr 2015 - Jun 2015	\$172,307.16	\$72,039.38	41.81%
	Jul 2015 - Sept 2015	\$149,375.35	\$59,310.90	39.71%
May 2014	Nov 2014 - Jan 2015	\$40,683.08	\$22,309.02	54.84%
	Feb 2015 - Apr 2015	\$62,935.61	\$30,668.62	48.73%
	May 2015 - Jul 2015	\$49,697.78	\$22,854.77	45.99%
	Aug 2015 - Oct 2015	\$33,661.49	\$16,466.74	48.92%
June 2014	Dec 2014 - Feb 2015	\$480,609.19	\$273,276.04	56.86%
	Mar 2015 - May 2015	\$357,508.85	\$199,865.96	55.91%
	Jun 2015 - Aug 2015	\$366,653.53	\$179,289.86	48.90%
	Sept 2015 - Nov 2015	\$232,149.14	\$94,607.10	40.75%
July 2014	Jan 2015 - Mar 2015	\$378,381.09	\$174,115.39	46.02%
	Apr 2015 - Jun 2015	\$284,107.28	\$112,307.47	39.53%
	Jul 2015 - Sept 2015	\$232,149.14	\$94,607.10	40.75%
Aug 2014	Feb 2015 - Apr 2015	\$185,369.45	\$88,764.88	47.89%
	May 2015 - Jul 2015	\$138,151.97	\$53,074.88	38.42%
	Aug 2015 - Oct 2015	\$94,987.99	\$41,059.79	43.23%
Sept 2014	Mar 2015 - May 2015	\$231,692.21	\$94,245.06	40.68%
	Jun 2015 - Aug 2015	\$167,281.87	\$55,607.49	33.24%
	Sept 2015 - Nov 2015	\$119,089.39	\$44,044.47	36.98%
Oct 2014	Apr 2015 - Jun 2015	\$191,718.43	\$72,897.48	38.02%
	Jul 2015 - Sept 2015	\$119,089.39	\$44,044.47	36.98%
Nov 2014	May 2015 - Jul 2015	\$216,014.51	\$80,597.30	37.31%
	Aug 2015 - Oct 2015	\$110,509.93	\$40,508.03	36.66%
Dec 2014	Jun 2015 - Aug 2015	\$117,077.63	\$44,540.99	38.04%
	Sept 2015 - Nov 2015	\$89,537.55	\$24,207.55	27.04%

Chart 3 continued on page 5

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2015

Chart 3 continued from page 4

Chart 3: Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
Jan 2015	Jul 2015 - Sept 2015	\$223,560.85	\$94,578.63	42.31%
Feb 2015	Aug 2015 - Oct 2015	\$210,311.35	\$79,884.51	37.98%
Mar 2015	Sept 2015 - Nov 2015	\$229,536.89	\$70,311.55	30.63%

Payments for the MIHA can be made one of two ways. Beneficiaries can mail a check or money order to the MIHA payment address. The payment coupon is not required to send in a payment by mail. Beneficiaries also have the option to pay online using a bank account.

Chart 4 displays a six month history of the percentage of payments made into the MIHA.

Chart 4: Methods of Payment						
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Percent Paid Online	27.86%	30.79%	27.93%	26.62%	28.31%	29.33%
Percent Paid by Mail	72.14%	69.21%	72.07%	73.38%	71.69%	72.70%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2015

Adjustment Activities

Beneficiaries are not required to pay co-pays and/or contributions when specific criteria are met. In these cases, an adjustment is made to the beneficiary's quarterly statement.

This includes populations that are exempt; beneficiaries that are under age 21, pregnant, in hospice and Native American beneficiaries. It also includes beneficiaries who were not otherwise exempt, but have met their five percent maximum cost share and beneficiaries whose Federal Poverty Level is no longer in a range that requires a contribution.

Chart 5A: Adjustment Activities				
	Dec-15		YTD	
	# of Beneficiaries	Total \$	# of Beneficiaries	Total \$
Beneficiary is under age 21	377	19,179.40	4636	\$253,757.75
Pregnancy	307	10,964.98	4023	\$118,850.02
Hospice	0	0.00	0	\$0.00
Native American	52	396.50	442	\$21,517.00
Five Percent Cost Share Limit Met	5,912	453,071.82	290,451	\$4,427,368.55
FPL No longer >100% - Contribution	0	0.00	0	\$0.00
TOTAL	6,648	483,612.70	299,552	4,821,493.32

Healthy Behavior Incentives

There are also cases in which a beneficiary may qualify for a reduction in co-pays and/or contributions due to Healthy Behavior incentives. All health plans offer enrolled beneficiaries financial incentives that reward healthy behaviors and personal responsibility. To be eligible for incentives a beneficiary must first complete a health risk assessment (HRA) with their primary care provider (PCP) and agree to address or maintain health behaviors.

Co-pays – Beneficiaries can receive a 50% reduction in co-pays once they have paid 2% of their income in co-pays AND agree to address or maintain healthy behaviors.

Contributions - Beneficiaries can receive a 50% reduction in contributions if they complete an HRA with a PCP attestation and agree to address or maintain healthy behaviors.

Gift Cards – Beneficiaries at or below 100% FPL receive a \$50.00 gift card if they complete an HRA with a PCP attestation and agree to address or maintain healthy behaviors.

Chart 5B: Healthy Behaviors				
	Dec-15		YTD	
	# of Beneficiaries	Total \$	# of Beneficiaries	Total \$
Co-pay	203	533.06	1246	\$5,041.52
Contribution	2,555	91,372.69	21,750	\$713,495.37
Gift Cards	3,527	n/a	61,069	n/a
TOTAL	6,285	\$91,905.75	84,065	\$718,536.89

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2015

Beneficiaries that do not pay three consecutive months they have been billed copays or contributions are considered “consistently failing to pay (CFP)” status. Once a beneficiary is in CFP status, the following language is added to the quarterly statement: “If your account is overdue, you may have a penalty. For example, if you have a healthy behavior reduction, you could lose it. Your information may also be sent to the Michigan Department of Treasury. They can take your overdue amount from your tax refund or future lottery winnings. Your doctor cannot refuse to see you because of an overdue amount.” Beneficiaries that are in CFP status and have a total amount owed of at least \$50 can be referred to the Department of Treasury for collection. Beneficiaries that have not paid at least 50% of their total contributions and copays billed to them in the past 12 months can also be referred to the Department of Treasury for collection.

Chart 6 displays the past due collection history and the number of beneficiaries that have past due balances that can be collected through the Department of Treasury.

Chart 6: Past Due Collection Amounts		
Month	# of Beneficiaries with Past Due Co-pays/Contributions	# of Beneficiaries with Past Due Co-pays/Contributions that are Collectible Debt
Jul-15	38,956	2,198
Aug-15	46,584	830
Sep-15	49,638	2,627
Oct-15	53,078	3,273
Nov-15	59,458	1,706
Dec-15	66,337	3,625

Chart 7 displays the total amount of past due invoices according to the length of time the invoice has been outstanding.

Chart 7: Delinquent Copay and Contribution Amounts by Aging Category						
Days	0-30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days	TOTAL
Amount Due	\$612,379.17	\$555,361.96	\$485,822.44	\$427,076.99	\$2,118,911.88	\$4,199,552.44
Number of Beneficiaries That Owe	53,487	49,650	46,156	41,195	58,402	95,668

MI HEALTH ACCOUNT



EXECUTIVE SUMMARY REPORT

JANUARY 2016



HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2016

MAXIMUS contracts with each Healthy Michigan Plan health plan to operate the MI Health Account (MIHA). The MIHA documents health care costs and payments for health plan members eligible for the Healthy Michigan Plan. Any amount the beneficiary owes to the MIHA is reflected in the quarterly statement that is mailed to the beneficiary. The MIHA quarterly statement shows the total amount owed for co-pays and/or contributions.

A co-pay is a fixed amount beneficiaries pay for a health care service. Before a beneficiary is enrolled in managed care, the beneficiary will pay any co-pays directly to their provider at the time of service. Once enrolled in managed care, co-pays for health plan covered services will be paid into the MIHA.

A contribution is the amount of money that is paid toward health care coverage. **Beneficiaries with incomes at or below 100% of the Federal Poverty Level (FPL) will NOT have a contribution.** Beneficiaries above 100% FPL are required to pay contributions that are based on income and family size. The quarterly statement informs beneficiaries what to pay for co-pays and contributions each month for the next three months, includes payment coupons with instructions on how to make a payment, as well as tips on how to reduce costs (Healthy Behavior incentives). The statement lists the services the beneficiary has received, the amount the beneficiary has paid, what amount they still need to pay, and the amount the health plan has paid.

Quarterly Statement Mailing Guidelines

- The first quarterly statement is mailed six months after a beneficiary joins a health plan. After that, quarterly statements are sent every three months.
- A beneficiary follows his or her own enrollment quarter based on their enrollment effective date.
- Quarterly statements are mailed by the 15th calendar day of each month
- Statements are not mailed to beneficiaries if there are no health care services to display or payment due for a particular quarter.

Chart 1 displays the statement mailing activity for the past six months including co-pay and contribution amounts owed at the time the statement was mailed.

Chart 1: Account Statement Mailing							
Month Statement Mailed	Statements Mailed	Statements Requiring a Copay Only	Statements Requiring a Contribution Only	Statements Requiring a Copay and Contribution	Total Copay Amount Owed	Total Contribution Amount Owed	Percentage of Statements Requiring Payment
Aug-15	61,759	14,472	5,448	7,478	\$153,361.67	\$706,162.56	44.36%
Sep-15	76,512	17,398	6,830	8,596	\$186,792.48	\$831,609.13	42.90%
Oct-15	95,337	20,085	8,920	9,259	\$186,698.16	\$993,375.77	40.14%
Nov-15	62,459	26,447	8,602	6,791	\$177,522.02	\$841,134.41	66.99%
Dec-15	74,326	27,792	10,747	6,083	\$161,245.77	\$917,954.67	60.04%
Jan-16	86,889	12,563	12,047	6,280	\$87,537.34	\$957,423.10	35.55%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2016

Payments for the MIHA are due on the 15th of the month following the month they were billed.

Chart 2 displays a collection history of the number of beneficiaries that owe into the MIHA, the number of beneficiaries that have paid and the total dollar amount collected. The chart below displays all quarterly statement mailings, amounts owed and amounts collected to date. Completed quarterly payment cycles are explained and reflected in chart 3.

Chart 2: Collection Amount Summary						
Month Statement Mailed	Beneficiaries Required to Pay	Number of Beneficiaries Paid	Percent of Beneficiaries Paid	Total Amount Owed*	Amount Collected	Percentage Collected*
Oct-14	3,974	1,964	49.42%	\$24,358.74	\$13,313.58	54.66%
Nov-14	2,295	915	39.87%	\$40,408.40	\$22,330.52	55.26%
Dec-14	26,414	10,776	40.80%	\$476,351.48	\$273,869.86	57.49%
Jan-15	25,971	10,797	41.57%	\$576,465.83	\$275,951.40	47.87%
Feb-15	11,282	4,705	41.70%	\$247,543.72	\$119,727.90	48.37%
Mar-15	29,526	12,298	41.65%	\$585,655.02	\$296,134.10	50.56%
Apr-15	30,683	10,828	35.29%	\$646,821.89	\$260,353.38	40.25%
May-15	19,377	6,391	32.98%	\$402,563.32	\$158,134.28	39.28%
Jun-15	29,135	11,270	38.68%	\$649,036.20	\$285,278.83	43.95%
Jul-15	39,085	12,498	31.98%	\$721,633.79	\$300,882.34	41.69%
Aug-15	27,398	6,901	25.19%	\$447,019.93	\$182,427.14	40.81%
Sep-15	32,824	10,921	33.27%	\$819,264.15	\$282,816.68	34.52%
Oct-15	38,264	11,048	28.87%	\$973,946.11	\$277,629.47	28.51%
Nov-15	41,840	6,105	14.59%	\$1,018,656.43	\$150,518.91	14.78%
Dec-15	44,622	6,057	13.57%	\$1,079,200.44	\$115,922.05	10.74%
Jan-16	30,890	3,146	10.18%	\$1,044,960.44	\$53,494.00	5.12%
TOTAL	433,580	126,620	29.20%	\$9,753,885.89	\$3,068,784.44	31.46%

***Note: The total amount owed and percentage collected will fluctuate within a quarter as changes to beneficiary circumstances affect the MIHA. For instance, if a beneficiary reports a change in income that drops them below 100% of FPL, contribution amounts will be adjusted and may include removal of amounts reflected on the last quarterly statement that are not yet paid.**

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2016

Chart 3 displays the total amount collected by completed quarter, by enrollment month. For example, beneficiaries who enrolled in May 2014 received their first quarterly statement in November 2014. These individuals had until February 2015 to pay in full, which constitutes a completed quarter. Please note that the Percentage Collected will change even in completed quarters because payments received are applied to the oldest invoice owed.

Chart 3: Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
April 2014	Oct 2014 - Dec 2014	\$24,358.74	\$13,313.58	54.66%
	Jan 2015 - Mar 2015	\$202,677.89	\$101,975.97	50.31%
	Apr 2015 - Jun 2015	\$172,131.49	\$73,125.14	42.48%
	Jul 2015 - Sept 2015	\$149,182.67	\$61,197.79	41.02%
May 2014	Nov 2014 - Jan 2015	\$40,408.40	\$22,330.52	55.26%
	Feb 2015 - Apr 2015	\$62,681.61	\$30,740.18	49.04%
	May 2015 - Jul 2015	\$49,500.28	\$23,101.36	46.67%
	Aug 2015 - Oct 2015	\$33,544.88	\$17,007.00	50.70%
June 2014	Dec 2014 - Feb 2015	\$476,351.48	\$273,869.86	57.49%
	Mar 2015 - May 2015	\$354,581.49	\$201,227.66	56.75%
	Jun 2015 - Aug 2015	\$365,991.52	\$182,869.14	49.97%
	Sept 2015 - Nov 2015	\$231,467.12	\$97,380.63	42.07%
July 2014	Jan 2015 - Mar 2015	\$373,787.94	\$173,975.43	46.54%
	Apr 2015 - Jun 2015	\$283,149.29	\$113,357.81	40.03%
	Jul 2015 - Sept 2015	\$231,467.12	\$97,380.63	42.07%
	Oct 2015 - Dec 2015	\$230,322.11	\$63,231.26	27.45%
Aug 2014	Feb 2015 - Apr 2015	\$184,862.11	\$88,987.72	48.14%
	May 2015 - Jul 2015	\$137,563.47	\$53,678.25	39.02%
	Aug 2015 - Oct 2015	\$94,734.66	\$42,539.09	44.90%
Sept 2014	Mar 2015 - May 2015	\$231,073.53	\$94,906.44	41.07%
	Jun 2015 - Aug 2015	\$166,249.72	\$57,185.67	34.40%
	Sept 2015 - Nov 2015	\$118,566.91	\$45,617.08	38.47%
Oct 2014	Apr 2015 - Jun 2015	\$191,541.11	\$73,870.43	38.57%
	Jul 2015 - Sept 2015	\$118,566.91	\$45,617.08	38.47%
	Oct 2015 - Dec 2015	\$129,591.53	\$32,632.73	25.18%
Nov 2014	May 2015 - Jul 2015	\$215,499.57	\$81,354.67	37.75%
	Aug 2015 - Oct 2015	\$109,130.04	\$41,792.94	38.30%

Chart 3 continued on page 5

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2016

Chart 3 continued from page 4

Chart 3: Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
Dec 2014	Jun 2015 - Aug 2015	\$116,794.96	\$45,224.02	38.72%
	Sept 2015 - Nov 2015	\$89,466.87	\$25,440.48	28.44%
Jan 2015	Jul 2015 - Sept 2015	\$222,417.09	\$96,686.84	43.47%
	Oct 2015 - Dec 2015	\$177,008.61	\$52,164.12	29.47%
Feb 2015	Aug 2015 - Oct 2015	\$209,610.35	\$81,088.11	38.69%
Mar 2015	Sept 2015 - Nov 2015	\$229,425.67	\$73,088.23	31.86%

Payments for the MIHA can be made one of two ways. Beneficiaries can mail a check or money order to the MIHA payment address. The payment coupon is not required to send in a payment by mail. Beneficiaries also have the option to pay online using a bank account.

Chart 4 displays a six month history of the percentage of payments made into the MIHA.

Chart 4: Methods of Payment						
	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Percent Paid Online	30.76%	27.91%	26.79%	28.55%	28.26%	24.41%
Percent Paid by Mail	69.24%	72.09%	73.21%	71.45%	71.74%	75.62%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2016

Adjustment Activities

Beneficiaries are not required to pay co-pays and/or contributions when specific criteria are met. In these cases, an adjustment is made to the beneficiary's quarterly statement.

This includes populations that are exempt; beneficiaries that are under age 21, pregnant, in hospice and Native American beneficiaries. It also includes beneficiaries who were not otherwise exempt, but have met their five percent maximum cost share and beneficiaries whose Federal Poverty Level is no longer in a range that requires a contribution.

Chart 5A: Adjustment Activities				
	Jan-16		YTD	
	# of Beneficiaries	Total \$	# of Beneficiaries	Total \$
Beneficiary is under age 21	467	23,310.84	467	23,310.84
Pregnancy	482	17,582.86	482	17,582.86
Hospice	0	0.00	0	0.00
Native American	51	1,097.00	51	1,097.00
Five Percent Cost Share Limit Met	22,665	296,284.38	22,665	296,284.38
FPL No longer >100% - Contribution	0	0.00	0	0.00
TOTAL	23,665	338,275.08	23,665	338,275.08

Healthy Behavior Incentives

There are also cases in which a beneficiary may qualify for a reduction in co-pays and/or contributions due to Healthy Behavior incentives. All health plans offer enrolled beneficiaries financial incentives that reward healthy behaviors and personal responsibility. To be eligible for incentives a beneficiary must first complete a health risk assessment (HRA) with their primary care provider (PCP) and agree to address or maintain health behaviors.

Co-pays – Beneficiaries can receive a 50% reduction in co-pays once they have paid 2% of their income in co-pays AND agree to address or maintain healthy behaviors.

Contributions - Beneficiaries can receive a 50% reduction in contributions if they complete an HRA with a PCP attestation and agree to address or maintain healthy behaviors.

Gift Cards – Beneficiaries at or below 100% FPL receive a \$50.00 gift card if they complete an HRA with a PCP attestation and agree to address or maintain healthy behaviors.

Chart 5B: Healthy Behaviors				
	Jan-16		YTD	
	# of Beneficiaries	Total \$	# of Beneficiaries	Total \$
Co-pay	983	\$5,736.61	2,230	\$10,778.13
Contribution	940	\$101,650.78	14,364	\$815,146.15
Gift Cards	3,786	n/a	68,551	n/a
TOTAL	5,709	\$107,387.39	85,145	\$825,924.28

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2016

Beneficiaries that do not pay three consecutive months they have been billed copays or contributions are considered “consistently failing to pay (CFP)” status. Once a beneficiary is in CFP status, the following language is added to the quarterly statement: “If your account is overdue, you may have a penalty. For example, if you have a healthy behavior reduction, you could lose it. Your information may also be sent to the Michigan Department of Treasury. They can take your overdue amount from your tax refund or future lottery winnings. Your doctor cannot refuse to see you because of an overdue amount.” Beneficiaries that are in CFP status and have a total amount owed of at least \$50 can be referred to the Department of Treasury for collection. Beneficiaries that have not paid at least 50% of their total contributions and copays billed to them in the past 12 months can also be referred to the Department of Treasury for collection.

Chart 6 displays the past due collection history and the number of beneficiaries that have past due balances that can be collected through the Department of Treasury.

Chart 6: Past Due Collection Amounts		
Month	# of Beneficiaries with Past Due Co-pays/Contributions	# of Beneficiaries with Past Due Co-pays/Contributions that are Collectible Debt
Aug-15	46,584	830
Sep-15	49,638	2,627
Oct-15	53,078	3,273
Nov-15	59,458	1,706
Dec-15	66,337	3,625
Jan-16	74,026	4,948

Chart 7 displays the total amount of past due invoices according to the length of time the invoice has been outstanding.

Chart 7: Delinquent Copay and Contribution Amounts by Aging Category						
Days	0-30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days	TOTAL
Amount Due	\$610,738.31	\$586,861.95	\$536,402.96	\$461,766.04	\$2,459,158.00	\$4,654,927.26
Number of Beneficiaries That Owe	51,750	51,336	48,085	44,267	64,846	95,668

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

PERFORMANCE MONITORING REPORT

***MEDICAID MANAGED CARE
HEALTHY MICHIGAN PLAN
ADULT CORE SET MEASURES***

Composite – All Plans



January 2016

Revised March 16, 2016

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

Performance Monitoring Report

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Performance Monitoring Report

Executive Summary

This Performance Monitoring Report 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. In addition to this, the Department now has the capacity to report data on the basis of program area (traditional Medicaid, Healthy Michigan Plan, FFS), by beneficiary demographic information (age, gender, race/ethnicity), or region

Some measures presented here are from the Adult Core Health Care Quality Measurement Set developed by the Centers for Medicare and Medicaid Services (CMS). The specifications published by CMS for these measures were used in the generation of the rates in this report with one exception; the measures reported here do NOT include data from medical record review or other administrative databases. The measures in this report have been generated using ONLY encounter data found in the Medicaid data warehouse. Other HEDIS rates published by the Michigan Department of Health and Human Services (MDHHS) include rates derived using hybrid methodology that allows for sampling and medical record abstraction.

MDHHS monitors the performance of the State's MHPs through twenty-eight (28) key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. FY 2016 Performance monitoring includes measures of the following categories:

<i>Childhood Immunizations</i>	<i>Elective Delivery</i>	<i>Postpartum Care</i>	<i>Blood Lead Testing</i>	<i>Developmental Screening</i>	<i>Well-Child Visits First 15 months</i>
<i>Well-Child Visits 3-6 Years</i>	<i>Complaints</i>	<i>Claims Processing</i>	<i>Encounter Data Reporting</i>	<i>Pharmacy Encounter Data</i>	<i>Provider File Reporting</i>
<i>Adults Generic Drug Utilization</i>	<i>Timely Completion of HRA</i>	<i>Outreach & Engagement to Facilitate Entry to Primary Care</i>	<i>Plan All-Cause Acute 30-Day Readmissions</i>	<i>Adults' Access to Ambulatory Health Services</i>	<i>Adult Body Mass Index Assessment</i>
<i>Breast Cancer Screening</i>	<i>Cervical Cancer Screening</i>	<i>Diabetes Short-Term Complications Admission Rate</i>	<i>COPD or Asthma in Older Adults Admission Rate</i>	<i>Heart Failure Admission Rate</i>	<i>Asthma in Younger Adults Admission Rate</i>
<i>Chlamydia Screening in Women Age 21-24</i>	<i>Comprehensive Diabetes Care: Hemoglobin A1c Testing</i>	<i>Antidepressant Medication Management</i>	<i>Annual Monitoring for Patients on Persistent Medications</i>		

Data for each of the twenty-eight (28) measures are represented in this report on a quarterly basis. The body of the report contains a cross-plan analysis of the most current data available for each performance measure. MDHHS has established specific three letter codes identifying each Health Plan. These codes are listed in Appendix A. Appendix B contains the one-year plan specific analysis for each measure.

Performance Monitoring Report

Measurement Frequency

The data for each performance measure vary in frequency. While most measures will be run on a quarterly basis, there are others that are run monthly. All monthly measures will be reported on a quarterly basis in the Performance Monitoring Report.

Measurement Periods for each measure may vary and are based on the specifications for that individual measure. In addition to this, Figures 4 through 25 depict only Managed Care Plan data, and not Fee-For-Service (FFS) data.

MHPs are contractually obligated to achieve specified standards for most measures. The following tables display 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 month or quarter, for fiscal year 2016 unless otherwise noted.

Table 1: Fiscal Year 2016¹

Quarterly Reported Measures	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Childhood Immunizations	N/A			
Elective Delivery	N/A			
Postpartum Care	0/13			
Well-Child Visits 0-15 Months	6/12			
Well-Child Visits 3-6 Years	0/13			
Complaints	7/13			
Adults' Generic Drug Utilization	13/13			
Timely Completion of Initial HRA	1/13			
Outreach & Engagement to Facilitate Entry to PCP	0/13			
Plan All-Cause Acute 30-Day Readmissions	5/13			
Adults' Access to Ambulatory Health Services	2/13			
Adult Body Mass Index Assessment	0/13			
Breast Cancer Screening	9/12			
Cervical Cancer Screening	0/13			
Diabetes Short-Term Complications Admission Rate	N/A			
COPD or Asthma in Older Adults Admission Rate	N/A			
Heart Failure Admission Rate	N/A			
Asthma in Younger Adults Admission Rate	N/A			
Chlamydia Screening in Women Ages 21-24	1/13			
Comprehensive Diabetes Care: Hemoglobin A1c Testing	2/13			

¹ Measures that show "N/A" have no minimum standard set and all published data for the measure is informational only.

Performance Monitoring Report

Table 1: Fiscal Year 2016 (continued)

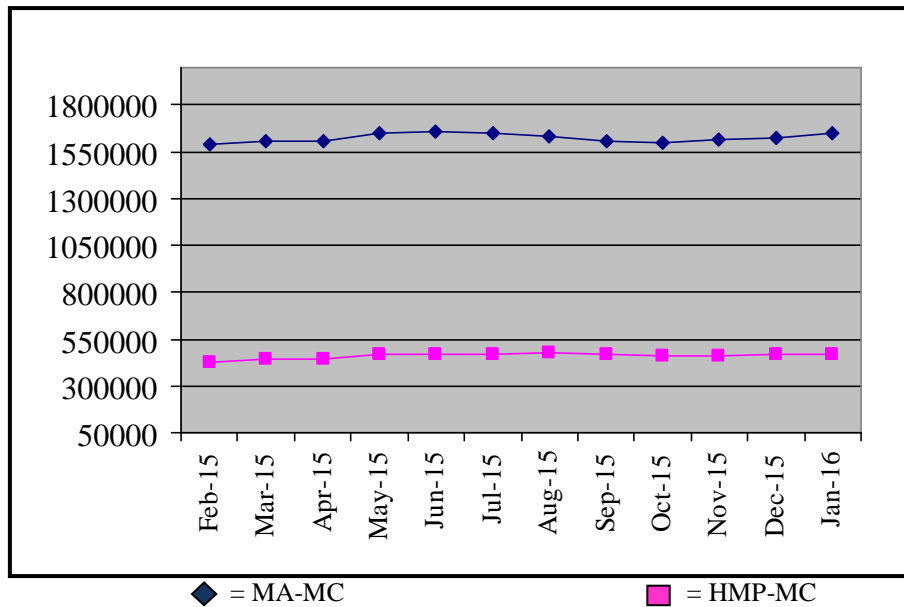
Antidepressant Medication Management	N/A											
Annual Monitoring for Patients on Persistent Medications	0/13											
Monthly Reported Measures	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Blood Lead Testing	3/12	3/12	3/12									
Developmental Screening First Year of Life	11/13	11/13	11/13									
Developmental Screening Second Year of Life	10/13	10/13	10/13									
Developmental Screening Third Year of Life	8/13	8/13	9/13									
Claims Processing	12/13	12/13	12/13									
Encounter Data Reporting	13/13	12/13	12/13									
Pharmacy Encounter Data	13/13	13/13	13/13									
Provider File Reporting	13/13	13/13	13/13									

Managed Care Enrollment

Michigan Medicaid Managed Care (MA-MC) enrollment has remained steady over the past year. In January 2016, enrollment was 1,650,824, up 64,495 enrollees (4.1%) from February 2015. An increase of 24,172 enrollees (1.5%) was realized between December 2015 and January 2016.

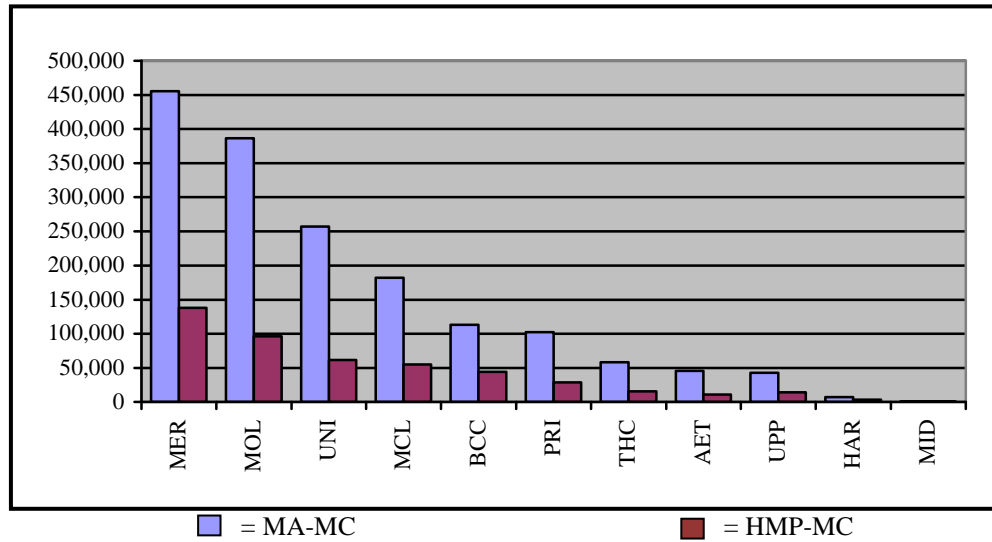
The Healthy Michigan Plan (HMP-MC) enrollment has also remained steady over the past year. In January 2016, enrollment was 467,688, up 44,089 enrollees (10.4%) from February 2015. An increase of 646 enrollees (0.1%) was realized between December 2015 and January 2016.

Figure 1: MA-MC and HMP-MC Enrollment, February 2015 – January 2016



Performance Monitoring Report

Figure 2: MA-MC and HMP-MC Enrollment, by Health Plan, January 2016



Medicaid Health Plan News

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

As of September 1, 2015 HealthPlus Partners, Inc. (HPP) is no longer an active Medicaid Health Plan. However, their information will continue to appear in the quarterly PMR until such data is no longer available.

As of January 1, 2016 Sparrow PHP (PHP) is no longer an active Medicaid Health Plan. However, their information will continue to appear in the quarterly PMR until such data is no longer available.

Cross-Plan Performance Monitoring Analyses

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

Performance Monitoring Report

Childhood Immunizations

Measure

Percentage of children who turned two years old during the measurement period and received the complete Combination 3 childhood immunization series. The Combination 3 immunization series consists of 4 DtaP/DT, 3 IPV, 1 MMR, 3 Hib, 3 HEPB, 1 VZV, and 4 PCV.

Minimum Standard

N/A – This measure is informational only

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Data for this measure will not be reported this quarter.

Performance Monitoring Report

Elective Delivery

Measure

Percentage of pregnant women enrolled in a health plan with elective vaginal deliveries or elective cesarean sections greater than or equal to 37, and less than 39 weeks complete gestation during the measurement period.

NOTE: There is no continuous enrollment requirement for this measure.

Minimum Standard

N/A – This measure is informational only.

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Data for this measure will not be reported this quarter.

Performance Monitoring Report

Postpartum Care

Measure

Percentage of women who delivered live births between day one and day 309 of the measurement period that had a postpartum visit on or between 21 and 56 days after delivery.

Minimum Standard

At or above 70% (as shown on bar graph below)

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

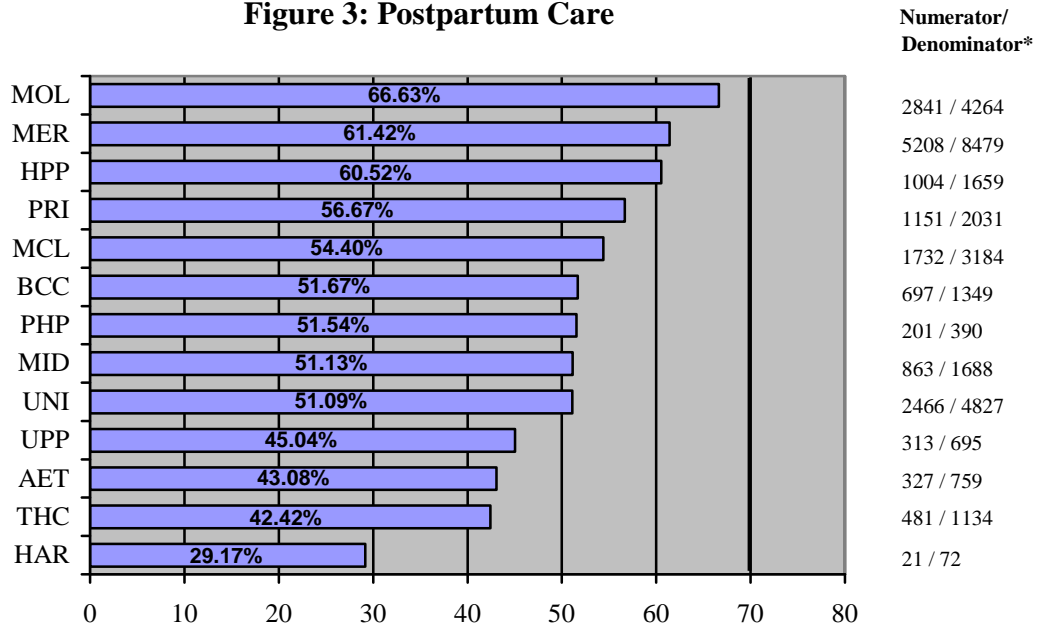
Summary:

None of the plans met or exceeded the standard. Results ranged from 29.17% to 66.63%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	22101	41409	53.37%
Fee For Service (FFS) only	692	2216	31.23%
Managed Care only	17581	31048	56.63%
MA-MC	16103	28456	56.59%
HMP-MC	603	1147	52.57%

Figure 3: Postpartum Care



Postpartum Care Percentages

*Numerator depicts the number of eligible beneficiaries who delivered live births between day 1 and day 309 of the measurement period, and who also had a postpartum visit on or between 21 and 56 days after delivery. Denominator depicts the total number of eligible beneficiaries.

Performance Monitoring Report

Blood Lead Testing for Two Year Olds

Measure

Percentage of two year old children that have had at least one blood lead test on or before their second birthday.

Minimum Standard

At or above 81% for continuously enrolled children

Measurement Period

October 2015 – December 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Monthly

Summary

Three plans met or exceeded the standard in October, November, and December, while nine plans (AET, BCC, HAR, MER, MID, MOL, PHP, THC, and UNI) did not.

Table 3: Blood Lead Testing for Two Year Olds

MHP	Standard	Cont. Enrolled Result			Standard Achieved		
		Oct	Nov	Dec	Oct	Nov	Dec
AET	81%	74%	73%	71%	No	No	No
BCC	81%	67%	69%	69%	No	No	No
HAR	81%	64%	66%	66%	No	No	No
MCL	81%	82%	82%	81%	Yes	Yes	Yes
MER	81%	80%	79%	79%	No	No	No
MID	81%	70%	70%	71%	No	No	No
MOL	81%	73%	73%	73%	No	No	No
PHP	81%	80%	80%	79%	No	No	No
PRI	81%	81%	82%	82%	Yes	Yes	Yes
THC	81%	70%	70%	70%	No	No	No
UNI	81%	75%	75%	75%	No	No	No
UPP	81%	89%	88%	89%	Yes	Yes	Yes

Performance Monitoring Report

Developmental Screening

Measure

This measure includes three rates: The percentage of children less than one (1) year old who receive a developmental screening; the percentage of children between their 1st and 2nd birthday who receive a developmental screening; and the percentage of children between their 2nd and 3rd birthday who receive a developmental screening.

Minimum Standard

At or above 19% - First year of Life
 At or above 23% - Second Year of Life
 At or above 17% - Third Year of Life

Measurement Period

October 2015 – December 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Monthly

Summary:

Eleven plans met or exceeded the standard for the *first year of life* for October, November and December, while two plans (HAR and UPP) did not;

Ten plans met or exceeded the standard for the *second year of life* for October, November and December, while three plans (AET, HAR, and UPP) did not;

Eight plans met or exceeded the standard for the *third year of life* for October and November, while five plans (AET, HAR, PHP, THC, and UPP) did not. In December, Nine plans met or exceeded the standard, while four plans (AET, HAR, THC, and UPP) did not.

Table 4: Developmental Screening First Year of Life

MHP	Standard	Plan Result			Standard Achieved		
		Oct	Nov	Dec	Oct	Nov	Dec
AET	19%	19.67%	19.16%	20.40%	Yes	Yes	Yes
BCC	19%	37.98%	37.48%	38.01%	Yes	Yes	Yes
HAR	19%	14.81%	14.81%	17.86%	No	No	No
HPP	19%	33.73%	33.56%	34.14%	Yes	Yes	Yes
MCL	19%	22.72%	23.54%	23.67%	Yes	Yes	Yes
MER	19%	23.35%	23.65%	23.68%	Yes	Yes	Yes
MID	19%	30.57%	31.24%	31.65%	Yes	Yes	Yes
MOL	19%	23.61%	23.92%	24.08%	Yes	Yes	Yes
PHP	19%	20.92%	20.70%	22.75%	Yes	Yes	Yes
PRI	19%	25.44%	25.01%	24.81%	Yes	Yes	Yes
THC	19%	19.69%	19.06%	20.20%	Yes	Yes	Yes
UNI	19%	22.18%	22.88%	23.29%	Yes	Yes	Yes
UPP	19%	14.68%	14.42%	14.30%	No	No	No

Performance Monitoring Report

Table 5: Developmental Screening Second Year of Life

MHP	Standard	Plan Result			Standard Achieved		
		Oct	Nov	Dec	Oct	Nov	Dec
AET	23%	21.50%	21.47%	21.38%	No	No	No
BCC	23%	44.90%	45.34%	45.85%	Yes	Yes	Yes
HAR	23%	20.75%	20.37%	17.24%	No	No	No
HPP	23%	37.15%	36.66%	36.72%	Yes	Yes	Yes
MCL	23%	26.23%	26.58%	27.03%	Yes	Yes	Yes
MER	23%	26.64%	26.94%	27.16%	Yes	Yes	Yes
MID	23%	34.09%	33.38%	34.01%	Yes	Yes	Yes
MOL	23%	25.56%	26.24%	26.58%	Yes	Yes	Yes
PHP	23%	26.54%	28.53%	29.04%	Yes	Yes	Yes
PRI	23%	36.89%	38.30%	38.50%	Yes	Yes	Yes
THC	23%	23.19%	23.75%	24.78%	Yes	Yes	Yes
UNI	23%	29.59%	29.89%	29.74%	Yes	Yes	Yes
UPP	23%	17.89%	17.04%	16.07%	No	No	No

Table 6: Developmental Screening Third Year of Life

MHP	Standard	Plan Result			Standard Achieved		
		Oct	Nov	Dec	Oct	Nov	Dec
AET	17%	15.74%	15.72%	14.96%	No	No	No
BCC	17%	34.46%	34.79%	35.49%	Yes	Yes	Yes
HAR	17%	12.82%	11.11%	10.77%	No	No	No
HPP	17%	30.13%	31.69%	32.17%	Yes	Yes	Yes
MCL	17%	21.12%	21.66%	21.26%	Yes	Yes	Yes
MER	17%	21.93%	22.00%	22.33%	Yes	Yes	Yes
MID	17%	25.88%	26.62%	27.22%	Yes	Yes	Yes
MOL	17%	18.21%	18.32%	18.73%	Yes	Yes	Yes
PHP	17%	15.28%	16.27%	17.45%	No	No	Yes
PRI	17%	30.97%	31.55%	31.76%	Yes	Yes	Yes
THC	17%	14.26%	15.07%	14.95%	No	No	No
UNI	17%	22.63%	22.56%	22.69%	Yes	Yes	Yes
UPP	17%	13.72%	14.26%	14.31%	No	No	No

Performance Monitoring Report

Well-Child Visits First 15 Months

Measure

Percentage of children who turned 15 months old during the measurement period, were continuously enrolled in the health plan from 31 days of age, and received at least six well-child visit(s) during their first 15 months of life.

Minimum Standard

At or above 71% (as shown on bar graph below)

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

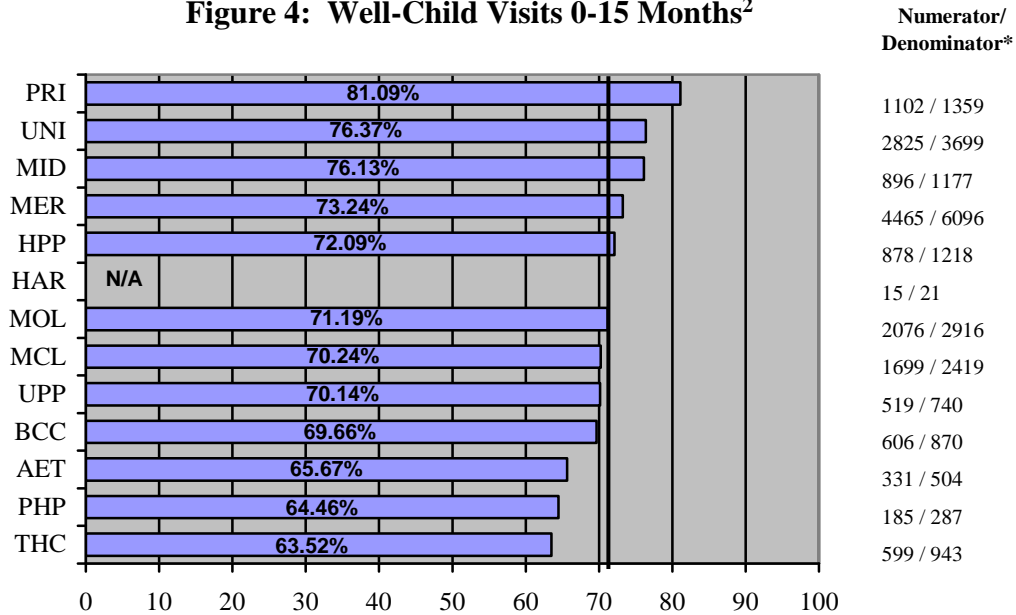
Measurement Frequency

Quarterly

Summary:

Six plans met or exceeded the standard, while six plans (AET, BCC, MCL, PHP, THC, and UPP) did not. Results ranged from 63.52% to 81.09%

Figure 4: Well-Child Visits 0-15 Months²



Well-Child Visits 0-15 Months Percentage

*Numerator depicts the number of eligible beneficiaries who had at least 6 well-child visits. Denominator depicts the total number of eligible beneficiaries.

² A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

Performance Monitoring Report

Well-Child Visits 3-6 Years Old

Measure

Percentage of children who were three, four, five, or six years old, were continuously enrolled in the health plan, and received one or more well-child visit(s) during the measurement period.

Minimum Standard

At or above 79% (as shown on bar graph below)

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

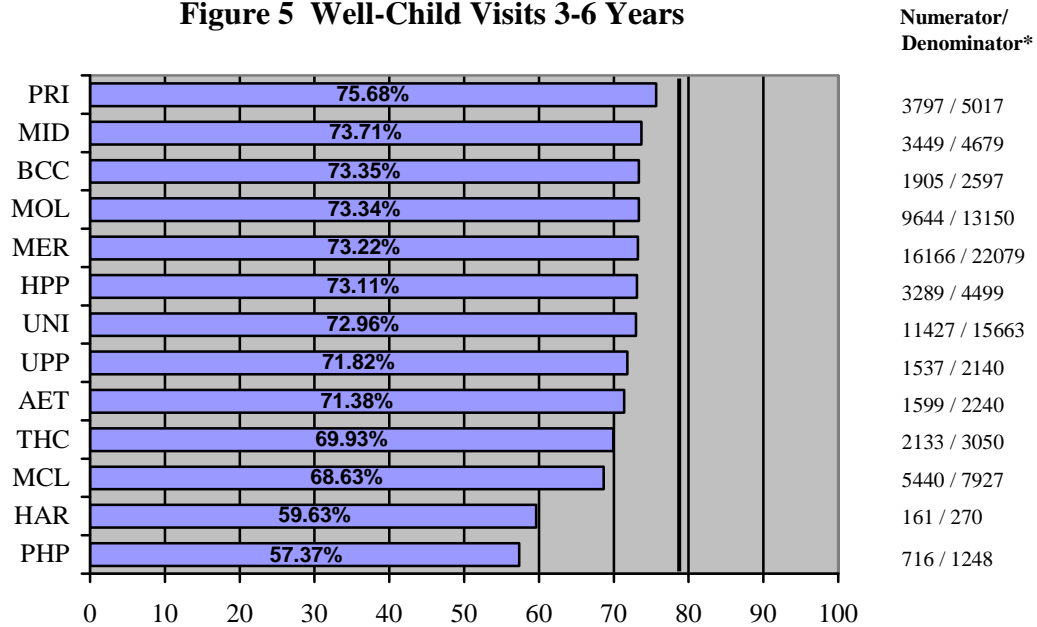
Measurement Frequency

Quarterly

Summary:

None of the plans met or exceeded the standard. Results ranged from 57.37% to 75.68%.

Figure 5 Well-Child Visits 3-6 Years



Well-Child Visits 3-6 Years Percentage

*Numerator depicts the number of eligible beneficiaries who had at least one well-child visit. Denominator depicts the total number of eligible beneficiaries.

Performance Monitoring Report

Complaints

Measure

Rate of complaints received by MDHHS during the measurement period.

Standard

At or below 0.15 complaints per 1,000 member months
(as shown on bar graph below)

Measurement Period

July 2015 – September 2015

Data Source

Customer Relations System (CRM)

Measurement Frequency

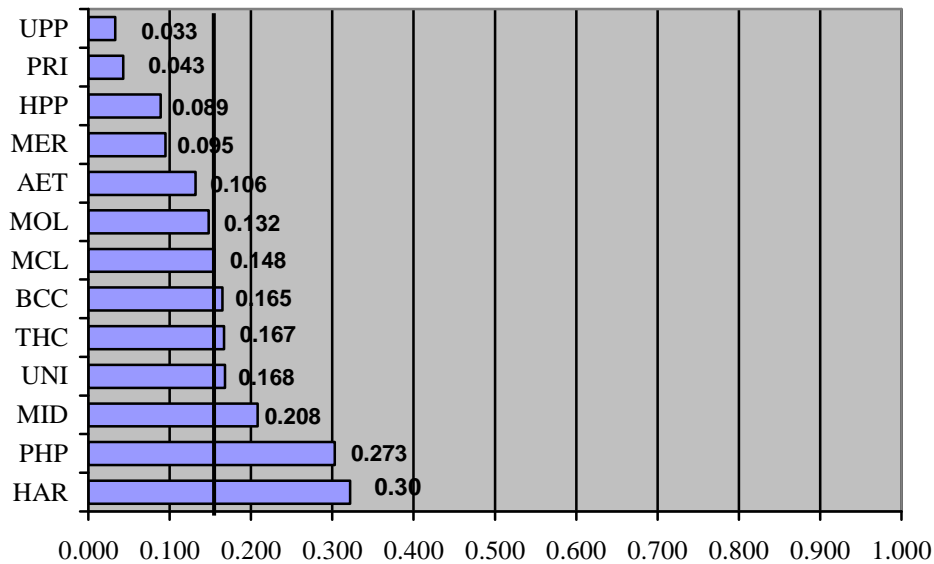
Quarterly

Summary

Seven plans met or exceeded the standard, while six plans (BCC, HAR, MID, PHP, THC, and UNI) did not. The results ranged from 0.033 to 0.303 complaints per 1,000 member months.

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

Figure 6: Complaints



Performance Monitoring Report

Claims Processing

Measure

Rate of clean non-pharmacy claims processed within 30 days, rate of non-pharmacy claims in ending inventory greater than 45 days; percent of rejected claims.

Standard

Submission of accurate claims report within 30 days of the end of the report month; process $\geq 95\%$ of clean claims within 30 days of receipt with $\leq 12\%$ rejected claims; maintain $\leq 1\%$ of ending inventory greater than 45 days.

Measurement Period

August 2015 – October 2015

Data Source

Claims report submitted by health plan

Measurement Frequency

Monthly

Summary

Twelve plans met or exceeded the standard of submitting a claims report within 30 days; processing greater than or equal to 95% of clean non-pharmacy claims within 30 days of receipt with less than or equal to 12% rejected claims; and maintaining less than or equal to 1% of ending inventory greater than 45 days in August, September, and October, while one plan (HAR) did not.

Table 7: Claims Processing August 2015

MHP	Timely	Accurate	$\geq 95\%$	$\leq 12\%$	$\leq 1\%$	Standard Achieved
AET	Yes	Yes	100%	3%	0.00%	Yes
BCC	Yes	Yes	99%	4%	0.01%	Yes
HAR	Yes	No	64%	0%	2.40%	No
HPP	Yes	Yes	100%	2%	0.00%	Yes
MCL	Yes	Yes	99%	4%	0.09%	Yes
MER	Yes	Yes	99%	9%	0.00%	Yes
MID	Yes	Yes	99%	0%	0.00%	Yes
MOL	Yes	Yes	100%	3%	0.05%	Yes
PHP	Yes	Yes	99%	0%	0.00%	Yes
PRI	Yes	Yes	100%	5%	0.16%	Yes
THC	Yes	Yes	100%	3%	0.00%	Yes
UNI	Yes	Yes	100%	7%	0.07%	Yes
UPP	Yes	Yes	98%	9%	0.00%	Yes

Performance Monitoring Report

Table 8: Claims Processing September 2015

MHP	Timely	Accurate	≥95%	<12%	<1%	Standard Achieved
AET	Yes	Yes	100%	3%	0.00%	Yes
BCC	Yes	Yes	100%	4%	0.00%	Yes
HAR	Yes	No	50%	0%	7.06%	No
HPP	Yes	Yes	100%	4%	0.05%	Yes
MCL	Yes	Yes	100%	4%	0.06%	Yes
MER	Yes	Yes	99%	8%	0.00%	Yes
MID	Yes	Yes	99%	1%	0.00%	Yes
MOL	Yes	Yes	100%	2%	0.19%	Yes
PHP	Yes	Yes	99%	0%	0.06%	Yes
PRI	Yes	Yes	100%	6%	0.02%	Yes
THC	Yes	Yes	100%	2%	0.00%	Yes
UNI	Yes	Yes	100%	6%	0.42%	Yes
UPP	Yes	Yes	98%	9%	0.00%	Yes

Table 9: Claims Processing October 2015

MHP	Timely	Accurate	≥95%	<12%	<1%	Standard Achieved
AET	Yes	Yes	98%	2%	0.07%	Yes
BCC	Yes	Yes	100%	5%	0.10%	Yes
HAR	Yes	No	50%	0%	5.24%	No
HPP	Yes	Yes	99%	6%	0.03%	Yes
MCL	Yes	Yes	99%	3%	0.15%	Yes
MER	Yes	Yes	100%	9%	0.00%	Yes
MID	Yes	Yes	98%	1%	0.00%	Yes
MOL	Yes	Yes	100%	2%	0.33%	Yes
PHP	Yes	Yes	100%	0%	0.28%	Yes
PRI	Yes	Yes	100%	6%	0.04%	Yes
THC	Yes	Yes	100%	3%	0.00%	Yes
UNI	Yes	Yes	100%	7%	0.21%	Yes
UPP	Yes	Yes	99%	8%	0.00%	Yes

Performance Monitoring Report

Encounter Data Reporting

Measure

Timely and complete encounter data submission

Standard

Submission of previous months adjudicated encounters by the 15th of the measurement month; include institutional and professional record types; and meet MDHHS calculated minimum volume records accepted into the MDHHS data warehouse

Measurement Period

October 2015 – December 2015

Data Source

MDHHS Data Exchange Gateway, MDHHS Data Warehouse

Measurement Frequency

Monthly

Summary

All plans met the standard of submitting a minimum volume of professional and institutional September 2015 adjudicated claims by the 15th of October.

Twelve plans met the standard of submitting a minimum volume of professional and institutional October 2015 adjudicated claims by the 15th of November, while one (AET) did not.

Twelve plans met the standard of submitting a minimum volume of professional and institutional November 2015 adjudicated claims by the 15th of December, while one (MID) did not.

Table 10: Encounter Data Reporting October 2015

MHP	Standard	Timely	Complete		Standard Achieved
		15 th of Month	Prof & Inst.	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes	Yes
HPP	Timely, Complete	Yes	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes	Yes
MER	Timely, Complete	Yes	Yes	Yes	Yes
MID	Timely, Complete	Yes	Yes	Yes	Yes
MOL	Timely, Complete	Yes	Yes	Yes	Yes
PHP	Timely, Complete	Yes	Yes	Yes	Yes
PRI	Timely, Complete	Yes	Yes	Yes	Yes
THC	Timely, Complete	Yes	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes	Yes
UPP	Timely, Complete	Yes	Yes	Yes	Yes

Performance Monitoring Report

Table 11: Encounter Data Reporting November 2015

MHP	Standard	Timely	Complete		Standard Achieved
		15 th of Month	Prof & Inst.	Min. Volume	
AET	Timely, Complete	Yes	No	No	No
BCC	Timely, Complete	Yes	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes	Yes
HPP	Timely, Complete	Yes	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes	Yes
MER	Timely, Complete	Yes	Yes	Yes	Yes
MID	Timely, Complete	Yes	Yes	Yes	Yes
MOL	Timely, Complete	Yes	Yes	Yes	Yes
PHP	Timely, Complete	Yes	Yes	Yes	Yes
PRI	Timely, Complete	Yes	Yes	Yes	Yes
THC	Timely, Complete	Yes	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes	Yes
UPP	Timely, Complete	Yes	Yes	Yes	Yes

Table 12: Encounter Data Reporting December 2015

MHP	Standard	Timely	Complete		Standard Achieved
		15 th of Month	Prof & Inst.	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes	Yes
HPP	Timely, Complete	Yes	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes	Yes
MER	Timely, Complete	Yes	Yes	Yes	Yes
MID	Timely, Complete	Yes	No	No	No
MOL	Timely, Complete	Yes	Yes	Yes	Yes
PHP	Timely, Complete	Yes	Yes	Yes	Yes
PRI	Timely, Complete	Yes	Yes	Yes	Yes
THC	Timely, Complete	Yes	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes	Yes
UPP	Timely, Complete	Yes	Yes	Yes	Yes

Performance Monitoring Report

Pharmacy Encounter Data Reporting

Measure

Timely and complete pharmacy encounter data submission

Standard

Enrolled in the health plan within the designated period to the measurement month

Measurement Period

October 2015 – December 2015

Data Source

MDHHS Data Exchange Gateway, Encounter Data

Measurement Frequency

Monthly

Summary³

All plans met the standard of submitting a minimum volume of pharmacy September 2015 adjudicated claims by the 15th of October.

All plans met the standard of submitting a minimum volume of pharmacy October 2015 adjudicated claims by the 15th of November.

All plans met the standard of submitting a minimum volume of pharmacy November 2015 adjudicated claims by the 15th of December.

Table 13: Pharmacy Encounter Data Reporting October 2015

MHP	Standard	Timely	Complete	Standard Achieved
		15 th of Month	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes*
BCC	Timely, Complete	Yes	Yes	Yes*
HAR	Timely, Complete	Yes	Yes	Yes*
HPP	Timely, Complete	Yes	Yes	Yes*
MCL	Timely, Complete	Yes	Yes	Yes*
MER	Timely, Complete	Yes	Yes	Yes*
MID	Timely, Complete	Yes	Yes	Yes*
MOL	Timely, Complete	Yes	Yes	Yes*
PHP	Timely, Complete	Yes	Yes	Yes*
PRI	Timely, Complete	Yes	Yes	Yes*
THC	Timely, Complete	Yes	Yes	Yes*
UNI	Timely, Complete	Yes	Yes	Yes*
UPP	Timely, Complete	Yes	Yes	Yes*

³All plans will receive a pass for the pharmacy encounter measure for this quarter due to technical issues related to the transition to a new format.

Performance Monitoring Report

Table 14: Pharmacy Encounter Data Reporting November 2015

MHP	Standard	Timely	Complete	Standard Achieved
		15 th of Month	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes*
BCC	Timely, Complete	Yes	Yes	Yes*
HAR	Timely, Complete	Yes	Yes	Yes*
HPP	Timely, Complete	Yes	Yes	Yes*
MCL	Timely, Complete	Yes	Yes	Yes*
MER	Timely, Complete	Yes	Yes	Yes*
MID	Timely, Complete	Yes	Yes	Yes*
MOL	Timely, Complete	Yes	Yes	Yes*
PHP	Timely, Complete	Yes	Yes	Yes*
PRI	Timely, Complete	Yes	Yes	Yes*
THC	Timely, Complete	Yes	Yes	Yes*
UNI	Timely, Complete	Yes	Yes	Yes*
UPP	Timely, Complete	Yes	Yes	Yes*

**All plans will receive a pass for the pharmacy encounter measure for this quarter due to technical issues related to the transition to a new format.*

Table 15: Pharmacy Encounter Data Reporting December 2015

MHP	Standard	Timely	Complete	Standard Achieved
		15 th of Month	Min. Volume	
AET	Timely, Complete	Yes	Yes	Yes*
BCC	Timely, Complete	Yes	Yes	Yes*
HAR	Timely, Complete	Yes	Yes	Yes*
HPP	Timely, Complete	Yes	Yes	Yes*
MCL	Timely, Complete	Yes	Yes	Yes*
MER	Timely, Complete	Yes	Yes	Yes*
MID	Timely, Complete	Yes	Yes	Yes*
MOL	Timely, Complete	Yes	Yes	Yes*
PHP	Timely, Complete	Yes	Yes	Yes*
PRI	Timely, Complete	Yes	Yes	Yes*
THC	Timely, Complete	Yes	Yes	Yes*
UNI	Timely, Complete	Yes	Yes	Yes*
UPP	Timely, Complete	Yes	Yes	Yes*

**All plans will receive a pass for the pharmacy encounter measure for this quarter due to technical issues related to the transition to a new format.*

Performance Monitoring Report

Provider File Reporting

Measure

Monthly provider file submission.

Standard

Submission of an error free file, with an accurate list of primary care, specialist, hospital, and ancillary providers contracted with and credentialed by the health plan, to Michigan ENROLLS before the last Thursday of the month.

Measurement Period

October 2015 – December 2015

Data Source

MDHHS Data Exchange Gateway, Encounter Data

Measurement Frequency

Monthly

Summary

All plans met the standard of submitting an error free provider file to Michigan ENROLLS for the months of October, November, and December.

Table 16: Provider File Reporting

MHP	Standard	Timely			Accurate			Standard Achieved		
		Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
AET	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
HPP	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MER	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MID	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MOL	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PHP	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PRI	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
THC	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UPP	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Performance Monitoring Report

Adults' Generic Drug Utilization

Measure

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

April 2015 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

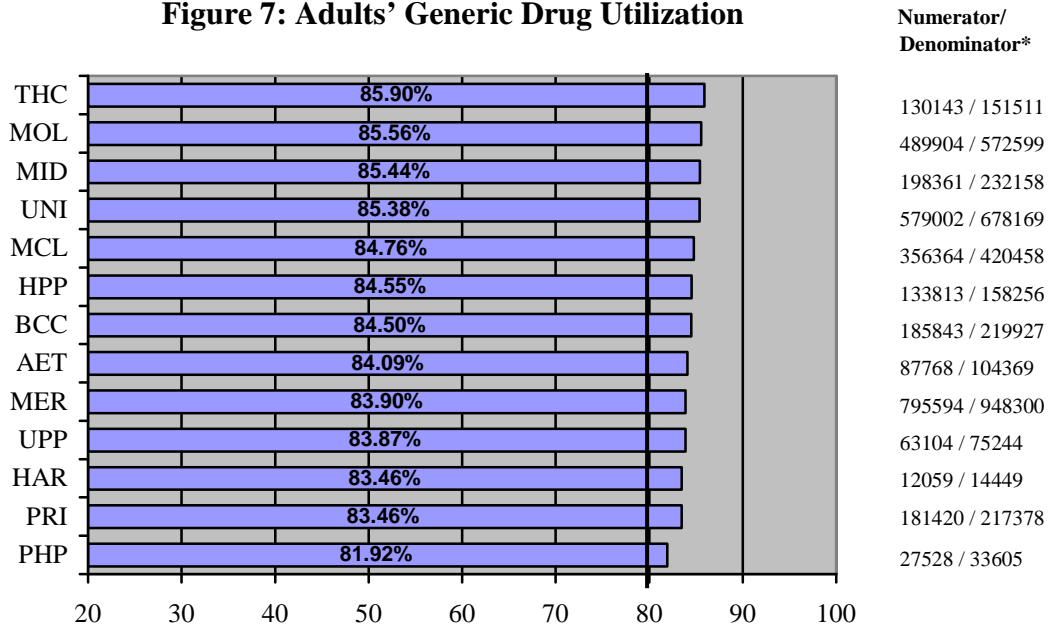
Summary:

All plans met or exceeded the standard. Results ranged from 81.92% to 85.90%.

Table 17: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	3380254	4020176	84.08%
Fee For Service (FFS) only	36164	64575	56.00%
Managed Care only	3264214	3853889	84.70%
MA-MC	1861275	2205899	84.38%
HMP-MC	1385595	1627581	85.13%

Figure 7: 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.

Performance Monitoring Report

Timely Completion of Initial Health Risk Assessment

Measure

Percentage of Healthy Michigan Plan beneficiaries enrolled in a health plan who had a Health Risk Assessment (HRA) completed within 150 days of enrollment in a health plan.

Standard

At or above 20% (as shown on bar graph below)

Enrollment Dates

January 2015 – March 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

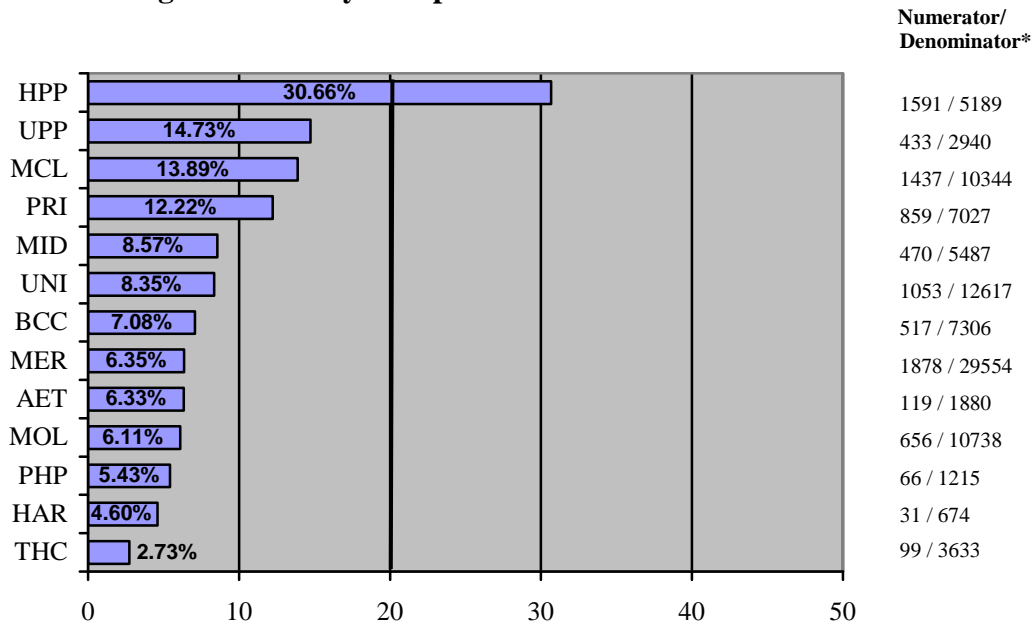
Summary:

One plan met or exceeded the standard, while twelve plans (AET, BCC, HAR, MCL, MER, MID, MOL, PHP, PRI, THC, UNI, and UPP) did not. Results ranged from 2.73% to 30.66%.

Table 18: Program Total⁴

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	9209	98604	9.34%

Figure 8: Timely Completion of Initial HRA



Timely Completion of Initial HRA Percentages

*Numerator depicts the number of eligible beneficiaries who completed an HRA within 150 days of enrollment in a health plan. Denominator depicts the total number of eligible beneficiaries.

⁴ This includes HRAs completed during the HMP FFS period prior to enrollment in a Medicaid health plan.

Performance Monitoring Report

Outreach and Engagement to Facilitate Entry to Primary Care

Measure

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

Standard

At or above 66% (as shown on bar graph below)

Enrollment Dates

January 2015 – March 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

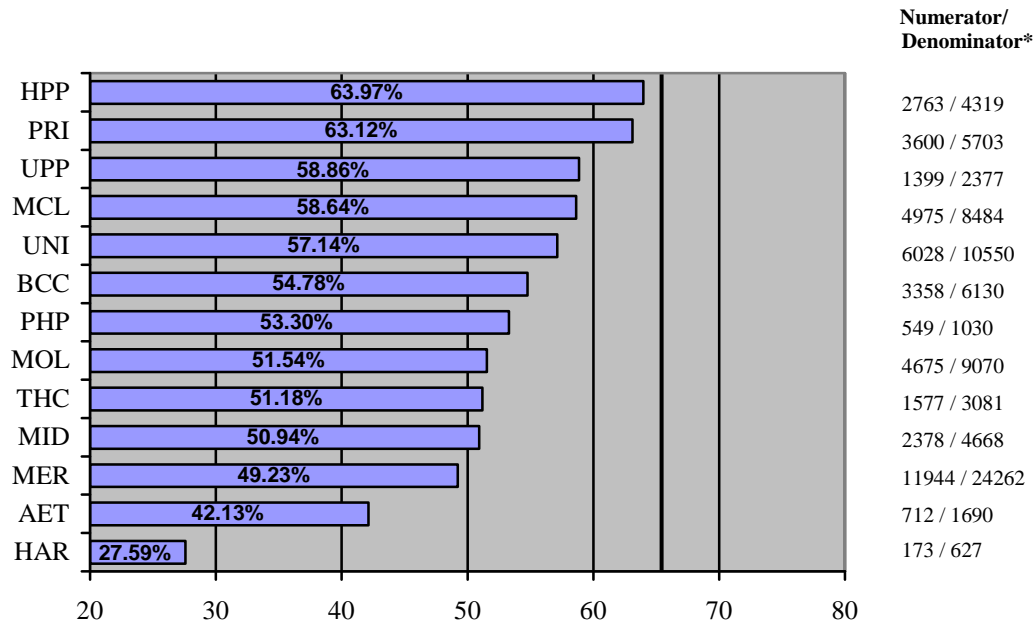
Summary:

None of the plans met or exceeded the standard. Results ranged from 27.59% to 63.97%.

Table 19: Program Total⁵

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	60769	98629	61.61%

Figure 9: 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.

⁵ This includes visits during the HMP FFS period prior to enrollment in a Medicaid health plan.

Performance Monitoring Report

Plan All-Cause Acute 30-Day Readmissions

Measure

The percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.

Standard

At or below 16% (as shown on bar graph below)

Enrollment Dates

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Annually

Summary:

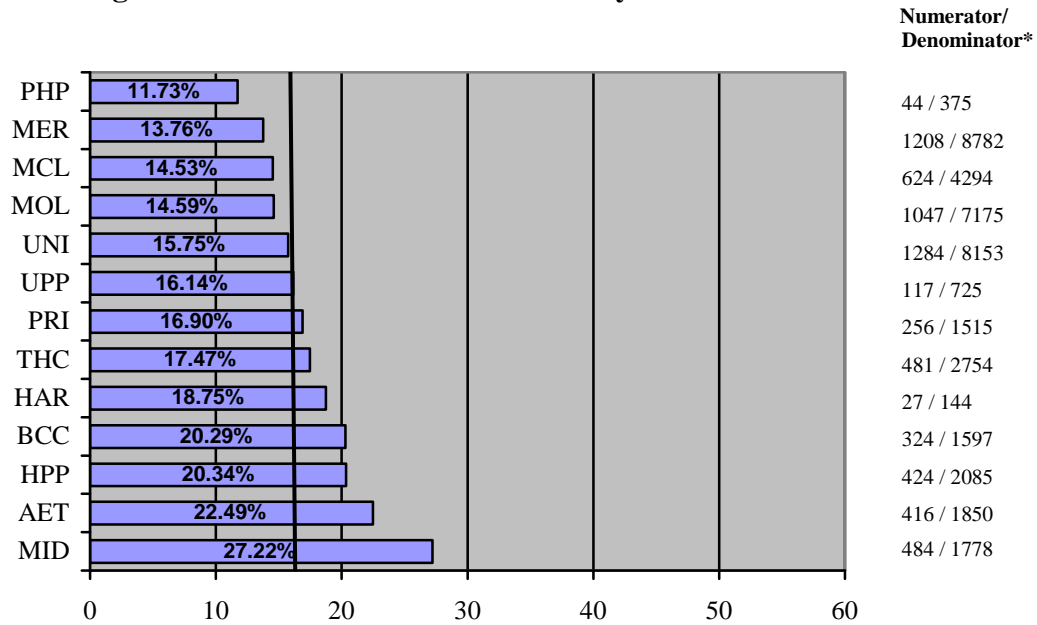
Five plans met or exceeded the standard, while eight plans (AET, BCC, HAR, HPP, MID, PRI, THC, and UPP) did not. Results ranged from 11.73% to 27.22%.

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

Table 20: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	10205	63564	16.05%
Fee For Service (FFS) only	550	2805	19.61%
Managed Care only	7228	44209	16.35%
MA-MC	6633	38794	17.10%
HMP-MC	301	2962	10.16%

Figure 10: Plan All-Cause Acute 30-Day Readmissions



Plan All-Cause Acute 30-Day Readmissions Percentages

*Numerator depicts the number of acute readmissions for any diagnosis within 30 days of an Index Discharge Date. Denominator depicts the total number of Index Discharge dates during the measurement year, not enrollees.

Performance Monitoring Report

Adults' Access to Ambulatory Health Services

Measure

The percentage of adults 19 to 64 years old who had an ambulatory or preventive care visit during the measurement period.

Standard

At or above 87% (as shown on bar graph below)

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

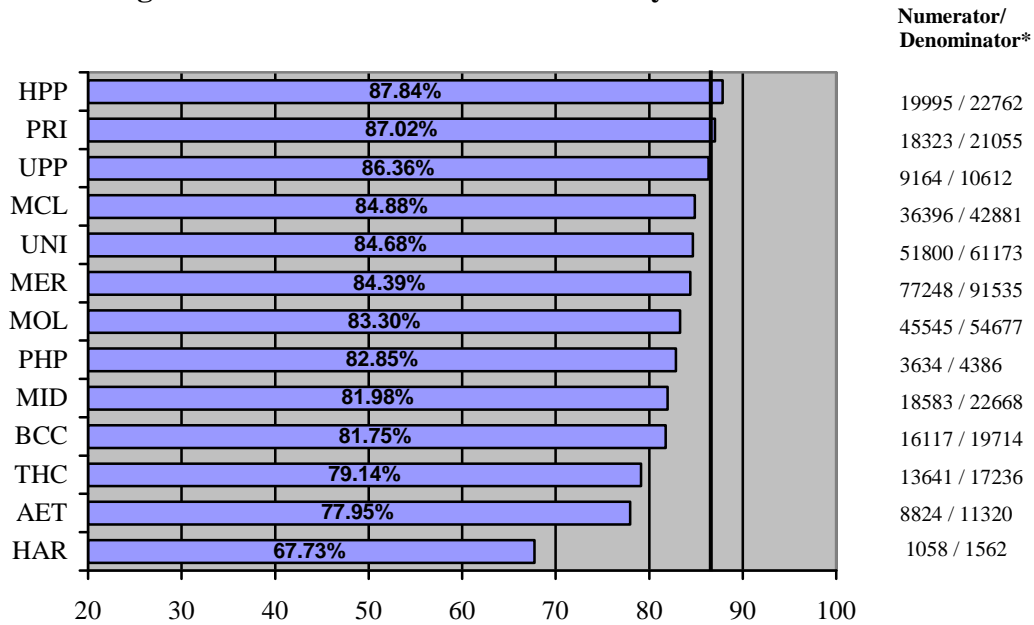
Summary:

Two plans met or exceeded the standard, while eleven plans (AET, BCC, HAR, MCL, MER, MID, MOL, PHP, THC, UNI, UPP) did not. Results ranged from 67.73% to 87.84%.

Table 21: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	500702	615446	81.36%
Fee For Service (FFS) only	9085	16908	53.73%
Managed Care only	332517	395188	84.14%
MA-MC	191632	227686	84.17%
HMP-MC	102154	120823	84.55%

Figure 11: Adults' Access to Ambulatory Health Services



Adult's Access to Ambulatory Health Services Percentages

*Numerator depicts the number of eligible beneficiaries who had an ambulatory or preventive care visit. Denominator depicts the total number of eligible beneficiaries.

Performance Monitoring Report

Adult Body Mass Index (BMI) Assessment

Measure

The percentage of adults enrolled in a health plan between the ages of 18 and 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement period or the year prior to the measurement period.

Standard

At or above 79% (as shown on bar graph below)

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

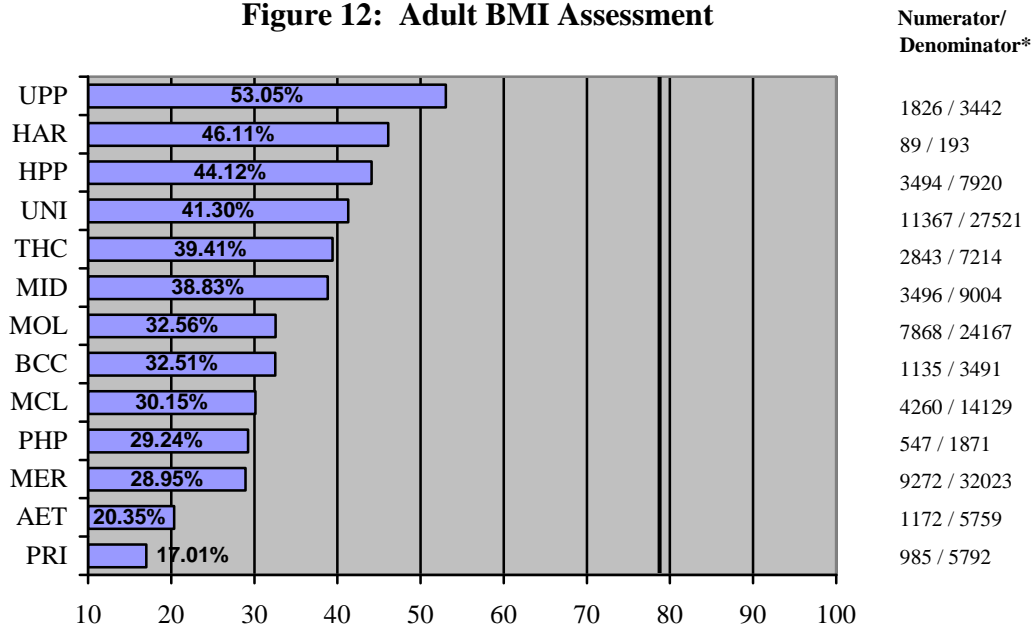
Summary:

None of the plans met or exceeded the standard. Results ranged from 17.01% to 53.05%.

Table 22: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	71818	214601	33.47%
Fee For Service (FFS) only	873	2924	29.86%
Managed Care only	51990	151921	34.22%
MA-MC	45767	131408	34.83%
HMP-MC	N/A	N/A	N/A

Figure 12: Adult BMI Assessment



Adult BMI Assessment Percentages

*Numerator depicts the number of eligible beneficiaries whose BMI was documented during the measurement period or the year prior to the measurement period. Denominator depicts the total number of eligible beneficiaries.

Performance Monitoring Report

Breast Cancer Screening

Measure

The percentage of women enrolled in a health plan between the ages of 50 and 74 who received a mammogram to screen for breast cancer during the measurement period or the two (2) years prior to the measurement period.

Standard

At or above 58% (as shown on bar graph below)

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

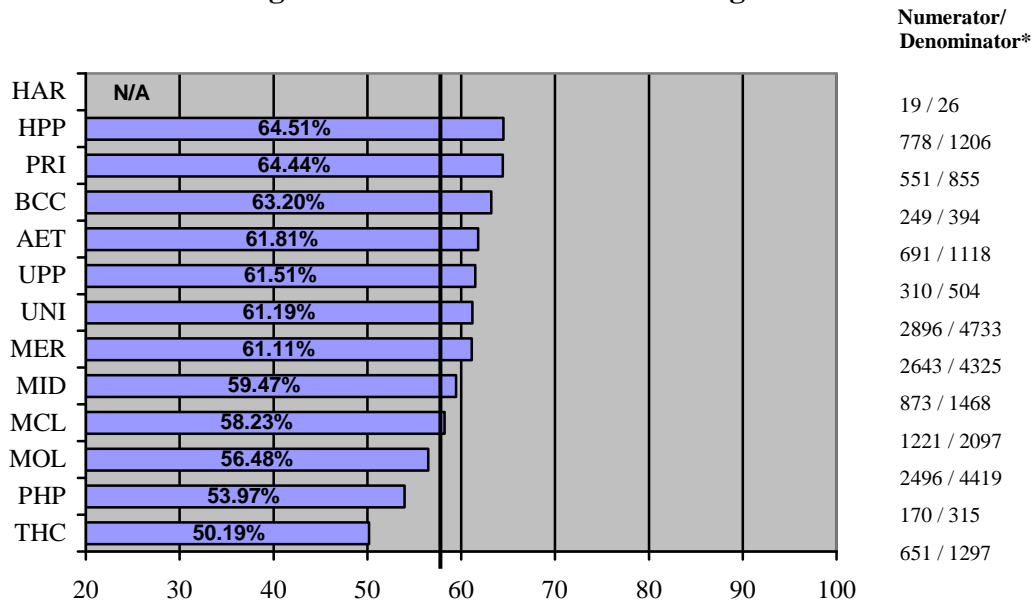
Summary:

Nine plans met or exceeded the standard, while three plans (MOL, PHP, and THC) did not. Results ranged from 50.19% to 64.51%.

Table 23: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	17300	29736	58.18%
Fee For Service (FFS) only	495	972	50.93%
Managed Care only	14471	24337	59.46%
MA-MC	13885	23387	59.37%
HMP-MC	N/A	N/A	N/A

Figure 13: Breast Cancer Screening⁶



Breast Cancer Screening Percentages

*Numerator depicts the number of eligible beneficiaries who had one (1) or more mammograms during the measurement period or the two (2) years prior to the measurement period. Denominator depicts the total number of eligible beneficiaries.

⁶ A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

Performance Monitoring Report

Cervical Cancer Screening

Measure

The percentage of women enrolled in a health plan between the ages of 21 and 64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21 to 64 who had cervical cytology performed every three (3) years.
- Women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five (5) years.

Standard

At or above 72% (as shown on bar graph below)

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

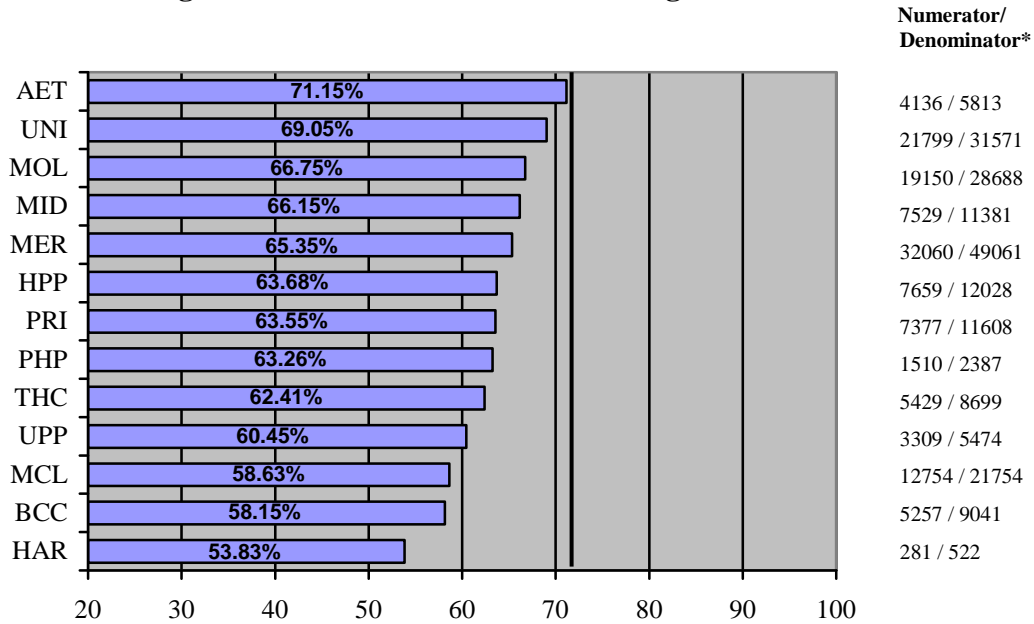
Summary:

None of the plans met or exceeded the standard. Results ranged from 53.83% to 71.15%.

Table 24: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	194357	315859	61.53%
Fee For Service (FFS) only	3610	8799	41.03%
Managed Care only	133515	205801	64.88%
MA-MC	87677	125546	69.84%
HMP-MC	28499	56082	50.82%

Figure 14: Cervical Cancer Screening



Cervical Cancer Screening Percentages

*Numerator depicts the number of eligible beneficiaries who were screened for cervical cancer. Denominator depicts the total number of eligible beneficiaries.

Performance Monitoring Report

Diabetes Short-Term Complications Admission Rate

Measure

The rate of adults enrolled in a health plan age 18 and older who were discharged for diabetes short-term complications per 100,000 member months.

Standard

N/A – This measure is informational only.

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

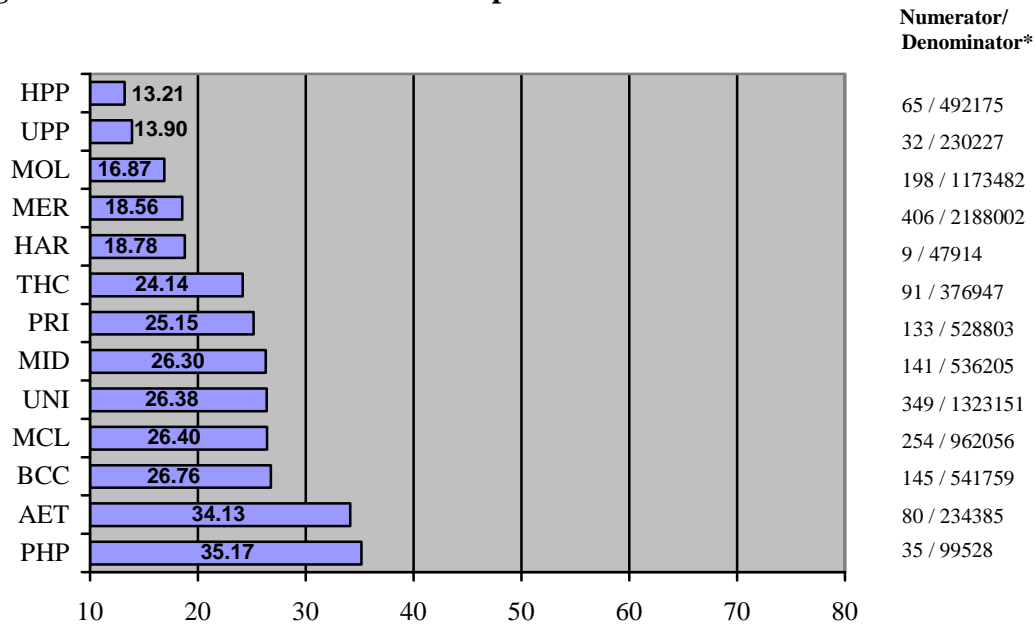
Quarterly

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

Table 25: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	2614	10884371	24.02
Fee For Service (FFS) only	675	2146955	31.44
Managed Care only	1939	8737416	22.19
MA-MC	1247	4594409	27.14
HMP-MC	692	4143007	16.70

Figure 16: Diabetes Short-Term Complications Admission Rate



Diabetes Short-Term Complications Admission Rate

*Numerator depicts the total number of eligible beneficiaries who were discharged for diabetes short-term complications of diabetes. Denominator depicts the total number of months of health plan enrollment for eligible beneficiaries during the measurement period.

Performance Monitoring Report

Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate

Measure

The rate of adults enrolled in a health plan age 40 and older who were discharged for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months.

Standard

N/A – This measure is informational only.

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

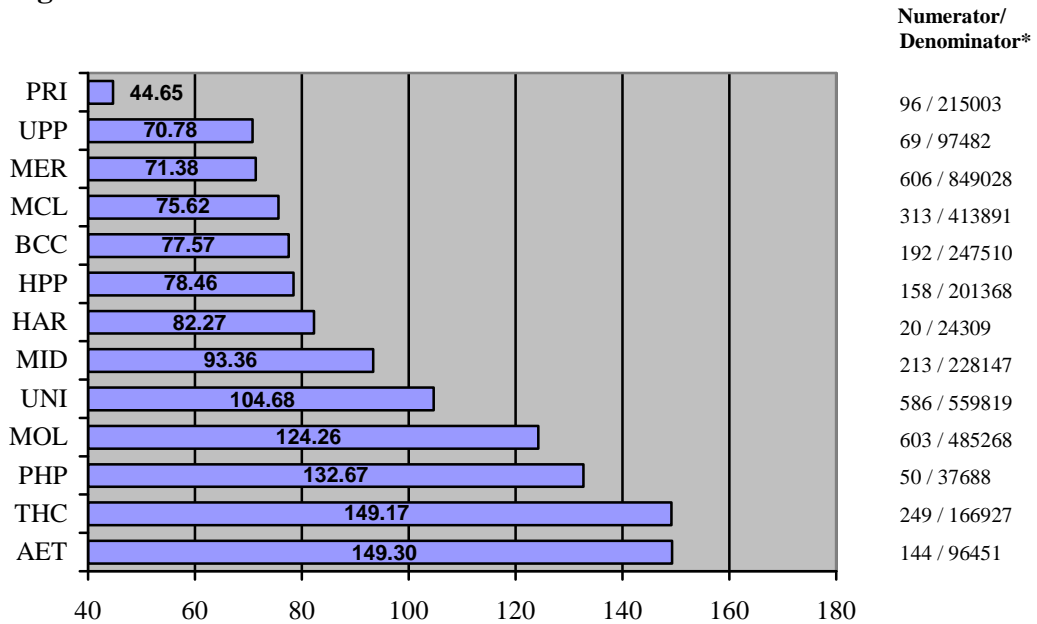
Quarterly

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

Table 26: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	3878	4407891	87.98
Fee For Service (FFS) only	578	784071	73.72
Managed Care only	3300	3623820	91.06
MA-MC	2605	1709503	152.38
HMP-MC	695	1914317	36.31

Figure 16: COPD or Asthma in Older Adults Admission Rate



COPD or Asthma in Older Adults Admission Rate

*Numerator depicts the number of discharges for COPD, asthma, or a primary diagnosis of acute bronchitis accompanied by any secondary diagnosis of COPD. Denominator depicts the total number of member months of health plan enrollment for eligible beneficiaries during the measurement period.

Performance Monitoring Report

Heart Failure Admission Rate

Measure

The rate of adults enrolled in a health plan age 18 and older who were discharged for heart failure per 100,000 member months.

Standard

N/A – This measure is informational only.

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

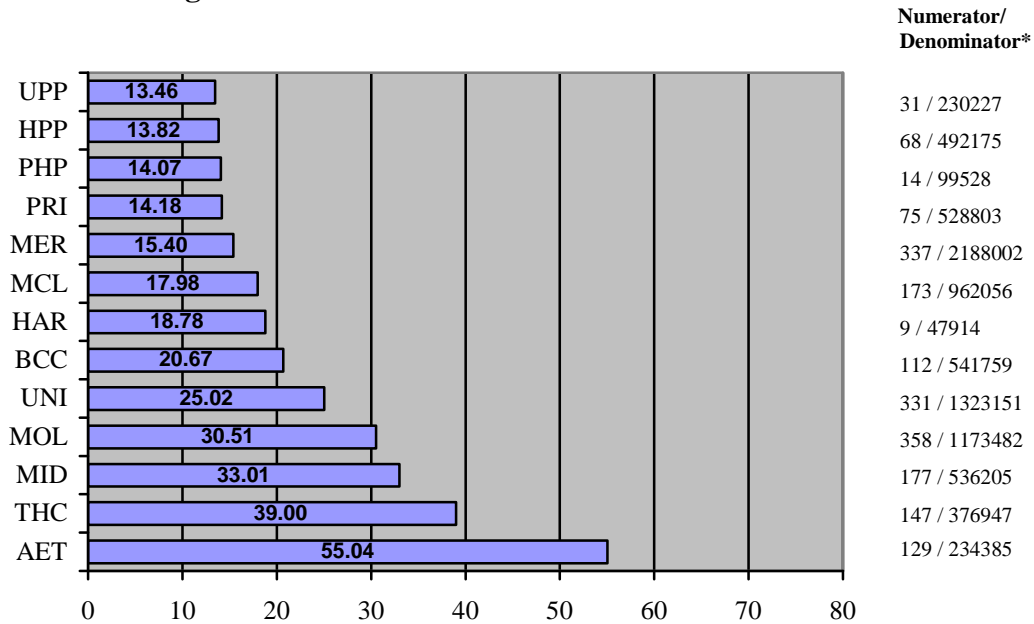
Quarterly

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

Table 27: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	2514	10884371	23.10
Fee For Service (FFS) only	551	2146955	25.66
Managed Care only	1963	8737416	22.47
MA-MC	1555	4594409	33.85
HMP-MC	408	4143007	9.85

Figure 17: Heart Failure Admission Rate



Heart Failure Admission Rate

*Numerator depicts the number of eligible beneficiaries who were discharged for heart failure. Denominator depicts the total number of months of health plan enrollment for eligible beneficiaries during the measurement period.

Performance Monitoring Report

Asthma in Younger Adults Admission Rate

Measure

The rate of adults enrolled in a health plan between the ages of 18 and 39 who were discharged for asthma per 100,000 member months.

