



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

October 1, 2018

Jennifer Kostasich, Project Officer  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Mail Stop S2-01-16  
Baltimore, Maryland 21244-1850

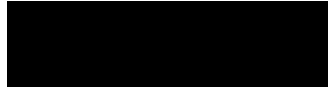
Dear Ms. Kostasich,

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

Enclosed is the quarterly report for Healthy Michigan Plan. It covers the third quarter of federal fiscal year 2018. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

Should you have any questions related to the information contained in this report, please contact Jacqueline Coleman by phone at (517) 284-1190, or by e-mail at [colemanj@michigan.gov](mailto:colemanj@michigan.gov).

Sincerely,



Penny Rutledge, Director  
Actuarial Division

cc: Ruth Hughes  
Angela Garner

Enclosure (4)

Michigan Adult Coverage Demonstration  
Section 1115 Quarterly Report

Demonstration Year: 9 (01/01/2018 – 12/31/2018)  
Federal Fiscal Quarter: 3 (04/01/2018 – 06/30/2018)

## Table of Contents

Introduction .....	2
Enrollment and Benefits Information .....	3
Table 1: Healthy Michigan Plan New Enrollments by Month .....	3
Table 2: Healthy Michigan Plan Disenrollments by Month .....	3
Table 3: Health Risk Assessment Health Plan Data .....	4
Enrollment Counts for Quarter and Year to Date .....	4
Table 4: Enrollment Counts for Quarter and Year to Date .....	5
Outreach/Innovation Activities to Assure Access.....	5
Collection and Verification of Encounter Data and Enrollment Data .....	5
Operational/Policy/Systems/Fiscal Developmental Issues .....	5
Table 5: Medicaid Policy Bulletins and Letters with Healthy Michigan Plan Impact.....	6
Financial/Budget Neutrality Development Issues .....	6
Table 6: Healthy Michigan Plan Budget Neutrality Monitoring Table.....	6
Beneficiary Month Reporting .....	6
Table 7: Healthy Michigan Plan Beneficiary Month Reporting.....	6
Consumer Issues .....	7
Table 8: Healthy Michigan Plan Complaints Reported to MDHHS .....	7
Quality Assurance/Monitoring Activity .....	7
Managed Care Reporting Requirements .....	7
Table 9: Managed Care Organization Appeals .....	8
Table 10: Managed Care Organization Grievances .....	8
Lessons Learned .....	9
Demonstration Evaluation .....	9
Enclosures/Attachments .....	10
State Contacts .....	11
Date Submitted to CMS .....	11

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

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.

MDHHS's goals in 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

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

<b>Table 1: Healthy Michigan Plan New Enrollments by Month</b>			
April 2018	May 2018	June 2018	Total
30,165	28,263	27,580	86,008

<b>Table 2: Healthy Michigan Plan Disenrollments by Month</b>			
April 2018	May 2018	June 2018	Total
31,546	34,012	35,463	101,021

Most Healthy Michigan Plan beneficiaries choose a health plan as opposed to automatic assignment to a health plan. As of March 2018, 366,439 or, 70 percent, of the State's 521,349 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. Changes in the State's Medicaid enrollment system unexpectedly delayed the State's ability to report the number of automatically assigned Healthy Michigan Plan health plan beneficiaries with plan changes. MDHHS is working with its enrollment broker to retrieve the data for the next quarterly report.

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](#). The Health Risk Assessment document is completed in two parts. The member typically completes the first section 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. 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 securely sends the completed Health Risk Assessment to the appropriate Medicaid Health Plan.

To improve the ability of individuals to participate in the Healthy Behaviors Incentives Program, additional mechanisms to document healthy behaviors were added April 1, 2018 for individuals who may have completed healthy behavior activities but do not have a submitted Health Risk Assessment for documentation. The mechanisms include claims/encounters review for beneficiaries who utilize preventive and wellness services as well as documented participation in approved wellness and population health management programs. The number of individuals who earned incentives for these new options are high for the months of April – June 2018 because documentation could be submitted for anyone who completed the programs over the last twelve months during this quarter. Subsequent counts in future quarters are expected to be much lower because they will only include individuals whose healthy behavior documentation was submitted for the specific reporting month.

Healthy Michigan Plan managed care members are rewarded for addressing behaviors necessary for improving health. All individuals who complete a healthy behavior are eligible for a 50 percent reduction in copays for the rest of the year once the Enrollee has paid 2 percent of their income in copays. Individuals who pay a contribution (those above 100 percent of the Federal Poverty Level) will also be eligible for a 50 percent reduction in their monthly contribution. To encourage consistent multi-year participation in the Healthy Behaviors Incentives Program, individuals who pay a contribution (those above 100 percent of the Federal Poverty Level) will have their monthly contribution waived in its entirety if they complete an annual Health Risk Assessment on time each year over 2 or more years. Individuals who do not pay a contribution (those below 100 percent of the Federal Poverty Level) are eligible for a gift card for completion of the Health Risk Assessment only, however this incentive is being retired October 1, 2018. Once retired, the incentives will then be consistent across all three healthy behavior options. Due to the recent Healthy Michigan Plan Health Risk Assessment changes, the Health Risk Assessment Report with enrollment broker data is not available this quarter. MDHHS will provide the updated and revised Health Risk Assessment Report when it is available.

The following table details Health Risk Assessment data collected by the Medicaid Health Plans for the quarter:

	April 2018	May 2018	June 2018	Total
Health Risk Assessments Submitted	13,215	6,526	4,996	24,737
Wellness Programs Submitted	6,352	467	200	7,019
Preventative Services Completed	60,981	56,031	45,146	162,158
Reductions Applied	75,000	59,550	63,908	193,914

## **Enrollment Counts for Quarter and Year to Date**

Healthy Michigan Plan enrollment in this quarter has remained consistent with previous quarters. In addition to stable Healthy Michigan Plan enrollment, MDHHS saw the typical 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. 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. Enrollment counts in the table below are for unique members for identified time periods. The unique enrollee count will differ from the June 2018 count from the Beneficiary Month Reporting section as a result of disenrollment that occurred during the quarter.

**Table 4: Enrollment Counts for Quarter and Year to Date**

Demonstration Population	Total Number of Demonstration Beneficiaries Quarter Ending – 06/2018	Current Enrollees (year to date)	Disenrolled in Current Quarter
ABW Childless Adults	N/A	N/A	N/A
Healthy Michigan Adults	763,251	839,947	101,021

## Outreach/Innovation Activities to Assure Access

MDHHS utilizes the [Healthy Michigan Program website](#) to provide information to both beneficiaries and providers. The Healthy Michigan Plan website contains 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](mailto:healthymichiganplan@michigan.gov), for questions or comments about the Healthy Michigan Plan.

MDHHS continues to work closely with provider groups through meetings, Medicaid provider policy bulletins, and various interactions with community partners and provider trade associations. Progress reports are provided by MDHHS to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings. These meetings provide an opportunity for attendees to provide program comments or suggestions. The June 2018 MCAC meeting occurred during the quarter covered by this report. The minutes for this meeting have been attached as an enclosure. MCAC meeting agendas and minutes are also 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 continues to utilize 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.

## Operational/Policy/Systems/Fiscal Developmental Issues

MDHHS regularly meets 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. The following policies with Healthy Michigan Plan impact were issued by MDHHS during the quarter covered by this report:

<b>Table 5: Medicaid Policy Bulletins and Letters with Healthy Michigan Plan Impact</b>		
Issue Date	Subject	Link
06/01/2018	Home Help Agency Provider Standards	<a href="#">MSA 18-09</a>
06/01/2018	Pediatric Outpatient Intensive Feeding Program Services	<a href="#">MSA 18-10</a>
06/01/2018	Medicaid Laboratory Reimbursement Rates	<a href="#">MSA 18-11</a>
06/01/2018	Updates to the Medicaid Provider Manual; Clarification for Services Provided to Beneficiaries Receiving Hospice Services; Code Updates	<a href="#">MSA 18-16</a>
06/01/2018	Expanded Access to Dental Benefits for Pregnant Women	<a href="#">MSA 18-18</a>
06/29/2018	Hospital 340B Final Settlement Adjustment Process	<a href="#">MSA 18-14</a>
06/29/2018	Medical Verification for Transportation – Physician Signature and Travel Reimbursement Clarifications	<a href="#">MSA 18-20</a>

## Financial/Budget Neutrality Development Issues

Healthy Michigan Plan expenditures for all plan eligible groups are included in the budget neutrality monitoring table below as reported in the CMS Medicaid and Children’s Health Insurance Program Budget and Expenditure System. Expenditures include those that both occurred and were paid in the same quarter in addition to adjustments to expenditures paid in quarters after the quarter of service. The State will continue to update data for each demonstration quarter as it becomes available.

<b>Table 6: Healthy Michigan Plan Budget Neutrality Monitoring Table</b>				
	Approved HMP PMPM	Actual HMP PMPM (YTD)	Total Expenditures (YTD)	Total Member Months (YTD)
DY 5 - PMPM	\$667.36	\$478.00	\$1,785,379,000.00	3,735,115
DY 6 - PMPM	\$602.21	\$478.47	\$3,477,577,652.00	7,268,118
DY 7 - PMPM	\$569.80	\$499.28	\$3,874,699,771.00	7,760,576
DY 8 - PMPM	\$598.86	\$468.75	\$3,905,254,785.00	8,331,177
DY 9 - PMPM	\$629.40	\$407.64	\$1,727,739,555.00	4,238,422

## Beneficiary Month Reporting

The beneficiary counts below include information for each of the designated months during the quarter, and include retroactive eligibility through June 30, 2018.

<b>Table 7: Healthy Michigan Plan Beneficiary Month Reporting</b>				
Eligibility Group	April 2018	May 2018	June 2018	Total for Quarter Ending 06/18
Healthy Michigan Adults	709,067	703,318	695,435	2,107,820



## Consumer Issues

This quarter, the total number of Healthy Michigan Plan complaints reported to MDHHS was 36. Complaints reported to MDHHS are detailed by category in the table below. Overall, with over 2.1 million member months during the quarter, 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 issues and improve member experiences.

<b>April 2018 – June 2018</b>			
	Obtaining Prescriptions	Other Covered Services	Total
Count	28	8	36
Percent	78%	22%	

## Quality Assurance/Monitoring Activity

MDHHS completes Performance Monitoring Reports (PMR) specific to the Medicaid Health Plans that are licensed and approved to provide coverage to Michigan's Medicaid beneficiaries. These reports are based on data submitted by the health plans. Information specific to the Healthy Michigan Plan are included in these reports. The measures for the Healthy Michigan Plan population mirrors those used for the traditional Medicaid population. MDHHS continues to collect data and assist health plans with deliverables for the purpose of PMR completion. The most recently published Bureau of Medicaid Program Operations & Quality Assurance quarterly PMR with Healthy Michigan Plan specific measures is included as an enclosure.

## 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. MDHHS and the Medicaid Health Plans continue to monitor MI Health Account call center and payment activity.

The MI Health Account Call Center handles questions regarding the MI Health Account welcome letters and MI Health Account quarterly statements. MDHHS' Beneficiary Help Line number is listed on all MI Health Account letters. Staff are cross trained to provide assistance on a variety of topics. Commonly asked questions by callers contacting the MI Health Account Call Center relate to general MI Health Account information and payment amounts. Members calling regarding the quarterly statements have asked about amounts owed, requested clarification on the contents of the statement, and reported an inability to pay amounts owed. During this quarter, Healthy Michigan Plan members continued making payments for contributions and copays to the MI Health Account. The MI Health Account Executive Summary Report is not available this quarter due to the delays associated with the Health Risk Assessment changes.

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.

From April 2018 to June 2018, there were 283 total appeals among all the Medicaid Health Plans. Medicaid Health Plan decisions were upheld in 37 percent of the appeals. From April 2018 to June 2018 there were a total of 1,178 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 reported to MDHHS. 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. MDHHS has included grievance and appeals data reported by the Medicaid Health Plans from this quarter in the following tables:

<b>Table 9: Managed Care Organization Appeals</b>				
<b>April 2018 – June 2018</b>				
	Decision Upheld	Overtured	Undetermined/ Withdrawn	Total
Count	105	154	24	283
Percent	37%	54%	9%	

<b>Table 10: Managed Care Organization Grievances</b>		
<b>April 2018 – June 2018</b>		
Category	Count	Percent
Transportation	445	38%
Access	357	30%
Administrative/Service	183	16%
Billing	154	13%
Quality of Care	39	3%
Total	1,178	

## Lessons Learned

MDHHS continues to learn from the experience of launching a program the size and scope of the Healthy Michigan Plan. This quarter, MDHHS worked to initiate Healthy Michigan Plan program changes as directed by Michigan Public Act 208 of 2018. This law directs MDHHS to seek innovative approaches in administering the Healthy Michigan Plan by encouraging and assisting able-bodied adults to engage in healthy behaviors and foster independence. MDHHS staff demonstrated the ability to quickly and effectively collaborate to rescind the MI Marketplace Option and begin the necessary steps to amend the demonstration. Teamwork and communication across the department continue to be valuable assets needed to adapt to new challenges in the Healthy Michigan Plan demonstration.

## 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 seven domains over the course of the five year evaluation period:

Demonstration evaluation activities for the Healthy Michigan Plan are utilizing an interdisciplinary team of researchers from the IHPI. The activities of the evaluation will be carried out in seven 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.

Below is a summary of the key activities for the Fiscal Year (FY) 2018 third quarterly report:

### Domain I

Domain I examines the impact of reducing the number of uninsured individuals on uncompensated care costs to hospitals in Michigan through Medicaid expansion. IHPI has engaged in activities to find and compare baseline uncompensated care results from hospital cost reports and the Internal Revenue Service (IRS) filings to understand the distribution of uncompensated care in Michigan. This quarter, IHPI prepared updates to baseline, 2014, 2015 and 2015 results with 2016 data from hospital and cost reports and Internal Revenue Service filings from Michigan and other states. By December 2018, IHPI expects to have more than a full year of post-implementation data for all hospitals in Michigan and up to two years of post-implementation data for some other states. Additionally, IHPI conducted an analysis of trends in uncompensated care for Michigan hospitals using Medicare Cost Report data, IHPI is finding

that the trends match closely to what it is finding in the Medicaid Cost Report data used in the annual PA 107 of 2013 Report to the Legislature. Medicare Cost Report data was used to compare trends in uncompensated care in Michigan to other states, including those that did and did not expand their Medicaid programs.

### **Domain II**

Domain II evaluates the insured/uninsured rates, in general and more specifically by select population groups (e.g., income levels, geographic areas, age, gender, and race/ethnicity). This quarter, IHPI analyzed data from Michigan and other selected states from two U.S. Census Bureau Surveys (American Community and the Current Population Surveys) to compare trends in uninsurance rates across time, within the state and across states. IHPI completed analyzing the data and began drafting the report for MDHHS review.

### **Domain III**

Domain III assesses healthy behaviors, utilization and health outcomes for individuals enrolled in the Healthy Michigan Plan. During this quarter, IHPI continued to calculate measures on emergency department utilization, healthy behaviors/preventive health services, and hospital admissions. IHPI analyzed trends over time and summarized for final evaluation report. IHPI identified and investigated two data sources. Also, IHPI assessed the impact of the Domain V/VI Report, and determined that the impact was minimal. Finally, enrollment and utilization data was analyzed to support Domain IV activities.