Standard

N/A – This measure is informational only.

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

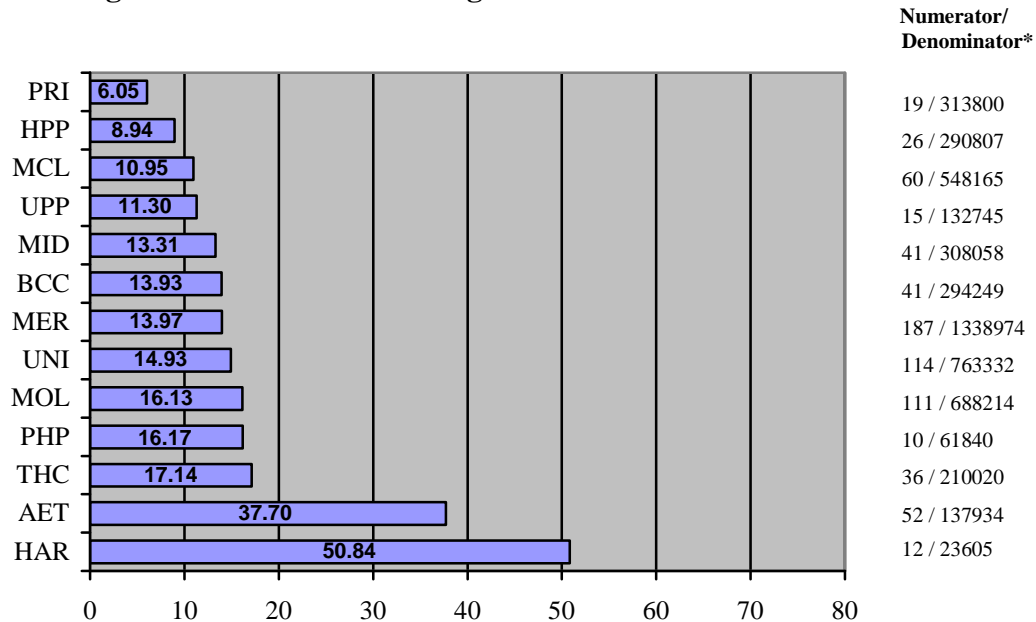
Quarterly

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

Table 28: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	933	6476480	14.41
Fee For Service (FFS) only	209	1362884	15.34
Managed Care only	724	5113596	14.16
MA-MC	515	2884906	17.85
HMP-MC	209	2228690	9.38

Figure 18: Asthma in Younger Adults Admission Rate



Asthma in Younger Adults Admission Rate

*Numerator depicts the number of eligible beneficiaries who were discharged for asthma. Denominator depicts the total number of member months of health plan enrollment for eligible beneficiaries during the measurement period.

Performance Monitoring Report

Chlamydia Screening in Woman

Measure

The percentage of women enrolled in a health plan between the ages of 21 and 24 who were identified as sexually active and who had at least one (1) test for chlamydia during the measurement period.

Standard

At or above 71% (as shown on bar graph below)

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

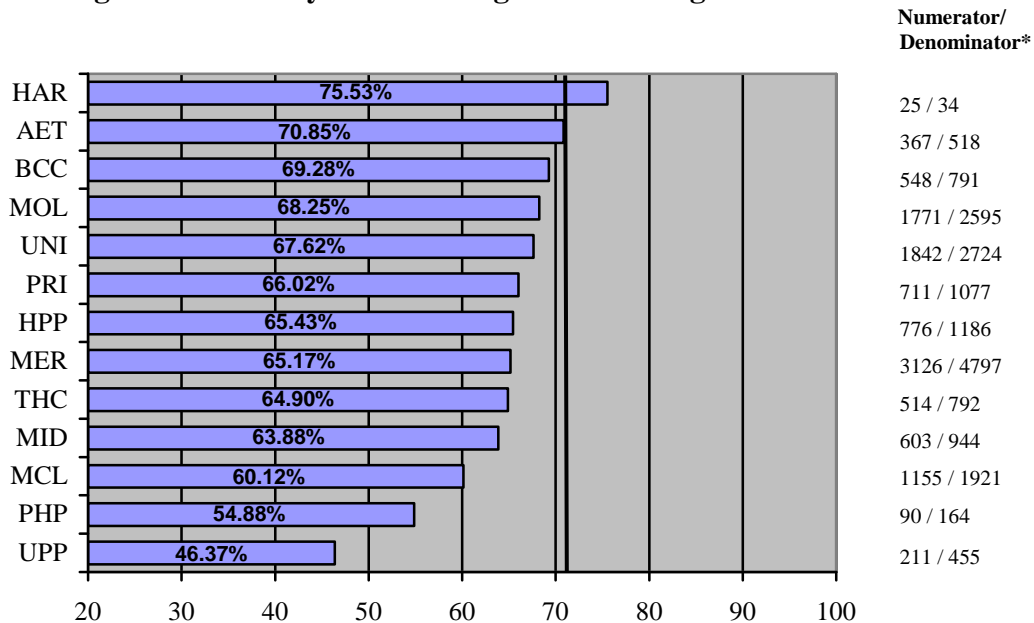
Summary:

One plan met or exceeded the standard, while twelve plans (AET, BCC, HPP, MCL, MER, MID, MOL, PHP, PRI, THC, UNI, and UPP) did not. Results ranged from 46.37% to 75.53%.

Table 29: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	22750	34943	65.11%
Fee For Service (FFS) only	358	736	48.64%
Managed Care only	12309	18805	65.46%
MA-MC	7811	11661	66.98%
HMP-MC	2730	4460	61.21%

Figure 19: Chlamydia Screening in Women Ages 21 to 24⁷



Chlamydia Screening in Women Ages 21 to 24 Percentages

*Numerator depicts the number of eligible beneficiaries who were screened for chlamydia. Denominator depicts the total number of eligible beneficiaries.

⁷ A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

Performance Monitoring Report

Comprehensive Diabetes Care: Hemoglobin A1c Testing

Measure

The percentage of adults enrolled in a health plan between the ages of 18 and 75 with type 1 or type 2 diabetes who had a hemoglobin A1c (HbA1c) test.

Standard

At or above 87% (as shown on bar graph below)

Measurement Period

July 2014 – June 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

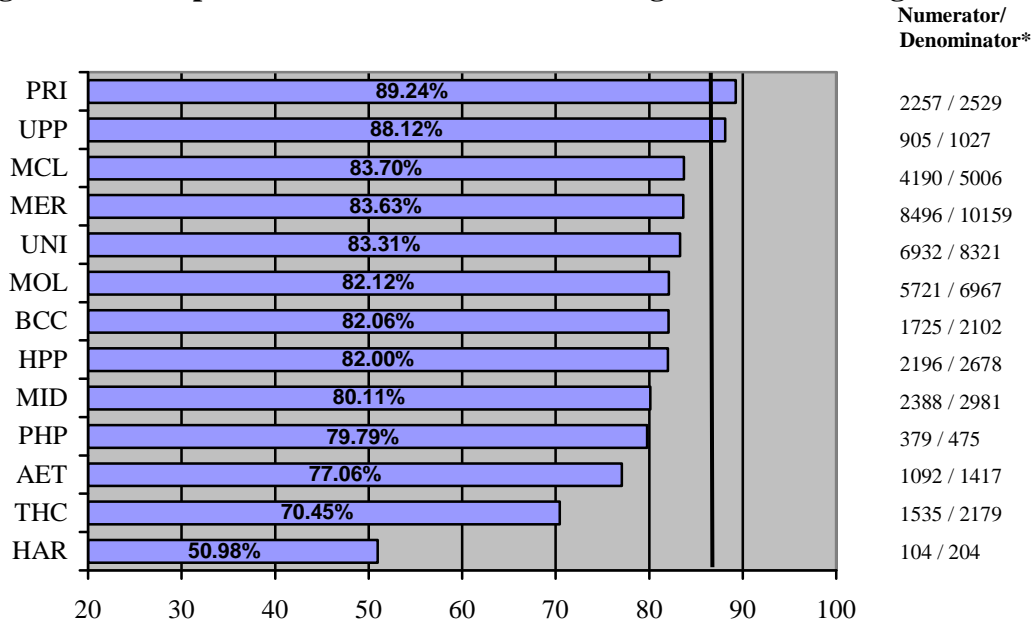
Summary:

Two plans met or exceeded the standard, while eleven plans (AET, BCC, HAR, HPP, MCL, MER, MID, MOL, PHP, THC, UNI) did not. Results ranged from 50.98% to 89.24%.

Table 30: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	52507	64581	81.30%
Fee For Service (FFS) only	1462	1998	73.17%
Managed Care only	39366	47805	82.35%
MA-MC	25631	31572	81.18%
HMP-MC	11176	13084	85.42%

Figure 20: Comprehensive Diabetes Care: Hemoglobin A1c Testing



Comprehensive Diabetes Care: Hemoglobin A1c Testing Percentages

*Numerator depicts the number of eligible beneficiaries who had an HbA1c test during the measurement period. Denominator depicts the total number of eligible beneficiaries.

Performance Monitoring Report

Antidepressant Medication Management

Measure

The percentage of adults enrolled in a health plan age 18 and older with a diagnosis of major depression and who were treated with antidepressant medication, who remained on an antidepressant medication treatment. Two rates are reported:

- Effective Acute Phase Treatment. The percentage of diagnosed and treated Medicaid enrollees who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of diagnosed and treated Medicaid enrollees who remained on an antidepressant medication for at least 180 days (6 months).

Standard

N/A – This measure is informational only for this quarter.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

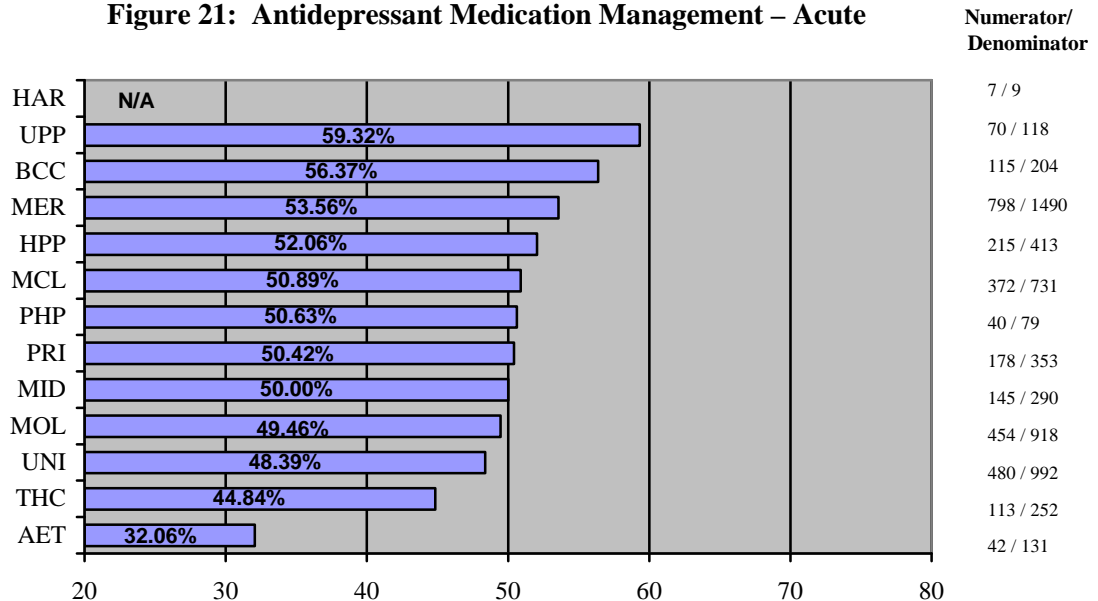
Measurement Frequency

Quarterly

Table 31: Comparison across Medicaid Programs – Acute

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	5667	10558	53.67%
Fee For Service (FFS) only	174	304	57.24%
Managed Care only	3049	6020	50.65%
MA-MC	2336	4797	48.70%
HMP-MC	409	665	61.50%

Figure 21: Antidepressant Medication Management – Acute



Antidepressant Medication Management – Acute Percentages

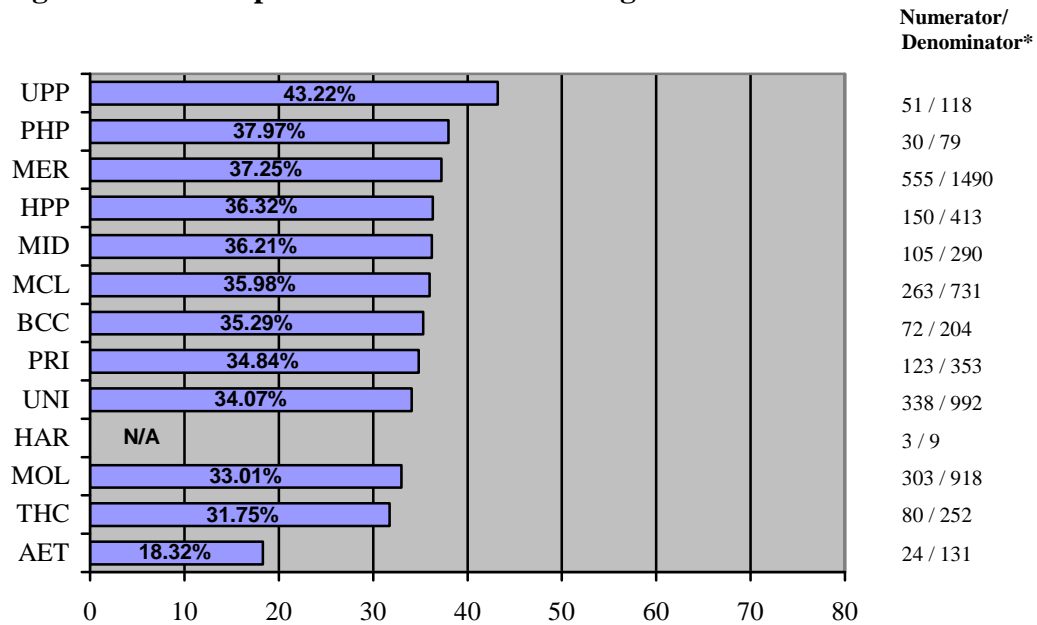
*Numerator depicts the number of eligible beneficiaries who remained on an antidepressant medication for at least 84 days (12 weeks). Denominator depicts the total number of eligible beneficiaries.

Performance Monitoring Report

Table 32: Comparison across Medicaid Programs - Continuous

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4076	10558	38.61%
Fee For Service (FFS) only	143	304	47.04%
Managed Care only	2109	6020	35.03%
MA-MC	1563	4797	32.58%
HMP-MC	336	665	50.53%

Figure 22: Antidepressant Medication Management – Continuous



Antidepressant Medication Management – Continuous Percentages

*Numerator depicts the number of eligible beneficiaries who remained on an antidepressant medication for at least 180 days (6 months). Denominator depicts the total number of eligible beneficiaries.

Performance Monitoring Report

Annual Monitoring for Patients on Persistent Medications

Measure

The percentage of adults enrolled in a health plan age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent and who received annual monitoring for the therapeutic agent in the measurement period. The following four (4) rates will be calculated:

- Annual monitoring for enrollees on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
- Annual monitoring for enrollees on digoxin
- Total rate for annual monitoring for enrollees on persistent medications

Standard

At or above 87% - for the *Total Rate*

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Exchange Gateway, Encounter Data

Measurement Frequency

Quarterly

Summary:

None of the plans met or exceeded the standard. Results ranged from 72.56% to 85.45%.

**See next page for tables and figures*

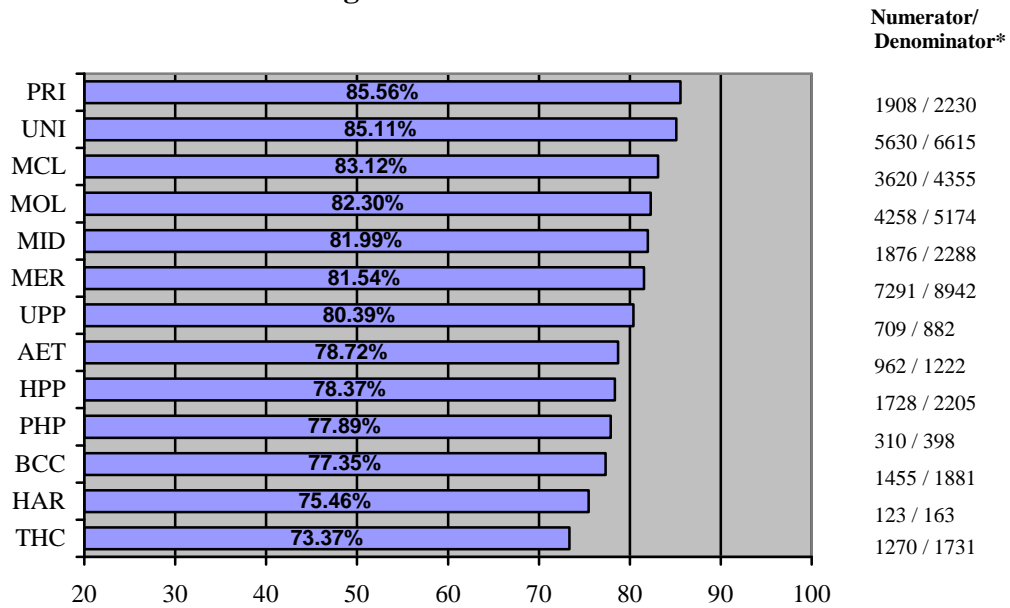
Performance Monitoring Report

Annual monitoring for enrollees on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB):

Table 33: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	40696	49795	81.73%
Fee For Service (FFS) only	553	674	82.05%
Managed Care only	32179	39326	81.83%
MA-MC	18785	22679	82.83%
HMP-MC	11282	14064	80.22%

Figure 23: Annual monitoring for enrollees on ACE inhibitors or ARB



Annual monitoring for enrollees on ACE inhibitors or ARB Percentages

*Numerator depicts the number of eligible beneficiaries who received annual monitoring while on ACE inhibitors or ARB. Denominator depicts the total number of eligible beneficiaries.

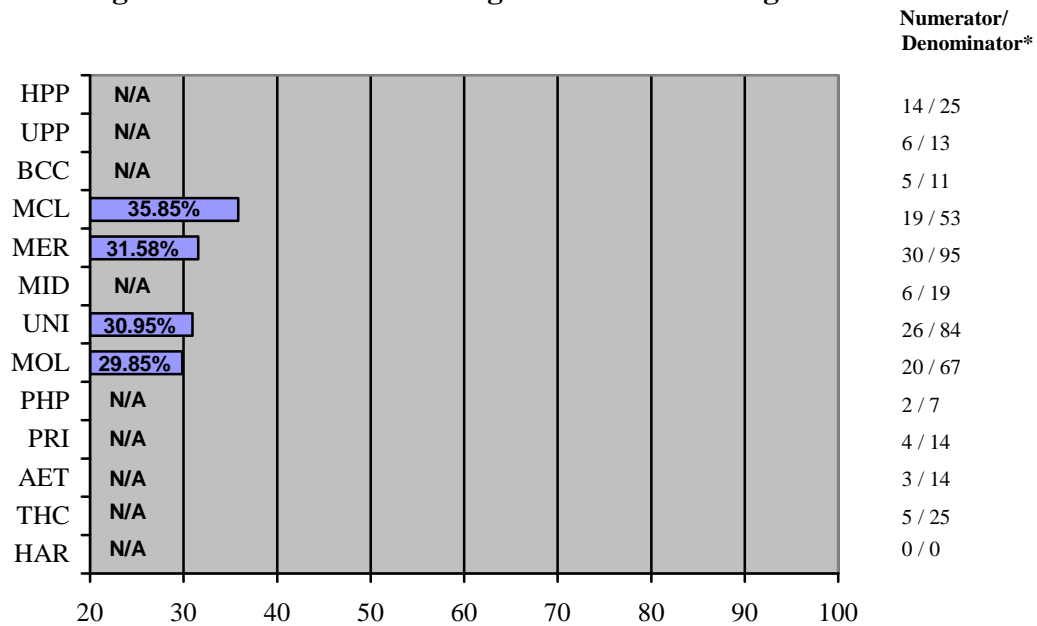
Performance Monitoring Report

Annual monitoring for enrollees on digoxin:

Table 34: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	169	490	34.49%
Fee For Service (FFS) only	1	5	N/A
Managed Care only	146	436	33.49%
MA-MC	117	346	33.82%
HMP-MC	22	73	30.14%

Figure 24: Annual monitoring for enrollees on Digoxin⁸



Annual monitoring for enrollees on Digoxin Percentages

*Numerator depicts the number of eligible beneficiaries who received annual monitoring while on digoxin. Denominator depicts the total number of eligible beneficiaries.

⁸ A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

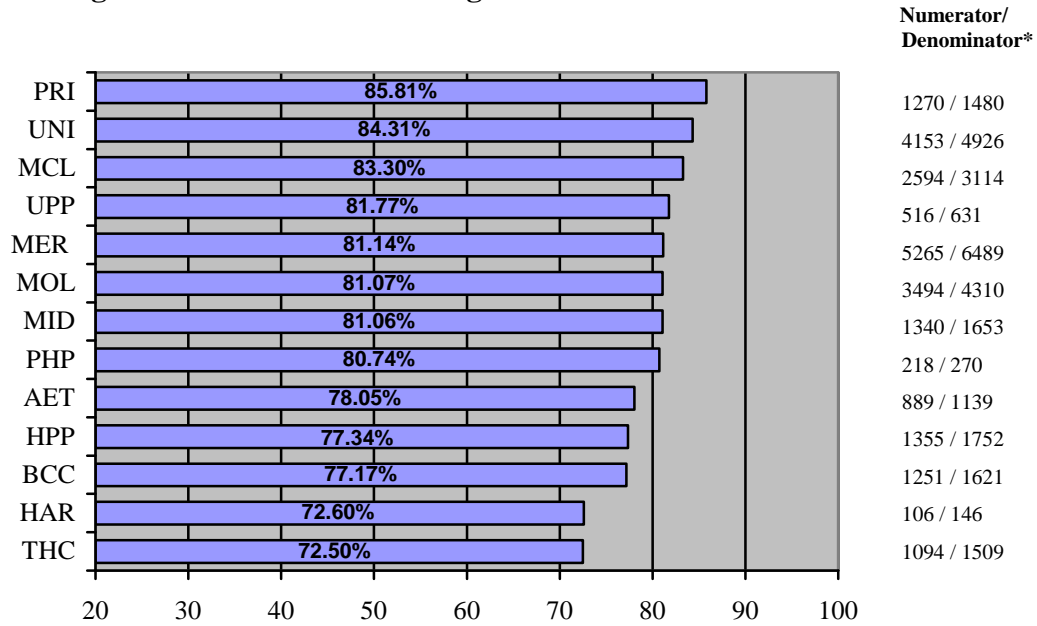
Performance Monitoring Report

Annual monitoring for enrollees on diuretic:

Table 35: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	30538	37691	81.02%
Fee For Service (FFS) only	376	462	81.39%
Managed Care only	24334	29999	81.12%
MA-MC	14439	17602	82.03%
HMP-MC	8335	10463	79.66%

Figure 25: Annual monitoring for enrollees on diuretics



Annual monitoring for enrollees on diuretics Percentages

*Numerator depicts the number of eligible beneficiaries who received annual monitoring while on diuretics. Denominator depicts the total number of eligible beneficiaries.

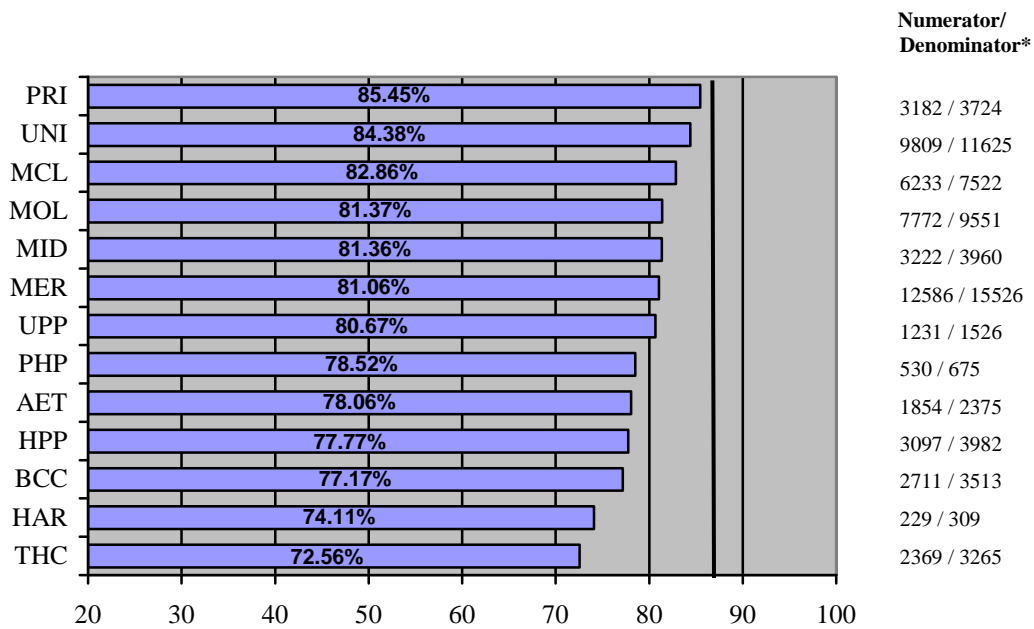
Performance Monitoring Report

A total rate will also be calculated:

Table 36: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	71403	87976	81.16%
Fee For Service (FFS) only	930	1141	81.51%
Managed Care only	56659	69761	81.22%
MA-MC	33341	40627	82.07%
HMP-MC	19639	24600	79.83%

Figure 26: Annual monitoring for enrollees on persistent medications – Total Rate



Total rate for annual monitoring for enrollees on persistent medications Percentages

*Numerator depicts the number of eligible beneficiaries who received annual monitoring while on persistent medications. Denominator depicts the total number of eligible beneficiaries.

Performance Monitoring Report

Appendix A: Three Letter MHP 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, Inc.
HAR	Harbor Health Plan, Inc.
MCL	McLaren Health Plan
MER	Meridian Health Plan
MID	HAP Midwest Health Plan, Inc.
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
THC	Total Health Care
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
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Postpartum Care	Jul 14 – Jun 15	70%	43.08%	No
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Blood Lead Testing	Oct 15	81%	74%	No
	Nov 15	81%	73%	No
	Dec 15	81%	71%	No

Developmental Screening		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
	Oct 15	19%	19.67%	Yes	23%	21.50%	No	17%	15.74%	No
	Nov 15	19%	19.16%	Yes	23%	21.47%	No	17%	15.72%	No
	Dec 15	19%	20.40%	Yes	23%	21.38%	No	17%	14.96%	No

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	65.67%	No
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Well-Child 3-6 Years	Jul 14 – Jun 15	79%	71.38%	No
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Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.106	Yes
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MM = Member Months *This is a reverse measure. A lower rate indicates better performance.

Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 2%, 0.07%	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, NC	No
	Dec 15	Timely, Complete	T, C	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

Aetna Better Health of Michigan – AET

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*

**All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.*

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	84.09%	Yes
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Timely Completion of HRA	Jan 15 – Mar 15	20%	6.33%	No
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	42.13%	No
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Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	22.49%	No
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**This is a reverse measure. A lower rate indicates better performance.*

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	77.95%	No
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ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	20.35%	No
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Breast Cancer Screening	Jul 14 – Jun 15	58%	61.81%	Yes
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Cervical Cancer Screening	Jul 14 – Jun 15	72%	71.15%	No
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Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	34.13	N/A
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**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

Aetna Better Health of Michigan – AET

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	149.30	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	55.04	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	37.70	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Chlamydia Screening	Jul 14 – Jun 15	71%	70.85%	No
Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	77.06%	No
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	32.06%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	18.32%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	78.06%	No

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete of Michigan, Inc. – BCC

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
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Postpartum Care	Jul 14 – Jun 15	70%	51.67%	No
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Blood Lead Testing	Oct 15	81%	67%	No
	Nov 15	81%	69%	No
	Dec 15	81%	69%	No

Developmental Screening		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
	Oct 15	19%	37.98%	Yes	23%	44.90%	Yes	17%	34.46%	Yes
	Nov 15	19%	37.48%	Yes	23%	45.34%	Yes	17%	34.79%	Yes
	Dec 15	19%	38.01%	Yes	23%	45.85%	Yes	17%	35.49%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	69.66%	No
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Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.35%	No
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Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.165	No
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MM = Member Months *This is a reverse measure. A lower rate indicates better performance.

Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 4%, 0.01%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.10%	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	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

Blue Cross Complete of Michigan, Inc. – BCC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*

**All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.*

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	84.50%	Yes
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Timely Completion of HRA	Jan 15 – Mar 15	20%	7.08%	No
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	54.78%	No
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Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	20.29%	No
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**This is a reverse measure. A lower rate indicates better performance.*

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	81.75%	No
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ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	32.51%	No
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Breast Cancer Screening	Jul 14 – Jun 15	58%	63.20%	Yes
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Cervical Cancer Screening	Jul 14 – Jun 15	72%	58.15%	No
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Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	26.76	N/A
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**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

Blue Cross Complete of Michigan, Inc. – BCC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	77.57	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	20.67	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	13.93	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Chlamydia Screening	Jul 14 – Jun 15	71%	69.28%	No
Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	82.06%	No
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	56.37%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	35.29%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	77.17%	No

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Harbor Health Plan, Inc. – HAR

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
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Postpartum Care	Jul 14 – Jun 15	70%	29.17%	No
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Blood Lead Testing	Oct 15	81%	64%	No
	Nov 15	81%	66%	No
	Dec 15	81%	66%	No

Developmental Screening		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
	Oct 15	19%	14.81%	No	23%	20.75%	No	17%	12.82%	No
	Nov 15	19%	14.81%	No	23%	20.37%	No	17%	11.11%	No
	Dec 15	19%	17.86%	No	23%	17.24%	No	17%	10.77%	No

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	N/A	N/A
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A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

Well-Child 3-6 Years	Jul 14 – Jun 15	79%	59.63%	No
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Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.303	No
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MM = Member Months **This is a reverse measure. A lower rate indicates better performance.*

Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 64%, 0%, 2.40%	No
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 50%, 0%, 7.06%	No
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 50%, 0%, 5.24%	No

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	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

Harbor Health Plan, Inc. – HAR

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*

**All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.*

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.46%	Yes
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Timely Completion of HRA	Jan 15 – Mar 15	20%	4.60%	No
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	27.59%	No
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Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	18.75%	No
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**This is a reverse measure. A lower rate indicates better performance.*

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	67.73%	No
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ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	46.11%	No
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Breast Cancer Screening	Jul 14 – Jun 15	58%	N/A	N/A
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A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

Cervical Cancer Screening	Jul 14 – Jun 15	72%	53.83%	No
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Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	18.78	N/A
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**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

Harbor Health Plan, Inc. – HAR

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	82.27	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	18.78	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	50.84	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Chlamydia Screening	Jul 14 – Jun 15	71%	75.53%	Yes
Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	50.98%	No
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	N/A	N/A
A rate was not calculated for plans with a numerator under 5 or a denominator under 30.				
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	N/A	N/A
A rate was not calculated for plans with a numerator under 5 or a denominator under 30.				
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	74.11%	No

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
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Postpartum Care	Jul 14 – Jun 15	70%	54.40%	No
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Blood Lead Testing	Oct 15	81%	82%	Yes
	Nov 15	81%	82%	Yes
	Dec 15	81%	81%	Yes

Developmental Screening		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
	Oct 15	19%	22.72%	Yes	23%	26.23%	Yes	17%	21.12%	Yes
	Nov 15	19%	23.54%	Yes	23%	26.58%	Yes	17%	21.66%	Yes
	Dec 15	19%	23.67%	Yes	23%	27.03%	Yes	17%	21.26%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	70.24%	No
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Well-Child 3-6 Years	Jul 14 – Jun 15	79%	68.63%	No
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Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.148	Yes
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MM = Member Months *This is a reverse measure. A lower rate indicates better performance.

Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 4%, 0.09%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.06%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 3%, 0.15%	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	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

McLaren Health Plan – MCL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*

**All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.*

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	84.76%	Yes
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Timely Completion of HRA	Jan 15 – Mar 15	20%	13.89%	No
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	58.64%	No
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Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	14.53%	Yes
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**This is a reverse measure. A lower rate indicates better performance.*

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	84.88%	No
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ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	30.15%	No
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Breast Cancer Screening	Jul 14 – Jun 15	58%	58.23%	Yes
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Cervical Cancer Screening	Jul 14 – Jun 15	72%	58.63%	No
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Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	26.40	N/A
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**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

McLaren Health Plan – MCL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	75.62	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	17.98	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	10.95	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Chlamydia Screening	Jul 14 – Jun 15	71%	60.12%	No
Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	83.70%	No
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	50.89%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	35.98%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	82.86%	No

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan – MER

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
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Postpartum Care	Jul 14 – Jun 15	70%	61.42%	No
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Blood Lead Testing	Oct 15	81%	80%	No
	Nov 15	81%	79%	No
	Dec 15	81%	79%	No

Developmental Screening		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
	Oct 15	19%	23.35%	Yes	23%	26.64%	Yes	17%	21.93%	Yes
	Nov 15	19%	23.65%	Yes	23%	26.94%	Yes	17%	22.00%	Yes
	Dec 15	19%	23.68%	Yes	23%	27.16%	Yes	17%	22.33%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	73.24%	Yes
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Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.22%	No
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Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.095	Yes
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MM = Member Months *This is a reverse measure. A lower rate indicates better performance.

Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 9%, 0.00%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 9%, 0.00%	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	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

Meridian Health Plan – MER

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*

**All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.*

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.90%	Yes
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Timely Completion of HRA	Jan 15 – Mar 15	20%	6.35%	No
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	49.23%	No
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Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	13.76%	Yes
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**This is a reverse measure. A lower rate indicates better performance.*

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	84.39%	No
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ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	28.95%	No
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Breast Cancer Screening	Jul 14 – Jun 15	58%	61.11%	Yes
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Cervical Cancer Screening	Jul 14 – Jun 15	72%	65.35%	No
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Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	18.56	N/A
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**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

Meridian Health Plan – MER

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	71.38	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	15.40	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	13.97	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Chlamydia Screening	Jul 14 – Jun 15	71%	65.17%	No
Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	83.63%	No
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	53.56%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	37.25%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	81.06%	No

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

HAP Midwest Health Plan, Inc. – MID

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
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Postpartum Care	Jul 14 – Jun 15	70%	51.13%	No
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Blood Lead Testing	Oct 15	81%	70%	No
	Nov 15	81%	70%	No
	Dec 15	81%	71%	No

Developmental Screening		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
	Oct 15	19%	30.57%	Yes	23%	34.09%	Yes	17%	25.88%	Yes
	Nov 15	19%	31.24%	Yes	23%	33.38%	Yes	17%	26.62%	Yes
	Dec 15	19%	31.65%	Yes	23%	34.01%	Yes	17%	27.22%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	76.13%	Yes
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Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.71%	No
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Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.208	No
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MM = Member Months *This is a reverse measure. A lower rate indicates better performance.

Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.00%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 1%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 1%, 0.00%	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, NC	No

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

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

Performance Monitoring Report

HAP Midwest Health Plan, Inc. –MID

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*

**All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.*

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.44%	Yes
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Timely Completion of HRA	Jan 15 – Mar 15	20%	8.57%	No
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	50.94%	No
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Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	27.22%	No
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**This is a reverse measure. A lower rate indicates better performance.*

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	81.98%	No
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ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	38.83%	No
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Breast Cancer Screening	Jul 14 – Jun 15	58%	59.47%	Yes
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Cervical Cancer Screening	Jul 14 – Jun 15	72%	66.15%	No
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Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	26.30	N/A
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**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

HAP Midwest Health Plan, Inc. – MID

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	93.36	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	33.01	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	13.31	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Chlamydia Screening	Jul 14 – Jun 15	71%	63.88%	No
Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	80.11%	No
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	50.00%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	36.21%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	81.36%	No

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
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Postpartum Care	Jul 14 – Jun 15	70%	66.63%	No
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Blood Lead Testing	Oct 15	81%	73%	No
	Nov 15	81%	73%	No
	Dec 15	81%	73%	No

Developmental Screening		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
	Oct 15	19%	23.61%	Yes	23%	25.56%	Yes	17%	18.21%	Yes
	Nov 15	19%	23.92%	Yes	23%	26.24%	Yes	17%	18.32%	Yes
	Dec 15	19%	24.08%	Yes	23%	26.58%	Yes	17%	18.73%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	71.19%	Yes
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Well-Child 3-6 Years	Jul 14 – Jun 15	79%	73.34%	No
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Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.132	Yes
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MM = Member Months *This is a reverse measure. A lower rate indicates better performance.

Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.05%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.19%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.33%	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	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

Molina Healthcare of Michigan – MOL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*

**All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.*

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.56%	Yes
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Timely Completion of HRA	Jan 15 – Mar 15	20%	6.11%	No
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	51.54%	No
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Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	14.59%	Yes
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**This is a reverse measure. A lower rate indicates better performance.*

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	83.30%	No
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ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	32.56%	No
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Breast Cancer Screening	Jul 14 – Jun 15	58%	56.48%	No
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Cervical Cancer Screening	Jul 14 – Jun 15	72%	66.75%	No
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Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	16.87	N/A
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**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

Molina Healthcare of Michigan – MOL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	124.26	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	30.51	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	16.13	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Chlamydia Screening	Jul 14 – Jun 15	71%	68.25%	No
Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	82.12%	No
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	49.46%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	33.01%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	81.37%	No

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
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Postpartum Care	Jul 14 – Jun 15	70%	56.67%	No
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Blood Lead Testing	Oct 15	81%	81%	Yes
	Nov 15	81%	82%	Yes
	Dec 15	81%	82%	Yes

Developmental Screening		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
	Oct 15	19%	25.44%	Yes	23%	36.89%	Yes	17%	30.97%	Yes
	Nov 15	19%	25.01%	Yes	23%	38.30%	Yes	17%	31.55%	Yes
	Dec 15	19%	24.81%	Yes	23%	38.50%	Yes	17%	31.76%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	81.09%	Yes
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Well-Child 3-6 Years	Jul 14 – Jun 15	79%	75.68%	No
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Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.043	Yes
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MM = Member Months *This is a reverse measure. A lower rate indicates better performance.

Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.16%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.02%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.04%	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	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

Priority Health Choice – PRI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*

**All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.*

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.46%	Yes
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Timely Completion of HRA	Jan 15 – Mar 15	20%	12.22%	No
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	63.12%	No
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Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	16.90%	No
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**This is a reverse measure. A lower rate indicates better performance.*

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	87.02%	Yes
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ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	17.01%	No
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Breast Cancer Screening	Jul 14 – Jun 15	58%	64.44%	Yes
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Cervical Cancer Screening	Jul 14 – Jun 15	72%	63.55%	No
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Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	25.15	N/A
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**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

Priority Health Choice – PRI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	44.65	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	14.18	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	6.05	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Chlamydia Screening	Jul 14 – Jun 15	71%	66.02%	No
Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	89.24%	Yes
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	50.42%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	34.84%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	85.45%	No

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
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Postpartum Care	Jul 14 – Jun 15	70%	42.42%	No
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Blood Lead Testing	Oct 15	81%	70%	No
	Nov 15	81%	70%	No
	Dec 15	81%	70%	No

Developmental Screening		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
	Oct 15	19%	19.69%	Yes	23%	23.19%	Yes	17%	14.26%	No
	Nov 15	19%	19.06%	Yes	23%	23.75%	Yes	17%	15.07%	No
	Dec 15	19%	20.20%	Yes	23%	24.78%	Yes	17%	14.95%	No

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	63.52%	No
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Well-Child 3-6 Years	Jul 14 – Jun 15	79%	69.93%	No
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Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.167	No
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MM = Member Months *This is a reverse measure. A lower rate indicates better performance.

Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	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

Total Health Care – THC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*

**All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.*

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.90%	Yes
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Timely Completion of HRA	Jan 15 – Mar 15	20%	2.73%	No
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	51.18%	No
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Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	17.47%	No
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**This is a reverse measure. A lower rate indicates better performance.*

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	79.14%	No
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ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	39.41%	No
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Breast Cancer Screening	Jul 14 – Jun 15	58%	50.19%	No
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Cervical Cancer Screening	Jul 14 – Jun 15	72%	62.41%	No
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Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	24.14	N/A
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**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

Total Health Care – THC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	149.17	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	39.00	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	17.14	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Chlamydia Screening	Jul 14 – Jun 15	71%	64.90%	No
Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	70.45%	No
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	44.84%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	31.75%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	72.56%	No

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
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Postpartum Care	Jul 14 – Jun 15	70%	51.09%	No
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Blood Lead Testing	Oct 15	81%	75%	No
	Nov 15	81%	75%	No
	Dec 15	81%	75%	No

Developmental Screening		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
	Oct 15	19%	22.18%	Yes	23%	29.59%	Yes	17%	22.63%	Yes
	Nov 15	19%	22.88%	Yes	23%	29.89%	Yes	17%	22.56%	Yes
	Dec 15	19%	23.29%	Yes	23%	29.74%	Yes	17%	22.69%	Yes

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	76.37%	Yes
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Well-Child 3-6 Years	Jul 14 – Jun 15	79%	72.96%	No
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Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.168	No
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MM = Member Months *This is a reverse measure. A lower rate indicates better performance.

Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.07%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 6%, 0.42%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.21%	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	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

UnitedHealthcare Community Plan – UNI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*

**All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.*

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	85.38%	Yes
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Timely Completion of HRA	Jan 15 – Mar 15	20%	8.35%	No
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	57.14%	No
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Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	15.75%	Yes
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**This is a reverse measure. A lower rate indicates better performance.*

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	84.68%	No
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ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	41.30%	No
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Breast Cancer Screening	Jul 14 – Jun 15	58%	61.19%	Yes
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Cervical Cancer Screening	Jul 14 – Jun 15	72%	69.05%	No
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Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	26.38	N/A
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**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

UnitedHealthcare Community Plan – UNI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	104.68	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	25.02	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	14.93	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Chlamydia Screening	Jul 14 – Jun 15	71%	67.62%	No
Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	83.31%	No
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	48.39%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	34.07%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	84.38%	No

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 14 – Jun 15	N/A	N/A	N/A

Elective Delivery	Jul 14 – Jun 15	N/A	N/A	N/A
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Postpartum Care	Jul 14 – Jun 15	70%	45.04%	N/A
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Blood Lead Testing	Oct 15	81%	89%	Yes
	Nov 15	81%	88%	Yes
	Dec 15	81%	89%	Yes

Developmental Screening		Year 1	Result	Standard Achieved	Year 2	Result	Standard Achieved	Year 3	Result	Standard Achieved
	Oct 15	19%	14.68%	No	23%	17.89%	No	17%	13.72%	No
	Nov 15	19%	14.42%	No	23%	17.04%	No	17%	14.26%	No
	Dec 15	19%	14.30%	No	23%	16.07%	No	17%	14.31%	No

Well-Child 0-15 Months	Jul 14 – Jun 15	71%	70.14%	No
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Well-Child 3-6 Years	Jul 14 – Jun 15	79%	71.82%	No
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Complaints	Jul 15 – Sep 15	<.15/1000 MM	0.033	Yes
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MM = Member Months *This is a reverse measure. A lower rate indicates better performance.

Claims Processing	Aug 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 9%, 0.00%	Yes
	Sep 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 9%, 0.00%	Yes
	Oct 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

Encounter Data	Oct 15	Timely, Complete	T, C	Yes
	Nov 15	Timely, Complete	T, C	Yes
	Dec 15	Timely, Complete	T, C	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

Upper Peninsula Health Plan – UPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Pharmacy Encounter Data	Oct 15	Timely, Complete	T, C	Yes*
	Nov 15	Timely, Complete	T, C	Yes*
	Dec 15	Timely, Complete	T, C	Yes*

**All Plans received a pass for the Pharmacy Encounter measure this quarter due to technical issues related to the transition to a new format.*

Provider File Reporting	Oct 15	Timely, Accurate	T, A	Yes
	Nov 15	Timely, Accurate	T, A	Yes
	Dec 15	Timely, Accurate	T, A	Yes

T = Timely; A = Accurate; NT = Not Timely; NA = Not Accurate

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 15 – Jun 15	80%	83.87%	Yes
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Timely Completion of HRA	Jan 15 – Mar 15	20%	14.73%	No
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 15 – Mar 15	66%	58.86%	No
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Plan All-Cause Acute 30-Day Readmissions	Jul 14 – Jun 15	16%	16.14%	No
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**This is a reverse measure. A lower rate indicates better performance.*

Adults' Access to Ambulatory Health Services	Jul 14 – Jun 15	87%	86.36%	No
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ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 14 – Jun 15	79%	53.05%	No
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Breast Cancer Screening	Jul 14 – Jun 15	58%	61.51%	Yes
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Cervical Cancer Screening	Jul 14 – Jun 15	72%	60.45%	No
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Diabetes Short-Term Complications Admission Rate	Jul 14 – Jun 15	N/A	13.90	N/A
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**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

Upper Peninsula Health Plan – UPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 14 – Jun 15	N/A	70.78	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Heart Failure Admission Rate	Jul 14 – Jun 15	N/A	13.46	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Asthma in Younger Adults Admission Rate	Jul 14 – Jun 15	N/A	11.30	N/A
<i>*This is a reverse measure. A lower rate indicates better performance.</i>				
Chlamydia Screening	Jul 14 – Jun 15	71%	46.37%	No
Diabetes Care: Hemoglobin A1c Testing	Jul 14 – Jun 15	87%	88.12%	Yes
Antidepressant Medication Management (Acute)	Jul 14 – Jun 15	N/A	59.32%	N/A
Antidepressant Medication Management (Continuous)	Jul 14 – Jun 15	N/A	43.22%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 14 – Jun 15	87%	80.67%	No

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

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



Michigan Medicaid HEDIS 2015 Results Statewide Aggregate Report

November 2015



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Introduction

During 2014, the Michigan Department of Health and Human Services (MDHHS) contracted with 13 health plans to provide managed care services to Michigan Medicaid enrollees. MDHHS expects its contracted Medicaid Health Plans (MHPs) to support healthcare claims systems, membership and provider files, and hardware/software management tools that facilitate accurate and reliable reporting of the Healthcare Effectiveness Data and Information Set (HEDIS[®])¹⁻¹ measures. MDHHS has contracted with Health Services Advisory Group, Inc. (HSAG), to calculate statewide rates based on the MHPs' rates and evaluate each MHP's current performance level as well as the statewide performance relative to national Medicaid percentiles. MDHHS uses HEDIS rates for the annual Medicaid consumer guide as well as for the annual performance assessment.

To evaluate performance levels, MDHHS implemented a system to provide an objective, comparative review of health plan quality-of-care outcomes and performance measures. One component of the evaluation system was based on HEDIS. MDHHS selected 31 HEDIS measures from the standard Medicaid HEDIS reporting set to evaluate performance of the Michigan Medicaid health plans. These 31 measures were grouped under eight dimensions:

- ◆ Child and Adolescent Care
- ◆ Women—Adult Care
- ◆ Access to Care
- ◆ Obesity
- ◆ Pregnancy Care
- ◆ Living With Illness
- ◆ Health Plan Diversity
- ◆ Utilization

Performance levels for Michigan MHPs have been established for 52 rates for measures under the majority of the dimensions.¹⁻² The performance levels have been set at specific, attainable rates and are based on national percentiles. MHPs meeting the high performance level (HPL) exhibit rates that are among the top in the nation. The low performance level (LPL) has been set to identify MHPs with the greatest need for improvement. Details describing these performance levels are presented in Section 2, How to Get the Most From This Report.

In addition, Section 11 (HEDIS Reporting Capabilities) provides a summary of the HEDIS data collection processes used by the Michigan MHPs and the audit findings in relation to the National Committee for Quality Assurance's (NCQA's) information system (IS) standards.

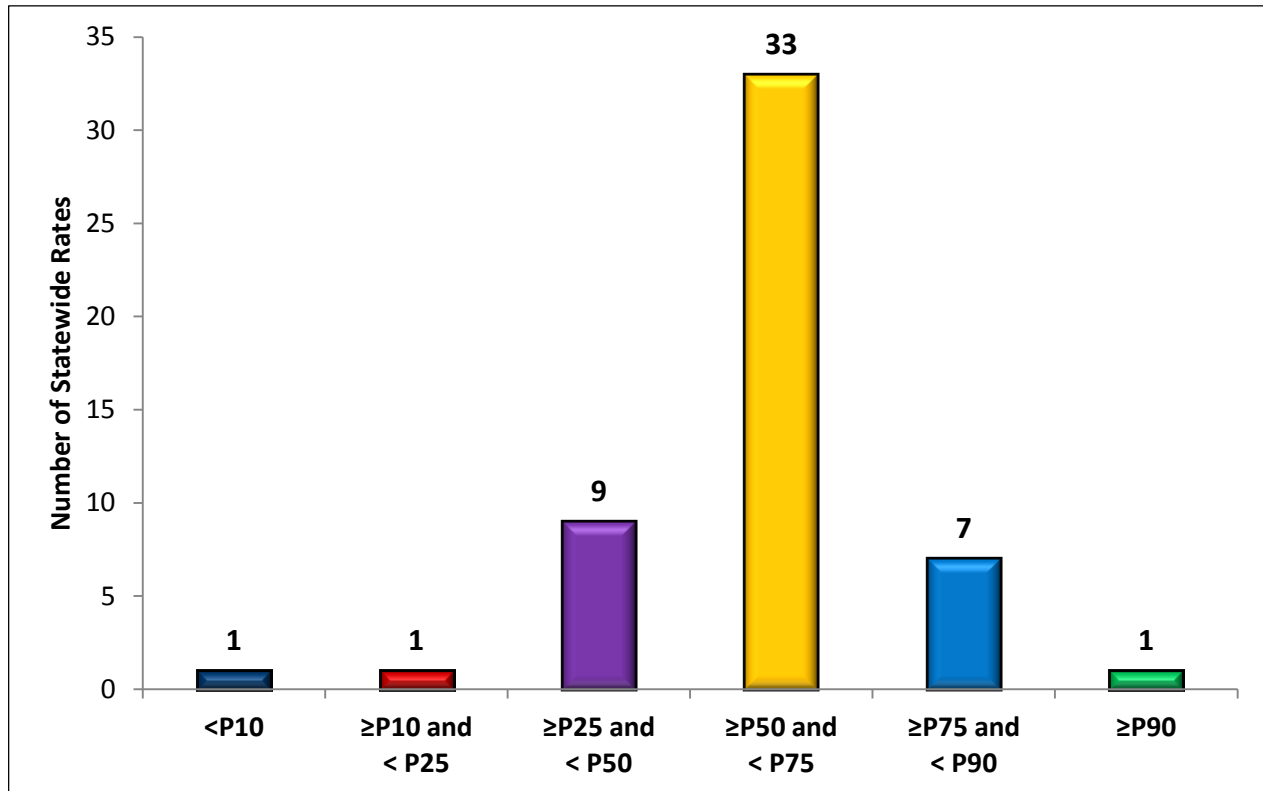
¹⁻¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻² Performance levels were developed for all measures under *Child and Adolescent Care*, *Women—Adult Care*, *Access to Care*, *Obesity*, and *Living With Illness*, and for select measures under *Utilization* and *Pregnancy Care*. Performance levels were not developed for all measures under *Health Plan Diversity*.

Summary of Performance

Figure 1-1 compares the Michigan Medicaid program’s overall rates with the national HEDIS 2014 Medicaid percentiles. The bars represent the number of Michigan Medicaid statewide rates falling into each HEDIS percentile range.

Figure 1-1—Michigan Medicaid Statewide Averages Compared to National Medicaid Percentiles



Of the 52 statewide rates¹⁻³ where HEDIS 2014 national percentiles were available for benchmarking:

- ◆ One (1.92 percent) was below the 10th percentile (<P10).
- ◆ One (1.92 percent) was at or above the 10th percentile and below the 25th percentile (≥P10 and <P25).
- ◆ Nine (17.31 percent) were at or above the 25th percentile and below the 50th percentile (≥P25 and <P50).

¹⁻³ With the exception of the *Ambulatory Care* measures, all statewide rates were weighted averages. For *Ambulatory Care*, straight average was reported throughout this report. The 52 rates identified in Figure 1-1 included all measures under *Child and Adolescent Care*, *Women—Adult Care*, *Access to Care*, *Obesity*, and *Living With Illness*, and select measures under *Utilization (Ambulatory Care measures)* and *Pregnancy Care (Prenatal and Postpartum Care, and Frequency of Ongoing Prenatal Care—≥81 Percent indicator)*. The three *Medical Assistance With Smoking and Tobacco Use Cessation* indicators were not included because they did not have national percentiles. It is important to note that for the *Comprehensive Diabetes Care—Poor HbA1c Control* indicator, where a lower rate represents higher performance, the percentiles were reversed to align with performance (e.g., if the *Comprehensive Diabetes Care—Poor HbA1c Control* rate was between the 10th and 25th percentiles, it would be inverted to be between the 75th and 90th percentiles to represent the level of performance).

- ◆ Thirty-three (63.46 percent) were at or above the 50th percentile and below the 75th percentile ($\geq P50$ and $< P75$).
- ◆ Seven (13.46 percent) were at or above the 75th percentile and below the 90th percentile ($\geq P75$ and $< P90$).
- ◆ One (1.92 percent) was at or above the 90th percentile ($\geq P90$).

A summary of statewide performance for each dimension is presented below:

- ◆ **Child and Adolescent Care:** The HEDIS 2015 statewide performance declined from last year for more than half of its measures. Eleven of the eighteen measures/indicators in this dimension reported rate decreases from HEDIS 2014, with statistically significant decline noted in four rates (i.e., *Childhood Immunization Status—Combination 2* and *Combination 3*, *Well-Child Visits in the First 15 Months of Life—6 or More Visits*, and *Adolescent Well-Care Visits*). Statistically significant improvement was noted in three rates (i.e., *Childhood Immunization Status—Combination 9*, *Appropriate Treatment for Children With Upper Respiratory Infection*, and *Appropriate Testing for Children With Pharyngitis*). Fifteen of the 18 rates ranked at or above the national HEDIS 2014 Medicaid 50th percentile, with one ranking at or above the 90th percentile. Three statewide rates ranked between the 25th and 50th percentiles.
- ◆ **Women—Adult Care:** The HEDIS 2015 statewide performance declined compared to last year. All five measures in this dimension demonstrated a rate decrease, with three exhibiting statistically significant rate decreases. Nonetheless, all measures met or exceeded the national HEDIS 2014 Medicaid 50th percentile, while one rate (*Chlamydia Screening in Women—Ages 16 to 20 Years*) exceeded the national 75th percentile.
- ◆ **Access to Care:** The HEDIS 2015 statewide performance declined compared to last year. All eight rates in this dimension declined from HEDIS 2014. Five of these rates had a statistically significantly decrease, though most declines were less than one percentage point. Five statewide rates met or exceeded the national HEDIS 2014 Medicaid 50th percentile, and three rates ranked between the 25th and 50th percentiles.
- ◆ **Obesity:** The HEDIS 2015 statewide performance improved from last year. The rates for all four measures in this dimension increased when compared to last year’s rates, and three of the four measures (i.e., *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*, *Counseling for Physical Activity—Total*, and *Adult BMI Assessment*) reported statistically significant improvement. All statewide rates met or exceeded the national Medicaid 50th percentile, with two at or above the national Medicaid 75th percentile.
- ◆ **Pregnancy Care:** The HEDIS 2015 statewide performance declined compared to last year. All three rates in this dimension decreased when compared to HEDIS 2014, with two having a statistically significant decline (i.e., *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Prenatal and Postpartum Care—Postpartum Care*). Despite these declines, the weighted averages of all measures ranked at or above the national Medicaid 50th percentile.
- ◆ **Living With Illness:** The HEDIS 2015 statewide performance remained stable when compared to last year for all measures but one. One indicator (*Comprehensive Diabetes Care—Eye Exam*) exhibited a statistically significant rate decrease. Nine rates measured at or above the national

Medicaid 50th percentile, with four at or above the 75th percentile. Three rates ranked below the 50th percentile, with one below the 25th percentile and another below the 10th percentile.

- ◆ **Health Plan Diversity:** Although measures under this dimension are not performance measures, changes observed in the results may provide insights into how select member characteristics affect the MHPs' provision of services and care. Comparing the HEDIS 2014 and 2015 statewide rates for the *Race/Ethnicity Diversity of Membership* measure, the 2015 rates showed slight changes (less than one percentage point) for almost all categories. For the *Language Diversity of Membership* measure, the statewide percentage of members using *English* as the preferred spoken language for healthcare increased slightly from the previous year, with a corresponding decline in the *Unknown* category. The percentage of Michigan members reporting *English* and *Non-English* as the language preferred for written materials increased in HEDIS 2015, along with a corresponding decrease in the percentage of members reporting in the *Unknown* category. Regarding other language needs, there was a slight decrease in the percentage of members reporting *Non-English* and *Unknown* in HEDIS 2015.
- ◆ **Utilization:** For *Outpatient Visits*, the Michigan Medicaid unweighted averages for HEDIS 2015 demonstrated an increase while *Emergency Department Visits*¹⁻⁴ demonstrated a decrease. This suggests improvement for both measures. Additionally, statewide rates for *Outpatient Visits* were below the national HEDIS 2014 Medicaid 50th percentile while statewide rates for *Emergency Department Visits* were above the HEDIS 2014 Medicaid 50th percentile. For the *Inpatient Utilization—General Hospital/Acute Care* measure, the discharges per 1,000 member months decreased for three inpatient service types (*Total Inpatient*, *Medicine*, and *Maternity*). The average length of stay increased for *Total Inpatient* and *Maternity* services but decreased slightly for *Medicine* and *Surgery*.

¹⁻⁴ For this indicator, a lower rate indicates better performance (i.e., low rates of emergency department visits suggest more appropriate service utilization).

2. How to Get the Most From This Report

Summary of Michigan Medicaid HEDIS 2015 Measures

HEDIS includes a standard set of measures that can be reported by health plans nationwide. MDHHS selected 31 HEDIS measures from the standard Medicaid set. These measures are grouped into eight dimensions of care for Michigan Medicaid enrollees:

- ◆ Child and Adolescent Care
- ◆ Women—Adult Care
- ◆ Access to Care
- ◆ Obesity
- ◆ Pregnancy Care
- ◆ Living With Illness
- ◆ Health Plan Diversity
- ◆ Utilization

Categorizing the measures into different dimensions is designed to encourage MHPs to consider the measures as a whole rather than in isolation, and to consider the strategic and tactical changes required to improve overall performance. The measures and their corresponding dimensions are shown in Table 2-1.

Table 2-1—Michigan Medicaid HEDIS 2015 Measures by Dimension	
Dimension	MDHHS HEDIS 2015 Measures
Child and Adolescent Care	<ol style="list-style-type: none"> 1. <i>Childhood Immunization Status (Combinations 2–10)</i> 2. <i>Immunizations for Adolescents (Combination 1)</i> 3. <i>Well-Child Visits in the First 15 Months of Life (Six or More Visits)</i> 4. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> 5. <i>Adolescent Well-Care Visits</i> 6. <i>Lead Screening in Children</i> 7. <i>Appropriate Treatment for Children With Upper Respiratory Infection</i> 8. <i>Appropriate Testing for Children With Pharyngitis</i> 9. <i>Follow-up Care for Children Prescribed ADHD Medication (Initiation and Continuation)</i>
Women—Adult Care	<ol style="list-style-type: none"> 10. <i>Breast Cancer Screening</i> 11. <i>Cervical Cancer Screening</i> 12. <i>Chlamydia Screening in Women (16–20 Years, 21–24 Years, Total)</i>
Access to Care	<ol style="list-style-type: none"> 13. <i>Children and Adolescents’ Access to Primary Care Practitioners (12–24 Months, 25 Months–6 Years, 7–11 Years, 12–19 Years)</i> 14. <i>Adults’ Access to Preventive/Ambulatory Health Services (20–44 Years, 45–64 Years, 65+ Years, Total)</i>
Obesity	<ol style="list-style-type: none"> 15. <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Total), Counseling for Nutrition (Total), Counseling for Physical Activity (Total)</i> 16. <i>Adult BMI Assessment</i>

Table 2-1—Michigan Medicaid HEDIS 2015 Measures by Dimension

Dimension	MDHHS HEDIS 2015 Measures
Pregnancy Care	17. <i>Prenatal and Postpartum Care (Timeliness of Prenatal Care, Postpartum Care)</i> 18. <i>Weeks of Pregnancy at Time of Enrollment</i> 19. <i>Frequency of Ongoing Prenatal Care</i>
Living With Illness	20. <i>Comprehensive Diabetes Care (HbA1c Testing, HbA1c Poor Control, HbA1c Control [$<8.0\%$], Eye Exam, Medical Attention for Nephropathy, Blood Pressure Control [$<140/90$ mm Hg])</i> 21. <i>Use of Appropriate Medications for People With Asthma—Total</i> 22. <i>Controlling High Blood Pressure</i> 23. <i>Medical Assistance With Smoking and Tobacco Use Cessation (Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, Discussing Cessation Strategies)</i> 24. <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> 25. <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i> 26. <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i> 27. <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>
Health Plan Diversity	28. <i>Race/Ethnicity Diversity of Membership</i> 29. <i>Language Diversity of Membership</i>
Utilization	30. <i>Ambulatory Care (Outpatient Visits per 1,000 Member Months, Emergency Department [ED] Visits per 1,000 Member Months)</i> 31. <i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months, Average Length of Stay for Total Inpatient, Medicine, Surgery, Maternity subcategories)</i>

Measure Audit Results

Through the audit process, each measure reported by an MHP is assigned an NCQA-defined audit result. Measures can receive one of four predefined audit results: *Reportable*, *Small Denominator (<30) (NA)*, *Not Reportable (NR)*, and *No Benefit (NB)*. An audit result of *Reportable* indicates that the MHP complied with all HEDIS specifications to produce an unbiased, reportable rate or rates, which can be released for public reporting. Although an MHP may have complied with all applicable specifications, the denominator identified may be considered too small (<30) to report a valid rate. In this case, the measure would be assigned an *NA* audit result. An audit result of *NR* indicates that the rate could not be publicly reported due to one of three reasons: (1) the measure deviated from HEDIS specifications such that the reported rate was significantly biased, (2) an MHP chose not to report the measure, or (3) an MHP was not required to report the measure. A *No Benefit* audit result indicates that the MHP did not offer the health benefit as described in the measure.

It should be noted that NCQA allows health plans to “rotate” select HEDIS measures in some circumstances. A “rotation” schedule enables health plans to use the audited and reportable rate from the prior year. This strategy allows health plans with higher rates for some measures to focus resources on other measures’ rates. Rotated measures must have been audited in the prior year and must have received a *Report* audit designation. Only hybrid measures are eligible to be rotated.

Health plans that meet the HEDIS criteria for hybrid measure rotation may exercise that option if they choose to do so. One of the thirteen MHPs chose to rotate at least one measure in HEDIS 2015. Following NCQA methodology, rotated measures were assigned the same reported rates from measurement year 2013 and were included in the calculations for the Michigan Medicaid weighted averages.²⁻¹

Changes to Measures

For HEDIS 2015, NCQA made modifications to some of the measures included in this report, outlined as follows:

Childhood Immunization Status

- ◆ Revised value sets and value set names:
 - For measles, mumps, rubella, hepatitis B, varicella zoster virus (VZV), and hepatitis A, value sets were split into two—one to identify the antigen and one to identify a history of the illness.
 - For all antigens, names for value sets containing codes that identify the antigen now include the terminology “vaccine administered.”
 - For measles, mumps, and rubella (MMR), VZV, and influenza optional exclusions, Lymphoreticular Cancer Value Set, Multiple Myeloma Value Set, and Leukemia Value Set were combined into a single value set: Malignant Neoplasm of Lymphatic Tissue Value Set.
- ◆ Hepatitis B Diagnosis Value Set was renamed Hepatitis B Value Set.
- ◆ Immunodeficiency Value Set was renamed Disorders of the Immune System Value Set.
- ◆ Deleted the optional exclusion for Anaphylactic Reaction Due to Serum Value Set (with date of service prior to October 1, 2011).

Immunizations for Adolescents

- ◆ Meningococcal Value Set was renamed Meningococcal Vaccine Administered Value Set.
- ◆ Tdap Value Set was renamed Tdap Vaccine Administered Value Set.
- ◆ Td Value Set was renamed Td Vaccine Administered Value Set.
- ◆ Tetanus Value Set was renamed Tetanus Vaccine Administered Value Set.
- ◆ Diphtheria Value Set was renamed Diphtheria Vaccine Administered Value Set.

Well-Child Visits in the First 15 Months of Life

- ◆ Clarified that complete well-child visits must be on different dates of service for the numerators in the Hybrid Specification.

²⁻¹ For HEDIS 2015 Sparrow PHP was the only plan to rotate measures. Sparrow PHP chose to rotate *Well-Child Visits in the First 15 Months of Life—6 or More Visits* and *Comprehensive Diabetes Care - Blood Pressure Control <140/90 mm Hg*.

Follow-up Care for Children Prescribed ADHD Medication

- ◆ Added a data element to collect the number of optional exclusions to the Data Elements for Reporting table.

Breast Cancer Screening

- ◆ Revised optional exclusion criteria so that two unilateral mastectomies must have service dates 14 or more days apart.
- ◆ Added a data element to collect the number of optional exclusions to the Data Elements for Reporting table.

Cervical Cancer Screening

- ◆ Hysterectomy Value Set was renamed Absence of Cervix Value Set.
- ◆ Added an example to Step 2 of the numerator in the Administrative Specification.
- ◆ Clarified that cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year meets optional exclusion criteria in the Hybrid Specification.

Chlamydia Screening in Women

- ◆ Revised value sets used for the event/diagnosis criteria to ensure that supplemental data (e.g., Logical Observation Identifiers Names and Codes [LOINC] codes) are not used to identify the denominator. Deleted Pregnancy Tests Value Set and Chlamydia Tests Value Set from the event/diagnosis criteria and added appropriate (e.g., Current Procedural Terminology [CPT], Uniform Bill [UB] Revenue) codes from these value sets to the Sexual Activity Value Set.
- ◆ Added a data element to collect the number of optional exclusions to the Data Elements for Reporting table.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

- ◆ Clarified that documentation of >99% or <1% meet criteria for *BMI Percentile*.

Adult BMI Assessment

- ◆ Clarified that documentation of >99% or <1% meet criteria for *BMI Percentile*.

Prenatal and Postpartum Care

- ◆ Reversed Step 6 and Step 7 in the diagram.
- ◆ Removed the note allowing registered nurses to conduct prenatal and postpartum visits.

Frequency of Ongoing Prenatal Care

- ◆ Added a note to the description clarifying that the “Guidelines for Effectiveness of Care Measures” must be followed when calculating this measure.
- ◆ Removed the note allowing registered nurses to conduct prenatal visits.

Comprehensive Diabetes Care

- ◆ Retired the following indicators: *LDL-C screening*, *LDL-C control (<100 mg/dL)*, and *Blood Pressure (BP) Control (<140/80 mm Hg)*.
- ◆ Revised the ED visit requirement for claims/encounters data in the event/diagnosis criteria.
- ◆ Added dapagliflozin to the description of “Sodium glucose cotransporter 2 (SGLT2) inhibitor” in Table CDC-A.
- ◆ Added albiglutide to the description of “Glucagon-like peptide-1 (GLP1) agonists” in Table CDC-A.
- ◆ CHF Value Set was renamed Chronic Heart Failure Value Set.
- ◆ Clarified the denominator requirements for the *HbA1c Control <7% for a Selected Population* indicator in the Hybrid Specification.
- ◆ Gestational or Steroid-Induced Diabetes Value Set was renamed Diabetes Exclusions Value Set.

Use of Appropriate Medications for People With Asthma

- ◆ Clarified the definition of “injection dispensing event.”
- ◆ Replaced the text in the Eligible Population—Event/Diagnosis—Step 2 section with the following text: “A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma (Asthma Value Set), in any setting, in the same year as the leukotriene modifier or antibody inhibitor (i.e., the measurement year or the year prior to the measurement year).”

Controlling High Blood Pressure

- ◆ Revised the definition of “adequate control” to include two different BP thresholds based on age and diagnosis.
- ◆ Added a diabetes flag and corresponding value sets in the event/diagnosis criteria.
- ◆ Renamed the Hypertension Value Set to Essential Hypertension Value Set.
- ◆ Revised the optional exclusion for nonacute inpatient admissions.
- ◆ Deleted the Nonacute Care Value Set; organizations use facility and proprietary coding to identify nonacute inpatient admissions.
- ◆ Revised the numerator to include the different BP thresholds in the Hybrid Specification.

Diabetes Monitoring for People With Diabetes and Schizophrenia

- ◆ Revised the ED visit requirement for claims/encounters data in Step 2 in the event/diagnosis criteria.
- ◆ Renamed Gestational or Steroid-Induced Diabetes Value Set to Diabetes Exclusions Value Set.
- ◆ Added a data element to collect the number of optional exclusions to the Data Elements for Reporting table.

Inpatient Utilization—General Hospital/Acute Care

- ◆ Clarified that newborn care rendered from birth to discharge home from delivery must be excluded from Step 2.

Percentile Ranking

The Percentile Ranking tables presented depict each MHP’s rank based on its rate as compared to the NCQA’s national HEDIS 2014 Medicaid percentiles.

- ★★★★★ —indicates the MHP’s rate is at or above the 90th percentile
- ★★★★ —indicates the MHP’s rate is at or above the 75th percentile but below the 90th percentile
- ★★★ —indicates the MHP’s rate is at or above the 50th percentile but below the 75th percentile
- ★★ —indicates the MHP’s rate is at or above the 25th percentile but below the 50th percentile
- ★ —indicates the MHP’s rate is below the 25th percentile
- NA —indicates Not Applicable (i.e., denominator size too small)
- NR —indicates Not Reportable (i.e., biased, or MHP chose not to report)
- NB —indicates No Benefit
- NC —indicates Not Comparable (i.e., measure not comparable to national percentiles or national percentiles not available)

For the *Comprehensive Diabetes Care—Poor HbA1c Control* rates, where lower rates represent higher performance, the percentiles were inverted. For example, if the *Comprehensive Diabetes Care—Poor HbA1c Control* rate fell between the 10th and 25th percentiles, the percentiles would be inverted so that the rate would fall between the 75th and 90th percentiles.

For all measures except those under the Health Plan Diversity domain and *Inpatient Utilization* measure under the Utilization domain, MHP percentile ranking results are suggestive of their performance levels. An MHP’s rate at or above the 90th percentile suggests better performance, and an MHP’s rate below the 25th percentile suggests poorer performance. For the *Inpatient Utilization* measure under the Utilization domain, since high/low visit counts reported in the interactive data submission system (IDSS) files did not take into account the demographic and clinical conditions of an eligible population, an MHP’s percentile ranking does not denote better or worse performance. MHP percentile ranking results for measures under Health Plan Diversity provide insight into how member race/ethnicity or language characteristics compared to national distribution and are not suggestive of plan performance.

Performance Levels

The purpose of identifying performance levels is to compare the quality of services provided to Michigan Medicaid managed care beneficiaries to national percentiles and ultimately improve the Michigan Medicaid statewide performance for the measures. Comparative information in this report is based on NCQA's national HEDIS 2014 Medicaid percentiles, which are the most recent data available from NCQA. For all measures except those under *Health Plan Diversity*, as well as *Ambulatory Care* measures under *Utilization*, the statewide rates were compared to the High Performance Level (HPL) and Low Performance Level (LPL). The HPL represents current high performance in national Medicaid managed care, and the LPL represents low performance nationally.

For most measures included in this report, the 90th percentile indicates the HPL and the 25th percentile represents the LPL. This means that Michigan MHPs with reported rates above the 90th percentile (HPL) rank in the top 10 percent of all MHPs nationally. Similarly, MHPs reporting rates below the 25th percentile (LPL) rank in the bottom 25 percent of all MHPs nationally.

For inverse measures such as *Comprehensive Diabetes Care—Poor HbA1c Control*, lower rates indicate better performance. The 10th percentile (rather than the 90th percentile) represents excellent performance and the 75th percentile (rather than the 25th percentile) represents below average performance.

The results displayed in this report were rounded to two decimal places to be consistent with the display of national percentiles. When the rounded rates are the same, the scores in the graph are displayed in alphabetical order based on the MHPs' acronyms.

MHPs should focus their efforts on reaching and/or maintaining the HPL for each measure based on their percentile rankings, rather than comparing themselves to other Michigan MHPs.

Performance Trend Analysis

Appendix B includes trend tables for each of the MHPs. Where applicable, each measure’s HEDIS 2013, 2014 and 2015 rates are presented along with trend analysis results comparing the HEDIS 2014 and 2015 rates. Statistically significant differences using Pearson’s Chi-square tests are displayed. The trends are shown in the following example with specific notations:

2014–2015 Health Plan Trend	Interpretation for measures other than <i>Ambulatory Care</i>
+2.5	The 2015 rate is 2.5 percentage points higher than the HEDIS 2014 rate.
-2.5	The 2015 rate is 2.5 percentage points lower than the HEDIS 2014 rate.
+2.5	The 2015 rate is 2.5 percentage points statistically significantly higher than the HEDIS 2014 rate.
-2.5	The 2015 rate is 2.5 percentage points statistically significantly lower than the HEDIS 2014 rate.

Please note that statistical tests across years were not performed for *Weeks of Pregnancy at Time of Enrollment* and *Frequency of Ongoing Prenatal Care* (except the ≥ 81 Percent indicator) under *Pregnancy Care*, as well as all measures under the *Health Plan Diversity* and *Utilization* dimensions. Nonetheless, differences in rates will still be reported without statistical test results.

Michigan Medicaid Overall Rates

For all measures except those under *Utilization*, the Michigan Medicaid weighted average (MWA) rate was used to represent Michigan Medicaid statewide performance. For measures in the *Utilization* dimension, an unweighted average rate was calculated. Comparatively, the use of a weighted average, based on an MHP’s eligible population for that measure, provides the most representative rate for the overall Michigan Medicaid population. Weighting the rate by an MHP’s eligible population size ensures that a rate for an MHP with 125,000 members in the eligible population for a measure, for example, has a greater impact on the overall Michigan Medicaid rate than a rate for an MHP with only 10,000 members. Rates reported as *NA* were included in the calculations of these averages; rates reported as *NR* or *NB* were not included.

Calculation Methods: Administrative Versus Hybrid

Administrative Method

The administrative method requires MHPs to identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters (i.e., statistical claims). In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely from administrative data. Medical records cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed. There are measures in seven of the eight dimensions of care in which HEDIS methodology requires that the rates be derived using only the administrative method, and medical record review is not permitted.

The administrative method is cost-efficient but can produce lower rates due to incomplete data submission by capitated providers. For example, an MHP has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure. The MHP chooses to perform the administrative method and finds that 4,000 members out of the 10,000 had evidence of a postpartum visit using administrative data. The final rate for this measure, using the administrative method, would be 4,000/10,000, or 40 percent.

Hybrid Method

The hybrid method requires MHPs to identify the eligible population using administrative data and then extract a systematic sample of members from the eligible population, which becomes the denominator. Administrative data are used to identify services provided to those members. Medical records must then be reviewed for those members who do not have evidence of a service being provided using administrative data.

The hybrid method generally produces higher rates because the completeness of documentation in the medical record exceeds what is typically captured in administrative data; however, the medical record review component of the hybrid method is considered more labor intensive. For example, an MHP has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure. The MHP chooses to use the hybrid method. After randomly selecting 411 eligible members, the MHP finds that 161 members had evidence of a postpartum visit using administrative data. The MHP then obtains and reviews medical records for the 250 members who did not have evidence of a postpartum visit using administrative data. Of those 250 members, 54 were found to have a postpartum visit recorded in the medical record. Therefore, the final rate for this measure, using the hybrid method, would be $(161 + 54)/411$, or 52 percent.

Interpreting Results

HEDIS results can differ among MHPs and even across measures for the same MHP.

The following questions should be asked when examining these data:

1. How accurate are the results?
2. How do Michigan Medicaid rates compare to national percentiles?
3. How are Michigan MHPs performing overall?

1. How accurate are the results?

All Michigan MHPs are required by MDHHS to have their HEDIS results confirmed through an NCQA HEDIS Compliance Audit^{TM, 2-2}. As a result, any rate included in this report has been verified as an unbiased estimate of the measure. NCQA's HEDIS protocol is designed so that the hybrid method produces results with a sampling error of ± 5 percent at a 95 percent confidence level.

To show how sampling error affects the accuracy of results, an example is provided. When an MHP uses the hybrid method to derive a *Postpartum Care* rate of 52 percent, the true rate is actually ± 5 percent of this rate, due to sampling error. For a 95 percent confidence level, the rate would be between 47 percent and 57 percent. If the target is a rate of 55 percent, it cannot be said with certainty whether the true rate between 47 percent and 57 percent meets or does not meet the target level.

To prevent such ambiguity, this report uses a standardized methodology that requires the reported rate to be at or above the threshold level to be considered as meeting the target. For internal purposes, MHPs should understand and consider the issue of sampling error when evaluating HEDIS results.

2. How do Michigan Medicaid rates compare to national percentiles?

For each measure, an MHP ranking presents the reported rate in order from highest to lowest, with bars representing the established HPL, LPL, and the national HEDIS 2014 Medicaid 50th percentile. In addition, the 2013, 2014, and 2015 Michigan Medicaid weighted averages are presented for comparison purposes.

Michigan MHPs with reported rates above the 90th percentile (HPL) rank in the top 10 percent of all MHPs nationally. Similarly, MHPs reporting rates below the 25th percentile (LPL) rank in the bottom 25 percent nationally for that measure.

3. How are Michigan MHPs performing overall?

For each dimension, a performance profile analysis compares the 2015 Michigan Medicaid weighted average for each rate with the 2013 and 2014 Michigan Medicaid weighted averages and the national HEDIS 2014 Medicaid 50th percentile.

²⁻² NCQA HEDIS Compliance AuditTM is a trademark of the National Committee for Quality Assurance (NCQA).

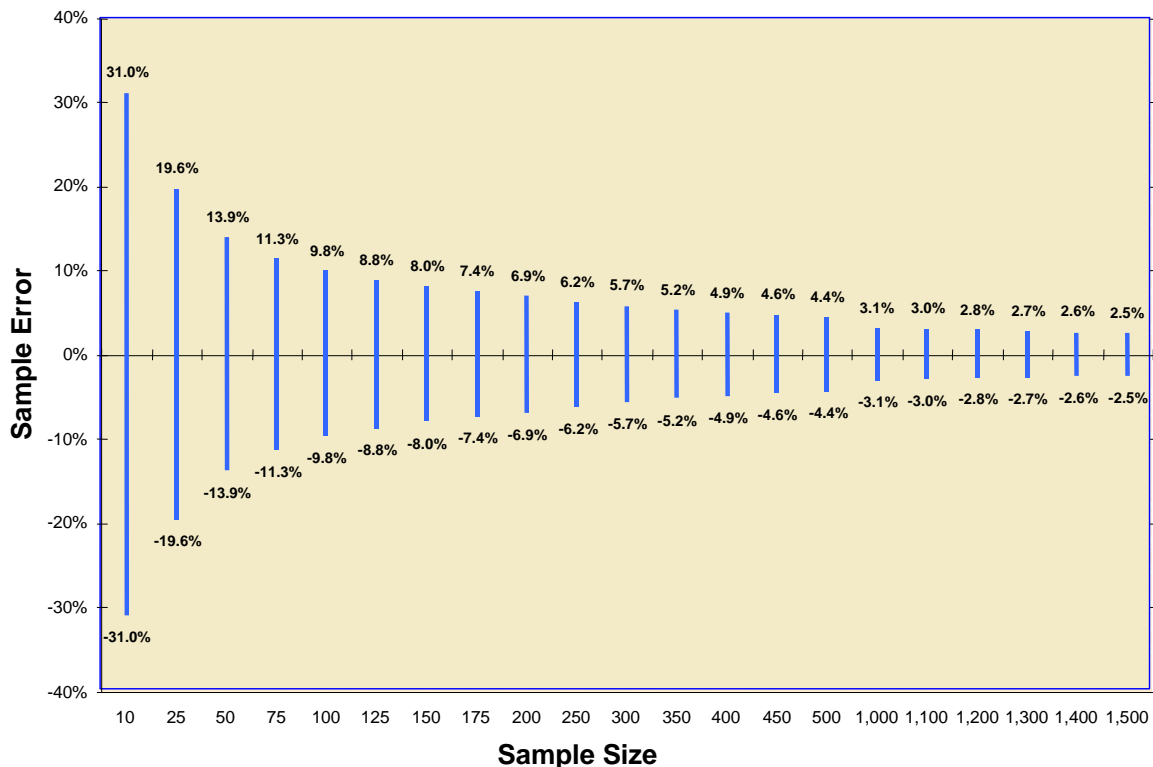
Understanding Sampling Error

Correct interpretation of results for measures collected using the HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to perform medical record review for the entire eligible population for a given measure. Measures collected using the HEDIS hybrid method include only a sample from the eligible population, and statistical techniques are used to maximize the probability that the sample results reflect the experience of the entire eligible population.

For results to be generalized to the entire eligible population, the process of sample selection must be such that everyone in the eligible population has an equal chance of being selected. The HEDIS hybrid method prescribes a systematic sampling process selecting at least 411 members of the eligible population. MHPs may use a 5 percent, 10 percent, 15 percent, or 20 percent oversample to replace invalid cases (e.g., a male selected for *Postpartum Care*).

Figure 2-1 shows that if 411 MHP members are included in a measure, the margin of error is approximately ± 4.9 percentage points. Note that the data in this figure are based on the assumption that the size of the eligible population is greater than 2,000. The smaller the sample included in the measure, the larger the sampling error.

Figure 2-1—Relationship of Sample Size to Sample Error



As Figure 2-1 shows, sample error gets smaller as the sample size gets larger. Consequently, when sample sizes are very large and sampling errors are very small, almost any difference is statistically significant. This does not mean that all such differences are important. On the other hand, the

difference between two measured rates may not be statistically significant, but may, nevertheless, be important. The judgment of the reviewer is always a requisite for meaningful data interpretation.

Acronyms

Figures in the following sections of the report show overall health plan performance for each of the measures. Below is the name code for each of the health plan abbreviations used in the figures.

Table 2-2—2015 Michigan MHPs	
Acronym	Medicaid Health Plan Name
BCC	Blue Cross Complete of Michigan
COV	CoventryCares
HAR	Harbor Health Plan
HPP	HealthPlus Partners
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MID	HAP Midwest Health Plan, Inc.
MOL	Molina Healthcare of Michigan
PHP	Sparrow PHP
PRI	Priority Health Choice, Inc.
THC	Total Health Care, Inc.
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

Compared with last year’s plan list, CoventryCares of Michigan, Inc., and Physicians Health Plan—FamilyCare changed their names to CoventryCares (COV) and Sparrow PHP (PHP), respectively.

In addition to the plans’ acronyms, the following are some additional abbreviations used in the tables or charts.

Table 2-3—Acronyms in Tables and Graphs	
Acronym	Description
MWA	Michigan Medicaid Weighted Average
MA	Michigan Medicaid Average
P50	National HEDIS Medicaid 50th Percentile
HPL	High Performance Level
LPL	Low Performance Level

Introduction

The Child and Adolescent Care dimension encompasses the following MDHHS measures:

- ◆ *Childhood Immunization Status—Combination 2*
- ◆ *Childhood Immunization Status—Combination 3*
- ◆ *Childhood Immunization Status—Combination 4*
- ◆ *Childhood Immunization Status—Combination 5*
- ◆ *Childhood Immunization Status—Combination 6*
- ◆ *Childhood Immunization Status—Combination 7*
- ◆ *Childhood Immunization Status—Combination 8*
- ◆ *Childhood Immunization Status—Combination 9*
- ◆ *Childhood Immunization Status—Combination 10*
- ◆ *Immunizations for Adolescents—Combination 1*
- ◆ *Well-Child Visits in the First 15 Months of Life—Six or More Visits*
- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- ◆ *Adolescent Well-Care Visits*
- ◆ *Lead Screening in Children*
- ◆ *Appropriate Treatment for Children With Upper Respiratory Infection*
- ◆ *Appropriate Testing for Children With Pharyngitis*
- ◆ *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase*
- ◆ *Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*

Summary of Findings

Table 3-1 presents statewide performance for the measures under the Child and Adolescent Care dimension. The table lists the HEDIS 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014.

**Table 3-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend
Child and Adolescent Care**

Measure	Statewide Rate		Number of MHPs			
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015		
<i>Childhood Immunization Status</i>						
<i>Combination 2</i>	77.16%	-3.74	0	3		
<i>Combination 3</i>	72.90%	-4.31	0	3		
<i>Combination 4</i>	67.78%	-2.83	0	3		
<i>Combination 5</i>	60.52%	-0.90	2	1		
<i>Combination 6</i>	44.76%	+2.59	4	0		
<i>Combination 7</i>	56.97%	-0.36	2	1		
<i>Combination 8</i>	42.69%	+2.47	4	0		
<i>Combination 9</i>	38.43%	+3.25	4	0		
<i>Combination 10</i>	36.92%	+3.05	4	0		
<i>Immunizations for Adolescents—Combination 1</i>	88.94%	+0.51	1	1		
<i>Well-Child Visits in the First 15 Months of Life—6 or More Visits</i>	64.76%	-8.33	0	4		
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	75.76%	-1.29	3	0		
<i>Adolescent Well-Care Visits</i>	54.02%	-3.78	1	2		
<i>Lead Screening in Children</i>	80.37%	-0.06	0	1		
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	88.00%	+1.47	3	3		
<i>Appropriate Testing for Children With Pharyngitis</i>	67.25%	+8.06	6	1		
<i>Follow-up Care for Children Prescribed ADHD Medication</i>						
<i>Initiation Phase</i>	38.87%	-1.37	1	1		
<i>Continuation and Maintenance Phase</i>	44.35%	-2.69	1	1		
2014–2015 trend note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.						
Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

Table 3-1 shows that 11 of the 18 measures/indicators under the Child and Adolescent Care dimension reported rate decreases from last year. Four of these rates (i.e., *Childhood Immunization Status—Combination 2 and Combination 3*, *Well-Child Visits in the First 15 Months of Life—6 or More Visits*, and *Adolescent Well-Care Visits*) reported a statistically significant decrease. A statistically significant increase was observed in three rates (i.e., *Childhood Immunization Status—Combination 9*, *Appropriate Treatment for Children With Upper Respiratory Infection*, and *Appropriate Testing for Children With Pharyngitis*). Overall, 15 rates ranked at or above the

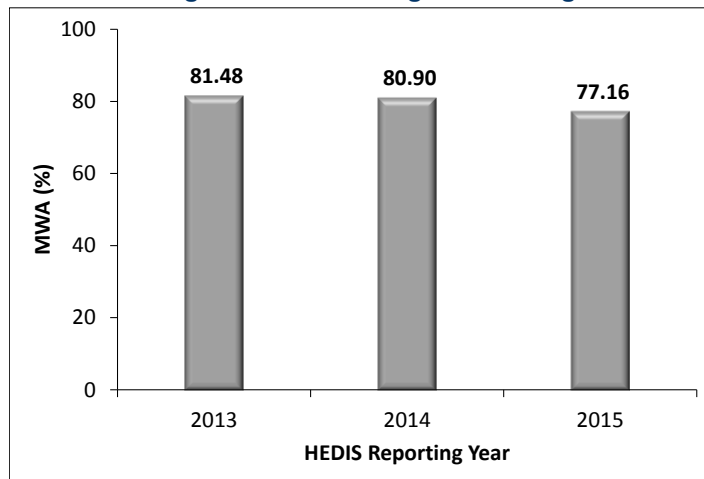
national HEDIS 2014 Medicaid 50th percentile. Of these, one rate benchmarked at or above the 90th percentile (*Immunizations for Adolescents—Combination 1*). *Appropriate Testing for Children With Pharyngitis*, *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase*, and *Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* ranked between the 25th and 50th percentile.

Child and Adolescent Care Findings

Childhood Immunization Status—Combination 2

The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); and one chicken pox (VZV) vaccines by their second birthday.

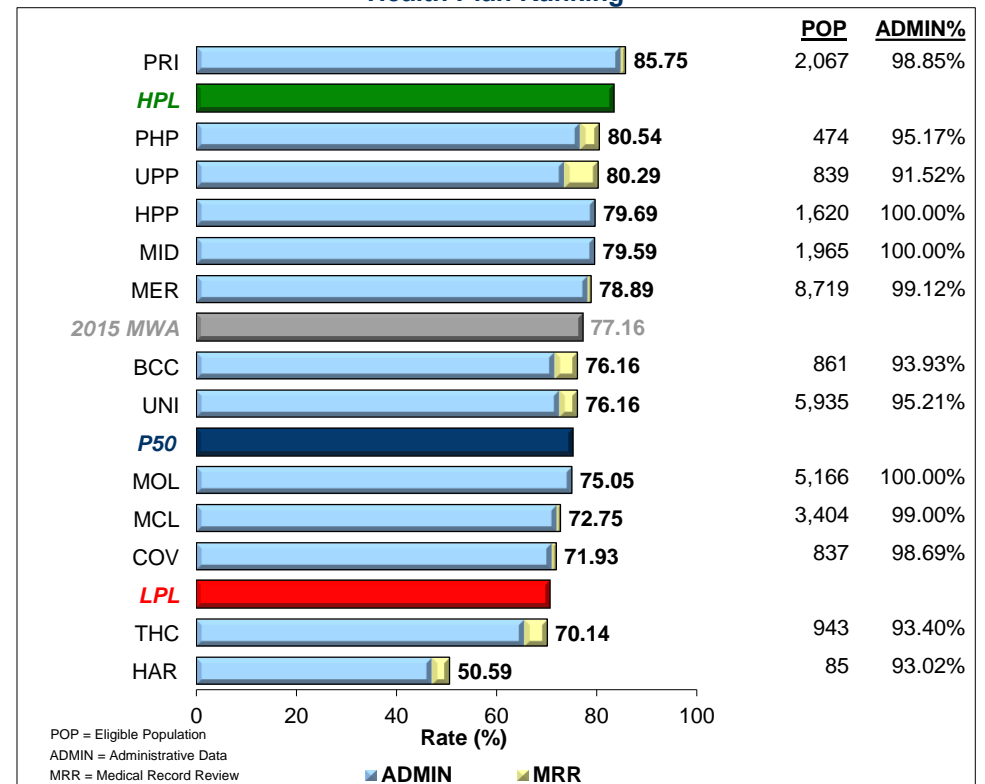
**Figure 3-1—Childhood Immunization Status—Combination 2
Michigan Medicaid Weighted Averages**



Decline from HEDIS 2014 to HEDIS 2015 was statistically significant.

Although the HEDIS 2015 weighted average decreased significantly from HEDIS 2014 (3.74 percentage points), it exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and two performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

**Figure 3-2—Childhood Immunization Status—Combination 2
Health Plan Ranking**

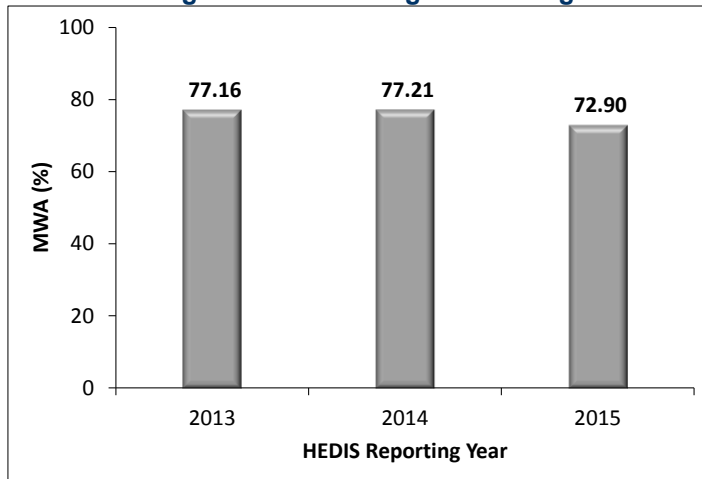


HPP, MID, and MOL chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 3

The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday.

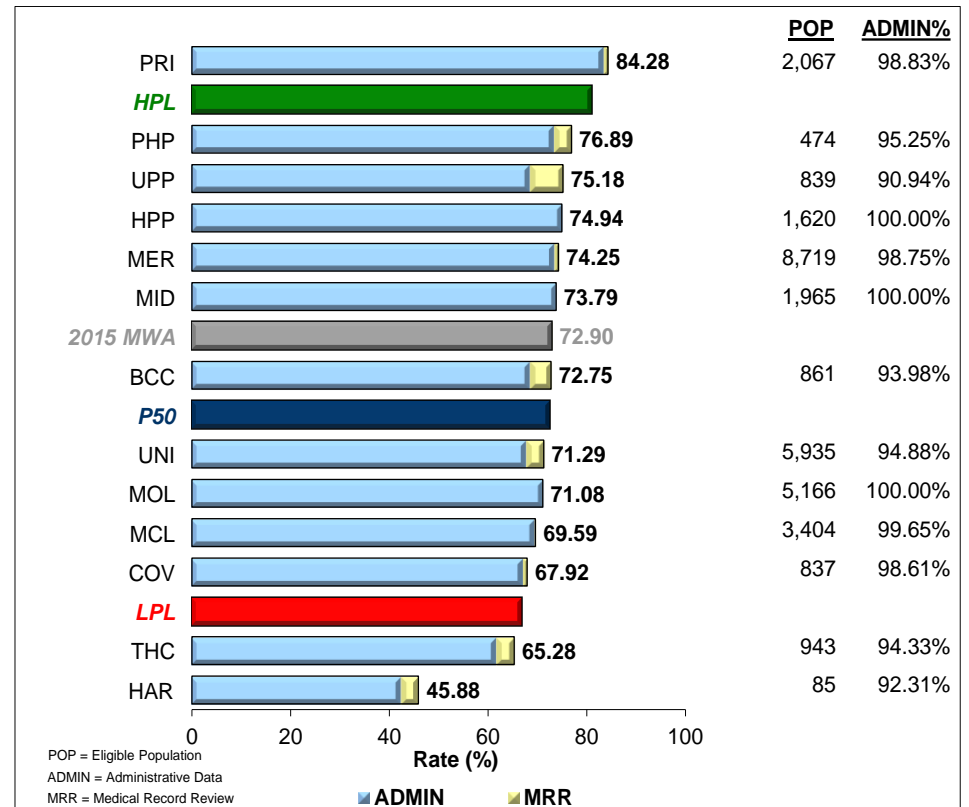
**Figure 3-3—Childhood Immunization Status—Combination 3
Michigan Medicaid Weighted Averages**



Decline from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 (4.31 percentage points) but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and two performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

**Figure 3-4—Childhood Immunization Status—Combination 3
Health Plan Ranking**

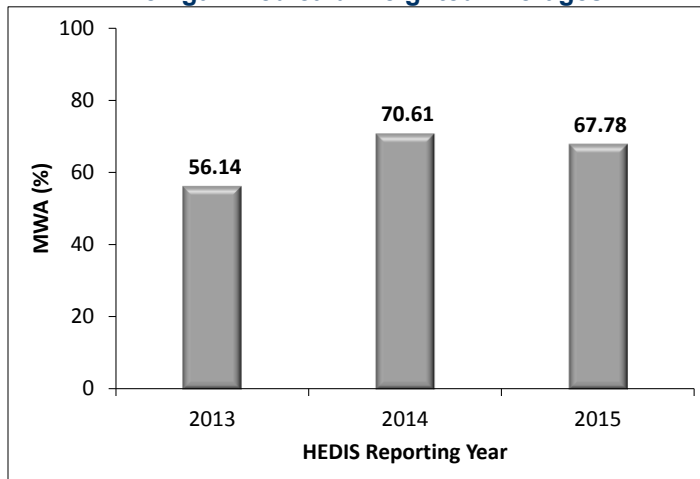


HPP, MID, and MOL chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 4

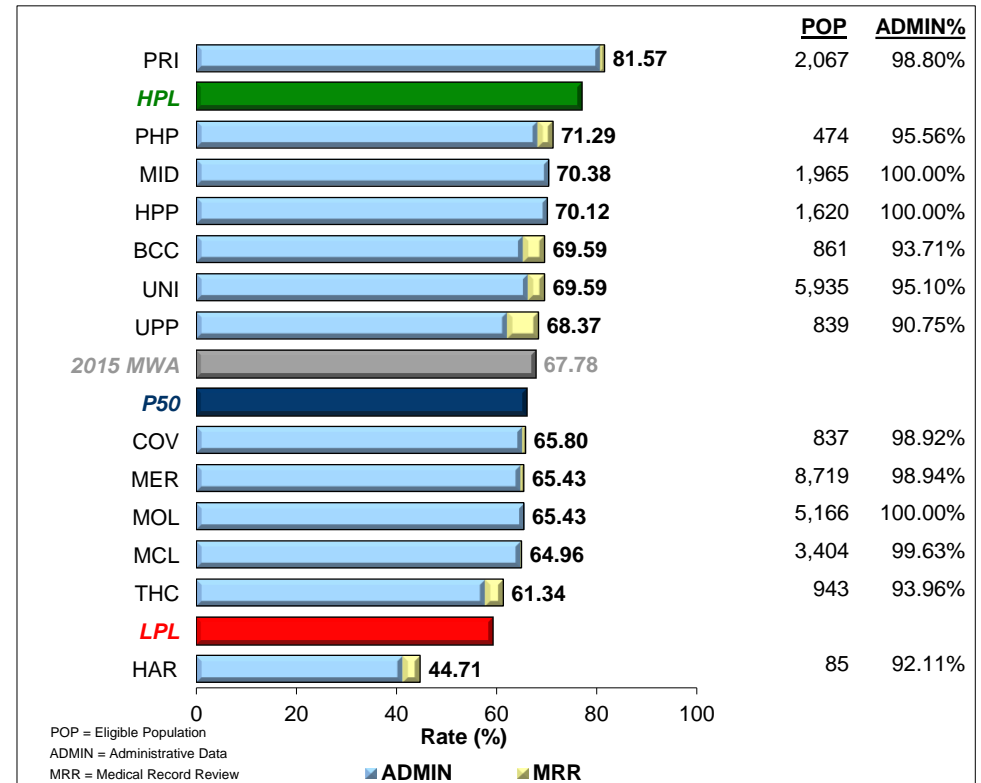
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and one hepatitis A (HepA) vaccine by their second birthday.

**Figure 3-5—Childhood Immunization Status—Combination 4
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average decreased from HEDIS 2014 (2.83 percentage points) but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and one performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

**Figure 3-6—Childhood Immunization Status—Combination 4
Health Plan Ranking**

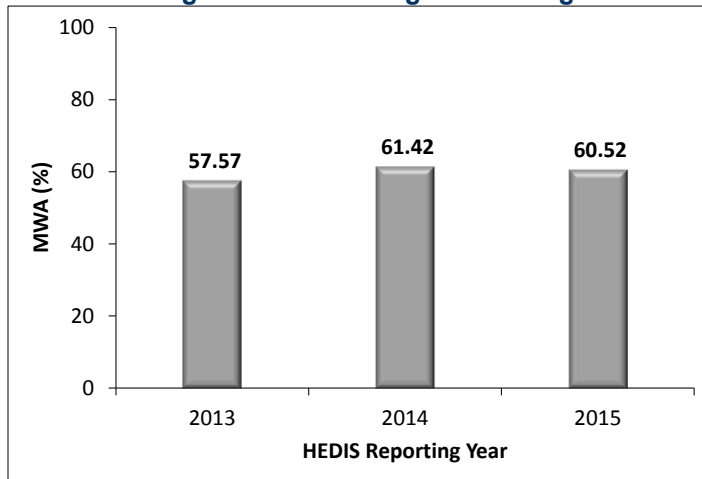


MID, HPP, and MOL chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 5

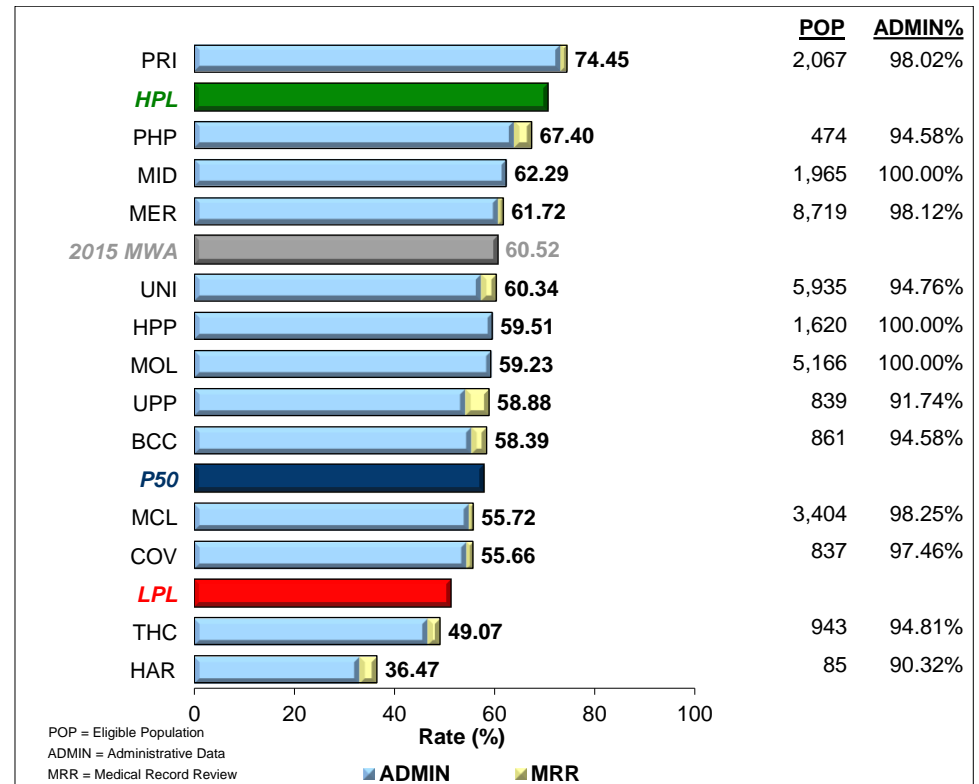
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and two or three rotavirus (RV) vaccines by their second birthday.

Figure 3-7—Childhood Immunization Status—Combination 5 Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased from HEDIS 2014 (0.90 percentage points) but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and two performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

Figure 3-8—Childhood Immunization Status—Combination 5 Health Plan Ranking

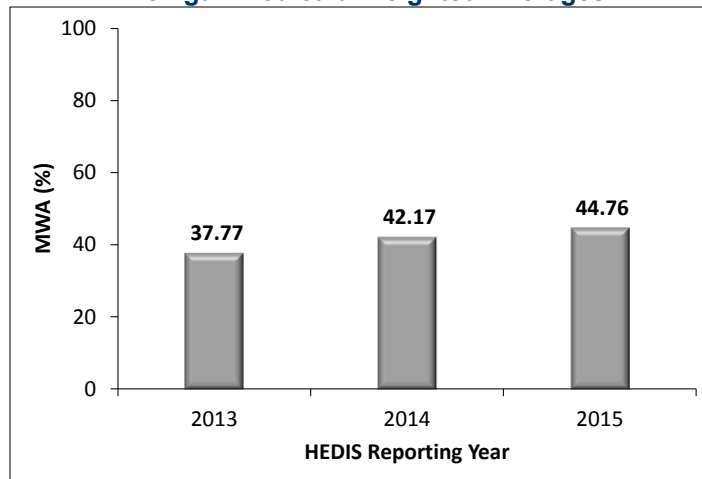


MID, HPP, and MOL chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 6

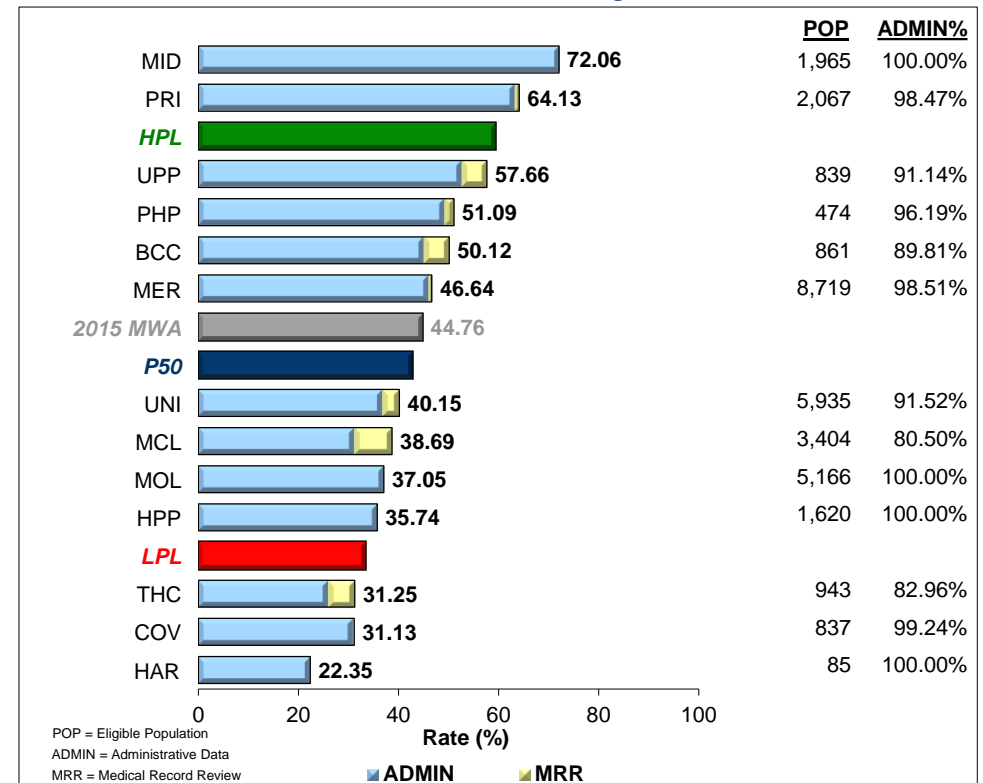
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and two influenza (flu) vaccines by their second birthday.

**Figure 3-9—Childhood Immunization Status—Combination 6
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average increased from HEDIS 2014 (2.59 percentage points) and was above the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and three performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

**Figure 3-10—Childhood Immunization Status—Combination 6
Health Plan Ranking**

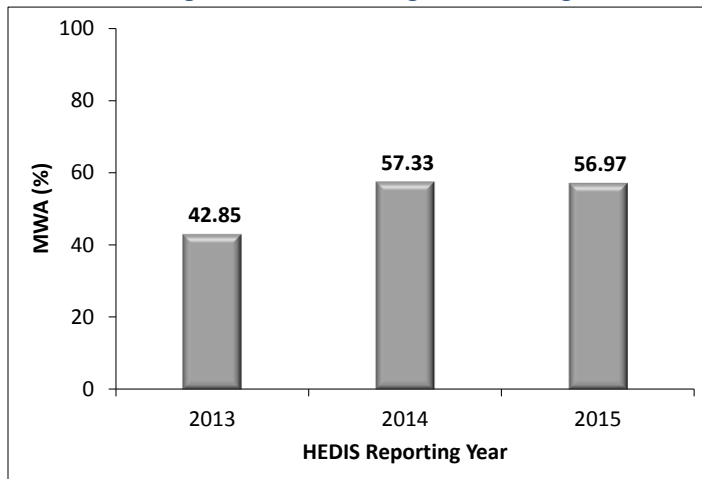


MID, MOL, and HPP chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 7

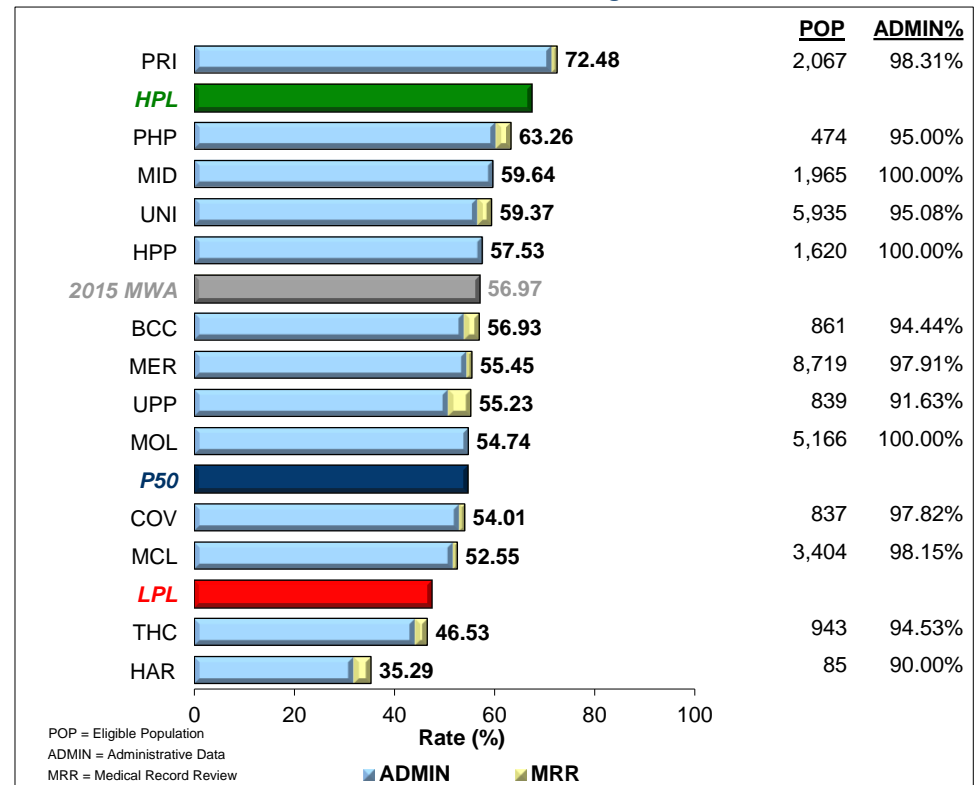
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA) vaccine; and two or three rotavirus (RV) vaccines by their second birthday.

**Figure 3-11—Childhood Immunization Status—Combination 7
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average decreased from HEDIS 2014 (0.36 percentage points) but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and two performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

**Figure 3-12—Childhood Immunization Status—Combination 7
Health Plan Ranking**

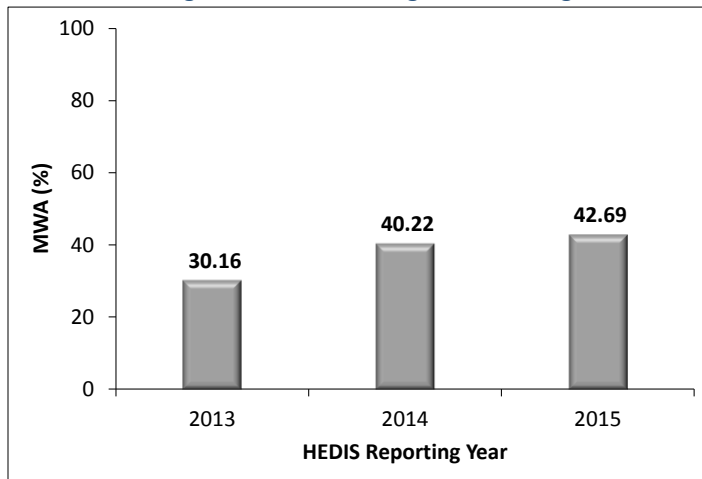


MID, HPP, and MOL chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 8

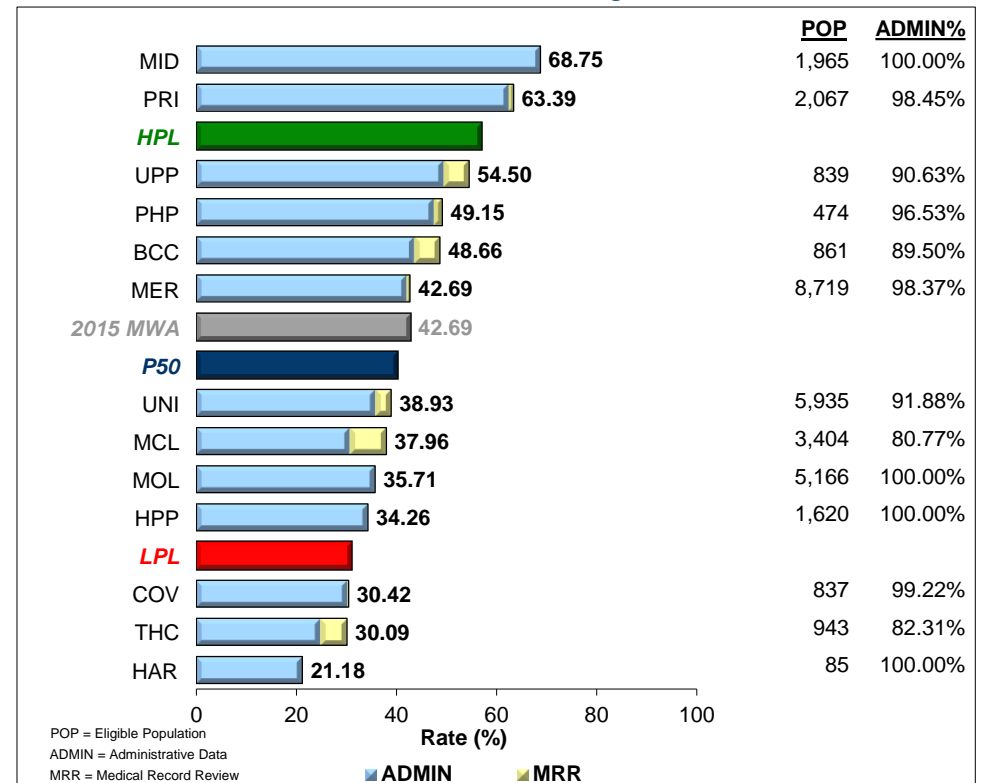
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA) vaccine; and two influenza (flu) vaccines by their second birthday.

Figure 3-13—Childhood Immunization Status—Combination 8 Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average increased from HEDIS 2014 (2.47 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and three performed below the LPL. For all plans, at least 80 percent of the rates were based on administrative data.

Figure 3-14—Childhood Immunization Status—Combination 8 Health Plan Ranking

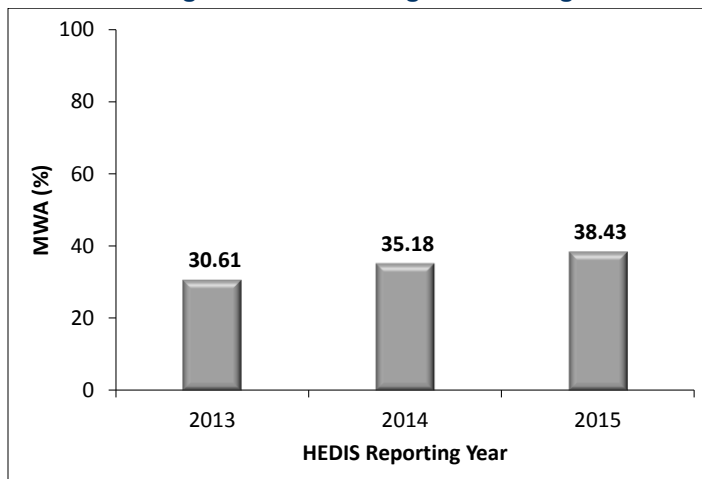


MID, MOL, and HPP chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 9

The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

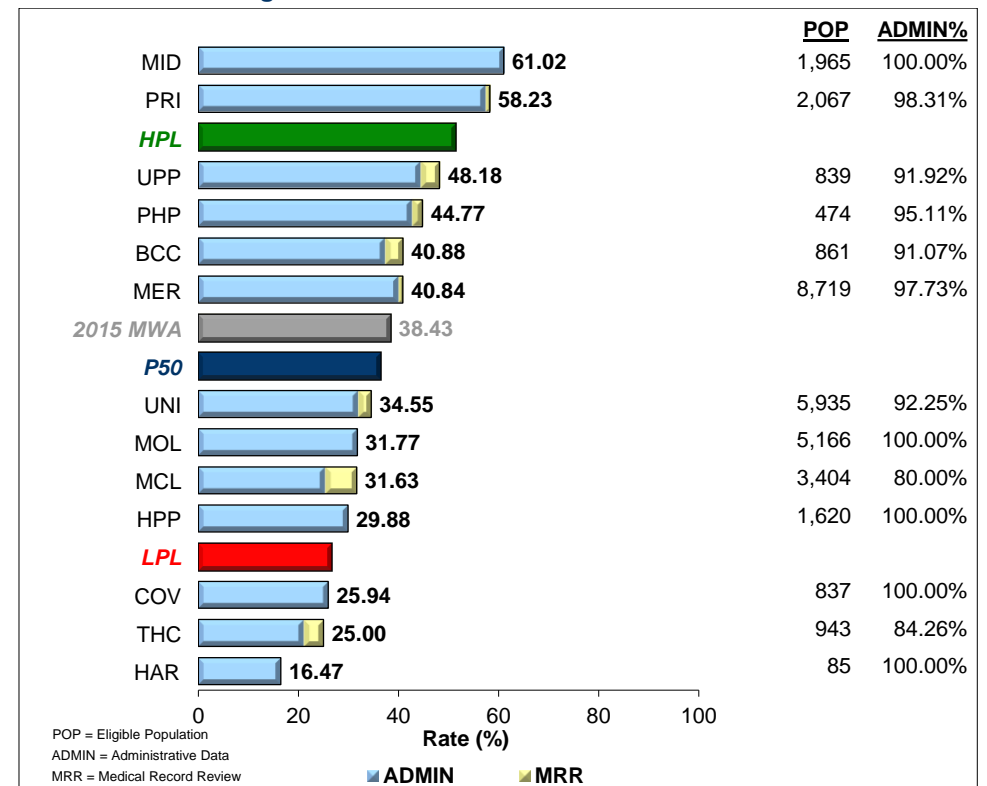
Figure 3-15—Childhood Immunization Status—Combination 9 Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 (3.25 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and three performed below the LPL. For all plans, at least 80 percent of the rates were based on administrative data.

Figure 3-16—Childhood Immunization Status—Combination 9 Health Plan Ranking

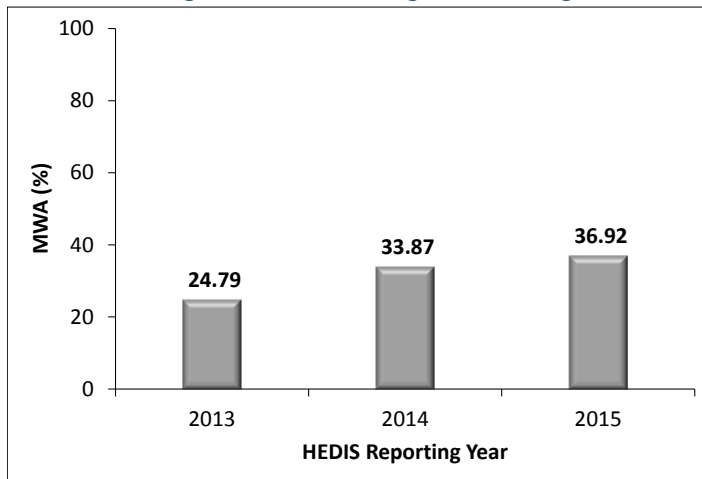


MID, MOL, and HPP chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 10

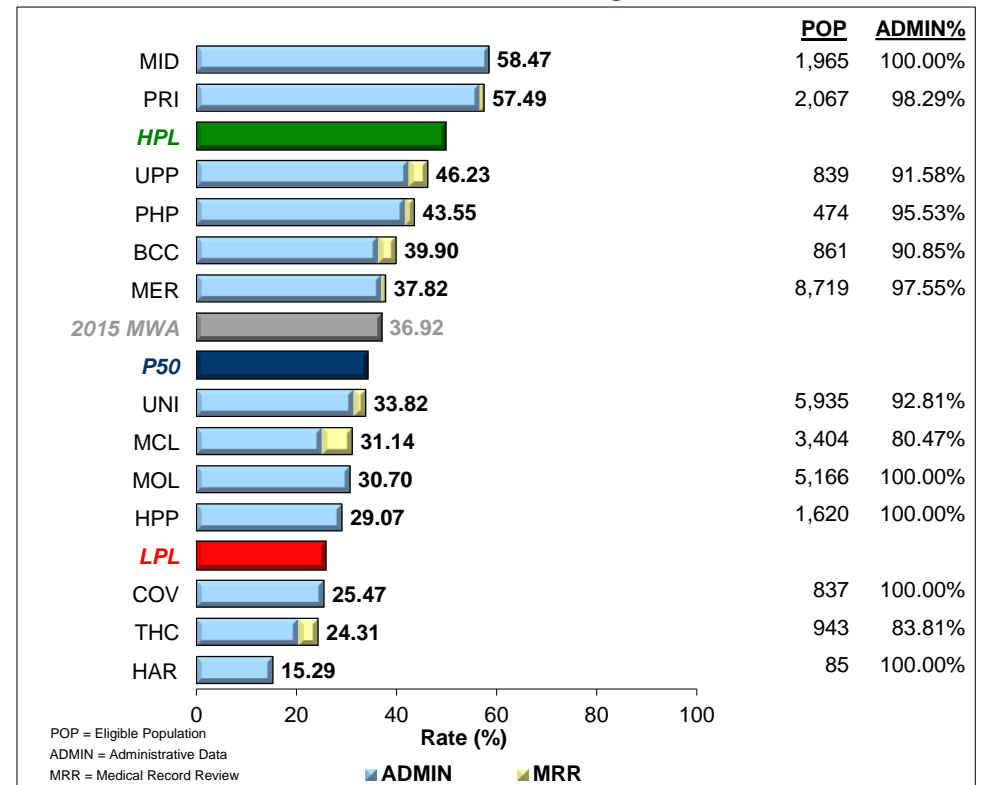
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA) vaccine; two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Figure 3-17—Childhood Immunization Status—Combination 10 Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average increased from HEDIS 2014 (3.05 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and three performed below the LPL. For all plans, at least 80 percent of the rates were based on administrative data.

Figure 3-18—Childhood Immunization Status—Combination 10 Health Plan Ranking

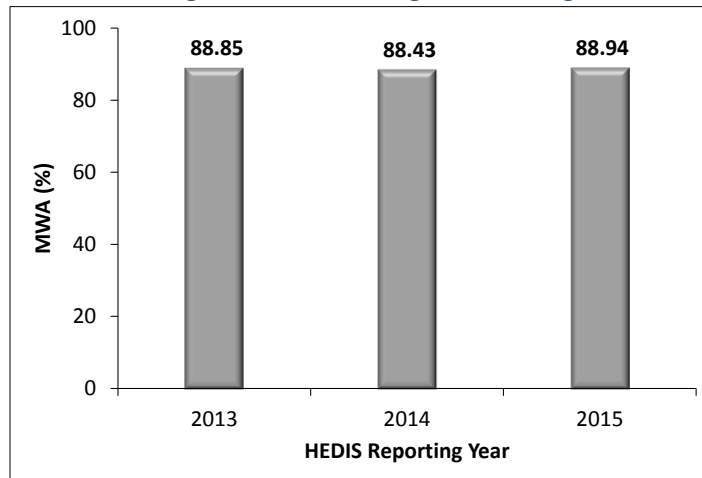


HPP, MID, and MOL chose to use the administrative method for this hybrid indicator.

Immunizations for Adolescents—Combination 1

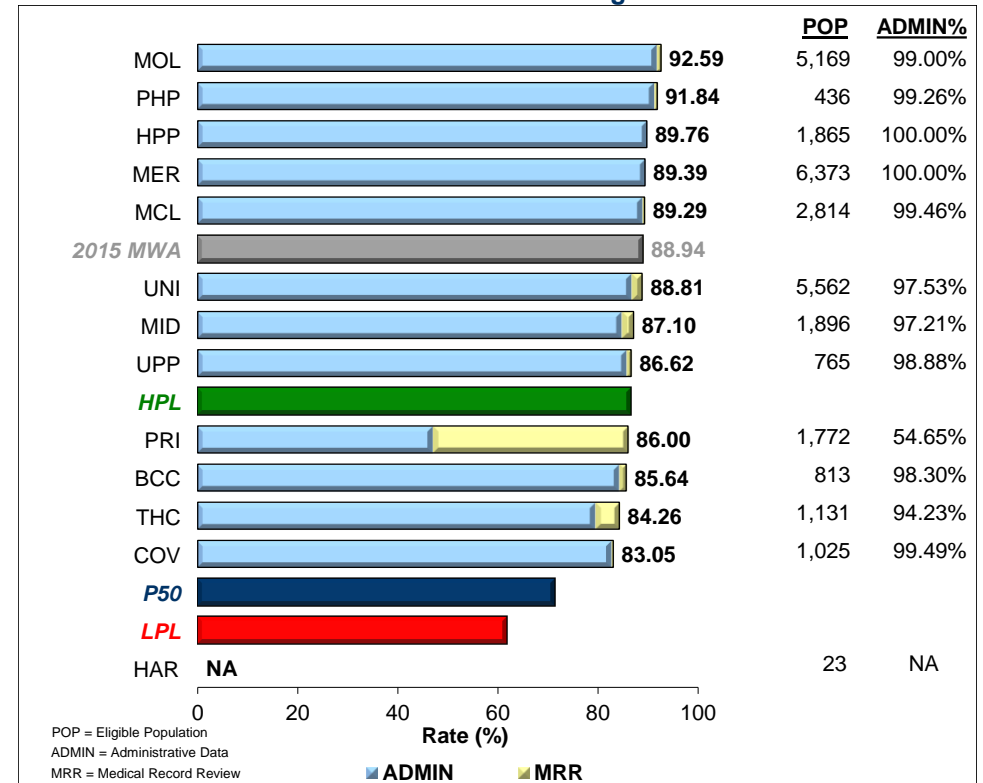
The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) or one tetanus and diphtheria toxoids vaccine (Td) by their 13th birthday.

Figure 3-19—Immunizations for Adolescents—Combination 1 Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average increased slightly from HEDIS 2014 (0.51 percentage points) and exceeded the HPL. One MHP’s eligible population was too small (<30) to report a valid rate. Eight MHPs performed above the HPL, and no MHPs performed below the HEDIS 2014 Medicaid 50th percentile. For all plans but one, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

Figure 3-20—Immunizations for Adolescents—Combination 1 Health Plan Ranking

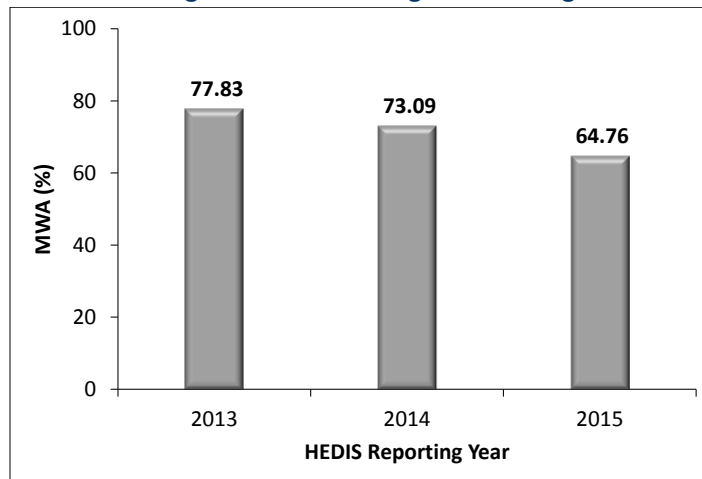


HPP and MER chose to use the administrative method for this hybrid indicator.

Well-Child Visits in the First 15 Months of Life—Six or More Visits

The percentage of children who turned 15 months old during the measurement year and who had six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life.

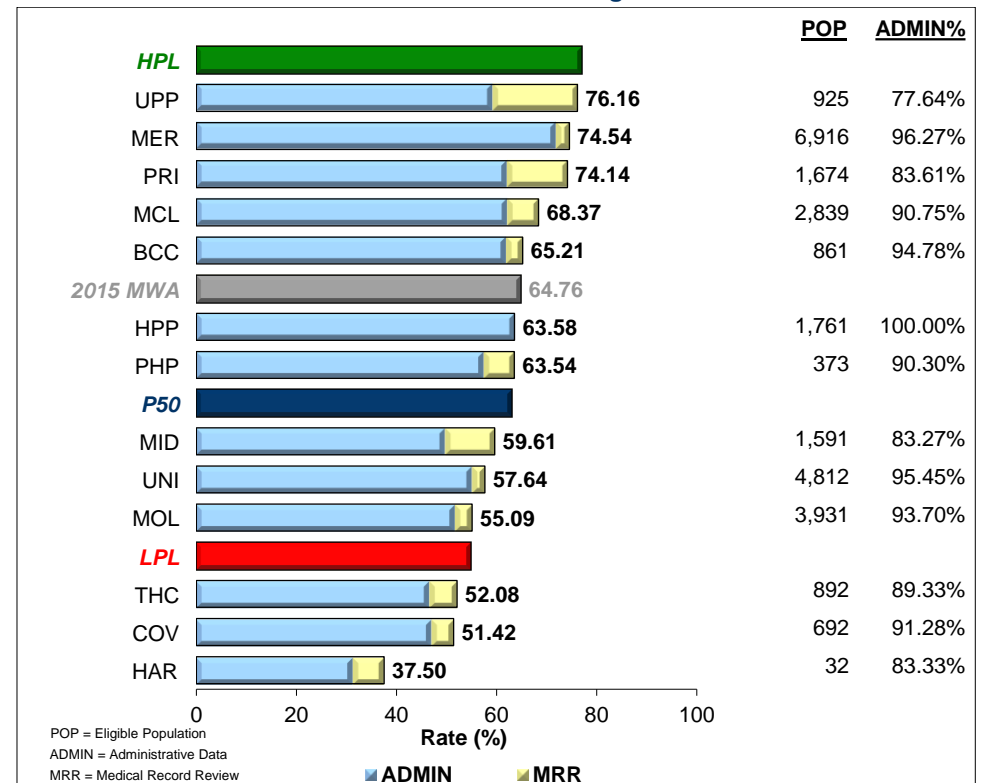
**Figure 3-21—Well-Child Visits in the First 15 Months of Life—Six or More Visits
Michigan Medicaid Weighted Averages**



Decline from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 (8.33 percentage points) but exceeded the HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and three performed below the LPL. For all plans, at least 75 percent of the rates were based on administrative data.

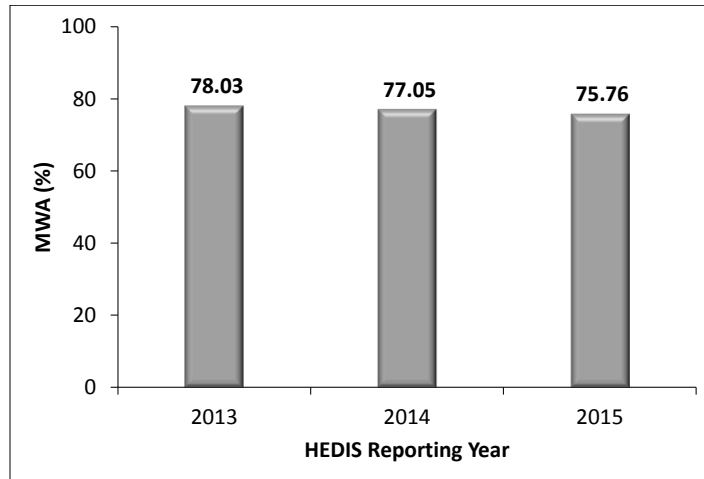
**Figure 3-22—Well-Child Visits in the First 15 Months of Life—Six or More Visits
Health Plan Ranking**



Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

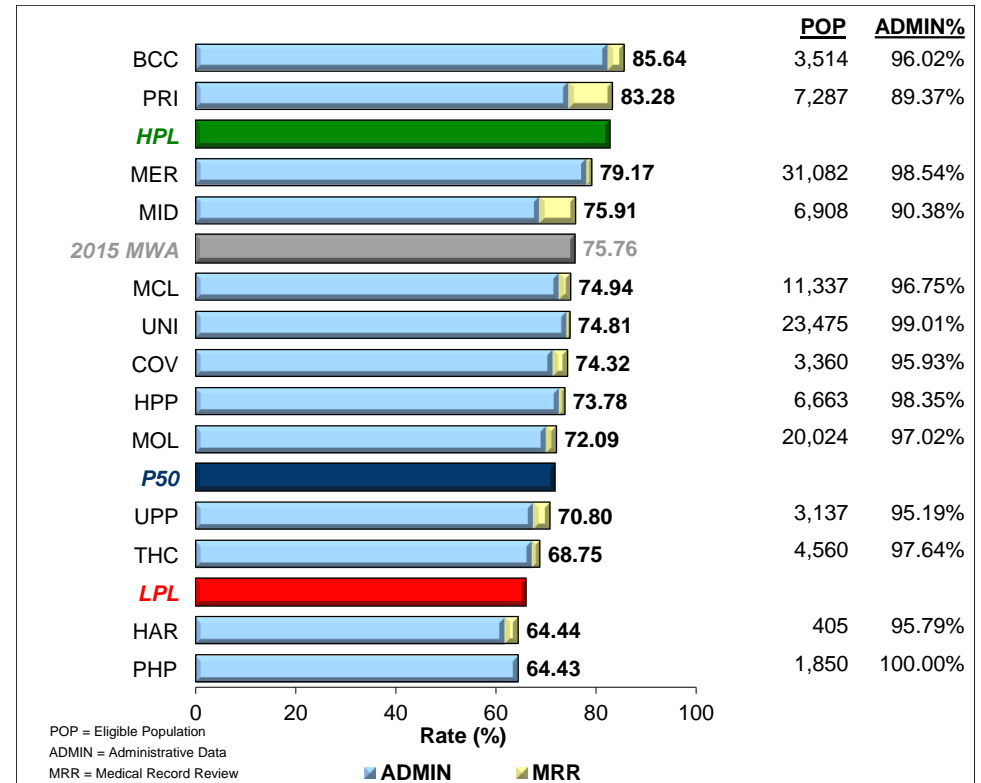
The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

**Figure 3-23—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average decreased from HEDIS 2014 (1.29 percentage points) but exceeded the HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and two performed below the LPL. For all plans, at least 85 percent of the rates were based on administrative data.

**Figure 3-24—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Health Plan Ranking**

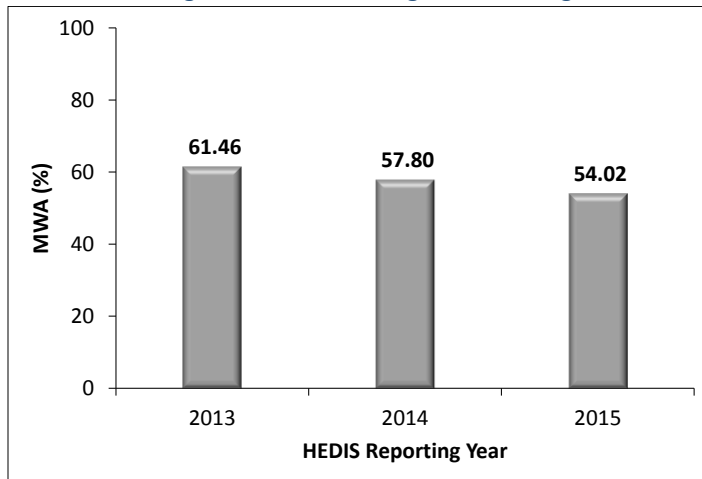


PHP chose to use the administrative method for this hybrid indicator.

Adolescent Well-Care Visits

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an obstetrics or gynecology (OB/GYN) practitioner during the measurement year.

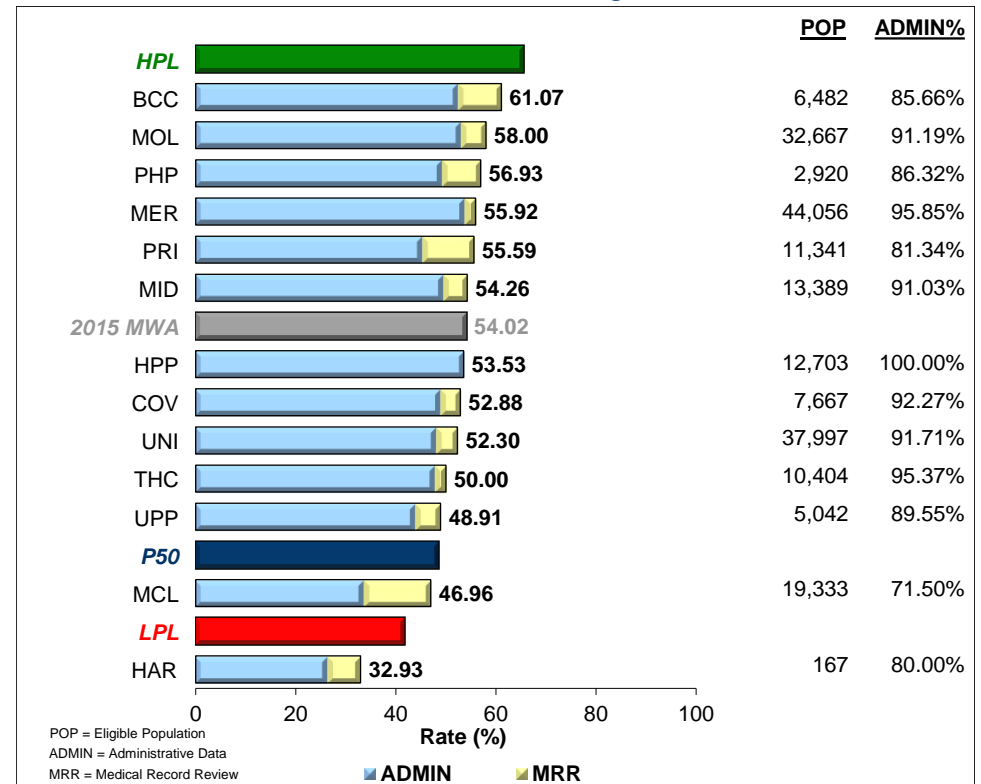
**Figure 3-25—Adolescent Well-Care Visits
Michigan Medicaid Weighted Averages**



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average declined significantly from HEDIS 2014 (3.78 percentage points) but exceeded the national HEDIS Medicaid 50th percentile. No MHPs performed above the HPL, and one performed below the LPL. For all plans but one, for all plans, at least 80 percent of the rates were based on administrative data..

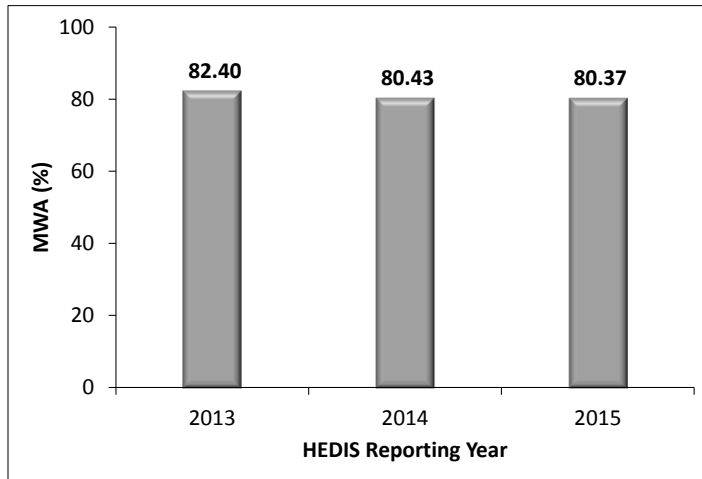
**Figure 3-26—Adolescent Well-Care Visits
Health Plan Ranking**



Lead Screening in Children

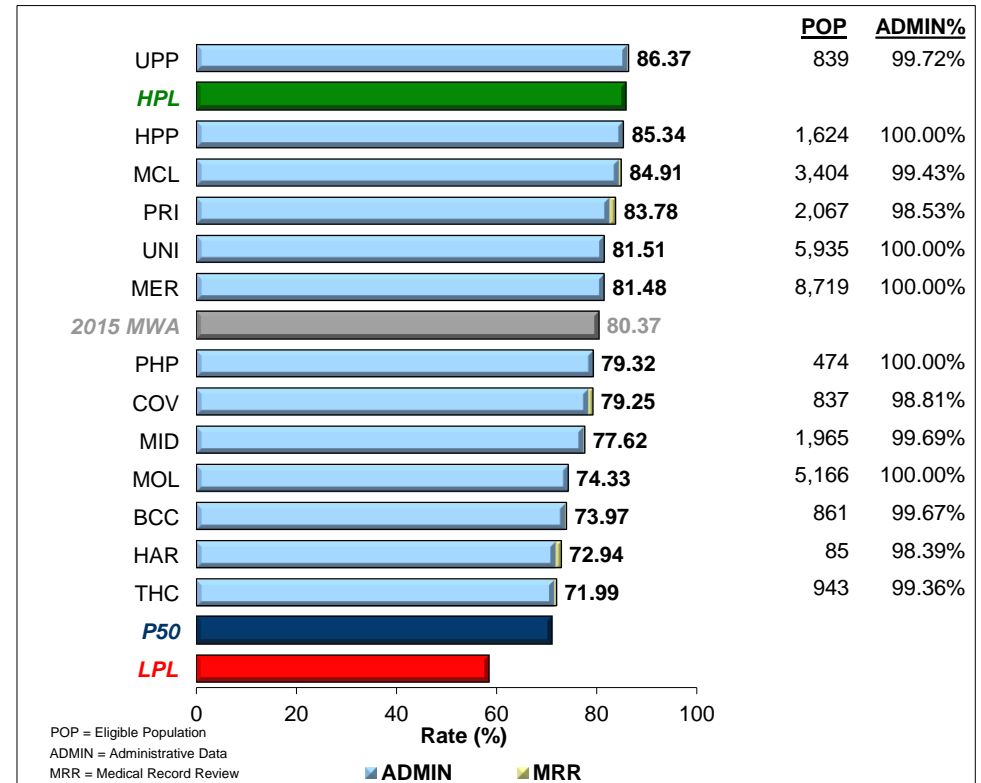
The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

**Figure 3-27—Lead Screening in Children
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average decreased from HEDIS 2014 (0.06 percentage points) but exceeded the national HEDIS Medicaid 50th percentile. One MHP performed above the HPL, and none performed below the LPL. For all plans, at least 95 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

**Figure 3-28—Lead Screening in Children
Health Plan Ranking**

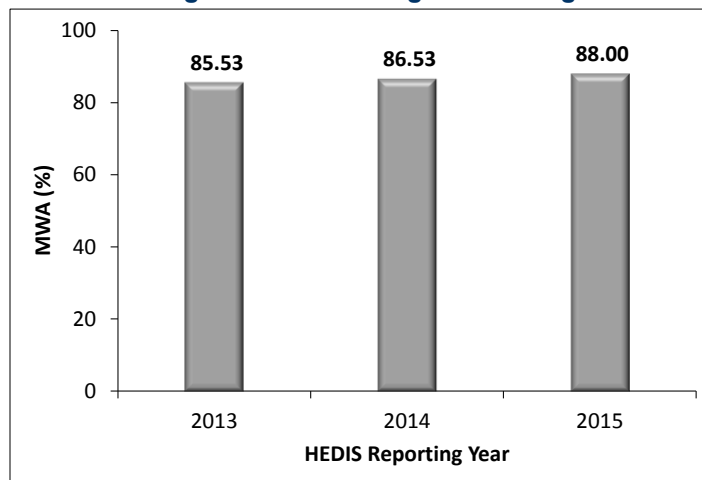


HPP, UNI, MER, PHP, and MOL chose to use the administrative method for this hybrid measure.

Appropriate Treatment for Children With Upper Respiratory Infection

The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

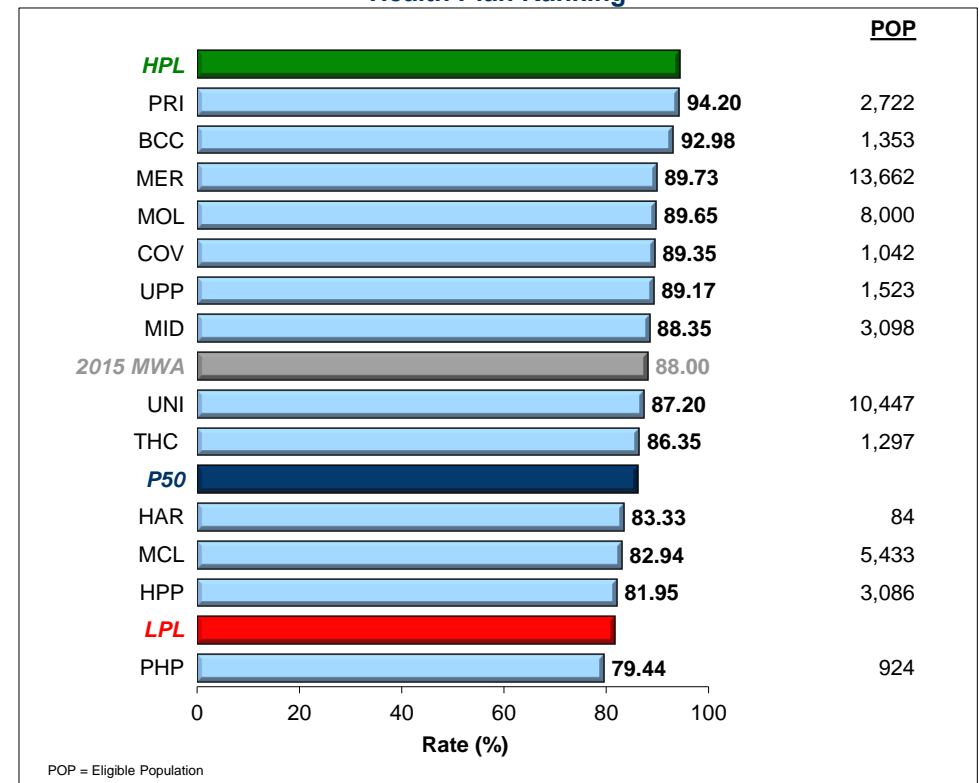
Figure 3-29—Appropriate Treatment for Children With Upper Respiratory Infection Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 (1.47 percentage points) and exceeded the national HEDIS Medicaid 50th percentile. No MHPs performed above the HPL, and one performed below the LPL.

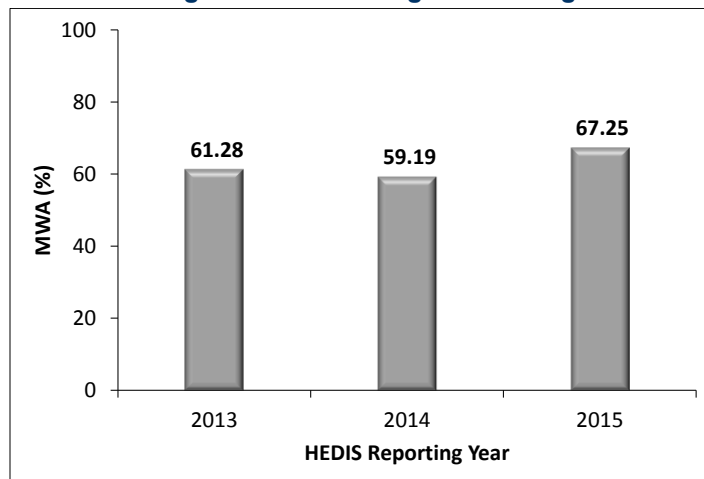
Figure 3-30—Appropriate Treatment for Children With Upper Respiratory Infection Health Plan Ranking



Appropriate Testing for Children With Pharyngitis

The percentage of children 2–18 years of age who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

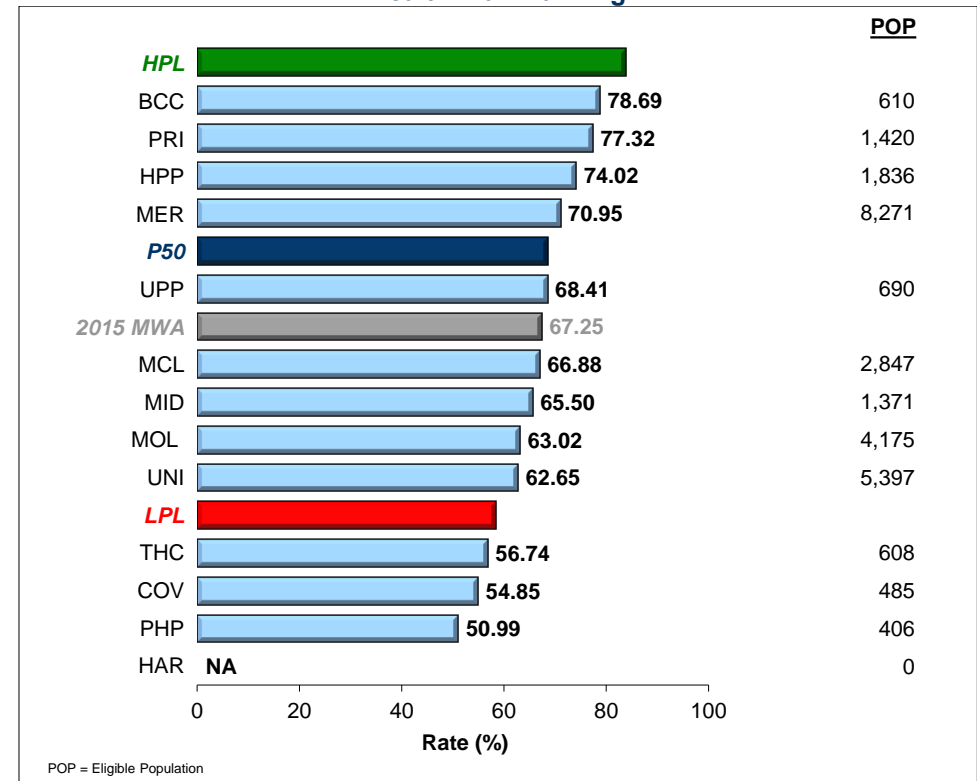
Figure 3-31—Appropriate Testing for Children With Pharyngitis Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 (8.06 percentage points) but fell below the national HEIDS 2014 50th percentile. One MHP’s eligible population was too small (<30) to report a valid rate. No MHPs performed above the HPL, and three performed below the LPL.

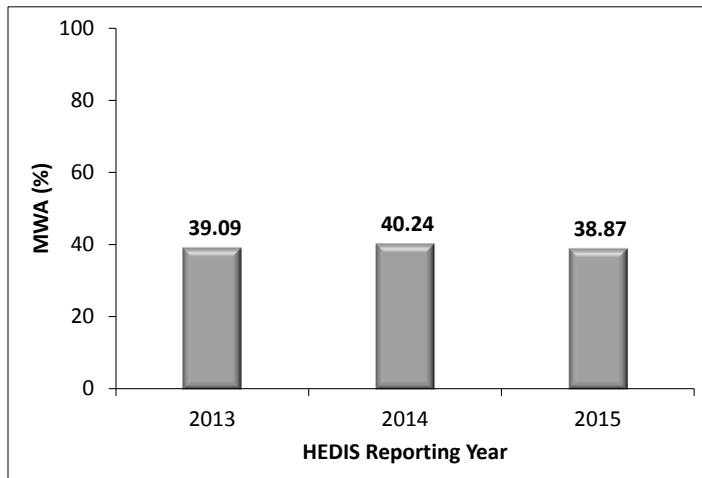
Figure 3-32—Appropriate Testing for Children With Pharyngitis Health Plan Ranking



Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase

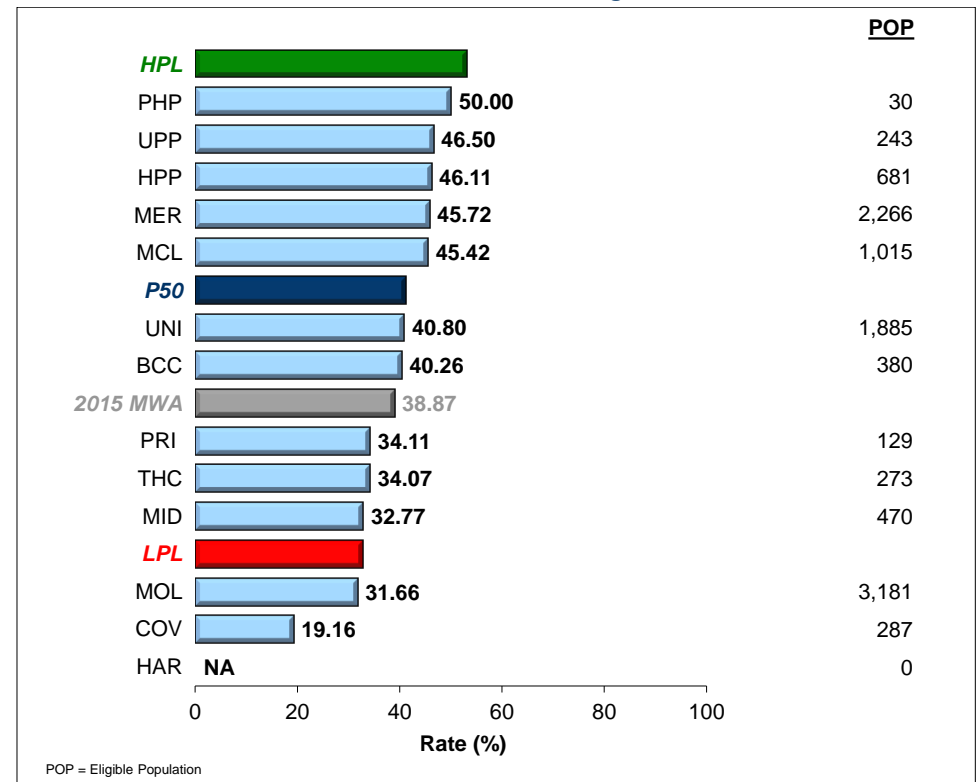
The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed, and who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.

**Figure 3-33—Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average decreased from HEDIS 2014 (1.37 percentage points) and fell below the national HEDIS 2014 Medicaid 50th percentile. One MHP’s eligible population was too small (<30) to report a valid rate. No MHPs performed above the HPL, and two performed below the LPL.

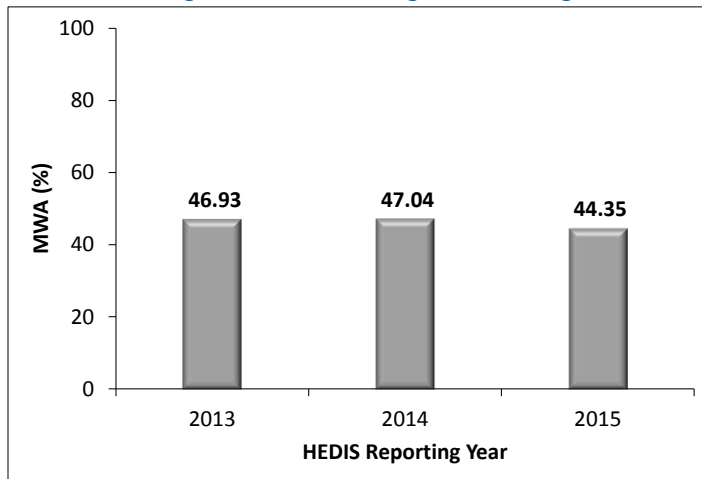
**Figure 3-34—Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase
Health Plan Ranking**



Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

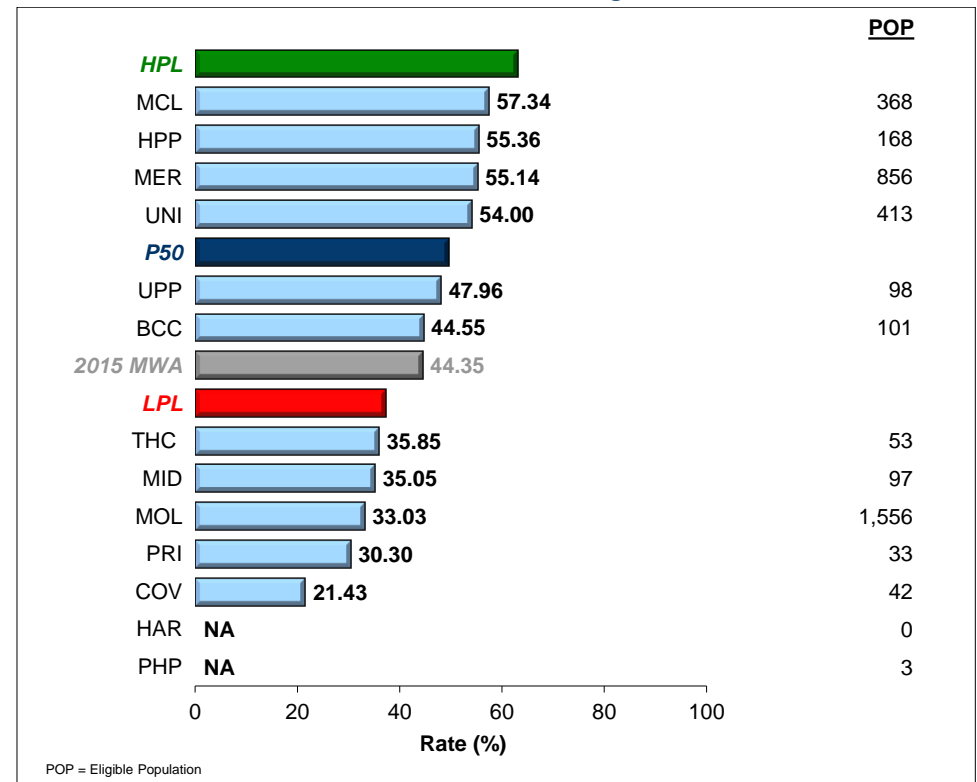
The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed; who remained on the medication for at least 210 days; and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended.

**Figure 3-35—Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average decreased from HEDIS 2014 (2.69 percentage points) and fell below the national HEDIS 2014 Medicaid 50th percentile. Two MHPs could not report a valid rate because of small eligible population (<30). No MHPs performed above the HPL, and five performed below the LPL.

**Figure 3-36—Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase
Health Plan Ranking**



Introduction

The Women—Adult Care dimension encompasses the following MDHHS measures:

- ◆ *Breast Cancer Screening*
- ◆ *Cervical Cancer Screening*
- ◆ *Chlamydia Screening in Women—16 to 20 Years*
- ◆ *Chlamydia Screening in Women—21 to 24 Years*
- ◆ *Chlamydia Screening in Women—Total*

Summary of Findings

Table 4-1 presents the statewide performance for the measures under the Women—Adult Care dimension. It lists the HEDIS 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014.

Table 4-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend Women—Adult Care						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015		
<i>Breast Cancer Screening</i>	59.65%	-2.91	1	6		
<i>Cervical Cancer Screening</i>	68.46%	-2.88	0	3		
<i>Chlamydia Screening in Women</i>						
<i>Ages 16 to 20 Years</i>	59.08%	-1.07	1	2		
<i>Ages 21 to 24 Years</i>	67.58%	-1.86	1	3		
<i>Total</i>	62.20%	-1.20	1	2		
2014–2015 trend note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.						
Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

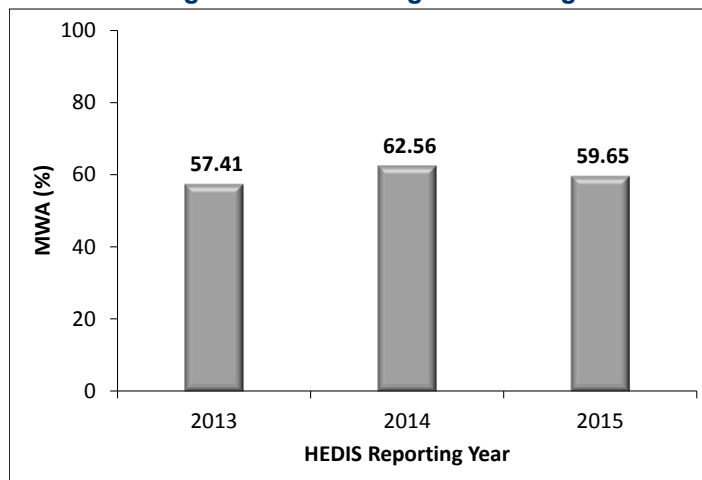
Table 4-1 shows that three rates, *Breast Cancer Screening*, *Chlamydia Screening in Women—Ages 21 to 24 Years*, and *Chlamydia Screening in Women—Total* reported statistically significant decreases from HEDIS 2014. All statewide rates were at or above the national Medicaid 50th percentile, with one between the 75th and 90th percentiles.

Women—Adult Care Findings

Breast Cancer Screening

The *Breast Cancer Screening* measure is reported using only the administrative rate. This measure represents the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. The increase in the HEDIS 2014 rate as shown in Figure 4-1 may reflect changes in the HEDIS 2014 specifications (including updated age ranges from 40 to 69 years to 50 to 74 years and an extended numerator time frame from 24 months to 27 months).

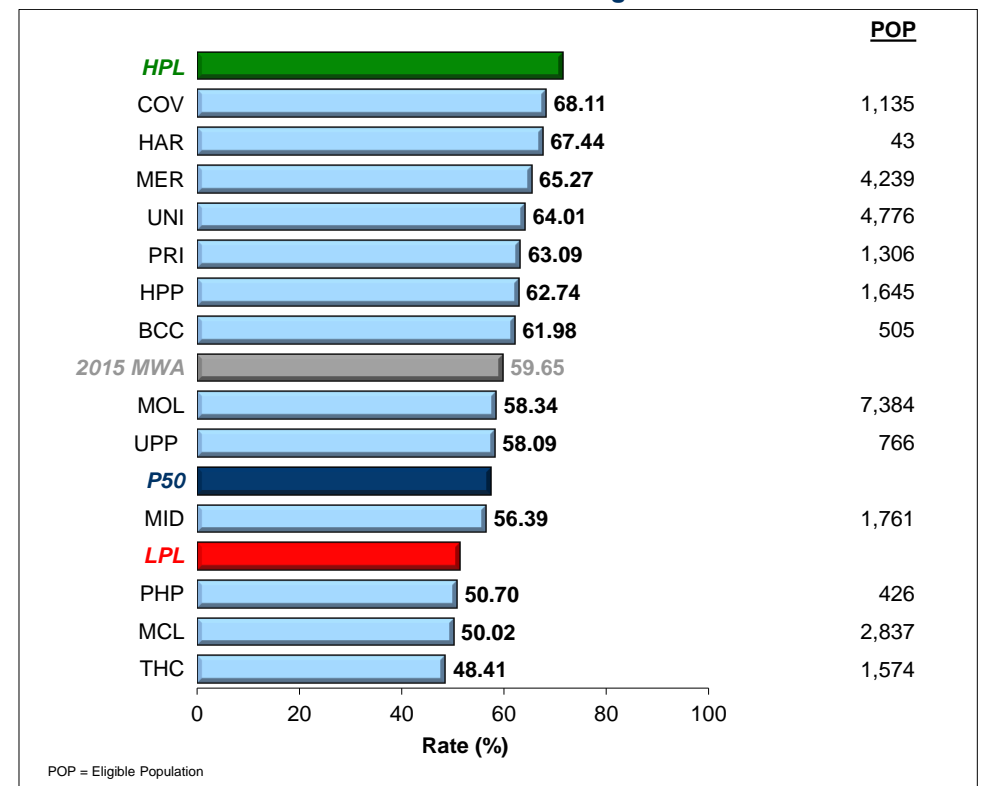
Figure 4-1—Breast Cancer Screening Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 by 2.91 percentage points and exceeded the national HEDIS 2014 Medicaid 50th percentile. No MHPs exceeded the HPL, and three performed below the LPL.

Figure 4-2—Breast Cancer Screening Health Plan Ranking

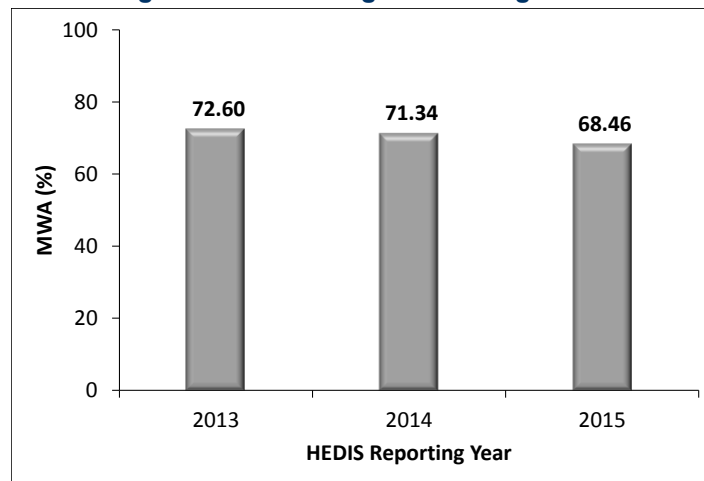


Cervical Cancer Screening

The *Cervical Cancer Screening* measure represents the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

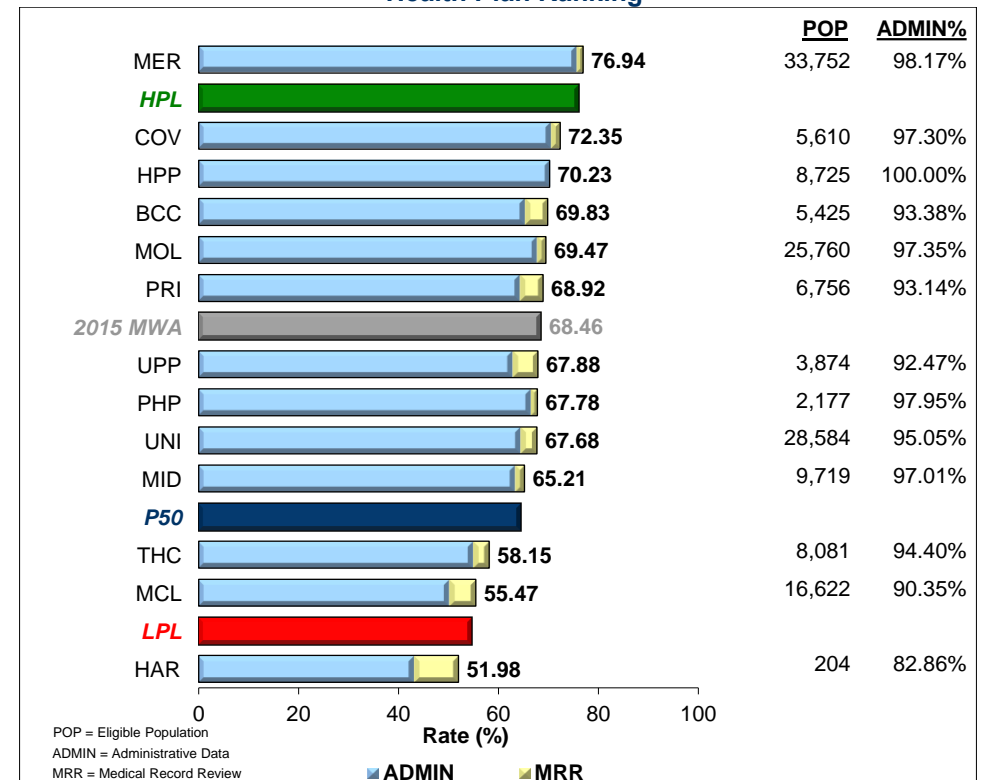
- Women ages 21 to 64 who had cervical cytology performed every three years.
- Women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

Figure 4-3—Cervical Cancer Screening Michigan Medicaid Weighted Averages



Although decreased from HEDIS 2014 by 2.88 percentage points, the HEDIS 2015 weighted average still exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and one performed below the LPL. For all plans, at least 80 percent of the rates were based on administrative data.

Figure 4-4—Cervical Cancer Screening Health Plan Ranking

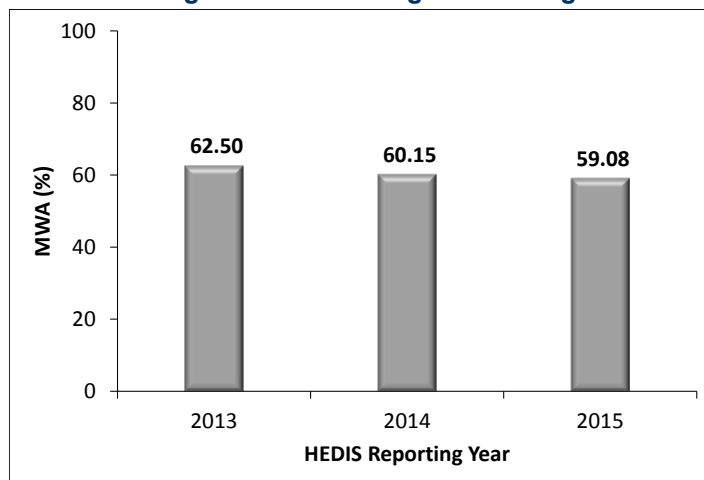


HPP chose to use the administrative method for this hybrid indicator.

Chlamydia Screening in Women—16–20 Years

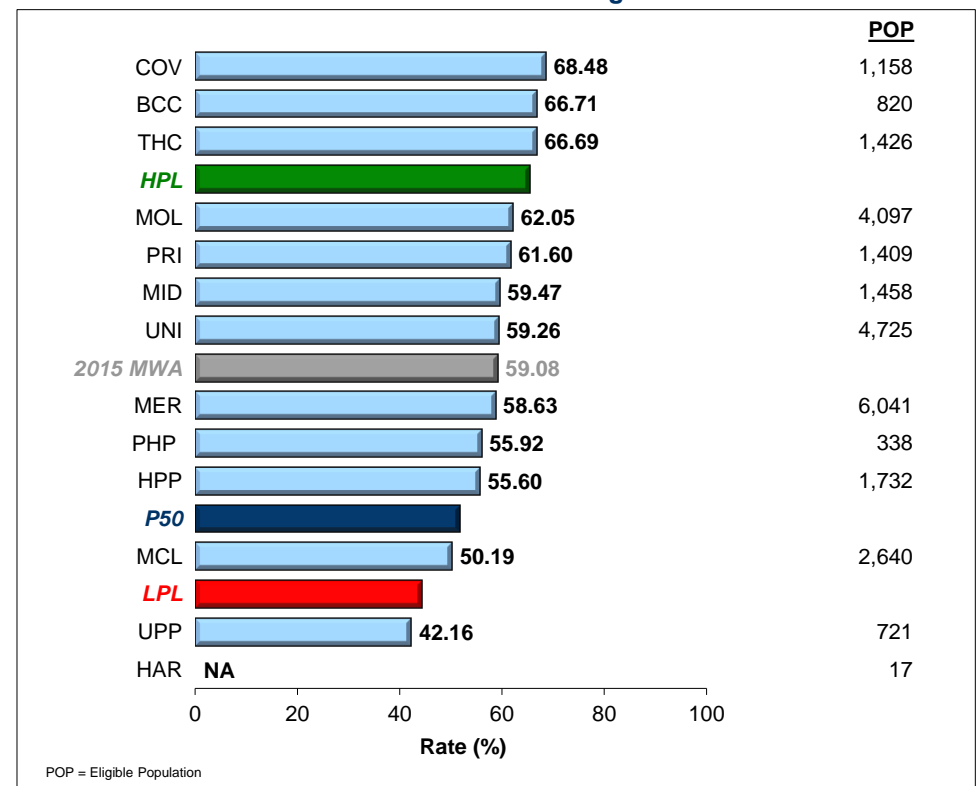
The *Chlamydia Screening in Women—16–20 Years* measure represents the percentage of women 16 to 20 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

**Figure 4-5—Chlamydia Screening in Women—16–20 Years
Michigan Medicaid Weighted Averages**



Although the HEDIS 2015 weighted average declined from HEDIS 2014 by 1.07 percentage points, it exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP could not report a valid rate due to small eligible population (<30). Three MHPs performed above the HPL, and one performed below the LPL.

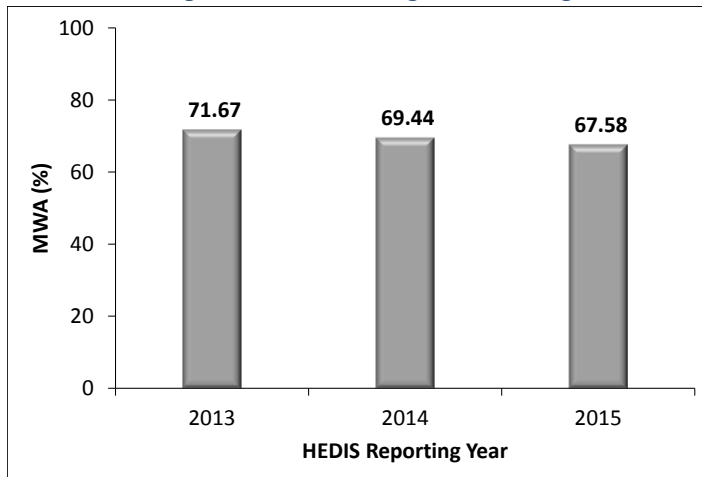
**Figure 4-6—Chlamydia Screening in Women—16–20 Years
Health Plan Ranking**



Chlamydia Screening in Women—21–24 Years

The *Chlamydia Screening in Women—21–24 Years* measure represents the percentage of women 21 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

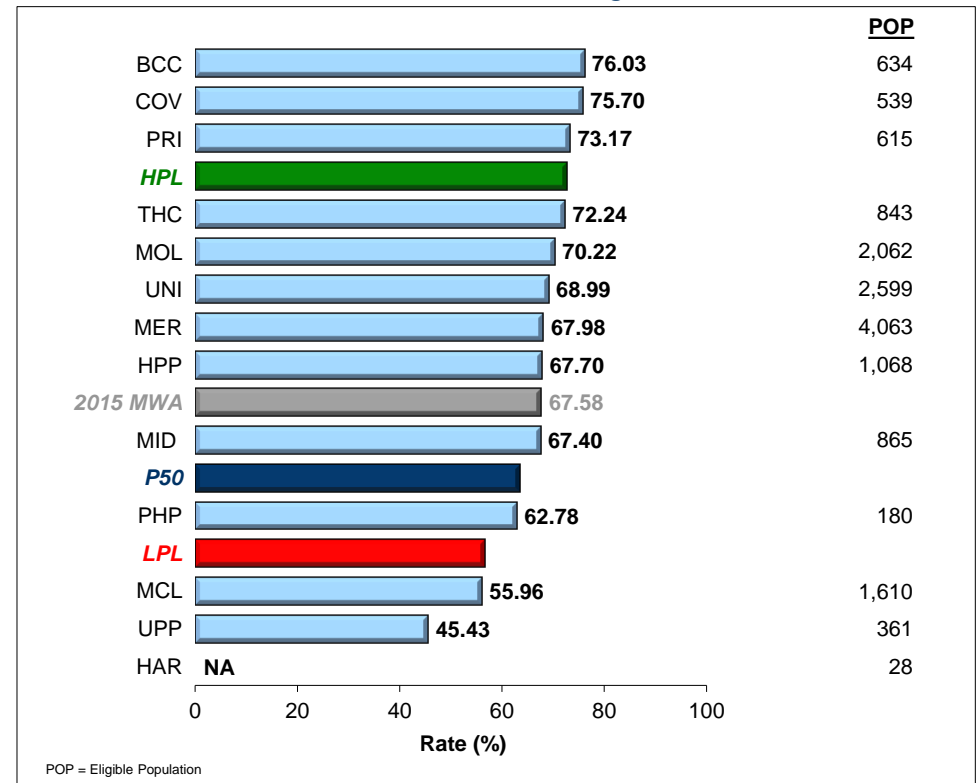
**Figure 4-7—Chlamydia Screening in Women—21–24 Years
Michigan Medicaid Weighted Averages**



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

Although the HEDIS 2015 weighted average declined significantly from HEDIS 2014 by 1.86 percentage points, it exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP could not report a valid rate due to small eligible population (<30). Three MHPs performed above the HPL, and two performed below the LPL.

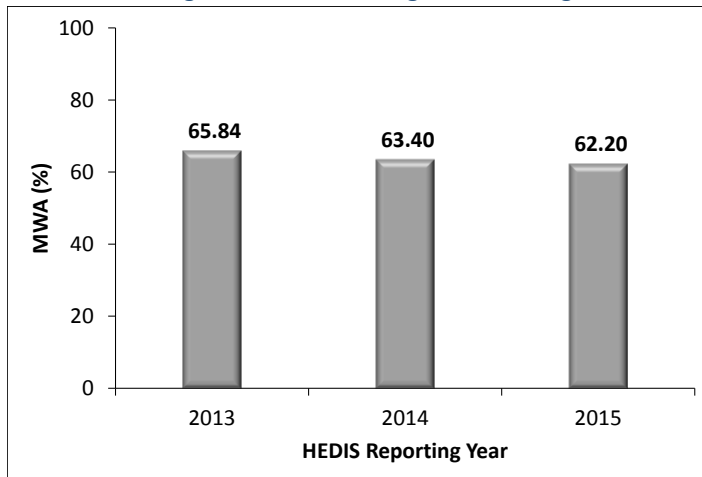
**Figure 4-8—Chlamydia Screening in Women—21–24 Years
Health Plan Ranking**



Chlamydia Screening in Women—Total

The *Chlamydia Screening in Women—Total* measure represents the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

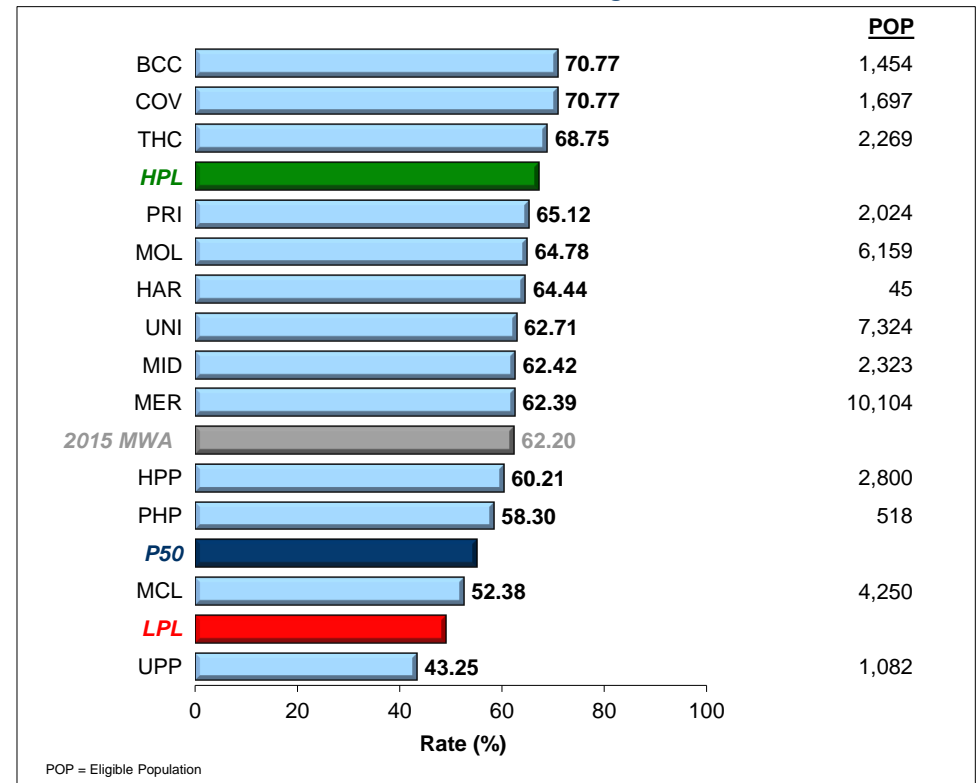
Figure 4-9—Chlamydia Screening in Women—Total Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

Although the HEDIS 2015 weighted average decreased significantly from HEDIS 2014 by 1.20 percentage points, it exceeded the national HEDIS 2014 Medicaid 50th percentile. Three MHPs performed above the HPL, and one performed below the LPL.