### **Domain IV**

Domain IV examines beneficiary and provider viewpoints of the Healthy Michigan Plan through survey data. IHPI completed the remaining analyses of the 2016 Healthy Michigan Voices (HMV) Beneficiary Survey of current enrollees data. IHPI conducted analyses of the Eligible But Unenrolled (EBU) interviews, 2017 HMV survey data and longitudinal analyses of the 2016 and 2017 HMV survey data for the 2017 HMV survey reports. IHPI began analyses of the for the 2017 New Enrollee survey and the 2017 Current Enrollee Cohort 1 Follow-Up 1 survey. The 2018 HMV survey instruments were finalized and samples were drawn. The 2018 HMV survey instruments included new work-related questions. Data collection was completed for the No Longer Enrolled in HMP Follow-Up Survey. IHPI finalized the 2018 EBU screening and interview protocols. An EBU recruitment plan was developed and recruitment materials were finalized. In late May 2018, EBU recruitment and screening began and is ongoing.

### **Domains V/VI**

Domains V and VI entail analyzing data to assess the impacts of contribution requirements and the MI Health Account statements on beneficiary utilization of health care services, respectively. This quarter, IHPI conducted analyses of administrative data and HMV survey data specific to Domain V/VI. IHPI completed any additional analyses regarding impact of contribution requirements and impact of MI Health Accounts and made updates to the report. The final report has been submitted to MDHHS for review.

## **Enclosures/Attachments**

1. June 2018 MCAC Minutes
2. July 2018 Performance Monitoring Report
3. July 2018 Performance Monitoring Report: Dental

## State Contacts

If there are any questions about the contents of this report, please contact one of the following people listed below.

Jacqueline Coleman, Waiver Specialist

Phone: (517) 284-1190

Carly Todd, Specialist

Phone: (517) 284-1196

Andrew Schalk, Federal Regulation & Hospital Reimbursement Section Manager

Phone: (517) 284-1195

Penny Rutledge, Actuarial Division Director

Phone: (517) 284-1191

Actuarial Division

Bureau of Medicaid Operations and Actuarial Services

MSA, MDHHS, P.O. Box 30479

Lansing, MI 48909-7979

Fax: (517) 241-5112

## Date Submitted to CMS

October 2, 2018



Michigan Department of  
Health & Human Services

RICK SNYDER, GOVERNOR  
NICK LYON, DIRECTOR

Michigan Department of Health and Human Services  
Medical Services Administration

**Medical Care Advisory Council**

Meeting Minutes

---

**Date:** Monday, June 18, 2018

**Time:** 1:00 p.m. – 4:30 p.m.

**Where:** Michigan Public Health Institute (MPHI)  
2436 Woodlake Circle, Suite 380  
Okemos, MI 48864

**Attendees:** **Council Members:** Emily Schwarzkopf, Mark Klammer, Chris George (for Amy Hundley), Dan Thompson, Dianne Haas, William Mayer, Jeff Towns, Rod Auton, Marilyn Litka-Klein, Lisa Dedden Cooper, Karen MacMaster, Linda Vail, Pam Lupo, April Stopczynski, Mario Azzi, Kim Singh, Rebecca Blake, Deb Brinson, Robert Sheehan, Linda Gibson (for Jim Milanowski)

**Staff:** Kathy Stiffler, Farah Hanley, Dick Miles, Brian Keisling, Jackie Prokop, Pam Diebolt, Marie LaPres, Dave Schneider, Christina Severin, Jon Villasurda, Cindy Linn, Phil Kurdunowicz

**Other Attendees:** Randy Walainis, Amy Justus, Jane Pilditch

**Welcome, Introductions, Announcements**

Emily Schwarzkopf opened the meeting and introductions were made.

**Budget Update**

**2019 Budget Update**

Farah Hanley reported that the FY 2019 budget has been approved by both houses of the state legislature and forwarded for Governor Snyder's signature. Effective October 1, 2018, the budget includes an appropriation of \$26 billion (\$4.46 billion general fund [GF]) for the Michigan Department of Health and Human Services (MDHHS), which is \$30 million beyond the Executive Budget Recommendation. Ms. Hanley indicated that while funding for legislative and MDHHS priorities is strong overall, some programs received reduced funding in the FY 19 budget, including a \$12 million reduction in funding for the department's autism program, which includes a \$7 million reduction by switching from a capitation model to a fee schedule model, and \$5 million reduction by reducing the behavioral technician hourly rate from \$55 to \$50. Other highlights from the MDHHS FY19 budget include:

- \$14 million for implementation of the Integrated Service Delivery (ISD) system.
- Actuarial soundness adjustment of 1% for the Medicaid Health Plans (MHPs) and 2% for the Prepaid Inpatient Health Plans (PIHPs).
- \$10 million hospital payment (\$6 million for rural hospitals and \$4 million for OB/GYN hospitals).

## Medical Care Advisory Council

### Meeting Minutes

June 18, 2018

Page 2

- \$5 million GF to support medical education loan repayment for primary care physicians and other sub-specialties.
- \$2.8 million to \$3 million to support an increase in Medicaid neonatal rates from 64% of the Medicare rate to 75%.
- \$1.6 million to restore funding to dental clinics.
- Funding for a salary increase for psychiatrists at state psychiatric hospitals.
- \$5.5 million GF to support non-Medicaid funded Community Mental Health Services Programs (CMHSPs).
- \$9.3 million for Local Health Departments (LHDs) to address emerging public health threats.
- An increase of \$2.5 million GF for senior services.
- All funding for Flint initiatives that was requested by the governor was included in the FY19 budget.

### Ending Gift Cards for Healthy Michigan Plan

Kathy Stiffler explained that as part of the Healthy Michigan Plan, beneficiaries with incomes above 100% of the federal poverty level (FPL) who complete a healthy behavior receive a reduction in their required contribution. Since Healthy Michigan Plan beneficiaries with incomes below 100% FPL are exempt from contributions, MDHHS currently requires the MHPs to provide these individuals with \$50 gift cards for completing a healthy behavior. The FY19 budget rescinds this requirement, though MDHHS staff indicated that the department is seeking clarification from the legislature on whether MHPs may continue to provide gift cards using their own administrative dollars.

### Healthy Michigan Plan

#### Review of Bill

MDHHS staff and meeting attendees discussed SB 897 at length, which outlines proposed changes for Healthy Michigan Plan beneficiaries with incomes above 100% FPL who have been enrolled in the program for 48 cumulative months, as well as instituting workforce engagement requirements for non-exempt Healthy Michigan Plan beneficiaries between the ages of 19 and 62. SB 897 has been approved by both houses of the state legislature and is currently pending final approval by the governor. Copies of the bill were distributed to meeting attendees.

#### 48 Months

#### Healthy Behaviors

As of June 18, 2018, approximately 1,400 Healthy Michigan Plan beneficiaries have incomes above 100% FPL and have been enrolled in the program for 48 cumulative months. Pending approval of SB 897, these individuals will be required to continue engaging in healthy behaviors **and** contribute 5% of their income toward premiums as a condition of continued enrollment in the Healthy Michigan Plan. Participation in one or more healthy behaviors will

## **Medical Care Advisory Council**

Meeting Minutes

June 18, 2018

Page 3

not result in a reduction in cost-sharing obligations, and copayments will no longer apply, as beneficiaries may not exceed 5% of their income toward total cost-sharing.

### Suspension of Coverage

Healthy Michigan Plan coverage will be suspended for beneficiaries who choose not to engage in a healthy behavior, or who fail to meet their cost-sharing obligations. For these individuals, MDHHS will apply the department's "consistently fail-to-pay" criteria, which means that coverage will be suspended if the beneficiary has not paid any amount toward their premium obligations for one full quarter, or at least half of their total owed after 12 months. Once a beneficiary's coverage is suspended for failure to pay, coverage may be reinstated at which time the beneficiary contributes a minimum amount and agrees to a payment plan determined by MDHHS. Additionally, third-party payers may also assist beneficiaries with meeting their premium obligations.

In response to an inquiry regarding the anticipated timeline for implementation of these requirements, MDHHS staff reported that the legislature is targeting an effective date of July 1, 2019 for the changes to Healthy Michigan Plan cost-sharing and healthy behavior requirements. MDHHS plans to submit an amendment to the Healthy Michigan Plan waiver renewal application that is currently pending before the Centers for Medicare & Medicaid Services (CMS) by October 1, 2018 to request CMS approval for these changes.

### **Impact on Sending Beneficiaries to the Marketplace**

Pending approval of SB 897, the MI Marketplace Option for Healthy Michigan Plan for beneficiaries who choose not to engage in a healthy behavior has been rescinded. Instead, beneficiaries will be required to engage in a healthy behavior as a condition of continued enrollment in the Healthy Michigan Plan. If they choose not to engage in a healthy behavior, Healthy Michigan Plan coverage will be discontinued per the criteria outlined above. In response to an inquiry, MDHHS staff indicated that the federal government will not allow individuals who are income-eligible for the Healthy Michigan Plan to receive a subsidy for coverage on the Federally Facilitated Marketplace (FFM).

### **Work Requirements**

MDHHS staff indicated that the workforce engagement requirements outlined in SB 897 apply to all able-bodied Healthy Michigan Plan beneficiaries (including those below 100% FPL) between the ages of 19 and 62 who do not meet at least one of the 12 exemption criteria included in the legislation. MDHHS expects that a maximum of 400,000 Healthy Michigan Plan beneficiaries may be impacted by the workforce engagement requirements, though staff are working to determine how many additional enrollees may meet exemption criteria. It is unknown at this time how many are likely to lose coverage given the lack of data or experience to estimate this figure.



## Medical Care Advisory Council

### Meeting Minutes

June 18, 2018

Page 4

Beneficiaries who do not meet a qualifying exemption must self-attest to participation in one of the following qualifying events for an average of 80 hours per month to meet the workforce engagement requirements:

1. Employment, self-employment or income consistent with employment;
2. Education directly related to employment;
3. Job training directly related to employment;
4. Vocational training directly related to employment;
5. Unpaid workforce engagement directly related to employment;
6. Tribal employment programs;
7. Participation in Substance Use Disorder (SUD) treatment;
8. Community service (limit of 3 months within a 12-month period with a registered 501[c][3] organization); or
9. Job search directly related to employment.

A beneficiary is allowed three months of noncompliance within a 12-month reporting period. After three months of noncompliance, recipients who remain noncompliant will not receive coverage for at least one month and will be required to come into compliance before coverage is reinstated. If a beneficiary is found to have misrepresented his or her compliance with the workforce engagement requirements as identified in SB 897, he or she shall not be allowed to participate in the Healthy Michigan Plan for a one-year period. A beneficiary is exempt from the workforce engagement requirements if they meet one or more of the following conditions:

1. A recipient is the caretaker of a family member who is under the age of 6 years. This exemption only applies to one parent at a time to be a caretaker, no matter how many children are being cared for.
2. A recipient who is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
3. A recipient who is a full-time student who is not a dependent of a parent or guardian or whose parent or guardian qualifies for Medicaid.
4. A recipient who is pregnant.
5. A recipient who is the caretaker of a dependent with a disability which the dependent needs full-time care based on a licensed medical professional's order.
6. A recipient who is the caretaker of an incapacitated individual even if the incapacitated individual is not a dependent of the caretaker.
7. A recipient who has proven that he or she has met the good cause temporary exemption.
8. A recipient who has been designated as medically frail.
9. A recipient who has a medical condition that results in a work limitation according to a licensed medical professional's order.
10. A recipient who has been incarcerated within the last 6 months.
11. A recipient who is receiving unemployment benefits from this state.
12. A recipient who is under 21 years of age who had previously been in a foster care placement in this state.

## **Medical Care Advisory Council**

Meeting Minutes

June 18, 2018

Page 5

In addition, Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) beneficiaries who meet exemption criteria for SNAP or TANF work requirements are also exempt from the Healthy Michigan Plan workforce engagement requirements outlined above with no additional reporting requirements. SB 897 requires that MDHHS implement the workforce engagement requirements for the Healthy Michigan Plan by January 1, 2020 pending approval from CMS.

### **Communications with Beneficiaries**

MDHHS plans to begin the process of communicating the details of the workforce engagement requirements with beneficiaries only after CMS approval of Michigan's amended Healthy Michigan Plan Section 1115 Waiver Renewal Request. MDHHS staff also discussed a pending federal court decision on workforce engagement requirements promulgated by the State of Kentucky and the potential impact the court proceedings could have on the future of the Healthy Michigan Plan. To date, CMS has approved waiver requests from Kentucky, Arkansas, Indiana and New Hampshire to implement workforce engagement requirements for Medicaid recipients, with requests from seven additional states pending.

### **Behavioral Health Updates**

MDHHS staff provided several general updates related to behavioral health, including:

- The department is continuing to work with CMS to gain approval for its Section 1115 Pathways to Integration waiver, which would allow MDHHS to provide all behavioral health services under a single waiver authority.
- A \$27.5 million federal non-competitive grant has been allocated to the State of Michigan for its State Opioid Response Team, pending approval of an application from the state that is due August 13, 2018.
- Local communities within the state must now apply individually for funding through the Certified Community Behavioral Health Clinics (CCBHC) grant. MDHHS has provided several letters of support on behalf of communities for this funding.
- The Health Resources & Services Administration (HRSA) within the U.S. Department of Health and Human Services has made grants available to expand services to address the opioid epidemic in rural communities. Eleven counties within northern Michigan meet the eligibility criteria to apply for a grant under this program.
- Congress has appropriated \$10 billion in federal funding nationwide for FY19 for opioid use disorder treatment, as well as \$2.3 billion for behavioral health services. In addition, congress is currently considering 80 additional bills to address behavioral health issues, including legislation to protect data privacy for individuals receiving treatment for Substance Use Disorder (SUD).
- MDHHS is working to establish an Opioid Health Home (OHH) pilot program in Michigan's PIHP Region 2.
- The department is working with stakeholders and the state legislature on several initiatives aimed at increasing access to inpatient psychiatric services.

## **Medical Care Advisory Council**

Meeting Minutes

June 18, 2018

Page 6

### **Section 298 Update**

MDHHS is in the process of establishing pilot programs to financially integrate behavioral health and physical health services, as directed by the state legislature. Four CMHSPs have been selected to participate in the pilot programs with the seven MHPs operating in the three pilot regions. The department is also exploring options for including beneficiaries in the pilot programs who are not currently enrolled in an MHP and receive managed behavioral health services through the local PIHP, as well as continuing to work through various other issues related to implementation. The anticipated implementation date of the Section 298 pilot programs is October 1, 2019. Additional information on the Section 298 process is available on the MDHHS website at [www.michigan.gov/stakeholder298](http://www.michigan.gov/stakeholder298).

### **Mental Health Parity Update**

MDHHS staff provided an update on the department's efforts to comply with the Mental Health Parity and Addiction Equity Act of 2008, which requires that states place no more restrictions on behavioral health/substance use disorder benefits than on medical/surgical benefits. As part of these efforts, MDHHS has prepared a Mental Health and Substance Use Disorder Parity Assessment and Corrective Action Plan to report findings of an assessment of compliance with the federal parity rules conducted by the Medical Services Administration (MSA). Copies of the report were distributed to meeting attendees, and the document was discussed at length.

### **Provider Enrollment Requirements**

Kathy Stiffler shared an update on the department's ongoing efforts to comply with federal laws and regulations by requiring all providers in the State of Michigan who provide services to Medicaid beneficiaries to enroll with the state's Medicaid program. Medicaid FFS already denies claims for non-enrolled providers. MDHHS initially planned to require the MHPs to deny claims from non-enrolled providers on March 1, 2018, and FFS and the HMPs were to deny claims (at the point of service) for non-enrolled prescribers on May 1, 2018. The department is now considering extending this deadline. MDHHS staff and meeting attendees discussed the issue at length, including ideas for communicating the requirements to providers.

### **Long Term Care Updates**

Dick Miles provided updates on several MDHHS long term care initiatives, which include the following:

- The department is working to submit a renewal application for the MI Choice waiver, which has been posted for public comment. MDHHS plans to submit the renewal application to CMS in July 2018.
- MDHHS is continuing work to develop an Electronic Visit Verification (EVV) system for in-home personal care services by January 1, 2019 in compliance with the requirements of the 21<sup>st</sup> Century Cures Act.

## **Medical Care Advisory Council**

Meeting Minutes

June 18, 2018

Page 7

- Enrollment in the MI Health Link demonstration is now stable with approximately 40,000 individuals currently enrolled.
- MDHHS has contracts with partnering entities to develop proposed models and to engage with stakeholders in the development of managed long term care supports and services.
- The department is also working to update the nursing facility Level of Care Determination (LOCD) determination business process.

### **Policy Updates**

A policy bulletin list was distributed to attendees and the following updates were discussed:

- Bulletin MSA 18-05 – MI Marketplace Option and Healthy Michigan Plan Updates
- Bulletin MSA 18-10 – Pediatric Outpatient Intensive Feeding Program Services
- Bulletin MSA 18-18 – Expanded Access to Dental Benefits for Pregnant Women
- Proposed Policy 1806-Hospital – Inpatient Long-Acting Reversible Contraception (LARC) Device Reimbursement
- Proposed Policy 1807-BHDDA – Opioid Health Home Pilot Program
- Proposed Policy 1814-Hearing – Reinstatement of Adult Hearing Aid Coverage; Update to Disposable Hearing Aid Batteries and Replacement Earmold Coverage

**4:30 – Adjourn**

Medical Services Administration  
Bureau of Medicaid Care Management and Quality Assurance

***PERFORMANCE MONITORING REPORT***

**Composite – All Plans**



**July 2018**

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

## Table of Contents

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

## Healthy Michigan Plan

Adults’ Generic Drug Utilization.....	6
Timely Completion of Initial Health Risk Assessment (HRA) .....	7
Completion of Annual Health Risk Assessment (HRA).....	8
Outreach and Engagement to Facilitate Entry to Primary Care .....	9
Adults’ Access to Ambulatory Health Services.....	10
Transition into Consistently Fail to Pay Status.....	11
Transition out of Consistently Fail to Pay Status.....	13

## Appendixes

Appendix A: Three Letter Medicaid Health Plan Codes .....	15
Appendix B: One-Year Plan-Specific Analysis.....	16

## Figures

Figure 1: Healthy Michigan Plan Enrollment, July 2017 – June 2018 .....	4
Figure 2: Healthy Michigan Plan Enrollment by Medicaid Health Plan, June 2018.....	4
Figure 3: Adults’ Generic Drug Utilization .....	6
Figure 4: Timely Completion of Initial Health Risk Assessment (HRA).....	7
Figure 5: Completion of Annual Health Risk Assessment (HRA) .....	8
Figure 6: Outreach and Engagement to Facilitate Entry to Primary Care .....	9
Figure 7: Adults’ Access to Ambulatory Health Services .....	10
Figure 8-10: Transition into CFP Status .....	11
Figure 11-13: Transition out of CFP Status.....	13

## Table

Table 1: Fiscal Year 2018.....	3
Table 2: Adults’ Generic Drug Utilization Comparison.....	6
Table 3: Timely Completion of Initial Health Risk Assessment (HRA).....	7
Table 4: Completion of Annual Health Risk Assessment (HRA) .....	8
Table 5: Outreach and Engagement to Facilitate Entry to Primary Care .....	9
Table 6: Adults Access to Ambulatory Health Services Comparison .....	10

## Performance Monitoring Report

### Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State’s Medicaid Health Plans (MHPs) through 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. These measures include Medicaid Managed Care specific measures, Healthy Michigan Plan (HMP) measures, and HEDIS measures. **This report focuses only on the Healthy Michigan Plan (HMP) measures.** The following HMP measures will be included in this report:

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

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

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2018 unless otherwise noted.

**Table 1: Fiscal Year 2018<sup>1</sup>**

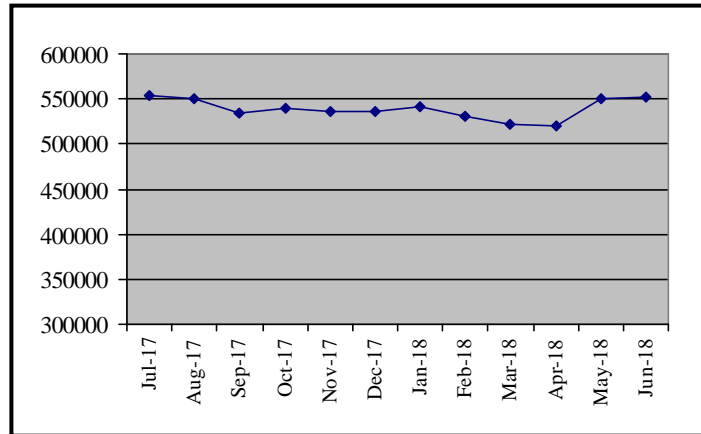
Quarterly Reported Measures	Reported in 1 <sup>st</sup> Quarter	Reported in 2 <sup>nd</sup> Quarter	Reported in 3 <sup>rd</sup> Quarter	Reported in 4 <sup>th</sup> Quarter
Adults’ Generic Drug Utilization	10/11	10/11	9/11	
Timely Completion of Initial HRA	5/9	4/9	4/9	
Completion of Annual HRA	N/A	N/A	N/A	
Outreach & Engagement to Facilitate Entry to PCP	7/11	6/11	7/11	
Adults’ Access to Ambulatory Health Services	0/11	0/11	0/11	
Transition into CFP Status	N/A	N/A	N/A	
Transition out of CFP Status	N/A	N/A	N/A	

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

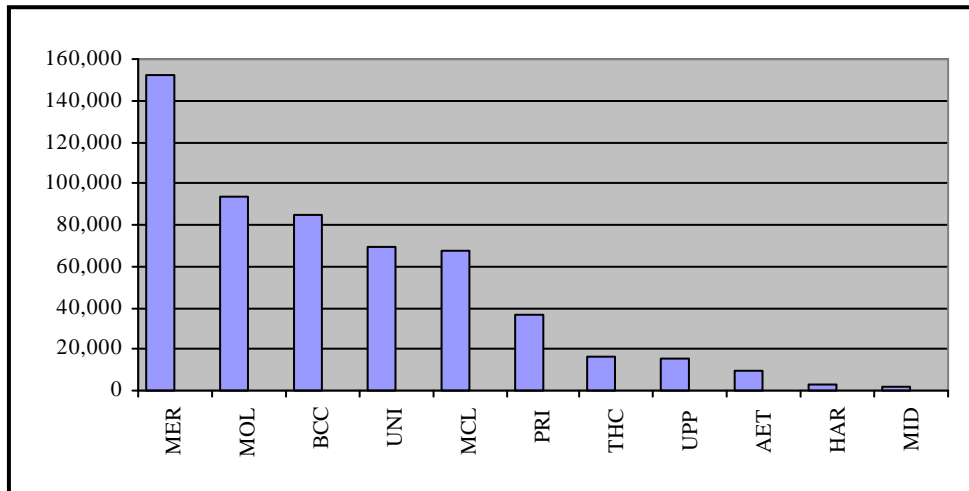
## Healthy Michigan Plan Enrollment

The Healthy Michigan Plan (HMP-MC) enrollment has remained somewhat steady over the past year. In June 2018, enrollment was 551,406, down 1,946 enrollees (0.35%) from July 2017. An increase of 1,553 enrollees (0.28%) was realized between May 2018 and June 2018.

**Figure 1: HMP-MC Enrollment, July 2017 – June 2018**



**Figure 2: HMP-MC Enrollment by Medicaid Health Plan, June 2018**





## **Medicaid Health Plan News**

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

Results for the Transition into Consistently Fail to Pay Status, Transition out of Consistently Fail to Pay Status and the Completion of Annual Health Risk Assessment measures will be reported as “Informational Only” until a standard has been set.

Due to a change in methodology the Plan All-Cause Acute 30-Day Readmission measure has been taken out of this report and will be put into a separate PMR.

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

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

**Adults' Generic Drug Utilization**

**Measure**

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

**Standard**

At or above 84% (as shown on bar graph below)

**Measurement Period**

October 2017 –December 2017

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

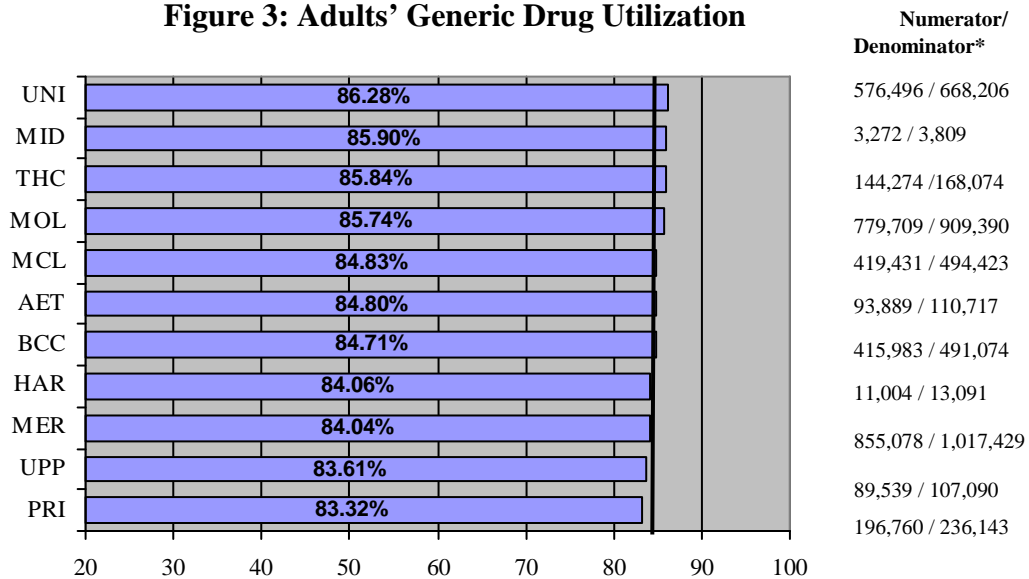
Quarterly

**Summary:** Nine plans met or exceeded the standard, while two plans (PRI and UPP) did not. Results ranged from 83.32% to 86.28%.

**Table 2: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	3,652,536	4,327,351	84.41%
Fee For Service (FFS) only	18,573	45,244	41.05%
Managed Care only	3,594,157	4,229,897	84.97%
MA-MC	1,855,347	2,185,680	84.89%
HMP-MC	1,707,216	2,007,503	85.04%

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



**Adult's Generic Drug Utilization Percentages**

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

**Timely Completion of Initial Health Risk Assessment (HRA)**

**Measure**

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

**Standard**

At or above 9% (as shown on bar graph below)

**Enrollment Dates**

July 2017 – September 2017

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

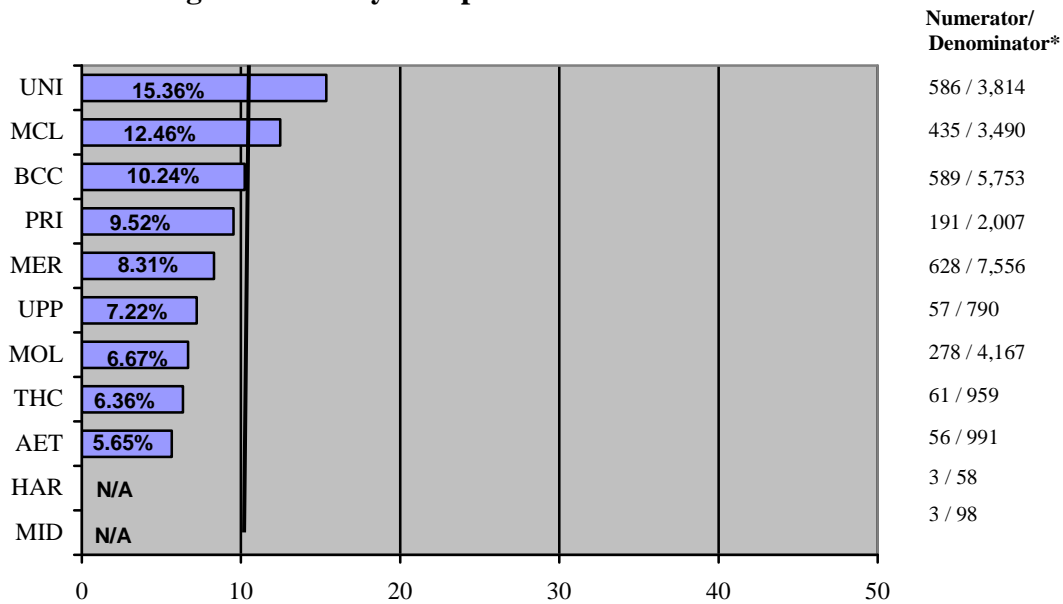
Quarterly

**Summary:** Four plans met or exceeded the standard, while four plans (AET, HAR, MER, MID, MOL, THC, and UPP) did not. Results ranged from 5.65% to 15.36%.

**Table 3: Program Total<sup>2</sup>**

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	2,887	29,683	9.73%

**Figure 4: Timely Completion of Initial HRA<sup>3</sup>**



**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.

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

<sup>3</sup> A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

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

**Measure**

The percentage of new Healthy Michigan Plan beneficiaries enrolled in a health plan who had a second Health Risk Assessment (HRA) completed within one year (defined as 11-15 months) of their first HRA.