Figure 4-10—Chlamydia Screening in Women—Total Health Plan Ranking



Introduction

The Access to Care dimension encompasses the following MDHHS measures:

- ◆ *Children and Adolescents’ Access to Primary Care Practitioners—12 to 24 Months*
- ◆ *Children and Adolescents’ Access to Primary Care Practitioners—25 Months to 6 Years*
- ◆ *Children and Adolescents’ Access to Primary Care Practitioners—7 to 11 Years*
- ◆ *Children and Adolescents’ Access to Primary Care Practitioners—12 to 19 Years*
- ◆ *Adults’ Access to Preventive/Ambulatory Health Services—20 to 44 Years*
- ◆ *Adults’ Access to Preventive/Ambulatory Health Services—45 to 64 Years*
- ◆ *Adults’ Access to Preventive/Ambulatory Health Services—65+ Years*
- ◆ *Adults’ Access to Preventive/Ambulatory Health Services—Total*

Summary of Findings

Table 5-1 presents statewide performance for the measures under the Access to Care dimension. The table lists the HEDIS 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014.

Table 5-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend Access to Care						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015		
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>						
<i>Ages 12 to 24 Months</i>	96.32%	-0.41	0	2		
<i>Ages 25 Months to 6 Years</i>	88.73%	-0.18	2	2		
<i>Ages 7 to 11 Years</i>	91.14%	-0.54	2	5		
<i>Ages 12 to 19 Years</i>	90.21%	-0.27	1	2		
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>						
<i>Ages 20 to 44 Years</i>	83.42%	-0.88	1	5		
<i>Ages 45 to 64 Years</i>	90.77%	-0.16	1	0		
<i>Ages 65+ Years</i>	88.60%	-1.69	2	1		
<i>Total</i>	86.11%	-0.64	3	4		
2014–2015 trend note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.						
Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

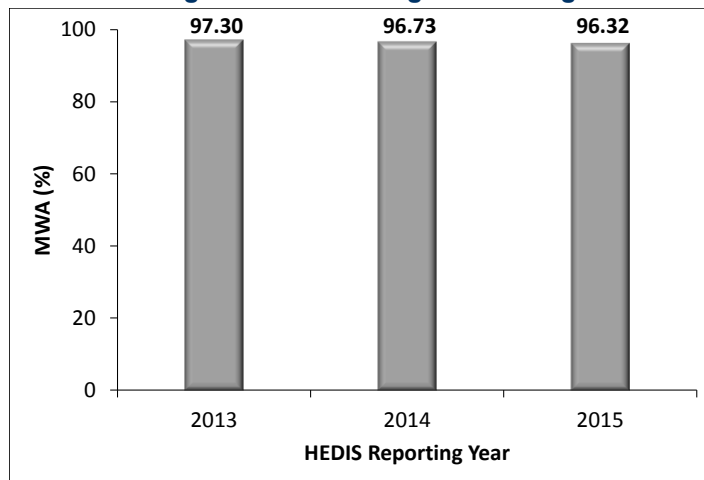
Table 5-1 shows that five indicators had statistically significant decreases between HEDIS 2014 and HEDIS 2015. Five statewide rates were at or above the national Medicaid 50th percentile, and three statewide rates ranked between the 25th and 50th percentiles.

Access to Care Findings

Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months

The *Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months* measure represents the percentage of children 12 to 24 months of age who had a visit with a PCP during the measurement year.

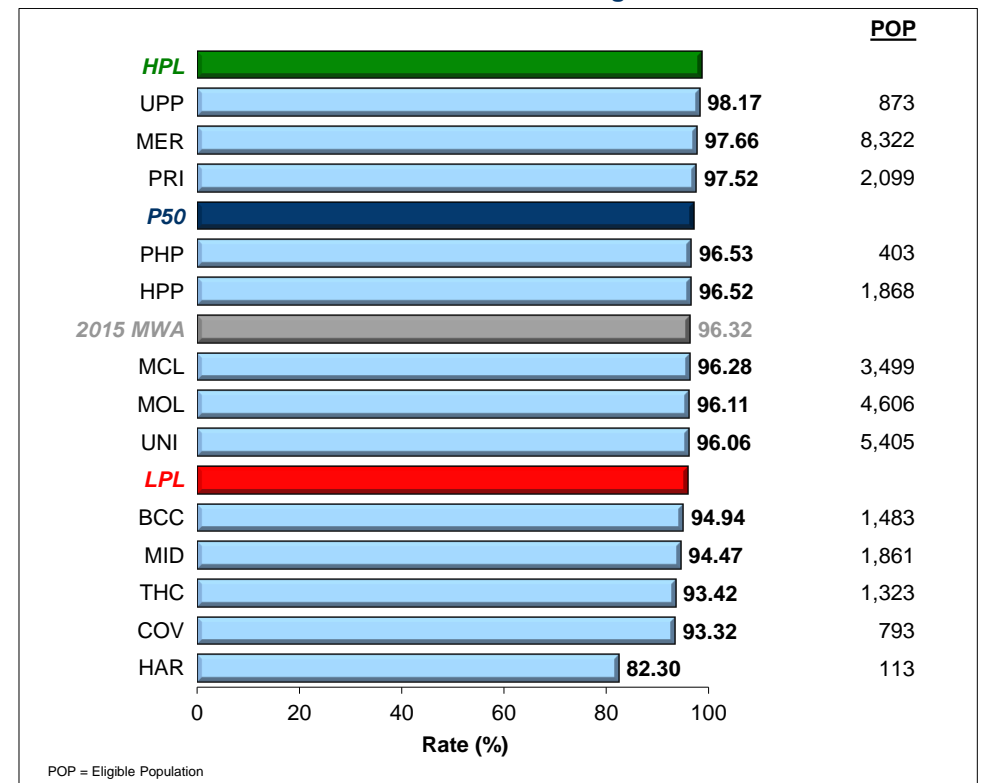
Figure 5-1—Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average had a statistically significant decrease of 0.41 percentage points and fell below the national HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and five performed below the LPL.

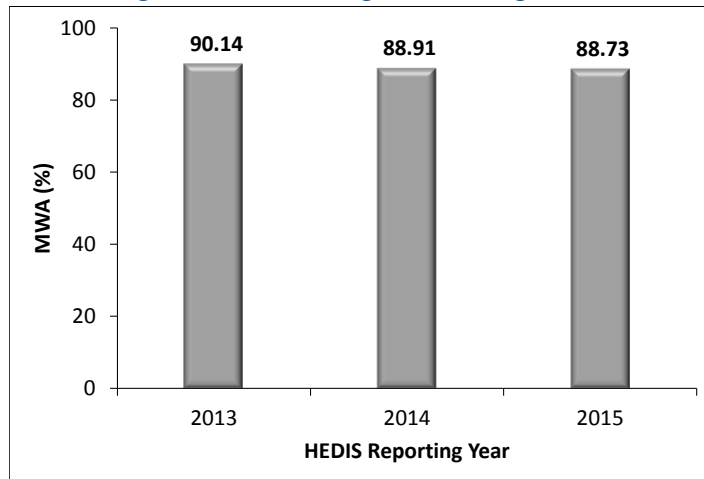
Figure 5-2—Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months Health Plan Ranking



Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years

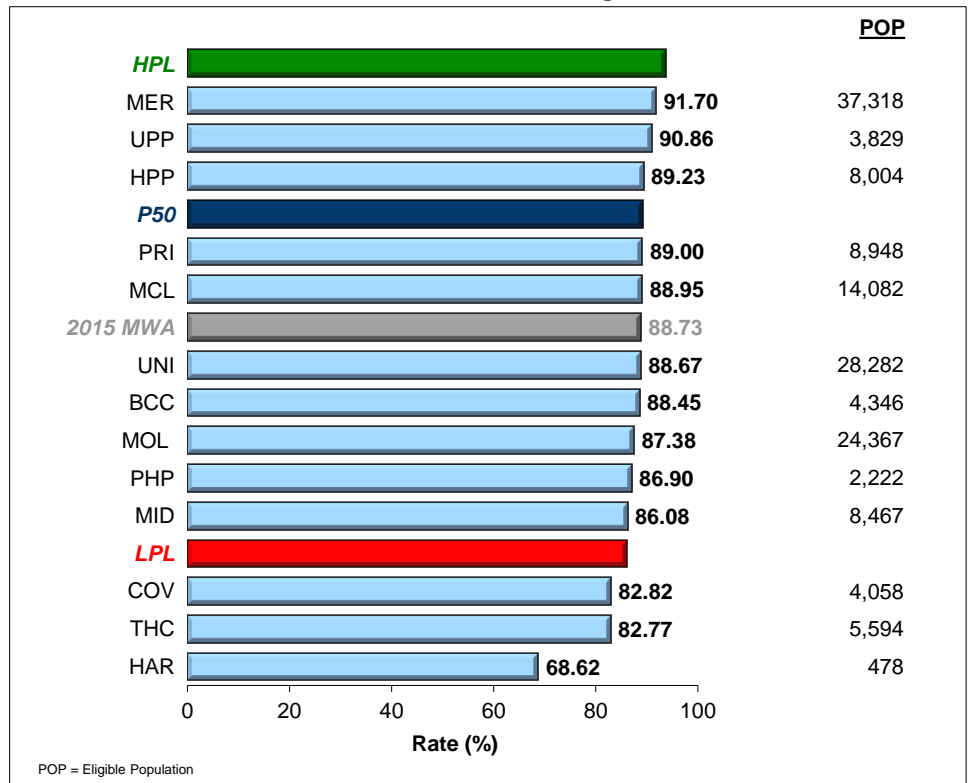
The *Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years* measure represents the percentage of children 25 months to 6 years of age who had a visit with a PCP during the measurement year.

**Figure 5-3—Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average decreased by 0.18 percentage points and fell below the national HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and three performed below the LPL.

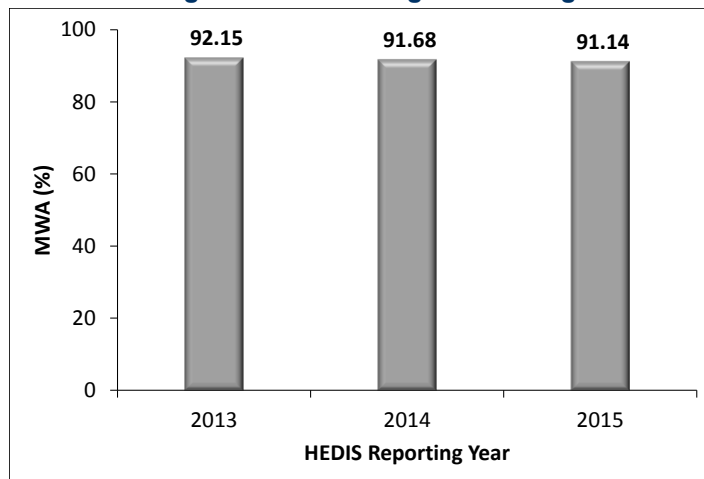
**Figure 5-4—Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years
Health Plan Ranking**



Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years

The *Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years* measure represents the percentage of children 7 to 11 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.

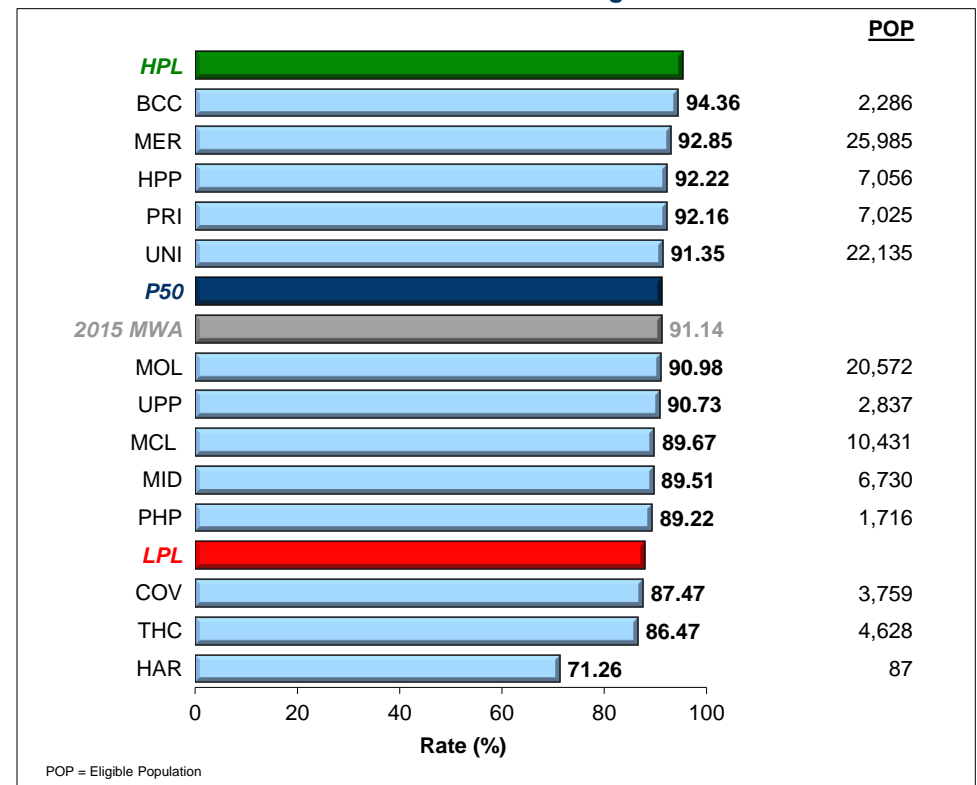
**Figure 5-5—Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years
Michigan Medicaid Weighted Averages**



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly by 0.54 percentage points and fell below the national HEDIS 2014 Medicaid 50th percentile. No MHPs exceeded the HPL, and three performed below the LPL.

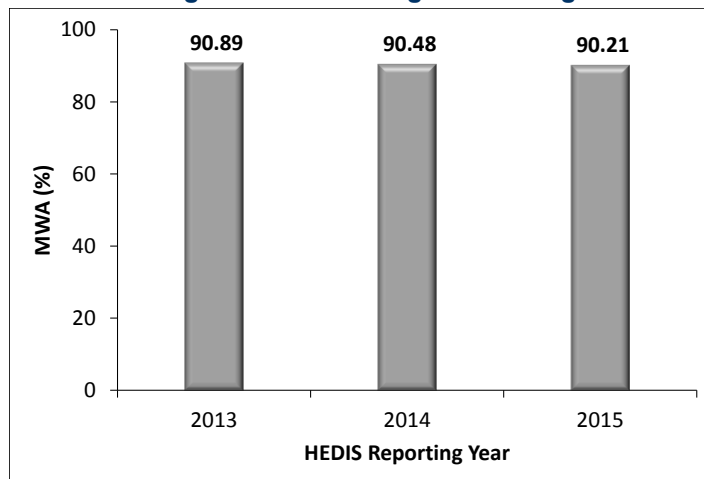
**Figure 5-6—Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years
Health Plan Ranking**



Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years

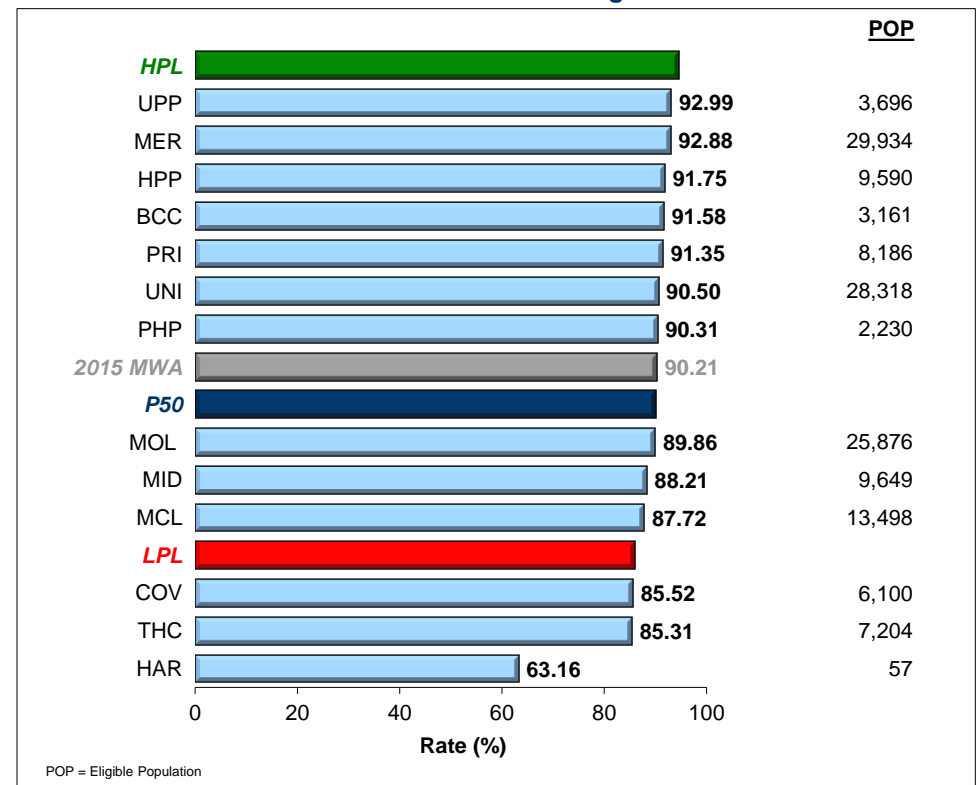
The *Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years* measure represents the percentage of adolescents 12 to 19 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.

**Figure 5-7—Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average decreased by 0.27 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and three performed below the LPL.

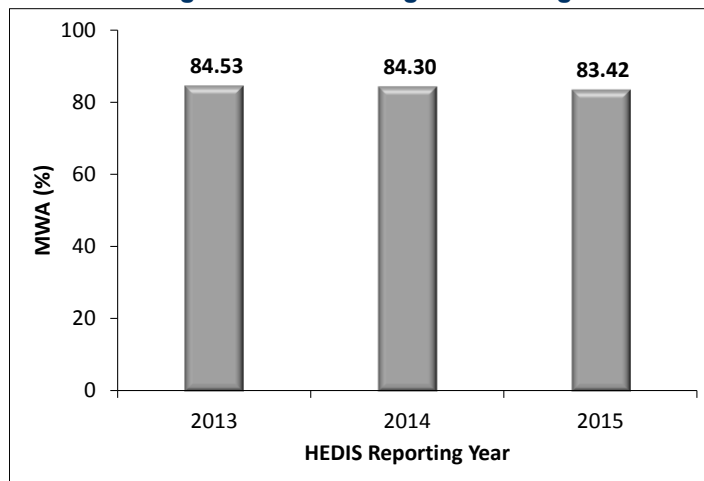
**Figure 5-8—Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years
Health Plan Ranking**



Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years

The *Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years* measure represents the percentage of members 20 to 44 years of age who had an ambulatory or preventive care visit.

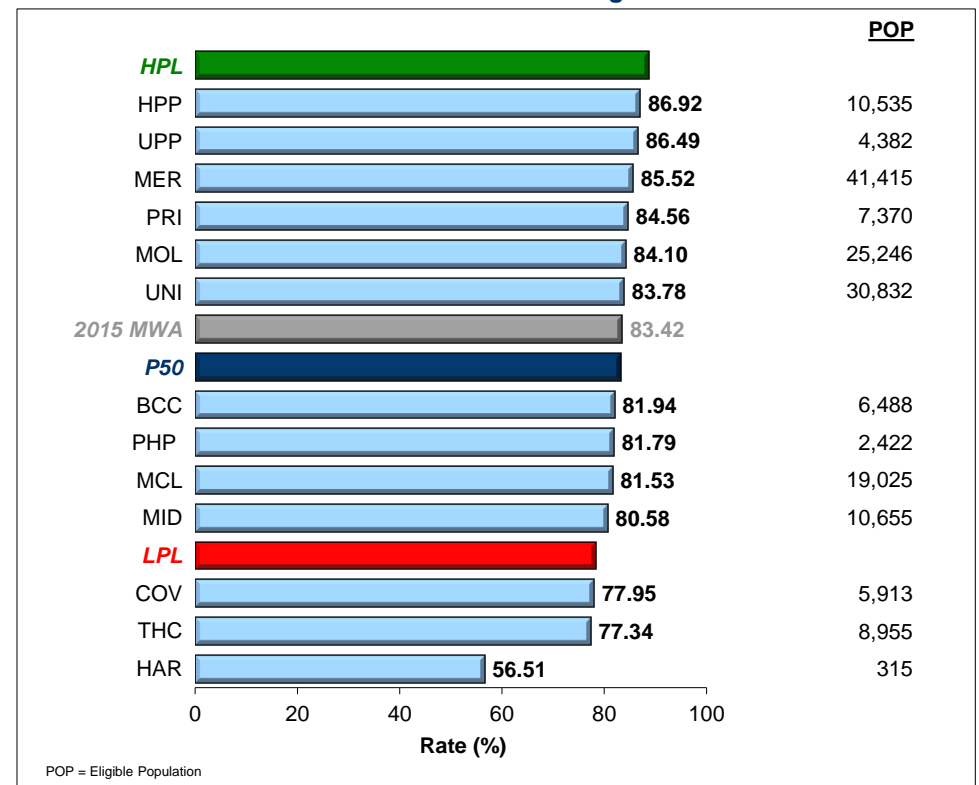
Figure 5-9—Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years
Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly by 0.88 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and three performed below the LPL.

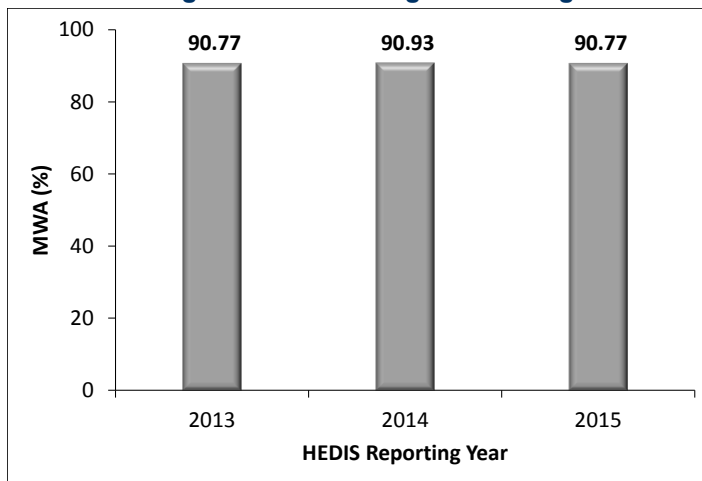
Figure 5-10—Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years
Health Plan Ranking



Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years

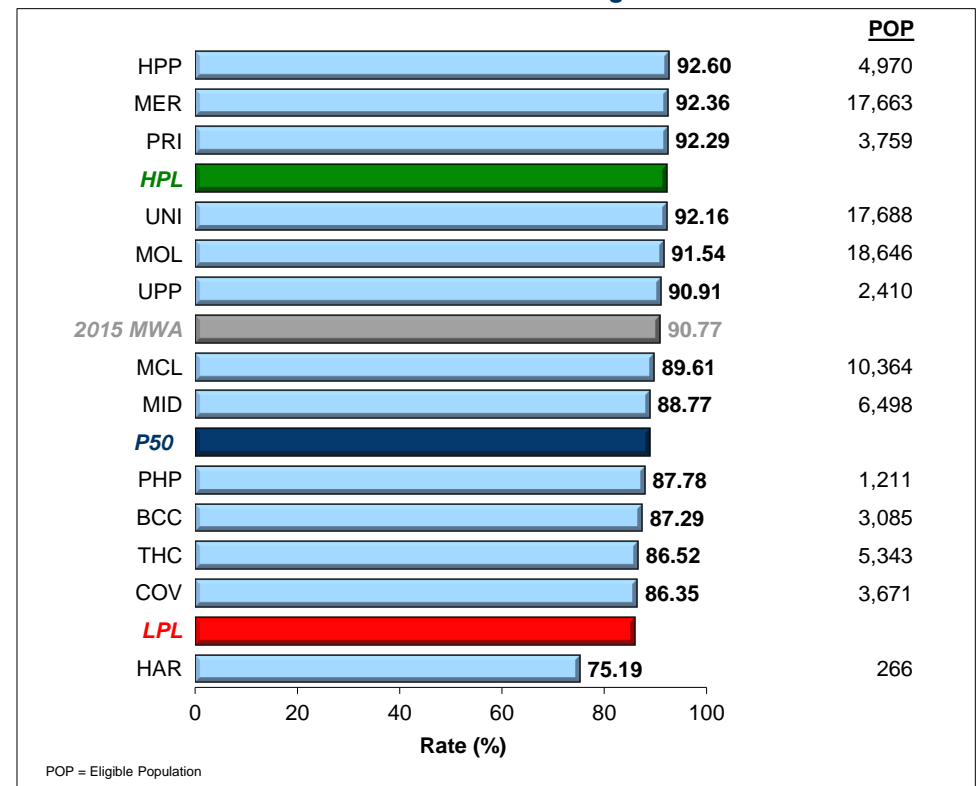
The Adult's Access to Preventive/Ambulatory Health Services—45 to 64 Years measure represents the percentage of members 45 to 64 years of age who had an ambulatory or preventive care visit.

Figure 5-11—Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years
Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased by 0.16 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. Three MHPs exceeded the HPL, and one performed below the LPL.

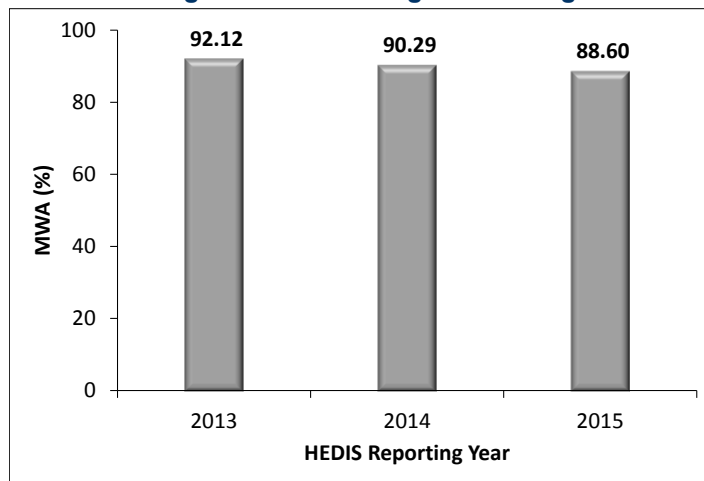
Figure 5-12—Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years
Health Plan Ranking



Adults' Access to Preventive/Ambulatory Health Services—65+ Years

The *Adults' Access to Preventive/Ambulatory Health Services—65+ Years* measure represents the percentage of members 65 years of age or older who had an ambulatory or preventive care visit.

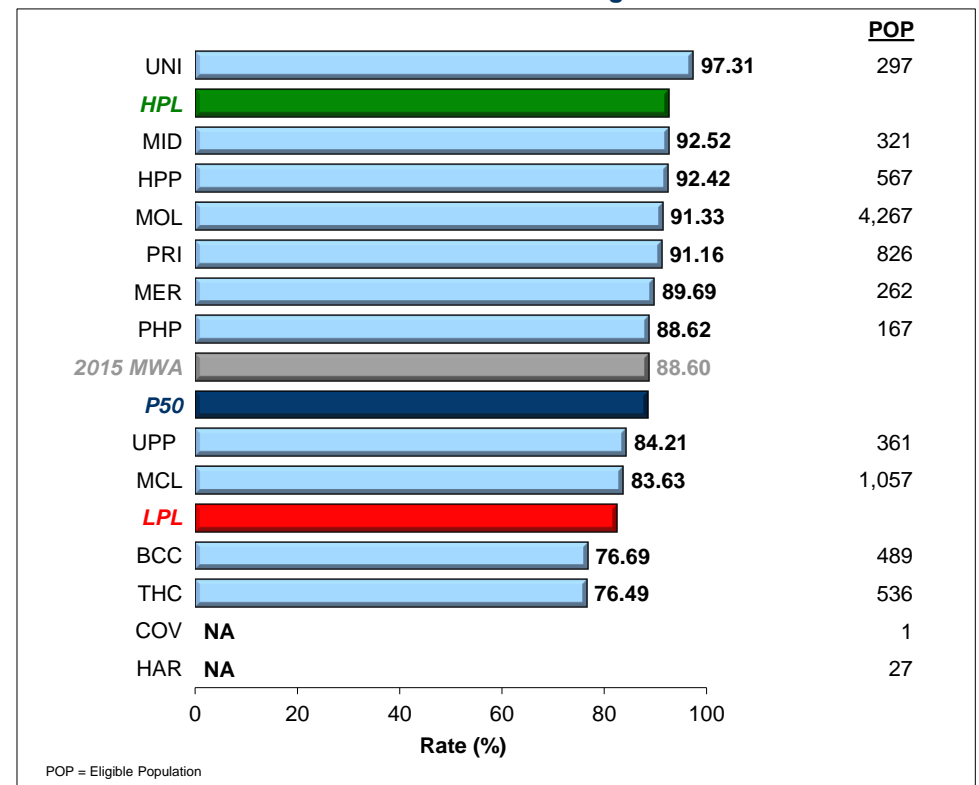
Figure 5-13—Adults' Access to Preventive/Ambulatory Health Services—65+ Years
Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly by 1.69 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP exceeded the HPL, and two performed below the LPL.

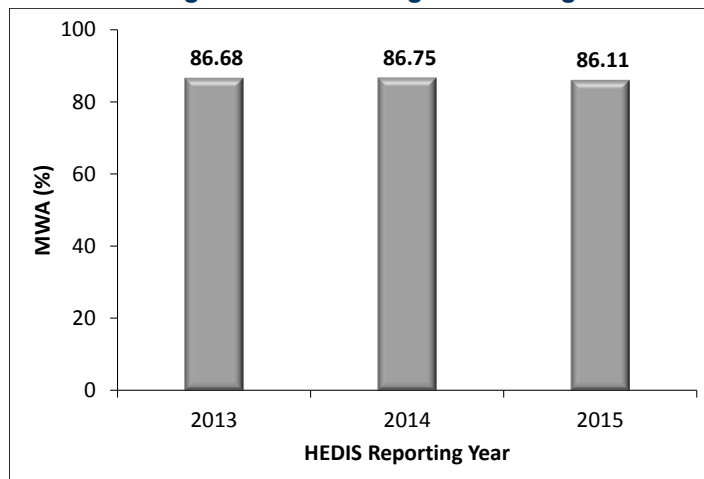
Figure 5-14—Adults' Access to Preventive/Ambulatory Health Services—65+ Years
Health Plan Ranking



Adults' Access to Preventive/Ambulatory Health Services—Total

The *Adults' Access to Preventive/Ambulatory Health Services—Total* measure represents the percentage of total adult members who had an ambulatory or preventive care visit.

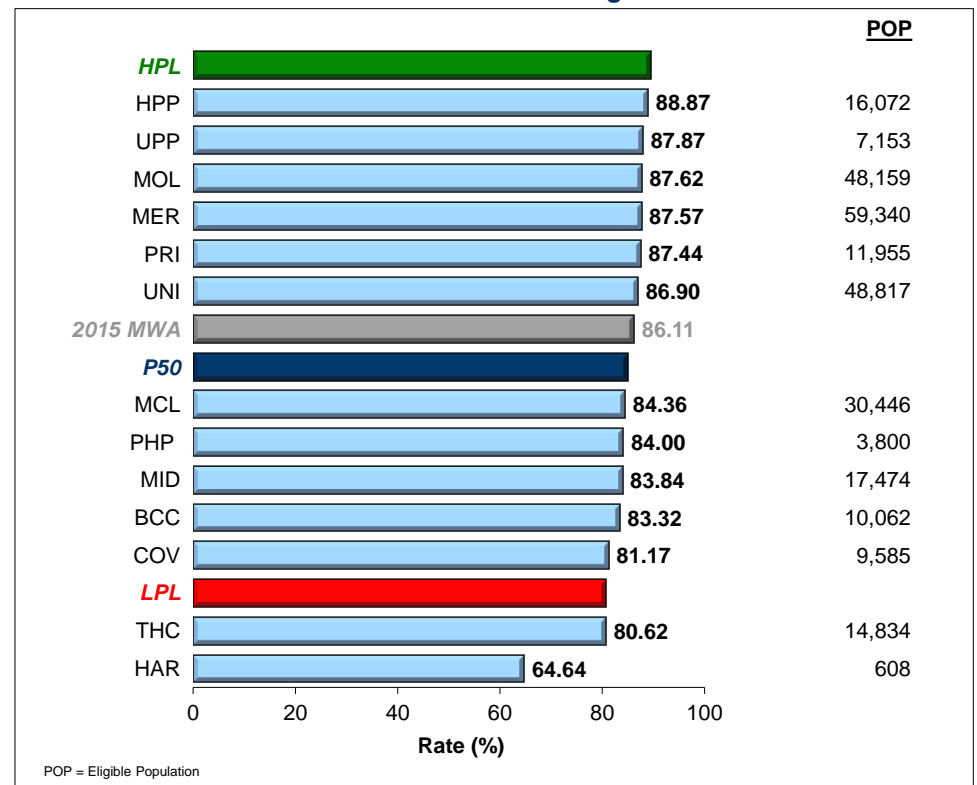
Figure 5-15—Adults' Access to Preventive/Ambulatory Health Services—Total
Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly by 0.64 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and two performed below the LPL.

Figure 5-16—Adults' Access to Preventive/Ambulatory Health Services—Total
Health Plan Ranking



Introduction

The Obesity dimension encompasses the following MDHHS measures:

- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total*
- ◆ *Adult BMI Assessment*

Summary of Findings

Table 6-1 presents statewide performance for the measures under the Obesity dimension. The table lists the HEDIS 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014.

Measure	Statewide Rate		Number of MHPs			
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015		
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>						
<i>BMI Percentile—Total</i>	78.34%	+8.27	7	0		
<i>Counseling for Nutrition—Total</i>	67.95%	+3.23	4	1		
<i>Counseling for Physical Activity—Total</i>	58.07%	+5.08	4	1		
<i>Adult BMI Assessment</i>	90.31%	+4.26	6	0		
2014–2015 trend note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.						
Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

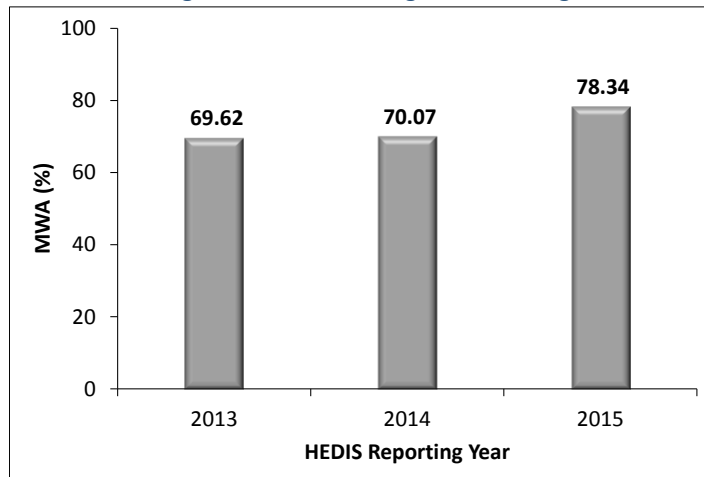
Table 6-1 shows that all measures under the Obesity dimension improved from last year, with each of three measures reporting a statistically significant improvement of at least four percentage points. All measures ranked at or above the national HEDIS 2014 Medicaid 50th percentile, with two ranking between the 75th and 90th percentile (*BMI Percentile—Total* and *Adult BMI Assessment*).

Obesity Findings

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total

The *BMI Percentile* indicator reports the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.

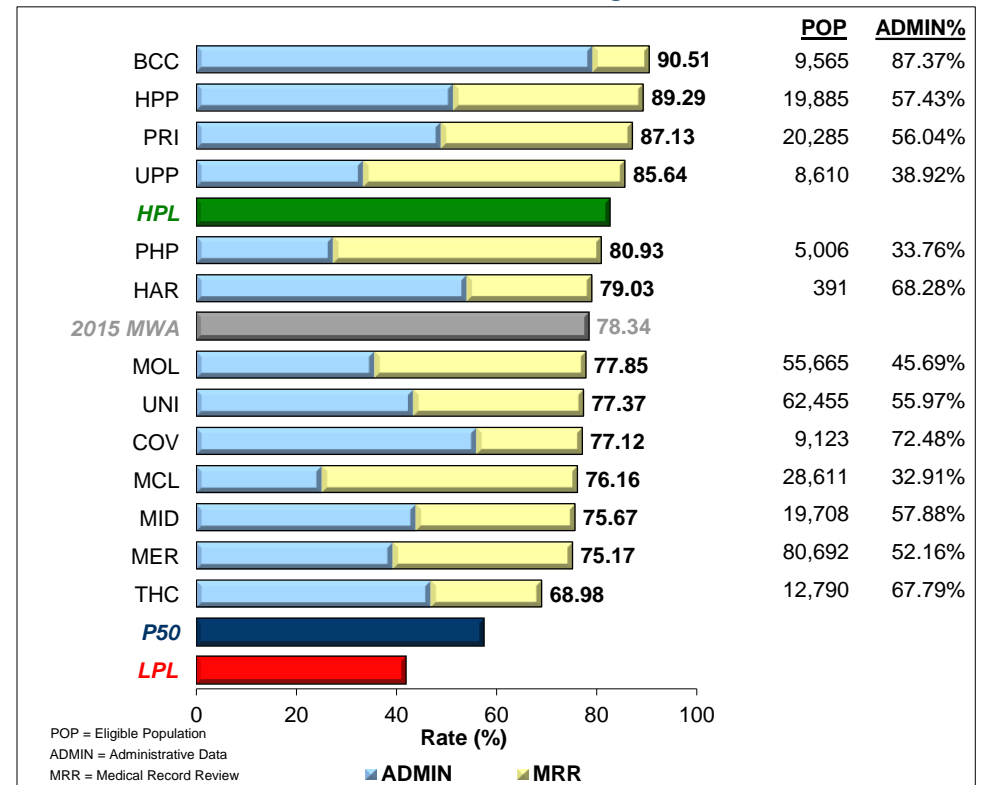
Figure 6-1—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 (8.27 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. Four MHPs exceeded the HPL, and none fell below the national HEDIS 2014 Medicaid 50th percentile. MHPs varied widely in the use of administrative data to calculate rates (from 32.91 percent to 87.37 percent).

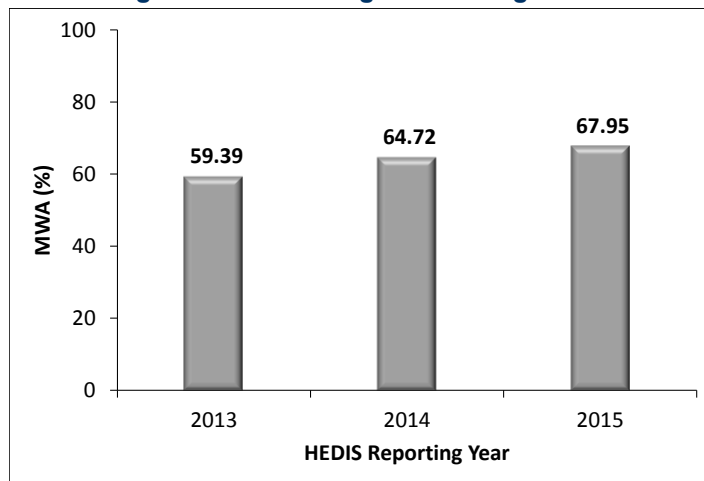
Figure 6-2—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total Health Plan Ranking



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

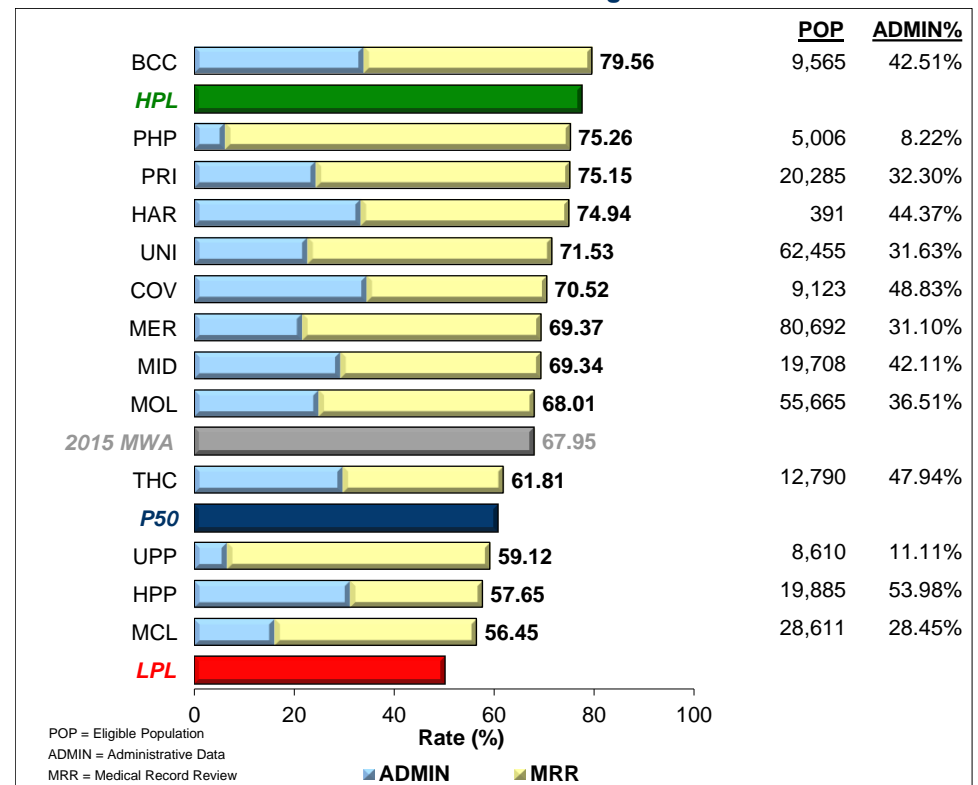
The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* indicator reports the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during the measurement year.

Figure 6-3—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average increased from HEDIS 2014 by 3.23 percentage points and exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP exceeded the HPL, and none fell below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 8.22 percent to 53.98 percent).

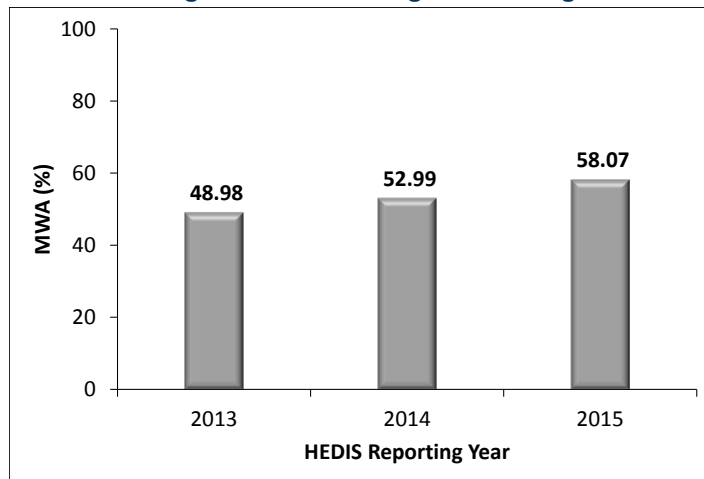
Figure 6-4—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total Health Plan Ranking



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total

The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total* indicator reports the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year.

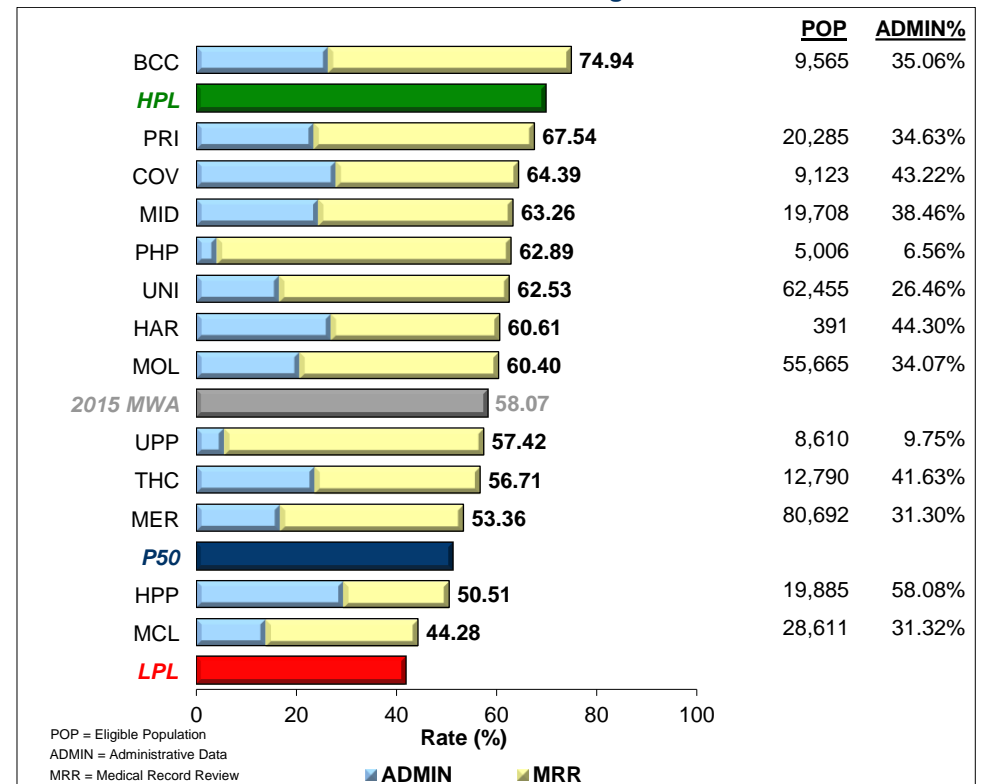
Figure 6-5—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 by 5.08 percentage points and exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP exceeded the HPL, and no plans fell below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 6.56 percent to 58.08 percent).

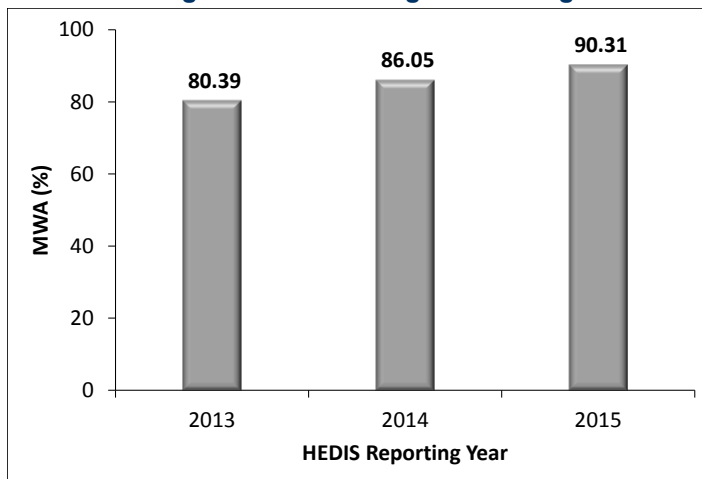
Figure 6-6—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total Health Plan Ranking



Adult BMI Assessment

The *Adult BMI Assessment* measure reports the percentage of members 18 to 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

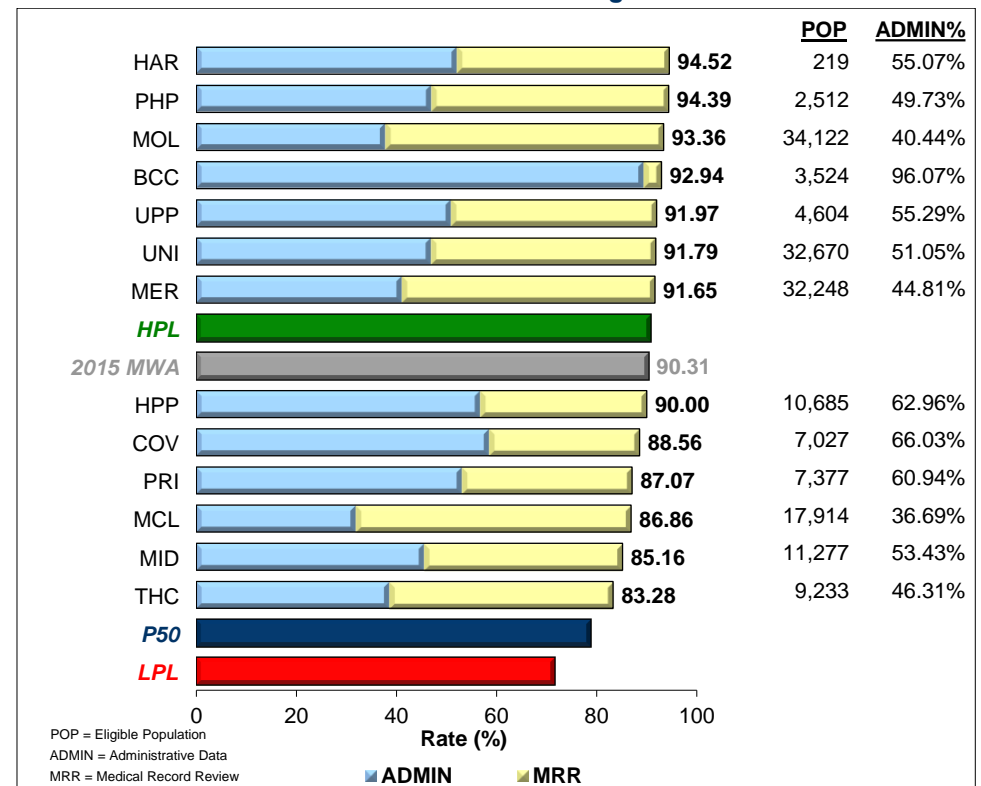
Figure 6-7—Adult BMI Assessment Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 by 4.26 percentage points and exceeded the national HEDIS 2014 Medicaid 50th percentile. Seven MHPs exceeded the HPL, and none fell below the national HEDIS 2014 Medicaid 50th percentile. MHPs varied widely in the use of administrative data to calculate rates (from 36.69 percent to 96.07 percent).

Figure 6-8—Adult BMI Assessment Health Plan Ranking



Introduction

The Pregnancy Care dimension encompasses the following MDHHS measures:

- ◆ Prenatal and Postpartum Care—Timeliness of Prenatal Care
- ◆ Prenatal and Postpartum Care—Postpartum Care
- ◆ Weeks of Pregnancy at Time of Enrollment
- ◆ Frequency of Ongoing Prenatal Care

Summary of Findings

Table 7-1 presents the statewide performance for the *Prenatal and Postpartum Care* measures under the Pregnancy Care dimension. The table lists the HEDIS 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014. Performance for *Weeks of Pregnancy at Time of Enrollment* is not presented in the table because high or low rates for this measure may not indicate good or bad performance for the MHPs.

Table 7-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend Pregnancy Care						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015		
<i>Prenatal and Postpartum Care</i>						
<i>Timeliness of Prenatal Care</i>	84.45%	-4.47	1	6		
<i>Postpartum Care</i>	66.69%	-4.15	0	5		
<i>Frequency of Ongoing Prenatal Care— ≥81 Percent</i>	63.43%	-2.93	0	4		
2014–2015 trend note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.						
Legend	<P10	≥P10 and <P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

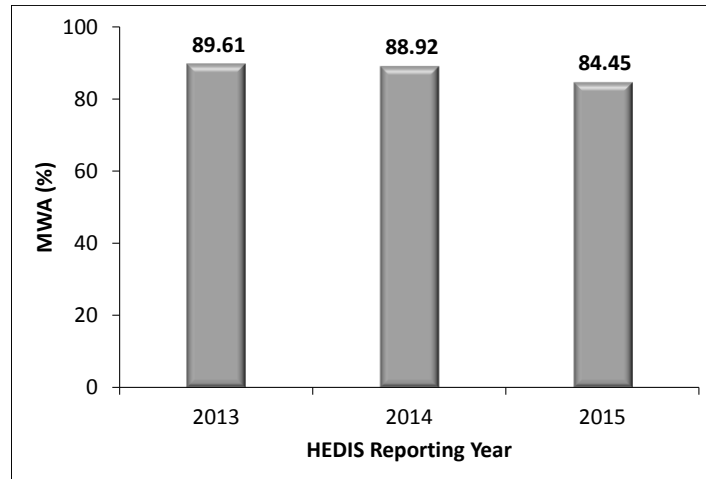
Table 7-1 shows that all three measures decreased and two measures had statistically significant decreases in the statewide rates from HEDIS 2014. The weighted averages of all measures ranked at or above the national Medicaid 50th percentile.

Pregnancy Care Findings

Prenatal and Postpartum Care—Timeliness of Prenatal Care

The *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure represents the percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

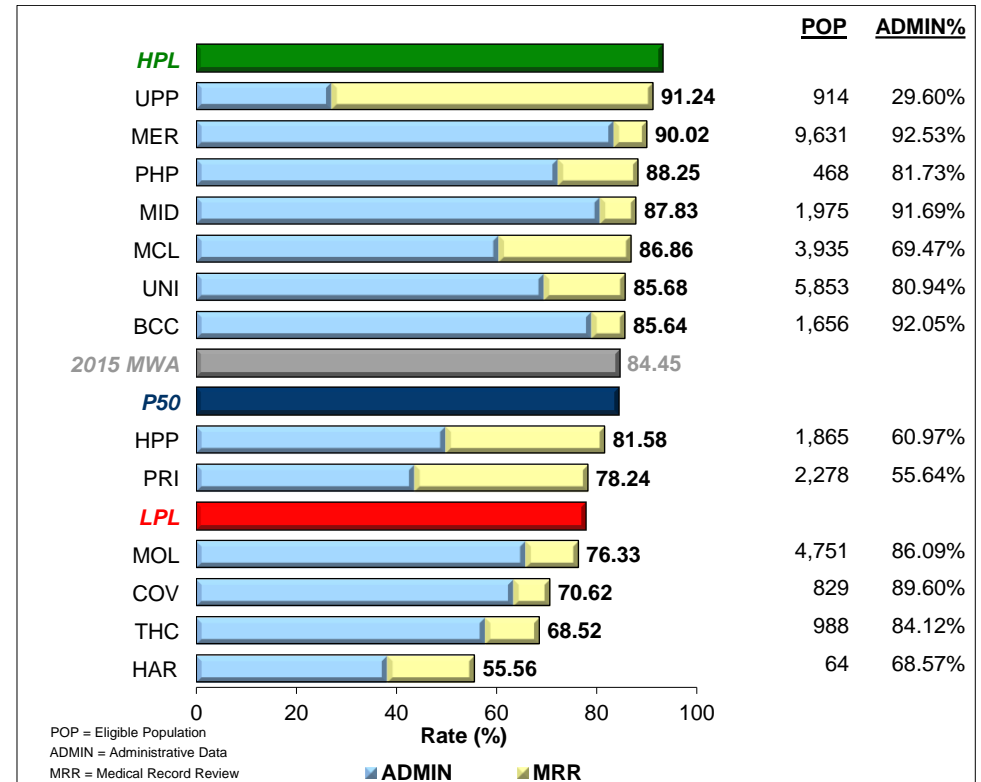
Figure 7-1—Prenatal and Postpartum Care—Timeliness of Prenatal Care Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 (4.47 percentage points) but exceeded the national HEDIS 2014 50th percentile. No MHPs exceeded the HPL, and four performed below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 29.60 percent to 92.53 percent).

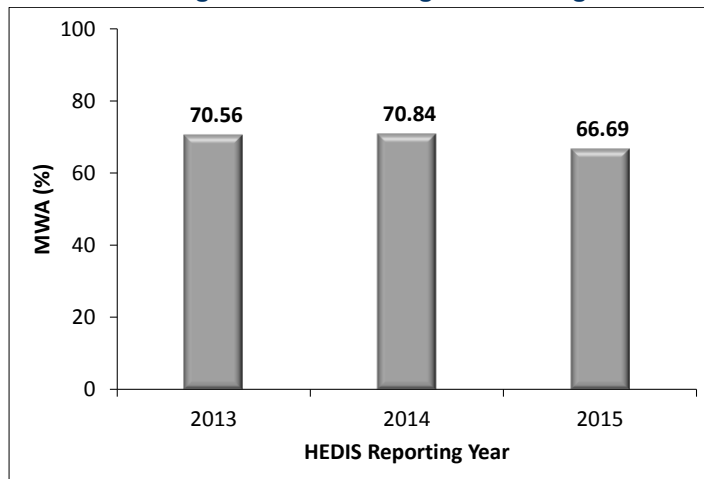
Figure 7-2—Prenatal and Postpartum Care—Timeliness of Prenatal Care Health Plan Ranking



Prenatal and Postpartum Care—Postpartum Care

The *Prenatal and Postpartum Care—Postpartum Care* measure represents the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

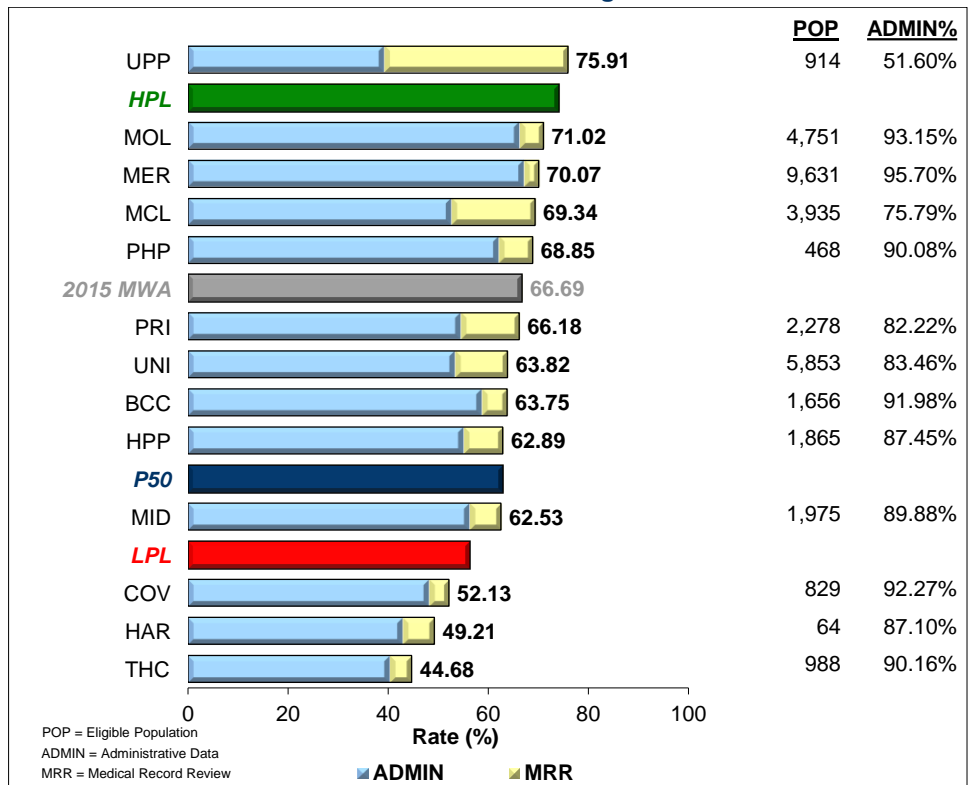
Figure 7-3—Prenatal and Postpartum Care—Postpartum Care Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 (4.15 percentage points) but exceeded the national HEDIS 2014 50th percentile. One MHP exceeded the HPL, and three performed below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 51.60 percent to 95.70 percent).

Figure 7-4—Prenatal and Postpartum Care—Postpartum Care Health Plan Ranking



Weeks of Pregnancy at Time of Enrollment

The *Weeks of Pregnancy at Time of Enrollment* measure represents the percentage of women who delivered a live birth during the measurement year displayed by the weeks of pregnancy at the time of their enrollment in the organization.

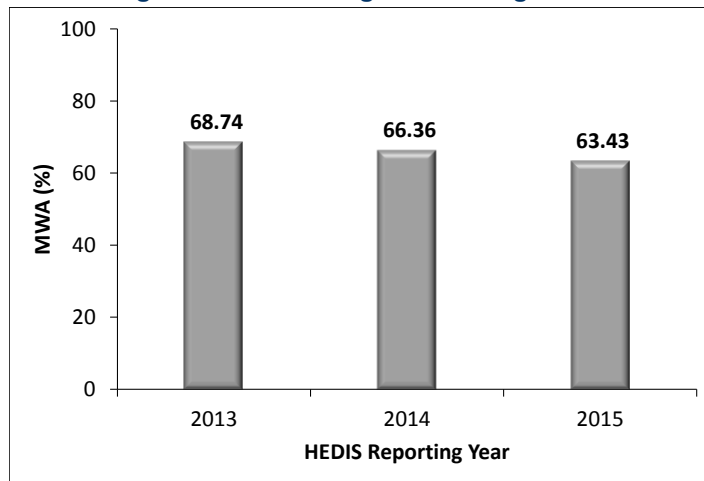
Plan	Eligible Population	≤ 0 Weeks Rate	1 to 12 Weeks Rate	13 to 27 Weeks Rate	28 or More Weeks Rate	Unknown Rate
Blue Cross Complete of Michigan	1,976	18.83%	11.74%	42.00%	20.34%	7.09%
CoventryCares	988	44.23%	6.07%	27.63%	17.51%	4.55%
HAP Midwest Health Plan, Inc.	2,375	30.15%	7.71%	37.09%	20.72%	4.34%
Harbor Health Plan	82	23.17%	7.32%	42.68%	26.83%	0.00%
HealthPlus Partners	2,158	33.55%	8.94%	37.35%	15.52%	4.63%
McLaren Health Plan	4,174	28.41%	11.16%	42.76%	13.63%	4.02%
Meridian Health Plan of Michigan	10,761	26.88%	10.49%	44.07%	18.15%	0.41%
Molina Healthcare of Michigan	5,434	35.66%	7.53%	35.28%	16.82%	4.71%
Priority Health Choice, Inc.	410	24.88%	11.95%	48.05%	15.12%	0.00%
Sparrow PHP	530	36.79%	6.98%	33.96%	18.87%	3.40%
Total Health Care, Inc.	431	46.17%	7.42%	27.61%	13.92%	4.87%
UnitedHealthcare Community Plan	6,691	33.09%	8.50%	35.70%	17.77%	4.93%
Upper Peninsula Health Plan	1,059	23.80%	16.53%	40.51%	15.30%	3.87%
2015 Michigan Medicaid Weighted Average	—	30.34%	9.55%	39.34%	17.35%	3.42%
2014 Michigan Medicaid Weighted Average	—	29.72%	9.27%	40.51%	17.12%	3.38%
2013 Michigan Medicaid Weighted Average	—	30.12%	9.12%	40.23%	17.02%	3.50%

Year-to-year comparison of the Michigan Medicaid weighted averages shows that women are enrolling with a health plan earlier in pregnancy or even before they become pregnant.

Frequency of Ongoing Prenatal Care

The *Frequency of Ongoing Prenatal Care* measure represents the percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year and had the expected prenatal visits. Figure 7-5 and Figure 7-6 display the percentage of deliveries that had ≥ 81 percent of expected prenatal visits.

Figure 7-5—Frequency of Ongoing Prenatal Care— ≥ 81 Percent Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased from HEDIS 2014 by 2.93 percentage points but exceeded the national HEDIS 2014 50th percentile. One MHP exceeded the HPL, and five performed below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 1.34 percent to 94.02 percent).

Figure 7-6—Frequency of Ongoing Prenatal Care— ≥ 81 Percent Health Plan Ranking

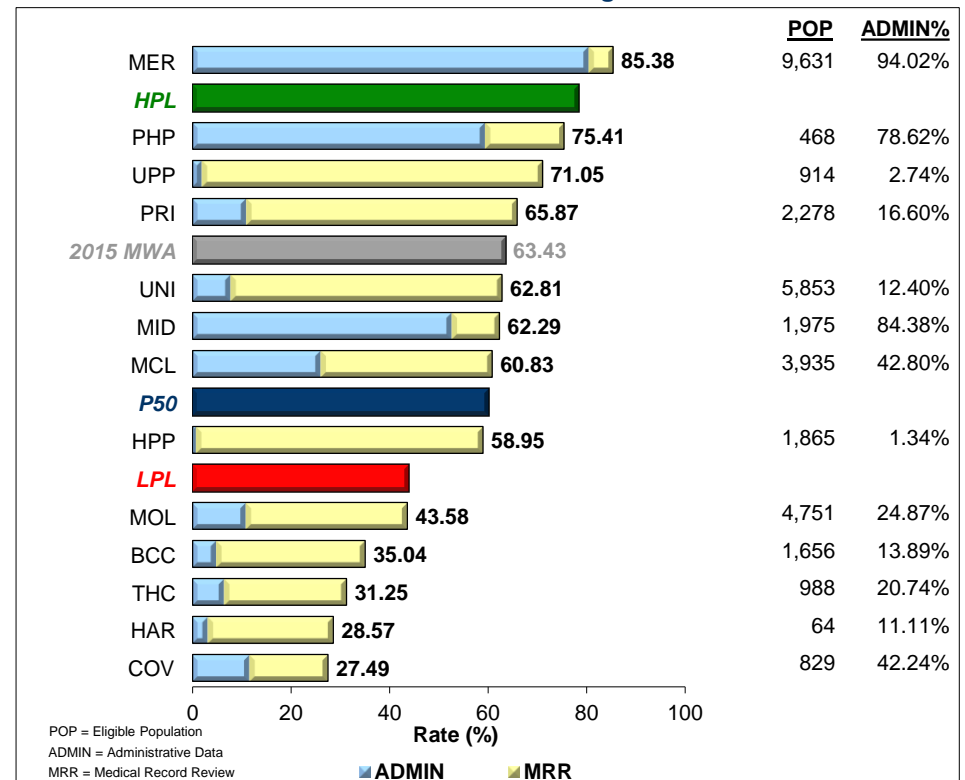


Table 7-3—Frequency of Ongoing Prenatal Care

Plan	Eligible Population	<21 Percent*	21–40 Percent	41–60 Percent	61–80 Percent	≥81 Percent^
Blue Cross Complete of Michigan	1,656	16.55%	11.92%	18.25%	18.25%	35.04%
CoventryCares	829	18.25%	20.62%	18.96%	14.69%	27.49%
HAP Midwest Health Plan, Inc.	1,975	6.57%	6.33%	10.95%	13.87%	62.29%
Harbor Health Plan	64	36.51%	12.70%	12.70%	9.52%	28.57%
HealthPlus Partners	1,865	5.79%	5.26%	13.68%	16.32%	58.95%
McLaren Health Plan	3,935	11.68%	9.00%	6.33%	12.17%	60.83%
Meridian Health Plan of Michigan	9,631	1.62%	2.32%	3.02%	7.66%	85.38%
Molina Healthcare of Michigan	4,751	14.82%	10.62%	13.50%	17.48%	43.58%
Priority Health Choice, Inc.	2,278	8.53%	6.40%	5.07%	14.13%	65.87%
Sparrow PHP	468	2.73%	3.83%	4.92%	13.11%	75.41%
Total Health Care, Inc.	988	20.37%	17.13%	13.89%	17.36%	31.25%
UnitedHealthcare Community Plan	5,853	6.53%	5.78%	8.04%	16.83%	62.81%
Upper Peninsula Health Plan	914	0.73%	2.68%	5.35%	20.19%	71.05%
2015 Michigan Medicaid Weighted Average	—	7.96%	6.75%	8.28%	13.58%	63.43%
2014 Michigan Medicaid Weighted Average	—	6.59%	6.28%	7.29%	13.49%	66.36%
2013 Michigan Medicaid Weighted Average	—	8.67%	4.43%	6.26%	11.90%	68.74%

* For this indicator, a lower rate indicates better performance (i.e., rates of less than 21 percent of expected visits indicate better care).
 ^ Cells shaded in green indicate that the HEDIS 2015 rates were greater than or equal to the national HEDIS 2014 Medicaid 50th percentile for this indicator.

Year-to-year comparison of the Michigan Medicaid weighted averages shows that the percentage of members with at least 81 percent of expected prenatal visits continued to decline.

Introduction

The Living With Illness dimension encompasses the following MDHHS measures:

- ◆ *Comprehensive Diabetes Care—HbA1c Testing*
- ◆ *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*
- ◆ *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*
- ◆ *Comprehensive Diabetes Care—Eye Exam*
- ◆ *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- ◆ *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*
- ◆ *Use of Appropriate Medications for People With Asthma—Total*
- ◆ *Controlling High Blood Pressure*
- ◆ *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit*
- ◆ *Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications*
- ◆ *Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies*
- ◆ *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- ◆ *Diabetes Monitoring for People With Diabetes and Schizophrenia*
- ◆ *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*
- ◆ *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*

Summary of Findings

Table 8-1 presents statewide performance for the measures under the Living With Illness dimension. The table lists the HEDIS 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014.

**Table 8-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend
Living With Illness**

Measure	Statewide Rate		Number of MHPs	
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	85.99%	+0.54	1	0
<i>HbA1c Poor Control (>9.0%)¹</i>	35.83%	-1.40	5	1
<i>HbA1c Control (<8.0%)</i>	53.78%	+0.04	3	1

Table 8-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend Living With Illness

Measure	Statewide Rate		Number of MHPs	
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015
<i>Eye Exam</i>	59.48%	-3.53	1	1
<i>Medical Attention for Nephropathy</i>	83.73%	+1.73	3	0
<i>Blood Pressure Control (<140/90 mm Hg)</i>	65.90%	+2.34	2	0
<i>Use of Appropriate Medications for People With Asthma—Total</i>	80.64%	-0.55	0	0
<i>Controlling High Blood Pressure</i>	62.06%	-1.52	2	2
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>				
<i>Advising Smokers and Tobacco Users to Quit</i>	79.90%	-0.45	0	0
<i>Discussing Cessation Medications</i>	54.26%	+0.51	1	0
<i>Discussing Cessation Strategies</i>	45.73%	-0.39	0	0
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	83.75%	+0.21	0	1
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	72.73%	+0.13	0	0
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	60.10%	-0.04	0	0
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	59.22%	-1.27	0	1

2014–2015 Trend: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.

Legend <P10 ≥P10 and < P25 ≥P25 and < P50 ≥P50 and < P75 ≥P75 and < P90 ≥P90 Not compared

¹ For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with yellow shade).

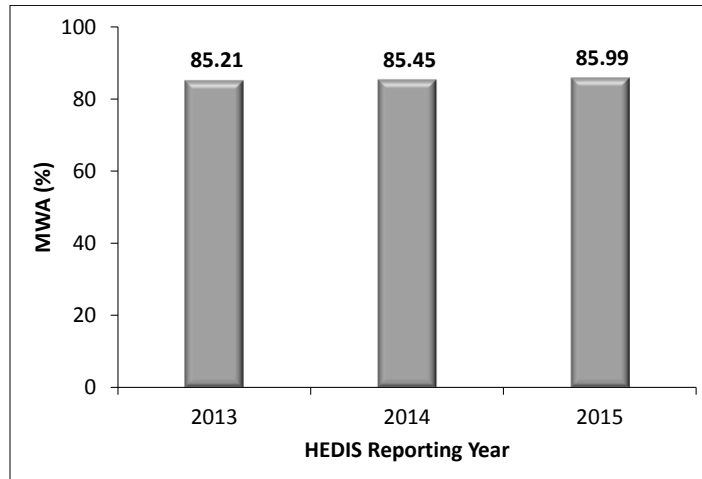
Table 8-1 shows that most measures under the Living With Illness dimension reported only slight changes from HEDIS 2014. Only one indicator (*Comprehensive Diabetes Care—Eye Exam*) exhibited a statistically significant decrease of 3.53 percentage points. Nine of the 15 rates with national benchmarks ranked at or above the national Medicaid 50th percentile, with four of those ranking at or above the 75th percentile. Three rates ranked below the 50th percentile, with one of those ranking below the 25th percentile and another below the 10th percentile.

Living With Illness Findings

Comprehensive Diabetes Care—HbA1c Testing

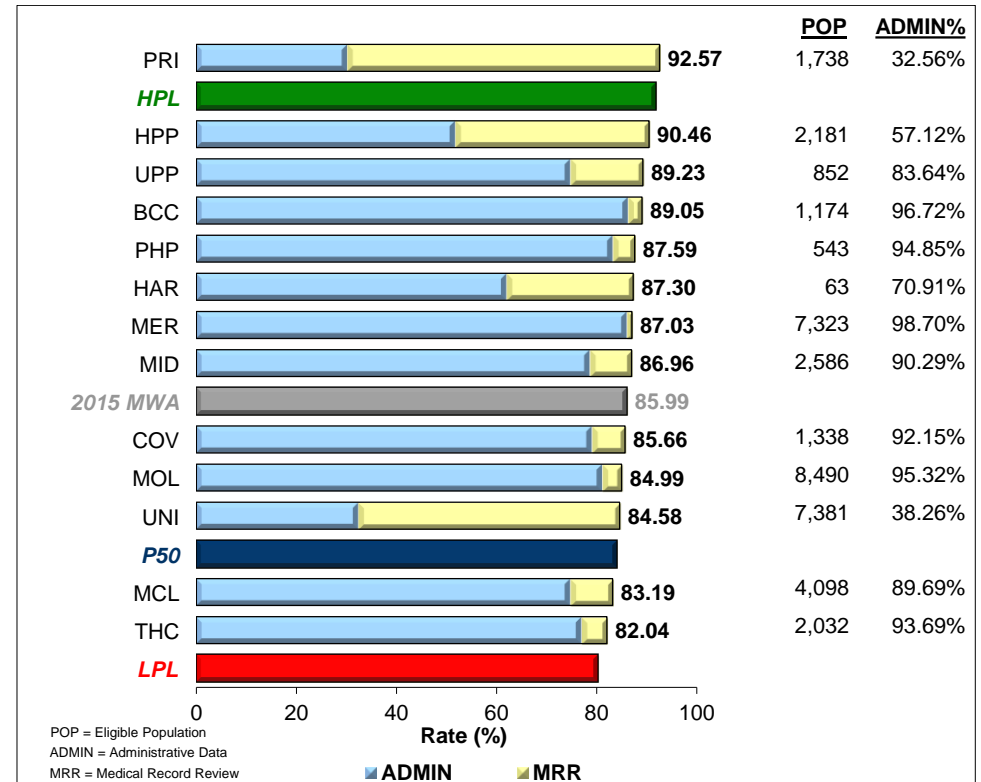
The *Comprehensive Diabetes Care—HbA1c Testing* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing.

**Figure 8-1—Comprehensive Diabetes Care—HbA1c Testing
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average increased slightly from HEDIS 2014 (0.54 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and none performed below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 32.56 percent to 98.70 percent).

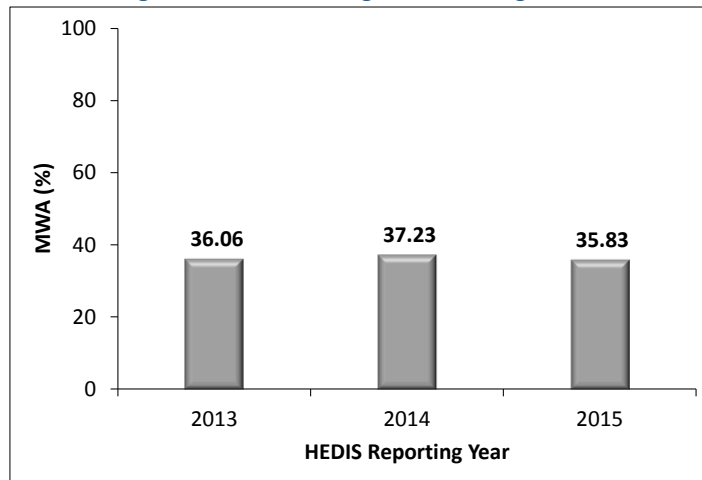
**Figure 8-2—Comprehensive Diabetes Care—HbA1c Testing
Health Plan Ranking**



Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

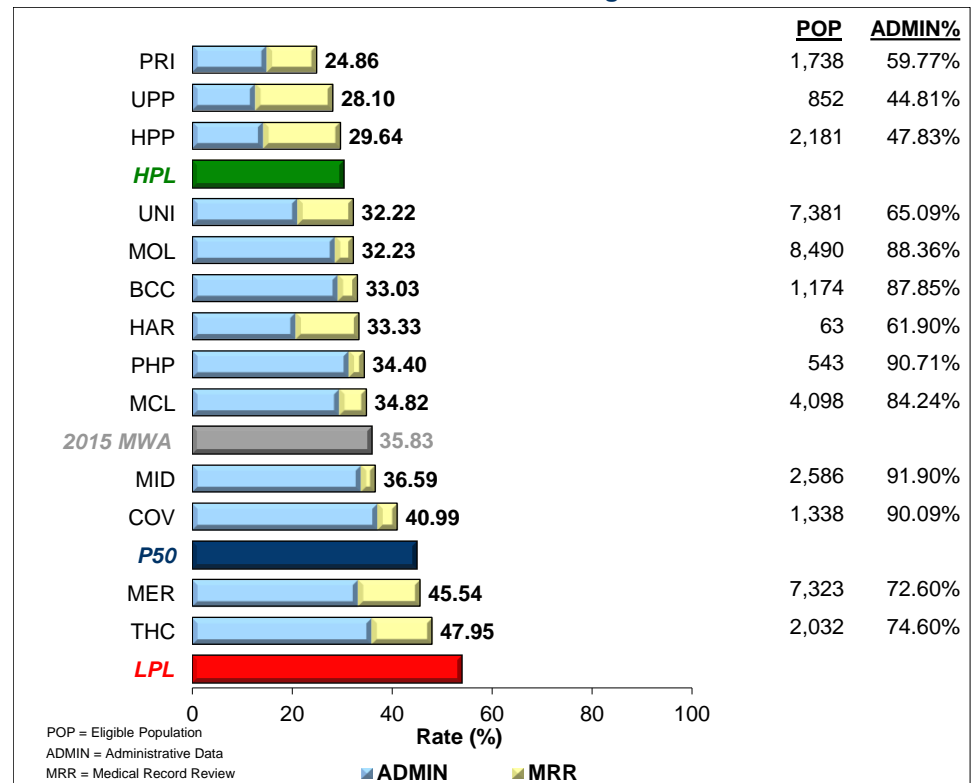
The *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c poor control.

Figure 8-3—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) Michigan Medicaid Weighted Averages



A lower rate indicates better performance for this indicator. The HEDIS 2015 weighted average decreased slightly by 1.40 percentage points from HEDIS 2014 and exceeded the national HEDIS 2014 Medicaid 50th percentile. Three MHPs performed better than the HPL, and none performed below the LPL. MHPs varied in the use of administrative data to calculate rates (from 44.81 percent to 91.90 percent).

Figure 8-4—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) Health Plan Ranking

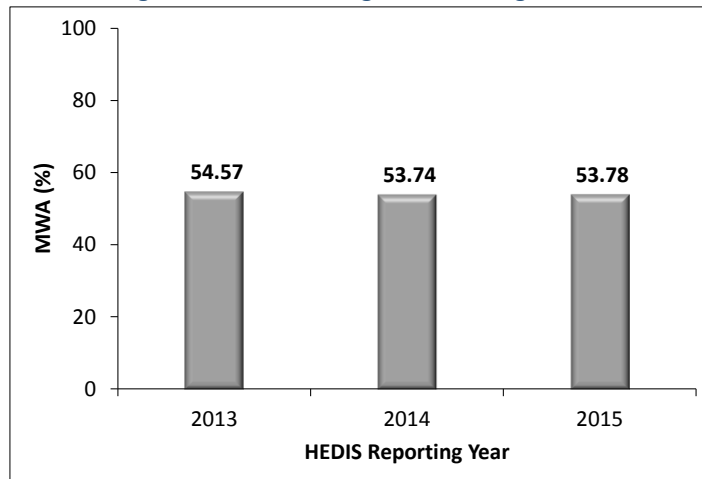


For this indicator, a lower rate indicates better performance (i.e., low rates of poor HbA1c control indicate better care).

Comprehensive Diabetes Care—HbA1c Control (<8.0%)

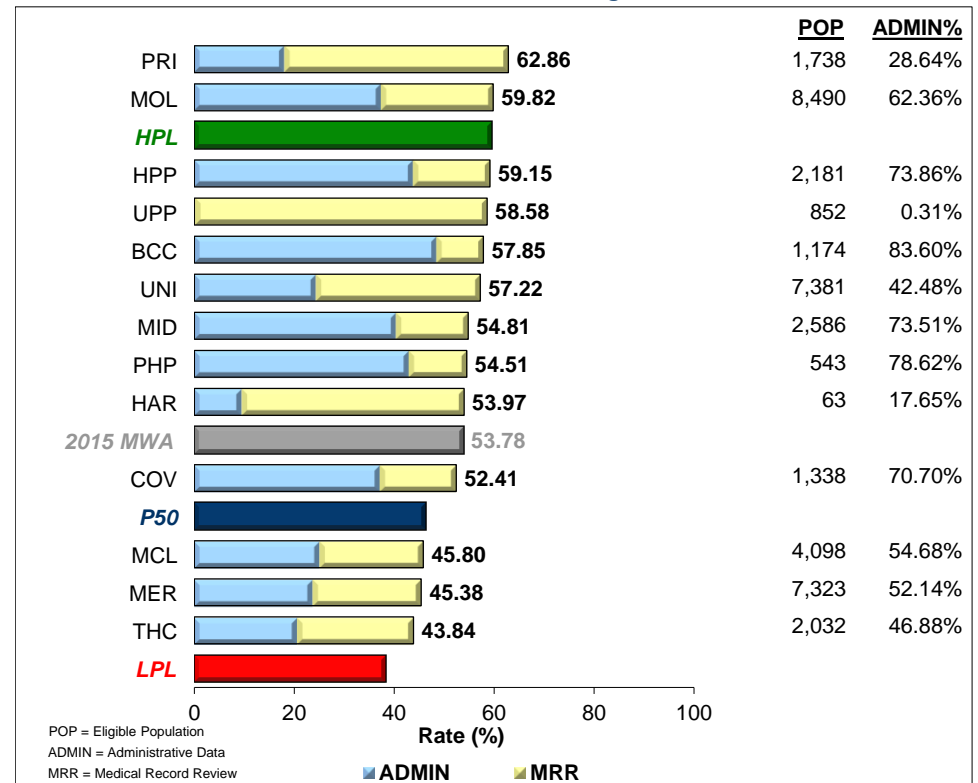
The *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).

**Figure 8-5—Comprehensive Diabetes Care—HbA1c Control (<8.0%)
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average increased slightly from HEDIS 2014 (0.04 percentage points) and ranked above the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and none performed below the LPL. MHPs varied in the use of administrative data to calculate rates (from 0.31 percent to 83.60 percent).

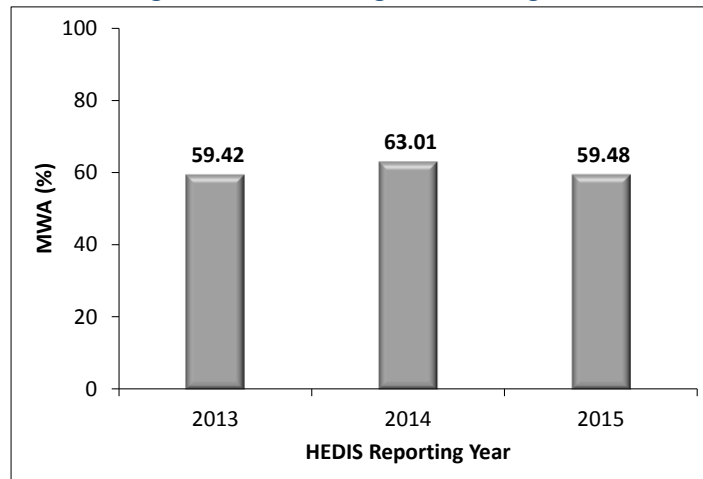
**Figure 8-6—Comprehensive Diabetes Care—HbA1c Control (<8.0%)
Health Plan Ranking**



Comprehensive Diabetes Care—Eye Exam

The *Comprehensive Diabetes Care—Eye Exam* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.

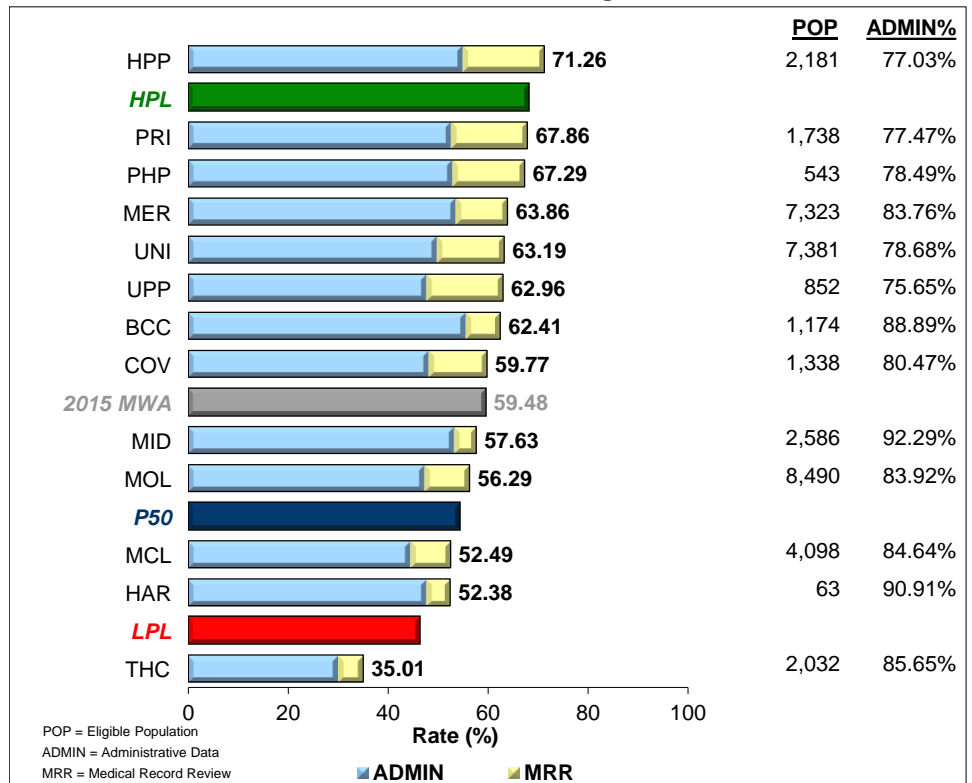
**Figure 8-7—Comprehensive Diabetes Care—Eye Exam
Michigan Medicaid Weighted Averages**



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 by 3.53 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and one performed below the LPL. All plans used at least 75 percent administrative data to calculate rates.

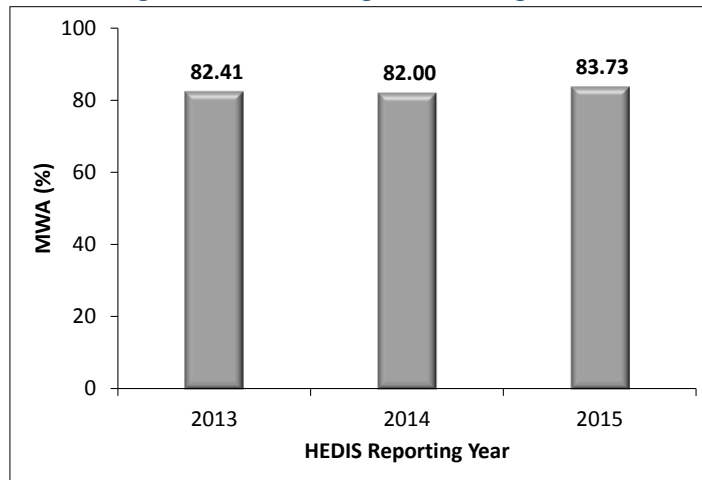
**Figure 8-8—Comprehensive Diabetes Care—Eye Exam
Health Plan Ranking**



Comprehensive Diabetes Care—Medical Attention for Nephropathy

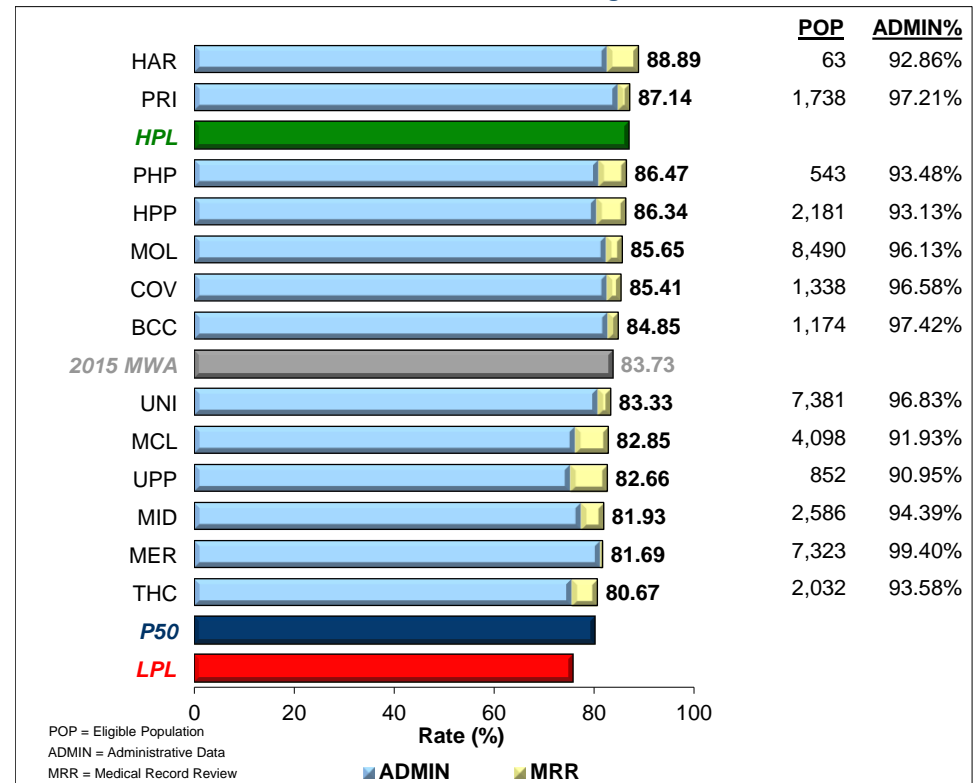
The *Comprehensive Diabetes Care—Medical Attention for Nephropathy* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy.