**Standard**

N/A – Informational Only

**First Attestation Dates**

January 2016 – December 2016

**Second Attestation Dates**

December 2016 – March 2018

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

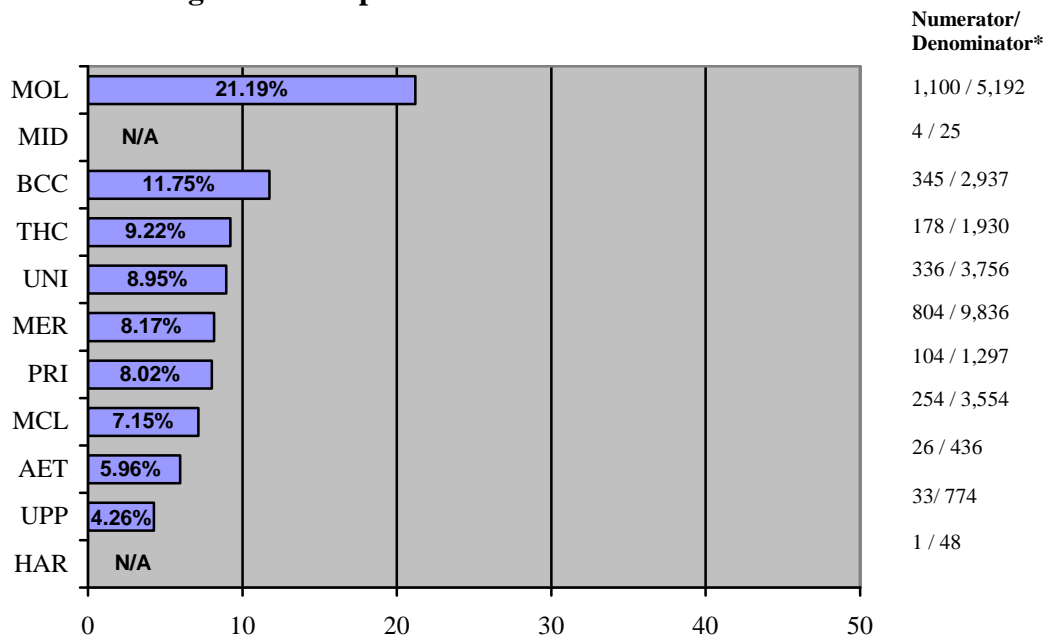
Quarterly

**Summary:** *Data for this measure will not be reported this year.*

**Table 4: Program Total**

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	3,228	31,125	10.37%

**Figure 5: Completion of Annual HRA<sup>4</sup>**



Completion of Annual HRA Percentages

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

<sup>4</sup> A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

***Outreach and Engagement to Facilitate Entry to Primary Care***

**Measure**

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

**Standard**

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

**Enrollment Dates**

July 2017 – September 2017

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

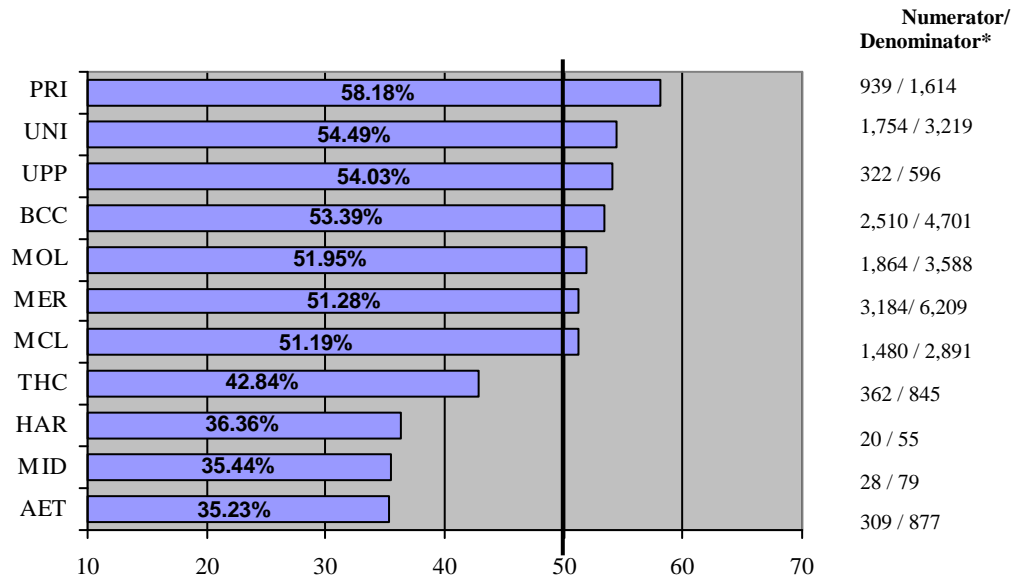
Quarterly

**Summary:** Seven plans met or exceeded the standard, while four plans (AET, HAR, MID, and THC) did not. Results ranged from 35.23% to 58.18%.

**Table 5: Program Total<sup>5</sup>**

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	17,781	29,683	59.90%

**Figure 6: Outreach & Engagement to Facilitate Entry to Primary Care**



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

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

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

**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 83% (as shown on bar graph below)

**Measurement Period**

January 2017 – December 2017

**Data Source**

MDHHS Data Warehouse

**Measurement Frequency**

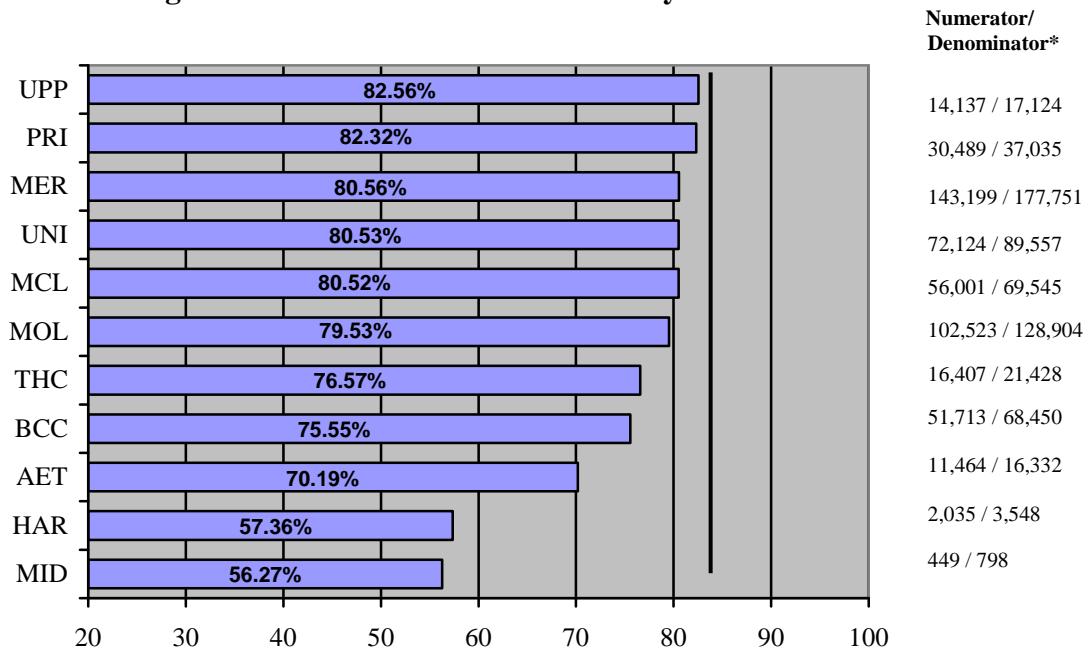
Quarterly

**Summary:** None of the plans met or exceeded the standard. Results ranged from 54.83% to 82.57%.

**Table 6: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	625,123	798,346	78.30%
Fee For Service (FFS) only	10,753	20,769	51.77%
Managed Care only	516,230	648,153	79.65%
MA-MC	226,765	275,259	82.38%
HMP-MC	236,716	309,836	76.40%

**Figure 7: 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.

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

**Measure**

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

**Standard**

N/A – Informational Only

**Measurement Period**

May 2017 –June 2018

**Data Source**

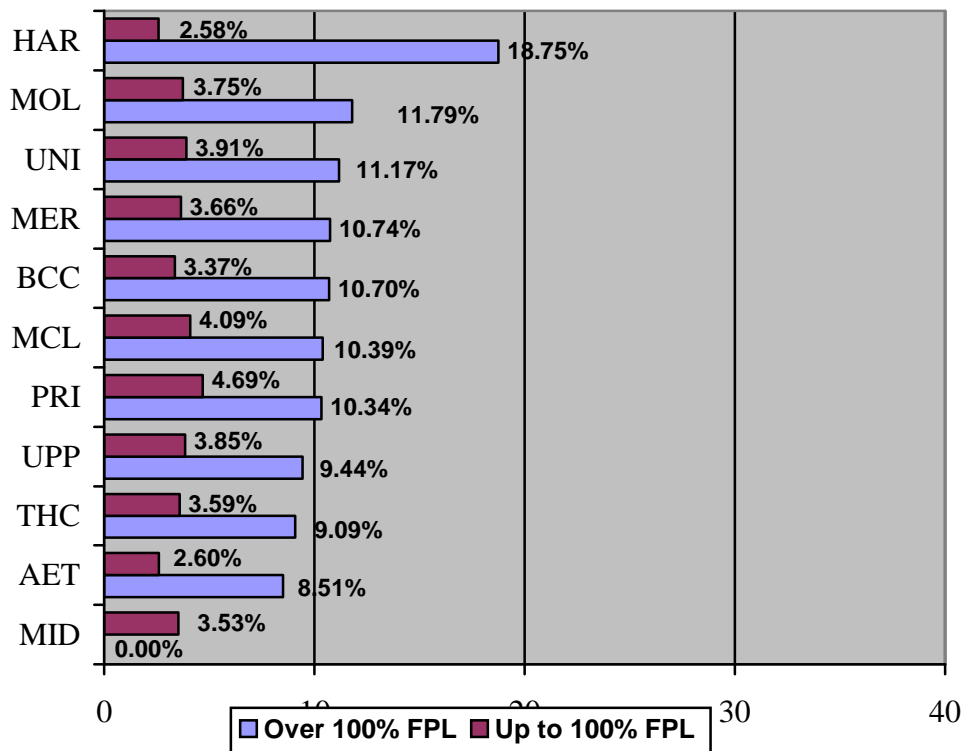
MDHHS Data Warehouse

**Measurement Frequency**

Quarterly

**Summary:** The results shown are informational only. In Cohort 1, the results ranged from 0.00% to 18.75% for beneficiaries with income over 100% FPL. The results ranged from 2.58% to 4.69% for beneficiaries with income that never exceeded 100% FPL. In Cohort 2, the results ranged from 10.81% to 21.52% for beneficiaries with income over 100% FPL. The results ranged from 2.90% to 40.00% for beneficiaries with income that never exceeded 100% FPL. In Cohort 3, the results ranged from 8.65% to 25.00% for beneficiaries with income over 100% FPL. The results ranged from 2.91% to 28.57% for beneficiaries with income that never exceeded 100% FPL.

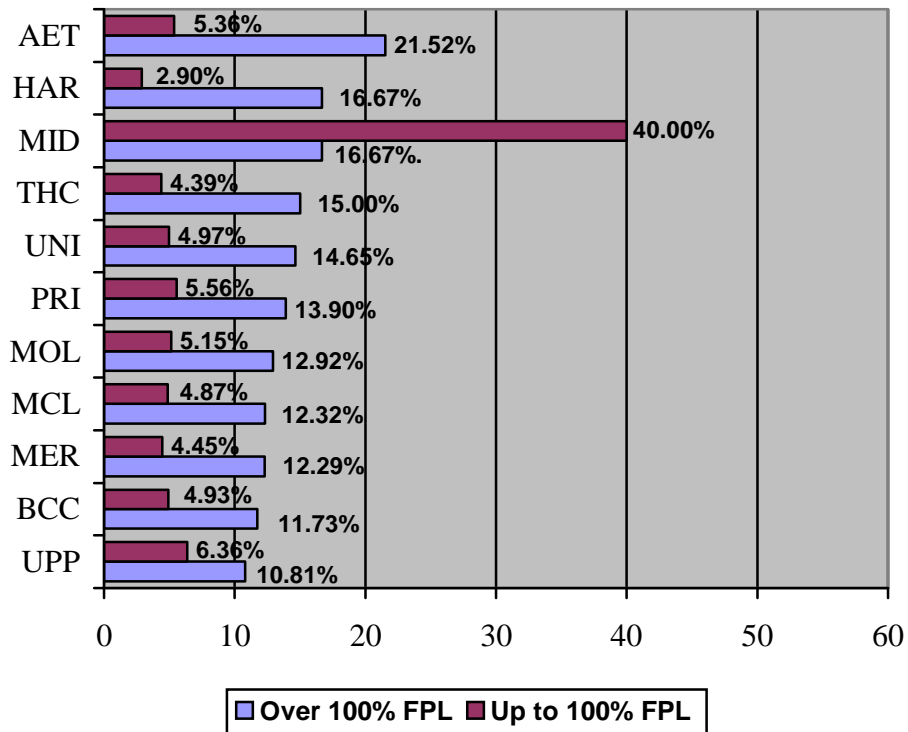
**Figure 8: Transition into CFP Status - Cohort 1**



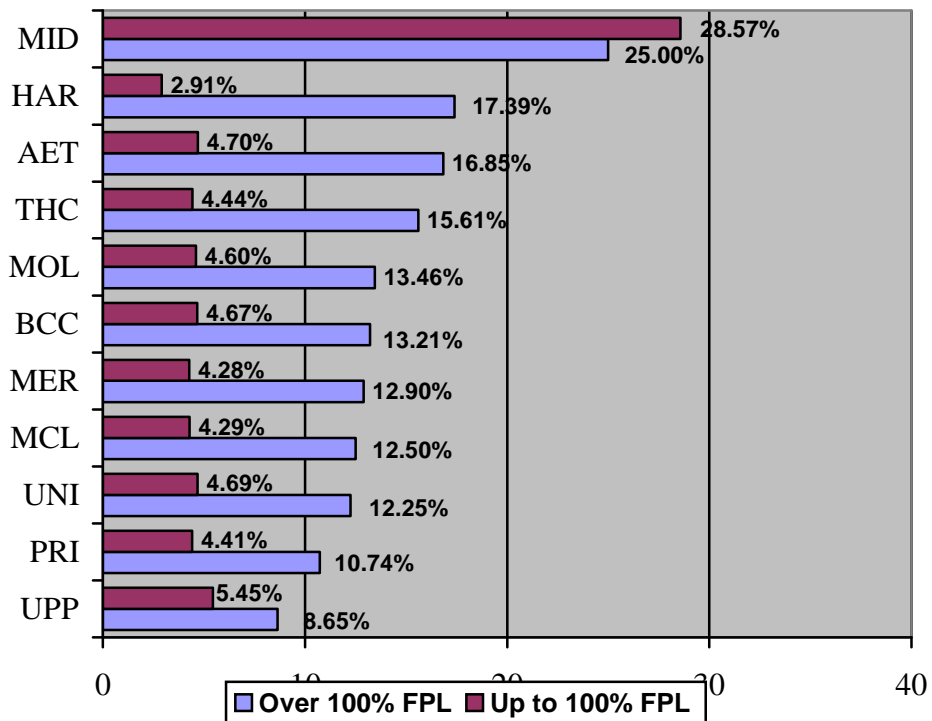
Transition in to CFP Status Percentages  
 \*In the graphs represented for this measure, FPL represents the Federal Poverty Level.

Performance Monitoring Report

**Figure 9: Transition into CFP Status - Cohort 2**



**Figure 10: Transition into CFP Status - Cohort 3**





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

**Measure**

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

**Standard**

N/A – Informational Only

**Measurement Period**

May 2017 – June 2018

**Data Source**

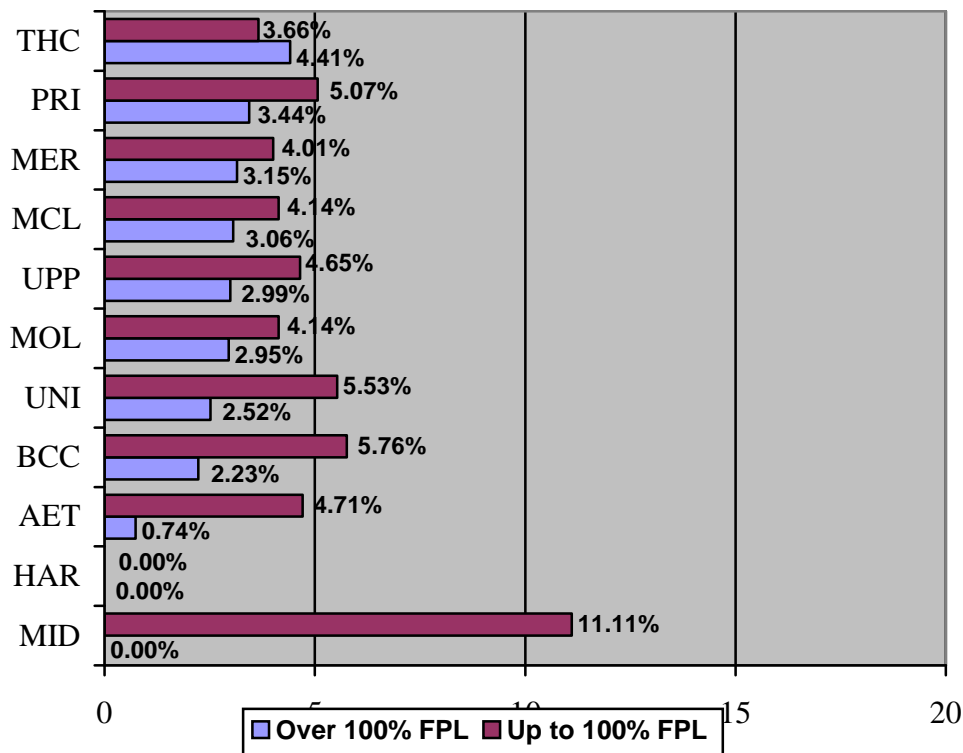
MDHHS Data Warehouse

**Measurement Frequency**

Quarterly

**Summary:** The results shown are informational only. In Cohort 1, the results ranged from 0.00% to 4.41% for beneficiaries with income over 100% FPL. The results ranged from 0.00% to 11.11% for beneficiaries with income that never exceeded 100% FPL. In Cohort 2, the results ranged from 0.00% to 5.25% for beneficiaries with income over 100% FPL. The results ranged from 1.54% to 6.92% for beneficiaries with income that never exceeded 100% FPL. In Cohort 3, the results ranged from 0.00% to 12.50% for beneficiaries with income over 100% FPL. The results ranged from 3.85% to 7.31% for beneficiaries with income that never exceeded 100% FPL.

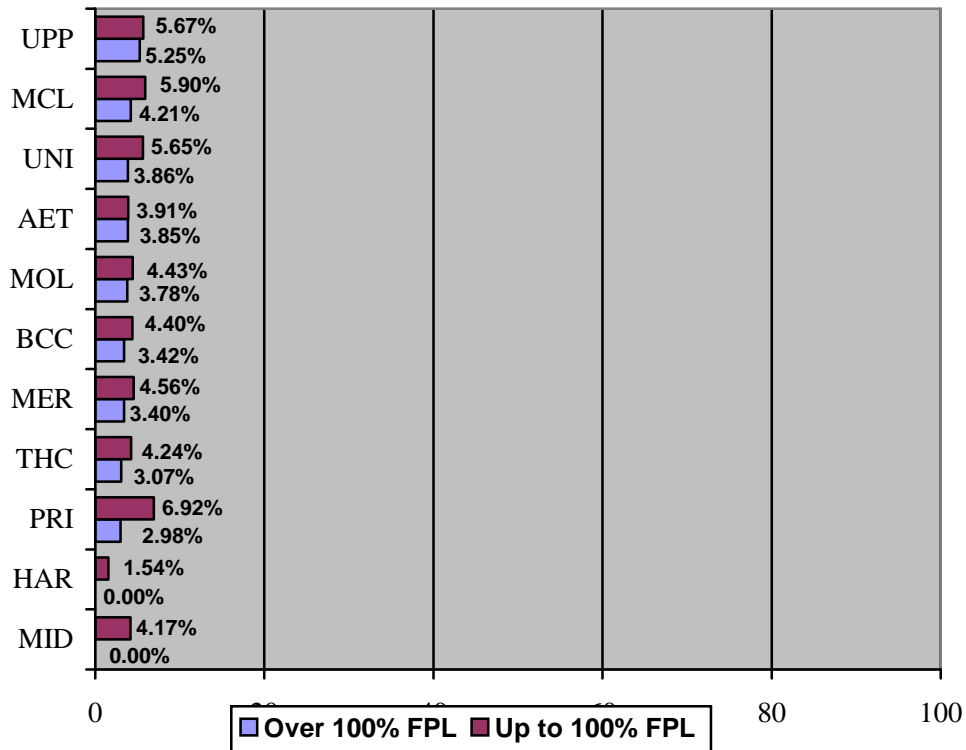
**Figure 11: Transition out of CFP Status - Cohort 1**



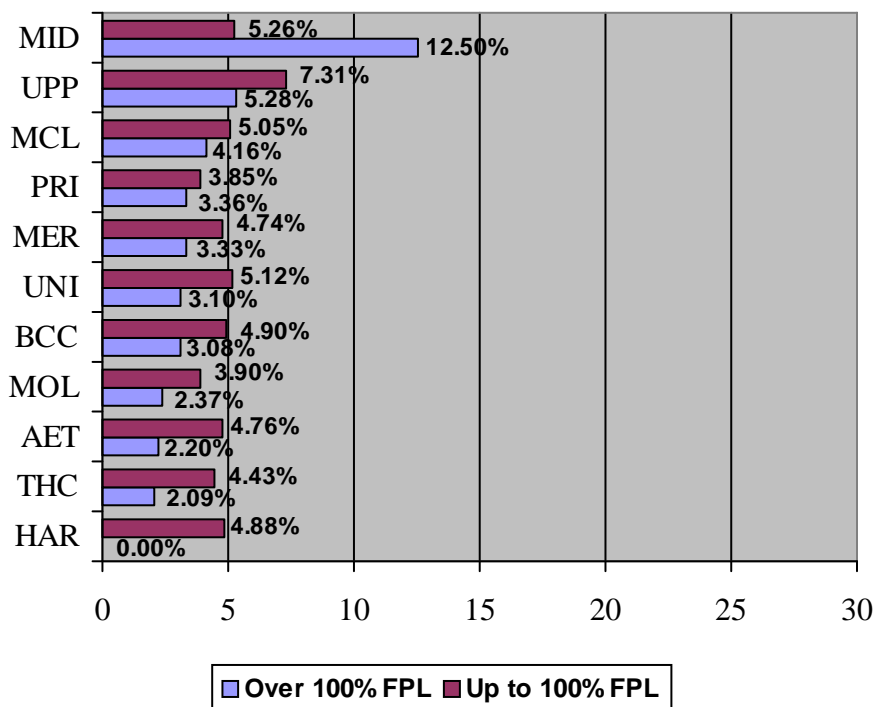
Transition out of CFP Status Percentages

\*In the graphs represented for this measure, FPL represents the Federal Poverty Level.

**Figure 12: Transition out of CFP Status - Cohort 2**



**Figure 13: Transition out of CFP Status - Cohort 3**



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

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

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

Performance Monitoring Report

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

**Aetna Better Health of Michigan – AET**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 17 – Jun 17	84%	84.64%	Yes
	Jul 17 – Sep 17	84%	84.63%	Yes
	<b>Oct 17 – Dec 17</b>	<b>84%</b>	<b>84.80%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 17 – Mar 17	9%	7.45%	No
	Apr 17 – Jun 17	9%	5.22%	No
	<b>Jul 17 – Sep 17</b>	<b>9%</b>	<b>5.65%</b>	<b>No</b>

Completion of Annual HRA	Jun 16 – Sep 17	Informational Only	7.16%	N/A
	Sep 16 – Dec 17	Informational Only	6.61%	N/A
	<b>Dec 16 – Mar 18</b>	<b>Informational Only</b>	<b>5.96%</b>	<b>N/A</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 17 – Mar 17	50%	38.78%	No
	Apr 17 – Jun 17	50%	36.79%	No
	<b>Jul 17 – Sep 17</b>	<b>50%</b>	<b>35.23%</b>	<b>No</b>

Adults' Access to Ambulatory Health Services	Jul 16 – Jun 17	83%	71.03%	No
	Oct 16 – Sep 17	83%	70.08%	No
	<b>Jan 17 – Dec 17</b>	<b>83%</b>	<b>70.19%</b>	<b>No</b>

Transition into CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [May 17 – Jun 18]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	22.22%	3.80%	N/A	Info Only	16.92%	2.82%	N/A	Info Only	27.63%	4.11%	N/A
Info Only	13.85%	3.91%	N/A	Info Only	4.69%	3.01%	N/A	Info Only	16.92%	2.20%	N/A
Info Only	15.71%	2.32%	N/A	Info Only	8.70%	2.69%	N/A	Info Only	24.24%	1.18%	N/A
Info Only	17.72%	2.22%	N/A	Info Only	10.26%	2.08%	N/A	Info Only	12.86%	2.83%	N/A
<b>Info Only</b>	<b>8.51%</b>	<b>2.60%</b>	<b>N/A</b>	<b>Info Only</b>	<b>21.52%</b>	<b>5.36%</b>	<b>N/A</b>	<b>Info Only</b>	<b>16.85%</b>	<b>4.70%</b>	<b>N/A</b>

Transition out of CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [May 17 – Jun 18]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	0.00%	0.00%	N/A	Info Only	0.00%	1.89%	N/A	Info Only	0.00%	3.64%	N/A
Info Only	2.33%	5.30%	N/A	Info Only	2.56%	2.72%	N/A	Info Only	0.00%	3.57%	N/A
Info Only	6.82%	7.91%	N/A	Info Only	5.26%	8.57%	N/A	Info Only	2.52%	2.65%	N/A
Info Only	4.40%	4.19%	N/A	Info Only	6.76%	5.85%	N/A	Info Only	1.43%	4.48%	N/A
<b>Info Only</b>	<b>0.74%</b>	<b>4.71%</b>	<b>N/A</b>	<b>Info Only</b>	<b>3.85%</b>	<b>3.91%</b>	<b>N/A</b>	<b>Info Only</b>	<b>2.20%</b>	<b>4.76%</b>	<b>N/A</b>

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

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

Performance Monitoring Report

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

**Blue Cross Complete of Michigan – BCC**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 17 – Jun 17	84%	84.78%	Yes
	Jul 17 – Sep 17	84%	84.93%	Yes
	<b>Oct 17 – Dec 17</b>	<b>84%</b>	<b>84.71%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 17 – Mar 17	9%	10.80%	Yes
	Apr 17 – Jun 17	9%	10.45%	Yes
	<b>Jul 17 – Sep 17</b>	<b>9%</b>	<b>10.24%</b>	<b>Yes</b>

Completion of Annual HRA	Jun 16 – Sep 17	Informational Only	12.34%	N/A
	Sep 16 – Dec 17	Informational Only	11.78%	N/A
	<b>Dec 16 – Mar 18</b>	<b>Informational Only</b>	<b>11.75%</b>	<b>N/A</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 17 – Mar 17	50%	54.26%	Yes
	Apr 17 – Jun 17	50%	50.71%	Yes
	<b>Jul 17 – Sep 17</b>	<b>50%</b>	<b>53.39%</b>	<b>Yes</b>

Adults' Access to Ambulatory Health Services	Jul 16 – Jun 17	83%	75.93%	No
	Oct 16 – Sep 17	83%	75.61%	No
	<b>Jan 17 – Dec 17</b>	<b>83%</b>	<b>75.55%</b>	<b>No</b>

Transition into CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	16.32%	3.70%	N/A	Info Only	19.88%	4.14%	N/A	Info Only	18.76%	4.16%	N/A
Info Only	15.69%	4.39%	N/A	Info Only	14.63%	3.09%	N/A	Info Only	19.13%	2.95%	N/A
Info Only	13.90	3.92%	N/A	Info Only	14.86%	2.92%	N/A	Info Only	11.44%	2.56%	N/A
Info Only	10.84%	3.17%	N/A	Info Only	13.32%	2.75%	N/A	Info Only	14.57%	2.63%	N/A
<b>Info Only</b>	<b>10.70%</b>	<b>3.37%</b>	<b>N/A</b>	<b>Info Only</b>	<b>11.73%</b>	<b>4.93%</b>	<b>N/A</b>	<b>Info Only</b>	<b>13.21%</b>	<b>4.67%</b>	<b>N/A</b>

Transition out of CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	1.09%	2.63%	N/A	Info Only	1.15%	2.52%	N/A	Info Only	0.64%	2.80%	N/A
Info Only	1.08%	3.91%	N/A	Info Only	2.04%	3.16%	N/A	Info Only	5.71%	8.15%	N/A
Info Only	7.93%	12.13%	N/A	Info Only	6.70%	8.39%	N/A	Info Only	4.78%	7.38%	N/A
Info Only	5.49%	6.11%	N/A	Info Only	5.86%	6.64%	N/A	Info Only	4.95%	5.70%	N/A
<b>Info Only</b>	<b>2.23%</b>	<b>5.76%</b>	<b>N/A</b>	<b>Info Only</b>	<b>3.42%</b>	<b>4.40%</b>	<b>N/A</b>	<b>Info Only</b>	<b>3.08%</b>	<b>4.90%</b>	<b>N/A</b>

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

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

Performance Monitoring Report

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

**Harbor Health Plan – HAR**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 17 – Jun 17	84%	85.45%	Yes
	Jul 17 – Sep 17	84%	85.77%	Yes
	<b>Oct 17 – Dec 17</b>	<b>84%</b>	<b>84.06%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 17 – Mar 17	9%	N/A	N/A
	Apr 17 – Jun 17	9%	N/A	N/A
	<b>Jul 17 – Sep 17</b>	<b>9%</b>	<b>N/A</b>	<b>N/A</b>

*N/A in the "Plan Result" column indicates that the plan had a numerator less than 5 or a denominator less than 30.*

Completion of Annual HRA	Jun 16 – Sep 17	Informational Only	N/A	N/A
	Sep 16 – Dec 17	Informational Only	N/A	N/A
	<b>Dec 16 – Mar 18</b>	<b>Informational Only</b>	<b>N/A</b>	<b>N/A</b>

*N/A in the "Plan Result" column indicates that the plan had a numerator less than 5 or a denominator less than 30.*

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 17 – Mar 17	50%	27.02%	No
	Apr 17 – Jun 17	50%	29.20%	No
	<b>Jul 17 – Sep 17</b>	<b>50%</b>	<b>36.36%</b>	<b>No</b>

Adults' Access to Ambulatory Health Services	Jul 16 – Jun 17	83%	59.35%	No
	Oct 16 – Sep 17	83%	59.04%	No
	<b>Jan 17 – Dec 17</b>	<b>83%</b>	<b>57.36%</b>	<b>No</b>