Figure 8-9—Comprehensive Diabetes Care—Medical Attention for Nephropathy Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average increased from HEDIS 2014 by 1.73 percentage points and ranked above the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and none performed below the national HEDIS 2014 Medicaid 50th percentile. All plans used at least 90 percent administrative data to calculate rates.

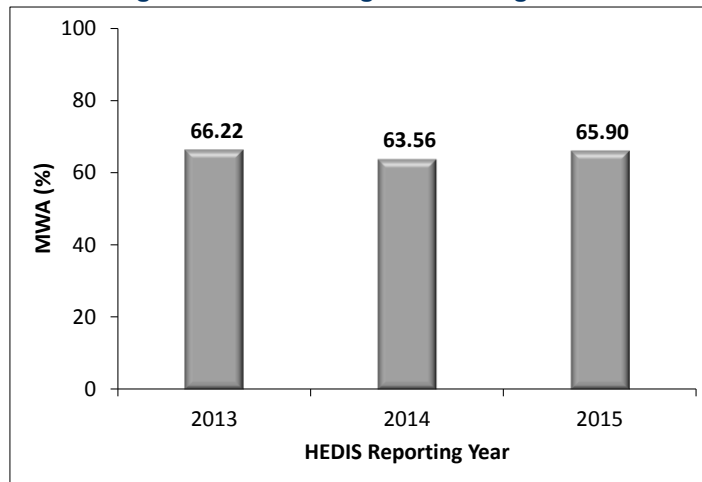
Figure 8-10—Comprehensive Diabetes Care—Medical Attention for Nephropathy Health Plan Ranking



Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)

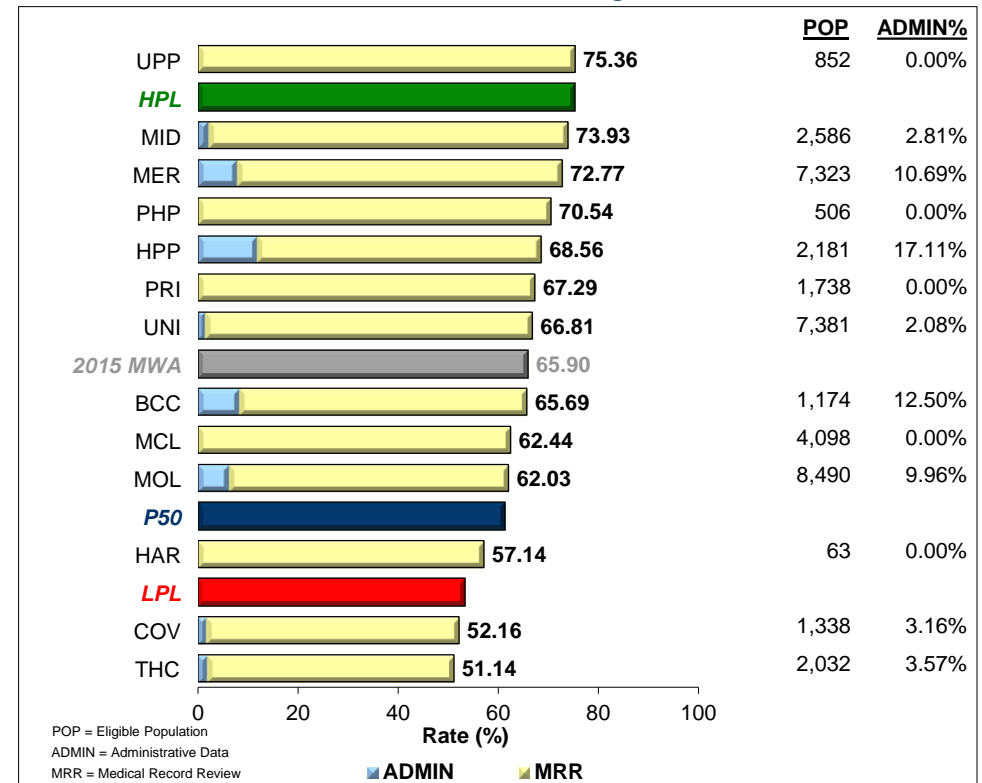
The *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had blood pressure control (<140/90 mm Hg).

Figure 8-11—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average increased from HEDIS 2014 by 2.34 percentage points, and exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and two performed below the LPL. MHPs varied in the use of administrative data to calculate rates (from 0 percent to 17.11 percent).

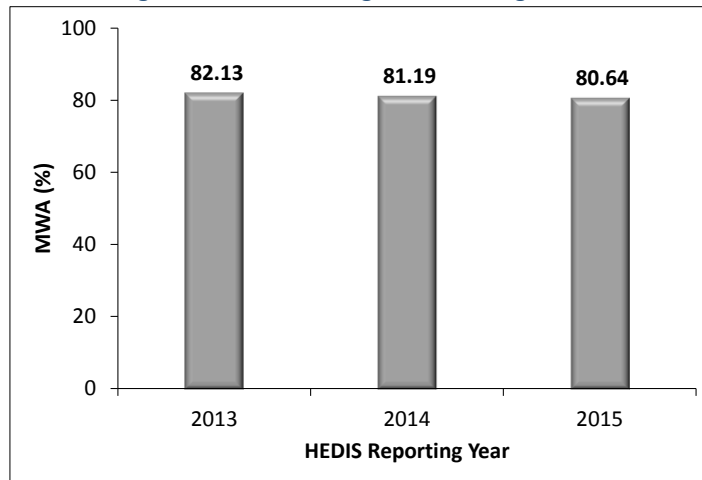
Figure 8-12—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Health Plan Ranking



Use of Appropriate Medications for People With Asthma—Total

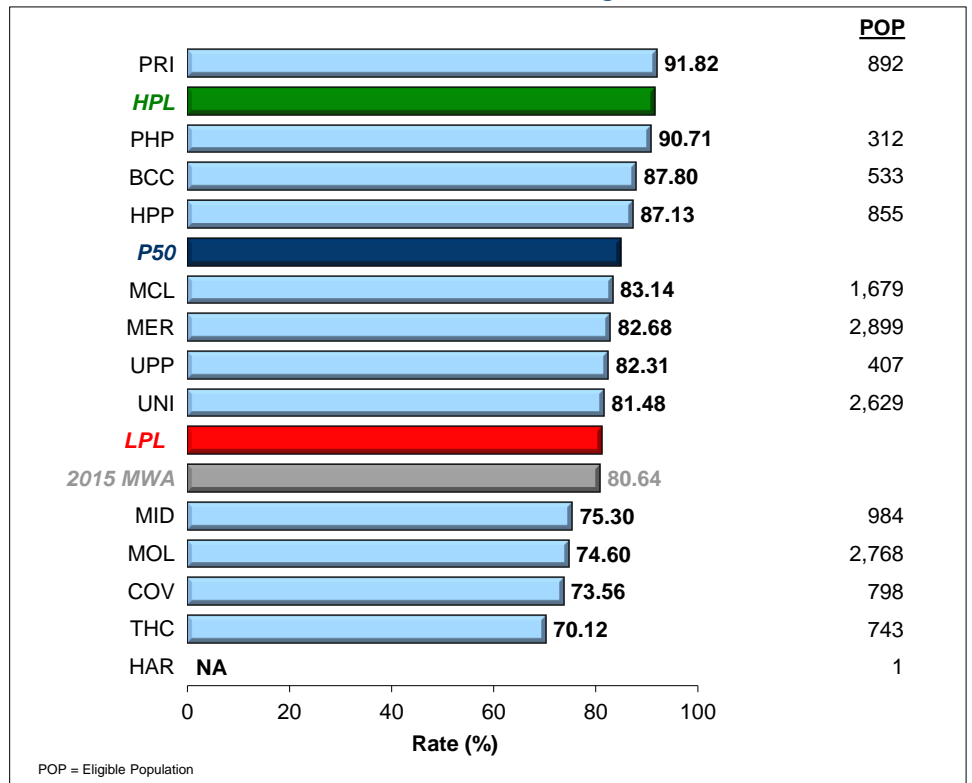
Use of Appropriate Medication for People With Asthma—Total reports the percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

**Figure 8-13—Use of Appropriate Medications for People With Asthma—Total
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average decreased slightly from HEDIS 2014 (0.55 percentage points) and ranked below the LPL. One MHP performed above the HPL, and four fell below the LPL.

**Figure 8-14—Use of Appropriate Medications for People With Asthma—Total
Health Plan Ranking**

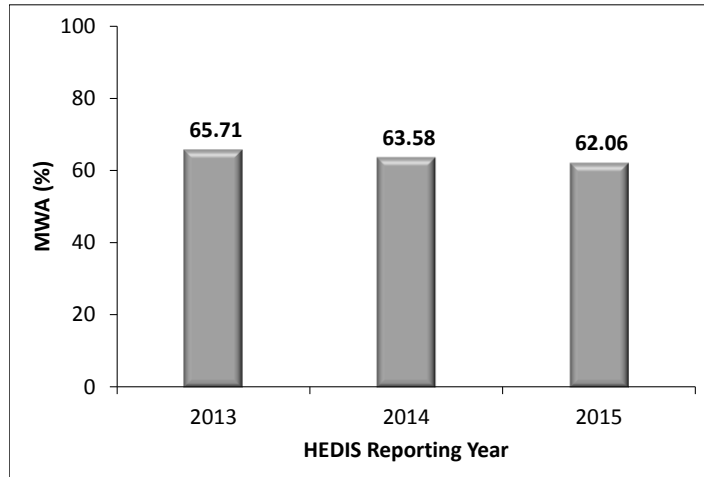


Controlling High Blood Pressure

The *Controlling High Blood Pressure* measure is used to report the percentage of members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:

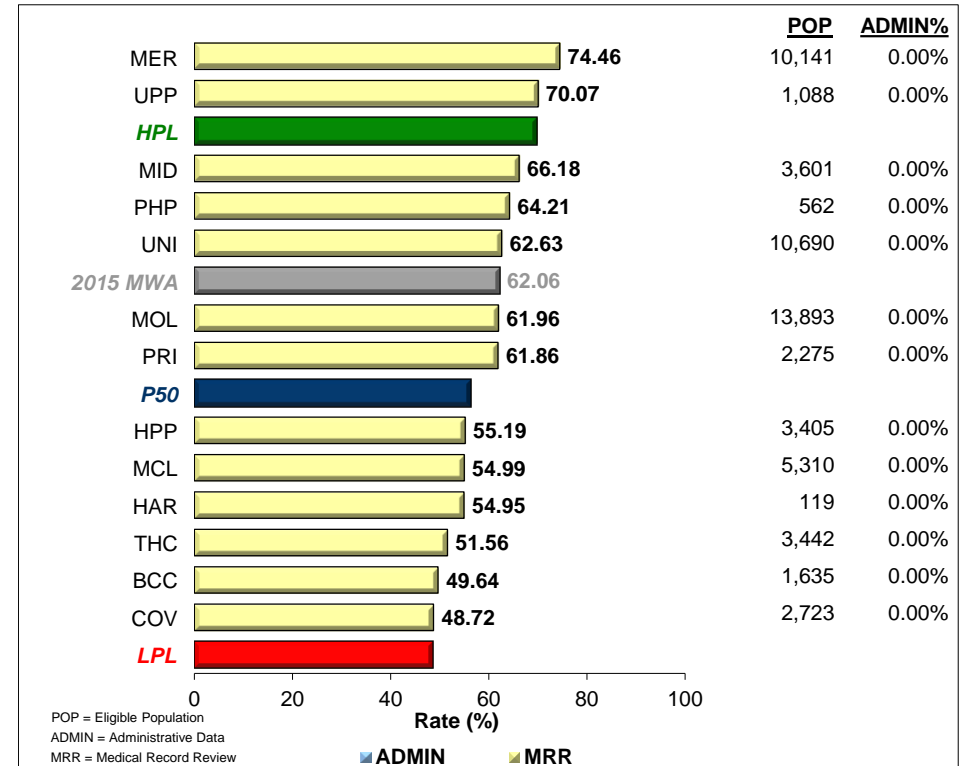
- ◆ Members 18 to 59 years of age whose BP was <140/90 mm Hg.
- ◆ Members 60 to 85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- ◆ Members 60 to 85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Figure 8-15—Controlling High Blood Pressure Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased from HEDIS 2014 by 1.52 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and none performed below the LPL. Since this measure must be reported via medical record data according to NCQA specifications, all MHP rates were derived from medical records.

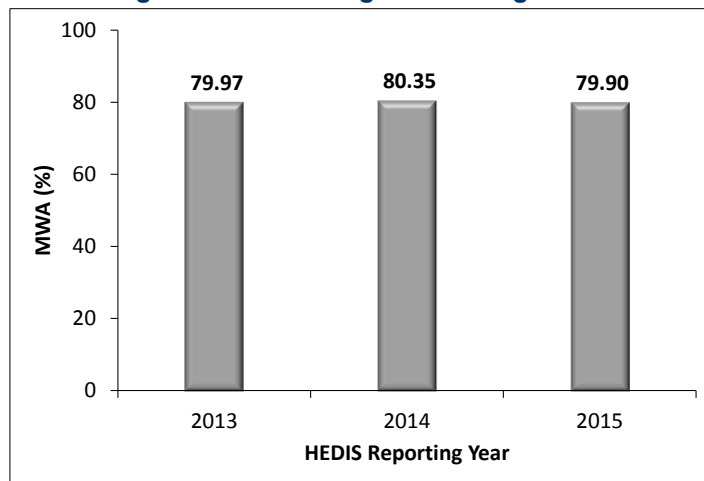
Figure 8-16—Controlling High Blood Pressure Health Plan Ranking



Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit

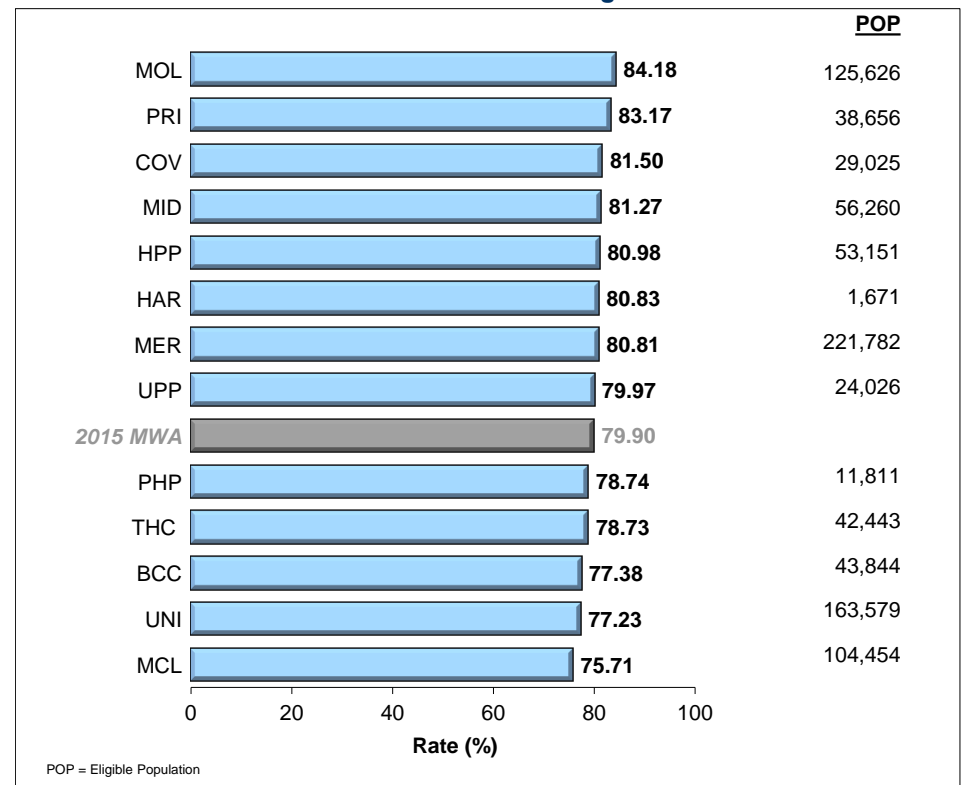
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit reports the percentage of members 18 years of age and older who are current smokers or tobacco users and who received cessation advice during the measurement year.

Figure 8-17—Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased slightly from HEDIS 2014 (0.45 percentage points). Eight MHPs performed above the 2015 Medicaid weighted average, and five performed below.

Figure 8-18—Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit Health Plan Ranking

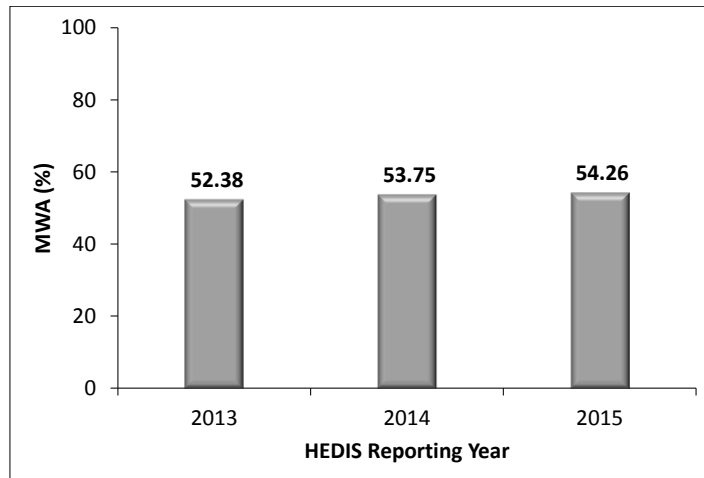


The eligible population for each health plan displayed is the sum of the CAHPS sample frame sizes from 2014 and 2015 and does not represent the exact eligible population (i.e., smokers) for this indicator.

Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication

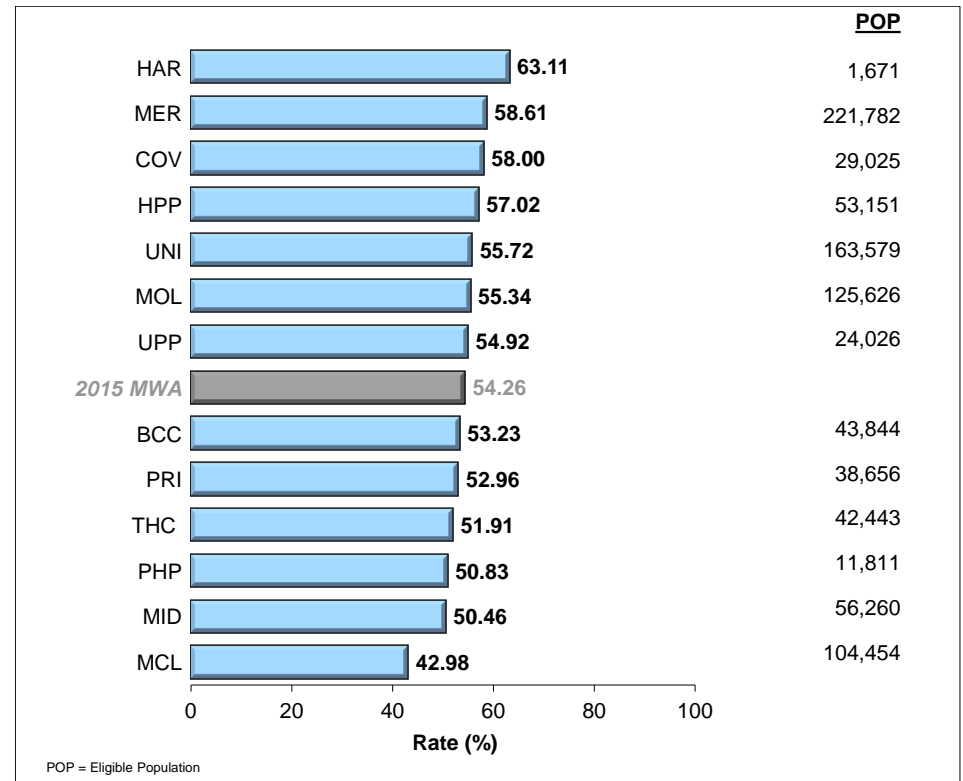
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication reports the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.

Figure 8-19—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average increased from HEDIS 2014 by 0.51 percentage points. Seven MHPs performed above the 2015 Medicaid weighted average, and six performed below.

Figure 8-20—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication Health Plan Ranking

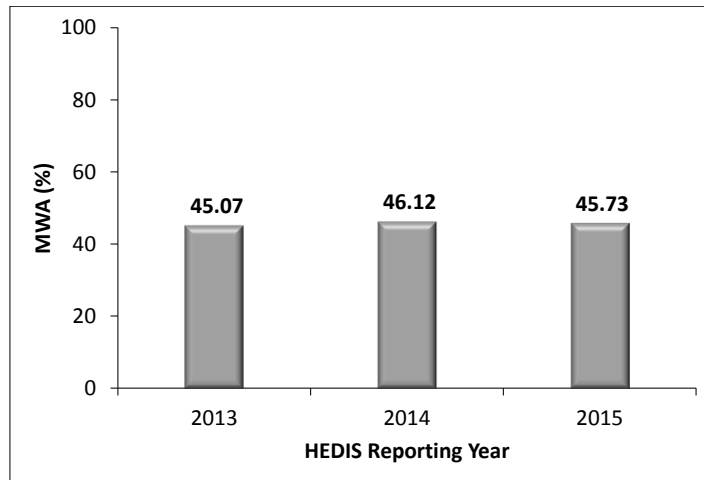


The eligible population for each health plan displayed is the sum of the CAHPS sample frame sizes from 2014 and 2015 and does not represent the exact eligible population (i.e., smokers) for this indicator.

Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies

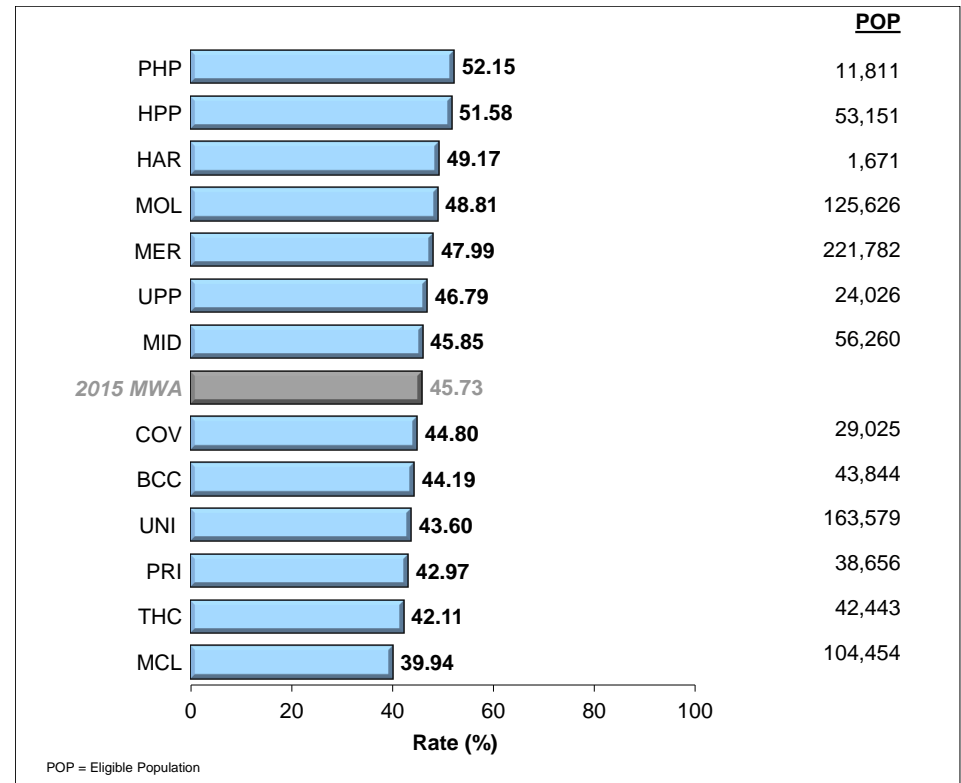
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies reports the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

Figure 8-21—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased from HEDIS 2014 by 0.39 percentage points. Seven MHPs performed above the 2015 Medicaid weighted average, and six performed below.

Figure 8-22—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies Health Plan Ranking

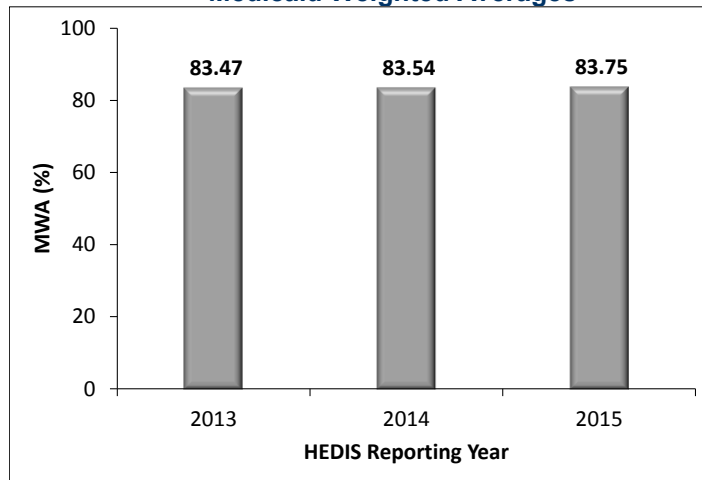


The eligible population for each health plan displayed is the sum of the CAHPS sample frame sizes from 2014 and 2015 and does not represent the exact eligible population (i.e., smokers) for this indicator.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

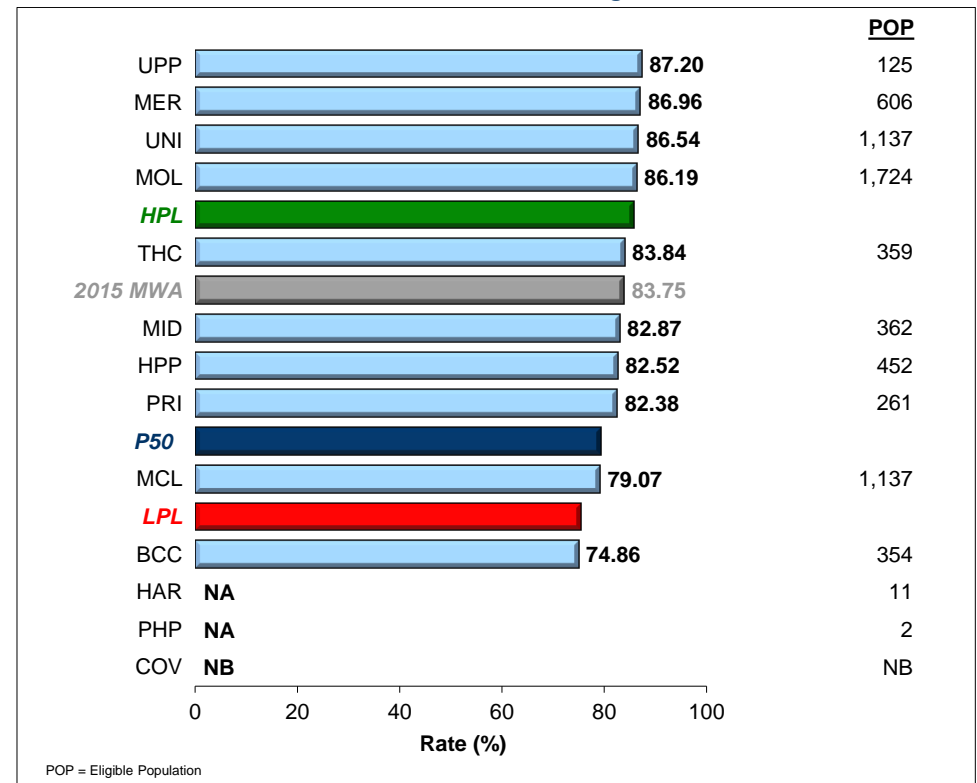
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications reports the percentage of members between 18 years and 64 years of age identified with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Figure 8-23—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Medicaid Weighted Averages



The HEDIS 2015 weighted average increased slightly from HEDIS 2014 (0.21 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP indicated that it did not have the required benefit to report the measure, and two MHPs could not report a valid rate due to small eligible population (<30). Four MHPs performed above the HPL, and one performed below the LPL.

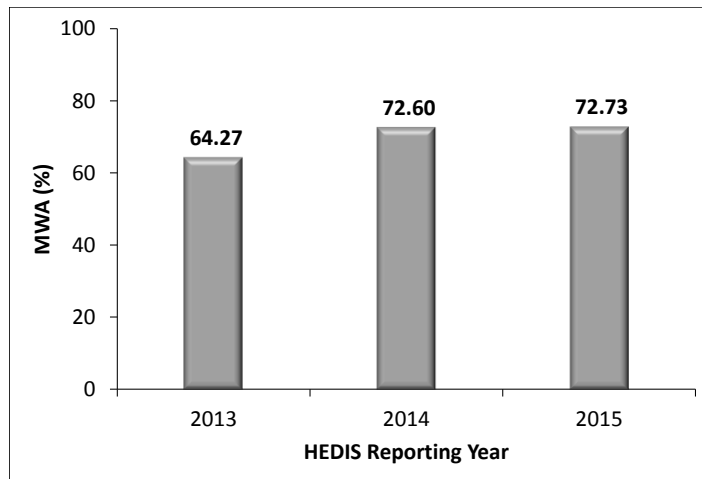
Figure 8-24—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Health Plan Ranking



Diabetes Monitoring for People With Diabetes and Schizophrenia

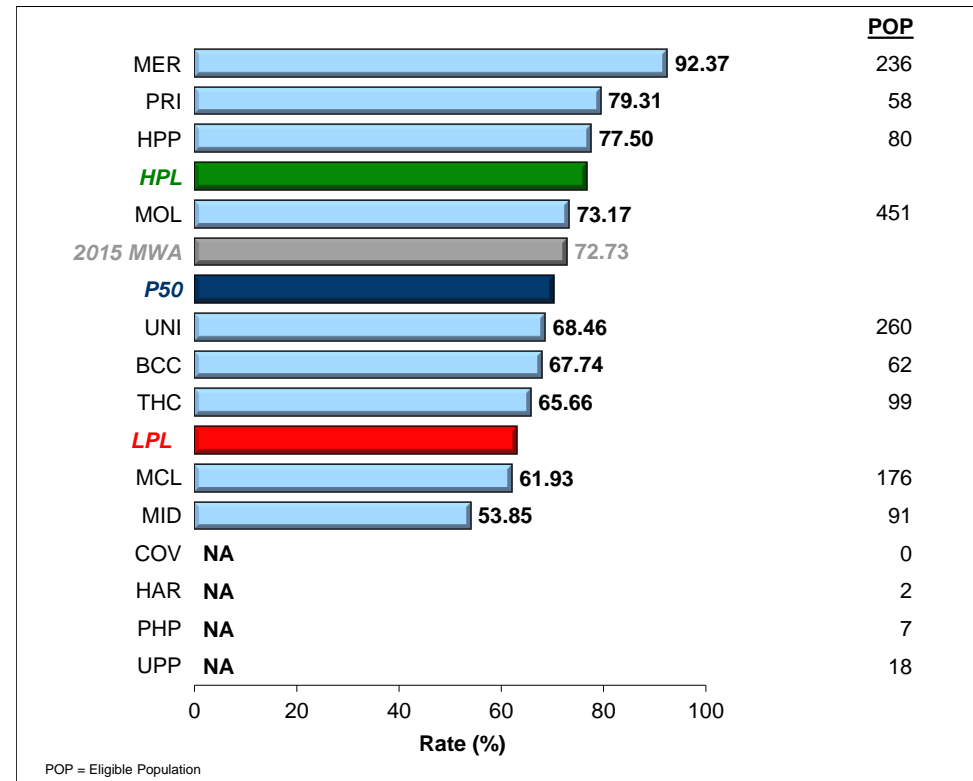
Diabetes Monitoring for People With Diabetes and Schizophrenia reports the percentage of members between 18 years and 64 years of age identified with schizophrenia and diabetes, who had both an LDL-C test and an HbA1c test during the measurement year.

Figure 8-25—Diabetes Monitoring for People With Diabetes and Schizophrenia Medicaid Weighted Averages



The HEDIS 2015 weighted average increased slightly from HEDIS 2014 by 0.13 percentage points and exceeded the national HEDIS 2014 Medicaid 50th percentile. Four MHPs could not report a valid rate due to small eligible population (<30). Three MHPs performed above the HPL, and two performed below the LPL.

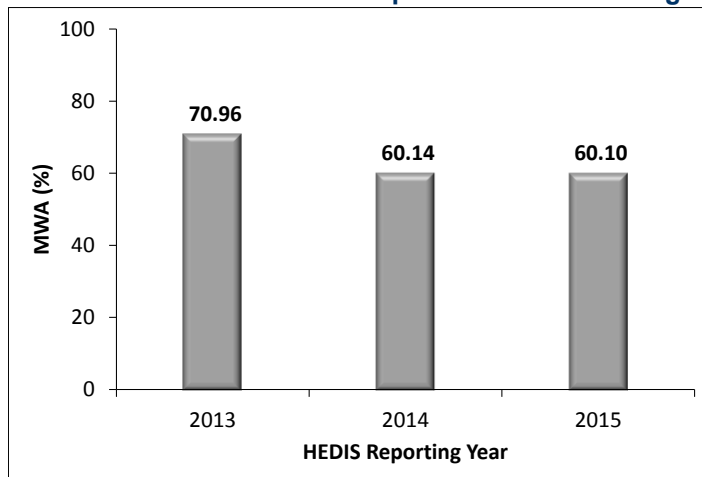
Figure 8-26—Diabetes Monitoring for People With Diabetes and Schizophrenia Health Plan Ranking



Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

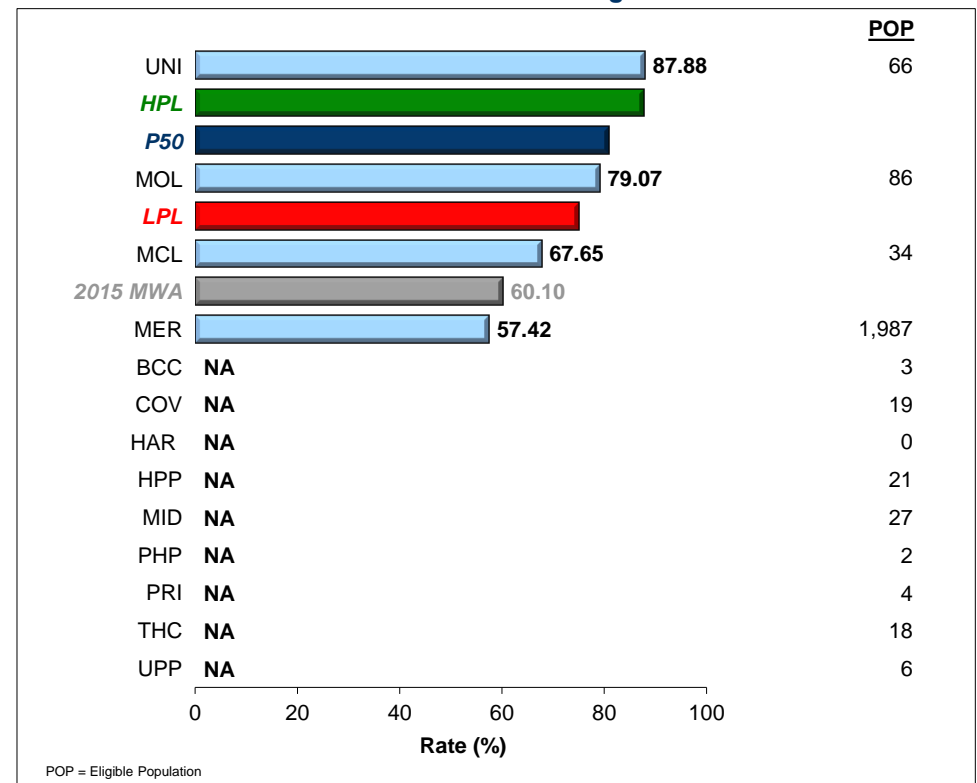
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia shows the percentage of members between 18 years and 64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

Figure 8-27—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased slightly from HEDIS 2014 by 0.04 percentage points and fell below the LPL. Nine MHPs could not report a valid rate due to small eligible population (<30). Of the four MHPs reporting a valid rate, one performed above the HPL, and two performed below the LPL.

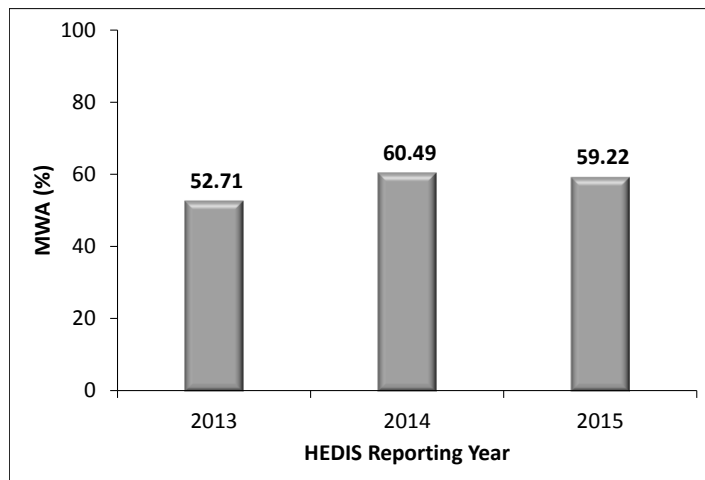
Figure 28—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia Health Plan Ranking



Adherence to Antipsychotic Medications for Individuals With Schizophrenia

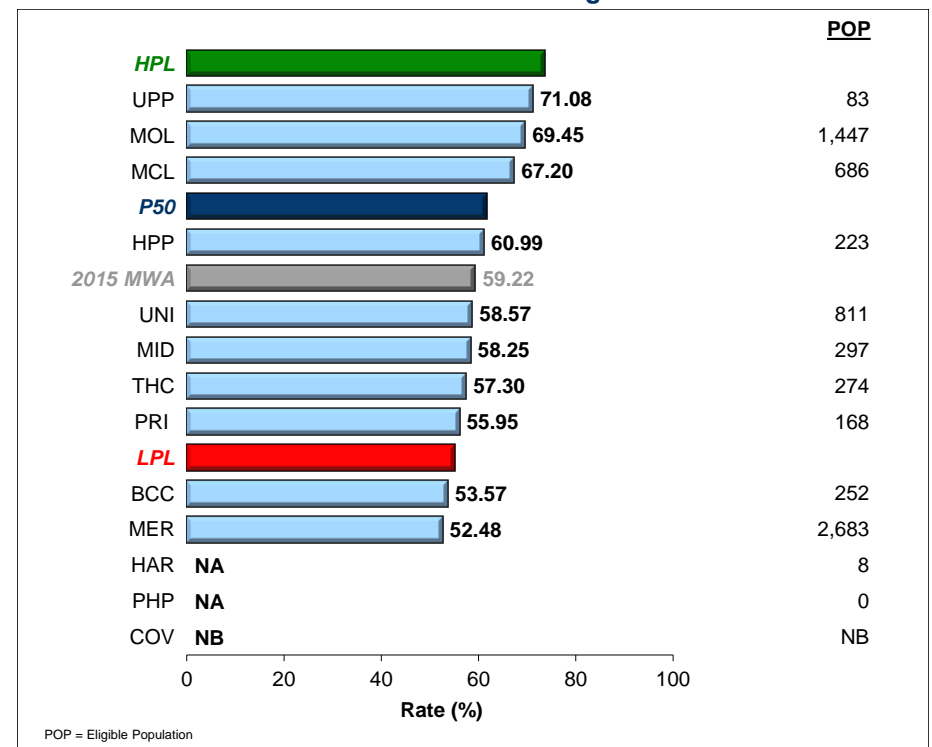
Adherence to Antipsychotic Medications for Individuals With Schizophrenia shows the percentage of members between 19 years and 64 years of age with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

Figure 8-29—Adherence to Antipsychotic Medications for Individuals With Schizophrenia Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased slightly from HEDIS 2014 by 1.27 percentage points and ranked below the national HEDIS 2014 Medicaid 50th percentile. One MHP indicated that it did not have the required benefit to report the measure, and two MHPs could not report a valid rate due to small eligible population (<30). No MHPs performed above the HPL, and two performed below the LPL.

Figure 8-30—Adherence to Antipsychotic Medications for Individuals With Schizophrenia Health Plan Ranking



Introduction

The Health Plan Diversity dimension encompasses the following MDHHS measures:

- ◆ *Race/Ethnicity Diversity of Membership*
- ◆ *Language Diversity of Membership*

Summary of Findings

When comparing the HEDIS 2014 and HEDIS 2015 statewide rates for the *Race/Ethnicity Diversity of Membership* measure, the 2015 rates exhibited a range of minor increases and decreases across every category reported by Michigan MHP members.

For the *Language Diversity of Membership* measure at the statewide level, the percentage of members using *English* as the preferred spoken language for healthcare increased slightly from the previous year, with a corresponding decline in the *Unknown* category. The percentage of Michigan members reporting *English* and *Non-English* as the language preferred for written materials increased in HEDIS 2015. There was a corresponding decrease in the percentage of members in the *Unknown* category. Regarding other language needs, there was a slight decrease in the percentage of members reporting *Non-English* and *Unknown* in HEDIS 2015.

Race/Ethnicity Diversity of Membership

Measure Definition

Race/Ethnicity Diversity of Membership is an unduplicated count and percentage of members enrolled at any time during the measurement year, by race and ethnicity.

Results

Tables 9-1a and 9-1b show that the statewide rates for different racial/ethnic groups were fairly stable when compared to 2014.

Table 9-1a—Race/Ethnicity Diversity of Membership						
Plan Name	Eligible Population	White	Black or African American	American-Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islanders
Blue Cross Complete of Michigan	101,326	37.28%	43.76%	0.32%	1.50%	0.00%
CoventryCares	54,843	15.94%	73.61%	0.09%	0.63%	0.00%
HAP Midwest Health Plan, Inc.	124,209	44.39%	38.67%	0.13%	2.11%	0.19%
Harbor Health Plan	10,138	23.82%	60.13%	0.09%	0.00%	1.53%
HealthPlus Partners	107,746	59.27%	27.63%	0.33%	0.37%	0.05%
McLaren Health Plan	180,971	65.46%	15.84%	0.31%	0.90%	0.07%
Meridian Health Plan of Michigan	467,118	63.62%	21.24%	0.34%	0.84%	0.06%
Molina Healthcare of Michigan	253,573	44.42%	34.04%	0.20%	0.66%	0.00%
Priority Health Choice, Inc.	104,830	60.18%	15.85%	0.42%	1.25%	0.08%
Sparrow PHP	25,744	51.50%	22.88%	0.31%	4.27%	0.08%
Total Health Care, Inc.	62,404	28.52%	58.81%	0.17%	1.24%	0.09%
UnitedHealthcare Community Plan	325,559	50.34%	32.58%	0.21%	2.40%	0.01%
Upper Peninsula Health Plan	51,573	87.42%	1.45%	2.38%	0.32%	0.09%
2015 Michigan Medicaid Weighted Average	—	53.44%	29.35%	0.33%	1.24%	0.06%
2014 Michigan Medicaid Weighted Average	—	52.18%	29.18%	0.18%	0.89%	0.05%
2013 Michigan Medicaid Weighted Average	—	52.64%	30.30%	0.17%	0.69%	0.04%

Table 9-1b—Race/Ethnicity Diversity of Membership (continued)

Plan Name	Eligible Population	Some Other Race	Two or More Races	Unknown	Declined	Hispanic*
Blue Cross Complete of Michigan	101,326	3.50%	0.00%	13.64%	0.00%	0.00%
CoventryCares	54,843	0.00%	0.00%	9.73%	0.00%	2.23%
HAP Midwest Health Plan, Inc.	124,209	0.00%	0.00%	14.52%	0.00%	4.75%
Harbor Health Plan	10,138	3.77%	0.00%	10.66%	0.00%	3.77%
HealthPlus Partners	107,746	0.00%	0.00%	12.35%	0.00%	4.73%
McLaren Health Plan	180,971	<0.01%	0.00%	12.43%	4.99%	4.65%
Meridian Health Plan of Michigan	467,118	<0.01%	0.00%	5.65%	8.24%	5.65%
Molina Healthcare of Michigan	253,573	0.00%	0.01%	20.67%	0.00%	7.45%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	22.22%	0.00%	11.86%
Sparrow PHP	25,744	9.02%	0.00%	11.94%	0.00%	9.02%
Total Health Care, Inc.	62,404	2.14%	0.00%	9.04%	0.00%	2.14%
UnitedHealthcare Community Plan	325,559	0.00%	0.00%	14.45%	0.00%	5.52%
Upper Peninsula Health Plan	51,573	1.24%	0.00%	<0.01%	7.09%	1.24%
2015 Michigan Medicaid Weighted Average	—	0.44%	<0.01%	12.40%	2.74%	5.40%
2014 Michigan Medicaid Weighted Average	—	0.44%	<0.01%	15.54%	1.55%	5.52%
2013 Michigan Medicaid Weighted Average	—	0.59%	<0.01%	14.17%	1.41%	5.45%

* Starting from HEDIS 2011, the rates associated with members of Hispanic origin were not based on the total number of members in the health plan. Therefore, the rates presented here were calculated by HSAG using the total number of members reported from the Hispanic or Latino column divided by the total number of members in the health plan reported in the MHP IDSS files.

Language Diversity of Membership

Measure Definition

Language Diversity of Membership is an unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for healthcare and the preferred language for written materials.

Results

Table 9-2 shows that the percentage of members using *English* as the preferred spoken language for healthcare increased when compared to the previous year’s percentage. The percentage of members with the preferred language of *Non-English* decreased slightly when compared to the previous year’s percentages. The percentage of members in the *Unknown* category also decreased from previous years.

Table 9-2—Language Diversity of Membership—Spoken Language Preferred for Healthcare

Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	101,326	99.08%	0.38%	0.54%	0.00%
CoventryCares	54,843	99.38%	0.00%	0.62%	0.00%
HAP Midwest Health Plan, Inc.	124,209	100.00%	0.00%	0.00%	0.00%
Harbor Health Plan	10,138	100.00%	0.00%	0.00%	0.00%
HealthPlus Partners	107,746	99.87%	0.13%	0.00%	0.00%
McLaren Health Plan	180,971	98.64%	0.62%	<0.01%	0.74%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	95.71%	4.26%	0.03%	0.00%
Upper Peninsula Health Plan	51,573	99.96%	0.02%	0.02%	0.00%
2015 Michigan Medicaid Weighted Average	—	92.88%	1.34%	5.71%	0.07%
2014 Michigan Medicaid Weighted Average	—	90.43%	1.55%	8.01%	<0.01%
2013 Michigan Medicaid Weighted Average	—	90.91%	1.34%	7.75%	<0.01%

Table 9-3 shows that the percentage of Michigan members reporting *English* and *Non-English* as the language preferred for written materials increased in HEDIS 2015. Five of the six plans reported 100 percent in the *Unknown* category last year continued to report all of its members in the *Unknown* category. Nonetheless, since one of the plans made tremendous improvement in obtaining language preferred for written materials from its members, there was a corresponding decrease in the percentage of members reporting in the *Unknown* category.

Table 9-3—Language Diversity of Membership—Language Preferred for Written Materials

Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	101,326	99.08%	0.38%	0.54%	0.00%
CoventryCares	54,843	99.38%	0.00%	0.62%	0.00%
HAP Midwest Health Plan, Inc.	124,209	0.00%	0.00%	100.00%	0.00%
Harbor Health Plan	10,138	0.00%	0.00%	100.00%	0.00%
HealthPlus Partners	107,746	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	180,971	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	95.71%	4.26%	0.03%	0.00%
Upper Peninsula Health Plan	51,573	99.96%	0.02%	0.02%	0.00%
2015 Michigan Medicaid Weighted Average	—	70.40%	1.27%	28.34%	0.00%
2014 Michigan Medicaid Weighted Average	—	55.36%	0.77%	43.87%	0.00%
2013 Michigan Medicaid Weighted Average	—	53.59%	0.47%	45.94%	0.00%

Table 9-4 shows that the percentage of Michigan members reporting *English* or *Non-English* as another language need decreased in HEDIS 2015.

Table 9-4—Language Diversity of Membership—Other Language Needs					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	101,326	0.00%	0.00%	100.00%	0.00%
CoventryCares	54,843	0.00%	0.00%	100.00%	0.00%
HAP Midwest Health Plan, Inc.	124,209	0.00%	0.00%	100.00%	0.00%
Harbor Health Plan	10,138	0.00%	0.00%	100.00%	0.00%
HealthPlus Partners	107,746	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	180,971	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	0.00%	0.00%	100.00%	0.00%
Upper Peninsula Health Plan	51,573	0.00%	0.00%	100.00%	0.00%
2015 Michigan Medicaid Weighted Average	—	42.69%	0.51%	56.80%	0.00%
2014 Michigan Medicaid Weighted Average	—	45.84%	0.75%	53.40%	0.00%
2013 Michigan Medicaid Weighted Average	—	47.77%	0.47%	51.76%	0.00%

Introduction

The Utilization dimension encompasses the following MDHHS measures:

- ◆ *Ambulatory Care: Total—Outpatient Visits*
- ◆ *Ambulatory Care: Total—Emergency Department Visits*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Medicine*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Surgery*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Maternity*

All measures in this dimension are designed to describe the frequency of specific services provided by MHPs and are not risk adjusted. Therefore, it is important to assess utilization based on the characteristics of each health plan's population.

Summary of Findings

For both *Outpatient* and *Emergency Department Visits*,¹⁰⁻¹ the unweighted averages for HEDIS 2015 demonstrated improvement in the number of visits from HEDIS 2014. For the *Inpatient Utilization—General Hospital/Acute Care* measure, the discharges per 1,000 member months increased for two inpatient service types (*Total Inpatient* and *Surgery*). The average length of stay increased for *Total Inpatient* and *Surgery* but decreased slightly for *Maternity* services.

¹⁰⁻¹ For this measure, a lower rate indicates better performance (i.e., low rates of emergency department visits indicate better utilization of services).

Ambulatory Care

Measure Definition

Ambulatory Care: Total summarizes utilization of ambulatory care in *Outpatient Visits* and *Emergency Department Visits*.

Results

Table 10-1—Ambulatory Care: Total Medicaid Outpatient and Emergency Department Visits Per 1,000 MM for the Total Age Group			
Plan	Member Months	Outpatient Visits	Emergency Department Visits*
Blue Cross Complete of Michigan	733,013	356.57	70.55
CoventryCares	479,236	311.47	86.43
HAP Midwest Health Plan, Inc.	1,010,437	370.50	66.72
Harbor Health Plan	60,089	248.66	72.44
HealthPlus Partners	931,409	366.08	65.47
McLaren Health Plan	1,648,778	475.45	69.79
Meridian Health Plan of Michigan	3,903,013	220.85	35.59
Molina Healthcare of Michigan	2,351,349	395.04	75.53
Priority Health Choice, Inc.	888,353	345.24	80.37
Sparrow PHP	220,545	330.60	73.14
Total Health Care, Inc.	592,012	322.80	76.06
UnitedHealthcare Community Plan	2,845,247	361.16	73.86
Upper Peninsula Health Plan	424,070	325.60	66.62
2015 Michigan Medicaid Average	—	340.77	70.20
2014 Michigan Medicaid Average	—	325.25	73.41
2013 Michigan Medicaid Average	—	344.16	74.85
MM = Member Months			
* For this measure, a lower rate indicates better performance (i.e., low rates of emergency department visits indicate better utilization of services).			

The HEDIS 2015 unweighted averages increased for *Outpatient Visits* and decreased for *Emergency Department Visits*, which demonstrates improvement for both.

Inpatient Utilization—General Hospital/Acute Care

Measure Definition

Inpatient Utilization—General Hospital/Acute Care: Total summarizes utilization of acute inpatient care and services in the *Inpatient, Medicine, Surgery, and Maternity* categories.

Results

Table 10-2—Inpatient Utilization: General Hospital/Acute Care: Total Medicaid Discharges Per 1,000 MM for the Total Age Group					
Plan	Member Months	Total Inpatient	Medicine	Surgery	Maternity*
Blue Cross Complete of Michigan	733,013	9.78	4.74	2.22	3.99
CoventryCares	479,236	8.57	4.74	1.79	2.94
HAP Midwest Health Plan, Inc.	1,010,437	7.62	3.87	1.63	3.14
Harbor Health Plan	60,089	8.67	5.36	1.81	2.18
HealthPlus Partners	931,409	6.83	2.72	1.77	3.45
McLaren Health Plan	1,648,778	7.59	3.31	1.55	3.81
Meridian Health Plan of Michigan	3,903,013	7.76	3.81	1.13	4.43
Molina Healthcare of Michigan	2,351,349	8.12	3.93	1.80	3.93
Priority Health Choice, Inc.	888,353	7.60	3.16	1.25	5.56
Sparrow PHP	220,545	8.60	4.76	1.28	4.06
Total Health Care, Inc.	592,012	9.91	5.90	1.97	2.89
UnitedHealthcare Community Plan	2,845,247	6.95	3.10	1.55	3.57
Upper Peninsula Health Plan	424,070	6.23	2.83	1.29	3.17
2015 Michigan Medicaid Average	—	8.02	4.02	1.62	3.62
2014 Michigan Medicaid Average	—	8.38	4.03	1.45	4.80
2013 Michigan Medicaid Average	—	8.14	3.96	1.24	4.86

MM = Member Months
 *The maternity category is calculated using member months for members 10 to 64 years of age.

Overall, the HEDIS 2015 unweighted averages for three of the four types of services showed a decrease in the number of discharges from HEDIS 2014.

Table 10-3—Inpatient Utilization: General Hospital/Acute Care: Total Medicaid Average Length of Stay for the Total Age Group				
Plan	Total Inpatient	Medicine	Surgery	Maternity
Blue Cross Complete of Michigan	3.76	3.17	6.37	2.69
CoventryCares	4.08	3.69	6.70	2.68
HAP Midwest Health Plan, Inc.	4.00	3.58	6.86	2.57
Harbor Health Plan	4.39	3.73	7.65	2.80
HealthPlus Partners	4.45	4.20	7.17	2.68
McLaren Health Plan	3.55	3.62	5.09	2.56
Meridian Health Plan of Michigan	3.70	3.98	5.90	2.45
Molina Healthcare of Michigan	4.51	4.21	7.63	2.65
Priority Health Choice, Inc.	3.46	3.85	4.81	2.56
Sparrow PHP	3.84	3.67	6.41	2.89
Total Health Care, Inc.	4.35	3.78	7.69	2.79
UnitedHealthcare Community Plan	4.17	3.99	6.97	2.51
Upper Peninsula Health Plan	3.59	3.56	5.27	2.60
2015 Michigan Medicaid Average	3.99	3.77	6.50	2.65
2014 Michigan Medicaid Average	3.89	3.87	6.51	2.57
2013 Michigan Medicaid Average	3.72	3.89	5.71	2.60

Overall, the HEDIS 2015 unweighted averages showed an increase in average length of stay from HEDIS 2014 for two of the four types of service. The HEDIS 2015 unweighted average length of stay for *Surgery* was nearly unchanged (-0.01 percentage points).

Key Information Systems Findings

NCQA's IS standards are the guidelines used by certified HEDIS compliance auditors to assess a health plan's ability to report HEDIS data accurately and reliably. Compliance with the guidelines also helps an auditor to understand a health plan's HEDIS reporting capabilities. For HEDIS 2015, health plans were assessed on seven IS standards. To assess an MHP's adherence to the IS standards, HSAG reviewed several documents for the Michigan MHPs. These included the MHPs' final audit reports, IS compliance tools, and the interactive data submission system (IDSS) files approved by an NCQA-licensed audit organization (LO).

Each of the Michigan MHPs contracted the same LOs as in the prior year to conduct the NCQA HEDIS Compliance Audit™. The health plans were able to select the LO of their choice. Overall, the Michigan MHPs consistently maintained the same LOs across reporting years.

As in the prior year, all but one MHP contracted with an external software vendor for HEDIS measures production and rate calculation. HSAG reviewed the MHPs' final audit reports (FARs) and ensured that these software vendors participated and passed the NCQA's Measure Certification process. MHPs could purchase the software with certified measures and generate HEDIS measure results internally or provide all data to the software vendor to generate HEDIS measures for them. Either way, using software with NCQA-certified measures may reduce the health plan's burden for reporting and help ensure rate validity. For the MHP that calculated its rate using internally developed source codes, the auditor selected a core set of measures and manually reviewed the programming codes to verify accuracy and compliance with HEDIS 2015 technical specifications.

HSAG found that, in general, the MHPs' information systems and processes were compliant with the applicable IS standards and the HEDIS determination reporting requirements related to the key Michigan Medicaid measures for HEDIS 2015. This result is consistent with previous years' findings, especially because MHPs have been collecting and reporting HEDIS measures for over 10 years.

IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry

This standard assesses whether:

- ◆ Industry standard codes are used and all characters are captured.
- ◆ Principal codes are identified and secondary codes are captured.
- ◆ Nonstandard coding schemes are fully documented and mapped back to industry standard codes.
- ◆ Standard submission forms are used and capture all fields relevant to measure reporting; all proprietary forms capture equivalent data; and electronic transmission procedures conform to industry standards.
- ◆ Data entry processes are timely and accurate and include sufficient edit checks to ensure the accurate entry of submitted data in transaction files for measure reporting.

- ◆ The organization continually assesses data completeness and takes steps to improve performance.
- ◆ The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 1.0, Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry*. All required data elements were captured at a sufficient level of specificity for HEDIS reporting. Only industry standard codes and industry standard forms were accepted. Non-standard codes, if any, were mapped to industry standard codes appropriately. Adequate validation processes such as built-in edit checks, data monitoring, and quality control audits were in place to ensure that only complete and accurate claims and encounter data were used for HEDIS reporting.

IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- ◆ The organization has procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of membership data have necessary procedures to ensure accuracy.
- ◆ Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files.
- ◆ The organization continually assesses data completeness and takes steps to improve performance.
- ◆ The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 2.0, Enrollment Data—Data Capture, Transfer, and Entry*. Enrollment data were received from the State. All fields required for HEDIS reporting were captured. The MHPs were able to process eligibility files timely. Enrollment information housed in the MHPs' systems was reconciled against the enrollment files provided by the State. Adequate checks and balances were in place to ensure data completeness and data accuracy.

IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- ◆ Provider specialties are fully documented and mapped to HEDIS provider specialties necessary for measure reporting.
- ◆ The organization has effective procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of practitioner data are checked to ensure accuracy.
- ◆ Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- ◆ The organization continually assesses data completeness and takes steps to improve performance.

- ◆ The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 3.0, Practitioner Data—Data Capture, Transfer, and Entry*. The MHPs captured provider data accurately and were able to identify rendering provider type for those measures for which this was required. Provider specialties were fully mapped to HEDIS specified provider types. Adequate controls and edit checks were in place for data entered into the credentialing modules to ensure that only accurate data were used for HEDIS reporting.

IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

This standard assesses whether:

- ◆ Forms capture all fields relevant to measure reporting, and whether electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off and sign-off).
- ◆ Retrieval and abstraction of data from medical records are reliably and accurately performed.
- ◆ Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting.
- ◆ The organization continually assesses data completeness and takes steps to improve performance.
- ◆ The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 4.0, Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight*. Medical record data were used by all MHPs to report HEDIS hybrid measures. Medical record abstraction tools were reviewed and approved by the MHPs' auditors for HEDIS reporting. Whether through a vendor or by internal staff, all medical record data collection and review were conducted by qualified and experienced professionals. Sufficient validation processes and edit checks were in place to ensure data completeness and data accuracy.

IS 5.0—Supplemental Data—Capture, Transfer, and Entry

This standard assesses whether:

- ◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- ◆ The organization has effective procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of data have checking procedures to ensure accuracy.
- ◆ Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- ◆ The organization continually assesses data completeness and takes steps to improve performance.
- ◆ The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 5.0, Supplemental Data—Capture, Transfer, and Entry*. Supplemental data sources used by the MHPs were verified and approved by the auditors. Proof of service validation was performed on all non-standard data sources. Validation processes such as reconciliation between original data source and MHP specific data systems, edit checks, and system validations ensured data completeness and data accuracy. There were no issues noted with the use of these data, and it was suggested by the auditors that the MHPs continue to explore ways to maximize the use of supplemental data.

IS 6.0—Member Call Center Data—Capture, Transfer, and Entry

This standard assesses whether:

- ◆ Member call center data are reliably and accurately captured.

IS 6.0, Member Call Center Data—Capture, Transfer, and Entry was not applicable to the measures required to be reported by the MHPs. The call center measures were not part of the required MDHHS Medicaid HEDIS set of performance measures.

IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

This standard assesses whether:

- ◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- ◆ Data transfers to repository from transaction files are accurate.
- ◆ File consolidations, extracts, and derivations are accurate.
- ◆ Repository structure and formatting are suitable for measures and enable required programming efforts.
- ◆ Report production is managed effectively and operators perform appropriately.
- ◆ Measure reporting software is managed properly with regard to development, methodology, documentation, revision control, and testing.
- ◆ Physical control procedures ensure measure data integrity such as physical security, data access authorization, disaster recovery facilities, and fire protection.
- ◆ The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 7.0, Data Integration—Accurate HEDIS Reporting Control Procedures That Support HEDIS Reporting Integrity*. As in the prior year, all but one MHP contracted a software vendor producing NCQA-certified measures to calculate HEDIS rates. For the MHP that did not use a software vendor, the auditor selected, reviewed, and approved the source code for HEDIS reporting on a core set of measures. For all MHPs, adequate monitoring processes were in place to ensure that no data were lost during data transfer to HEDIS repositories. Sufficient vendor oversight was in place for MHPs using software vendors.

Appendix A presents tables showing results for all the measures, by MHP. Where applicable, the results provided for each measure include the eligible population and the rate for each MHP and the 2013, 2014, and 2015 Michigan Medicaid averages. For most of the measures, the Michigan averages were weighted by the MHP’s eligible population. Cells with HEDIS 2015 rates or 2015 Medicaid weighted averages greater than or equal to the national Medicaid 50th percentile are shaded in green for measures and indicators wherein a lower or higher value indicates the performance level. The following is a list of tables and measures presented for each health plan.

- ◆ Table A-1—*Childhood Immunization Status—Combination 2 to Combination 10*
- ◆ Table A-2—*Immunizations for Adolescents—Combination 1*
- ◆ Table A-3—*Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; and Adolescent Well-Care Visits*
- ◆ Table A-4—*Lead Screening in Children*
- ◆ Table A-5—*Appropriate Treatment for Children With Upper Respiratory Infection*
- ◆ Table A-6—*Appropriate Testing for Children With Pharyngitis*
- ◆ Table A-7—*Follow-up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication*
- ◆ Table A-8—*Breast and Cervical Cancer Screening in Women*
- ◆ Table A-9—*Chlamydia Screening in Women*
- ◆ Table A-10—*Children and Adolescents’ Access to Primary Care Practitioners*
- ◆ Table A-11—*Adults’ Access to Preventive/Ambulatory Health Services*
- ◆ Table A-12—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile*
- ◆ Table A-13—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition*
- ◆ Table A-14—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity*
- ◆ Table A-15—*Adult BMI Assessment*
- ◆ Table A-16—*Prenatal and Postpartum Care*
- ◆ Table A-17—*Weeks of Pregnancy at Time of Enrollment*
- ◆ Table A-18—*Frequency of Ongoing Prenatal Care*
- ◆ Table A-19—*Comprehensive Diabetes Care*
- ◆ Table A-20—*Comprehensive Diabetes Care (continued)*
- ◆ Table A-21—*Use of Appropriate Medications for People With Asthma*
- ◆ Table A-22—*Controlling High Blood Pressure*
- ◆ Table A-23—*Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medication, and Discussing Cessation Strategies*

- ◆ *Table A-24—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- ◆ *Table A-25—Diabetes Monitoring for People With Diabetes and Schizophrenia*
- ◆ *Table A-26—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*
- ◆ *Table A-27—Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
- ◆ *Table A-28—Race/Ethnicity Diversity of Membership*
- ◆ *Table A-29—Language Diversity of Membership—Spoken Language Preferred for Healthcare*
- ◆ *Table A-30—Language Diversity of Membership—Language Preferred for Written Materials*
- ◆ *Table A-31—Language Diversity of Membership—Other Language Needs*
- ◆ *Table A-32—Ambulatory Care*
- ◆ *Table A-33—Inpatient Utilization: General Hospital/Acute Care—Discharges*
- ◆ *Table A-34—Inpatient Utilization: General Hospital/Acute Care—Average Length of Stay*

Table A-1 Childhood Immunization Status										
Plan	Eligible Population	Combo 2 Rate	Combo 3 Rate	Combo 4 Rate	Combo 5 Rate	Combo 6 Rate	Combo 7 Rate	Combo 8 Rate	Combo 9 Rate	Combo 10 Rate
Blue Cross Complete of Michigan	861	76.16%	72.75%	69.59%	58.39%	50.12%	56.93%	48.66%	40.88%	39.90%
CoventryCares	837	71.93%	67.92%	65.80%	55.66%	31.13%	54.01%	30.42%	25.94%	25.47%
HAP Midwest Health Plan, Inc.	1,965	79.59%	73.79%	70.38%	62.29%	72.06%	59.64%	68.75%	61.02%	58.47%
Harbor Health Plan	85	50.59%	45.88%	44.71%	36.47%	22.35%	35.29%	21.18%	16.47%	15.29%
HealthPlus Partners	1,620	79.69%	74.94%	70.12%	59.51%	35.74%	57.53%	34.26%	29.88%	29.07%
McLaren Health Plan	3,404	72.75%	69.59%	64.96%	55.72%	38.69%	52.55%	37.96%	31.63%	31.14%
Meridian Health Plan of Michigan	8,719	78.89%	74.25%	65.43%	61.72%	46.64%	55.45%	42.69%	40.84%	37.82%
Molina Healthcare of Michigan	5,166	75.05%	71.08%	65.43%	59.23%	37.05%	54.74%	35.71%	31.77%	30.70%
Priority Health Choice, Inc.	2,067	85.75%	84.28%	81.57%	74.45%	64.13%	72.48%	63.39%	58.23%	57.49%
Sparrow PHP	474	80.54%	76.89%	71.29%	67.40%	51.09%	63.26%	49.15%	44.77%	43.55%
Total Health Care, Inc.	943	70.14%	65.28%	61.34%	49.07%	31.25%	46.53%	30.09%	25.00%	24.31%
UnitedHealthcare Community Plan	5,935	76.16%	71.29%	69.59%	60.34%	40.15%	59.37%	38.93%	34.55%	33.82%
Upper Peninsula Health Plan	839	80.29%	75.18%	68.37%	58.88%	57.66%	55.23%	54.50%	48.18%	46.23%
2015 Medicaid weighted average (MWA)	—	77.16%	72.90%	67.78%	60.52%	44.76%	56.97%	42.69%	38.43%	36.92%
2014 MWA	—	80.90%	77.21%	70.61%	61.42%	42.17%	57.33%	40.22%	35.18%	33.87%
2013 MWA	—	81.48%	77.16%	56.14%	57.57%	37.77%	42.85%	30.16%	30.61%	24.79%

Table A-2 Immunizations for Adolescents		
Plan	Eligible Population	Combination 1 Rate
Blue Cross Complete of Michigan	813	85.64%
CoventryCares	1,025	83.05%
HAP Midwest Health Plan, Inc.	1,896	87.10%
Harbor Health Plan	23	NA
HealthPlus Partners	1,865	89.76%
McLaren Health Plan	2,814	89.29%
Meridian Health Plan of Michigan	6,373	89.39%
Molina Healthcare of Michigan	5,169	92.59%
Priority Health Choice, Inc.	1,772	86.00%
Sparrow PHP	436	91.84%
Total Health Care, Inc.	1,131	84.26%
UnitedHealthcare Community Plan	5,562	88.81%
Upper Peninsula Health Plan	765	86.62%
2015 MWA	—	88.94%
2014 MWA	—	88.43%
2013 MWA	—	88.85%
<p>NA indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA.)</i>.</p>		

Table A-3

Well-Child Visits and Adolescent Well-Care Visits

Plan	First 15 Months of Life—Six or More Visits		3rd–6th Years of Life		Adolescent	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	861	65.21%	3,514	85.64%	6,482	61.07%
CoventryCares	692	51.42%	3,360	74.32%	7,667	52.88%
HAP Midwest Health Plan, Inc.	1,591	59.61%	6,908	75.91%	13,389	54.26%
Harbor Health Plan	32	37.50%	405	64.44%	167	32.93%
HealthPlus Partners	1,761	63.58%	6,663	73.78%	12,703	53.53%
McLaren Health Plan	2,839	68.37%	11,337	74.94%	19,333	46.96%
Meridian Health Plan of Michigan	6,916	74.54%	31,082	79.17%	44,056	55.92%
Molina Healthcare of Michigan	3,931	55.09%	20,024	72.09%	32,667	58.00%
Priority Health Choice, Inc.	1,674	74.14%	7,287	83.28%	11,341	55.59%
Sparrow PHP	373	63.54% [†]	1,850	64.43%	2,920	56.93%
Total Health Care, Inc.	892	52.08%	4,560	68.75%	10,404	50.00%
UnitedHealthcare Community Plan	4,812	57.64%	23,475	74.81%	37,997	52.30%
Upper Peninsula Health Plan	925	76.16%	3,137	70.80%	5,042	48.91%
2015 MWA	—	64.76%	—	75.76%	—	54.02%
2014 MWA	—	73.09%	—	77.05%	—	57.80%
2013 MWA	—	77.83%	—	78.03%	—	61.46%

[†] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2015 Technical Specifications for Health Plans, Volume 2*.

Table A-4 Lead Screening in Children		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	861	73.97%
CoventryCares	837	79.25%
HAP Midwest Health Plan, Inc.	1,965	77.62%
Harbor Health Plan	85	72.94%
HealthPlus Partners	1,624	85.34%
McLaren Health Plan	3,404	84.91%
Meridian Health Plan of Michigan	8,719	81.48%
Molina Healthcare of Michigan	5,166	74.33%
Priority Health Choice, Inc.	2,067	83.78%
Sparrow PHP	474	79.32%
Total Health Care, Inc.	943	71.99%
UnitedHealthcare Community Plan	5,935	81.51%
Upper Peninsula Health Plan	839	86.37%
2015 MWA	—	80.37%
2014 MWA	—	80.43%
2013 MWA	—	82.40%

Table A-5 Appropriate Treatment for Children With Upper Respiratory Infection		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	1,353	92.98%
CoventryCares	1,042	89.35%
HAP Midwest Health Plan, Inc.	3,098	88.35%
Harbor Health Plan	84	83.33%
HealthPlus Partners	3,086	81.95%
McLaren Health Plan	5,433	82.94%
Meridian Health Plan of Michigan	13,662	89.73%
Molina Healthcare of Michigan	8,000	89.65%
Priority Health Choice, Inc.	2,722	94.20%
Sparrow PHP	924	79.44%
Total Health Care, Inc.	1,297	86.35%
UnitedHealthcare Community Plan	10,447	87.20%
Upper Peninsula Health Plan	1,523	89.17%
2015 MWA	—	88.00%
2014 MWA	—	86.53%
2013 MWA	—	85.53%

Table A-6 Appropriate Testing for Children With Pharyngitis		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	610	78.69%
CoventryCares	485	54.85%
HAP Midwest Health Plan, Inc.	1,371	65.50%
Harbor Health Plan	0	NA
HealthPlus Partners	1,836	74.02%
McLaren Health Plan	2,847	66.88%
Meridian Health Plan of Michigan	8,271	70.95%
Molina Healthcare of Michigan	4,175	63.02%
Priority Health Choice, Inc.	1,420	77.32%
Sparrow PHP	406	50.99%
Total Health Care, Inc.	608	56.74%
UnitedHealthcare Community Plan	5,397	62.65%
Upper Peninsula Health Plan	690	68.41%
2015 MWA	—	67.25%
2014 MWA	—	59.19%
2013 MWA	—	61.28%
NA indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA)</i> .		

Table A-7 Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication				
Plan	Initiation Phase		Continuation Phase	
	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	380	40.26%	101	44.55%
CoventryCares	287	19.16%	42	21.43%
HAP Midwest Health Plan, Inc.	470	32.77%	97	35.05%
Harbor Health Plan	0	NA	0	NA
HealthPlus Partners	681	46.11%	168	55.36%
McLaren Health Plan	1,015	45.42%	368	57.34%
Meridian Health Plan of Michigan	2,266	45.72%	856	55.14%
Molina Healthcare of Michigan	3,181	31.66%	1,556	33.03%
Priority Health Choice, Inc.	129	34.11%	33	30.30%
Sparrow PHP	30	50.00%	3	NA
Total Health Care, Inc.	273	34.07%	53	35.85%
UnitedHealthcare Community Plan	1,885	40.80%	413	54.00%
Upper Peninsula Health Plan	243	46.50%	98	47.96%
2015 MWA	—	38.87%	—	44.35%
2014 MWA	—	40.24%	—	47.04%
2013 MWA	—	39.09%	—	46.93%

NA indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of *Not Applicable (NA)*.

Table A-8 Breast and Cervical Cancer Screening in Women				
Plan	Breast Cancer Screening ¹		Cervical Cancer Screening ²	
	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	505	61.98%	5,425	69.83%
CoventryCares	1,135	68.11%	5,610	72.35%
HAP Midwest Health Plan, Inc.	1,761	56.39%	9,719	65.21%
Harbor Health Plan	43	67.44%	204	51.98%
HealthPlus Partners	1,645	62.74%	8,725	70.23%
McLaren Health Plan	2,837	50.02%	16,622	55.47%
Meridian Health Plan of Michigan	4,239	65.27%	33,752	76.94%
Molina Healthcare of Michigan	7,384	58.34%	25,760	69.47%
Priority Health Choice, Inc.	1,306	63.09%	6,756	68.92%
Sparrow PHP	426	50.70%	2,177	67.78%
.Total Health Care, Inc.	1,574	48.41%	8,081	58.15%
UnitedHealthcare Community Plan	4,776	64.01%	28,584	67.68%
Upper Peninsula Health Plan	766	58.09%	3,874	67.88%
2015 MWA	—	59.65%	—	68.46%
2014 MWA	—	62.56%	—	71.34%
2013 MWA	—	57.41%	—	72.60%

¹ There were several changes in the HEDIS 2014 specifications for this measure, including updated age ranges from 40–69 years to 50–74 years and an extended numerator time frame from 24 months to 27 months. These changes have the potential to increase the HEDIS 2014 rates. Consequently, the observed significant increase in the statewide rate from HEDIS 2013 to HEDIS 2014 may be due to both measure specification changes and the MHPs’ efforts to improve breast cancer screening.

² Due to significant measure specification changes in HEDIS 2014, rate changes for this measure from HEDIS 2013 to HEDIS 2014 may not accurately reflect performance improvement or decline. NCQA indicates that the rate is not publicly reported for HEDIS 2014 and cannot be compared to prior years’ rates. HSAG suggests that the HEDIS 2014 rates be treated as baseline rates for future trending.

Table A-9 Chlamydia Screening in Women						
Plan	Ages 16 to 20 Years		Ages 21 to 24 Years		Total	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	820	66.71%	634	76.03%	1,454	70.77%
CoventryCares	1,158	68.48%	539	75.70%	1,697	70.77%
HAP Midwest Health Plan, Inc.	1,458	59.47%	865	67.40%	2,323	62.42%
Harbor Health Plan	17	NA	28	NA	45	64.44%
HealthPlus Partners	1,732	55.60%	1,068	67.70%	2,800	60.21%
McLaren Health Plan	2,640	50.19%	1,610	55.96%	4,250	52.38%
Meridian Health Plan of Michigan	6,041	58.63%	4,063	67.98%	10,104	62.39%
Molina Healthcare of Michigan	4,097	62.05%	2,062	70.22%	6,159	64.78%
Priority Health Choice, Inc.	1,409	61.60%	615	73.17%	2,024	65.12%
Sparrow PHP	338	55.92%	180	62.78%	518	58.30%
Total Health Care, Inc.	1,426	66.69%	843	72.24%	2,269	68.75%
UnitedHealthcare Community Plan	4,725	59.26%	2,599	68.99%	7,324	62.71%
Upper Peninsula Health Plan	721	42.16%	361	45.43%	1,082	43.25%
2015 MWA	—	59.08%	—	67.58%	—	62.20%
2014 MWA	—	60.15%	—	69.44%	—	63.40%
2013 MWA	—	62.50%	—	71.67%	—	65.84%

NA indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of *Not Applicable (NA)*.

Table A-10
Children and Adolescents' Access to Primary Care Practitioners

Plan	Ages 12 to 24 Months		Ages 25 Months to 6 Years		Ages 7 to 11 Years		Ages 12 to 19 Years	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	1,483	94.94%	4,346	88.45%	2,286	94.36%	3,161	91.58%
CoventryCares	793	93.32%	4,058	82.82%	3,759	87.47%	6,100	85.52%
HAP Midwest Health Plan, Inc.	1,861	94.47%	8,467	86.08%	6,730	89.51%	9,649	88.21%
Harbor Health Plan	113	82.30%	478	68.62%	87	71.26%	57	63.16%
HealthPlus Partners	1,868	96.52%	8,004	89.23%	7,056	92.22%	9,590	91.75%
McLaren Health Plan	3,499	96.28%	14,082	88.95%	10,431	89.67%	13,498	87.72%
Meridian Health Plan of Michigan	8,322	97.66%	37,318	91.70%	25,985	92.85%	29,934	92.88%
Molina Healthcare of Michigan	4,606	96.11%	24,367	87.38%	20,572	90.98%	25,876	89.86%
Priority Health Choice, Inc.	2,099	97.52%	8,948	89.00%	7,025	92.16%	8,186	91.35%
Sparrow PHP	403	96.53%	2,222	86.90%	1,716	89.22%	2,230	90.31%
Total Health Care, Inc.	1,323	93.42%	5,594	82.77%	4,628	86.47%	7,204	85.31%
UnitedHealthcare Community Plan	5,405	96.06%	28,282	88.67%	22,135	91.35%	28,318	90.50%
Upper Peninsula Health Plan	873	98.17%	3,829	90.86%	2,837	90.73%	3,696	92.99%
2015 MWA	—	96.32%	—	88.73%	—	91.14%	—	90.21%
2014 MWA	—	96.73%	—	88.91%	—	91.68%	—	90.48%
2013 MWA	—	97.30%	—	90.14%	—	92.15%	—	90.89%

Table A-11
Adults' Access to Preventive/Ambulatory Health Services

Plan	Ages 20 to 44 Years		Ages 45 to 64 Years		Ages 65+ Years		Total	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	6,488	81.94%	3,085	87.29%	489	76.69%	10,062	83.32%
CoventryCares	5,913	77.95%	3,671	86.35%	1	NA	9,585	81.17%
HAP Midwest Health Plan, Inc.	10,655	80.58%	6,498	88.77%	321	92.52%	17,474	83.84%
Harbor Health Plan	315	56.51%	266	75.19%	27	NA	608	64.64%
HealthPlus Partners	10,535	86.92%	4,970	92.60%	567	92.42%	16,072	88.87%
McLaren Health Plan	19,025	81.53%	10,364	89.61%	1,057	83.63%	30,446	84.36%
Meridian Health Plan of Michigan	41,415	85.52%	17,663	92.36%	262	89.69%	59,340	87.57%
Molina Healthcare of Michigan	25,246	84.10%	18,646	91.54%	4,267	91.33%	48,159	87.62%
Priority Health Choice, Inc.	7,370	84.56%	3,759	92.29%	826	91.16%	11,955	87.44%
Sparrow PHP	2,422	81.79%	1,211	87.78%	167	88.62%	3,800	84.00%
Total Health Care, Inc.	8,955	77.34%	5,343	86.52%	536	76.49%	14,834	80.62%
UnitedHealthcare Community Plan	30,832	83.78%	17,688	92.16%	297	97.31%	48,817	86.90%
Upper Peninsula Health Plan	4,382	86.49%	2,410	90.91%	361	84.21%	7,153	87.87%
2015 MWA	—	83.42%	—	90.77%	—	88.60%	—	86.11%
2014 MWA	—	84.30%	—	90.93%	—	90.29%	—	86.75%
2013 MWA	—	84.53%	—	90.77%	—	92.12%	—	86.68%

NA indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of *Not Applicable (NA)*.

Table A-12 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile						
Plan	3–11 Years		12–17 Years		Total	
	Eligible Population	BMI Rate	Eligible Population	BMI Rate	Eligible Population	BMI Rate
Blue Cross Complete of Michigan	6,077	89.92%	3,488	91.50%	9,565	90.51%
CoventryCares	5,459	75.09%	3,664	80.50%	9,123	77.12%
HAP Midwest Health Plan, Inc.	12,437	74.17%	7,271	77.78%	19,708	75.67%
Harbor Health Plan	344	78.78%	47	80.85%	391	79.03%
HealthPlus Partners	12,490	88.76%	7,395	90.21%	19,885	89.29%
McLaren Health Plan	18,674	74.33%	9,937	79.33%	28,611	76.16%
Meridian Health Plan of Michigan	54,418	73.43%	26,274	78.62%	80,692	75.17%
Molina Healthcare of Michigan	36,065	76.98%	19,600	79.49%	55,665	77.85%
Priority Health Choice, Inc.	13,244	87.44%	7,041	86.61%	20,285	87.13%
Sparrow PHP	3,222	81.09%	1,784	80.67%	5,006	80.93%
Total Health Care, Inc.	7,722	69.92%	5,068	67.47%	12,790	68.98%
UnitedHealthcare Community Plan	41,051	77.58%	21,404	76.92%	62,455	77.37%
Upper Peninsula Health Plan	5,516	85.21%	3,094	86.36%	8,610	85.64%
2015 MWA	—	77.47%	—	79.88%	—	78.34%
2014 MWA	—	68.76%	—	72.49%	—	70.07%
2013 MWA	—	68.90%	—	70.99%	—	69.62%

Table A-13 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition						
Plan	3–11 Years		12–17 Years		Total	
	Eligible Population	BMI Rate	Eligible Population	BMI Rate	Eligible Population	BMI Rate
Blue Cross Complete of Michigan	6,077	80.62%	3,488	77.78%	9,565	79.56%
CoventryCares	5,459	72.45%	3,664	67.30%	9,123	70.52%
HAP Midwest Health Plan, Inc.	12,437	70.00%	7,271	68.42%	19,708	69.34%
Harbor Health Plan	344	76.16%	47	65.96%	391	74.94%
HealthPlus Partners	12,490	58.23%	7,395	56.64%	19,885	57.65%
McLaren Health Plan	18,674	60.54%	9,937	49.33%	28,611	56.45%
Meridian Health Plan of Michigan	54,418	68.88%	26,274	70.34%	80,692	69.37%
Molina Healthcare of Michigan	36,065	69.42%	19,600	65.38%	55,665	68.01%
Priority Health Choice, Inc.	13,244	79.53%	7,041	67.72%	20,285	75.15%
Sparrow PHP	3,222	76.47%	1,784	73.33%	5,006	75.26%
Total Health Care, Inc.	7,722	64.29%	5,068	57.83%	12,790	61.81%
UnitedHealthcare Community Plan	41,051	72.60%	21,404	69.23%	62,455	71.53%
Upper Peninsula Health Plan	5,516	61.87%	3,094	54.55%	8,610	59.12%
2015 MWA	—	69.26%	—	65.55%	—	67.95%
2014 MWA	—	66.15%	—	62.09%	—	64.72%
2013 MWA	—	59.60%	—	59.02%	—	59.39%

Table A-14 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity						
Plan	3–11 Years		12–17 Years		Total	
	Eligible Population	BMI Rate	Eligible Population	BMI Rate	Eligible Population	BMI Rate
Blue Cross Complete of Michigan	6,077	72.87%	3,488	78.43%	9,565	74.94%
CoventryCares	5,459	64.91%	3,664	63.52%	9,123	64.39%
HAP Midwest Health Plan, Inc.	12,437	63.33%	7,271	63.16%	19,708	63.26%
Harbor Health Plan	344	62.21%	47	48.94%	391	60.61%
HealthPlus Partners	12,490	47.79%	7,395	55.24%	19,885	50.51%
McLaren Health Plan	18,674	42.91%	9,937	46.67%	28,611	44.28%
Meridian Health Plan of Michigan	54,418	49.30%	26,274	61.38%	80,692	53.36%
Molina Healthcare of Michigan	36,065	59.45%	19,600	62.18%	55,665	60.40%
Priority Health Choice, Inc.	13,244	68.84%	7,041	65.35%	20,285	67.54%
Sparrow PHP	3,222	60.92%	1,784	66.00%	5,006	62.89%
Total Health Care, Inc.	7,722	55.26%	5,068	59.04%	12,790	56.71%
UnitedHealthcare Community Plan	41,051	59.43%	21,404	69.23%	62,455	62.53%
Upper Peninsula Health Plan	5,516	54.47%	3,094	62.34%	8,610	57.42%
2015 MWA	—	55.86%	—	62.23%	—	58.07%
2014 MWA	—	50.27%	—	58.17%	—	52.99%
2013 MWA	—	47.04%	—	52.69%	—	48.98%

Table A-15 Adult BMI Assessment		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	3,524	92.94%
CoventryCares	7,027	88.56%
HAP Midwest Health Plan, Inc.	11,277	85.16%
Harbor Health Plan	219	94.52%
HealthPlus Partners	10,685	90.00%
McLaren Health Plan	17,914	86.86%
Meridian Health Plan of Michigan	32,248	91.65%
Molina Healthcare of Michigan	34,122	93.36%
Priority Health Choice, Inc.	7,377	87.07%
Sparrow PHP	2,512	94.39%
Total Health Care, Inc.	9,233	83.28%
UnitedHealthcare Community Plan	32,670	91.79%
Upper Peninsula Health Plan	4,604	91.97%
2015 MWA	—	90.31%
2014 MWA	—	86.05%
2013 MWA	—	80.39%

Table A-16 Prenatal and Postpartum Care				
Plan	Timeliness of Prenatal Care		Postpartum Care	
	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	1,656	85.64%	1,656	63.75%
CoventryCares	829	70.62%	829	52.13%
HAP Midwest Health Plan, Inc.	1,975	87.83%	1,975	62.53%
Harbor Health Plan	64	55.56%	64	49.21%
HealthPlus Partners	1,865	81.58%	1,865	62.89%
McLaren Health Plan	3,935	86.86%	3,935	69.34%
Meridian Health Plan of Michigan	9,631	90.02%	9,631	70.07%
Molina Healthcare of Michigan	4,751	76.33%	4,751	71.02%
Priority Health Choice, Inc.	2,278	78.24%	2,278	66.18%
Sparrow PHP	468	88.25%	468	68.85%
Total Health Care, Inc.	988	68.52%	988	44.68%
UnitedHealthcare Community Plan	5,853	85.68%	5,853	63.82%
Upper Peninsula Health Plan	914	91.24%	914	75.91%
2015 MWA	—	84.45%	—	66.69%
2014 MWA	—	88.92%	—	70.84%
2013 MWA	—	89.61%	—	70.56%

Table A-17 Weeks of Pregnancy at Time of Enrollment						
Plan	Eligible Population	≤ 0 Weeks Rate	1 to 12 Weeks Rate	13 to 27 Weeks Rate	28 or More Weeks Rate	Unknown Rate
Blue Cross Complete of Michigan	1,976	18.83%	11.74%	42.00%	20.34%	7.09%
CoventryCares	988	44.23%	6.07%	27.63%	17.51%	4.55%
HAP Midwest Health Plan, Inc.	2,375	30.15%	7.71%	37.09%	20.72%	4.34%
Harbor Health Plan	82	23.17%	7.32%	42.68%	26.83%	0.00%
HealthPlus Partners	2,158	33.55%	8.94%	37.35%	15.52%	4.63%
McLaren Health Plan	4,174	28.41%	11.16%	42.76%	13.63%	4.02%
Meridian Health Plan of Michigan	10,761	26.88%	10.49%	44.07%	18.15%	0.41%
Molina Healthcare of Michigan	5,434	35.66%	7.53%	35.28%	16.82%	4.71%
Priority Health Choice, Inc.	410	24.88%	11.95%	48.05%	15.12%	0.00%
Sparrow PHP	530	36.79%	6.98%	33.96%	18.87%	3.40%
Total Health Care, Inc.	431	46.17%	7.42%	27.61%	13.92%	4.87%
UnitedHealthcare Community Plan	6,691	33.09%	8.50%	35.70%	17.77%	4.93%
Upper Peninsula Health Plan	1,059	23.80%	16.53%	40.51%	15.30%	3.87%
2015 MWA	—	30.34%	9.55%	39.34%	17.35%	3.42%
2014 MWA	—	29.72%	9.27%	40.51%	17.12%	3.38%
2013 MWA	—	30.12%	9.12%	40.23%	17.02%	3.50%

Table A-18 Frequency of Ongoing Prenatal Care						
Plan	Eligible Population	<21 Percent*	21–40 Percent	41–60 Percent	61–80 Percent	≥81 Percent
Blue Cross Complete of Michigan	1,656	16.55%	11.92%	18.25%	18.25%	35.04%
CoventryCares	829	18.25%	20.62%	18.96%	14.69%	27.49%
HAP Midwest Health Plan, Inc.	1,975	6.57%	6.33%	10.95%	13.87%	62.29%
Harbor Health Plan	64	36.51%	12.70%	12.70%	9.52%	28.57%
HealthPlus Partners	1,865	5.79%	5.26%	13.68%	16.32%	58.95%
McLaren Health Plan	3,935	11.68%	9.00%	6.33%	12.17%	60.83%
Meridian Health Plan of Michigan	9,631	1.62%	2.32%	3.02%	7.66%	85.38%
Molina Healthcare of Michigan	4,751	14.82%	10.62%	13.50%	17.48%	43.58%
Priority Health Choice, Inc.	2,278	8.53%	6.40%	5.07%	14.13%	65.87%
Sparrow PHP	468	2.73%	3.83%	4.92%	13.11%	75.41%
Total Health Care, Inc.	988	20.37%	17.13%	13.89%	17.36%	31.25%
UnitedHealthcare Community Plan	5,853	6.53%	5.78%	8.04%	16.83%	62.81%
Upper Peninsula Health Plan	914	0.73%	2.68%	5.35%	20.19%	71.05%
2015 MWA	—	7.96%	6.75%	8.28%	13.58%	63.43%
2014 MWA	—	6.59%	6.28%	7.29%	13.49%	66.36%
2013 MWA	—	8.67%	4.43%	6.26%	11.90%	68.74%

* For this measure, a lower rate may indicate better performance (i.e., low rates of less than 21 percent of expected visits indicate better care).