Transition into CFP Status: [May 16 – Jun 17] [Aug 16 – Sep 17] [Nov 16 – Dec 17] [Feb 17 – Dec 18] <b>[May 17 – Jun 18]</b>											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	12.50%	2.15%	N/A	Info Only	0.00%	2.17%	N/A	Info Only	28.00%	1.54%	N/A
Info Only	14.29%	2.24%	N/A	Info Only	12.50%	1.60%	N/A	Info Only	19.23%	1.46%	N/A
Info Only	25.00%	3.72%	N/A	Info Only	25.00%	1.36%	N/A	Info Only	11.11%	1.91%	N/A
Info Only	18.18%	2.82%	N/A	Info Only	10.00%	1.23%	N/A	Info Only	28.00%	2.11%	N/A
<b>Info Only</b>	<b>18.75%</b>	<b>2.58%</b>	<b>N/A</b>	<b>Info Only</b>	<b>16.67%</b>	<b>2.90%</b>	<b>N/A</b>	<b>Info Only</b>	<b>17.39%</b>	<b>2.91%</b>	<b>N/A</b>

Transition out of CFP Status: [May 16 – Jun 17] [Aug 16 – Sep 17] [Nov 16 – Dec 17] [Feb 17 – Dec 18] <b>[May 17 – Jun 18]</b>											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	0.00%	0.00%	N/A	Info Only	0.00%	3.45%	N/A	Info Only	0.00%	0.00%	N/A
Info Only	0.00%	0.00%	N/A	Info Only	0.00%	0.00%	N/A	Info Only	6.73%	9.57%	N/A
Info Only	0.00%	6.67%	N/A	Info Only	0.00%	2.22%	N/A	Info Only	0.00%	1.15%	N/A
Info Only	7.14%	6.82%	N/A	Info Only	0.00%	4.76%	N/A	Info Only	3.45%	5.05%	N/A
<b>Info Only</b>	<b>0.00%</b>	<b>0.00%</b>	<b>N/A</b>	<b>Info Only</b>	<b>0.00%</b>	<b>1.54%</b>	<b>N/A</b>	<b>Info Only</b>	<b>0.00%</b>	<b>4.88%</b>	<b>N/A</b>

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

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

Performance Monitoring Report

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

**McLaren Health Plan – MCL**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 17 – Jun 17	84%	84.43%	Yes
	Jul 17 – Sep 17	84%	84.59%	Yes
	<b>Oct 17 – Dec 17</b>	<b>84%</b>	<b>84.83%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 17 – Mar 17	9%	10.83%	Yes
	Apr 17 – Jun 17	9%	11.88%	Yes
	<b>Jul 17 – Sep 17</b>	<b>9%</b>	<b>12.46%</b>	<b>Yes</b>

Completion of Annual HRA	Jun 16 – Sep 17	Informational Only	5.65%	N/A
	Sep 16 – Dec 17	Informational Only	7.41%	N/A
	<b>Dec 16 – Mar 18</b>	<b>Informational Only</b>	<b>7.15%</b>	<b>N/A</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 17 – Mar 17	50%	54.59%	Yes
	Apr 17 – Jun 17	50%	48.62%	No
	<b>Jul 17 – Sep 17</b>	<b>50%</b>	<b>51.19%</b>	<b>Yes</b>

Adults' Access to Ambulatory Health Services	Jul 16 – Jun 17	83%	81.11%	No
	Oct 16 – Sep 17	83%	80.87%	No
	<b>Jan 17 – Dec 17</b>	<b>83%</b>	<b>80.52%</b>	<b>No</b>

Transition into CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	13.91%	6.42%	N/A	Info Only	15.63%	5.88%	N/A	Info Only	18.73%	5.08%	N/A
Info Only	13.89%	5.14%	N/A	Info Only	10.57%	3.63%	N/A	Info Only	11.53%	2.78%	N/A
Info Only	10.29%	3.55%	N/A	Info Only	11.33%	3.17%	N/A	Info Only	9.86%	2.82%	N/A
Info Only	11.15%	3.96%	N/A	Info Only	8.50%	2.97%	N/A	Info Only	11.31%	3.45%	N/A
<b>Info Only</b>	<b>10.39%</b>	<b>4.09%</b>	<b>N/A</b>	<b>Info Only</b>	<b>12.32%</b>	<b>4.87%</b>	<b>N/A</b>	<b>Info Only</b>	<b>12.50%</b>	<b>4.29%</b>	<b>N/A</b>

Transition out of CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	2.34%	3.25%	N/A	Info Only	2.18%	3.56%	N/A	Info Only	2.36%	3.05%	N/A
Info Only	3.32%	4.97%	N/A	Info Only	1.94%	5.77%	N/A	Info Only	5.13%	8.18%	N/A
Info Only	9.59%	12.58%	N/A	Info Only	6.52%	12.95%	N/A	Info Only	5.95%	7.16%	N/A
Info Only	5.50%	6.22%	N/A	Info Only	5.79%	7.54%	N/A	Info Only	2.37%	5.06%	N/A
<b>Info Only</b>	<b>3.06%</b>	<b>4.14%</b>	<b>N/A</b>	<b>Info Only</b>	<b>4.21%</b>	<b>5.90%</b>	<b>N/A</b>	<b>Info Only</b>	<b>4.16%</b>	<b>5.05%</b>	<b>N/A</b>

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

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

Performance Monitoring Report

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

**Meridian Health Plan of Michigan – MER**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 17 – Jun 17	84%	84.55%	Yes
	Jul 17 – Sep 17	84%	84.93%	Yes
	<b>Oct 17 – Dec 17</b>	<b>84%</b>	<b>84.04%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 17 – Mar 17	9%	12.42%	Yes
	Apr 17 – Jun 17	9%	8.32%	No
	<b>Jul 17 – Sep 17</b>	<b>9%</b>	<b>8.31%</b>	<b>No</b>

Completion of Annual HRA	Jun 16 – Sep 17	Informational Only	8.10%	N/A
	Sep 16 – Dec 17	Informational Only	8.22%	N/A
	<b>Dec 16 – Mar 18</b>	<b>Informational Only</b>	<b>8.17%</b>	<b>N/A</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 17 – Mar 17	50%	55.12%	Yes
	Apr 17 – Jun 17	50%	50.55%	Yes
	<b>Jul 17 – Sep 17</b>	<b>50%</b>	<b>51.28%</b>	<b>Yes</b>

Adults' Access to Ambulatory Health Services	Jul 16 – Jun 17	83%	81.15%	No
	Oct 16 – Sep 17	83%	80.91%	No
	<b>Jan 17 – Dec 17</b>	<b>83%</b>	<b>80.56%</b>	<b>No</b>

Transition into CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	15.87%	4.94%	N/A	Info Only	13.34%	5.18%	N/A	Info Only	19.84%	4.28%	N/A
Info Only	14.52%	4.61%	N/A	Info Only	14.19%	4.26%	N/A	Info Only	14.73%	3.35%	N/A
Info Only	11.23%	3.63%	N/A	Info Only	12.25%	3.51%	N/A	Info Only	10.69%	3.20%	N/A
Info Only	12.82%	3.56%	N/A	Info Only	10.26%	3.08%	N/A	Info Only	11.53%	2.99%	N/A
<b>Info Only</b>	<b>10.74%</b>	<b>3.66%</b>	<b>N/A</b>	<b>Info Only</b>	<b>12.29%</b>	<b>4.45%</b>	<b>N/A</b>	<b>Info Only</b>	<b>12.90%</b>	<b>4.28%</b>	<b>N/A</b>

Transition out of CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	0.94%	3.37%	N/A	Info Only	2.28%	3.03%	N/A	Info Only	1.80%	3.13%	N/A
Info Only	2.19%	4.75%	N/A	Info Only	2.11%	4.59%	N/A	Info Only	0.00%	0.00%	N/A
Info Only	7.72%	11.14%	N/A	Info Only	5.68%	10.61%	N/A	Info Only	5.68%	8.54%	N/A
Info Only	5.02%	8.17%	N/A	Info Only	4.42%	8.63%	N/A	Info Only	3.38%	6.24%	N/A
<b>Info Only</b>	<b>3.15%</b>	<b>4.01%</b>	<b>N/A</b>	<b>Info Only</b>	<b>3.40%</b>	<b>4.56%</b>	<b>N/A</b>	<b>Info Only</b>	<b>3.33%</b>	<b>4.74%</b>	<b>N/A</b>

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

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



Performance Monitoring Report

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

**HAP Midwest Health Plan – MID**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 17 – Jun 17	84%	84.73%	Yes
	Jul 17 – Sep 17	84%	85.13%	Yes
	<b>Oct 17 – Dec 17</b>	<b>84%</b>	<b>85.90%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 17 – Mar 17	9%	N/A	N/A
	Apr 17 – Jun 17	9%	N/A	N/A
	<b>Jul 17 – Sep 17</b>	<b>9%</b>	<b>N/A</b>	<b>N/A</b>

*N/A in the "Plan Result" column indicates that the plan had a numerator less than 5 or a denominator less than 30.*

Completion of Annual HRA	Jun 16 – Sep 17	Informational Only	N/A	N/A
	Sep 16 – Dec 17	Informational Only	23.33%	N/A
	<b>Dec 16 – Mar 18</b>	<b>Informational Only</b>	<b>N/A</b>	<b>N/A</b>

*N/A in the "Plan Result" column indicates that the plan had a numerator less than 5 or a denominator less than 30.*

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 17 – Mar 17	50%	29.46%	No
	Apr 17 – Jun 17	50%	34.65%	No
	<b>Jul 17 – Sep 17</b>	<b>50%</b>	<b>35.44%</b>	<b>No</b>

Adults' Access to Ambulatory Health Services	Jul 16 – Jun 17	83%	53.19%	No
	Oct 16 – Sep 17	83%	54.83%	No
	<b>Jan 17 – Dec 17</b>	<b>83%</b>	<b>56.27%</b>	<b>No</b>

Transition into CFP Status: [May 16 – Jun 17] [Aug 16 – Sep 17] [Nov 16 – Dec 17] [Feb 17 – Dec 18] [May 17 – Jun 18]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	25.00%	3.33%	N/A	Info Only	25.00%	0.00%	N/A	Info Only	0.00%	0.00%	N/A
Info Only	10.00%	4.17%	N/A	Info Only	N/A	2.90%	N/A	Info Only	16.67%	2.99%	N/A
Info Only	18.18%	3.23%	N/A	Info Only	0.00	2.70%	N/A	Info Only	0.00%	1.35%	N/A
Info Only	25.00%	3.85%	N/A	Info Only	50.00%	3.41%	N/A	Info Only	28.57%	3.09%	N/A
<b>Info Only</b>	<b>0.00%</b>	<b>3.53%</b>	<b>N/A</b>	<b>Info Only</b>	<b>16.67%</b>	<b>40.00%</b>	<b>N/A</b>	<b>Info Only</b>	<b>25.00%</b>	<b>28.57%</b>	<b>N/A</b>

Transition out of CFP Status: [May 16 – Jun 17] [Aug 16 – Sep 17] [Nov 16 – Dec 17] [Feb 17 – Dec 18] [May 17 – Jun 18]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	0.00%	0.00%	N/A	Info Only	0.00%	11.11%	N/A	Info Only	0.00%	0.00%	N/A
Info Only	0.00%	0.00%	N/A	Info Only	0.00%	11.11%	N/A	Info Only	5.36%	8.62%	N/A
Info Only	14.29%	12.50%	N/A	Info Only	0.00%	7.14%	N/A	Info Only	0.00%	0.00%	N/A
Info Only	0.00%	11.11%	N/A	Info Only	16.67%	0.00%	N/A	Info Only	28.57%	0.00%	N/A
<b>Info Only</b>	<b>0.00%</b>	<b>11.11%</b>	<b>N/A</b>	<b>Info Only</b>	<b>0.00%</b>	<b>4.17%</b>	<b>N/A</b>	<b>Info Only</b>	<b>12.50%</b>	<b>5.26%</b>	<b>N/A</b>

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

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

Performance Monitoring Report

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

**Molina Healthcare of Michigan – MOL**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 17 – Jun 17	84%	85.83%	Yes
	Jul 17 – Sep 17	84%	85.79%	Yes
	<b>Oct 17 – Dec 17</b>	<b>84%</b>	<b>85.74%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 17 – Mar 17	9%	8.04%	No
	Apr 17 – Jun 17	9%	7.52%	No
	<b>Jul 17 – Sep 17</b>	<b>9%</b>	<b>6.67%</b>	<b>No</b>

Completion of Annual HRA	Jun 16 – Sep 17	Informational Only	21.85%	N/A
	Sep 16 – Dec 17	Informational Only	20.99%	N/A
	<b>Dec 16 – Mar 18</b>	<b>Informational Only</b>	<b>21.19%</b>	<b>N/A</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 17 – Mar 17	50%	50.59%	Yes
	Apr 17 – Jun 17	50%	50.12%	Yes
	<b>Jul 17 – Sep 17</b>	<b>50%</b>	<b>51.95%</b>	<b>Yes</b>

Adults' Access to Ambulatory Health Services	Jul 16 – Jun 17	83%	80.15%	No
	Oct 16 – Sep 17	83%	79.87%	No
	<b>Jan 17 – Dec 17</b>	<b>83%</b>	<b>79.53%</b>	<b>No</b>

Transition into CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	16.04%	4.90%	N/A	Info Only	14.48%	4.99%	N/A	Info Only	20.16%	4.67%	N/A
Info Only	14.35%	4.91%	N/A	Info Only	13.00%	4.10%	N/A	Info Only	13.60%	3.00%	N/A
Info Only	12.21%	3.55%	N/A	Info Only	12.00%	2.89%	N/A	Info Only	10.66%	2.73%	N/A
Info Only	12.65%	3.44%	N/A	Info Only	10.56%	2.84%	N/A	Info Only	11.48%	2.90%	N/A
<b>Info Only</b>	<b>11.79%</b>	<b>3.75%</b>	<b>N/A</b>	<b>Info Only</b>	<b>12.92%</b>	<b>5.15%</b>	<b>N/A</b>	<b>Info Only</b>	<b>13.46%</b>	<b>4.60%</b>	<b>N/A</b>

Transition out of CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	1.20%	2.41%	N/A	Info Only	1.75%	2.66%	N/A	Info Only	1.30%	2.52%	N/A
Info Only	1.67%	2.82%	N/A	Info Only	2.35%	3.47%	N/A	Info Only	7.56%	11.04%	N/A
Info Only	7.06%	9.16%	N/A	Info Only	5.00%	9.34%	N/A	Info Only	4.72%	5.25%	N/A
Info Only	5.00%	5.34%	N/A	Info Only	4.45%	6.51%	N/A	Info Only	3.01%	4.36%	N/A
<b>Info Only</b>	<b>2.95%</b>	<b>4.14%</b>	<b>N/A</b>	<b>Info Only</b>	<b>3.78%</b>	<b>4.43%</b>	<b>N/A</b>	<b>Info Only</b>	<b>2.37%</b>	<b>3.90%</b>	<b>N/A</b>

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

Performance Monitoring Report

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

**Priority Health Choice – PRI**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 17 – Jun 17	84%	84.09%	Yes
	Jul 17 – Sep 17	84%	84.03%	Yes
	<b>Oct 17 – Dec 17</b>	<b>84%</b>	<b>83.32%</b>	<b>No</b>