Table A-19 Comprehensive Diabetes Care								
Plan	HbA1C Testing		Poor HbA1C Control (>9.0%)*		HbA1C Control (<8.0%)		Eye Exam	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	1,174	89.05%	1,174	33.03%	1,174	57.85%	1,174	62.41%
CoventryCares	1,338	85.66%	1,338	40.99%	1,338	52.41%	1,338	59.77%
HAP Midwest Health Plan, Inc.	2,586	86.96%	2,586	36.59%	2,586	54.81%	2,586	57.63%
Harbor Health Plan	63	87.30%	63	33.33%	63	53.97%	63	52.38%
HealthPlus Partners	2,181	90.46%	2,181	29.64%	2,181	59.15%	2,181	71.26%
McLaren Health Plan	4,098	83.19%	4,098	34.82%	4,098	45.80%	4,098	52.49%
Meridian Health Plan of Michigan	7,323	87.03%	7,323	45.54%	7,323	45.38%	7,323	63.86%
Molina Healthcare of Michigan	8,490	84.99%	8,490	32.23%	8,490	59.82%	8,490	56.29%
Priority Health Choice, Inc.	1,738	92.57%	1,738	24.86%	1,738	62.86%	1,738	67.86%
Sparrow PHP	543	87.59%	543	34.40%	543	54.51%	543	67.29%
Total Health Care, Inc.	2,032	82.04%	2,032	47.95%	2,032	43.84%	2,032	35.01%
UnitedHealthcare Community Plan	7,381	84.58%	7,381	32.22%	7,381	57.22%	7,381	63.19%
Upper Peninsula Health Plan	852	89.23%	852	28.10%	852	58.58%	852	62.96%
2015 MWA	—	85.99%	—	35.83%	—	53.78%		59.48%
2014 MWA	—	85.45%	—	37.23%	—	53.74%		63.01%
2013 MWA	—	85.21%	—	36.06%	—	54.57%		59.42%

* For this measure, a lower rate indicates better performance (i.e., low rates of poor HbA1c control indicate better care).

Table A-20 Comprehensive Diabetes Care (continued)				
Plan	Medical Attention for Nephropathy		Blood Pressure Control (<140/90 mm Hg)	
	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	1,174	84.85%	1,174	65.69%
CoventryCares	1,338	85.41%	1,338	52.16%
HAP Midwest Health Plan, Inc.	2,586	81.93%	2,586	73.93%
Harbor Health Plan	63	88.89%	63	57.14%
HealthPlus Partners	2,181	86.34%	2,181	68.56%
McLaren Health Plan	4,098	82.85%	4,098	62.44%
Meridian Health Plan of Michigan	7,323	81.69%	7,323	72.77%
Molina Healthcare of Michigan	8,490	85.65%	8,490	62.03%
Priority Health Choice, Inc.	1,738	87.14%	1,738	67.29%
Sparrow PHP	543	86.47%	506	70.54% †
Total Health Care, Inc.	2,032	80.67%	2,032	51.14%
UnitedHealthcare Community Plan	7,381	83.33%	7,381	66.81%
Upper Peninsula Health Plan	852	82.66%	852	75.36%
2015 MWA	—	83.73%	—	65.90%
2014 MWA	—	82.00%	—	63.56%
2013 MWA	—	82.41%	—	66.22%

† Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2015 Technical Specifications for Health Plans, Volume 2*.

Table A-21

Use of Appropriate Medications for People With Asthma

Plan	Ages 5 to 11 Years		Ages 12 to 18 Years		Ages 19 to 50 Years		Ages 51 to 64 Years		Total	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	202	90.10%	151	92.72%	126	82.54%	54	77.78%	533	87.80%
CoventryCares	245	79.18%	225	84.44%	251	62.55%	77	59.74%	798	73.56%
HAP Midwest Health Plan, Inc.	275	84.36%	248	79.44%	344	69.48%	117	62.39%	984	75.30%
Harbor Health Plan	1	NA	0	NA	0	NA	0	NA	1	NA
HealthPlus Partners	314	92.99%	284	91.20%	207	78.74%	50	62.00%	855	87.13%
McLaren Health Plan	617	91.09%	459	87.80%	489	70.96%	114	73.68%	1,679	83.14%
Meridian Health Plan of Michigan	1,009	90.78%	792	86.62%	903	74.20%	195	64.10%	2,899	82.68%
Molina Healthcare of Michigan	847	85.24%	714	79.41%	898	65.92%	309	59.55%	2,768	74.60%
Priority Health Choice, Inc.	417	95.68%	262	94.27%	176	82.39%	37	75.68%	892	91.82%
Sparrow PHP	129	96.12%	94	95.74%	68	76.47%	21	NA	312	90.71%
Total Health Care, Inc.	188	80.85%	187	73.80%	270	62.22%	98	64.29%	743	70.12%
UnitedHealthcare Community Plan	885	86.10%	692	85.40%	826	74.70%	226	76.11%	2,629	81.48%
Upper Peninsula Health Plan	158	91.14%	107	81.31%	122	72.95%	20	NA	407	82.31%
2015 MWA	—	88.54%	—	85.29%	—	71.43%	—	66.77%	—	80.64%
2014 MWA	—	89.18%	—	84.94%	—	73.24%	—	64.40%	—	81.19%
2013 MWA	—	89.91%	—	83.56%	—	73.11%	—	64.67%	—	82.13%

NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of *Not Applicable* (NA).

Table A-22 Controlling High Blood Pressure		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	1,635	49.64%
CoventryCares	2,723	48.72%
HAP Midwest Health Plan, Inc.	3,601	66.18%
Harbor Health Plan	119	54.95%
HealthPlus Partners	3,405	55.19%
McLaren Health Plan	5,310	54.99%
Meridian Health Plan of Michigan	10,141	74.46%
Molina Healthcare of Michigan	13,893	61.96%
Priority Health Choice, Inc.	2,275	61.86%
Sparrow PHP	562	64.21%
Total Health Care, Inc.	3,442	51.56%
UnitedHealthcare Community Plan	10,690	62.63%
Upper Peninsula Health Plan	1,088	70.07%
2015 MWA	—	62.06%
2014 MWA	—	63.58%
2013 MWA	—	65.71%

Table A-23 Medical Assistance With Smoking and Tobacco Use Cessation				
Plan	Eligible Population*	Advising Smokers and Tobacco Users to Quit Rate	Discussing Cessation Medications Rate	Discussing Cessation Strategies Rate
Blue Cross Complete of Michigan	43,844	77.38%	53.23%	44.19%
CoventryCares	29,025	81.50%	58.00%	44.80%
HAP Midwest Health Plan, Inc.	56,260	81.27%	50.46%	45.85%
Harbor Health Plan	1,671	80.83%	63.11%	49.17%
HealthPlus Partners	53,151	80.98%	57.02%	51.58%
McLaren Health Plan	104,454	75.71%	42.98%	39.94%
Meridian Health Plan of Michigan	221,782	80.81%	58.61%	47.99%
Molina Healthcare of Michigan	125,626	84.18%	55.34%	48.81%
Priority Health Choice, Inc.	38,656	83.17%	52.96%	42.97%
Sparrow PHP	11,811	78.74%	50.83%	52.15%
Total Health Care, Inc.	42,443	78.73%	51.91%	42.11%
UnitedHealthcare Community Plan	163,579	77.23%	55.72%	43.60%
Upper Peninsula Health Plan	24,026	79.97%	54.92%	46.79%
2015 MWA	—	79.90%	54.26%	45.73%
2014 MWA	—	80.35%	53.75%	46.12%
2013 MWA	—	79.97%	52.38%	45.07%

National percentiles were not available for this measure.

*The eligible population for each health plan reported was the sum of the CAHPS sample frame sizes from 2014 and 2015 and did not represent the exact eligible population (i.e., smokers) for this measure. However, assuming the proportion of smokers for all plans were the same, the sample frame size was used to derive an approximate weight when calculating the MWA.

Table A-24 Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	354	74.86%
CoventryCares	NB	NB
HAP Midwest Health Plan, Inc.	362	82.87%
Harbor Health Plan	11	NA
HealthPlus Partners	452	82.52%
McLaren Health Plan	1,137	79.07%
Meridian Health Plan of Michigan	606	86.96%
Molina Healthcare of Michigan	1,724	86.19%
Priority Health Choice, Inc.	261	82.38%
Sparrow PHP	2	NA
Total Health Care, Inc.	359	83.84%
UnitedHealthcare Community Plan	1,137	86.54%
Upper Peninsula Health Plan	125	87.20%
2015 MWA	—	83.75%
2014 MWA	—	83.54%
2013 MWA	—	83.47%
<p>NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA)</i>.</p> <p>NB denotes an audit designation of <i>No Benefit</i>, indicating that the MHP did not offer the benefit required by the measure.</p>		

Table A-25 Diabetes Monitoring for People With Diabetes and Schizophrenia		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	62	67.74%
CoventryCares	0	NA
HAP Midwest Health Plan, Inc.	91	53.85%
Harbor Health Plan	2	NA
HealthPlus Partners	80	77.50%
McLaren Health Plan	176	61.93%
Meridian Health Plan of Michigan	236	92.37%
Molina Healthcare of Michigan	451	73.17%
Priority Health Choice, Inc.	58	79.31%
Sparrow PHP	7	NA
Total Health Care, Inc.	99	65.66%
UnitedHealthcare Community Plan	260	68.46%
Upper Peninsula Health Plan	18	NA
2015 MWA	—	72.73%
2014 MWA	—	72.60%
2013 MWA	—	64.27%
NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA)</i> .		

Table A-26 Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	3	NA
CoventryCares	19	NA
HAP Midwest Health Plan, Inc.	27	NA
Harbor Health Plan	0	NA
HealthPlus Partners	21	NA
McLaren Health Plan	34	67.65%
Meridian Health Plan of Michigan	1,987	57.42%
Molina Healthcare of Michigan	86	79.07%
Priority Health Choice, Inc.	4	NA
Sparrow PHP	2	NA
Total Health Care, Inc.	18	NA
UnitedHealthcare Community Plan	66	87.88%
Upper Peninsula Health Plan	6	NA
2015 MWA	—	60.10%
2014 MWA	—	60.14%
2013 MWA	—	70.96%
NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA)</i> .		

Table A-27 Adherence to Antipsychotic Medications for Individuals With Schizophrenia		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	252	53.57%
CoventryCares	NB	NB
HAP Midwest Health Plan, Inc.	297	58.25%
Harbor Health Plan	8	NA
HealthPlus Partners	223	60.99%
McLaren Health Plan	686	67.20%
Meridian Health Plan of Michigan	2,683	52.48%
Molina Healthcare of Michigan	1,447	69.45%
Priority Health Choice, Inc.	168	55.95%
Sparrow PHP	0	NA
Total Health Care, Inc.	274	57.30%
UnitedHealthcare Community Plan	811	58.57%
Upper Peninsula Health Plan	83	71.08%
2015 MWA	—	59.22%
2014 MWA	—	60.49%
2013 MWA	—	52.71%
<p>NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA)</i>.</p> <p>NB denotes an audit designation of <i>No Benefit</i>, indicating that the MHP did not offer the benefit required by the measure.</p>		

Table A-28
Race/Ethnicity Diversity of Membership

Plan Name	Eligible Population	White	Black or African American	American-Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islanders	Some Other Race	Two or More Races	Unknown	Declined	Hispanic*
Blue Cross Complete of Michigan	101,326	37.28%	43.76%	0.32%	1.50%	0.00%	3.50%	0.00%	13.64%	0.00%	0.00%
CoventryCares	54,843	15.94%	73.61%	0.09%	0.63%	0.00%	0.00%	0.00%	9.73%	0.00%	2.23%
HAP Midwest Health Plan, Inc.	124,209	44.39%	38.67%	0.13%	2.11%	0.19%	0.00%	0.00%	14.52%	0.00%	4.75%
Harbor Health Plan	10,138	23.82%	60.13%	0.09%	0.00%	1.53%	3.77%	0.00%	10.66%	0.00%	3.77%
HealthPlus Partners	107,746	59.27%	27.63%	0.33%	0.37%	0.05%	0.00%	0.00%	12.35%	0.00%	4.73%
McLaren Health Plan	180,971	65.46%	15.84%	0.31%	0.90%	0.07%	<0.01%	0.00%	12.43%	4.99%	4.65%
Meridian Health Plan of Michigan	467,118	63.62%	21.24%	0.34%	0.84%	0.06%	<0.01%	0.00%	5.65%	8.24%	5.65%
Molina Healthcare of Michigan	253,573	44.42%	34.04%	0.20%	0.66%	0.00%	0.00%	0.01%	20.67%	0.00%	7.45%
Priority Health Choice, Inc.	104,830	60.18%	15.85%	0.42%	1.25%	0.08%	0.00%	0.00%	22.22%	0.00%	11.86%
Sparrow PHP	25,744	51.50%	22.88%	0.31%	4.27%	0.08%	9.02%	0.00%	11.94%	0.00%	9.02%
Total Health Care, Inc.	62,404	28.52%	58.81%	0.17%	1.24%	0.09%	2.14%	0.00%	9.04%	0.00%	2.14%
UnitedHealthcare Community Plan	325,559	50.34%	32.58%	0.21%	2.40%	0.01%	0.00%	0.00%	14.45%	0.00%	5.52%
Upper Peninsula Health Plan	51,573	87.42%	1.45%	2.38%	0.32%	0.09%	1.24%	0.00%	<0.01%	7.09%	1.24%
2015 MWA	—	53.44%	29.35%	0.33%	1.24%	0.06%	0.44%	<0.01%	12.40%	2.74%	5.40%
2014 MWA	—	52.18%	29.18%	0.18%	0.89%	0.05%	0.44%	<0.01%	15.54%	1.55%	5.52%
2013 MWA	—	52.64%	30.30%	0.17%	0.69%	0.04%	0.59%	<0.01%	14.17%	1.41%	5.45%

* Starting from HEDIS 2011, the rates associated with members of Hispanic origin were not based on the total number of members in the health plan. Therefore, the rates presented were calculated by HSAG using the total number of members reported from the Hispanic or Latino column divided by the total number of members in the health plan reported in the MHP IDSS files.

Table A-29 Language Diversity of Membership—Spoken Language Preferred for Healthcare					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	101,326	99.08%	0.38%	0.54%	0.00%
CoventryCares	54,843	99.38%	0.00%	0.62%	0.00%
HAP Midwest Health Plan, Inc.	124,209	100.00%	0.00%	0.00%	0.00%
Harbor Health Plan	10,138	100.00%	0.00%	0.00%	0.00%
HealthPlus Partners	107,746	99.87%	0.13%	0.00%	0.00%
McLaren Health Plan	180,971	98.64%	0.62%	<0.01%	0.74%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	95.71%	4.26%	0.03%	0.00%
Upper Peninsula Health Plan	51,573	99.96%	0.02%	0.02%	0.00%
2015 MWA	—	92.88%	1.34%	5.71%	0.07%
2014 MWA	—	90.43%	1.55%	8.01%	<0.01%
2013 MWA	—	90.91%	1.34%	7.75%	<0.01%

Table A-30 Language Diversity of Membership—Language Preferred for Written Materials					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	101,326	99.08%	0.38%	0.54%	0.00%
CoventryCares	54,843	99.38%	0.00%	0.62%	0.00%
HAP Midwest Health Plan, Inc.	124,209	0.00%	0.00%	100.00%	0.00%
Harbor Health Plan	10,138	0.00%	0.00%	100.00%	0.00%
HealthPlus Partners	107,746	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	180,971	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	95.71%	4.26%	0.03%	0.00%
Upper Peninsula Health Plan	51,573	99.96%	0.02%	0.02%	0.00%
2015 MWA	—	70.40%	1.27%	28.34%	0.00%
2014 MWA	—	55.36%	0.77%	43.87%	0.00%
2013 MWA	—	53.59%	0.47%	45.94%	0.00%

Table A-31 Language Diversity of Membership—Other Language Needs					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	101,326	0.00%	0.00%	100.00%	0.00%
CoventryCares	54,843	0.00%	0.00%	100.00%	0.00%
HAP Midwest Health Plan, Inc.	124,209	0.00%	0.00%	100.00%	0.00%
Harbor Health Plan	10,138	0.00%	0.00%	100.00%	0.00%
HealthPlus Partners	107,746	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	180,971	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	0.00%	0.00%	100.00%	0.00%
Upper Peninsula Health Plan	51,573	0.00%	0.00%	100.00%	0.00%
2015 MWA	—	42.69%	0.51%	56.80%	0.00%
2014 MWA	—	45.84%	0.75%	53.40%	0.00%
2013 MWA	—	47.77%	0.47%	51.76%	0.00%

Table A-32 Ambulatory Care: Total Medicaid Outpatient and Emergency Department Visits Per 1,000 MM for the Total Age Group			
Plan	Member Months	Outpatient Visits	Emergency Department Visits*
Blue Cross Complete of Michigan	733,013	356.57	70.55
CoventryCares	479,236	311.47	86.43
HAP Midwest Health Plan, Inc.	1,010,437	370.50	66.72
Harbor Health Plan	60,089	248.66	72.44
HealthPlus Partners	931,409	366.08	65.47
McLaren Health Plan	1,648,778	475.45	69.79
Meridian Health Plan of Michigan	3,903,013	220.85	35.59
Molina Healthcare of Michigan	2,351,349	395.04	75.53
Priority Health Choice, Inc.	888,353	345.24	80.37
Sparrow PHP	220,545	330.60	73.14
Total Health Care, Inc.	592,012	322.80	76.06
UnitedHealthcare Community Plan	2,845,247	361.16	73.86
Upper Peninsula Health Plan	424,070	325.60	66.62
2015 Medicaid Average (MA)	—	340.77	70.20
2014 MA	—	325.25	73.41
2013 MA	—	344.16	74.85
MM = Member Months			
* For this measure, a lower rate indicates better performance (i.e., low rates of emergency department visits indicate better utilization of services).			

Table A-33 Inpatient Utilization: General Hospital/Acute Care: Total Medicaid Discharges Per 1,000 MM for the Total Age Group					
Plan	Member Months	Total Inpatient	Medicine	Surgery	Maternity*
Blue Cross Complete of Michigan	733,013	9.78	4.74	2.22	3.99
CoventryCares	479,236	8.57	4.74	1.79	2.94
HAP Midwest Health Plan, Inc.	1,010,437	7.62	3.87	1.63	3.14
Harbor Health Plan	60,089	8.67	5.36	1.81	2.18
HealthPlus Partners	931,409	6.83	2.72	1.77	3.45
McLaren Health Plan	1,648,778	7.59	3.31	1.55	3.81
Meridian Health Plan of Michigan	3,903,013	7.76	3.81	1.13	4.43
Molina Healthcare of Michigan	2,351,349	8.12	3.93	1.80	3.93
Priority Health Choice, Inc.	888,353	7.60	3.16	1.25	5.56
Sparrow PHP	220,545	8.60	4.76	1.28	4.06
Total Health Care, Inc.	592,012	9.91	5.90	1.97	2.89
UnitedHealthcare Community Plan	2,845,247	6.95	3.10	1.55	3.57
Upper Peninsula Health Plan	424,070	6.23	2.83	1.29	3.17
2015 MA	—	8.02	4.02	1.62	3.62
2014 MA	—	8.38	4.03	1.45	4.80
2013 MA	—	8.14	3.96	1.24	4.86
MM = Member Months					
*The maternity category is calculated using member months for members 10–64 years.					

Table A-34 <i>Inpatient Utilization: General Hospital/Acute Care: Total Medicaid</i> <i>Average Length of Stay for the Total Age Group</i>				
Plan	Total Inpatient	Medicine	Surgery	Maternity
Blue Cross Complete of Michigan	3.76	3.17	6.37	2.69
CoventryCares	4.08	3.69	6.70	2.68
HAP Midwest Health Plan, Inc.	4.00	3.58	6.86	2.57
Harbor Health Plan	4.39	3.73	7.65	2.80
HealthPlus Partners	4.45	4.20	7.17	2.68
McLaren Health Plan	3.55	3.62	5.09	2.56
Meridian Health Plan of Michigan	3.70	3.98	5.90	2.45
Molina Healthcare of Michigan	4.51	4.21	7.63	2.65
Priority Health Choice, Inc.	3.46	3.85	4.81	2.56
Sparrow PHP	3.84	3.67	6.41	2.89
Total Health Care, Inc.	4.35	3.78	7.69	2.79
UnitedHealthcare Community Plan	4.17	3.99	6.97	2.51
Upper Peninsula Health Plan	3.59	3.56	5.27	2.60
2015 MA	3.99	3.77	6.50	2.65
2014 MA	3.89	3.87	6.51	2.57
2013 MA	3.72	3.89	5.71	2.60

Appendix B includes trend tables for each of the MHPs. Where applicable, each measure’s HEDIS 2013, 2014, and 2015 rates are presented along with trend analysis results. Statistically significant differences using Pearson’s Chi-square tests are presented where appropriate. The trends are shown in the following example with specific notations:

2014–2015 Health Plan Trend	Interpretations for Measures Not Under Utilization Dimension
+2.5	The 2015 rate is 2.5 percentage points higher than the 2014 rate.
- 2.5	The 2015 rate is 2.5 percentage points lower than the 2014 rate.
+2.5	The 2015 rate is 2.5 percentage points statistically significantly higher than the 2014 rate.
-2.5	The 2015 rate is 2.5 percentage points statistically significantly lower than the 2014 rate.

Statistical tests across years were not performed on the *Weeks of Pregnancy at Time of Enrollment* and *Frequency of Ongoing Prenatal Care* measures (except the ≥ 81 Percent indicator) under Pregnancy Care; all measures under Medical Assistance With Smoking and Tobacco Use Cessation; and all measures under the Utilization and Health Plan Diversity dimensions (except *Ambulatory Care: Total [Visits per 1,000 Member Months]*). Nonetheless, differences in the reported rates for these measures were reported without statistical test results.

The Star Rating Symbol column depicts the MHP’s rank based on its rate as compared to the NCQA’s national HEDIS 2014 Medicaid percentiles.

Star Rating Symbol	Description
★★★★★	The MHP’s rate is at or above the 90th percentile.
★★★★	The MHP’s rate is at or above the 75th percentile but below the 90th percentile.
★★★	The MHP’s rate is at or above the 50th percentile but below the 75th percentile.
★★	The MHP’s rate is at or above the 25th percentile but below the 50th percentile.
★	The MHP’s rate is below the 25th percentile.
NA	Not Applicable (i.e., denominator size too small)
NR	Not Report (i.e., biased, or MHP chose not to report)
NB	No Benefit
NC	Not Comparable (i.e., measure not comparable to national percentiles)
—	The national HEDIS 2014 Medicaid percentiles are not available.

The MHP trend tables are presented as follows:

- ◆ Table B-1—Blue Cross Complete of Michigan
- ◆ Table B-2—CoventryCares
- ◆ Table B-3—HAP Midwest Health Plan, Inc.
- ◆ Table B-4—Harbor Health Plan
- ◆ Table B-5—HealthPlus Partners
- ◆ Table B-6—McLaren Health Plan
- ◆ Table B-7—Meridian Health Plan of Michigan
- ◆ Table B-8—Molina Healthcare of Michigan
- ◆ Table B-9—Priority Health Choice, Inc.
- ◆ Table B-10—Sparrow PHP
- ◆ Table B-11—Total Health Care, Inc.
- ◆ Table B-12—UnitedHealthcare Community Plan
- ◆ Table B-13—Upper Peninsula Health Plan

Table B-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	85.40%	77.13%	76.16%	-0.97	★★★
Combination 3	82.73%	74.94%	72.75%	-2.19	★★★
Combination 4	23.60%	68.37%	69.59%	+1.22	★★★
Combination 5	68.86%	62.04%	58.39%	-3.65	★★★
Combination 6	56.20%	49.39%	50.12%	+0.73	★★★
Combination 7	19.95%	58.39%	56.93%	-1.46	★★★
Combination 8	15.82%	45.74%	48.66%	+2.92	★★★★
Combination 9	48.18%	41.61%	40.88%	-0.73	★★★
Combination 10	13.38%	39.17%	39.90%	+0.73	★★★
Immunizations for Adolescents—Combination 1	88.27%	88.32%	85.64%	-2.68	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	72.43%	64.97%	65.21%	+0.24	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	80.74%	72.45%	85.64%	+13.19	★★★★★
Adolescent Well-Care Visits	60.10%	45.99%	61.07%	+15.08	★★★★
Lead Screening in Children	74.21%	77.61%	73.97%	-3.64	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	94.58%	95.51%	92.98%	-2.53	★★★★
Appropriate Testing for Children With Pharyngitis	83.64%	74.41%	78.69%	+4.28	★★★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	43.50%	NR	40.26%	—	★★
Continuation and Maintenance Phase	51.28%	NR	44.55%	—	★★
Women—Adult Care					
Breast Cancer Screening	60.32%	59.88%	61.98%	+2.10	★★★
Cervical Cancer Screening	74.91%	68.86%	69.83%	+0.97	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	47.88%	58.04%	66.71%	+8.67	★★★★★
Ages 21 to 24 Years	62.14%	69.21%	76.03%	+6.82	★★★★★
Total	52.21%	62.11%	70.77%	+8.66	★★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.32%	94.71%	94.94%	+0.23	★
Ages 25 Months to 6 Years	89.84%	84.16%	88.45%	+4.29	★★
Ages 7 to 11 Years	94.03%	93.13%	94.36%	+1.23	★★★★
Ages 12 to 19 Years	92.82%	92.20%	91.58%	-0.62	★★★

Table B-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	84.73%	79.05%	81.94%	+2.89	★★
Ages 45 to 64 Years	88.04%	84.90%	87.29%	+2.39	★★
Ages 65+ Years	90.24%	76.98%	76.69%	-0.29	★
Total	85.90%	80.67%	83.32%	+2.65	★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	80.74%	77.61%	89.92%	+12.31	★★★★★
BMI Percentile—Ages 12 to 17 Years	74.47%	81.82%	91.50%	+9.68	★★★★★
BMI Percentile—Total	78.59%	79.08%	90.51%	+11.43	★★★★★
Nutrition—Ages 3 to 11 Years	70.37%	67.16%	80.62%	+13.46	★★★★★
Nutrition—Ages 12 to 17 Years	63.12%	67.83%	77.78%	+9.95	★★★★★
Nutrition—Total	67.88%	67.40%	79.56%	+12.16	★★★★★
Physical Activity—Ages 3 to 11 Years	54.81%	50.37%	72.87%	+22.50	★★★★★
Physical Activity—Ages 12 to 17 Years	58.87%	65.03%	78.43%	+13.40	★★★★★
Physical Activity—Total	56.20%	55.47%	74.94%	+19.47	★★★★★
Adult BMI Assessment	81.75%	87.10%	92.94%	+5.84	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	86.00%	86.00%	85.64%	-0.36	★★★
Postpartum Care	64.86%	64.86%	63.75%	-1.11	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	20.98%	21.41%	18.83%	-2.58	—
1-12 Weeks	5.73%	15.09%	11.74%	-3.35	—
13-27 Weeks	38.74%	39.90%	42.00%	+2.10	—
28 or More Weeks	24.76%	20.92%	20.34%	-0.58	—
Unknown	9.79%	2.68%	7.09%	+4.41	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	12.78%	12.78%	16.55%	+3.77	—
21-40 Percent†	6.88%	6.88%	11.92%	+5.04	—
41-60 Percent†	11.30%	11.30%	18.25%	+6.95	—
61-80 Percent†	25.31%	25.31%	18.25%	-7.06	—
≥81 Percent	43.73%	43.73%	35.04%	-8.69	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	91.92%	87.41%	89.05%	+1.64	★★★★
HbA1c Poor Control (>9.0%)*	27.84%	41.42%	33.03%	-8.39	★★★★
HbA1c Control (<8.0%)	58.38%	48.36%	57.85%	+9.49	★★★★

Table B-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Eye Exam</i>	73.65%	64.05%	62.41%	-1.64	★★★
<i>Medical Attention for Nephropathy</i>	90.72%	84.85%	84.85%	0.00	★★★★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	74.55%	65.33%	65.69%	+0.36	★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	94.59%	92.49%	90.10%	-2.39	★★
<i>Ages 12 to 18 Years</i>	85.71%	88.19%	92.72%	+4.53	★★★★
<i>Ages 19 to 50 Years</i>	81.05%	83.72%	82.54%	-1.18	★★★★
<i>Ages 51 to 64 Years</i>	60.00%	68.42%	77.78%	+9.36	★★★★
<i>Total</i>	86.67%	87.26%	87.80%	+0.54	★★★★
<i>Controlling High Blood Pressure</i>	64.63%	64.63%	49.64%	-14.99	★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	82.20%	78.01%	77.38%	-0.63	—
<i>Discussing Cessation Medications</i>	57.10%	50.91%	53.23%	+2.32	—
<i>Discussing Cessation Strategies</i>	50.86%	42.51%	44.19%	+1.68	—
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	85.25%	NR	74.86%	—	★
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	NR	67.74%	—	★★
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NR	NA	—	NA
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	65.79%	NR	53.57%	—	★
Health Plan Diversity					
<i>Race/Ethnicity Diversity of Membership†</i>					
<i>White</i>	38.28%	0.00%	37.28%	+37.28	—
<i>Black or African-American</i>	36.93%	0.00%	43.76%	+43.76	—
<i>American-Indian and Alaska Native</i>	0.21%	0.00%	0.32%	+0.32	—
<i>Asian</i>	1.01%	0.00%	1.50%	+1.50	—
<i>Native Hawaiian and Other Pacific Islanders</i>	0.04%	0.00%	0.00%	0.00	—
<i>Some Other Race</i>	<0.01%	0.00%	3.50%	+3.50	—
<i>Two or More Races</i>	0.12%	0.00%	0.00%	0.00	—
<i>Unknown</i>	23.41%	100.00%	13.64%	-86.36	—
<i>Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Hispanic[£]</i>	3.57%	0.00%	0.00%	0.00	—

Table B-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Language Diversity of Membership†</i>					
<i>Spoken Language—English</i>	82.71%	99.01%	99.08%	+0.07	—
<i>Spoken Language—Non-English</i>	5.24%	0.39%	0.38%	-0.01	—
<i>Spoken Language—Unknown</i>	12.05%	0.60%	0.54%	-0.06	—
<i>Spoken Language—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Written Language—English</i>	0.00%	99.01%	99.08%	+0.07	—
<i>Written Language—Non-English</i>	0.00%	0.39%	0.38%	-0.01	—
<i>Written Language—Unknown</i>	100.00%	0.60%	0.54%	-0.06	—
<i>Written Language—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)†</i>					
<i>Outpatient—Total</i>	304.21	256.20	356.57	+100.37	★★★
<i>ED—Total*</i>	63.54	63.82	70.55	+6.73	★★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†</i>					
<i>Total Inpatient—Total</i>	6.76	10.07	9.78	-0.29	—
<i>Medicine—Total</i>	3.08	4.66	4.74	+0.08	—
<i>Surgery—Total</i>	0.90	1.95	2.22	+0.27	—
<i>Maternity—Total</i>	4.64	5.59	3.99	-1.60	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†</i>					
<i>Total Inpatient—Total</i>	3.59	3.67	3.76	+0.09	—
<i>Medicine—Total</i>	3.85	3.41	3.17	-0.24	—
<i>Surgery—Total</i>	5.90	5.88	6.37	+0.49	—
<i>Maternity—Total</i>	2.56	2.79	2.69	-0.10	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

£ Rate was calculated by HSAG.

Table B-2 CoventryCares Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	77.31%	73.61%	71.93%	-1.68	★★
Combination 3	73.38%	68.29%	67.92%	-0.37	★★
Combination 4	33.56%	65.05%	65.80%	+0.75	★★
Combination 5	46.99%	53.01%	55.66%	+2.65	★★
Combination 6	22.22%	27.78%	31.13%	+3.35	★
Combination 7	21.76%	51.16%	54.01%	+2.85	★★
Combination 8	11.81%	27.31%	30.42%	+3.11	★
Combination 9	16.90%	23.61%	25.94%	+2.33	★
Combination 10	7.64%	23.38%	25.47%	+2.09	★
Immunizations for Adolescents—Combination 1	81.94%	84.98%	83.05%	-1.93	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	63.66%	49.75%	51.42%	+1.67	★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	81.31%	74.73%	74.32%	-0.41	★★★
Adolescent Well-Care Visits	61.96%	57.52%	52.88%	-4.64	★★★
Lead Screening in Children	84.49%	82.41%	79.25%	-3.16	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	87.34%	88.45%	89.35%	+0.90	★★★
Appropriate Testing for Children With Pharyngitis	54.63%	50.62%	54.85%	+4.23	★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	22.67%	25.25%	19.16%	-6.09	★
Continuation and Maintenance Phase	27.27%	27.91%	21.43%	-6.48	★
Women—Adult Care					
Breast Cancer Screening	60.12%	66.81%	68.11%	+1.30	★★★★
Cervical Cancer Screening	74.05%	70.92%	72.35%	+1.43	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	72.21%	68.26%	68.48%	+0.22	★★★★★
Ages 21 to 24 Years	79.56%	77.30%	75.70%	-1.60	★★★★★
Total	74.45%	70.99%	70.77%	-0.22	★★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.54%	94.60%	93.32%	-1.28	★
Ages 25 Months to 6 Years	83.56%	82.98%	82.82%	-0.16	★
Ages 7 to 11 Years	86.61%	88.05%	87.47%	-0.58	★
Ages 12 to 19 Years	85.91%	85.79%	85.52%	-0.27	★

Table B-2 CoventryCares Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	80.90%	80.06%	77.95%	-2.11	★
Ages 45 to 64 Years	87.12%	87.53%	86.35%	-1.18	★★
Ages 65+ Years	NA	NA	NA	—	NA
Total	83.05%	82.82%	81.17%	-1.65	★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	68.22%	70.72%	75.09%	+4.37	★★★★
BMI Percentile—Ages 12 to 17 Years	71.10%	72.78%	80.50%	+7.72	★★★★
BMI Percentile—Total	69.37%	71.53%	77.12%	+5.59	★★★★
Nutrition—Ages 3 to 11 Years	50.78%	61.22%	72.45%	+11.23	★★★★
Nutrition—Ages 12 to 17 Years	54.91%	64.50%	67.30%	+2.80	★★★★
Nutrition—Total	52.44%	62.50%	70.52%	+8.02	★★★★
Physical Activity—Ages 3 to 11 Years	41.47%	47.91%	64.91%	+17.00	★★★★
Physical Activity—Ages 12 to 17 Years	52.60%	48.52%	63.52%	+15.00	★★★★
Physical Activity—Total	45.94%	48.15%	64.39%	+16.24	★★★★
Adult BMI Assessment	81.67%	84.62%	88.56%	+3.94	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	84.35%	84.35%	70.62%	-13.73	★
Postpartum Care	66.12%	66.12%	52.13%	-13.99	★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	47.83%	47.83%	44.23%	-3.60	—
1-12 Weeks	4.83%	4.83%	6.07%	+1.24	—
13-27 Weeks	26.00%	26.00%	27.63%	+1.63	—
28 or More Weeks	16.58%	16.58%	17.51%	+0.93	—
Unknown	4.75%	4.75%	4.55%	-0.20	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	20.23%	20.23%	18.25%	-1.98	—
21-40 Percent†	13.95%	13.95%	20.62%	+6.67	—
41-60 Percent†	12.79%	12.79%	18.96%	+6.17	—
61-80 Percent†	16.28%	16.28%	14.69%	-1.59	—
≥81 Percent	36.74%	36.74%	27.49%	-9.25	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	82.35%	84.33%	85.66%	+1.33	★★★
HbA1c Poor Control (>9.0%)*	44.28%	38.47%	40.99%	+2.52	★★★
HbA1c Control (<8.0%)	50.33%	52.59%	52.41%	-0.18	★★★

Table B-2 CoventryCares Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	60.78%	62.82%	59.77%	-3.05	★★★
Medical Attention for Nephropathy	86.93%	82.90%	85.41%	+2.51	★★★★
Blood Pressure Control (<140/90 mm Hg)	53.95%	50.13%	52.16%	+2.03	★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	78.18%	84.31%	79.18%	-5.13	★
Ages 12 to 18 Years	82.89%	83.66%	84.44%	+0.78	★★
Ages 19 to 50 Years	74.02%	68.32%	62.55%	-5.77	★
Ages 51 to 64 Years	53.75%	64.29%	59.74%	-4.55	★
Total	76.42%	77.02%	73.56%	-3.46	★
Controlling High Blood Pressure	50.00%	50.00%	48.72%	-1.28	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	82.17%	82.72%	81.50%	-1.22	—
Discussing Cessation Medications	53.74%	57.92%	58.00%	+0.08	—
Discussing Cessation Strategies	48.47%	47.95%	44.80%	-3.15	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NB	NB	NB	—	NB
Diabetes Monitoring for People With Diabetes and Schizophrenia	NR	NR	NA	—	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NR	NR	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NB	NB	NB	—	NB
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	10.13%	14.64%	15.94%	+1.30	—
Black or African-American	82.80%	76.62%	73.61%	-3.01	—
American-Indian and Alaska Native	0.04%	0.09%	0.09%	0.00	—
Asian	0.62%	0.77%	0.63%	-0.14	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	0.00%	0.00	—
Some Other Race	0.00%	0.00%	0.00%	0.00	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	6.41%	7.88%	9.73%	+1.85	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic‡	1.53%	2.06%	2.23%	+0.17	—
Language Diversity of Membership†					

Table B-2 CoventryCares Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Spoken Language—English	99.13%	99.20%	99.38%	+0.18	—
Spoken Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Spoken Language—Unknown	0.87%	0.80%	0.62%	-0.18	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	99.13%	99.20%	99.38%	+0.18	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	0.87%	0.80%	0.62%	-0.18	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	316.99	308.37	311.47	+3.10	★
ED—Total*	86.63	87.58	86.43	-1.15	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	8.71	8.90	8.57	-0.33	—
Medicine—Total	4.68	4.86	4.74	-0.12	—
Surgery—Total	1.54	1.68	1.79	+0.11	—
Maternity—Total	3.71	3.55	2.94	-0.61	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	4.05	4.19	4.08	-0.11	—
Medicine—Total	3.68	3.73	3.69	-0.04	—
Surgery—Total	7.08	7.68	6.70	-0.98	—
Maternity—Total	2.86	2.63	2.68	+0.05	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

‡ Rate was calculated by HSAG.

Table B-3 HAP Midwest Health Plan, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	85.40%	77.62%	79.59%	+1.97	★★★
Combination 3	79.08%	74.70%	73.79%	-0.91	★★★
Combination 4	73.72%	70.56%	70.38%	-0.18	★★★
Combination 5	64.48%	68.61%	62.29%	-6.32	★★★
Combination 6	33.82%	39.66%	72.06%	+32.40	★★★★★
Combination 7	60.10%	64.96%	59.64%	-5.32	★★★
Combination 8	32.12%	38.20%	68.75%	+30.55	★★★★★
Combination 9	28.95%	37.71%	61.02%	+23.31	★★★★★
Combination 10	27.49%	36.74%	58.47%	+21.73	★★★★★
Immunizations for Adolescents—Combination 1	85.64%	88.69%	87.10%	-1.59	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	86.37%	64.25%	59.61%	-4.64	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	82.97%	72.80%	75.91%	+3.11	★★★
Adolescent Well-Care Visits	65.94%	61.17%	54.26%	-6.91	★★★
Lead Screening in Children	77.37%	74.70%	77.62%	+2.92	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	85.87%	88.29%	88.35%	+0.06	★★★
Appropriate Testing for Children With Pharyngitis	62.25%	50.20%	65.50%	+15.30	★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	38.24%	33.74%	32.77%	-0.97	★★
Continuation and Maintenance Phase	50.43%	36.88%	35.05%	-1.83	★
Women—Adult Care					
Breast Cancer Screening	57.55%	58.95%	56.39%	-2.56	★★
Cervical Cancer Screening	71.29%	66.42%	65.21%	-1.21	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	61.52%	59.48%	59.47%	-0.01	★★★★
Ages 21 to 24 Years	71.15%	69.71%	67.40%	-2.31	★★★
Total	64.84%	63.17%	62.42%	-0.75	★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	98.56%	96.08%	94.47%	-1.61	★
Ages 25 Months to 6 Years	94.27%	86.07%	86.08%	+0.01	★★
Ages 7 to 11 Years	94.18%	90.73%	89.51%	-1.22	★★
Ages 12 to 19 Years	93.98%	88.27%	88.21%	-0.06	★★

Table B-3 HAP Midwest Health Plan, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	91.02%	81.66%	80.58%	-1.08	★★
Ages 45 to 64 Years	92.93%	88.91%	88.77%	-0.14	★★★
Ages 65+ Years	NA	82.36%	92.52%	+10.16	★★★★
Total	91.71%	84.30%	83.84%	-0.46	★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	67.52%	63.60%	74.17%	+10.57	★★★★
BMI Percentile—Ages 12 to 17 Years	74.45%	71.09%	77.78%	+6.69	★★★★
BMI Percentile—Total	69.83%	65.94%	75.67%	+9.73	★★★★
Nutrition—Ages 3 to 11 Years	64.96%	64.31%	70.00%	+5.69	★★★
Nutrition—Ages 12 to 17 Years	66.42%	65.63%	68.42%	+2.79	★★★★
Nutrition—Total	65.45%	64.72%	69.34%	+4.62	★★★★
Physical Activity—Ages 3 to 11 Years	61.31%	59.01%	63.33%	+4.32	★★★★
Physical Activity—Ages 12 to 17 Years	59.12%	66.41%	63.16%	-3.25	★★★
Physical Activity—Total	60.58%	61.31%	63.26%	+1.95	★★★★
Adult BMI Assessment	75.67%	81.27%	85.16%	+3.89	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	95.86%	78.83%	87.83%	+9.00	★★★
Postpartum Care	73.24%	58.88%	62.53%	+3.65	★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	22.87%	27.84%	30.15%	+2.31	—
1-12 Weeks	7.79%	8.37%	7.71%	-0.66	—
13-27 Weeks	43.07%	40.38%	37.09%	-3.29	—
28 or More Weeks	24.33%	18.55%	20.72%	+2.17	—
Unknown	1.95%	4.86%	4.34%	-0.52	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	2.43%	10.22%	6.57%	-3.65	—
21-40 Percent†	2.92%	7.30%	6.33%	-0.97	—
41-60 Percent†	4.87%	11.19%	10.95%	-0.24	—
61-80 Percent†	9.73%	15.57%	13.87%	-1.70	—
≥81 Percent	80.05%	55.72%	62.29%	+6.57	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	92.70%	81.33%	86.96%	+5.63	★★★
HbA1c Poor Control (>9.0%)*	35.04%	44.59%	36.59%	-8.00	★★★
HbA1c Control (<8.0%)	54.56%	47.56%	54.81%	+7.25	★★★★

Table B-3 HAP Midwest Health Plan, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	61.50%	62.37%	57.63%	-4.74	★★★
Medical Attention for Nephropathy	97.81%	84.00%	81.93%	-2.07	★★★
Blood Pressure Control (<140/90 mm Hg)	67.88%	62.96%	73.93%	+10.97	★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	96.98%	82.82%	84.36%	+1.54	★
Ages 12 to 18 Years	97.89%	76.08%	79.44%	+3.36	★
Ages 19 to 50 Years	99.05%	67.06%	69.48%	+2.42	★★
Ages 51 to 64 Years	100.00%	49.62%	62.39%	+12.77	★
Total	97.97%	71.53%	75.30%	+3.77	★
Controlling High Blood Pressure	67.88%	55.72%	66.18%	+10.46	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	78.08%	80.24%	81.27%	+1.03	—
Discussing Cessation Medications	47.75%	50.30%	50.46%	+0.16	—
Discussing Cessation Strategies	39.76%	44.48%	45.85%	+1.37	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	79.94%	77.30%	82.87%	+5.57	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	58.33%	58.95%	53.85%	-5.10	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	62.00%	66.02%	58.25%	-7.77	★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	23.92%	43.49%	44.39%	+0.90	—
Black or African-American	17.09%	36.09%	38.67%	+2.58	—
American-Indian and Alaska Native	0.02%	0.06%	0.13%	+0.07	—
Asian	0.00%	2.32%	2.11%	-0.21	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.22%	0.19%	-0.03	—
Some Other Race	1.36%	0.09%	0.00%	-0.09	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	57.61%	17.73%	14.52%	-3.21	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic‡	2.54%	4.73%	4.75%	+0.02	—

Table B-3 HAP Midwest Health Plan, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	99.17%	99.76%	100.00%	+0.24	—
Spoken Language—Non-English	0.42%	0.09%	0.00%	-0.09	—
Spoken Language—Unknown	0.41%	0.14%	0.00%	-0.14	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	0.00%	0.00%	0.00%	0.00	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	392.62	391.56	370.50	-21.06	★★★
ED—Total*	65.14	64.86	66.72	+1.86	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	8.79	9.03	7.62	-1.41	—
Medicine—Total	4.14	4.68	3.87	-0.81	—
Surgery—Total	1.33	1.33	1.63	+0.30	—
Maternity—Total	5.27	4.83	3.14	-1.69	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.71	3.92	4.00	+0.08	—
Medicine—Total	3.90	3.98	3.58	-0.40	—
Surgery—Total	5.92	6.51	6.86	+0.35	—
Maternity—Total	2.58	2.68	2.57	-0.11	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

‡ Rate was calculated by HSAG.

Table B-4 Harbor Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	51.43%	58.82%	50.59%	-8.23	★
Combination 3	8.57%	50.59%	45.88%	-4.71	★
Combination 4	8.57%	50.59%	44.71%	-5.88	★
Combination 5	7.14%	41.18%	36.47%	-4.71	★
Combination 6	1.43%	21.18%	22.35%	+1.17	★
Combination 7	7.14%	41.18%	35.29%	-5.89	★
Combination 8	1.43%	21.18%	21.18%	0.00	★
Combination 9	1.43%	18.82%	16.47%	-2.35	★
Combination 10	1.43%	18.82%	15.29%	-3.53	★
Immunizations for Adolescents—Combination 1	NA	NA	NA	—	NA
Well-Child Visits in the First 15 Months of Life—6 or More Visits	NA	NA	37.50%	—	★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	67.01%	58.84%	64.44%	+5.60	★
Adolescent Well-Care Visits	27.87%	33.00%	32.93%	-0.07	★
Lead Screening in Children	68.57%	61.18%	72.94%	+11.76	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	90.16%	93.28%	83.33%	-9.95	★★
Appropriate Testing for Children With Pharyngitis	43.90%	NA	NA	—	NA
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	NA	NA	NA	—	NA
Continuation and Maintenance Phase	NA	NA	NA	—	NA
Women—Adult Care					
Breast Cancer Screening	4.08%	32.35%	67.44%	+35.09	★★★★
Cervical Cancer Screening	43.26%	50.61%	51.98%	+1.37	★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	NA	NA	NA	—	NA
Ages 21 to 24 Years	NA	NA	NA	—	NA
Total	NA	NA	64.44%	—	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	80.77%	70.42%	82.30%	+11.88	★
Ages 25 Months to 6 Years	73.44%	63.56%	68.62%	+5.06	★
Ages 7 to 11 Years	57.45%	55.17%	71.26%	+16.09	★
Ages 12 to 19 Years	73.08%	67.50%	63.16%	-4.34	★

Table B-4 Harbor Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	50.48%	48.24%	56.51%	+8.27	★
Ages 45 to 64 Years	75.00%	68.58%	75.19%	+6.61	★
Ages 65+ Years	NA	NA	NA	—	NA
Total	61.39%	58.43%	64.64%	+6.21	★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	53.08%	66.91%	78.78%	+11.87	★★★★
BMI Percentile—Ages 12 to 17 Years	43.75%	NA	80.85%	—	★★★★
BMI Percentile—Total	51.23%	67.89%	79.03%	+11.14	★★★★
Nutrition—Ages 3 to 11 Years	65.78%	63.27%	76.16%	+12.89	★★★★
Nutrition—Ages 12 to 17 Years	NA	NA	65.96%	—	★★★
Nutrition—Total	63.75%	63.55%	74.94%	+11.39	★★★★
Physical Activity—Ages 3 to 11 Years	34.67%	47.27%	62.21%	+14.94	★★★★
Physical Activity—Ages 12 to 17 Years	NA	NA	48.94%	—	★★
Physical Activity—Total	35.06%	48.49%	60.61%	+12.12	★★★
Adult BMI Assessment	16.33%	81.67%	94.52%	+12.85	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	NA	68.42%	55.56%	-12.86	★
Postpartum Care	NA	36.84%	49.21%	+12.37	★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	22.58%	51.92%	23.17%	-28.75	—
1-12 Weeks	9.68%	19.23%	7.32%	-11.91	—
13-27 Weeks	35.48%	17.31%	42.68%	+25.37	—
28 or More Weeks	32.26%	11.54%	26.83%	+15.29	—
Unknown	0.00%	0.00%	0.00%	0.00	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	NA	18.42%	36.51%	+18.09	—
21-40 Percent†	NA	15.79%	12.70%	-3.09	—
41-60 Percent†	NA	13.16%	12.70%	-0.46	—
61-80 Percent†	NA	7.89%	9.52%	+1.63	—
≥81 Percent	NA	44.74%	28.57%	-16.17	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	71.70%	84.00%	87.30%	+3.30	★★★
HbA1c Poor Control (>9.0%)*	49.06%	46.00%	33.33%	-12.67	★★★★
HbA1c Control (<8.0%)	43.40%	52.00%	53.97%	+1.97	★★★★

**Table B-4
Harbor Health Plan Trend Table**

Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	47.17%	38.00%	52.38%	+14.38	☆☆
Medical Attention for Nephropathy	83.02%	88.00%	88.89%	+0.89	★★★★★
Blood Pressure Control (<140/90 mm Hg)	54.72%	36.00%	57.14%	+21.14	☆☆
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	NA	NA	NA	—	NA
Ages 12 to 18 Years	NA	NA	NA	—	NA
Ages 19 to 50 Years	NA	NA	NA	—	NA
Ages 51 to 64 Years	NA	NA	NA	—	NA
Total	NA	NA	NA	—	NA
Controlling High Blood Pressure	56.72%	43.37%	54.95%	+11.58	☆☆
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	NA	NA	80.83%	—	—
Discussing Cessation Medications	NA	NA	63.11%	—	—
Discussing Cessation Strategies	NA	NA	49.17%	—	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NA	NA	NA	—	NA
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA	NA	—	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NA	NA	NA	—	NA
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	24.75%	13.41%	23.82%	+10.41	—
Black or African-American	59.30%	35.36%	60.13%	+24.77	—
American-Indian and Alaska Native	0.03%	0.04%	0.09%	+0.05	—
Asian	0.00%	0.00%	0.00%	0.00	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	1.53%	+1.53	—
Some Other Race	4.51%	2.32%	3.77%	+1.45	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	11.41%	48.86%	10.66%	-38.20	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic [£]	4.51%	2.32%	3.77%	+1.45	—

**Table B-4
Harbor Health Plan Trend Table**

Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	100.00%	100.00%	100.00%	0.00	—
Spoken Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Spoken Language—Unknown	0.00%	0.00%	0.00%	0.00	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	0.00%	0.00%	0.00%	0.00	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	341.65	166.78	248.66	+81.88	★
ED—Total*	71.22	60.06	72.44	+12.38	☆☆
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	9.07	7.81	8.67	+0.86	—
Medicine—Total	5.87	4.59	5.36	+0.77	—
Surgery—Total	1.53	1.30	1.81	+0.51	—
Maternity—Total	3.50	3.99	2.18	-1.81	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.91	4.32	4.39	+0.07	—
Medicine—Total	3.67	3.87	3.73	-0.14	—
Surgery—Total	6.18	8.95	7.65	-1.30	—
Maternity—Total	2.65	2.27	2.80	+0.53	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

£ Rate was calculated by HSAG.

Table B-5 HealthPlus Partners Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	85.89%	81.06%	79.69%	-1.37	★★★
Combination 3	79.08%	75.46%	74.94%	-0.52	★★★
Combination 4	69.83%	67.97%	70.12%	+2.15	★★★
Combination 5	55.23%	56.51%	59.51%	+3.00	★★★
Combination 6	30.66%	36.25%	35.74%	-0.51	★★
Combination 7	52.55%	53.62%	57.53%	+3.91	★★★
Combination 8	28.95%	34.74%	34.26%	-0.48	★★
Combination 9	24.57%	29.20%	29.88%	+0.68	★★
Combination 10	23.84%	28.38%	29.07%	+0.69	★★
Immunizations for Adolescents—Combination 1	91.14%	90.75%	89.76%	-0.99	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	75.61%	72.20%	63.58%	-8.62	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.56%	73.80%	73.78%	-0.02	★★★
Adolescent Well-Care Visits	56.46%	50.08%	53.53%	+3.45	★★★
Lead Screening in Children	83.97%	83.91%	85.34%	+1.43	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	81.93%	82.50%	81.95%	-0.55	★★
Appropriate Testing for Children With Pharyngitis	68.30%	71.04%	74.02%	+2.98	★★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	42.38%	39.63%	46.11%	+6.48	★★★
Continuation and Maintenance Phase	51.33%	47.98%	55.36%	+7.38	★★★
Women—Adult Care					
Breast Cancer Screening	63.94%	66.43%	62.74%	-3.69	★★★
Cervical Cancer Screening	76.64%	77.01%	70.23%	-6.78	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	55.61%	54.72%	55.60%	+0.88	★★★
Ages 21 to 24 Years	66.35%	64.56%	67.70%	+3.14	★★★
Total	59.35%	58.10%	60.21%	+2.11	★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.05%	96.91%	96.52%	-0.39	★★
Ages 25 Months to 6 Years	89.93%	89.89%	89.23%	-0.66	★★★
Ages 7 to 11 Years	93.20%	93.26%	92.22%	-1.04	★★★
Ages 12 to 19 Years	91.75%	91.70%	91.75%	+0.05	★★★

Table B-5 HealthPlus Partners Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	85.41%	86.21%	86.92%	+0.71	★★★★
Ages 45 to 64 Years	91.14%	91.75%	92.60%	+0.85	★★★★★
Ages 65+ Years	93.60%	92.61%	92.42%	-0.19	★★★★
Total	87.12%	88.02%	88.87%	+0.85	★★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	77.99%	84.30%	88.76%	+4.46	★★★★★
BMI Percentile—Ages 12 to 17 Years	82.64%	88.46%	90.21%	+1.75	★★★★★
BMI Percentile—Total	79.65%	85.93%	89.29%	+3.36	★★★★★
Nutrition—Ages 3 to 11 Years	71.04%	68.18%	58.23%	-9.95	★★
Nutrition—Ages 12 to 17 Years	64.58%	60.90%	56.64%	-4.26	★★★
Nutrition—Total	68.73%	65.33%	57.65%	-7.68	★★
Physical Activity—Ages 3 to 11 Years	57.14%	58.68%	47.79%	-10.89	★★
Physical Activity—Ages 12 to 17 Years	63.89%	64.74%	55.24%	-9.50	★★★
Physical Activity—Total	59.55%	61.06%	50.51%	-10.55	★★
Adult BMI Assessment	90.40%	93.71%	90.00%	-3.71	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	92.70%	92.70%	81.58%	-11.12	★★
Postpartum Care	71.78%	71.78%	62.89%	-8.89	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	37.76%	35.61%	33.55%	-2.06	—
1-12 Weeks	7.09%	8.47%	8.94%	+0.47	—
13-27 Weeks	35.42%	35.66%	37.35%	+1.69	—
28 or More Weeks	13.75%	14.95%	15.52%	+0.57	—
Unknown	5.98%	5.31%	4.63%	-0.68	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	34.79%	2.92%	5.79%	+2.87	—
21-40 Percent†	2.92%	2.68%	5.26%	+2.58	—
41-60 Percent†	4.14%	8.52%	13.68%	+5.16	—
61-80 Percent†	9.98%	20.92%	16.32%	-4.60	—
≥81 Percent	48.18%	64.96%	58.95%	-6.01	★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	87.69%	89.05%	90.46%	+1.41	★★★★
HbA1c Poor Control (>9.0%)*	33.29%	27.90%	29.64%	+1.74	★★★★★
HbA1c Control (<8.0%)	58.18%	61.93%	59.15%	-2.78	★★★★

Table B-5 HealthPlus Partners Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	72.31%	71.84%	71.26%	-0.58	★★★★★
Medical Attention for Nephropathy	86.28%	84.62%	86.34%	+1.72	★★★★
Blood Pressure Control (<140/90 mm Hg)	68.11%	67.01%	68.56%	+1.55	★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	93.30%	93.77%	92.99%	-0.78	★★★
Ages 12 to 18 Years	83.68%	88.24%	91.20%	+2.96	★★★★
Ages 19 to 50 Years	77.17%	78.24%	78.74%	+0.50	★★★
Ages 51 to 64 Years	62.16%	69.77%	62.00%	-7.77	★
Total	85.30%	86.99%	87.13%	+0.14	★★★
Controlling High Blood Pressure	58.77%	60.10%	55.19%	-4.91	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.44%	80.40%	80.98%	+0.58	—
Discussing Cessation Medications	50.55%	53.69%	57.02%	+3.33	—
Discussing Cessation Strategies	44.44%	49.58%	51.58%	+2.00	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	78.74%	84.00%	82.52%	-1.48	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	81.13%	78.26%	77.50%	-0.76	★★★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	63.84%	64.97%	60.99%	-3.98	★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	59.36%	58.86%	59.27%	+0.41	—
Black or African-American	30.87%	30.41%	27.63%	-2.78	—
American-Indian and Alaska Native	0.15%	0.17%	0.33%	+0.16	—
Asian	0.40%	0.41%	0.37%	-0.04	—
Native Hawaiian and Other Pacific Islanders	0.06%	0.01%	0.05%	+0.04	—
Some Other Race	<0.01%	<0.01%	0.00%	0.00	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	9.17%	10.14%	12.35%	+2.21	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic [£]	4.61%	4.69%	4.73%	+0.04	—

Table B-5 HealthPlus Partners Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	99.90%	99.88%	99.87%	-0.01	—
Spoken Language—Non-English	0.09%	0.11%	0.13%	+0.02	—
Spoken Language—Unknown	<0.01%	<0.01%	0.00%	0.00	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	0.00%	0.00%	0.00%	0.00	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	341.92	339.07	366.08	+27.01	★★★
ED—Total*	66.58	64.88	65.47	+0.59	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	6.90	6.95	6.83	-0.12	—
Medicine—Total	3.21	2.88	2.72	-0.16	—
Surgery—Total	1.06	1.50	1.77	+0.27	—
Maternity—Total	4.27	4.17	3.45	-0.72	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.91	4.32	4.45	+0.13	—
Medicine—Total	4.40	4.08	4.20	+0.12	—
Surgery—Total	5.76	7.58	7.17	-0.41	—
Maternity—Total	2.56	2.67	2.68	+0.01	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

£ Rate was calculated by HSAG.

Table B-6 McLaren Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	85.16%	83.70%	72.75%	-10.95	★★
Combination 3	84.67%	83.45%	69.59%	-13.86	★★
Combination 4	72.51%	72.99%	64.96%	-8.03	★★
Combination 5	58.39%	61.56%	55.72%	-5.84	★★
Combination 6	39.90%	44.04%	38.69%	-5.35	★★
Combination 7	54.74%	55.47%	52.55%	-2.92	★★
Combination 8	38.93%	41.36%	37.96%	-3.40	★★
Combination 9	33.33%	35.77%	31.63%	-4.14	★★
Combination 10	32.60%	33.33%	31.14%	-2.19	★★
Immunizations for Adolescents—Combination 1	89.05%	86.13%	89.29%	+3.16	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	74.70%	78.10%	68.37%	-9.73	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	68.13%	67.64%	74.94%	+7.30	★★★
Adolescent Well-Care Visits	40.15%	52.80%	46.96%	-5.84	★★
Lead Screening in Children	85.64%	83.21%	84.91%	+1.70	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	76.15%	80.67%	82.94%	+2.27	★★
Appropriate Testing for Children With Pharyngitis	60.22%	59.15%	66.88%	+7.73	★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	41.43%	42.14%	45.42%	+3.28	★★★
Continuation and Maintenance Phase	45.31%	44.79%	57.34%	+12.55	★★★
Women—Adult Care					
Breast Cancer Screening	48.02%	53.36%	50.02%	-3.34	★
Cervical Cancer Screening	72.99%	65.21%	55.47%	-9.74	★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	49.47%	48.47%	50.19%	+1.72	★★
Ages 21 to 24 Years	63.71%	59.66%	55.96%	-3.70	★
Total	54.66%	52.34%	52.38%	+0.04	★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	95.47%	96.11%	96.28%	+0.17	★★
Ages 25 Months to 6 Years	85.78%	85.40%	88.95%	+3.55	★★
Ages 7 to 11 Years	88.99%	87.78%	89.67%	+1.89	★★
Ages 12 to 19 Years	86.94%	86.97%	87.72%	+0.75	★★

Table B-6 McLaren Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	81.49%	81.02%	81.53%	+0.51	★★
Ages 45 to 64 Years	89.58%	89.40%	89.61%	+0.21	★★★
Ages 65+ Years	85.53%	86.47%	83.63%	-2.84	★★
Total	83.97%	83.97%	84.36%	+0.39	★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	61.15%	71.89%	74.33%	+2.44	★★★★
BMI Percentile—Ages 12 to 17 Years	60.90%	66.15%	79.33%	+13.18	★★★★
BMI Percentile—Total	61.07%	70.07%	76.16%	+6.09	★★★★
Nutrition—Ages 3 to 11 Years	61.87%	57.30%	60.54%	+3.24	★★
Nutrition—Ages 12 to 17 Years	48.87%	47.69%	49.33%	+1.64	★★
Nutrition—Total	57.66%	54.26%	56.45%	+2.19	★★
Physical Activity—Ages 3 to 11 Years	60.79%	36.30%	42.91%	+6.61	★★
Physical Activity—Ages 12 to 17 Years	48.87%	43.85%	46.67%	+2.82	★★
Physical Activity—Total	56.93%	38.69%	44.28%	+5.59	★★
Adult BMI Assessment	69.10%	84.67%	86.86%	+2.19	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	96.59%	95.13%	86.86%	-8.27	★★★
Postpartum Care	81.02%	77.37%	69.34%	-8.03	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	20.55%	23.01%	28.41%	+5.40	—
1-12 Weeks	8.19%	10.18%	11.16%	+0.98	—
13-27 Weeks	43.14%	43.85%	42.76%	-1.09	—
28 or More Weeks	22.25%	17.95%	13.63%	-4.32	—
Unknown	5.87%	4.99%	4.02%	-0.97	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	1.95%	1.22%	11.68%	+10.46	—
21-40 Percent†	0.73%	0.97%	9.00%	+8.03	—
41-60 Percent†	2.68%	3.65%	6.33%	+2.68	—
61-80 Percent†	7.30%	9.98%	12.17%	+2.19	—
≥81 Percent	87.35%	84.18%	60.83%	-23.35	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	78.47%	83.94%	83.19%	-0.75	★★
HbA1c Poor Control (>9.0%)*	41.24%	41.06%	34.82%	-6.24	★★★★
HbA1c Control (<8.0%)	49.82%	48.36%	45.80%	-2.56	★★

Table B-6 McLaren Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	57.48%	56.75%	52.49%	-4.26	☆☆
Medical Attention for Nephropathy	81.39%	86.86%	82.85%	-4.01	☆☆☆
Blood Pressure Control (<140/90 mm Hg)	71.72%	59.31%	62.44%	+3.13	☆☆☆
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	89.66%	94.04%	91.09%	-2.95	☆☆
Ages 12 to 18 Years	82.83%	86.72%	87.80%	+1.08	☆☆☆
Ages 19 to 50 Years	70.19%	75.83%	70.96%	-4.87	☆☆
Ages 51 to 64 Years	65.75%	62.99%	73.68%	+10.69	☆☆☆
Total	81.88%	84.46%	83.14%	-1.32	☆☆
Controlling High Blood Pressure	77.62%	77.62%	54.99%	-22.63	☆☆
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	75.55%	73.51%	75.71%	+2.20	—
Discussing Cessation Medications	44.81%	45.85%	42.98%	-2.87	—
Discussing Cessation Strategies	39.10%	42.23%	39.94%	-2.29	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	82.05%	82.37%	79.07%	-3.30	☆☆
Diabetes Monitoring for People With Diabetes and Schizophrenia	63.16%	56.45%	61.93%	+5.48	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	67.65%	—	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	8.80%	66.96%	67.20%	+0.24	★★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	69.69%	68.59%	65.46%	-3.13	—
Black or African-American	18.41%	17.92%	15.84%	-2.08	—
American-Indian and Alaska Native	0.21%	0.21%	0.31%	+0.10	—
Asian	0.93%	1.05%	0.90%	-0.15	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.07%	0.07%	0.00	—
Some Other Race	<0.01%	<0.01%	<0.01%	0.00	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	10.65%	12.13%	12.43%	+0.30	—
Declined	0.10%	0.03%	4.99%	+4.96	—
Hispanic [£]	5.03%	5.22%	4.65%	-0.57	—

Table B-6 McLaren Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	99.41%	99.25%	98.64%	-0.61	—
Spoken Language—Non-English	0.58%	0.73%	0.62%	-0.11	—
Spoken Language—Unknown	0.00%	0.02%	<0.01%	-0.02	—
Spoken Language—Declined	0.01%	<0.01%	0.74%	+0.74	—
Written Language—English	0.00%	0.00%	0.00%	0.00	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	318.25	312.85	475.45	+162.60	★★★★★
ED—Total*	75.48	79.75	69.79	-9.96	☆☆
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	8.23	9.29	7.59	-1.70	—
Medicine—Total	3.63	4.43	3.31	-1.12	—
Surgery—Total	1.23	1.49	1.55	+0.06	—
Maternity—Total	5.51	5.48	3.81	-1.67	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.70	3.86	3.55	-0.31	—
Medicine—Total	4.10	4.17	3.62	-0.55	—
Surgery—Total	5.17	5.80	5.09	-0.71	—
Maternity—Total	2.74	2.60	2.56	-0.04	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

£ Rate was calculated by HSAG.

Table B-7 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	81.54%	85.42%	78.89%	-6.53	★★★
Combination 3	77.57%	80.79%	74.25%	-6.54	★★★
Combination 4	64.95%	72.92%	65.43%	-7.49	★☆☆
Combination 5	59.11%	65.51%	61.72%	-3.79	★★★
Combination 6	40.42%	47.69%	46.64%	-1.05	★★★
Combination 7	49.77%	60.65%	55.45%	-5.20	★★★
Combination 8	36.21%	44.91%	42.69%	-2.22	★★★
Combination 9	33.18%	40.28%	40.84%	+0.56	★★★
Combination 10	30.61%	38.66%	37.82%	-0.84	★★★
Immunizations for Adolescents—Combination 1	90.74%	89.73%	89.39%	-0.34	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	77.31%	78.24%	74.54%	-3.70	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	78.24%	82.52%	79.17%	-3.35	★★★★
Adolescent Well-Care Visits	67.91%	62.33%	55.92%	-6.41	★★★
Lead Screening in Children	84.19%	83.33%	81.48%	-1.85	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	86.81%	86.55%	89.73%	+3.18	★★★
Appropriate Testing for Children With Pharyngitis	64.95%	65.56%	70.95%	+5.39	★★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	39.66%	43.97%	45.72%	+1.75	★★★
Continuation and Maintenance Phase	44.95%	51.04%	55.14%	+4.10	★★★
Women—Adult Care					
Breast Cancer Screening	62.88%	68.69%	65.27%	-3.42	★★★★
Cervical Cancer Screening	75.18%	74.71%	76.94%	+2.23	★★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	64.63%	60.19%	58.63%	-1.56	★★★★
Ages 21 to 24 Years	72.84%	70.32%	67.98%	-2.34	★★★
Total	67.98%	64.11%	62.39%	-1.72	★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	98.01%	97.74%	97.66%	-0.08	★★★
Ages 25 Months to 6 Years	92.19%	91.85%	91.70%	-0.15	★★★
Ages 7 to 11 Years	93.76%	93.84%	92.85%	-0.99	★★★
Ages 12 to 19 Years	93.53%	93.65%	92.88%	-0.77	★★★★

Table B-7 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	86.14%	87.08%	85.52%	-1.56	★★★
Ages 45 to 64 Years	91.63%	92.41%	92.36%	-0.05	★★★★★
Ages 65+ Years	93.33%	92.31%	89.69%	-2.62	★★★
Total	87.65%	88.65%	87.57%	-1.08	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	71.38%	57.89%	73.43%	+15.54	★★★
BMI Percentile—Ages 12 to 17 Years	74.24%	60.96%	78.62%	+17.66	★★★★
BMI Percentile—Total	72.26%	58.93%	75.17%	+16.24	★★★★
Nutrition—Ages 3 to 11 Years	48.82%	65.26%	68.88%	+3.62	★★★
Nutrition—Ages 12 to 17 Years	51.52%	56.85%	70.34%	+13.49	★★★★
Nutrition—Total	49.65%	62.41%	69.37%	+6.96	★★★★
Physical Activity—Ages 3 to 11 Years	34.01%	46.32%	49.30%	+2.98	★☆☆
Physical Activity—Ages 12 to 17 Years	43.94%	53.42%	61.38%	+7.96	★★★
Physical Activity—Total	37.06%	48.72%	53.36%	+4.64	★★★
Adult BMI Assessment	82.83%	87.50%	91.65%	+4.15	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	94.13%	94.13%	90.02%	-4.11	★★★★
Postpartum Care	72.07%	76.35%	70.07%	-6.28	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	28.17%	26.74%	26.88%	+0.14	—
1-12 Weeks	10.59%	9.88%	10.49%	+0.61	—
13-27 Weeks	45.10%	45.50%	44.07%	-1.43	—
28 or More Weeks	16.07%	17.72%	18.15%	+0.43	—
Unknown	0.06%	0.15%	0.41%	+0.26	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	0.70%	0.70%	1.62%	+0.92	—
21-40 Percent†	1.64%	1.64%	2.32%	+0.68	—
41-60 Percent†	2.82%	2.82%	3.02%	+0.20	—
61-80 Percent†	7.75%	7.75%	7.66%	-0.09	—
≥81 Percent	87.09%	87.09%	85.38%	-1.71	★★★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	90.93%	90.31%	87.03%	-3.28	★★★
HbA1c Poor Control (>9.0%)*	31.32%	30.21%	45.54%	+15.33	★☆☆
HbA1c Control (<8.0%)	57.83%	60.26%	45.38%	-14.88	★☆☆

Table B-7 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	53.20%	62.84%	63.86%	+1.02	★★★★
Medical Attention for Nephropathy	79.89%	78.03%	81.69%	+3.66	★★★
Blood Pressure Control (<140/90 mm Hg)	68.51%	77.06%	72.77%	-4.29	★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	93.37%	91.27%	90.78%	-0.49	★★
Ages 12 to 18 Years	86.51%	86.32%	86.62%	+0.30	★★
Ages 19 to 50 Years	73.13%	75.03%	74.20%	-0.83	★★
Ages 51 to 64 Years	72.66%	70.44%	64.10%	-6.34	★
Total	85.25%	84.00%	82.68%	-1.32	★★
Controlling High Blood Pressure	76.69%	76.69%	74.46%	-2.23	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.30%	80.81%	80.81%	0.00	—
Discussing Cessation Medications	51.64%	55.28%	58.61%	+3.33	—
Discussing Cessation Strategies	44.98%	47.80%	47.99%	+0.19	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	91.22%	85.85%	86.96%	+1.11	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	49.75%	90.91%	92.37%	+1.46	★★★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	57.43%	57.54%	57.42%	-0.12	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	58.00%	53.69%	52.48%	-1.21	★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	65.94%	64.87%	63.62%	-1.25	—
Black or African-American	21.60%	21.47%	21.24%	-0.23	—
American-Indian and Alaska Native	0.15%	0.15%	0.34%	+0.19	—
Asian	1.02%	1.03%	0.84%	-0.19	—
Native Hawaiian and Other Pacific Islanders	0.10%	0.07%	0.06%	-0.01	—
Some Other Race	0.00%	0.00%	<0.01%	0.00	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	5.88%	5.92%	5.65%	-0.27	—
Declined	5.33%	6.49%	8.24%	+1.75	—
Hispanic [£]	5.88%	5.92%	5.65%	-0.27	—

Table B-7 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	98.85%	97.73%	98.72%	+0.99	—
Spoken Language—Non-English	1.15%	2.27%	1.28%	-0.99	—
Spoken Language—Unknown	0.00%	0.00%	<0.01%	0.00	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	98.85%	97.73%	98.72%	+0.99	—
Written Language—Non-English	1.15%	2.27%	1.28%	-0.99	—
Written Language—Unknown	0.00%	0.00%	<0.01%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	98.85%	97.73%	98.72%	+0.99	—
Other Language Needs—Non-English	1.15%	2.27%	1.28%	-0.99	—
Other Language Needs—Unknown	0.00%	0.00%	<0.01%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	368.04	368.55	220.85	-147.70	★
ED—Total*	80.96	78.89	35.59	-43.30	★★★★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	10.67	7.40	7.76	+0.36	—
Medicine—Total	6.46	3.15	3.81	+0.66	—
Surgery—Total	0.36	0.92	1.13	+0.21	—
Maternity—Total	6.52	5.71	4.43	-1.28	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.79	3.62	3.70	+0.08	—
Medicine—Total	4.58	4.16	3.98	-0.18	—
Surgery—Total	4.17	6.04	5.90	-0.14	—
Maternity—Total	2.43	2.44	2.45	+0.01	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

£ Rate was calculated by HSAG.

Table B-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	82.35%	81.46%	75.05%	-6.41	☆☆
Combination 3	77.65%	78.81%	71.08%	-7.73	☆☆
Combination 4	69.65%	70.86%	65.43%	-5.43	☆☆
Combination 5	57.88%	60.71%	59.23%	-1.48	☆☆☆
Combination 6	39.76%	39.07%	37.05%	-2.02	☆☆
Combination 7	51.76%	54.53%	54.74%	+0.21	☆☆☆
Combination 8	37.65%	37.31%	35.71%	-1.60	☆☆
Combination 9	30.82%	30.68%	31.77%	+1.09	☆☆
Combination 10	28.94%	28.92%	30.70%	+1.78	☆☆
Immunizations for Adolescents—Combination 1	87.05%	87.76%	92.59%	+4.83	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	67.40%	61.79%	55.09%	-6.70	☆☆
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	76.39%	77.08%	72.09%	-4.99	☆☆☆
Adolescent Well-Care Visits	57.64%	54.73%	58.00%	+3.27	☆☆☆
Lead Screening in Children	80.00%	76.32%	74.33%	-1.99	☆☆☆
Appropriate Treatment for Children With Upper Respiratory Infection	85.31%	87.22%	89.65%	+2.43	☆☆☆
Appropriate Testing for Children With Pharyngitis	59.27%	55.53%	63.02%	+7.49	☆☆
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	35.95%	38.16%	31.66%	-6.50	★
Continuation and Maintenance Phase	43.18%	47.19%	33.03%	-14.16	★
Women—Adult Care					
Breast Cancer Screening	55.61%	61.07%	58.34%	-2.73	☆☆☆
Cervical Cancer Screening	72.80%	70.00%	69.47%	-0.53	☆☆☆
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	66.32%	62.42%	62.05%	-0.37	★★★★
Ages 21 to 24 Years	73.19%	71.31%	70.22%	-1.09	★★★★
Total	68.67%	65.34%	64.78%	-0.56	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.03%	95.92%	96.11%	+0.19	☆☆
Ages 25 Months to 6 Years	90.56%	88.23%	87.38%	-0.85	☆☆
Ages 7 to 11 Years	92.66%	91.59%	90.98%	-0.61	☆☆
Ages 12 to 19 Years	89.99%	89.37%	89.86%	+0.49	☆☆

Table B-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	83.77%	85.21%	84.10%	-1.11	☆☆☆
Ages 45 to 64 Years	90.51%	91.68%	91.54%	-0.14	★★★★
Ages 65+ Years	93.44%	92.51%	91.33%	-1.18	★★★★
Total	86.63%	88.07%	87.62%	-0.45	☆☆☆
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	79.23%	73.56%	76.98%	+3.42	★★★★
BMI Percentile—Ages 12 to 17 Years	78.72%	81.41%	79.49%	-1.92	★★★★
BMI Percentile—Total	79.06%	76.27%	77.85%	+1.58	★★★★
Nutrition—Ages 3 to 11 Years	61.27%	66.78%	69.42%	+2.64	☆☆☆
Nutrition—Ages 12 to 17 Years	63.12%	69.87%	65.38%	-4.49	☆☆☆
Nutrition—Total	61.88%	67.85%	68.01%	+0.16	☆☆☆
Physical Activity—Ages 3 to 11 Years	45.66%	51.86%	59.45%	+7.59	★★★★
Physical Activity—Ages 12 to 17 Years	49.10%	63.46%	62.18%	-1.28	☆☆☆
Physical Activity—Total	46.99%	55.88%	60.40%	+4.52	☆☆☆
Adult BMI Assessment	83.19%	85.23%	93.36%	+8.13	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	80.38%	83.63%	76.33%	-7.30	★
Postpartum Care	72.49%	72.79%	71.02%	-1.77	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	35.07%	34.20%	35.66%	+1.46	—
1-12 Weeks	8.16%	8.37%	7.53%	-0.84	—
13-27 Weeks	35.79%	37.18%	35.28%	-1.90	—
28 or More Weeks	15.80%	16.56%	16.82%	+0.26	—
Unknown	5.17%	3.70%	4.71%	+1.01	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	16.51%	12.61%	14.82%	+2.21	—
21-40 Percent†	11.48%	15.27%	10.62%	-4.65	—
41-60 Percent†	11.48%	13.27%	13.50%	+0.23	—
61-80 Percent†	16.03%	17.70%	17.48%	-0.22	—
≥81 Percent	44.50%	41.15%	43.58%	+2.43	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	82.84%	81.86%	84.99%	+3.13	☆☆☆
HbA1c Poor Control (>9.0%)*	37.47%	41.81%	32.23%	-9.58	★★★★
HbA1c Control (<8.0%)	53.72%	50.22%	59.82%	+9.60	★★★★★

Table B-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	56.66%	65.27%	56.29%	-8.98	★★★
Medical Attention for Nephropathy	79.23%	80.97%	85.65%	+4.68	★★★★
Blood Pressure Control (<140/90 mm Hg)	67.27%	58.63%	62.03%	+3.40	★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	86.36%	86.46%	85.24%	-1.22	★
Ages 12 to 18 Years	77.08%	79.43%	79.41%	-0.02	★
Ages 19 to 50 Years	66.37%	67.47%	65.92%	-1.55	★
Ages 51 to 64 Years	54.33%	57.69%	59.55%	+1.86	★
Total	75.77%	75.45%	74.60%	-0.85	★
Controlling High Blood Pressure	64.86%	64.86%	61.96%	-2.90	★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	81.27%	82.54%	84.18%	+1.64	—
Discussing Cessation Medications	53.91%	53.54%	55.34%	+1.80	—
Discussing Cessation Strategies	45.62%	48.22%	48.81%	+0.59	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	84.60%	84.63%	86.19%	+1.56	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	67.61%	70.80%	73.17%	+2.37	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	85.92%	80.26%	79.07%	-1.19	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	65.61%	68.80%	69.45%	+0.65	★★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	47.21%	45.86%	44.42%	-1.44	—
Black or African-American	36.33%	35.17%	34.04%	-1.13	—
American-Indian and Alaska Native	0.14%	0.14%	0.20%	+0.06	—
Asian	0.97%	0.81%	0.66%	-0.15	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	0.00%	0.00	—
Some Other Race	0.00%	0.00%	0.00%	0.00	—
Two or More Races	<0.01%	<0.01%	0.01%	+0.01	—
Unknown	15.35%	18.02%	20.67%	+2.65	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic‡	7.25%	7.32%	7.45%	+0.13	—

Table B-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	98.95%	98.69%	98.61%	-0.08	—
Spoken Language—Non-English	0.91%	1.10%	1.20%	+0.10	—
Spoken Language—Unknown	0.15%	0.20%	0.19%	-0.01	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	98.95%	98.69%	98.61%	-0.08	—
Written Language—Non-English	0.91%	1.10%	1.20%	+0.10	—
Written Language—Unknown	0.15%	0.20%	0.19%	-0.01	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	98.95%	98.69%	98.61%	-0.08	—
Other Language Needs—Non-English	0.91%	1.10%	1.20%	+0.10	—
Other Language Needs—Unknown	0.15%	0.20%	0.19%	-0.01	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	412.43	394.93	395.04	+0.11	★★★
ED—Total*	75.53	77.49	75.53	-1.96	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	7.81	7.91	8.12	+0.21	—
Medicine—Total	3.53	3.77	3.93	+0.16	—
Surgery—Total	1.59	1.70	1.80	+0.10	—
Maternity—Total	4.42	4.01	3.93	-0.08	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.95	4.33	4.51	+0.18	—
Medicine—Total	3.76	4.08	4.21	+0.13	—
Surgery—Total	6.73	7.38	7.63	+0.25	—
Maternity—Total	2.55	2.57	2.65	+0.08	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

‡ Rate was calculated by HSAG.

Table B-9 Priority Health Choice, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	88.08%	86.00%	85.75%	-0.25	★★★★★
Combination 3	85.40%	83.54%	84.28%	+0.74	★★★★★
Combination 4	45.01%	81.57%	81.57%	0.00	★★★★★
Combination 5	70.80%	70.02%	74.45%	+4.43	★★★★★
Combination 6	58.15%	66.09%	64.13%	-1.96	★★★★★
Combination 7	38.93%	69.04%	72.48%	+3.44	★★★★★
Combination 8	34.06%	64.86%	63.39%	-1.47	★★★★★
Combination 9	51.09%	56.27%	58.23%	+1.96	★★★★★
Combination 10	30.90%	55.77%	57.49%	+1.72	★★★★★
Immunizations for Adolescents—Combination 1	95.92%	95.00%	86.00%	-9.00	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	72.61%	74.39%	74.14%	-0.25	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	76.95%	76.69%	83.28%	+6.59	★★★★★
Adolescent Well-Care Visits	61.07%	65.56%	55.59%	-9.97	★★★
Lead Screening in Children	82.93%	84.28%	83.78%	-0.50	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	92.12%	94.39%	94.20%	-0.19	★★★★
Appropriate Testing for Children With Pharyngitis	78.16%	75.52%	77.32%	+1.80	★★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	38.06%	33.09%	34.11%	+1.02	★★
Continuation and Maintenance Phase	45.62%	29.73%	30.30%	+0.57	★
Women—Adult Care					
Breast Cancer Screening	65.16%	67.56%	63.09%	-4.47	★★★
Cervical Cancer Screening	78.65%	77.32%	68.92%	-8.40	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	64.43%	65.40%	61.60%	-3.80	★★★★
Ages 21 to 24 Years	72.79%	73.25%	73.17%	-0.08	★★★★★
Total	67.32%	67.91%	65.12%	-2.79	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.80%	96.96%	97.52%	+0.56	★★★
Ages 25 Months to 6 Years	88.15%	88.74%	89.00%	+0.26	★★
Ages 7 to 11 Years	92.29%	92.22%	92.16%	-0.06	★★★
Ages 12 to 19 Years	90.39%	90.69%	91.35%	+0.66	★★★

Table B-9 Priority Health Choice, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	83.88%	85.27%	84.56%	-0.71	★★★
Ages 45 to 64 Years	90.67%	91.39%	92.29%	+0.90	★★★★★
Ages 65+ Years	NA	95.50%	91.16%	-4.34	★★★★
Total	85.58%	87.55%	87.44%	-0.11	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	83.70%	83.82%	87.44%	+3.62	★★★★★
BMI Percentile—Ages 12 to 17 Years	81.56%	86.99%	86.61%	-0.38	★★★★★
BMI Percentile—Total	82.97%	84.81%	87.13%	+2.32	★★★★★
Nutrition—Ages 3 to 11 Years	74.07%	77.21%	79.53%	+2.32	★★★★★
Nutrition—Ages 12 to 17 Years	66.67%	78.05%	67.72%	-10.33	★★★★
Nutrition—Total	71.53%	77.47%	75.15%	-2.32	★★★★
Physical Activity—Ages 3 to 11 Years	57.41%	67.65%	68.84%	+1.19	★★★★★
Physical Activity—Ages 12 to 17 Years	65.96%	80.49%	65.35%	-15.14	★★★★
Physical Activity—Total	60.34%	71.65%	67.54%	-4.11	★★★★
Adult BMI Assessment	85.77%	90.82%	87.07%	-3.75	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	88.81%	90.23%	78.24%	-11.99	★★
Postpartum Care	70.07%	71.55%	66.18%	-5.37	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	26.03%	26.03%	24.88%	-1.15	—
1-12 Weeks	12.65%	12.65%	11.95%	-0.70	—
13-27 Weeks	44.77%	44.77%	48.05%	+3.28	—
28 or More Weeks	16.55%	16.55%	15.12%	-1.43	—
Unknown	0.00%	0.00%	0.00%	0.00	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	6.57%	6.57%	8.53%	+1.96	—
21-40 Percent†	4.38%	4.38%	6.40%	+2.02	—
41-60 Percent†	8.03%	8.03%	5.07%	-2.96	—
61-80 Percent†	15.82%	15.82%	14.13%	-1.69	—
≥81 Percent	65.21%	65.21%	65.87%	+0.66	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	88.40%	91.85%	92.57%	+0.72	★★★★★
HbA1c Poor Control (>9.0%)*	31.74%	23.75%	24.86%	+1.11	★★★★★
HbA1c Control (<8.0%)	57.68%	64.09%	62.86%	-1.23	★★★★★

Table B-9 Priority Health Choice, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	62.46%	66.67%	67.86%	+1.19	★★★★
Medical Attention for Nephropathy	84.98%	83.12%	87.14%	+4.02	★★★★★
Blood Pressure Control (<140/90 mm Hg)	66.55%	68.38%	67.29%	-1.09	★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
Ages 5 to 11 Years	95.74%	95.42%	95.68%	+0.26	★★★★★
Ages 12 to 18 Years	93.05%	94.92%	94.27%	-0.65	★★★★★
Ages 19 to 50 Years	89.35%	85.20%	82.39%	-2.81	★★★★
Ages 51 to 64 Years	NA	70.73%	75.68%	+4.95	★★★
Total	93.40%	91.87%	91.82%	-0.05	★★★★★
Controlling High Blood Pressure	69.83%	62.93%	61.86%	-1.07	★★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
Advising Smokers and Tobacco Users to Quit	79.57%	84.49%	83.17%	-1.32	—
Discussing Cessation Medications	50.71%	53.85%	52.96%	-0.89	—
Discussing Cessation Strategies	42.76%	43.44%	42.97%	-0.47	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	77.52%	79.84%	82.38%	+2.54	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	77.50%	65.57%	79.31%	+13.74	★★★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	59.85%	66.67%	55.95%	-10.72	★★
Health Plan Diversity					
<i>Race/Ethnicity Diversity of Membership†</i>					
White	58.98%	57.80%	60.18%	+2.38	—
Black or African-American	17.24%	16.09%	15.85%	-0.24	—
American-Indian and Alaska Native	0.12%	0.13%	0.42%	+0.29	—
Asian	0.53%	0.75%	1.25%	+0.50	—
Native Hawaiian and Other Pacific Islanders	0.03%	0.01%	0.08%	+0.07	—
Some Other Race	0.00%	0.00%	0.00%	0.00	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	23.11%	25.22%	22.22%	-3.00	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic [£]	10.60%	10.24%	11.86%	+1.62	—

Table B-9 Priority Health Choice, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Language Diversity of Membership†</i>					
Spoken Language—English	0.00%	0.00%	0.00%	0.00	—
Spoken Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Spoken Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	0.00%	0.00%	0.00%	0.00	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)†</i>					
Outpatient—Total	328.44	340.92	345.24	+4.32	★★
ED—Total*	80.38	79.95	80.37	+0.42	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†</i>					
Total Inpatient—Total	6.45	7.25	7.60	+0.35	—
Medicine—Total	2.26	2.93	3.16	+0.23	—
Surgery—Total	0.93	1.10	1.25	+0.15	—
Maternity—Total	5.75	5.69	5.56	-0.13	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†</i>					
Total Inpatient—Total	3.19	3.37	3.46	+0.09	—
Medicine—Total	3.70	3.77	3.85	+0.08	—
Surgery—Total	4.43	4.71	4.81	+0.10	—
Maternity—Total	2.48	2.54	2.56	+0.02	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

£ Rate was calculated by HSAG.