Timely Completion of HRA	Jan 17 – Mar 17	9%	11.97%	Yes
	Apr 17 – Jun 17	9%	7.54%	No
	<b>Jul 17 – Sep 17</b>	<b>9%</b>	<b>9.52%</b>	<b>Yes</b>

Completion of Annual HRA	Jun 16 – Sep 17	Informational Only	7.89%	N/A
	Sep 16 – Dec 17	Informational Only	8.35%	N/A
	<b>Dec 16 – Mar 18</b>	<b>Informational Only</b>	<b>8.02%</b>	<b>N/A</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 17 – Mar 17	50%	59.94%	Yes
	Apr 17 – Jun 17	50%	56.45%	Yes
	<b>Jul 17 – Sep 17</b>	<b>50%</b>	<b>58.18%</b>	<b>Yes</b>

Adults' Access to Ambulatory Health Services	Jul 16 – Jun 17	83%	82.59%	No
	Oct 16 – Sep 17	83%	82.39%	No
	<b>Jan 17 – Dec 17</b>	<b>83%</b>	<b>82.32%</b>	<b>No</b>

Transition into CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	11.93%	5.24%	N/A	Info Only	15.37%	4.87%	N/A	Info Only	14.40%	4.99%	N/A
Info Only	13.57%	6.90%	N/A	Info Only	13.01%	5.75%	N/A	Info Only	12.42%	4.90%	N/A
Info Only	11.36%	4.29%	N/A	Info Only	10.13%	3.37%	N/A	Info Only	8.18%	3.23%	N/A
Info Only	11.96%	4.14%	N/A	Info Only	9.96%	3.47%	N/A	Info Only	13.77%	3.58%	N/A
<b>Info Only</b>	<b>10.34%</b>	<b>4.69%</b>	<b>N/A</b>	<b>Info Only</b>	<b>13.90%</b>	<b>5.56%</b>	<b>N/A</b>	<b>Info Only</b>	<b>10.74%</b>	<b>4.41%</b>	<b>N/A</b>

Transition out of CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	2.16%	2.53%	N/A	Info Only	2.68%	4.14%	N/A	Info Only	1.37%	3.41%	N/A
Info Only	1.15%	5.61%	N/A	Info Only	1.59%	7.66%	N/A	Info Only	6.79%	5.61%	N/A
Info Only	9.45%	12.48%	N/A	Info Only	8.03%	10.93%	N/A	Info Only	8.98%	10.49%	N/A
Info Only	8.67%	9.89%	N/A	Info Only	8.49%	9.71%	N/A	Info Only	3.88%	7.46%	N/A
<b>Info Only</b>	<b>3.44%</b>	<b>5.07%</b>	<b>N/A</b>	<b>Info Only</b>	<b>2.98%</b>	<b>6.92%</b>	<b>N/A</b>	<b>Info Only</b>	<b>3.36%</b>	<b>3.85%</b>	<b>N/A</b>

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

Performance Monitoring Report

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

**Total Health Care – THC**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 17 – Jun 17	84%	86.01%	Yes
	Jul 17 – Sep 17	84%	86.12%	Yes
	<b>Oct 17 – Dec 17</b>	<b>84%</b>	<b>85.84%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 17 – Mar 17	9%	6.43%	No
	Apr 17 – Jun 17	9%	6.46%	No
	<b>Jul 17 – Sep 17</b>	<b>9%</b>	<b>6.36%</b>	<b>No</b>

Completion of Annual HRA	Jun 16 – Sep 17	Informational Only	8.86%	N/A
	Sep 16 – Dec 17	Informational Only	8.56%	N/A
	<b>Dec 16 – Mar 18</b>	<b>Informational Only</b>	<b>9.22%</b>	<b>N/A</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 17 – Mar 17	50%	47.10%	No
	Apr 17 – Jun 17	50%	44.55%	No
	<b>Jul 17 – Sep 17</b>	<b>50%</b>	<b>42.84%</b>	<b>No</b>

Adults' Access to Ambulatory Health Services	Jul 16 – Jun 17	83%	76.45%	No
	Oct 16 – Sep 17	83%	76.41%	No
	<b>Jan 17 – Dec 17</b>	<b>83%</b>	<b>76.57%</b>	<b>No</b>

Transition into CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [May 17 – Jun 18]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	12.50%	3.80%	N/A	Info Only	19.70%	3.73%	N/A	Info Only	19.46%	3.02%	N/A
Info Only	16.92%	3.43%	N/A	Info Only	9.76%	3.55%	N/A	Info Only	15.11%	2.85%	N/A
Info Only	12.50%	2.87%	N/A	Info Only	11.76%	2.37%	N/A	Info Only	12.23%	2.37%	N/A
Info Only	14.48%	3.20%	N/A	Info Only	5.00%	2.20%	N/A	Info Only	16.85%	2.99%	N/A
<b>Info Only</b>	<b>9.09%</b>	<b>3.59%</b>	<b>N/A</b>	<b>Info Only</b>	<b>15.00%</b>	<b>4.39%</b>	<b>N/A</b>	<b>Info Only</b>	<b>15.61%</b>	<b>4.44%</b>	<b>N/A</b>

Transition out of CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [May 17 – Jun 18]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	0.00%	2.60%	N/A	Info Only	1.71%	3.30%	N/A	Info Only	2.42%	2.71%	N/A
Info Only	2.10%	1.68%	N/A	Info Only	3.33%	3.13%	N/A	Info Only	7.79%	7.62%	N/A
Info Only	6.06%	12.24%	N/A	Info Only	3.03%	7.84%	N/A	Info Only	10.37%	5.66%	N/A
Info Only	5.26%	6.57%	N/A	Info Only	3.15%	4.92%	N/A	Info Only	1.26%	4.30%	N/A
<b>Info Only</b>	<b>4.41%</b>	<b>3.66%</b>	<b>N/A</b>	<b>Info Only</b>	<b>3.07%</b>	<b>4.24%</b>	<b>N/A</b>	<b>Info Only</b>	<b>2.09%</b>	<b>4.43%</b>	<b>N/A</b>

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

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

Performance Monitoring Report

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

**UnitedHealthcare Community Plan – UNI**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 17 – Jun 17	84%	86.38%	Yes
	Jul 17 – Sep 17	84%	86.52%	Yes
	<b>Oct 17 – Dec 17</b>	<b>84%</b>	<b>86.28%</b>	<b>Yes</b>

Timely Completion of HRA	Jan 17 – Mar 17	9%	17.94%	Yes
	Apr 17 – Jun 17	9%	15.56%	Yes
	<b>Jul 17 – Sep 17</b>	<b>9%</b>	<b>15.36%</b>	<b>Yes</b>

Completion of Annual HRA	Jun 16 – Sep 17	Informational Only	7.43%	N/A
	Sep 16 – Dec 17	Informational Only	9.38%	N/A
	<b>Dec 16 – Mar 18</b>	<b>Informational Only</b>	<b>8.95%</b>	<b>N/A</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 17 – Mar 17	50%	53.75%	Yes
	Apr 17 – Jun 17	50%	53.67%	Yes
	<b>Jul 17 – Sep 17</b>	<b>50%</b>	<b>54.49%</b>	<b>Yes</b>

Adults' Access to Ambulatory Health Services	Jul 16 – Jun 17	83%	80.94%	No
	Oct 16 – Sep 17	83%	80.87%	No
	<b>Jan 17 – Dec 17</b>	<b>83%</b>	<b>80.53%</b>	<b>No</b>

Transition into CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	13.25%	4.07%	N/A	Info Only	13.74%	3.83%	N/A	Info Only	17.84%	4.15%	N/A
Info Only	13.59%	4.44%	N/A	Info Only	12.04%	3.88%	N/A	Info Only	13.46%	4.93%	N/A
Info Only	14.35%	5.37%	N/A	Info Only	14.70%	4.98%	N/A	Info Only	10.85%	3.18%	N/A
Info Only	12.29%	4.09%	N/A	Info Only	10.38%	2.99%	N/A	Info Only	9.21%	3.08%	N/A
<b>Info Only</b>	<b>11.17%</b>	<b>3.91%</b>	<b>N/A</b>	<b>Info Only</b>	<b>14.65%</b>	<b>4.97%</b>	<b>N/A</b>	<b>Info Only</b>	<b>12.25%</b>	<b>4.69%</b>	<b>N/A</b>

Transition out of CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	1.33%	3.05%	N/A	Info Only	1.83%	3.95%	N/A	Info Only	2.75%	3.61%	N/A
Info Only	3.14%	5.19%	N/A	Info Only	2.70%	5.62%	N/A	Info Only	7.66%	12.39%	N/A
Info Only	7.18%	12.86%	N/A	Info Only	7.09%	9.13%	N/A	Info Only	5.08%	7.77%	N/A
Info Only	4.44%	6.37%	N/A	Info Only	4.48%	7.74%	N/A	Info Only	3.80%	5.72%	N/A
<b>Info Only</b>	<b>2.52%</b>	<b>5.53%</b>	<b>N/A</b>	<b>Info Only</b>	<b>3.86%</b>	<b>5.65%</b>	<b>N/A</b>	<b>Info Only</b>	<b>3.10%</b>	<b>5.12%</b>	<b>N/A</b>

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

Performance Monitoring Report

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

**Upper Peninsula Health Plan – UPP**

**HEALTHY MICHIGAN PLAN:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 17 – Jun 17	84%	83.22%	No
	Jul 17 – Sep 17	84%	83.30%	No
	<b>Oct 17 – Dec 17</b>	<b>84%</b>	<b>83.61%</b>	<b>No</b>

Timely Completion of HRA	Jan 17 – Mar 17	9%	8.41%	No
	Apr 17 – Jun 17	9%	10.23%	Yes
	<b>Jul 17 – Sep 17</b>	<b>9%</b>	<b>7.22%</b>	<b>No</b>

Completion of Annual HRA	Jun 16 – Sep 17	Informational Only	4.02%	N/A
	Sep 16 – Dec 17	Informational Only	4.94%	N/A
	<b>Dec 16 – Mar 18</b>	<b>Informational Only</b>	<b>4.26%</b>	<b>N/A</b>

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 17 – Mar 17	50%	55.06%	Yes
	Apr 17 – Jun 17	50%	58.01%	Yes
	<b>Jul 17 – Sep 17</b>	<b>50%</b>	<b>54.03%</b>	<b>Yes</b>

Adults' Access to Ambulatory Health Services	Jul 16 – Jun 17	83%	82.94%	No
	Oct 16 – Sep 17	83%	82.57%	No
	<b>Jan 17 – Dec 17</b>	<b>83%</b>	<b>82.56%</b>	<b>No</b>

Transition into CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	10.00%	6.90%	N/A	Info Only	13.95%	6.75%	N/A	Info Only	9.55%	5.92%	N/A
Info Only	11.70%	5.00%	N/A	Info Only	10.21%	4.41%	N/A	Info Only	9.15%	3.95%	N/A
Info Only	5.45%	3.41%	N/A	Info Only	7.48%	4.52%	N/A	Info Only	8.57%	2.62%	N/A
Info Only	9.02%	3.30%	N/A	Info Only	7.06%	2.72%	N/A	Info Only	10.50%	0.00%	N/A
<b>Info Only</b>	<b>9.44%</b>	<b>3.85%</b>	<b>N/A</b>	<b>Info Only</b>	<b>10.81%</b>	<b>6.36%</b>	<b>N/A</b>	<b>Info Only</b>	<b>8.65%</b>	<b>5.45%</b>	<b>N/A</b>

Transition out of CFP Status: [May 16 – Jun 17] [ Aug 16 – Sep 17] [ Nov 16 – Dec 17] [Feb 17 – Dec 18] [ <b>May 17 – Jun 18</b> ]											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
Info Only	1.09%	2.25%	N/A	Info Only	4.32%	2.83%	N/A	Info Only	1.79%	3.74%	N/A
Info Only	2.28%	4.69%	N/A	Info Only	3.14%	5.21%	N/A	Info Only	2.70%	7.03%	N/A
Info Only	10.22%	12.30%	N/A	Info Only	7.38%	13.70%	N/A	Info Only	6.48%	9.79%	N/A
Info Only	6.13%	7.29%	N/A	Info Only	6.34%	100.00%	N/A	Info Only	8.40%	0.00%	N/A
<b>Info Only</b>	<b>2.99%</b>	<b>4.65%</b>	<b>N/A</b>	<b>Info Only</b>	<b>5.25%</b>	<b>5.67%</b>	<b>N/A</b>	<b>Info Only</b>	<b>5.28%</b>	<b>7.31%</b>	<b>N/A</b>

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

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

Medical Services Administration  
Bureau of Medicaid Care Management and Quality Assurance

***PERFORMANCE MONITORING REPORT***

***HEALTHY MICHIGAN PLAN – DENTAL MEASURES***

**Composite – All Plans**



**July 2018**

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

**Table of Contents**

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

**Healthy Michigan Plan Dental Measures**

Diagnostic Dental Services .....6  
Preventive Dental Services .....7  
Restorative (Dental Fillings) Dental Services .....8

**Appendixes**

Appendix A: Three Letter Medicaid Health Plan Codes .....9  
Appendix B: One-Year Plan-Specific Analysis.....10

**Figures**

Figure 1: Healthy Michigan Plan Enrollment, July 2017 – June 2018.....4  
Figure 2: Healthy Michigan Plan Enrollment by Medicaid Health Plan, June 2018.....4  
Figure 3: Diagnostic Dental Services .....6  
Figure 4: Preventive Dental Services.....7  
Figure 5: Restorative (Dental Fillings) Dental Services .....8

**Tables**

Table 1: Fiscal Year 2018.....3  
Table 2: Diagnostic Dental Services Comparison .....6  
Table 3: Preventive Dental Services Comparison .....7  
Table 4: Restorative (Dental Fillings) Dental Services Comparison.....8



## Performance Monitoring Report

### Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State’s Medicaid Health Plans (MHPs) through three (3) key performance measures aimed at improving the quality and efficiency of dental services provided to the Michigan residents enrolled in the Healthy Michigan Plan. The following HMP-Dental measures will be included in this report:

Healthy Michigan Plan		
<i>Diagnostic Dental Services</i>	<i>Preventive Dental Services</i>	<i>Restorative (Dental Fillings) Dental Services</i>

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

The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2018 unless otherwise noted.