Table B-10 Sparrow PHP Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	73.97%	77.62%	80.54%	+2.92	★★★★
Combination 3	68.13%	71.78%	76.89%	+5.11	★★★
Combination 4	24.82%	65.21%	71.29%	+6.08	★★★
Combination 5	48.42%	59.37%	67.40%	+8.03	★★★★
Combination 6	31.14%	48.66%	51.09%	+2.43	★★★★
Combination 7	20.44%	55.96%	63.26%	+7.30	★★★★
Combination 8	12.41%	46.96%	49.15%	+2.19	★★★★
Combination 9	22.87%	42.09%	44.77%	+2.68	★★★★
Combination 10	9.73%	41.36%	43.55%	+2.19	★★★★
Immunizations for Adolescents—Combination 1	87.76%	91.53%	91.84%	+0.31	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	56.10%	63.54%	63.54%	Rotated	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	65.31%	64.36%	64.43%	+0.07	★
Adolescent Well-Care Visits	46.47%	51.09%	56.93%	+5.84	★★★
Lead Screening in Children	77.20%	81.04%	79.32%	-1.72	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	83.30%	84.20%	79.44%	-4.76	★
Appropriate Testing for Children With Pharyngitis	60.82%	60.26%	50.99%	-9.27	★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	NB	NB	50.00%	—	★★★★
Continuation and Maintenance Phase	NB	NB	NA	—	NA
Women—Adult Care					
Breast Cancer Screening	43.51%	51.21%	50.70%	-0.51	★
Cervical Cancer Screening	71.11%	68.81%	67.78%	-1.03	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	52.74%	53.65%	55.92%	+2.27	★★★
Ages 21 to 24 Years	70.35%	70.74%	62.78%	-7.96	★★
Total	58.73%	59.27%	58.30%	-0.97	★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	95.61%	97.49%	96.53%	-0.96	★★
Ages 25 Months to 6 Years	85.18%	85.23%	86.90%	+1.67	★★
Ages 7 to 11 Years	88.33%	88.02%	89.22%	+1.20	★★
Ages 12 to 19 Years	87.17%	88.34%	90.31%	+1.97	★★★

Table B-10 Sparrow PHP Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	80.86%	81.92%	81.79%	-0.13	★★
Ages 45 to 64 Years	87.66%	87.65%	87.78%	+0.13	★★
Ages 65+ Years	86.44%	92.44%	88.62%	-3.82	★★★
Total	83.03%	84.04%	84.00%	-0.04	★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	67.40%	74.22%	81.09%	+6.87	★★★★
BMI Percentile—Ages 12 to 17 Years	63.04%	80.52%	80.67%	+0.15	★★★★
BMI Percentile—Total	65.94%	76.59%	80.93%	+4.34	★★★★
Nutrition—Ages 3 to 11 Years	64.10%	71.48%	76.47%	+4.99	★★★★
Nutrition—Ages 12 to 17 Years	63.77%	74.68%	73.33%	-1.35	★★★★
Nutrition—Total	63.99%	72.68%	75.26%	+2.58	★★★★
Physical Activity—Ages 3 to 11 Years	46.15%	59.38%	60.92%	+1.54	★★★★
Physical Activity—Ages 12 to 17 Years	65.22%	68.18%	66.00%	-2.18	★★★★
Physical Activity—Total	52.55%	62.68%	62.89%	+0.21	★★★★
Adult BMI Assessment	75.47%	87.22%	94.39%	+7.17	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	88.98%	91.91%	88.25%	-3.66	★★★
Postpartum Care	66.67%	67.39%	68.85%	+1.46	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	34.42%	35.17%	36.79%	+1.62	—
1-12 Weeks	8.95%	8.75%	6.98%	-1.77	—
13-27 Weeks	36.83%	38.40%	33.96%	-4.44	—
28 or More Weeks	16.35%	15.59%	18.87%	+3.28	—
Unknown	3.44%	2.09%	3.40%	+1.31	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	5.65%	0.81%	2.73%	+1.92	—
21-40 Percent†	2.54%	2.16%	3.83%	+1.67	—
41-60 Percent†	5.37%	8.09%	4.92%	-3.17	—
61-80 Percent†	8.19%	14.02%	13.11%	-0.91	—
≥81 Percent	78.25%	74.93%	75.41%	+0.48	★★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	81.10%	84.57%	87.59%	+3.02	★★★★
HbA1c Poor Control (>9.0%)*	40.65%	32.46%	34.40%	+1.94	★★★★
HbA1c Control (<8.0%)	49.39%	56.11%	54.51%	-1.60	★★★★

Table B-10 Sparrow PHP Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	59.35%	60.12%	67.29%	+7.17	★★★★
Medical Attention for Nephropathy	77.44%	80.16%	86.47%	+6.31	★★★★
Blood Pressure Control (<140/90 mm Hg)	71.14%	70.54%	70.54%	Rotated	★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	94.44%	94.08%	96.12%	+2.04	★★★★★
Ages 12 to 18 Years	92.16%	93.69%	95.74%	+2.05	★★★★★
Ages 19 to 50 Years	78.13%	77.03%	76.47%	-0.56	★★★
Ages 51 to 64 Years	NA	NA	NA	—	NA
Total	89.13%	89.59%	90.71%	+1.12	★★★★
Controlling High Blood Pressure	63.14%	64.06%	64.21%	+0.15	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	76.95%	77.29%	78.74%	+1.45	—
Discussing Cessation Medications	53.16%	54.61%	50.83%	-3.78	—
Discussing Cessation Strategies	47.87%	49.32%	52.15%	+2.83	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NB	NB	NA	—	NA
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA	NA	—	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NB	NB	NA	—	NA
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	52.46%	51.34%	51.50%	+0.16	—
Black or African-American	24.91%	23.98%	22.88%	-1.10	—
American-Indian and Alaska Native	0.21%	0.18%	0.31%	+0.13	—
Asian	0.00%	4.92%	4.27%	-0.65	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.04%	0.08%	+0.04	—
Some Other Race	9.46%	9.49%	9.02%	-0.47	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	12.96%	10.05%	11.94%	+1.89	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic [£]	9.46%	9.49%	9.02%	-0.47	—

Table B-10 Sparrow PHP Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	98.49%	97.84%	97.48%	-0.36	—
Spoken Language—Non-English	0.85%	0.63%	0.61%	-0.02	—
Spoken Language—Unknown	0.66%	1.53%	1.91%	+0.38	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	98.49%	97.84%	97.48%	-0.36	—
Written Language—Non-English	0.85%	0.63%	0.61%	-0.02	—
Written Language—Unknown	0.66%	1.53%	1.91%	+0.38	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	98.49%	97.84%	97.48%	-0.36	—
Other Language Needs—Non-English	0.85%	0.63%	0.61%	-0.02	—
Other Language Needs—Unknown	0.66%	1.53%	1.91%	+0.38	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	342.01	335.61	330.60	-5.01	★★
ED—Total*	79.83	75.56	73.14	-2.42	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	8.14	9.33	8.60	-0.73	—
Medicine—Total	3.84	5.06	4.76	-0.30	—
Surgery—Total	1.19	1.29	1.28	-0.01	—
Maternity—Total	5.15	5.05	4.06	-0.99	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.47	3.71	3.84	+0.13	—
Medicine—Total	3.71	3.71	3.67	-0.04	—
Surgery—Total	4.37	6.19	6.41	+0.22	—
Maternity—Total	2.77	2.64	2.89	+0.25	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

£ Rate was calculated by HSAG.

Table B-11 Total Health Care, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	80.74%	70.07%	70.14%	+0.07	★
Combination 3	79.58%	64.27%	65.28%	+1.01	★
Combination 4	36.66%	60.56%	61.34%	+0.78	★★
Combination 5	48.26%	51.74%	49.07%	-2.67	★
Combination 6	19.03%	22.97%	31.25%	+8.28	★
Combination 7	22.04%	49.65%	46.53%	-3.12	★
Combination 8	10.90%	22.27%	30.09%	+7.82	★
Combination 9	12.99%	18.10%	25.00%	+6.90	★
Combination 10	7.66%	17.87%	24.31%	+6.44	★
Immunizations for Adolescents—Combination 1	83.33%	87.70%	84.26%	-3.44	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	73.15%	49.28%	52.08%	+2.80	★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	82.94%	72.24%	68.75%	-3.49	★★
Adolescent Well-Care Visits	67.08%	52.21%	50.00%	-2.21	★★★
Lead Screening in Children	74.31%	69.14%	71.99%	+2.85	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	85.56%	85.71%	86.35%	+0.64	★★★
Appropriate Testing for Children With Pharyngitis	51.38%	52.90%	56.74%	+3.84	★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	43.21%	40.85%	34.07%	-6.78	★★
Continuation and Maintenance Phase	NA	NA	35.85%	—	★
Women—Adult Care					
Breast Cancer Screening	49.96%	54.65%	48.41%	-6.24	★
Cervical Cancer Screening	63.87%	64.65%	58.15%	-6.50	★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	67.12%	69.64%	66.69%	-2.95	★★★★★
Ages 21 to 24 Years	75.89%	74.33%	72.24%	-2.09	★★★★
Total	70.00%	71.25%	68.75%	-2.50	★★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	93.78%	93.34%	93.42%	+0.08	★
Ages 25 Months to 6 Years	83.47%	81.98%	82.77%	+0.79	★
Ages 7 to 11 Years	87.02%	86.77%	86.47%	-0.30	★
Ages 12 to 19 Years	85.42%	85.40%	85.31%	-0.09	★

Table B-11 Total Health Care, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	76.24%	77.68%	77.34%	-0.34	★
Ages 45 to 64 Years	85.79%	86.53%	86.52%	-0.01	★★
Ages 65+ Years	80.28%	NA	76.49%	—	★
Total	79.64%	80.84%	80.62%	-0.22	★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	58.53%	69.55%	69.92%	+0.37	★★★★
BMI Percentile—Ages 12 to 17 Years	62.07%	69.28%	67.47%	-1.81	★★★★
BMI Percentile—Total	59.95%	69.44%	68.98%	-0.46	★★★★
Nutrition—Ages 3 to 11 Years	63.95%	63.53%	64.29%	+0.76	★★★★
Nutrition—Ages 12 to 17 Years	55.17%	54.22%	57.83%	+3.61	★★★★
Nutrition—Total	60.42%	59.95%	61.81%	+1.86	★★★★
Physical Activity—Ages 3 to 11 Years	50.92%	49.62%	55.26%	+5.64	★★★★
Physical Activity—Ages 12 to 17 Years	55.35%	51.81%	59.04%	+7.23	★★★★
Physical Activity—Total	52.55%	50.46%	56.71%	+6.25	★★★★
Adult BMI Assessment	73.61%	79.13%	83.28%	+4.15	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	69.44%	72.62%	68.52%	-4.10	★
Postpartum Care	47.69%	52.20%	44.68%	-7.52	★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	32.65%	30.29%	46.17%	+15.88	—
1-12 Weeks	7.00%	8.70%	7.42%	-1.28	—
13-27 Weeks	35.98%	38.02%	27.61%	-10.41	—
28 or More Weeks	17.66%	16.86%	13.92%	-2.94	—
Unknown	6.72%	6.14%	4.87%	-1.27	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	28.70%	22.74%	20.37%	-2.37	—
21-40 Percent†	12.27%	17.40%	17.13%	-0.27	—
41-60 Percent†	10.19%	11.14%	13.89%	+2.75	—
61-80 Percent†	13.89%	15.31%	17.36%	+2.05	—
≥81 Percent	34.95%	33.41%	31.25%	-2.16	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	76.75%	81.16%	82.04%	+0.88	★★
HbA1c Poor Control (>9.0%)*	54.56%	56.08%	47.95%	-8.13	★★
HbA1c Control (<8.0%)	40.27%	38.75%	43.84%	+5.09	★★

Table B-11 Total Health Care, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	46.66%	34.19%	35.01%	+0.82	★
Medical Attention for Nephropathy	79.94%	82.07%	80.67%	-1.40	★★★
Blood Pressure Control (<140/90 mm Hg)	53.19%	51.06%	51.14%	+0.08	★
<i>Use of Appropriate Medications for People With Asthma</i>					
Ages 5 to 11 Years	82.39%	75.27%	80.85%	+5.58	★
Ages 12 to 18 Years	76.50%	79.33%	73.80%	-5.53	★
Ages 19 to 50 Years	64.31%	65.57%	62.22%	-3.35	★
Ages 51 to 64 Years	61.45%	58.06%	64.29%	+6.23	★
Total	73.48%	70.66%	70.12%	-0.54	★
Controlling High Blood Pressure	46.28%	39.91%	51.56%	+11.65	★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
Advising Smokers and Tobacco Users to Quit	79.75%	80.47%	78.73%	-1.74	—
Discussing Cessation Medications	51.38%	53.91%	51.91%	-2.00	—
Discussing Cessation Strategies	47.17%	47.24%	42.11%	-5.13	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NA	NA	83.84%	—	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	65.79%	62.69%	65.66%	+2.97	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NA	NA	57.30%	—	★★
Health Plan Diversity					
<i>Race/Ethnicity Diversity of Membership†</i>					
White	29.80%	28.94%	28.52%	-0.42	—
Black or African-American	61.91%	61.86%	58.81%	-3.05	—
American-Indian and Alaska Native	0.08%	0.08%	0.17%	+0.09	—
Asian	1.38%	1.36%	1.24%	-0.12	—
Native Hawaiian and Other Pacific Islanders	0.11%	0.10%	0.09%	-0.01	—
Some Other Race	2.15%	2.39%	2.14%	-0.25	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	4.55%	5.27%	9.04%	+3.77	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic [£]	2.15%	2.39%	2.14%	-0.25	—

Table B-11 Total Health Care, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Language Diversity of Membership†</i>					
Spoken Language—English	99.56%	99.51%	99.48%	-0.03	—
Spoken Language—Non-English	0.44%	0.49%	0.48%	-0.01	—
Spoken Language—Unknown	0.00%	0.00%	0.04%	+0.04	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	99.56%	99.51%	99.48%	-0.03	—
Written Language—Non-English	0.44%	0.49%	0.48%	-0.01	—
Written Language—Unknown	0.00%	0.00%	0.04%	+0.04	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	99.56%	99.51%	99.48%	-0.03	—
Other Language Needs—Non-English	0.44%	0.49%	0.48%	-0.01	—
Other Language Needs—Unknown	0.00%	0.00%	0.04%	+0.04	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)†</i>					
Outpatient—Total	288.30	289.31	322.80	+33.49	★★
ED—Total*	74.83	73.94	76.06	+2.12	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†</i>					
Total Inpatient—Total	9.84	10.18	9.91	-0.27	—
Medicine—Total	5.11	4.99	5.90	+0.91	—
Surgery—Total	1.74	1.77	1.97	+0.20	—
Maternity—Total	4.50	5.16	2.89	-2.27	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†</i>					
Total Inpatient—Total	3.88	3.72	4.35	+0.63	—
Medicine—Total	3.50	3.44	3.78	+0.34	—
Surgery—Total	7.23	6.84	7.69	+0.85	—
Maternity—Total	2.58	2.53	2.79	+0.26	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

£ Rate was calculated by HSAG.

Table B-12 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	77.37%	76.73%	76.16%	-0.57	★★★
Combination 3	72.26%	72.34%	71.29%	-1.05	★★
Combination 4	35.52%	67.82%	69.59%	+1.77	★★★
Combination 5	54.50%	57.32%	60.34%	+3.02	★★★
Combination 6	33.33%	35.30%	40.15%	+4.85	★★
Combination 7	27.49%	54.74%	59.37%	+4.63	★★★
Combination 8	19.71%	34.19%	38.93%	+4.74	★★
Combination 9	26.52%	29.47%	34.55%	+5.08	★★
Combination 10	16.06%	28.80%	33.82%	+5.02	★★
Immunizations for Adolescents—Combination 1	89.86%	86.63%	88.81%	+2.18	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	93.19%	84.18%	57.64%	-26.54	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	82.40%	80.80%	74.81%	-5.99	★★★
Adolescent Well-Care Visits	66.85%	61.46%	52.30%	-9.16	★★★
Lead Screening in Children	82.97%	79.56%	81.51%	+1.95	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	85.75%	86.63%	87.20%	+0.57	★★★
Appropriate Testing for Children With Pharyngitis	52.88%	49.65%	62.65%	+13.00	★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	39.62%	39.69%	40.80%	+1.11	★★
Continuation and Maintenance Phase	51.52%	47.89%	54.00%	+6.11	★★★
Women—Adult Care					
Breast Cancer Screening	57.47%	64.85%	64.01%	-0.84	★★★
Cervical Cancer Screening	69.59%	73.16%	67.68%	-5.48	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	61.85%	62.73%	59.26%	-3.47	★★★★
Ages 21 to 24 Years	72.17%	70.54%	68.99%	-1.55	★★★★
Total	65.76%	65.46%	62.71%	-2.75	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.91%	97.74%	96.06%	-1.68	★★
Ages 25 Months to 6 Years	90.93%	91.15%	88.67%	-2.48	★★
Ages 7 to 11 Years	92.64%	92.79%	91.35%	-1.44	★★★
Ages 12 to 19 Years	91.85%	92.17%	90.50%	-1.67	★★★

Table B-12 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	85.13%	85.15%	83.78%	-1.37	★★★
Ages 45 to 64 Years	92.31%	92.69%	92.16%	-0.53	★★★★
Ages 65+ Years	92.66%	90.93%	97.31%	+6.38	★★★★★
Total	87.83%	88.19%	86.90%	-1.29	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	53.05%	66.79%	77.58%	+10.79	★★★★
BMI Percentile—Ages 12 to 17 Years	57.72%	70.47%	76.92%	+6.45	★★★★
BMI Percentile—Total	54.74%	68.13%	77.37%	+9.24	★★★★
Nutrition—Ages 3 to 11 Years	59.54%	68.70%	72.60%	+3.90	★★★★
Nutrition—Ages 12 to 17 Years	61.07%	63.09%	69.23%	+6.14	★★★★
Nutrition—Total	60.10%	66.67%	71.53%	+4.86	★★★★
Physical Activity—Ages 3 to 11 Years	48.09%	49.24%	59.43%	+10.19	★★★★
Physical Activity—Ages 12 to 17 Years	53.69%	55.70%	69.23%	+13.53	★★★★
Physical Activity—Total	50.12%	51.58%	62.53%	+10.95	★★★★
Adult BMI Assessment	78.42%	86.11%	91.79%	+5.68	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	89.72%	87.87%	85.68%	-2.19	★★★
Postpartum Care	66.94%	66.31%	63.82%	-2.49	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	NR	32.20%	33.09%	+0.89	—
1-12 Weeks	NR	8.07%	8.50%	+0.43	—
13-27 Weeks	NR	37.76%	35.70%	-2.06	—
28 or More Weeks	NR	16.92%	17.77%	+0.85	—
Unknown	NR	5.06%	4.93%	-0.13	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	7.78%	8.36%	6.53%	-1.83	—
21-40 Percent†	2.78%	7.82%	5.78%	-2.04	—
41-60 Percent†	7.22%	8.09%	8.04%	-0.05	—
61-80 Percent†	14.44%	16.17%	16.83%	+0.66	—
≥81 Percent	67.78%	59.57%	62.81%	+3.24	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	84.70%	86.03%	84.58%	-1.45	★★★
HbA1c Poor Control (>9.0%)*	33.08%	35.77%	32.22%	-3.55	★★★★
HbA1c Control (<8.0%)	56.59%	55.13%	57.22%	+2.09	★★★★

Table B-12 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	63.93%	66.41%	63.19%	-3.22	★★★★
Medical Attention for Nephropathy	80.88%	82.18%	83.33%	+1.15	★★★★
Blood Pressure Control (<140/90 mm Hg)	64.93%	62.31%	66.81%	+4.50	★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	87.54%	87.51%	86.10%	-1.41	★
Ages 12 to 18 Years	78.74%	86.45%	85.40%	-1.05	★★
Ages 19 to 50 Years	68.83%	77.74%	74.70%	-3.04	★★
Ages 51 to 64 Years	62.22%	73.52%	76.11%	+2.59	★★★
Total	78.04%	82.86%	81.48%	-1.38	★★
Controlling High Blood Pressure	65.08%	62.50%	62.63%	+0.13	★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	82.14%	80.56%	77.23%	-3.33	—
Discussing Cessation Medications	57.73%	57.11%	55.72%	-1.39	—
Discussing Cessation Strategies	48.21%	44.64%	43.60%	-1.04	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	83.58%	83.61%	86.54%	+2.93	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	65.15%	67.51%	68.46%	+0.95	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	83.78%	85.33%	87.88%	+2.55	★★★★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	31.61%	59.14%	58.57%	-0.57	★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	49.44%	49.94%	50.34%	+0.40	—
Black or African-American	36.37%	36.00%	32.58%	-3.42	—
American-Indian and Alaska Native	0.13%	0.13%	0.21%	+0.08	—
Asian	0.00%	0.00%	2.40%	+2.40	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	0.01%	+0.01	—
Some Other Race	1.45%	1.17%	0.00%	-1.17	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	12.61%	12.76%	14.45%	+1.69	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic‡	5.17%	5.45%	5.52%	+0.07	—

Table B-12 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	85.42%	82.65%	95.71%	+13.06	—
Spoken Language—Non-English	4.33%	4.81%	4.26%	-0.55	—
Spoken Language—Unknown	10.25%	12.55%	0.03%	-12.52	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	0.00%	0.00%	95.71%	+95.71	—
Written Language—Non-English	0.00%	0.00%	4.26%	+4.26	—
Written Language—Unknown	100.00%	100.00%	0.03%	-99.97	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	375.09	381.96	361.16	-20.80	★★★
ED—Total*	78.04	76.22	73.86	-2.36	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	7.64	7.92	6.95	-0.97	—
Medicine—Total	3.11	3.60	3.10	-0.50	—
Surgery—Total	1.48	1.64	1.55	-0.09	—
Maternity—Total	4.97	4.40	3.57	-0.83	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.84	3.91	4.17	+0.26	—
Medicine—Total	3.80	3.73	3.99	+0.26	—
Surgery—Total	6.56	6.66	6.97	+0.31	—
Maternity—Total	2.55	2.46	2.51	+0.05	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

‡ Rate was calculated by HSAG.

Table B-13 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	79.17%	75.18%	80.29%	+5.11	★★★★
Combination 3	74.56%	72.51%	75.18%	+2.67	★★★
Combination 4	65.02%	63.50%	68.37%	+4.87	★★★
Combination 5	55.04%	52.07%	58.88%	+6.81	★★★
Combination 6	48.57%	45.01%	57.66%	+12.65	★★★★
Combination 7	50.33%	48.42%	55.23%	+6.81	★★★
Combination 8	45.07%	40.88%	54.50%	+13.62	★★★★
Combination 9	39.69%	36.50%	48.18%	+11.68	★★★★
Combination 10	37.39%	34.79%	46.23%	+11.44	★★★★
Immunizations for Adolescents—Combination 1	87.29%	86.62%	86.62%	0.00	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	72.35%	76.89%	76.16%	-0.73	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.75%	70.07%	70.80%	+0.73	★★
Adolescent Well-Care Visits	50.69%	51.82%	48.91%	-2.91	★★★
Lead Screening in Children	90.21%	85.47%	86.37%	+0.90	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	87.24%	87.49%	89.17%	+1.68	★★★
Appropriate Testing for Children With Pharyngitis	71.30%	68.05%	68.41%	+0.36	★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	50.71%	44.08%	46.50%	+2.42	★★★
Continuation and Maintenance Phase	57.28%	47.29%	47.96%	+0.67	★★
Women—Adult Care					
Breast Cancer Screening	55.54%	61.00%	58.09%	-2.91	★★★
Cervical Cancer Screening	74.77%	71.53%	67.88%	-3.65	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	47.28%	42.97%	42.16%	-0.81	★
Ages 21 to 24 Years	56.34%	57.19%	45.43%	-11.76	★
Total	50.50%	47.42%	43.25%	-4.17	★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	98.00%	97.86%	98.17%	+0.31	★★★★
Ages 25 Months to 6 Years	90.25%	90.21%	90.86%	+0.65	★★★
Ages 7 to 11 Years	90.47%	90.12%	90.73%	+0.61	★★
Ages 12 to 19 Years	92.78%	92.73%	92.99%	+0.26	★★★★

Table B-13 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	87.00%	87.25%	86.49%	-0.76	★★★★
Ages 45 to 64 Years	90.76%	90.89%	90.91%	+0.02	★★★
Ages 65+ Years	92.99%	84.96%	84.21%	-0.75	★★
Total	88.37%	88.38%	87.87%	-0.51	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	70.18%	72.32%	85.21%	+12.89	★★★★★
BMI Percentile—Ages 12 to 17 Years	68.71%	75.00%	86.36%	+11.36	★★★★★
BMI Percentile—Total	69.68%	73.24%	85.64%	+12.40	★★★★★
Nutrition—Ages 3 to 11 Years	56.84%	59.04%	61.87%	+2.83	★★
Nutrition—Ages 12 to 17 Years	55.78%	54.29%	54.55%	+0.26	★★
Nutrition—Total	56.48%	57.42%	59.12%	+1.70	★★
Physical Activity—Ages 3 to 11 Years	43.16%	50.55%	54.47%	+3.92	★★★
Physical Activity—Ages 12 to 17 Years	61.22%	55.71%	62.34%	+6.63	★★★
Physical Activity—Total	49.31%	52.31%	57.42%	+5.11	★★★
Adult BMI Assessment	77.44%	87.10%	91.97%	+4.87	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	91.18%	91.18%	91.24%	+0.06	★★★★
Postpartum Care	76.80%	76.80%	75.91%	-0.89	★★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	24.61%	21.68%	23.80%	+2.12	—
1-12 Weeks	16.41%	18.19%	16.53%	-1.66	—
13-27 Weeks	38.20%	42.32%	40.51%	-1.81	—
28 or More Weeks	13.58%	13.10%	15.30%	+2.20	—
Unknown	7.20%	4.71%	3.87%	-0.84	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	1.39%	1.39%	0.73%	-0.66	—
21-40 Percent†	1.39%	1.39%	2.68%	+1.29	—
41-60 Percent†	4.64%	4.64%	5.35%	+0.71	—
61-80 Percent†	13.69%	13.69%	20.19%	+6.50	—
≥81 Percent	78.89%	78.89%	71.05%	-7.84	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	88.95%	87.04%	89.23%	+2.19	★★★★
HbA1c Poor Control (>9.0%)*	29.30%	27.01%	28.10%	+1.09	★★★★★
HbA1c Control (<8.0%)	62.46%	63.69%	58.58%	-5.11	★★★★

Table B-13 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	67.72%	64.60%	62.96%	-1.64	★★★
Medical Attention for Nephropathy	93.33%	81.20%	82.66%	+1.46	★★★
Blood Pressure Control (<140/90 mm Hg)	78.06%	73.72%	75.36%	+1.64	★★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	94.82%	88.20%	91.14%	+2.94	★★★
Ages 12 to 18 Years	83.33%	83.33%	81.31%	-2.02	★
Ages 19 to 50 Years	73.23%	73.02%	72.95%	-0.07	★★
Ages 51 to 64 Years	NA	NA	NA	—	NA
Total	84.49%	81.99%	82.31%	+0.32	★★
Controlling High Blood Pressure	70.65%	70.65%	70.07%	-0.58	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	76.96%	77.91%	79.97%	+2.06	—
Discussing Cessation Medications	44.54%	48.53%	54.92%	+6.39	—
Discussing Cessation Strategies	39.06%	42.58%	46.79%	+4.21	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	89.38%	96.61%	87.20%	-9.41	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA	NA	—	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	59.77%	68.49%	71.08%	+2.59	★★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	90.10%	88.82%	87.42%	-1.40	—
Black or African-American	1.65%	1.57%	1.45%	-0.12	—
American-Indian and Alaska Native	1.77%	1.82%	2.38%	+0.56	—
Asian	0.43%	0.45%	0.32%	-0.13	—
Native Hawaiian and Other Pacific Islanders	0.15%	0.06%	0.09%	+0.03	—
Some Other Race	0.00%	0.00%	1.24%	+1.24	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	0.92%	7.27%	<0.01%	-7.27	—
Declined	4.97%	0.00%	7.09%	+7.09	—
Hispanic‡	0.92%	1.07%	1.24%	+0.17	—

Table B-13 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	99.97%	99.96%	99.96%	0.00	—
Spoken Language—Non-English	0.01%	0.03%	0.02%	-0.01	—
Spoken Language—Unknown	0.01%	0.01%	0.02%	+0.01	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	99.97%	99.96%	99.96%	0.00	—
Written Language—Non-English	0.01%	0.03%	0.02%	-0.01	—
Written Language—Unknown	0.01%	0.01%	0.02%	+0.01	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	344.14	342.08	325.60	-16.48	★★
ED—Total*	74.86	71.39	66.62	-4.77	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	6.88	6.90	6.23	-0.67	—
Medicine—Total	2.57	2.84	2.83	-0.01	—
Surgery—Total	1.28	1.18	1.29	+0.11	—
Maternity—Total	5.03	4.81	3.17	-1.64	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.41	3.57	3.59	+0.02	—
Medicine—Total	3.91	4.23	3.56	-0.67	—
Surgery—Total	4.67	4.46	5.27	+0.81	—
Maternity—Total	2.45	2.56	2.60	+0.04	—

— indicates data were not available or data element was not applicable for the measure.

† Statistical tests across years were not performed for this measure/indicator.

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

‡ Rate was calculated by HSAG.

Appendix C. Performance Summary Stars

This appendix presents the MHP’s percentile ranking for each measure for the following dimensions of care:

- ◆ Child and Adolescent Care
- ◆ Women—Adult Care
- ◆ Access to Care
- ◆ Obesity
- ◆ Pregnancy Care
- ◆ Living With Illness
- ◆ Utilization

Each MHP’s percentile ranking result is based on its rate as compared to the NCQA’s national HEDIS 2014 Medicaid percentiles.

Symbol	Description
★★★★★	The MHP’s rate is at or above the 90th percentile.
★★★★	The MHP’s rate is at or above the 75th percentile but below the 90th percentile.
★★★	The MHP’s rate is at or above the 50th percentile but below the 75th percentile.
★★	The MHP’s rate is at or above the 25th percentile but below the 50th percentile.
★	The MHP’s rate is below the 25th percentile.
NA	Not Applicable (i.e., denominator size too small)
NR	Not Report (i.e., biased, or MHP chose not to report)
NB	No Benefit

Please note that *Medical Assistance With Smoking and Tobacco Use Cessation* is not listed in the performance table because the HEDIS 2014 Medicaid percentiles are not available.

Table C-1—Child and Adolescent Care Performance Summary

MHP Name	Childhood Immunization, Combo 2	Childhood Immunization, Combo 3	Childhood Immunization, Combo 4	Childhood Immunization, Combo 5	Childhood Immunization, Combo 6	Childhood Immunization, Combo 7	Childhood Immunization, Combo 8
Blue Cross Complete of Michigan	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
CoventryCares	★★	★★	★★	★★	★	★★	★
HAP Midwest Health Plan, Inc.	★★★★	★★★★	★★★★	★★★★	★★★★★	★★★★	★★★★★
Harbor Health Plan	★	★	★	★	★	★	★
HealthPlus Partners	★★★★	★★★★	★★★★	★★★★	★★	★★★★	★★
McLaren Health Plan	★★	★★	★★	★★	★★	★★	★★
Meridian Health Plan of Michigan	★★★★	★★★★	★★	★★★★	★★★★	★★★★	★★★★
Molina Healthcare of Michigan	★★	★★	★★	★★★★	★★	★★★★	★★
Priority Health Choice, Inc.	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
Sparrow PHP	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
Total Health Care, Inc.	★	★	★★	★	★	★	★
UnitedHealthcare Community Plan	★★★★	★★	★★★★	★★★★	★★	★★★★	★★
Upper Peninsula Health Plan	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★

Table C-2—Child and Adolescent Care Performance Summary (continued)

MHP Name	Childhood Immunization, Combo 9	Childhood Immunization, Combo 10	Immunizations for Adolescents, Combo 1	Well-Child 1st 15 Months, 6+ Visits	Well-Child 3rd–6th Years of Life	Adolescent Well-Care Visits
Blue Cross Complete of Michigan	★★★	★★★	★★★★	★★★	★★★★★★	★★★★
CoventryCares	★	★	★★★★	★	★★★	★★★
HAP Midwest Health Plan, Inc.	★★★★★★	★★★★★★	★★★★★★	★★	★★★	★★★
Harbor Health Plan	★	★	NA	★	★	★
HealthPlus Partners	★★	★★	★★★★★★	★★★	★★★	★★★
McLaren Health Plan	★★	★★	★★★★★★	★★★	★★★	★★
Meridian Health Plan of Michigan	★★★	★★★	★★★★★★	★★★★	★★★★	★★★
Molina Healthcare of Michigan	★★	★★	★★★★★★	★★	★★★	★★★
Priority Health Choice, Inc.	★★★★★★	★★★★★★	★★★★	★★★★	★★★★★★	★★★
Sparrow PHP	★★★★	★★★★	★★★★★★	★★★	★	★★★
Total Health Care, Inc.	★	★	★★★★	★	★★	★★★
UnitedHealthcare Community Plan	★★	★★	★★★★★★	★★	★★★	★★★
Upper Peninsula Health Plan	★★★★	★★★★	★★★★★★	★★★★	★★	★★★

Table C-3—Child and Adolescent Care Performance Summary (continued)					
MHP Name	Lead Screening in Children	Appropriate Treatment URI	Children With Pharyngitis	F/U Care for ADHD Meds, Initiation	F/U Care for ADHD Meds, Continuation
Blue Cross Complete of Michigan	★★★★	★★★★★	★★★★★	★★	★★
CoventryCares	★★★★	★★★★	★	★	★
HAP Midwest Health Plan, Inc.	★★★★	★★★★	★★	★★	★
Harbor Health Plan	★★★★	★★	NA	NA	NA
HealthPlus Partners	★★★★★	★★	★★★★	★★★★	★★★★
McLaren Health Plan	★★★★★	★★	★★	★★★★	★★★★
Meridian Health Plan of Michigan	★★★★★	★★★★	★★★★	★★★★	★★★★
Molina Healthcare of Michigan	★★★★	★★★★	★★	★	★
Priority Health Choice, Inc.	★★★★★	★★★★★	★★★★	★★	★
Sparrow PHP	★★★★	★	★	★★★★★	NA
Total Health Care, Inc.	★★★★	★★★★	★	★★	★
UnitedHealthcare Community Plan	★★★★★	★★★★	★★	★★	★★★★
Upper Peninsula Health Plan	★★★★★★	★★★★	★★	★★★★	★★

Table C-4—Women—Adult Care Performance Summary					
MHP Name	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening, 16–20 Years	Chlamydia Screening, 21–24 Years	Chlamydia Screening, Total
Blue Cross Complete of Michigan	★★★	★★★	★★★★★★	★★★★★★	★★★★★★
CoventryCares	★★★★	★★★★	★★★★★★	★★★★★★	★★★★★★
HAP Midwest Health Plan, Inc.	★★	★★★	★★★★	★★★	★★★
Harbor Health Plan	★★★★	★	NA	NA	★★★★
HealthPlus Partners	★★★	★★★	★★★	★★★	★★★
McLaren Health Plan	★	★★	★★	★	★★
Meridian Health Plan of Michigan	★★★★	★★★★★★	★★★★	★★★	★★★
Molina Healthcare of Michigan	★★★	★★★	★★★★	★★★★	★★★★
Priority Health Choice, Inc.	★★★	★★★	★★★★	★★★★★★	★★★★
Sparrow PHP	★	★★★	★★★	★★	★★★
Total Health Care, Inc.	★	★★	★★★★★★	★★★★	★★★★★★
UnitedHealthcare Community Plan	★★★	★★★	★★★★	★★★	★★★★
Upper Peninsula Health Plan	★★★	★★★	★	★	★

Table C-5—Access to Care Performance Summary

MHP Name	Children's Access, 12–24 Months	Children's Access, 25 Months to 6 Years	Children's Access, 7–11 Years	Adolescents' Access, 12–19 Years	Adults' Access, 20–44 Years	Adults' Access, 45–64 Years	Adults' Access, 65+ Years	Adults' Access, Total
Blue Cross Complete of Michigan	★	★★	★★★★	★★★	★★	★★	★	★★
CoventryCares	★	★	★	★	★	★★	NA	★★
HAP Midwest Health Plan, Inc.	★	★★	★★	★★	★★	★★★	★★★★	★★
Harbor Health Plan	★	★	★	★	★	★	NA	★
HealthPlus Partners	★★	★★★	★★★	★★★	★★★★	★★★★★	★★★★	★★★★
McLaren Health Plan	★★	★★	★★	★★	★★	★★★	★★	★★
Meridian Health Plan of Michigan	★★★	★★★	★★★	★★★★	★★★	★★★★★	★★★	★★★
Molina Healthcare of Michigan	★★	★★	★★	★★	★★★	★★★★	★★★★	★★★
Priority Health Choice, Inc.	★★★	★★	★★★	★★★	★★★	★★★★★	★★★★	★★★
Sparrow PHP	★★	★★	★★	★★★	★★	★★	★★★	★★
Total Health Care, Inc.	★	★	★	★	★	★★	★	★
UnitedHealthcare Community Plan	★★	★★	★★★	★★★	★★★	★★★★	★★★★★	★★★
Upper Peninsula Health Plan	★★★★	★★★	★★	★★★★	★★★★	★★★	★★	★★★

Table C-6—Obesity Performance Summary						
MHP Name	Weight Assessment BMI Percentile, 3–11 Years	Weight Assessment BMI Percentile, 12–17 Years	Weight Assessment BMI Percentile, Total	Counseling for Nutrition, 3–11 Years	Counseling for Nutrition, 12–17 Years	Counseling for Nutrition, Total
Blue Cross Complete of Michigan	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
CoventryCares	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
HAP Midwest Health Plan, Inc.	★★★★	★★★★	★★★★	★★★	★★★★	★★★★
Harbor Health Plan	★★★★	★★★★	★★★★	★★★★	★★★	★★★★
HealthPlus Partners	★★★★★	★★★★★	★★★★★	★★	★★★	★★
McLaren Health Plan	★★★★	★★★★	★★★★	★★	★★	★★
Meridian Health Plan of Michigan	★★★	★★★★	★★★★	★★★	★★★★	★★★★
Molina Healthcare of Michigan	★★★★	★★★★	★★★★	★★★	★★★	★★★
Priority Health Choice, Inc.	★★★★★	★★★★★	★★★★★	★★★★★	★★★★	★★★★
Sparrow PHP	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
Total Health Care, Inc.	★★★	★★★	★★★	★★★	★★★	★★★
UnitedHealthcare Community Plan	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
Upper Peninsula Health Plan	★★★★★	★★★★★	★★★★★	★★	★★	★★

Table C-7—Obesity Performance Summary (continued)

MHP Name	Counseling for Physical Activity, 3–11 Years	Counseling for Physical Activity, 12–17 Years	Counseling for Physical Activity, Total	Adult BMI Assessment
Blue Cross Complete of Michigan	★★★★★	★★★★★	★★★★★	★★★★★
CoventryCares	★★★★	★★★★	★★★★	★★★★
HAP Midwest Health Plan, Inc.	★★★★	★★★	★★★★	★★★★
Harbor Health Plan	★★★★	★★	★★★	★★★★★
HealthPlus Partners	★★	★★★	★★	★★★★
McLaren Health Plan	★★	★★	★★	★★★★
Meridian Health Plan of Michigan	★★	★★★	★★★	★★★★★
Molina Healthcare of Michigan	★★★★	★★★	★★★	★★★★★
Priority Health Choice, Inc.	★★★★★	★★★★	★★★★	★★★★
Sparrow PHP	★★★★	★★★★	★★★★	★★★★★
Total Health Care, Inc.	★★★	★★★	★★★	★★★
UnitedHealthcare Community Plan	★★★★	★★★★	★★★★	★★★★★
Upper Peninsula Health Plan	★★★	★★★	★★★	★★★★★

Table C-8—Pregnancy Care Performance Summary

MHP Name	Timeliness of Prenatal Care	Postpartum Care	Ongoing Prenatal Care, ≥81 Percent
Blue Cross Complete of Michigan	★★★	★★★	★
CoventryCares	★	★	★
HAP Midwest Health Plan, Inc.	★★★	★★	★★★
Harbor Health Plan	★	★	★
HealthPlus Partners	★★	★★★	★★
McLaren Health Plan	★★★	★★★	★★★
Meridian Health Plan of Michigan	★★★★	★★★★	★★★★★
Molina Healthcare of Michigan	★	★★★★	★
Priority Health Choice, Inc.	★★	★★★	★★★
Sparrow PHP	★★★	★★★	★★★★
Total Health Care, Inc.	★	★	★
UnitedHealthcare Community Plan	★★★	★★★	★★★
Upper Peninsula Health Plan	★★★★	★★★★★	★★★

Table C-9—Living With Illness Performance Summary

MHP Name	Diabetes Care, HbA1c Testing	Diabetes Care, HbA1c Poor Control (>9.0%)*	Diabetes Care, HbA1c Control (<8.0%)	Diabetes Care, Eye Exam
Blue Cross Complete of Michigan	★★★★	★★★★	★★★★	★★★
CoventryCares	★★★	★★★	★★★	★★★
HAP Midwest Health Plan, Inc.	★★★	★★★	★★★★	★★★
Harbor Health Plan	★★★	★★★★	★★★★	★★
HealthPlus Partners	★★★★	★★★★★	★★★★	★★★★★
McLaren Health Plan	★★	★★★★	★★	★★
Meridian Health Plan of Michigan	★★★	★★	★★	★★★★
Molina Healthcare of Michigan	★★★	★★★★	★★★★★	★★★
Priority Health Choice, Inc.	★★★★★	★★★★★	★★★★★	★★★★
Sparrow PHP	★★★★	★★★★	★★★★	★★★★
Total Health Care, Inc.	★★	★★	★★	★
UnitedHealthcare Community Plan	★★★	★★★★	★★★★	★★★★
Upper Peninsula Health Plan	★★★★	★★★★★	★★★★	★★★

* For indicator *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

Table C-10—Living With Illness Performance Summary (continued)

MHP Name	Diabetes Care, Nephropathy	Diabetes Care, Blood Pressure Control <140/90 mmHg	Asthma, 5–11 Years	Asthma, 12–18 Years	Asthma, 19–50 Years	Asthma, 51–64 Years	Asthma, Total	Controlling High Blood Pressure
Blue Cross Complete of Michigan	★★★★	★★★	★★	★★★★	★★★★	★★★★	★★★★	★★
CoventryCares	★★★★	★	★	★★	★	★	★	★★
HAP Midwest Health Plan, Inc.	★★★	★★★★	★	★	★★	★	★	★★★★
Harbor Health Plan	★★★★★	★★	NA	NA	NA	NA	NA	★★
HealthPlus Partners	★★★★	★★★	★★★	★★★★	★★★	★	★★★	★★
McLaren Health Plan	★★★	★★★	★★	★★★	★★	★★★	★★	★★
Meridian Health Plan of Michigan	★★★	★★★★	★★	★★	★★	★	★★	★★★★★
Molina Healthcare of Michigan	★★★★	★★★	★	★	★	★	★	★★★
Priority Health Choice, Inc.	★★★★★	★★★	★★★★★	★★★★★	★★★★	★★★	★★★★★	★★★
Sparrow PHP	★★★★	★★★★	★★★★★	★★★★★	★★★	NA	★★★★	★★★★
Total Health Care, Inc.	★★★	★	★	★	★	★	★	★★
UnitedHealthcare Community Plan	★★★★	★★★	★	★★	★★	★★★	★★	★★★
Upper Peninsula Health Plan	★★★	★★★★★	★★★	★	★★	NA	★★	★★★★★

Table C-11 Living with Illness Performance Summary (continued)

MHP Name	Adherence to Antipsychotic Meds for Schizophrenia	Cardiovascular Monitoring for Schizophrenia & Cardiovascular Disease	Diabetes Monitoring for Schizophrenia & Diabetes	Diabetes Screening for Schizophrenia, Bipolar Disorder Using Antipsychotic Meds
Blue Cross Complete of Michigan	★	NA	★★	★
CoventryCares	NB	NA	NA	NB
HAP Midwest Health Plan, Inc.	★★	NA	★	★★★★
Harbor Health Plan	NA	NA	NA	NA
HealthPlus Partners	★★	NA	★★★★★	★★★
McLaren Health Plan	★★★★	★	★	★★
Meridian Health Plan of Michigan	★	★	★★★★★	★★★★★
Molina Healthcare of Michigan	★★★★	★★	★★★	★★★★★
Priority Health Choice, Inc.	★★	NA	★★★★★	★★★
Sparrow PHP	NA	NA	NA	NA
Total Health Care, Inc.	★★	NA	★★	★★★★
UnitedHealthcare Community Plan	★★	★★★★★	★★	★★★★★
Upper Peninsula Health Plan	★★★★	NA	NA	★★★★★

Table C-12—Utilization Performance Summary		
MHP Name	Ambulatory Care, Outpatient Visits	Ambulatory Care, Emergency Department Visits*
Blue Cross Complete of Michigan	★★★	★★
CoventryCares	★	★
HAP Midwest Health Plan, Inc.	★★★	★★
Harbor Health Plan	★	★★
HealthPlus Partners	★★★	★★
McLaren Health Plan	★★★★★	★★
Meridian Health Plan of Michigan	★	★★★★★
Molina Healthcare of Michigan	★★★	★
Priority Health Choice, Inc.	★★	★
Sparrow PHP	★★	★★
Total Health Care, Inc.	★★	★
UnitedHealthcare Community Plan	★★★	★★
Upper Peninsula Health Plan	★★	★★

* For this indicator, a lower rate indicates better performance (i.e., low rates of emergency department visits indicate better utilization of services). Therefore, the percentiles were reversed to align with performance (e.g., if the ED Visits rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

2015 Compliance Review DCH Focus Study - HMP

A. Access to Care (CM)

Evidence of access standards from “**Secret Shopper**” calls for CSHCS population and processes to evaluate compliance with those standards.

- 1) A CSHCS representative is available.
- 2) The CSHCS representative name and telephone number was provided.
- 3) Child will be able to continue receiving physical and speech therapy.
- 4) If the parent cannot provide transportation, the HP will transport the family, even if wheelchair bound, to medical appointments in other cities.
- 5) Transportation mileage will be paid if parent or someone else drives them to medical appointments.
- 6) Parent lodging is paid if their child has surgery and is hospitalized.
- 7) Children’s wheelchair repairs are covered, and can be replaced how often?
- 8) There’s a HP website with additional HP and CSHCS information.
- 9) Possible family Community Agencies contact information was provided.

Click in the box to type:

2015 Compliance Review DCH Focus Study - HMP

B. HMP Enrollment Review of Five Random HMP members (CM & QA)

Review HP processes/procedures related to HMP members to include a detailed walk through of components including but not limited to:

Member ID: _____

- Enrollment Date _____
- Welcome call (scripts, if applicable). Date _____
- Welcome packet mailing, Date _____
- Member ID card mailing, Date _____
- Timely PCP Assignment Date _____
- Assistance with scheduling the initial appointment
- First apt _____
- Assistance with scheduling transportation.
- HRA from the provider office, processing, data entry and 5708 submission.
- Assistance/Outreach to members who have identified specific health needs.

Comments:

State of Michigan
Department of Health and Human Services

**2015 Michigan Department of Health
and Human Services Adult Medicaid
Health Plan CAHPS® Report**

September 2015



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Introduction

The Michigan Department of Health and Human Services (MDHHS) periodically assesses the perceptions and experiences of members enrolled in the MDHHS Medicaid health plans (MHPs) and the Fee-for-Service program as part of its process for evaluating the quality of health care services provided to adult members in the MDHHS Medicaid Program. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Health Plan Survey for the MDHHS Medicaid Program.^{1-1,1-2} The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving overall member satisfaction.

This report presents the 2015 CAHPS results of adult members enrolled in an MHP or Fee-for-Service.¹⁻³ The surveys were completed in the spring of 2015. The standardized survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.¹⁻⁴

Report Overview

A sample of at least 1,350 adult members was selected from the Fee-for-Service population and each MHP, with one exception.¹⁻⁵ Harbor Health Plan was unable to identify 1,350 eligible adult members for inclusion in this survey; therefore, the sample size for this MHP was 891.

Results presented in this report include four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. Five composite measures are reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making. Additionally, overall rates for five Effectiveness of Care measures are reported: Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, Discussing Cessation Strategies, Aspirin Use, and Discussing Aspirin Risks and Benefits.

¹⁻¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

¹⁻² HSAG surveyed the Fee-for-Service Medicaid population. The 13 MHPs contracted with various survey vendors to administer the CAHPS survey.

¹⁻³ The health plan names for two of the MHPs changed since the adult MHP population was surveyed in 2014. CoventryCares was previously referred to as CoventryCares of Michigan, Inc., and Sparrow PHP was previously referred to as Physician Health Plan—FamilyCare.

¹⁻⁴ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻⁵ Some MHPs elected to oversample their population.

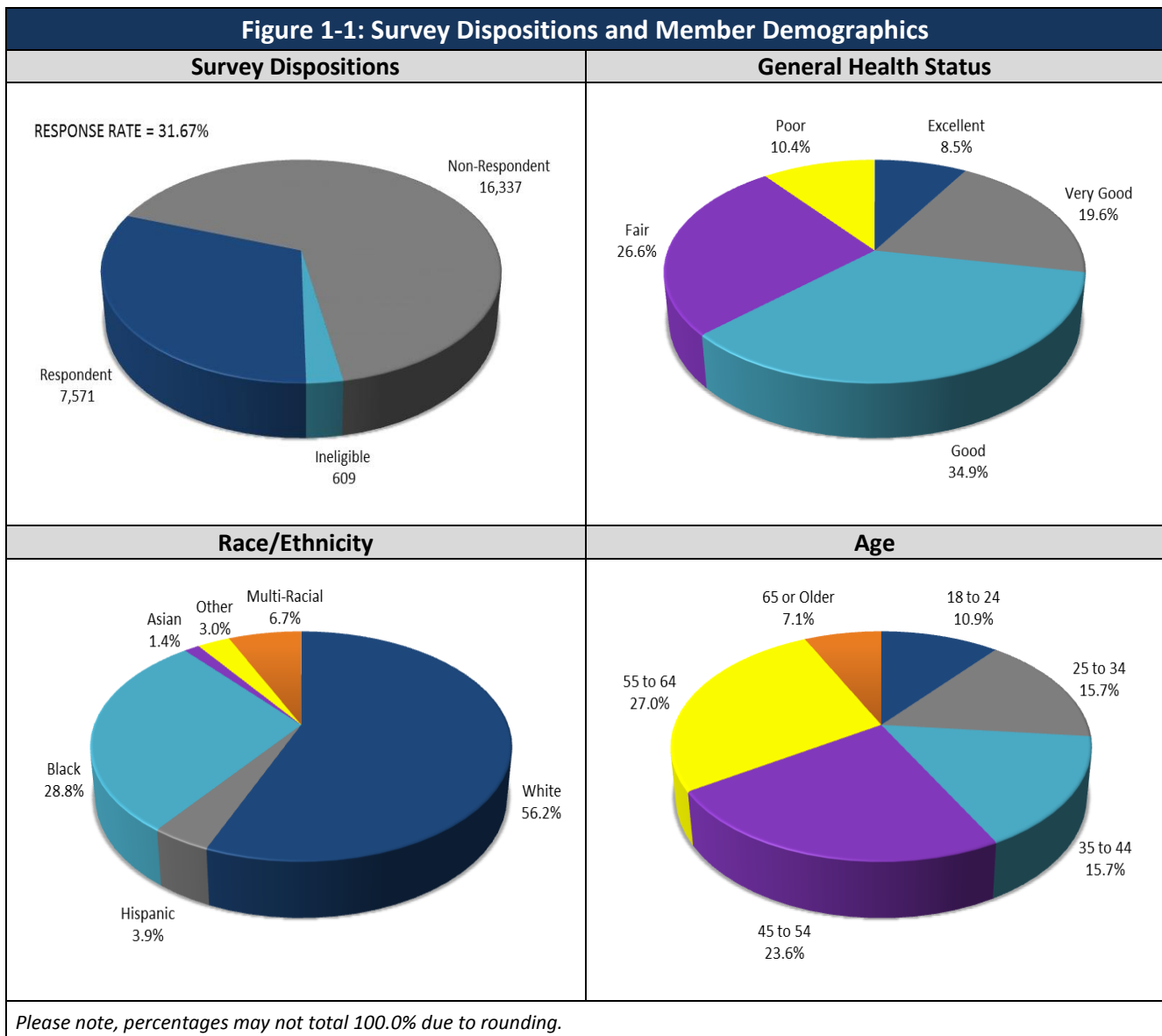
HSAG presents aggregate statewide results and compares them to national Medicaid data and the prior year’s results, where appropriate. Throughout this report, two statewide aggregate results are presented for comparative purposes:

- ◆ MDHHS Medicaid Program – Combined results for Fee-for-Service and the MHPs.
- ◆ MDHHS Medicaid Managed Care Program – Combined results for the MHPs.

Key Findings

Survey Dispositions and Demographics

Figure 1-1 provides an overview of the MDHHS Medicaid Program survey dispositions and adult member demographics.



National Comparisons and Trend Analysis

A three-point mean score was determined for the four CAHPS global ratings and four CAHPS composite measures. The resulting three-point mean scores were compared to the National Committee for Quality Assurance's (NCQA's) 2015 HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure.^{1-6,1-7} In addition, a trend analysis was performed that compared the 2015 CAHPS results to their corresponding 2014 CAHPS results, where appropriate.¹⁻⁸ Table 1-1 provides highlights of the National Comparisons and Trend Analysis findings for the MDHHS Medicaid Program. The numbers presented below represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

Table 1-1: National Comparisons and Trend Analysis MDHHS Medicaid Program		
Measure	National Comparisons	Trend Analysis
Global Rating		
Rating of Health Plan	★★★ 2.47	—
Rating of All Health Care	★★★ 2.36	—
Rating of Personal Doctor	★★★ 2.50	—
Rating of Specialist Seen Most Often	★★★ 2.52	—
Composite Measure		
Getting Needed Care	★★★ 2.40	—
Getting Care Quickly	★★★★ 2.46	—
How Well Doctors Communicate	★★★★ 2.62	—
Customer Service	★★★ 2.57	—
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th		
▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — indicates the 2015 score is not statistically significantly different than the 2014 score.		

¹⁻⁶ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2015*. Washington, DC: NCQA; February 5, 2015.

¹⁻⁷ NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

¹⁻⁸ For 2015, NCQA revised the question language and response options for the questions that comprise the Shared Decision Making composite measure. Given these changes, a trend analysis of the 2015 to 2014 results for this measure could not be performed.

The National Comparisons results indicated the Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often global ratings, and the Getting Needed Care and Customer Service composite measures scored at or between the 50th and 74th percentiles. The Getting Care Quickly and How Well Doctors Communicate composite measures scored at or between the 75th and 89th percentiles.

Results from the trend analysis showed that the MDHHS Medicaid Program did not score significantly *higher* or *lower* in 2015 than in 2014 on any measure.

Statewide Comparisons

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite measure and overall rates for the Effectiveness of Care measures. HSAG compared the MHP and Fee-for-Service results to the MDHHS Medicaid Managed Care Program average to determine if plan or program results were statistically significantly different than the MDHHS Medicaid Managed Care Program average. Table 1-2 through Table 1-4 show the results of this analysis for the global ratings, composite measures, and Effectiveness of Care measures, respectively.

Table 1-2: Statewide Comparisons—Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Fee-for-Service	—	—	↑	—
Blue Cross Complete of Michigan	—	—	—	—
CoventryCares	↓	—	—	—
HAP Midwest Health Plan	—	—	—	—
Harbor Health Plan	—	—	—	— ⁺
HealthPlus Partners	↑	—	—	—
McLaren Health Plan	—	—	↓	—
Meridian Health Plan of Michigan	—	—	—	—
Molina Healthcare of Michigan	—	—	↑	—
Priority Health Choice, Inc.	—	—	↑	—
Sparrow PHP	—	—	—	—
Total Health Care, Inc.	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—
Upper Peninsula Health Plan	—	—	—	—

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.
 — indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.

Table 1-3: Statewide Comparisons—Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Fee-for-Service	↑	↑	↑	— ⁺	—
Blue Cross Complete of Michigan	—	—	—	—	—
CoventryCares	—	—	—	—	—
HAP Midwest Health Plan	—	—	—	—	—
Harbor Health Plan	—	—	—	— ⁺	— ⁺
HealthPlus Partners	—	—	—	—	—
McLaren Health Plan	—	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Sparrow PHP	—	—	—	—	—
Total Health Care, Inc.	—	—	↓	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	—	—	↑	—	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average.</p> <p>↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.</p> <p>— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.</p>					

Table 1-4: Statewide Comparisons—Effectiveness of Care Measures

Plan Name	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies	Aspirin Use	Discussing Aspirin Risks and Benefits
Fee-for-Service	↑	—	—	↑ ⁺	—
Blue Cross Complete of Michigan	—	—	—	—	—
CoventryCares	—	—	—	— ⁺	—
HAP Midwest Health Plan	—	—	—	— ⁺	—
Harbor Health Plan	—	↑	—	— ⁺	— ⁺
HealthPlus Partners	—	—	↑	— ⁺	—
McLaren Health Plan	—	↓	↓	— ⁺	—
Meridian Health Plan of Michigan	—	↑	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	— ⁺	—
Sparrow PHP	—	—	↑	— ⁺	—
Total Health Care, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	—	—	—	—	—

+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average.
 ↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.
 — indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.

The results from the Statewide Comparisons presented in Table 1-2 through Table 1-4 revealed that Fee-for-Service scored significantly *higher* than the MDHHS Medicaid Managed Care Program average on six measures, and HealthPlus Partners scored significantly *higher* than the MDHHS Medicaid Managed Care Program average on two measures. Additionally, the following plans scored significantly *higher* than the MDHHS Medicaid Managed Care Program average on one measure:

- ◆ Harbor Health Plan
- ◆ Meridian Health Plan of Michigan
- ◆ Molina Healthcare of Michigan
- ◆ Priority Health Choice, Inc.
- ◆ Sparrow PHP
- ◆ Upper Peninsula Health Plan

Conversely, McLaren Health Plan scored significantly *lower* than the MDHHS Medicaid Managed Care Program average on three measures, and CoventryCares and Total Health Care, Inc. scored significantly *lower* than the MDHHS Medicaid Managed Care Program average on one measure.

Key Drivers of Satisfaction

HSAG focused the key drivers of satisfaction analysis on three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated each of these measures to determine if particular CAHPS items (i.e., questions) strongly correlated with these measures, which HSAG refers to as “key drivers.” These individual CAHPS items are driving levels of satisfaction with each of the three measures. Table 1-5 provides a summary of the key drivers identified for the MDHHS Medicaid Program.

Table 1-5: MDHHS Medicaid Program Key Drivers of Satisfaction
Rating of Health Plan
Respondents reported that their health plan’s customer service did not always give them the information or help they needed.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Respondents reported that forms from their health plan were often not easy to fill out.
Rating of All Health Care
Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them.
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.
Rating of Personal Doctor
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.

2015 CAHPS Performance Measures

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 58 core questions that yield 14 measures. These measures include four global rating questions, five composite measures, and five Effectiveness of Care measures. The global measures (also referred to as global ratings) reflect overall satisfaction with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., “Getting Needed Care” or “Getting Care Quickly”). The Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation and managing aspirin use for the primary prevention of cardiovascular disease.

Table 2-1 lists the measures included in the CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set.

Global Ratings	Composite Measures	Effectiveness of Care Measures
Rating of Health Plan	Getting Needed Care	Advising Smokers and Tobacco Users to Quit
Rating of All Health Care	Getting Care Quickly	Discussing Cessation Medications
Rating of Personal Doctor	How Well Doctors Communicate	Discussing Cessation Strategies
Rating of Specialist Seen Most Often	Customer Service	Aspirin Use
	Shared Decision Making	Discussing Aspirin Risks and Benefits

How CAHPS Results Were Collected

NCQA mandates a specific HEDIS survey methodology to ensure the collection of CAHPS data is consistent throughout all plans to allow for comparisons. In accordance with NCQA requirements, the sampling procedures and survey protocol were adhered to as described below.

Sampling Procedures

MDHHS provided HSAG with a list of all eligible members in the Fee-for-Service population for the sampling frame, per HEDIS specifications. HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. The MHPs contracted with separate survey vendors to perform sampling. Following HEDIS requirements, members were sampled who met the following criteria:

- ◆ Were 18 years of age or older as of December 31, 2014.
- ◆ Were currently enrolled in an MHP or Fee-for-Service.
- ◆ Had been continuously enrolled in the plan or program for at least five of the last six months (July through December) of 2014.
- ◆ Had Medicaid as a payer.

Next, a simple random sample of members was selected for inclusion in the survey. No more than one member per household was selected as part of the random survey samples. A sample of at least 1,350 adult members was selected from the Fee-for-Service population and each MHP, with one exception.²⁻¹ Harbor Health Plan was unable to identify 1,350 eligible adult members for inclusion in this survey; therefore, after adjusting for duplicate addresses, the sample size for this MHP was 891.²⁻² Table 3-1 in the Results section provides an overview of the sample sizes for each plan and program.

²⁻¹ Some MHPs elected to oversample their population.

²⁻² Since Harbor Health Plan was not able to meet the NCQA minimum sample size of 1,350 adult members for the CAHPS 5.0 Adult Medicaid Health Plan Survey, the MHP's entire eligible population was selected for inclusion in the CAHPS survey. Therefore, the sample size for this MHP represents all adult members eligible for inclusion in the CAHPS survey after adjusting for duplicate addresses.

Survey Protocol

The survey administration protocol employed by all of the MHPs and Fee-for-Service, with the exception of CoventryCares, McLaren Health Plan, Sparrow PHP, and Total Health Care, Inc., was a mixed-mode methodology, which allowed for two methods by which members could complete a survey.²⁻³ The first, or mail phase, consisted of sampled members receiving a survey via mail. Non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of members who did not mail in a completed survey. At least three CATI calls to each non-respondent were attempted.²⁻⁴ It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a plan's population.²⁻⁵ The survey administration protocol employed by CoventryCares, McLaren Health Plan, Sparrow PHP, and Total Health Care, Inc. was a mixed-mode methodology with an Internet option, which allowed sampled members the option to complete the survey via mail, telephone, or Internet.

Table 2-2 shows the standard mixed-mode (i.e., mail followed by telephone follow-up) CAHPS timeline used in the administration of the CAHPS surveys.

Table 2-2: CAHPS 5.0 Mixed-Mode Methodology Survey Timeline	
Task	Timeline
Send first questionnaire with cover letter to the adult member.	0 days
Send a postcard reminder to non-respondents four to 10 days after mailing the first questionnaire.	4 – 10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents four to 10 days after mailing the second questionnaire.	39 – 45 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

²⁻³ Blue Cross Complete of Michigan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, and Priority Health Choice, Inc. utilized an enhanced mixed-mode survey methodology pre-approved by NCQA.

²⁻⁴ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2015 Survey Measures*. Washington, DC: NCQA; 2014.

²⁻⁵ Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.

How CAHPS Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess member satisfaction. In addition to individual plan results, HSAG calculated an MDHHS Medicaid Program average and an MDHHS Medicaid Managed Care Program average. HSAG combined results from Fee-for-Service and the MHPs to form the MDHHS Medicaid Program average. HSAG combined results from the MHPs to form the MDHHS Medicaid Managed Care Program average. This section provides an overview of each analysis.

Who Responded to the Survey

The administration of the CAHPS survey is comprehensive and is designed to achieve the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.²⁻⁶ HSAG considered a survey completed if at least one question was answered. Eligible members included the entire random sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Random Sample} - \text{Ineligibles}}$$

Demographics of Adult Members

The demographics analysis evaluated demographic information of adult members. MDHHS should exercise caution when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan or program.

National Comparisons

HSAG conducted an analysis of the CAHPS survey results using NCQA HEDIS Specifications for Survey Measures. Although NCQA requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result, HSAG presented results with less than 100 responses. Therefore, caution should be exercised when evaluating measures' results with less than 100 responses, which are denoted with a cross (+).

²⁻⁶ National Committee for Quality Assurance. *HEDIS® 2015, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2014.

Table 2-3 shows the percentiles that were used to determine star ratings for each CAHPS measure.

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★☆ Very Good	At or between the 75th and 89th percentiles
★★★☆☆ Good	At or between the 50th and 74th percentiles
★★☆☆☆ Fair	At or between the 25th and 49th percentiles
★☆☆☆☆ Poor	Below the 25th percentile

In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure. HSAG compared the resulting three-point mean scores to published NCQA HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings for each CAHPS measure.²⁻⁷

Table 2-4 shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall adult Medicaid member satisfaction ratings on each CAHPS measure.²⁻⁸ NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.54	2.49	2.43	2.35
Rating of All Health Care	2.43	2.38	2.34	2.28
Rating of Personal Doctor	2.57	2.53	2.50	2.43
Rating of Specialist Seen Most Often	2.59	2.56	2.51	2.48
Getting Needed Care	2.46	2.42	2.37	2.31
Getting Care Quickly	2.50	2.46	2.42	2.37
How Well Doctors Communicate	2.64	2.58	2.54	2.48
Customer Service	2.61	2.58	2.54	2.48

²⁻⁷ For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2015, Volume 3: Specifications for Survey Measures*.

²⁻⁸ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2015*. Washington, DC: NCQA; February 5, 2015.

Statewide Comparisons

Global Ratings and Composite Measures

For purposes of the Statewide Comparisons analysis, HSAG calculated question summary rates for each global rating and global proportions for each composite measure, following NCQA HEDIS Specifications for Survey Measures.²⁻⁹ The scoring of the global ratings and composite measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:

- ◆ “9” or “10” for the global ratings.
- ◆ “Usually” or “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites.
- ◆ “Yes” for the Shared Decision Making composite.

Medical Assistance with Smoking and Tobacco Use Cessation

HSAG calculated three rates that assess different facets of providing medical assistance with smoking and tobacco use cessation:

- ◆ Advising Smokers and Tobacco Users to Quit
- ◆ Discussing Cessation Medications
- ◆ Discussing Cessation Strategies

These rates assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of “Sometimes,” “Usually,” and “Always” were used to determine if the member qualified for inclusion in the numerator. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Aspirin Use and Discussion

HSAG calculated two rates that assess different facets of managing aspirin use for the primary prevention of cardiovascular disease:

- ◆ Aspirin Use
- ◆ Discussing Aspirin Risks and Benefits

²⁻⁹ National Committee for Quality Assurance. *HEDIS® 2015, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2014.

The Aspirin Use measure assesses the percentage of members at risk for cardiovascular disease who are currently taking aspirin. The Discussing Aspirin Risks and Benefits measure assesses the percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health provider. Responses of “Yes” were used to determine if the member qualified for inclusion in the numerator. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Weighting

Both a weighted MDHHS Medicaid Program rate and a weighted MDHHS Medicaid Managed Care Program rate were calculated. Results were weighted based on the total eligible population for each plan’s or program’s adult population. The MDHHS Medicaid Program average includes results from both the MHPs and the Fee-for-Service population. The MDHHS Medicaid Managed Care Program average is limited to the results of the MHPs (i.e., the Fee-for-Service population is not included). For the Statewide Comparisons, no threshold number of responses was required for the results to be reported. Measures with less than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

MHP Comparisons

The results of the MHPs were compared to the MDHHS Medicaid Managed Care Program average. Two types of hypothesis tests were applied to these results. First, a global F test was calculated, which determined whether the difference between MHP means was significant. If the F test demonstrated MHP-level differences (i.e., p value ≤ 0.05), then a t -test was performed for each MHP. The t -test determined whether each MHP’s mean was significantly different from the MDHHS Medicaid Managed Care Program average. This analytic approach follows the Agency for Healthcare Research and Quality’s (AHRQ’s) recommended methodology for identifying significant plan-level performance differences.

Fee-for-Service Comparisons

The results of the Fee-for-Service population were compared to the MDHHS Medicaid Managed Care Program average. One type of hypothesis test was applied to these results. A t -test was performed to determine whether the results of the Fee-for-Service population were significantly different (i.e., p value ≤ 0.05) from the MDHHS Medicaid Managed Care Program average results.

Trend Analysis

A trend analysis was performed that compared the 2015 CAHPS scores to the corresponding 2014 CAHPS scores, where appropriate, to determine whether there were significant difference.²⁻¹⁰ A *t*-test was performed to determine whether results in 2014 were significantly different from results in 2015. A difference was considered significant if the two-sided *p* value of the *t*-test was less than or equal to 0.05. The two-sided *p* value of the *t*-test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed. Measures with less than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Key Drivers of Satisfaction Analysis

HSAG performed an analysis of key drivers of satisfaction for the following measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on: 1) how **well** the MDHHS Medicaid Program is performing on the survey item and 2) how **important** that item is to overall satisfaction.

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a “1,” and a positive experience with care (i.e., non-negative) was assigned a “0.” The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1.

For each item evaluated, the relationship between the item’s problem score and performance on each of the three measures was calculated using a Pearson product moment correlation, which is defined as the covariance of the two scores divided by the product of their standard deviations. Items were then prioritized based on their overall problem score and their correlation to each measure. Key drivers of satisfaction were defined as those items that:

- ◆ Had a problem score that was greater than or equal to the median problem score for all items examined.
- ◆ Had a correlation that was greater than or equal to the median correlation for all items examined.

²⁻¹⁰ As previously noted, for 2015 NCQA revised the question language and response options for the questions that comprise the Shared Decision Making composite measure. Given the changes to the Shared Decision Making composite measure, the 2015 CAHPS scores for this measure are not comparable to the 2014 CAHPS scores.

Limitations and Cautions

The findings presented in this CAHPS report are subject to some limitations in the survey design, analysis, and interpretation. MDHHS should consider these limitations when interpreting or generalizing the findings.

Case-Mix Adjustment

The demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting CAHPS results to account for these differences.²⁻¹¹

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by plan or program. Therefore, MDHHS should consider the potential for non-response bias when interpreting CAHPS results.

Causal Inferences

Although this report examines whether respondents report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to an MHP or the Fee-for-Service program. These analyses identify whether respondents give different ratings of satisfaction with their MHP or the Fee-for-Service program. The survey by itself does not necessarily reveal the exact cause of these differences.

Missing Phone Numbers

The volume of missing telephone numbers may impact the response rates and the validity of the survey results. For instance, a certain segment of the population may be more likely to have missing phone information than other segments.

²⁻¹¹ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services; 2008.

Mode Effects

The CAHPS survey was administered via standard or enhanced mixed-mode (Fee-for-Service and all MHPs except CoventryCares, McLaren Health Plan, Sparrow PHP, and Total Health Care, Inc.) and mixed-mode with Internet enhancement (CoventryCares, McLaren Health Plan, Sparrow PHP and Total Health Care, Inc.) methodologies. The mode in which a survey is administered may have an impact on respondents' assessments of their health care experiences. Therefore, mode effects should be considered when interpreting the CAHPS results.

Survey Vendor Effects

The CAHPS survey was administered by multiple survey vendors. NCQA developed its Survey Vendor Certification Program to ensure standardization of data collection and the comparability of results across health plans. However, due to the different processes employed by the survey vendors, there is still the small potential for vendor effects. Therefore, survey vendor effects should be considered when interpreting the CAHPS results.

Who Responded to the Survey

A total of 24,517 surveys were mailed to adult members. A total of 7,571 surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was considered complete if at least one question was answered on the survey. Eligible members included the entire random sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated, or had a language barrier.

Table 3-1 shows the total number of members sampled, the number of surveys completed, the number of ineligible members, and the response rates.

Table 3-1: Total Number of Respondents and Response Rates

Plan Name	Sample Size	Completes	Ineligibles	Response Rates
MDHHS Medicaid Program	24,517	7,571	609	31.67%
Fee-for-Service	1,350	430	99	34.37%
MDHHS Medicaid Managed Care Program	23,167	7,141	510	31.52%
Blue Cross Complete of Michigan	1,823	591	22	32.82%
CoventryCares	1,485	324	16	22.06%
HAP Midwest Health Plan	1,755	509	70	30.21%
Harbor Health Plan	891	231	33	26.92%
HealthPlus Partners	1,350	488	13	36.50%
McLaren Health Plan	1,350	463	26	34.97%
Meridian Health Plan of Michigan	1,890	633	58	34.55%
Molina Healthcare of Michigan	2,700	735	37	27.60%
Priority Health Choice, Inc.	1,958	496	42	25.89%
Sparrow PHP	1,755	461	27	26.68%
Total Health Care, Inc.	2,160	707	62	33.70%
UnitedHealthcare Community Plan	1,890	613	67	33.63%
Upper Peninsula Health Plan	2,160	890	37	41.92%

Demographics of Adult Members

Table 3-2 depicts the ages of members who completed a CAHPS survey.

Table 3-2: Adult Member Demographics—Age						
Plan Name	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and older
MDHHS Medicaid Program	10.9%	15.7%	15.7%	23.6%	27.0%	7.1%
Fee-for-Service	2.4%	3.1%	8.7%	17.1%	24.4%	44.2%
MDHHS Medicaid Managed Care Program	11.5%	16.4%	16.1%	24.0%	27.2%	4.7%
Blue Cross Complete of Michigan	10.3%	16.3%	17.2%	26.2%	26.6%	3.4%
CoventryCares	15.1%	12.2%	17.1%	23.7%	31.6%	0.3%
HAP Midwest Health Plan	11.5%	16.7%	16.1%	23.0%	31.0%	1.7%
Harbor Health Plan	6.3%	17.2%	7.3%	23.4%	43.2%	2.6%
HealthPlus Partners	9.3%	16.4%	15.5%	29.2%	25.7%	4.0%
McLaren Health Plan	8.2%	16.5%	13.9%	28.5%	30.1%	2.8%
Meridian Health Plan of Michigan	13.4%	16.4%	15.2%	25.7%	26.6%	2.6%
Molina Healthcare of Michigan	10.2%	12.9%	14.3%	19.1%	29.3%	14.1%
Priority Health Choice, Inc.	15.5%	22.0%	16.6%	17.4%	18.2%	10.3%
Sparrow PHP	11.9%	16.9%	16.2%	28.3%	21.5%	5.1%
Total Health Care, Inc.	11.4%	15.7%	18.0%	22.7%	28.3%	3.9%
UnitedHealthcare Community Plan	13.8%	17.6%	19.5%	24.1%	24.5%	0.5%
Upper Peninsula Health Plan	10.3%	16.9%	16.9%	23.2%	27.4%	5.2%

Please note, percentages may not total 100% due to rounding.

Table 3-3 depicts the gender of members who completed a CAHPS survey.

Table 3-3: Adult Member Demographics—Gender		
Plan Name	Male	Female
MDHHS Medicaid Program	39.5%	60.5%
Fee-for-Service	35.4%	64.6%
MDHHS Medicaid Managed Care Program	39.7%	60.3%
Blue Cross Complete of Michigan	48.6%	51.4%
CoventryCares	40.5%	59.5%
HAP Midwest Health Plan	39.1%	60.9%
Harbor Health Plan	55.5%	44.5%
HealthPlus Partners	40.2%	59.8%
McLaren Health Plan	39.8%	60.2%
Meridian Health Plan of Michigan	38.7%	61.3%
Molina Healthcare of Michigan	34.5%	65.5%
Priority Health Choice, Inc.	33.4%	66.6%
Sparrow PHP	33.3%	66.7%
Total Health Care, Inc.	41.4%	58.6%
UnitedHealthcare Community Plan	40.6%	59.4%
Upper Peninsula Health Plan	39.3%	60.7%

Table 3-4 depicts the race and ethnicity of members who completed a CAHPS survey.

Table 3-4: Adult Member Demographics—Race/Ethnicity

Plan Name	White	Hispanic	Black	Asian	Other	Multi-Racial
MDHHS Medicaid Program	56.2%	3.9%	28.8%	1.4%	3.0%	6.7%
Fee-for-Service	73.4%	3.6%	14.3%	1.7%	2.4%	4.6%
MDHHS Medicaid Managed Care Program	55.1%	3.9%	29.7%	1.4%	3.0%	6.9%
Blue Cross Complete of Michigan	39.2%	2.1%	48.4%	2.4%	3.6%	4.3%
CoventryCares	11.3%	3.0%	74.8%	0.7%	2.3%	8.0%
HAP Midwest Health Plan	40.5%	3.4%	39.7%	1.1%	7.6%	7.8%
Harbor Health Plan	13.7%	2.6%	72.6%	1.6%	1.1%	8.4%
HealthPlus Partners	61.7%	4.9%	25.2%	0.4%	2.0%	5.8%
McLaren Health Plan	75.7%	3.8%	12.5%	0.5%	2.1%	5.4%
Meridian Health Plan of Michigan	68.8%	3.6%	17.3%	0.3%	1.5%	8.4%
Molina Healthcare of Michigan	45.4%	5.1%	37.8%	1.5%	1.8%	8.3%
Priority Health Choice, Inc.	74.5%	6.5%	11.6%	1.4%	1.2%	4.7%
Sparrow PHP	62.9%	6.9%	15.2%	5.4%	1.7%	7.9%
Total Health Care, Inc.	29.2%	3.2%	55.0%	0.9%	2.5%	9.3%
UnitedHealthcare Community Plan	49.8%	4.7%	28.8%	2.6%	6.6%	7.6%
Upper Peninsula Health Plan	89.5%	2.0%	0.0%	0.2%	3.1%	5.1%

Please note, percentages may not total 100% due to rounding.

Table 3-5 depicts the general health status of members who completed a CAHPS survey.

Table 3-5: Adult Member Demographics—General Health Status					
Plan Name	Excellent	Very Good	Good	Fair	Poor
MDHHS Medicaid Program	8.5%	19.6%	34.9%	26.6%	10.4%
Fee-for-Service	4.5%	15.6%	33.2%	31.4%	15.3%
MDHHS Medicaid Managed Care Program	8.7%	19.9%	35.0%	26.3%	10.1%
Blue Cross Complete of Michigan	12.1%	23.2%	35.5%	21.5%	7.8%
CoventryCares	10.2%	17.1%	29.6%	32.2%	10.9%
HAP Midwest Health Plan	10.2%	19.6%	35.6%	24.6%	10.0%
Harbor Health Plan	11.5%	13.1%	32.5%	32.5%	10.5%
HealthPlus Partners	5.5%	21.8%	35.9%	26.4%	10.4%
McLaren Health Plan	6.0%	17.5%	38.8%	26.1%	11.7%
Meridian Health Plan of Michigan	7.9%	21.3%	35.1%	23.8%	12.0%
Molina Healthcare of Michigan	7.9%	13.8%	35.1%	32.1%	11.2%
Priority Health Choice, Inc.	10.2%	24.7%	33.3%	23.7%	8.1%
Sparrow PHP	8.1%	18.2%	33.9%	27.8%	12.0%
Total Health Care, Inc.	8.2%	19.9%	32.1%	30.4%	9.4%
UnitedHealthcare Community Plan	9.4%	23.6%	34.7%	24.1%	8.2%
Upper Peninsula Health Plan	8.1%	19.7%	38.1%	24.2%	9.9%

Please note, percentages may not total 100% due to rounding.

National Comparisons

In order to assess the overall performance of the MDHHS Medicaid Program, HSAG scored the four global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and four composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service) on a three-point scale using an NCQA-approved scoring methodology. HSAG compared the plans' and programs' three-point mean scores to NCQA HEDIS Benchmarks and Thresholds for Accreditation.³⁻¹

Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-6.

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

The results presented in the following two tables represent the three-point mean scores for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

³⁻¹ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2015*. Washington, DC: NCQA; February 5, 2015.

Table 3-7 shows the overall member satisfaction ratings on each of the four global ratings.

Table 3-7: National Comparisons—Global Ratings				
Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
MDHHS Medicaid Program	★★★ 2.47	★★★ 2.36	★★★ 2.50	★★★ 2.52
Fee-for-Service	★★ 2.42	★★★★★ 2.43	★★★★★ 2.63	★★★★★ 2.60
MDHHS Medicaid Managed Care Program	★★★ 2.47	★★★ 2.35	★★ 2.49	★★★ 2.52
Blue Cross Complete of Michigan	★★★★ 2.51	★★★★ 2.40	★★★ 2.50	★ 2.47
CoventryCares	★★ 2.35	★ 2.19	★ 2.40	★ 2.47
HAP Midwest Health Plan	★★★ 2.44	★★ 2.33	★★ 2.49	★★ 2.49
Harbor Health Plan	★★ 2.40	★★ 2.29	★★★ 2.51	★★ ⁺ 2.48
HealthPlus Partners	★★★★★ 2.57	★★ 2.33	★★ 2.43	★ 2.45
McLaren Health Plan	★★★ 2.47	★★★ 2.35	★ 2.40	★ 2.47
Meridian Health Plan of Michigan	★★★★ 2.49	★★ 2.32	★★ 2.46	★★★★ 2.57
Molina Healthcare of Michigan	★★★ 2.47	★★★★ 2.38	★★★★ 2.55	★★★ 2.54
Priority Health Choice, Inc.	★★★★ 2.50	★★★★ 2.42	★★★★★ 2.58	★★★★★ 2.63
Sparrow PHP	★★ 2.39	★ 2.27	★ 2.42	★ 2.43
Total Health Care, Inc.	★★★ 2.45	★★★ 2.35	★★ 2.47	★★ 2.49
UnitedHealthcare Community Plan	★★★★ 2.53	★★★★ 2.38	★★★ 2.50	★★★ 2.55
Upper Peninsula Health Plan	★★★ 2.47	★★★★ 2.42	★★★★ 2.55	★★★★ 2.56

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Specialist Seen Most Often. In addition, the MDHHS Medicaid Program scored at or between the 50th and 74th percentiles for one global rating, Rating of Personal Doctor. The MDHHS Medicaid Managed Care Program scored at or between the 25th and 49th percentiles for one global rating, Rating of Personal Doctor. The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program did not score below the 25th percentile for any of the global ratings.

Table 3-8 shows the overall member satisfaction ratings on four of the composite measures.³⁻²

Table 3-8: National Comparisons—Composite Measures				
Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
MDHHS Medicaid Program	★★★ 2.40	★★★★ 2.46	★★★★ 2.62	★★★ 2.57
Fee-for-Service	★★★★★ 2.54	★★★★★ 2.62	★★★★★ 2.71	★ ⁺ 2.39
MDHHS Medicaid Managed Care Program	★★★ 2.39	★★★ 2.45	★★★★ 2.62	★★★ 2.57
Blue Cross Complete of Michigan	★★ 2.36	★★★ 2.45	★★★★★ 2.66	★★★★★ 2.62
CoventryCares	★★ 2.35	★★★★ 2.48	★★★★ 2.63	★★★★ 2.58
HAP Midwest Health Plan	★★ 2.32	★★ 2.39	★★★★ 2.58	★★ 2.49
Harbor Health Plan	★★★★★ 2.49	★★★ 2.42	★★★★★ 2.64	★★★★★ ⁺ 2.70
HealthPlus Partners	★★★★ 2.43	★★★★★ 2.51	★★★★ 2.59	★★★★★ 2.65
McLaren Health Plan	★★★ 2.40	★★ 2.39	★★★★ 2.60	★★ 2.52
Meridian Health Plan of Michigan	★★★ 2.38	★★★ 2.43	★★★★ 2.59	★★ 2.52
Molina Healthcare of Michigan	★★★ 2.40	★★★★ 2.49	★★★★★ 2.66	★★★ 2.57
Priority Health Choice, Inc.	★★★★ 2.42	★★★★ 2.48	★★★★★ 2.65	★★★ 2.55
Sparrow PHP	★ 2.29	★★ 2.37	★★★ 2.55	★★★ 2.54
Total Health Care, Inc.	★★★ 2.39	★★★★ 2.46	★★★★ 2.58	★★★ 2.56
UnitedHealthcare Community Plan	★★★ 2.38	★★★ 2.44	★★★★ 2.61	★★ 2.49
Upper Peninsula Health Plan	★★★★ 2.45	★★★★★ 2.50	★★★★★ 2.66	★★★★★ 2.66

⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

The MDHHS Medicaid Program and the MDHHS Medicaid Managed Care Program both scored at or between the 75th and 89th percentiles for the How Well Doctors Communicate composite measure, and scored at or between the 50th and 74th percentiles for the Getting Needed Care and Customer Service composite measures. In addition, the MDHHS Medicaid Program scored at or between the 75th and 89th percentiles for the Getting Care Quickly composite measure, while the MDHHS Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for this same composite measure. The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program did not score below the 50th percentile for any of the composite measures.

³⁻² NCQA does not publish national benchmarks and thresholds for Shared Decision Making; therefore, this CAHPS measure was excluded from the National Comparisons analysis.

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating and composite measure. A “top-box” response was defined as follows:

- ◆ “9” or “10” for the global ratings.
- ◆ “Usually” or “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites.
- ◆ “Yes” for the Shared Decision Making composite.

HSAG also calculated overall rates for the Effectiveness of Care measures: 1) Medical Assistance with Smoking and Tobacco Use Cessation and 2) Aspirin Use and Discussion. Refer to the Reader’s Guide section for more detailed information regarding the calculation of these measures.

The MDHHS Medicaid Program and MDHHS Medicaid Managed Care Program results were weighted based on the eligible population for each adult population (i.e., Fee-for-Service and/or MHPs). HSAG compared the MHP results to the MDHHS Medicaid Managed Care Program average to determine if the MHP results were significantly different than the MDHHS Medicaid Managed Care Program average. Additionally, HSAG compared the Fee-for-Service results to the MDHHS Medicaid Managed Care Program average to determine if the Fee-for-Service results were significantly different than the MDHHS Medicaid Managed Care Program average. The NCQA adult Medicaid national averages also are presented for comparison.^{3-3,3-4} Colors in the figures note significant differences. Green indicates a top-box rate that was significantly higher than the MDHHS Medicaid Managed Care Program average. Conversely, red indicates a top-box rate that was significantly lower than the MDHHS Medicaid Managed Care Program average. Blue represents top-box rates that were not significantly different from the MDHHS Medicaid Managed Care Program average. Health plan/program rates with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

In some instances, the top-box rates presented for two plans were similar, but one was statistically different from the MDHHS Medicaid Managed Care Program average, and the other was not. In these instances, it was the difference in the number of respondents between the two plans that explains the different statistical results. It is more likely that a significant result will be found in a plan with a larger number of respondents.

³⁻³ The source for the national data contained in this publication is Quality Compass[®] 2014 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2014 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS[®] is a registered trademark of AHRQ.

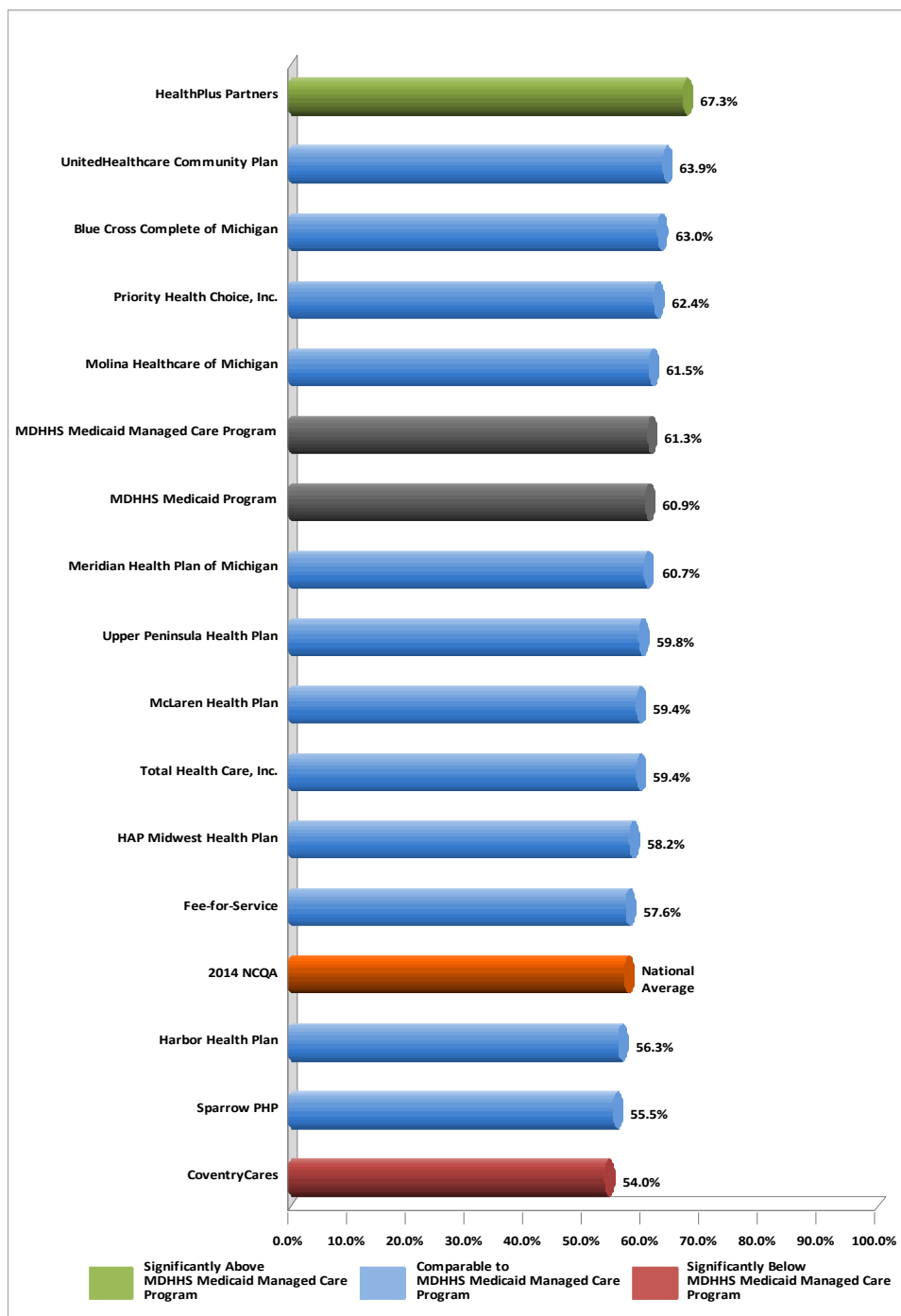
³⁻⁴ NCQA adult Medicaid national averages are not available for the Shared Decision Making composite measure.

Global Ratings

Rating of Health Plan

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Figure 3-1 shows the Rating of Health Plan top-box rates.

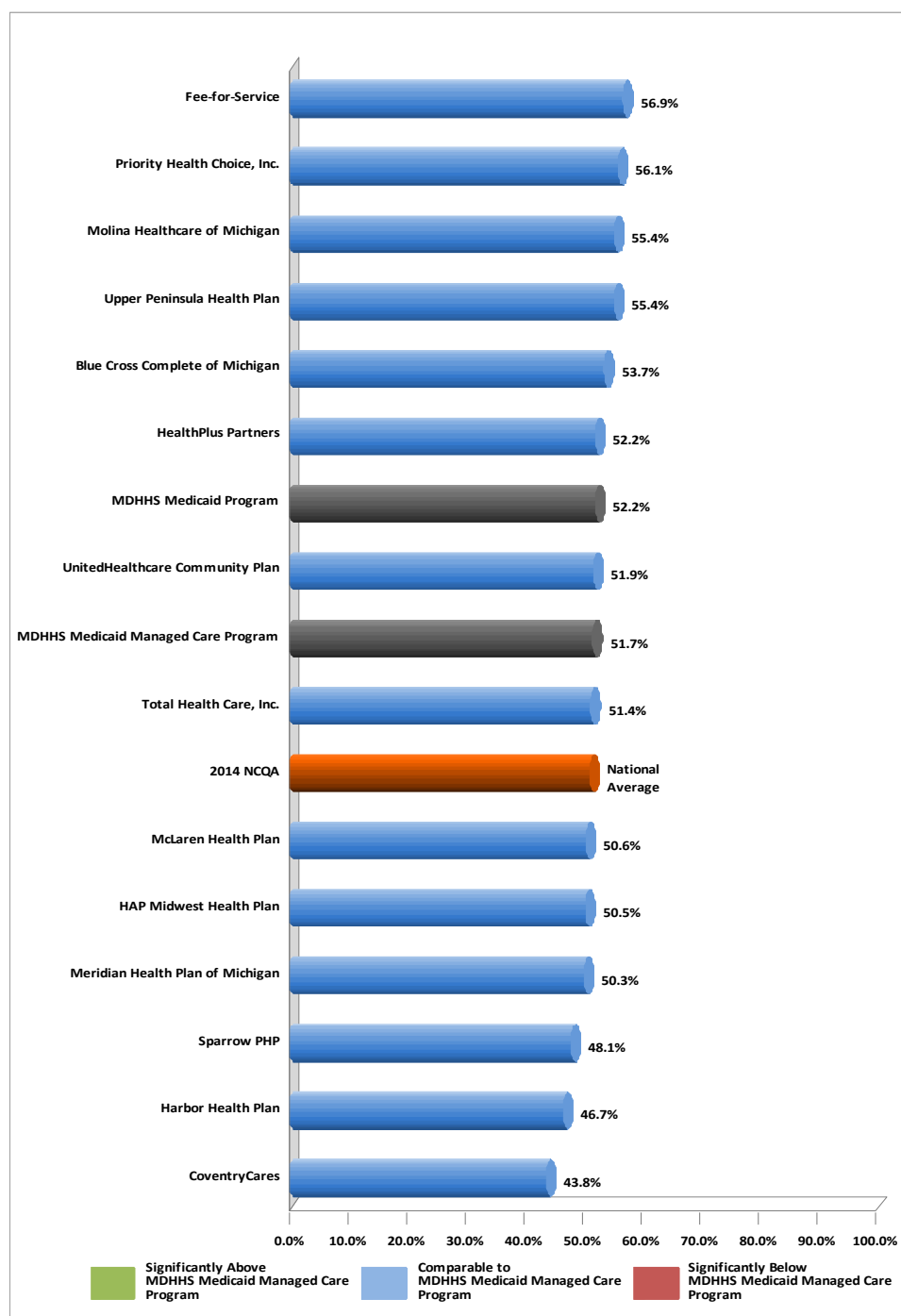
Figure 3-1: Rating of Health Plan Top-Box Rates



Rating of All Health Care

Adult members were asked to rate all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Figure 3-2 shows the Rating of All Health Care top-box rates.

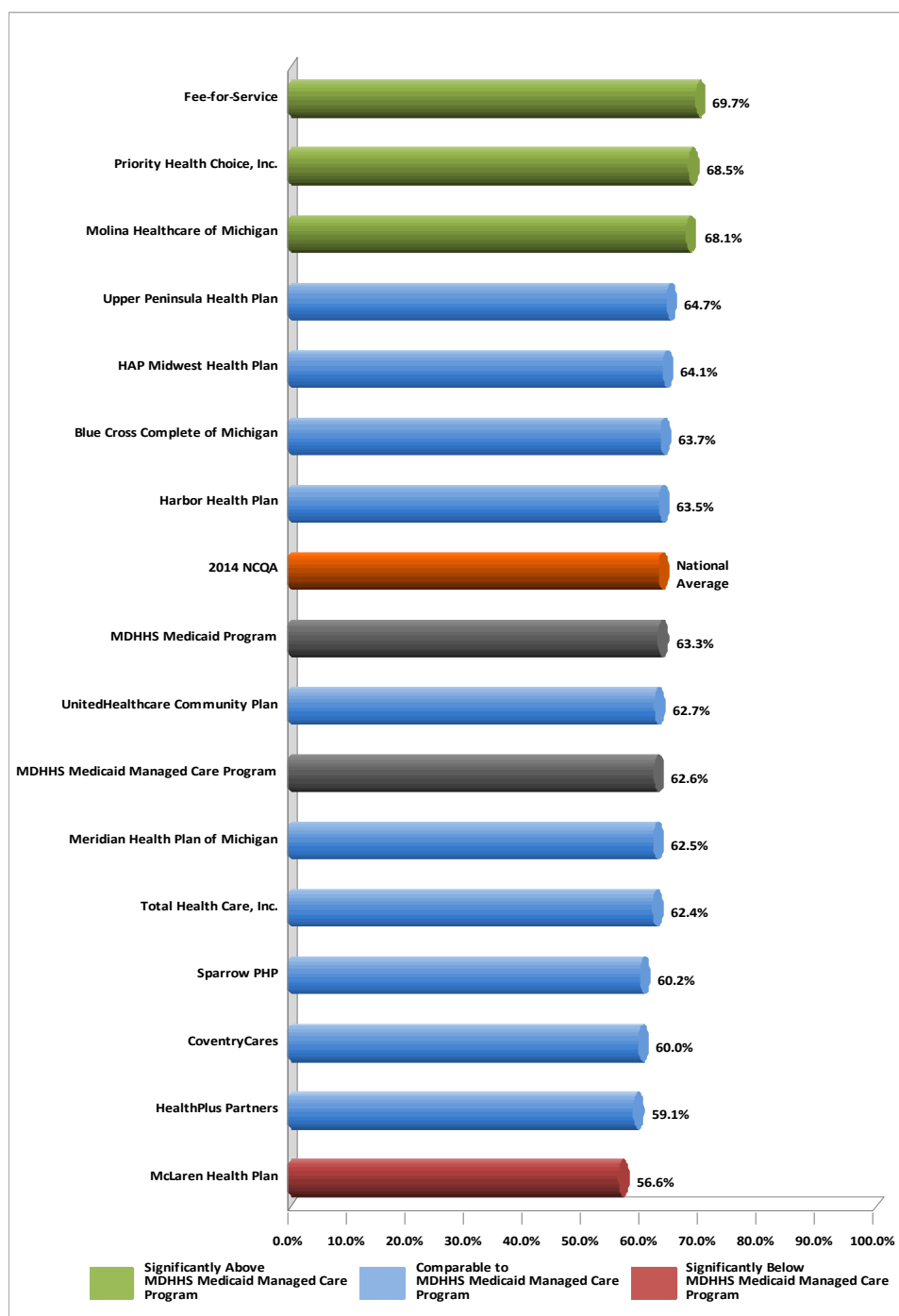
Figure 3-2: Rating of All Health Care Top-Box Rates



Rating of Personal Doctor

Adult members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Figure 3-3 shows the Rating of Personal Doctor top-box rates.

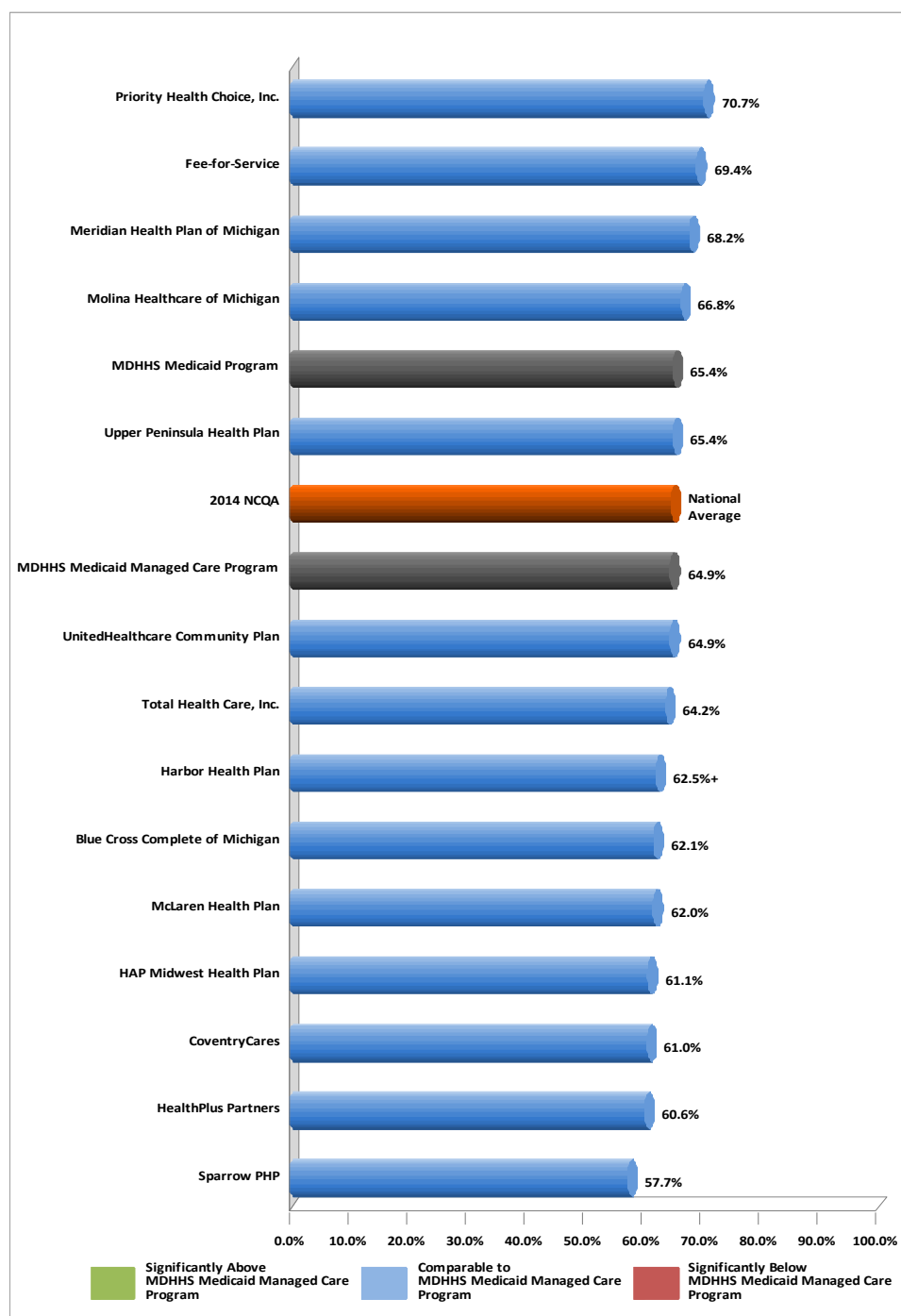
Figure 3-3: Rating of Personal Doctor Top-Box Rates



Rating of Specialist Seen Most Often

Adult members were asked to rate their specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Figure 3-4 shows the Rating of Specialist Seen Most Often top-box rates.

Figure 3-4: Rating of Specialist Seen Most Often Top-Box Rates



Composite Measures

Getting Needed Care

Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

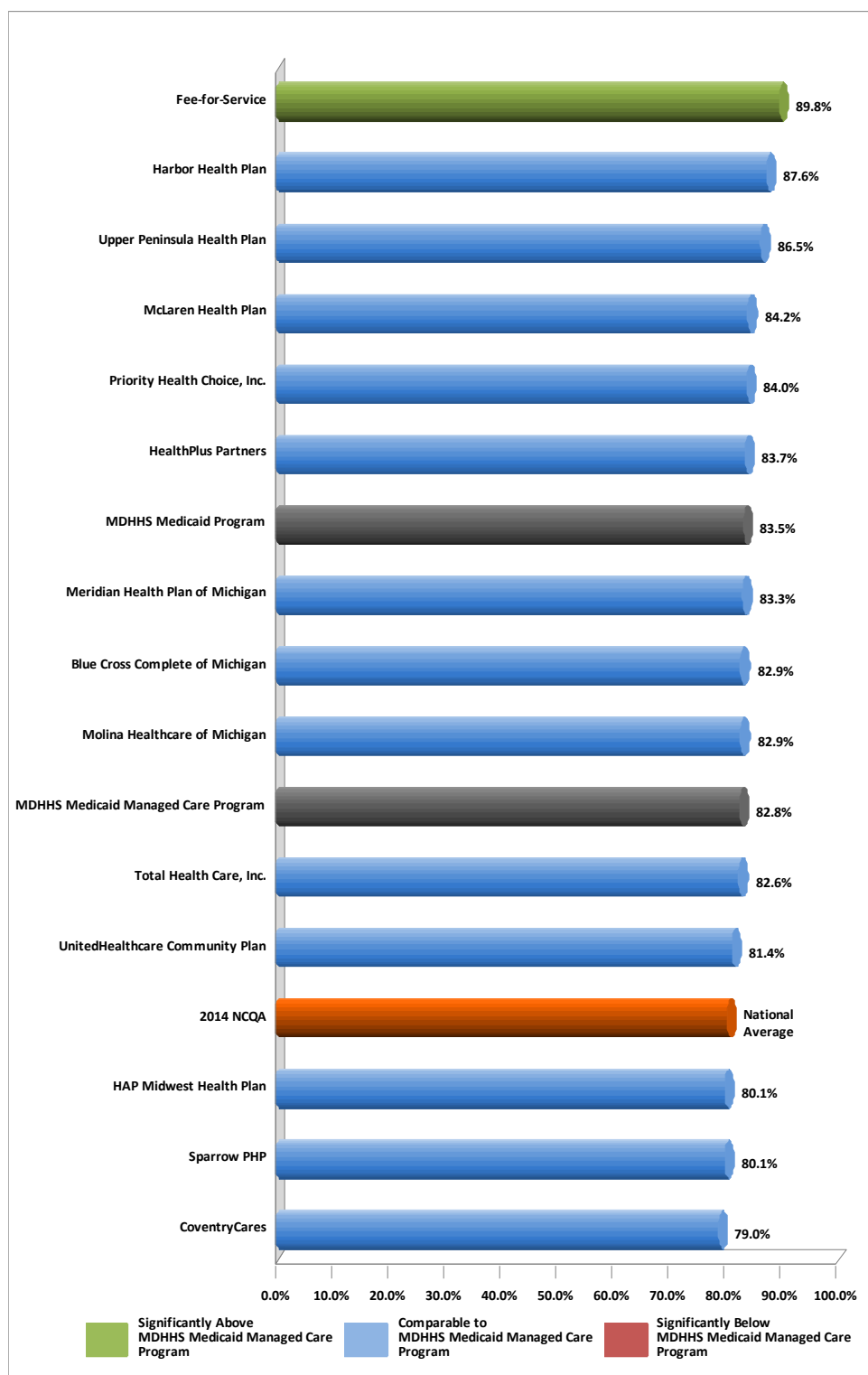
- ◆ **Question 14.** In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 25.** In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Getting Needed Care composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-5 shows the Getting Needed Care top-box rates.

Figure 3-5: Getting Needed Care Top-Box Rates



Getting Care Quickly

Two questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members received care quickly:

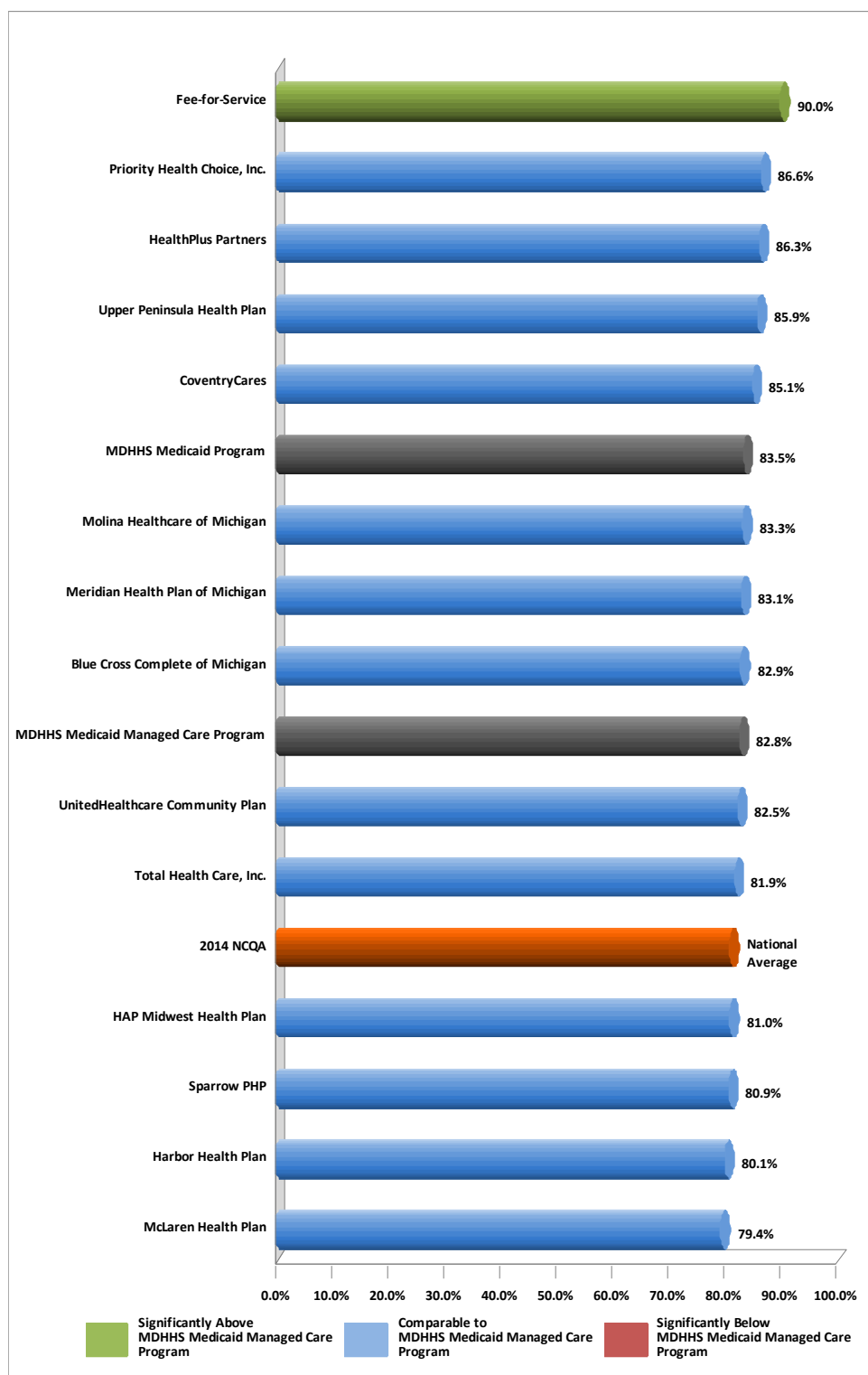
- ◆ **Question 4.** In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 6.** In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Getting Care Quickly composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-6 shows the Getting Care Quickly top-box rates.

Figure 3-6: Getting Care Quickly Top-Box Rates



How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey) was asked to assess how often doctors communicated well:

- ◆ **Question 17.** In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 18.** In the last 6 months, how often did your personal doctor listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always

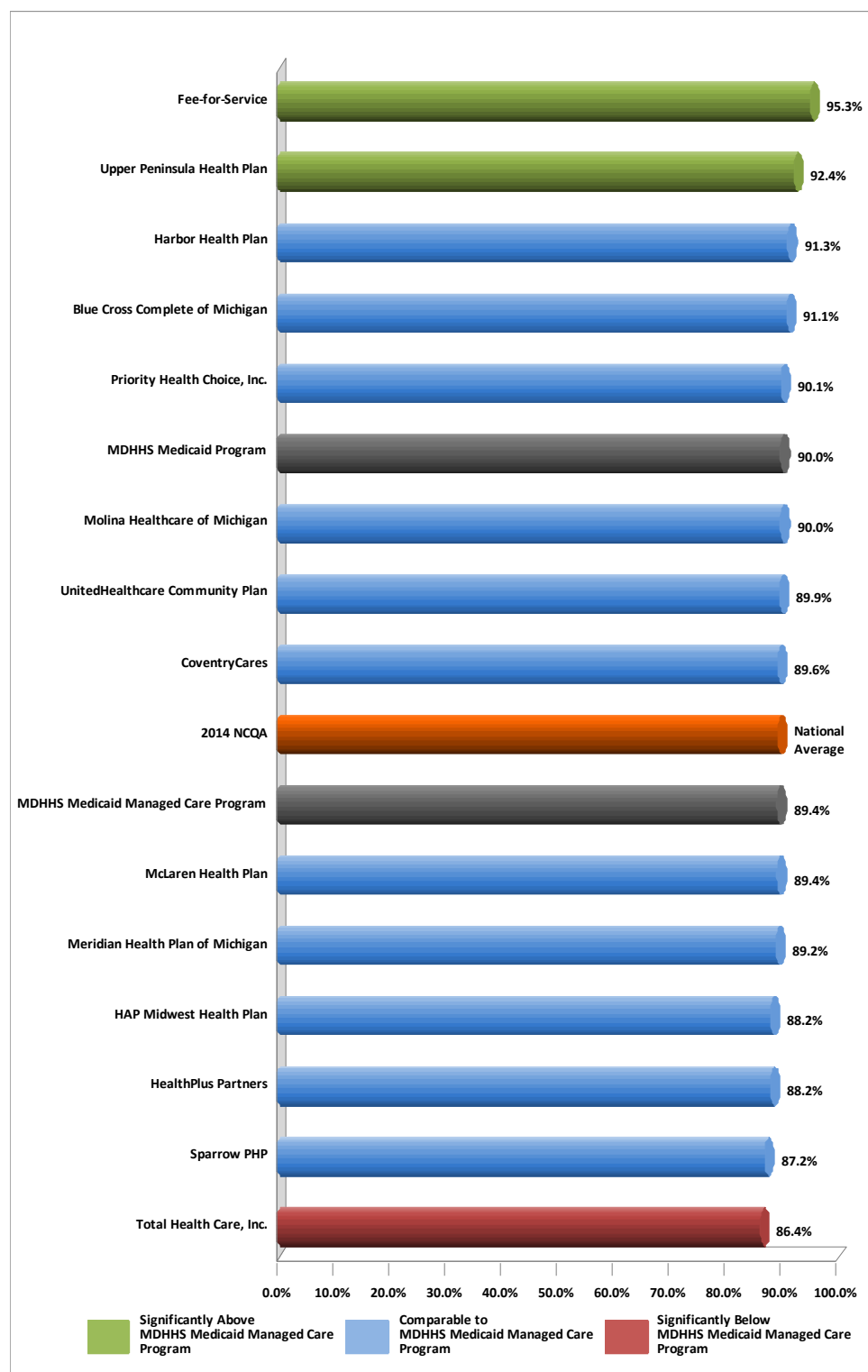
- ◆ **Question 19.** In the last 6 months, how often did your personal doctor show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 20.** In the last 6 months, how often did your personal doctor spend enough time with you?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the How Well Doctors Communicate composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-7 shows the How Well Doctors Communicate top-box rates.

Figure 3-7: How Well Doctors Communicate Top-Box Rates



Customer Service

Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members were satisfied with customer service:

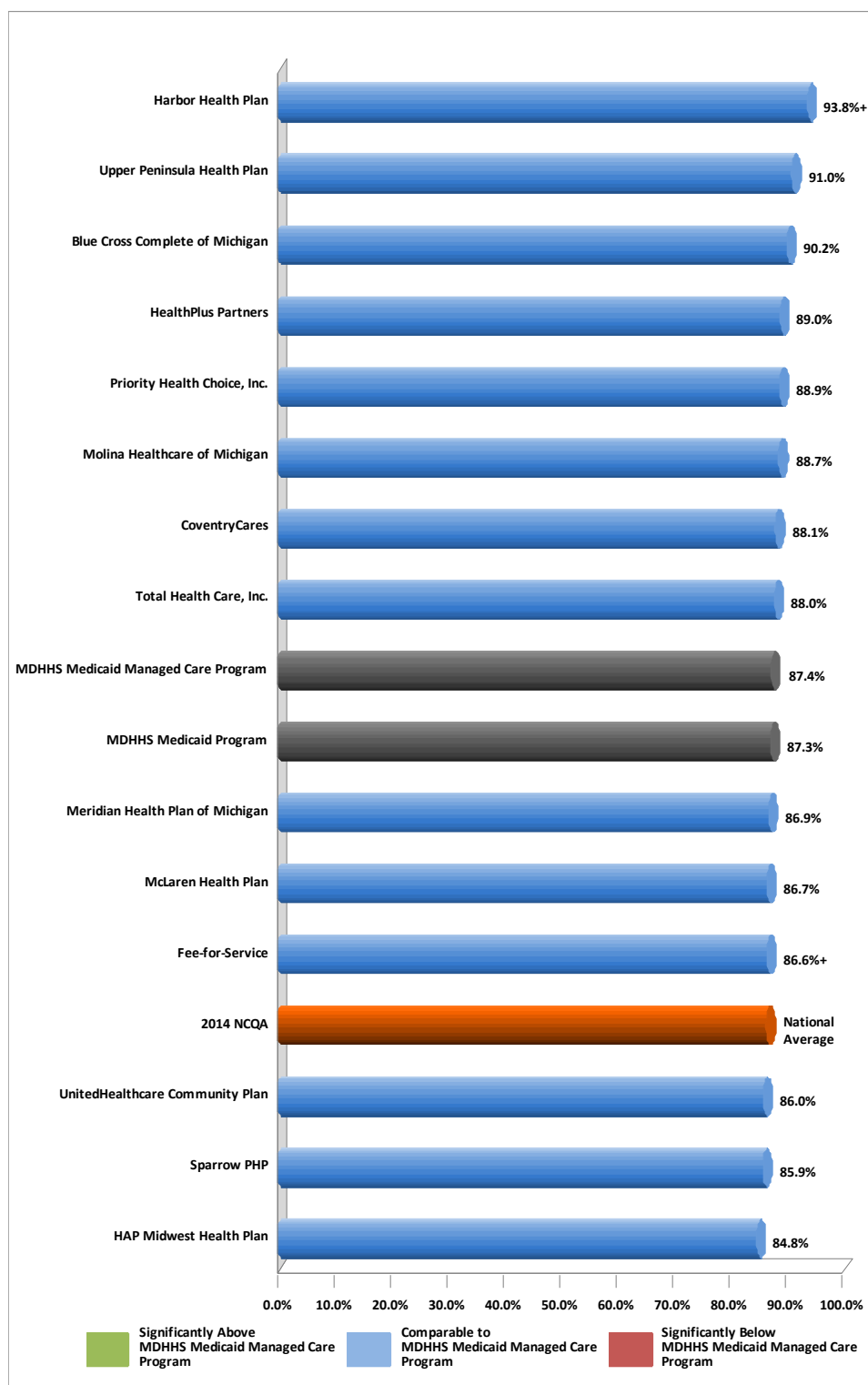
- ◆ **Question 31.** In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 32.** In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Customer Service composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-8 shows the Customer Service top-box rates.

Figure 3-8: Customer Service Top-Box Rates



Note: + indicates fewer than 100 responses

Shared Decision Making

Three questions (Questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey) were asked regarding the involvement of adult members in decision making when starting or stopping a prescription medicine:³⁻⁵

- ◆ **Question 10.** Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
 - Yes
 - No

- ◆ **Question 11.** Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
 - Yes
 - No

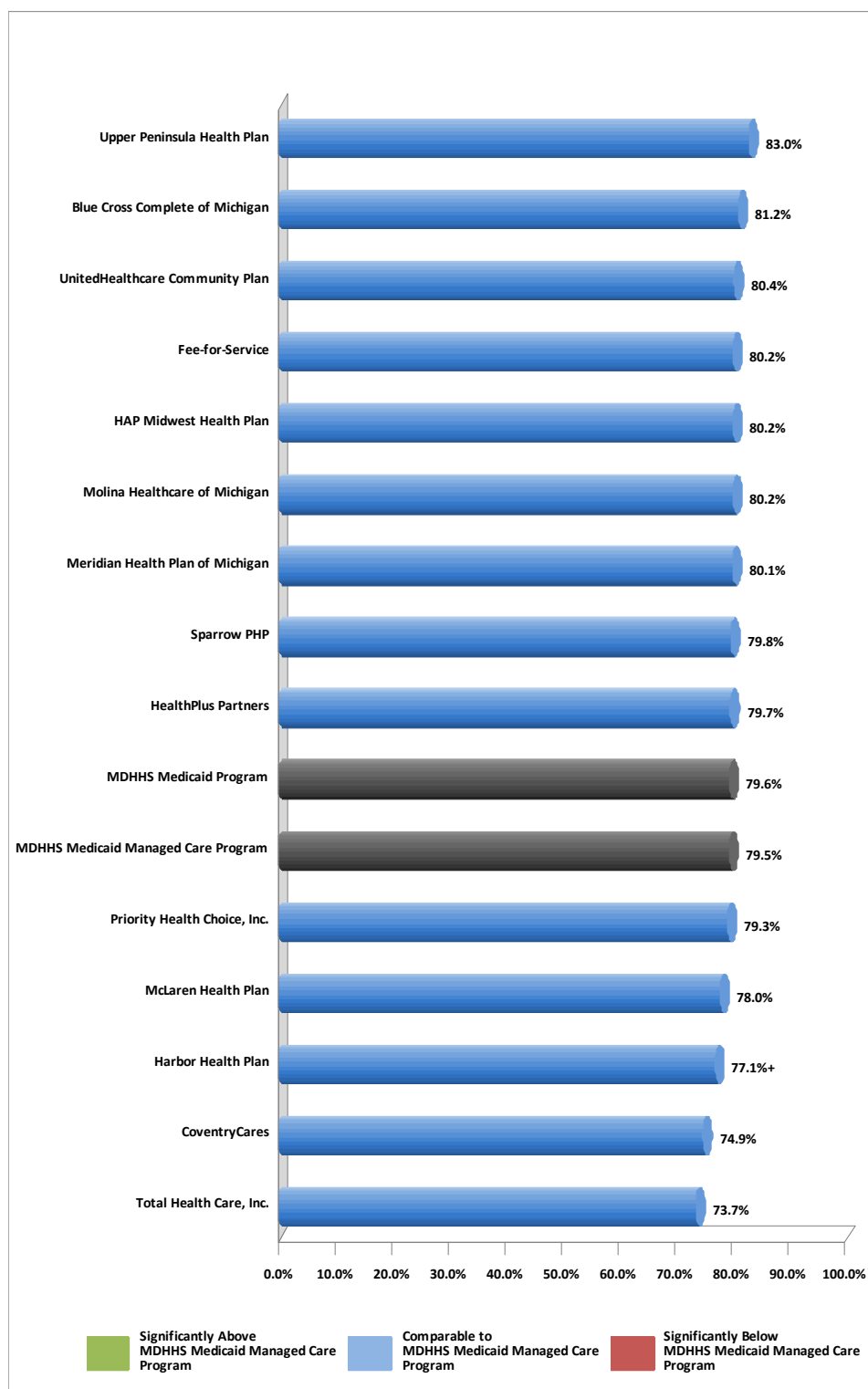
- ◆ **Question 12.** When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
 - Yes
 - No

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box rates for the Shared Decision Making composite measure, which was defined as a response of “Yes.”

³⁻⁵ Due to changes to the Shared Decision Making composite measure, comparisons to NCQA national averages could not be performed for 2015.

Figure 3-9 shows the Shared Decision Making top-box rates.

Figure 3-9: Shared Decision Making Top-Box Rates



Note: + indicates fewer than 100 responses

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

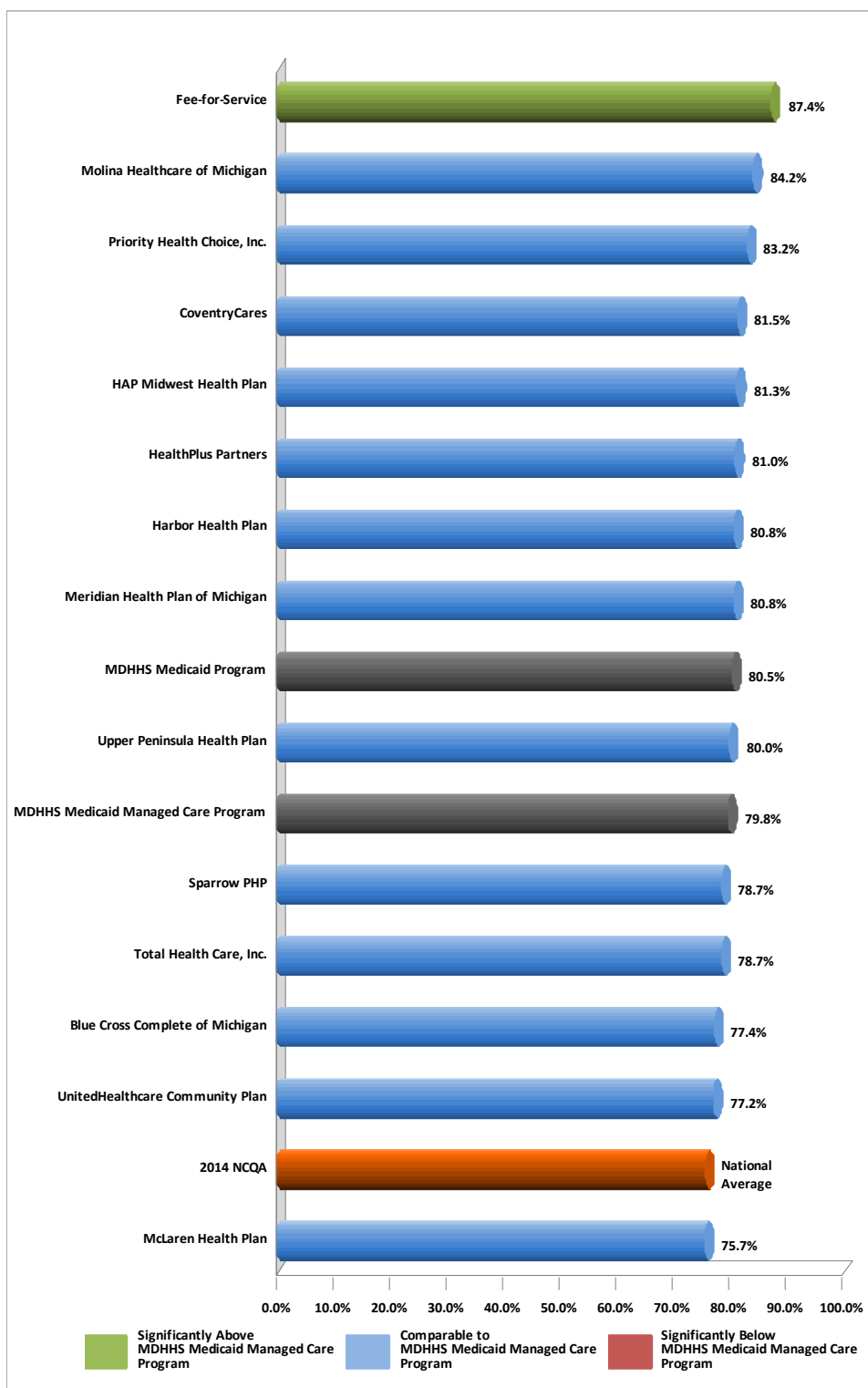
Adult members were asked how often they were advised to quit smoking or using tobacco by a doctor or other health provider (Question 40 in the CAHPS Adult Medicaid Health Plan Survey):

- ◆ **Question 40.** In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
 - Never
 - Sometimes
 - Usually
 - Always

The results of this measure represent the percentage of smokers/tobacco users who answered “Sometimes,” “Usually,” or “Always” to this question. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Figure 3-10 shows the Advising Smokers and Tobacco Users to Quit rates.

Figure 3-10: Advising Smokers and Tobacco Users to Quit Rates



Discussing Cessation Medications

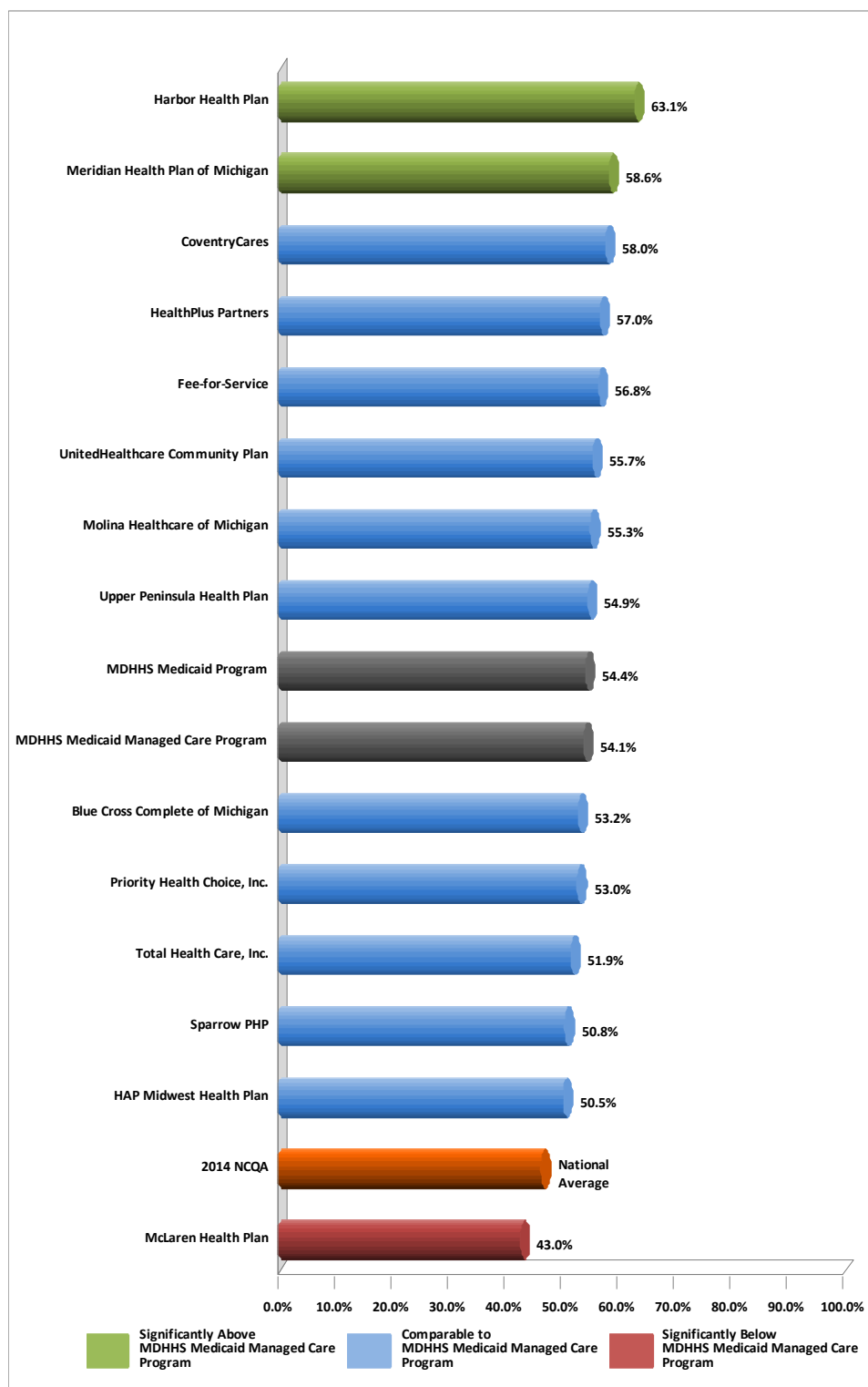
Adult members were asked how often medication was recommended or discussed by a doctor or other health provider to assist them with quitting smoking or using tobacco (Question 41 in the CAHPS Adult Medicaid Health Plan Survey):

- ◆ **Question 41.** In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
 - Never
 - Sometimes
 - Usually
 - Always

The results of this measure represent the percentage of smokers/tobacco users who answered “Sometimes,” “Usually,” or “Always” to this question. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Figure 3-11 shows the Discussing Cessation Medications rates.

Figure 3-11: Discussing Cessation Medications Rates



Discussing Cessation Strategies

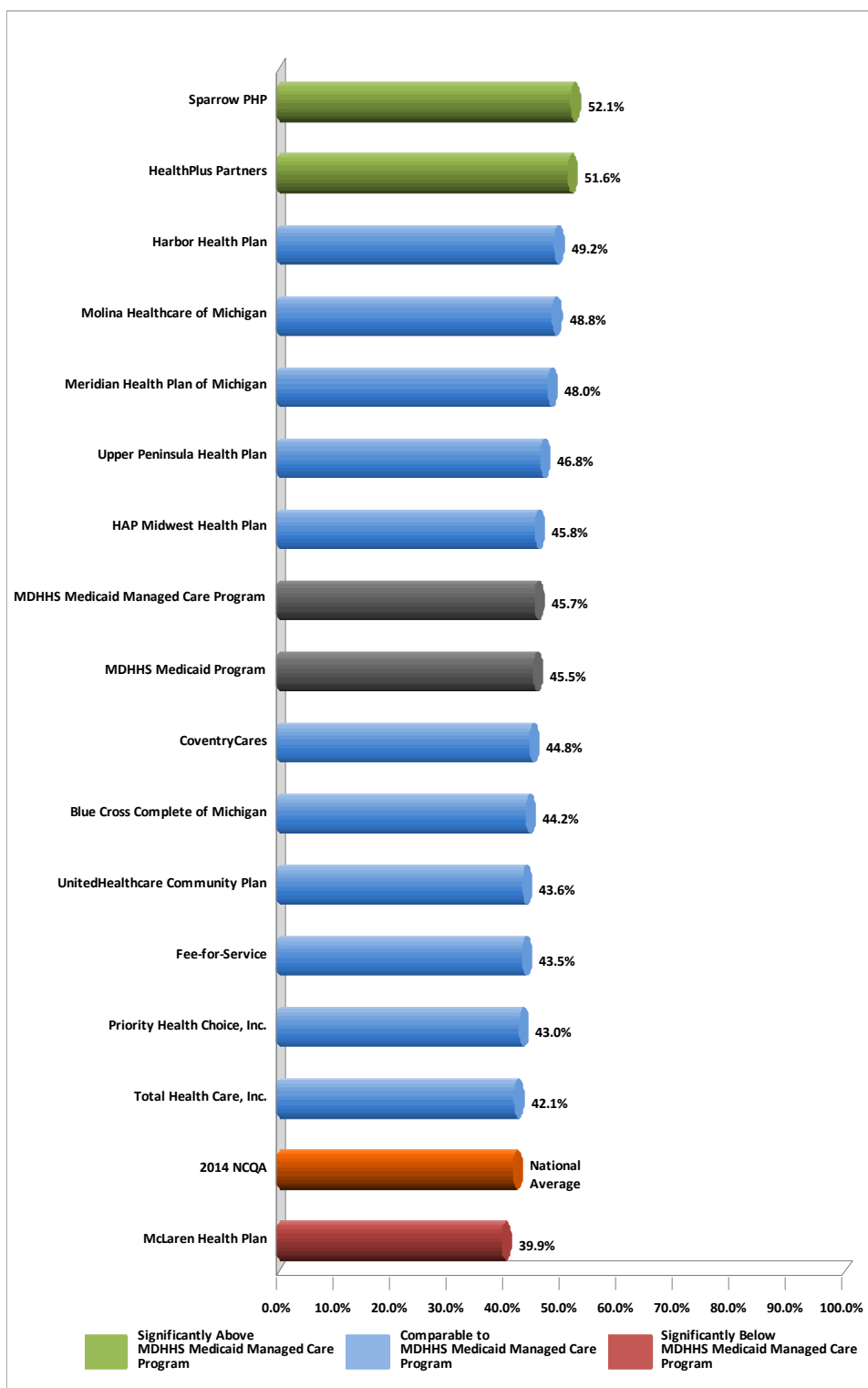
Adult members were asked how often their doctor or health provider discussed or provided methods and strategies other than medication to assist them with quitting smoking or using tobacco (Question 42 in the CAHPS Adult Medicaid Health Plan Survey):

- ◆ **Question 42.** In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
 - Never
 - Sometimes
 - Usually
 - Always

The results of this measure represent the percentage of smokers/tobacco users who answered “Sometimes,” “Usually,” or “Always” to this question. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Figure 3-12 shows the Discussing Cessation Strategies rates.

Figure 3-12: Discussing Cessation Strategies Rates



Aspirin Use and Discussion³⁻⁶

Aspirin Use

Adult members were asked if they currently take aspirin daily or every other day (Question 43 in the CAHPS Adult Medicaid Health Plan Survey):

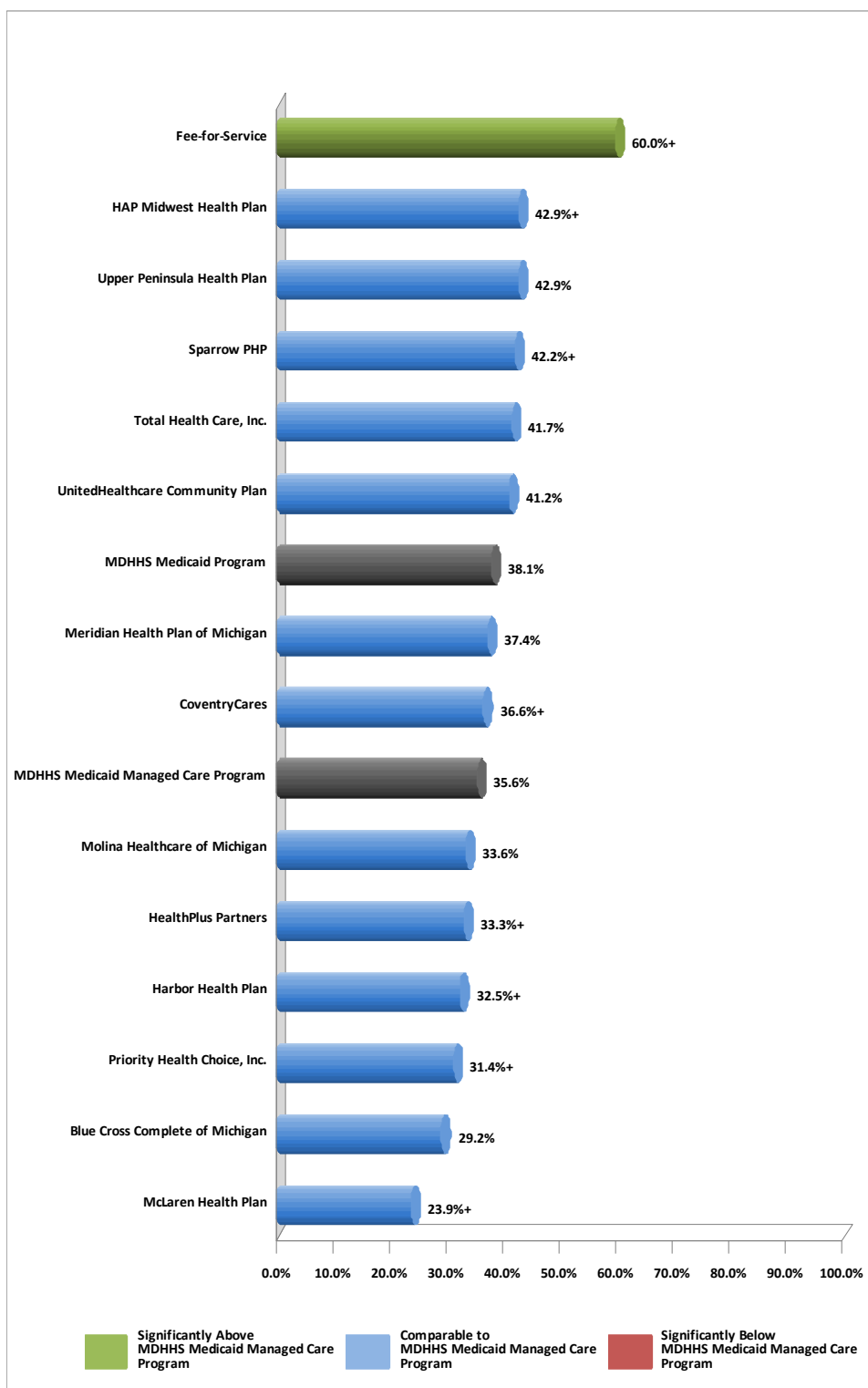
- ◆ **Question 43.** Do you take aspirin daily or every other day?
 - Yes
 - No
 - Don't know

The results of this measure represent the percentage of respondents who answered “Yes” to this question. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

³⁻⁶ NCQA does not publish national averages for the Aspirin Use and Discussion measures.

Figure 3-13 shows the Aspirin Use rates.

Figure 3-13: Aspirin Use Rates



Note: + indicates fewer than 100 responses

Discussing Aspirin Risks and Benefits

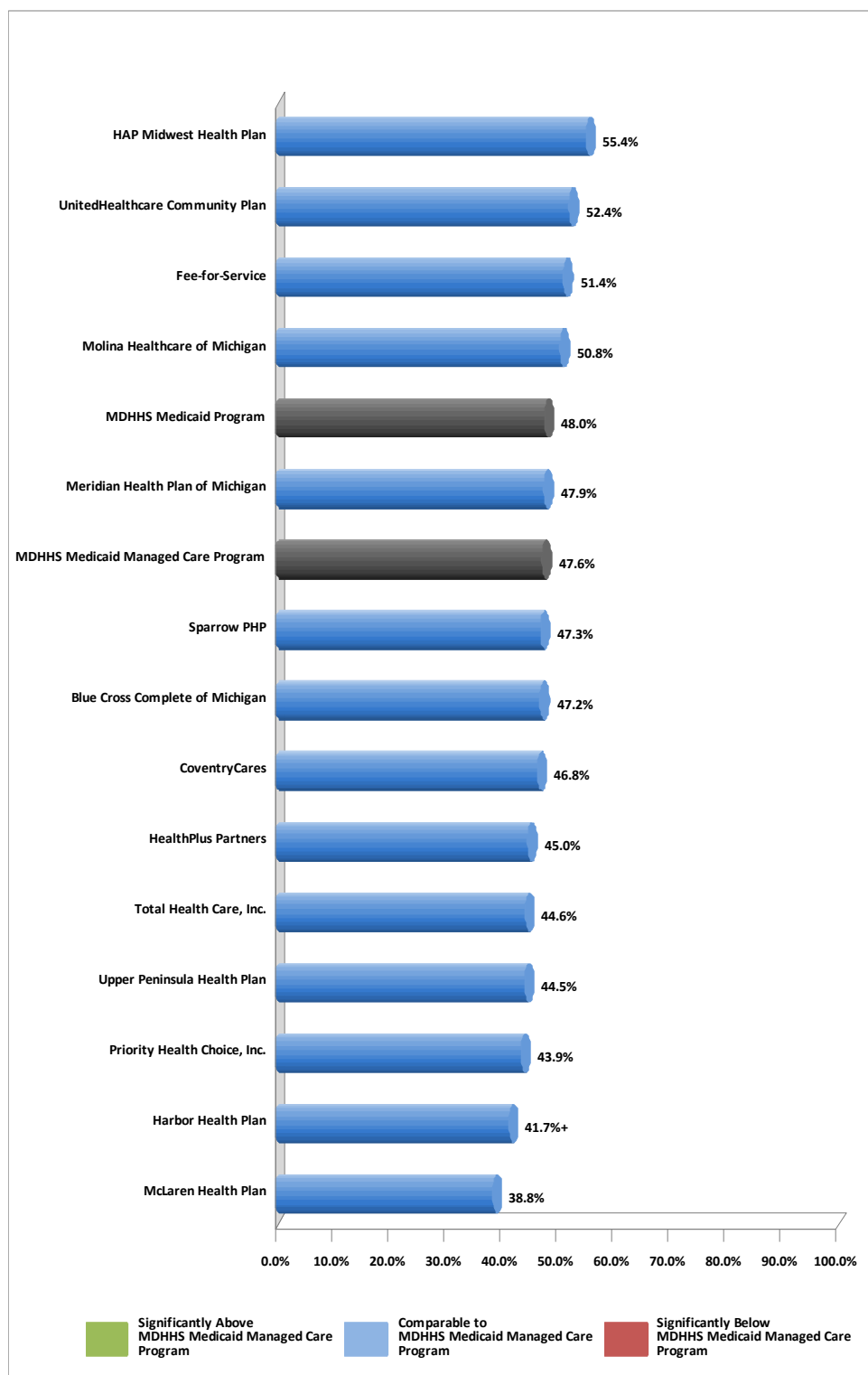
Adult members were asked if a doctor or health provider discussed with them the risks and benefits of aspirin to prevent a heart attack or stroke (Question 45 in the CAHPS Adult Medicaid Health Plan Survey):

- ◆ **Question 45.** Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
 - Yes
 - No

The results of this measure represent the percentage of respondents who answered “Yes” to this question. The rates presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results.

Figure 3-14 shows the Discussing Aspirin Risks and Benefits rates.

Figure 3-14: Discussing Aspirin Risks and Benefits Rates



Note: + indicates fewer than 100 responses

Summary of Results

Table 3-9 provides a summary of the Statewide Comparisons results for the global ratings.

Table 3-9: Statewide Comparisons—Global Ratings				
Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Fee-for-Service	—	—	↑	—
Blue Cross Complete of Michigan	—	—	—	—
CoventryCares	↓	—	—	—
HAP Midwest Health Plan	—	—	—	—
Harbor Health Plan	—	—	—	— ⁺
HealthPlus Partners	↑	—	—	—
McLaren Health Plan	—	—	↓	—
Meridian Health Plan of Michigan	—	—	—	—
Molina Healthcare of Michigan	—	—	↑	—
Priority Health Choice, Inc.	—	—	↑	—
Sparrow PHP	—	—	—	—
Total Health Care, Inc.	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—
Upper Peninsula Health Plan	—	—	—	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average.</p> <p>↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.</p> <p>— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.</p>				

Table 3-10 provides a summary of the Statewide Comparisons for the composite measures.

Table 3-10: Statewide Comparisons—Composite Measures					
Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Fee-for-Service	↑	↑	↑	— ⁺	—
Blue Cross Complete of Michigan	—	—	—	—	—
CoventryCares	—	—	—	—	—
HAP Midwest Health Plan	—	—	—	—	—
Harbor Health Plan	—	—	—	— ⁺	— ⁺
HealthPlus Partners	—	—	—	—	—
McLaren Health Plan	—	—	—	—	—
Meridian Health Plan of Michigan	—	—	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	—	—
Sparrow PHP	—	—	—	—	—
Total Health Care, Inc.	—	—	↓	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	—	—	↑	—	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average.</p> <p>↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.</p> <p>— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.</p>					

Table 3-11 provides a summary of the Statewide Comparisons for the Effectiveness of Care measures.

Table 3-11: Statewide Comparisons—Effectiveness of Care Measures					
Plan Name	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies	Aspirin Use	Discussing Aspirin Risks and Benefits
Fee-for-Service	↑	—	—	↑ ⁺	—
Blue Cross Complete of Michigan	—	—	—	—	—
CoventryCares	—	—	—	— ⁺	—
HAP Midwest Health Plan	—	—	—	— ⁺	—
Harbor Health Plan	—	↑	—	— ⁺	— ⁺
HealthPlus Partners	—	—	↑	— ⁺	—
McLaren Health Plan	—	↓	↓	— ⁺	—
Meridian Health Plan of Michigan	—	↑	—	—	—
Molina Healthcare of Michigan	—	—	—	—	—
Priority Health Choice, Inc.	—	—	—	— ⁺	—
Sparrow PHP	—	—	↑	— ⁺	—
Total Health Care, Inc.	—	—	—	—	—
UnitedHealthcare Community Plan	—	—	—	—	—
Upper Peninsula Health Plan	—	—	—	—	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.</p> <p>↑ indicates the plan's score is statistically significantly higher than the MDHHS Medicaid Managed Care Program average.</p> <p>↓ indicates the plan's score is statistically significantly lower than the MDHHS Medicaid Managed Care Program average.</p> <p>— indicates the plan's score is not statistically significantly different than the MDHHS Medicaid Managed Care Program average.</p>					

Trend Analysis

The completed surveys from the 2015 and 2014 CAHPS results were used to perform the trend analysis presented in this section. The 2015 CAHPS scores were compared to the 2014 CAHPS scores to determine whether there were statistically significant differences. Statistically significant differences between 2015 scores and 2014 scores are noted with triangles. Scores that were statistically significantly higher in 2015 than in 2014 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2015 than in 2014 are noted with downward triangles (▼). Scores in 2015 that were not statistically significantly different from scores in 2014 are noted with a dash (–). Measures that did not meet the minimum number of 100 responses required by NCQA are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

As previously discussed, trending could not be performed for the Shared Decision Making composite for 2015 given the changes to this measure.

Global Ratings

Rating of Health Plan

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Table 4-1 shows the 2014 and 2015 top-box responses and the trend results for Rating of Health Plan.

Table 4-1: Rating of Health Plan Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	61.5%	60.9%	—
Fee-for-Service	58.0%	57.6%	—
MDHHS Medicaid Managed Care Program	62.2%	61.3%	—
Blue Cross Complete of Michigan	56.3%	63.0%	▲
CoventryCares	61.3%	54.0%	—
HAP Midwest Health Plan	57.5%	58.2%	—
Harbor Health Plan	40.7% ⁺	56.3%	▲
HealthPlus Partners	67.1%	67.3%	—
McLaren Health Plan	56.0%	59.4%	—
Meridian Health Plan of Michigan	65.1%	60.7%	—
Molina Healthcare of Michigan	60.0%	61.5%	—
Priority Health Choice, Inc.	66.2%	62.4%	—
Sparrow PHP	59.3%	55.5%	—
Total Health Care, Inc.	62.6%	59.4%	—
UnitedHealthcare Community Plan	65.3%	63.9%	—
Upper Peninsula Health Plan	56.2%	59.8%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were two statistically significant differences between scores in 2015 and scores in 2014 for this measure.

The following scored statistically significantly *higher* in 2015 than in 2014:

- ◆ Blue Cross Complete of Michigan
- ◆ Harbor Health Plan

Rating of All Health Care

Adult members were asked to rate all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Table 4-2 shows the 2014 and 2015 top-box responses and the trend results for Rating of All Health Care.

Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	52.4%	52.2%	—
Fee-for-Service	54.0%	56.9%	—
MDHHS Medicaid Managed Care Program	52.0%	51.7%	—
Blue Cross Complete of Michigan	47.0%	53.7%	—
CoventryCares	52.7%	43.8%	▼
HAP Midwest Health Plan	50.2%	50.5%	—
Harbor Health Plan	54.9% ⁺	46.7%	—
HealthPlus Partners	54.0%	52.2%	—
McLaren Health Plan	46.9%	50.6%	—
Meridian Health Plan of Michigan	52.0%	50.3%	—
Molina Healthcare of Michigan	53.8%	55.4%	—
Priority Health Choice, Inc.	54.2%	56.1%	—
Sparrow PHP	43.1%	48.1%	—
Total Health Care, Inc.	53.1%	51.4%	—
UnitedHealthcare Community Plan	53.4%	51.9%	—
Upper Peninsula Health Plan	53.3%	55.4%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There was one statistically significant difference between scores in 2015 and scores in 2014 for this measure.

The following scored statistically significantly *lower* in 2015 than in 2014:

- ◆ CoventryCares

Rating of Personal Doctor

Adult members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Table 4-3 shows the 2014 and 2015 top-box responses and the trend results for Rating of Personal Doctor.

Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	65.1%	63.3%	—
Fee-for-Service	70.2%	69.7%	—
MDHHS Medicaid Managed Care Program	64.0%	62.6%	—
Blue Cross Complete of Michigan	60.6%	63.7%	—
CoventryCares	63.4%	60.0%	—
HAP Midwest Health Plan	61.1%	64.1%	—
Harbor Health Plan	56.3% ⁺	63.5%	—
HealthPlus Partners	59.1%	59.1%	—
McLaren Health Plan	59.9%	56.6%	—
Meridian Health Plan of Michigan	65.3%	62.5%	—
Molina Healthcare of Michigan	65.0%	68.1%	—
Priority Health Choice, Inc.	66.4%	68.5%	—
Sparrow PHP	58.6%	60.2%	—
Total Health Care, Inc.	61.2%	62.4%	—
UnitedHealthcare Community Plan	66.4%	62.7%	—
Upper Peninsula Health Plan	69.1%	64.7%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Rating of Specialist Seen Most Often

Adult members were asked to rate their specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Table 4-4 shows the 2014 and 2015 top-box responses and the trend results for Rating of Specialist Seen Most Often.

Table 4-4: Rating of Specialist Seen Most Often Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	67.8%	65.4%	—
Fee-for-Service	67.7%	69.4%	—
MDHHS Medicaid Managed Care Program	67.8%	64.9%	—
Blue Cross Complete of Michigan	65.7%	62.1%	—
CoventryCares	67.9%	61.0%	—
HAP Midwest Health Plan	60.9%	61.1%	—
Harbor Health Plan	62.1% ⁺	62.5% ⁺	—
HealthPlus Partners	59.9%	60.6%	—
McLaren Health Plan	73.5%	62.0%	▼
Meridian Health Plan of Michigan	69.5%	68.2%	—
Molina Healthcare of Michigan	67.8%	66.8%	—
Priority Health Choice, Inc.	67.5%	70.7%	—
Sparrow PHP	64.3%	57.7%	—
Total Health Care, Inc.	63.9%	64.2%	—
UnitedHealthcare Community Plan	69.0%	64.9%	—
Upper Peninsula Health Plan	68.2%	65.4%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There was one statistically significant difference between scores in 2015 and scores in 2014 for this measure.

The following scored statistically significantly *lower* in 2015 than in 2014:

- ◆ McLaren Health Plan

Composite Measures

Getting Needed Care

Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care. Table 4-5 shows the 2014 and 2015 top-box responses and trend results for the Getting Needed Care composite measure.

Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	84.5%	83.5%	—
Fee-for-Service	89.1%	89.8%	—
MDHHS Medicaid Managed Care Program	83.5%	82.8%	—
Blue Cross Complete of Michigan	81.0%	82.9%	—
CoventryCares	77.5%	79.0%	—
HAP Midwest Health Plan	78.6%	80.1%	—
Harbor Health Plan	85.0% ⁺	87.6%	—
HealthPlus Partners	82.6%	83.7%	—
McLaren Health Plan	84.2%	84.2%	—
Meridian Health Plan of Michigan	87.9%	83.3%	▼
Molina Healthcare of Michigan	82.7%	82.9%	—
Priority Health Choice, Inc.	84.5%	84.0%	—
Sparrow PHP	84.7%	80.1%	—
Total Health Care, Inc.	79.7%	82.6%	—
UnitedHealthcare Community Plan	82.2%	81.4%	—
Upper Peninsula Health Plan	89.3%	86.5%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There was one statistically significant difference between scores in 2015 and scores in 2014 for this measure.

The following scored statistically significantly *lower* in 2015 than in 2014:

- ◆ Meridian Health Plan of Michigan

Getting Care Quickly

Two questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members received care quickly. Table 4-6 shows the 2014 and 2015 top-box responses and trend results for the Getting Care Quickly composite measure.

Table 4-6: Getting Care Quickly Composite Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	84.2%	83.5%	—
Fee-for-Service	86.0%	90.0%	—
MDHHS Medicaid Managed Care Program	83.8%	82.8%	—
Blue Cross Complete of Michigan	83.5%	82.9%	—
CoventryCares	83.1%	85.1%	—
HAP Midwest Health Plan	82.4%	81.0%	—
Harbor Health Plan	87.1% ⁺	80.1%	—
HealthPlus Partners	84.1%	86.3%	—
McLaren Health Plan	81.3%	79.4%	—
Meridian Health Plan of Michigan	85.2%	83.1%	—
Molina Healthcare of Michigan	81.7%	83.3%	—
Priority Health Choice, Inc.	85.1%	86.6%	—
Sparrow PHP	78.0%	80.9%	—
Total Health Care, Inc.	83.0%	81.9%	—
UnitedHealthcare Community Plan	85.5%	82.5%	—
Upper Peninsula Health Plan	86.0%	85.9%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

How Well Doctors Communicate

A series of four questions (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey) was asked to assess how often doctors communicated well. Table 4-7 shows the 2014 and 2015 top-box responses and trend results for the How Well Doctors Communicate composite measure.

Table 4-7: How Well Doctors Communicate Composite Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	90.3%	90.0%	—
Fee-for-Service	94.9%	95.3%	—
MDHHS Medicaid Managed Care Program	89.4%	89.4%	—
Blue Cross Complete of Michigan	90.2%	91.1%	—
CoventryCares	86.2%	89.6%	—
HAP Midwest Health Plan	88.2%	88.2%	—
Harbor Health Plan	87.2% ⁺	91.3%	—
HealthPlus Partners	85.7%	88.2%	—
McLaren Health Plan	86.3%	89.4%	—
Meridian Health Plan of Michigan	90.0%	89.2%	—
Molina Healthcare of Michigan	90.8%	90.0%	—
Priority Health Choice, Inc.	92.6%	90.1%	—
Sparrow PHP	85.4%	87.2%	—
Total Health Care, Inc.	86.4%	86.4%	—
UnitedHealthcare Community Plan	90.4%	89.9%	—
Upper Peninsula Health Plan	93.1%	92.4%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Customer Service

Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey) were asked to assess how often adult members were satisfied with customer service. Table 4-8 shows the 2014 and 2015 top-box responses and trend results for the Customer Service composite measure.

Table 4-8: Customer Service Composite Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	87.3%	87.3%	—
Fee-for-Service	85.5% ⁺	86.6% ⁺	—
MDHHS Medicaid Managed Care Program	87.6%	87.4%	—
Blue Cross Complete of Michigan	87.2%	90.2%	—
CoventryCares	87.7%	88.1%	—
HAP Midwest Health Plan	84.3%	84.8%	—
Harbor Health Plan	88.3% ⁺	93.8% ⁺	—
HealthPlus Partners	90.3%	89.0%	—
McLaren Health Plan	87.2%	86.7%	—
Meridian Health Plan of Michigan	91.2%	86.9%	—
Molina Healthcare of Michigan	88.8%	88.7%	—
Priority Health Choice, Inc.	89.4%	88.9%	—
Sparrow PHP	88.2%	85.9%	—
Total Health Care, Inc.	90.2%	88.0%	—
UnitedHealthcare Community Plan	81.7%	86.0%	—
Upper Peninsula Health Plan	91.7%	91.0%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Effectiveness of Care Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

One question (Question 40 in the CAHPS Adult Medicaid Health Plan Survey) was asked to determine how often adult members were advised to quit smoking or using tobacco by a doctor or other health provider. Table 4-9 shows the 2014 and 2015 rates and trend results for the Advising Smokers and Tobacco Users to Quit measure.

Table 4-9: Advising Smokers and Tobacco Users to Quit Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	81.1%	80.5%	—
Fee-for-Service	84.7%	87.4%	—
MDHHS Medicaid Managed Care Program	80.3%	79.8%	—
Blue Cross Complete of Michigan	78.0%	77.4%	—
CoventryCares	82.7%	81.5%	—
HAP Midwest Health Plan	80.2%	81.3%	—
Harbor Health Plan	79.7% ⁺	80.8%	—
HealthPlus Partners	80.4%	81.0%	—
McLaren Health Plan	73.5%	75.7%	—
Meridian Health Plan of Michigan	80.8%	80.8%	—
Molina Healthcare of Michigan	82.5%	84.2%	—
Priority Health Choice, Inc.	84.5%	83.2%	—
Sparrow PHP	77.3%	78.7%	—
Total Health Care, Inc.	80.5%	78.7%	—
UnitedHealthcare Community Plan	80.6%	77.2%	—
Upper Peninsula Health Plan	77.9%	80.0%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Discussing Cessation Medications

One question (Question 41 in the CAHPS Adult Medicaid Health Plan Survey) was asked to ascertain how often medication was recommended or discussed by their doctor or health provider to assist adult members with quitting smoking or using tobacco. Table 4-10 shows the 2014 and 2015 rates and trend results for the Discussing Cessation Medications measure.

Table 4-10: Discussing Cessation Medications Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	54.2%	54.4%	—
Fee-for-Service	56.7%	56.8%	—
MDHHS Medicaid Managed Care Program	53.7%	54.1%	—
Blue Cross Complete of Michigan	51.5%	53.2%	—
CoventryCares	57.9%	58.0%	—
HAP Midwest Health Plan	50.3%	50.5%	—
Harbor Health Plan	51.7% ⁺	63.1%	—
HealthPlus Partners	53.7%	57.0%	—
McLaren Health Plan	45.8%	43.0%	—
Meridian Health Plan of Michigan	55.3%	58.6%	—
Molina Healthcare of Michigan	53.5%	55.3%	—
Priority Health Choice, Inc.	53.8%	53.0%	—
Sparrow PHP	54.6%	50.8%	—
Total Health Care, Inc.	53.9%	51.9%	—
UnitedHealthcare Community Plan	57.1%	55.7%	—
Upper Peninsula Health Plan	48.5%	54.9%	▲
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There was one statistically significant difference between scores in 2015 and scores in 2014 for this measure.

The following scored statistically significantly *higher* in 2015 than in 2014:

- ◆ Upper Peninsula Health Plan

Discussing Cessation Strategies

One question (Question 42 in the CAHPS Adult Medicaid Health Plan Survey) was asked to ascertain how often methods or strategies other than medication were discussed or provided by their doctor or health provider to assist adult members with quitting smoking or using tobacco. Table 4-11 shows the 2014 and 2015 rates and trend results for the Discussing Cessation Strategies measure.

Table 4-11: Discussing Cessation Strategies Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	45.8%	45.5%	—
Fee-for-Service	44.6%	43.5%	—
MDHHS Medicaid Managed Care Program	46.1%	45.7%	—
Blue Cross Complete of Michigan	42.5%	44.2%	—
CoventryCares	48.0%	44.8%	—
HAP Midwest Health Plan	44.5%	45.8%	—
Harbor Health Plan	37.9% ⁺	49.2%	—
HealthPlus Partners	49.6%	51.6%	—
McLaren Health Plan	42.2%	39.9%	—
Meridian Health Plan of Michigan	47.8%	48.0%	—
Molina Healthcare of Michigan	48.2%	48.8%	—
Priority Health Choice, Inc.	43.4%	43.0%	—
Sparrow PHP	49.3%	52.1%	—
Total Health Care, Inc.	47.2%	42.1%	—
UnitedHealthcare Community Plan	44.6%	43.6%	—
Upper Peninsula Health Plan	42.6%	46.8%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Aspirin Use and Discussion

Aspirin Use

One question (Question 43 in the CAHPS Adult Medicaid Health Plan Survey) was asked to determine if adult members take aspirin daily or every other day. Table 4-12 shows the 2014 and 2015 rates and trend results for the Aspirin Use measure.

Table 4-12: Aspirin Use Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	40.1%	38.1%	—
Fee-for-Service	50.6% ⁺	60.0% ⁺	—
MDHHS Medicaid Managed Care Program	37.9%	35.6%	—
Blue Cross Complete of Michigan	32.8% ⁺	29.2%	—
CoventryCares	32.8% ⁺	36.6% ⁺	—
HAP Midwest Health Plan	47.9% ⁺	42.9% ⁺	—
Harbor Health Plan	29.4% ⁺	32.5% ⁺	—
HealthPlus Partners	30.4% ⁺	33.3% ⁺	—
McLaren Health Plan	26.2% ⁺	23.9% ⁺	—
Meridian Health Plan of Michigan	33.3% ⁺	37.4%	—
Molina Healthcare of Michigan	35.7% ⁺	33.6%	—
Priority Health Choice, Inc.	35.5% ⁺	31.4% ⁺	—
Sparrow PHP	39.3% ⁺	42.2% ⁺	—
Total Health Care, Inc.	43.9% ⁺	41.7%	—
UnitedHealthcare Community Plan	49.0%	41.2%	—
Upper Peninsula Health Plan	47.8%	42.9%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Discussing Aspirin Risks and Benefits

One question (Question 45 in the CAHPS Adult Medicaid Health Plan Survey) was asked to determine if a doctor or health provider discussed with adult members the risks and benefits of aspirin to prevent a heart attack or stroke. Table 4-13 shows the 2014 and 2015 rates and trend results for the Discussing Aspirin Risks and Benefits measure.

Table 4-13: Discussing Aspirin Risks and Benefits Trend Analysis			
Plan Name	2014	2015	Trend Results
MDHHS Medicaid Program	48.6%	48.0%	—
Fee-for-Service	48.5%	51.4%	—
MDHHS Medicaid Managed Care Program	48.7%	47.6%	—
Blue Cross Complete of Michigan	46.9%	47.2%	—
CoventryCares	45.9% ⁺	46.8%	—
HAP Midwest Health Plan	51.0%	55.4%	—
Harbor Health Plan	45.5% ⁺	41.7% ⁺	—
HealthPlus Partners	54.3% ⁺	45.0%	—
McLaren Health Plan	41.6%	38.8%	—
Meridian Health Plan of Michigan	49.7%	47.9%	—
Molina Healthcare of Michigan	45.7%	50.8%	—
Priority Health Choice, Inc.	48.2%	43.9%	—
Sparrow PHP	41.2%	47.3%	—
Total Health Care, Inc.	50.6%	44.6%	—
UnitedHealthcare Community Plan	52.2%	52.4%	—
Upper Peninsula Health Plan	48.0%	44.5%	—
<p>+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ statistically significantly higher in 2015 than in 2014. ▼ statistically significantly lower in 2015 than in 2014. — not statistically significantly different in 2015 than in 2014.</p>			

There were no statistically significant differences between scores in 2015 and scores in 2014 for this measure.

Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The analysis provides information on: 1) how well the MDHHS Medicaid Program is performing on the survey item (i.e., question), and 2) how important the item is to overall satisfaction.

Key drivers of satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader’s Guide section. Table 5-1 depicts those items identified for each of the three measures as being key drivers of satisfaction for the MDHHS Medicaid Program.

Table 5-1: MDHHS Medicaid Program Key Drivers of Satisfaction	
Rating of Health Plan	
Respondents reported that their health plan’s customer service did not always give them the information or help they needed.	
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.	
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	
Respondents reported that forms from their health plan were often not easy to fill out.	
Rating of All Health Care	
Respondents reported that when they talked about starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for them.	
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.	
Respondents reported that information in written materials or on the Internet about how the health plan works did not always provide the information they needed.	
Rating of Personal Doctor	
Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers.	

Survey Instrument

The survey instrument selected was the CAHPS 5.0 Adult Medicaid Survey with the HEDIS supplemental item set. This section provides a copy of the survey instrument.



Rick Snyder, Governor
Nick Lyon, Director



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-506-5134.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct
Mark 

Incorrect
Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ START HERE ↓

1. Our records show that you are now in Michigan Medicaid Fee-For-Service. Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your health plan? (Please print)



YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
- Yes
 No → *Go to Question 5*
4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Never
 Sometimes
 Usually
 Always
5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
- Yes
 No → *Go to Question 7*
6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
- Never
 Sometimes
 Usually
 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?
- None → *Go to Question 15*
 1 time
 2
 3
 4
 5 to 9
 10 or more times
8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?
- Yes
 No
9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?
- Yes
 No → *Go to Question 13*
10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
- Yes
 No
11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
- Yes
 No

21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes
 No -> Go to Question 23

22. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never
 Sometimes
 Usually
 Always

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 1 2 3 4 5 6 7 8 9 10
Worst Personal Doctor Possible Best Personal Doctor Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments to see a specialist?

- Yes
 No -> Go to Question 28

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- Never
 Sometimes
 Usually
 Always

26. How many specialists have you seen in the last 6 months?

- None -> Go to Question 28
 1 specialist
 2
 3
 4
 5 or more specialists

27. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 1 2 3 4 5 6 7 8 9 10
Worst Specialist Possible Best Specialist Possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- Yes
 No -> Go to Question 30

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- Never
- Sometimes
- Usually
- Always

30. In the last 6 months, did you get information or help from your health plan's customer service?

- Yes
- No → **Go to Question 33**

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → **Go to Question 35**

34. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Plan | | | | | Health Plan | | | | | |
| Possible | | | | | Possible | | | | | |

ABOUT YOU

36. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

37. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2014?

- Yes
- No
- Don't know



◆

39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → **Go to Question 43**
- Don't know → **Go to Question 43**

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

◆

43. Do you take aspirin daily or every other day?

- Yes
- No
- Don't know

44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- Yes
- No
- Don't know

45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- Yes
- No

46. Are you aware that you have any of the following conditions? Mark one or more.

- High cholesterol
- High blood pressure
- Parent or sibling with heart attack before the age of 60

47. Has a doctor ever told you that you have any of the following conditions? Mark one or more.

- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar

48. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- Yes
- No → **Go to Question 50**

◆

49. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

50. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- Yes
- No → **Go to Question 52**

51. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

52. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

53. Are you male or female?

- Male
- Female

54. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

◆

55. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

56. What is your race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

57. Did someone help you complete this survey?

- Yes → **Go to Question 58**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

58. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108

CD Contents

The accompanying CD includes all of the information from the Executive Summary, Reader's Guide, Results, Trend Analysis, Key Drivers of Satisfaction, and Survey Instrument sections of this report. The CD also contains electronic copies of comprehensive crosstabulations that show responses to each survey question stratified by select categories. The following content is included in the CD:

- ◆ 2015 Michigan Adult Medicaid CAHPS Report
- ◆ MDHHS Adult Medicaid Program Crosstabulations
- ◆ MDHHS Adult Medicaid Plan-level Crosstabulations

MI Health Account Statements: Early Experiences of Beneficiaries Report Summary

September 14, 2015

**University of Michigan
Institute for Healthcare Policy and Innovation**

Evaluation team: Edith Kieffer, Susan Goold, Sarah Clark, John Ayanian, Aaron Scherer, Jeffrey Kullgren, Lisa Szymecko, Tolu Olorode, Erin Beathard, Mirella Villalpando Zamora



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Overview

As required by PA 107 of 2013, Healthy Michigan Plan (HMP) beneficiaries receive a quarterly MI Health Account Statement and Payment Coupon, beginning six months after HMP enrollment. The statement provides beneficiaries with information on their health care spending and payment responsibilities. The Michigan Department of Health and Human Services (MDHHS) requested the University of Michigan Institute for Healthcare Policy and Innovation (IHPI) to conduct an early evaluation of beneficiary experiences with their MI Health Account Statement and Payment Coupon.

Objectives

1. Evaluate how beneficiaries perceive and comprehend the MI Health Account letter, statement and payment coupons;
2. Identify specific portions of the statement that are not well understood;
3. Evaluate beneficiaries' perceptions of cost-sharing;
4. Describe how beneficiaries' behaviors or intended behaviors related to payment, use of health services and other aspects of daily life have been influenced by the information from the statements;
5. Evaluate beneficiaries' experiences using checks, money orders or online payment;
6. Identify beneficiaries' suggestions for changes in the statement and payment mechanisms.

Participants

Between April and June 2015, we conducted 32 in-person, one-on-one cognitive interviews with HMP beneficiaries, after receipt of at least one statement. Nine resided in Detroit, eight in Kent County, seven in Saginaw/Midland/Bay Counties, three in Alcona/Oscoda/Alpena Counties, and five in Iron/Baraga/ Marquette Counties. Those interviewed included 13 beneficiaries with contributions, nine with copays only and 10 with services only. Of the 22 beneficiaries required to make payments, 16 reported they had paid; two reported they had not reached their payment due date; and 4 reported that they had not yet paid for various other reasons. Among participants, nine health plans were represented. Of the 32 beneficiaries, 21 were non-Hispanic white, nine were African American and two Latino; 18 were women and 14 were men; 15 were 50 years of age or older; eight were under 35 years old and eight were 35-49 years old.

Key Findings

I. Beneficiaries' Receipt and Understanding of their MI Health Account Statements and Payment Coupon

- A. The MI Health Account introductory letter had little impact on beneficiaries.** Many recalled receiving some kind of document, but its impersonal appearance diminished the attention of many to the letter. A third of beneficiaries did not recall receiving the letter, and many did not recall its content or realize they would be receiving statements.

Recommendations:

- Personalize the letter, including a salutation and personalized addressee information.
- Define MI Health Account, MI Health Account statement, co-pays and contributions, health risk assessment and healthy behavior reward in the letter, and use consistent terminology, definitions and explanations in the letter and statement.
- Continue to introduce the \$25 per month payment maximum in the letter, and use it again in the statement instead of, or complementing, the more abstract 5% of income maximum.
- Include information about when the first MI Health Account statement should be expected.
- See sample statements for changes in sections of text that are similar to those in the letter.

B. Most beneficiaries had not read much of the statement. Most focused on what they owed. Most beneficiaries had little or incomplete knowledge and understanding of the MI Health Account and its concepts. The lengthy statement, lack of definitions of key terms (e.g. MI Health Account, vouchers) and varying usage of terms (e.g. reward, healthy behavior reward, healthy behavior reduction) hindered understanding. The \$25 monthly payment maximum was introduced in the letter but only the 5% of income payment maximum was mentioned in the statement. Most beneficiaries understood that copays represented paying a small fee for services received; that contributions represented paying a share of their health care costs; and that coupons are meant to be sent with payments. Many did not understand how copays and contributions are calculated; how contributions are used; how, or if, the \$25 monthly maximum related to the 5% of income payment maximum; and how and where the vouchers can be used for health care. Most beneficiaries were unfamiliar with, or did not understand, the terms “health risk assessment”, “healthy behavior reward”, “healthy behavior reduction.” Most were unaware of how they are earned. Some beneficiaries did not understand why they were paying in advance.

C. Summary sections and cues pointing to key information were viewed as helpful but most beneficiaries had not read them prior to the interview. During the interview, beneficiaries found the short, bullet-pointed explanatory summaries to be helpful for understanding the statement.

Recommendations:

- Shorten, reorganize and simplify the statement to focus on key features. This includes removing repetition when possible, increasing use of bullet points versus paragraphs, and placing these explanatory points close to the related tables. Place additional bullet-pointed information in a Frequently Asked Questions section (see statement samples, pages 3-4).

- Define the MI Health Account and MI Health Account Statement and other key terms using clear and consistent definitions (see statement samples, page 1). Add a key words list at the end of the statement (see statement samples for definitions and words list, page 5).
- Consider using the \$25 monthly payment maximum mentioned in the letter instead of, or complementing, the more abstract 5% of income maximum mentioned in the statement.
- Consider using videos, public service announcements and educational sessions for beneficiaries and navigators to introduce and review the statement and its key features.

D. The tables and graphic were confusing. Many beneficiaries did not understand how copays, contributions, or the total owed, were calculated. The two most problematic statement features were the Account History Table and the Contributions Graphic. Many beneficiaries confused the purpose of the Account History Table with the Health Services Table, especially when they had no previous payments. The visually complex Contributions Graphic confused almost all contributors, and did not help them understand how contributions were calculated or used. Contributors sometimes interpreted the ‘arrow-like’ figure as the temporal order of how their health care was paid (e.g. plan pays a certain amount first, followed by healthy behavior reward, then personal contributions). This led to confusion about why they were paying anything when the “contributions used to date” amount was lower than the contributions from their plan.

Recommendations: (See example statement).

- Create a renamed Account Activity and Payments Due table that combines what were previously called the “Payments” table and “Services & Co-Pays” table (see sample statements, page 2).
- Within the table: Add lines for “Previous statement balance”, “Payments received since previous statement” and “Balance due from previous statement” at the top of the table; add the dates covered by the statement; add lines to show the application of each type of healthy behavior reward discount; indent monthly payment amounts and move them directly below the total amount owed for the next 3 months; add a “you could have saved X amount” message to make the benefit of the healthy behavior reward more concrete.
- Place explanatory information in bullet points directly after the table.
- Create a simplified and renamed Account Payment History table and place it after the new Account Activity and Payments Due table, with explanatory information directly below the table (see statement samples, page 3).
- Delete the contributions graphic table and related explanations.

E. Most beneficiaries did not ask for help, despite not understanding. Most beneficiaries said they had not contacted anyone for assistance, sometimes

because they felt they understood enough to pay, or did not want to call because of prior experiences with call attempts. Some called their health plan or DHS office; others the beneficiary helpline. A Spanish-speaking beneficiary was not able to read the English-only statement.

Recommendations:

- Add a “When to Call for More Information” table at the end of the statement.
- Translate the letter and statement into Spanish and Arabic.
- For key concepts and features, supplement statements with other communication methods that don’t rely on reading and numeracy skills, e.g. videos, roadmap graphic.

II. Beneficiaries’ Payment Experiences

A. Many beneficiaries thought that the payments were affordable and fair. Most beneficiaries were grateful to have health insurance and said that the payments seemed reasonable, particularly in relation to the benefits they had received in health care and improved health. Several commented on their sense of responsibility for paying a share of the cost, but were relieved that the amounts were small.

B. Most beneficiaries reported that they had already paid or stated their intention to pay what they owed. Many appreciated the payment coupons. Most of those with required payments reported that they had paid, regardless of payment type. Most had paid by mail. Some had not reached the due date but intended to pay. Beneficiaries appreciated having the payment coupons that helped them keep track of what they owed and when.

C. Some beneficiaries, regardless of payment type, described personal, financial and structural challenges to making payments. Lack of home internet access, problems navigating the website, lack of a bank account, and lack of trust in the security of online payments were reasons that mail was preferred. Limitations in accepted payment methods were noted. Fees associated with getting a money order, sometimes nearly equaling the amount owed, made payment seem costly for some. Lack of money or competing demands for money - including caring for their families, joblessness, disability and hospitalization - posed additional payment challenges.

Recommendations:

- Add clarifying language in the “How Do I Pay What I Owe” section regarding use of the coupons and excluded payment methods (see example statements, page 3).

- Expand payment mechanisms, including allowing payment/money cards or credit cards, and designating certain locations to accept in-person payments, e.g. MoneyGram locations are often used to pay other bills.

III. Beneficiaries' Perceptions and Experiences with the Health Risk Assessment and Healthy Behavior Rewards

- A. Many beneficiaries appeared to have completed a health risk assessment, but didn't recognize the name and did not connect it to earning healthy behavior rewards.** Beneficiaries mentioned new diagnoses (e.g., diabetes), immunizations, screenings, and healthy behavior counseling as benefits of the assessments. Most beneficiaries did not know about the connection between completion of the health risk assessment and the healthy behavior reward.
- B. The interview helped beneficiaries understand the purpose of the healthy behavior rewards, what they are and how they are earned.** Most beneficiaries indicated at some point during the interview that they had no idea what the healthy behavior rewards were. Very few could name even one form of healthy behavior reward. By the end of the facilitated review, most beneficiaries recognized the rationale for healthy behavior rewards and were interested in earning a reward if they had not done so already.
- C. Most beneficiaries did not see any relationship between the statement and their health-related behaviors, including seeing the costs of their health services.** The two main reasons beneficiaries reported no changes in behavior were that (1) they viewed the statement only as a bill or source of information about their health care coverage, and (2) they already viewed themselves as "healthy" or doing what they needed to do for their health. The interview process made some beneficiaries more aware of their health care service use and reminded them to schedule needed health services. The cost of care borne by their health plans in the statement was usually overlooked by most beneficiaries.

Recommendations:

- Use clear and consistent definitions of "health risk assessment" and "healthy behavior reward"; eliminate use of "reward" (by itself) or "healthy behavior reduction".
- Consider using the word "discount" to help explain how the "healthy behavior reward" reduces payments owed. Include the definition of these and other key words in a key word list at the end of the statement (see statement samples, pages 1 and 5, for definitions and word list).
- Consider using videos, public service announcements and educational sessions for beneficiaries and navigators to emphasize the role of healthy behaviors for Healthy Michigan Plan beneficiaries and the process for earning healthy behavior rewards.