**Table 1: Fiscal Year 2018<sup>1</sup>**

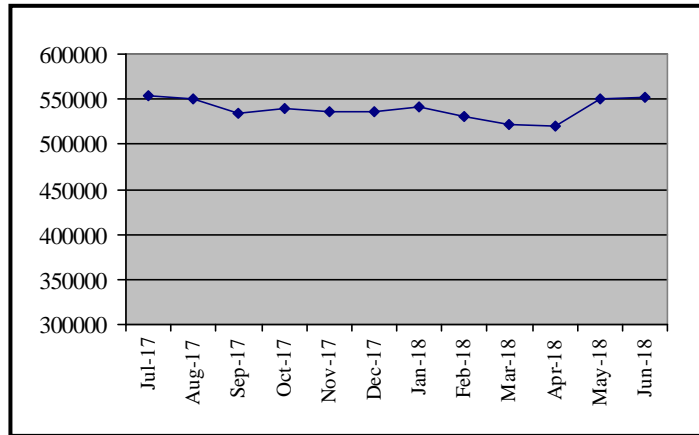
Quarterly Reported Measures	Reported in 1 <sup>st</sup> Quarter	Reported in 2 <sup>nd</sup> Quarter	Reported in 3 <sup>rd</sup> Quarter	Reported in 4 <sup>th</sup> Quarter
Diagnostic Dental Services	N/A	N/A	N/A	
Preventive Dental Services	N/A	N/A	N/A	
Restorative (Dental Fillings) Dental Services	N/A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

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

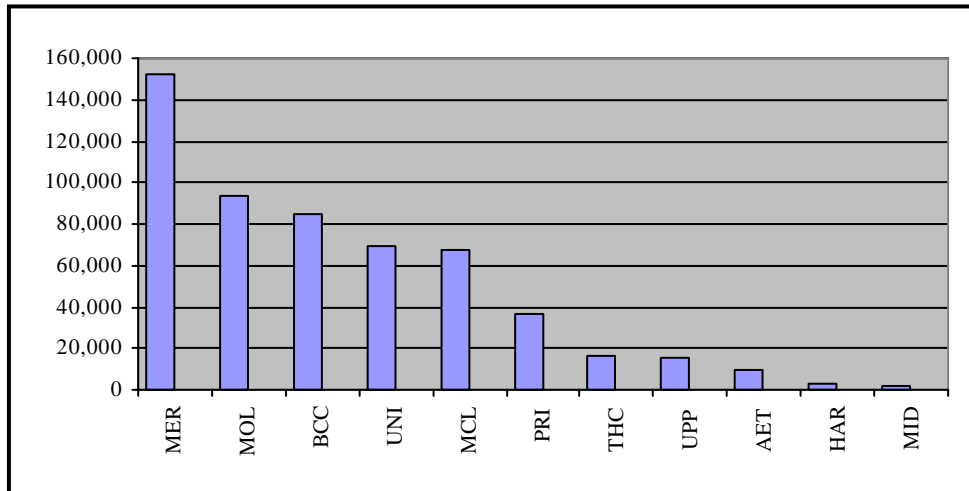
## Healthy Michigan Plan Enrollment

The Healthy Michigan Plan (HMP-MC) enrollment has remained somewhat steady over the past year. In June 2018, enrollment was 551,406, down 1,946 enrollees (0.35%) from July 2017. An increase of 1,553 enrollees (0.28%) was realized between May 2018 and June 2018.

**Figure 1: HMP-MC Enrollment, July 2017 – June 2018**



**Figure 2: HMP-MC Enrollment by Medicaid Health Plan, June 2018**



## **Medicaid Health Plan News**

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

## **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.

**Diagnostic Dental Services**

**Measure**

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

**Standard**

N/A – Informational Only

**Measurement Period**

January 2017 –December 2017

**Data Source**

MDHHS Data Warehouse

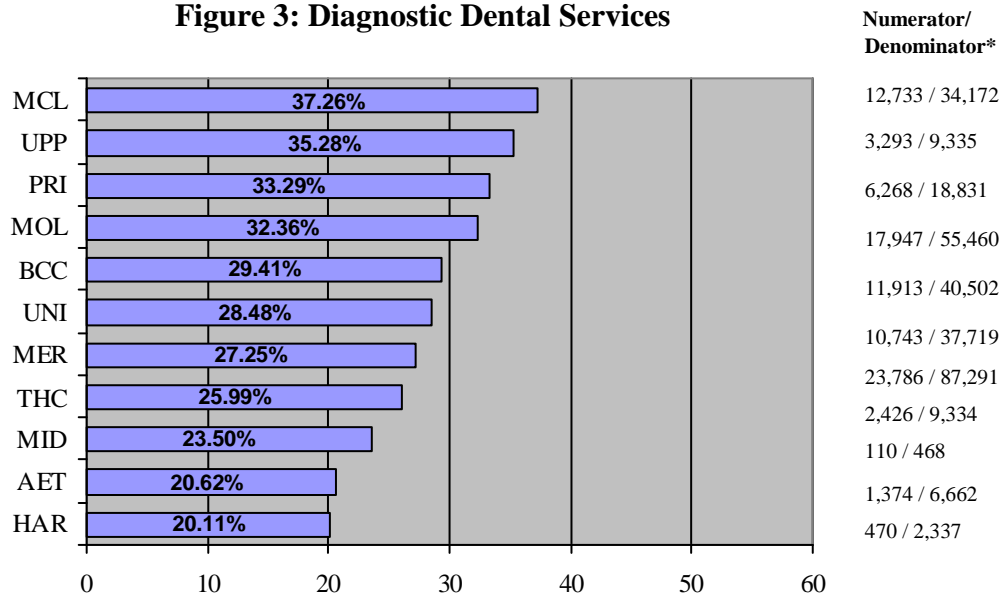
**Measurement Frequency**

Quarterly

**Table 2: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	1,057	10,538	10.03%
HMP Managed Care (MC) Only	94,332	309,836	30.45%

**Figure 3: Diagnostic Dental Services**



Diagnostic Dental Services Percentages

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

**Preventive Dental Services**

**Measure**

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

**Standard**

N/A – Informational Only

**Measurement Period**

January 2017 –December 2017

**Data Source**

MDHHS Data Warehouse

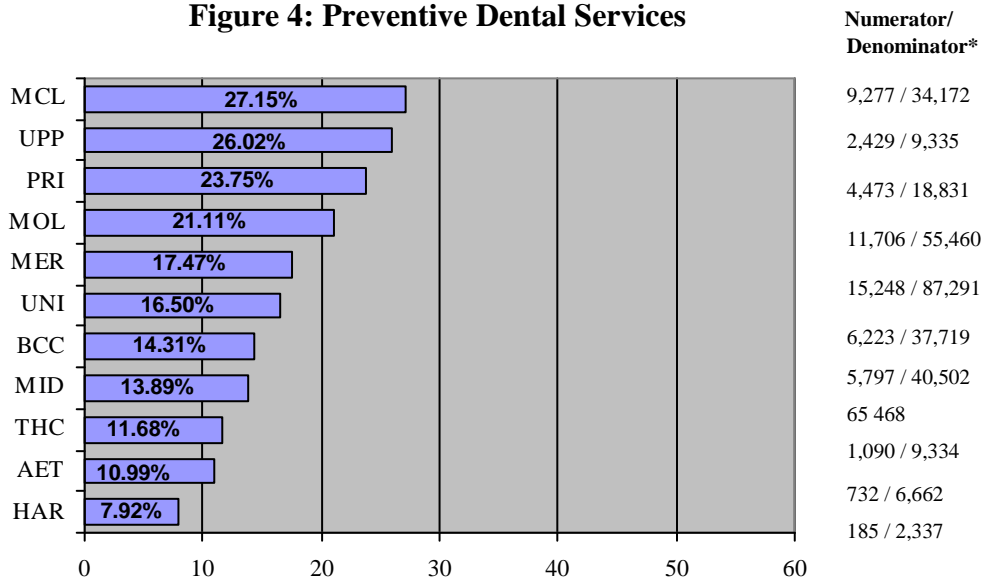
**Measurement Frequency**

Quarterly

**Table 3: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	542	10,538	5.14%
HMP Managed Care (MC) Only	59,249	309,836	19.12%

**Figure 4: Preventive Dental Services**



Preventive Dental Services Percentages

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

**Restorative (Dental Fillings) Services**

**Measure**

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

**Standard**

N/A – Informational Only

**Measurement Period**

January 2017 –December 2017

**Data Source**

MDHHS Data Warehouse

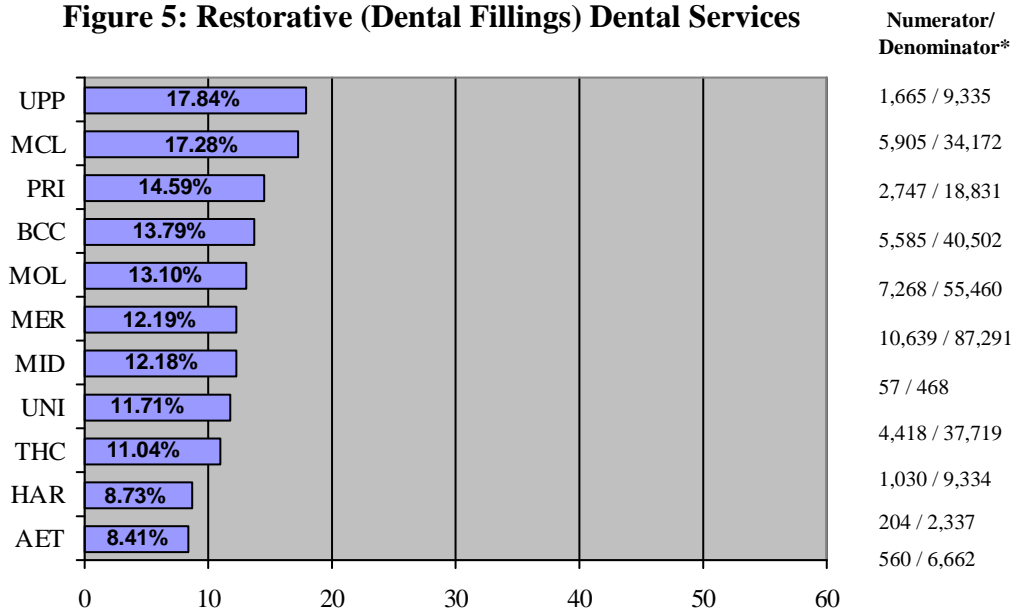
**Measurement Frequency**

Quarterly

**Table 4: Comparison across Medicaid Programs**

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	444	10,538	4.21%
HMP Managed Care (MC) Only	41,588	309,836	13.42%

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



Restorative (Dental Fillings) Dental Services Percentages

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

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

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

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

Performance Monitoring Report

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

**Aetna Better Health of Michigan – AET**

**HEALTHY MICHIGAN PLAN – DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Apr 16 – Mar 17	Informational Only	19.14%	N/A
	Jul 16 – June 17	Informational Only	18.47%	N/A
	Oct 16 – Sep 17	Informational Only	18.16%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>20.62%</b>	<b>N/A</b>

Preventive Dental Services	Apr 16 – Mar 17	Informational Only	19.45%	N/A
	Jul 16 – June 17	Informational Only	9.13%	N/A
	Oct 16 – Sep 17	Informational Only	9.62%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>10.99%</b>	<b>N/A</b>

Restorative (Dental Fillings) Dental Services	Apr 16 – Mar 17	Informational Only	7.61%	N/A
	Jul 16 – June 17	Informational Only	7.38%	N/A
	Oct 16 – Sep 17	Informational Only	7.62%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>8.41%</b>	<b>N/A</b>

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



Performance Monitoring Report

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

**Blue Cross Complete – BCC**

**HEALTHY MICHIGAN PLAN – DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Apr 16 – Mar 17	Informational Only	30.47%	N/A
	Jul 16 – June 17	Informational Only	29.69%	N/A
	Oct 16 – Sep 17	Informational Only	29.51%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>29.41%</b>	<b>N/A</b>

Preventive Dental Services	Apr 16 – Mar 17	Informational Only	30.97%	N/A
	Jul 16 – June 17	Informational Only	13.80%	N/A
	Oct 16 – Sep 17	Informational Only	14.15%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>14.31%</b>	<b>N/A</b>

Restorative (Dental Fillings) Dental Services	Apr 16 – Mar 17	Informational Only	14.76%	N/A
	Jul 16 – June 17	Informational Only	14.35%	N/A
	Oct 16 – Sep 17	Informational Only	13.76%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>13.79%</b>	<b>N/A</b>

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

Performance Monitoring Report

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

**Harbor Health Plan – HAR**

**HEALTHY MICHIGAN PLAN – DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Apr 16 – Mar 17	Informational Only	19.50%	N/A
	Jul 16 – June 17	Informational Only	21.64%	N/A
	Oct 16 – Sep 17	Informational Only	22.06%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>20.11%</b>	<b>N/A</b>

Preventive Dental Services	Apr 16 – Mar 17	Informational Only	19.96%	N/A
	Jul 16 – June 17	Informational Only	8.02%	N/A
	Oct 16 – Sep 17	Informational Only	8.02%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>7.92%</b>	<b>N/A</b>

Restorative (Dental Fillings) Dental Services	Apr 16 – Mar 17	Informational Only	7.03%	N/A
	Jul 16 – June 17	Informational Only	8.29%	N/A
	Oct 16 – Sep 17	Informational Only	9.22%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>8.73%</b>	<b>N/A</b>

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

Performance Monitoring Report

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

**McLaren Health Plan – MCL**

**HEALTHY MICHIGAN PLAN – DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Apr 16 – Mar 17	Informational Only	40.09%	N/A
	Jul 16 – June 17	Informational Only	38.99%	N/A
	Oct 16 – Sep 17	Informational Only	38.42%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>37.26%</b>	<b>N/A</b>

Preventive Dental Services	Apr 16 – Mar 17	Informational Only	40.82%	N/A
	Jul 16 – June 17	Informational Only	28..27%	N/A
	Oct 16 – Sep 17	Informational Only	27.97%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>27.15%</b>	<b>N/A</b>

Restorative (Dental Fillings) Dental Services	Apr 16 – Mar 17	Informational Only	19.46%	N/A
	Jul 16 – June 17	Informational Only	18.84%	N/A
	Oct 16 – Sep 17	Informational Only	18.38%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>17.28%</b>	<b>N/A</b>

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

Performance Monitoring Report

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

**Meridian Health Plan of Michigan – MER**

**HEALTHY MICHIGAN PLAN – DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Apr 16 – Mar 17	Informational Only	34.65%	N/A
	Jul 16 – June 17	Informational Only	31.29%	N/A
	Oct 16 – Sep 17	Informational Only	28.24%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>27.25%</b>	<b>N/A</b>

Preventive Dental Services	Apr 16 – Mar 17	Informational Only	35.71%	N/A
	Jul 16 – June 17	Informational Only	20.41%	N/A
	Oct 16 – Sep 17	Informational Only	18.17%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>17.47%</b>	<b>N/A</b>

Restorative (Dental Fillings) Dental Services	Apr 16 – Mar 17	Informational Only	15.99%	N/A
	Jul 16 – June 17	Informational Only	14.20%	N/A
	Oct 16 – Sep 17	Informational Only	12.85%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>12.19%</b>	<b>N/A</b>

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

Performance Monitoring Report

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

**HAP Midwest Health Plan – MID**

**HEALTHY MICHIGAN PLAN – DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Apr 16 – Mar 17	Informational Only	26.38%	N/A
	Jul 16 – June 17	Informational Only	24.62%	N/A
	Oct 16 – Sep 17	Informational Only	22.73%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>23.50%</b>	<b>N/A</b>

Preventive Dental Services	Apr 16 – Mar 17	Informational Only	26.38%	N/A
	Jul 16 – June 17	Informational Only	15.23%	N/A
	Oct 16 – Sep 17	Informational Only	14.32%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>13.89%</b>	<b>N/A</b>

Restorative (Dental Fillings) Dental Services	Apr 16 – Mar 17	Informational Only	12.88%	N/A
	Jul 16 – June 17	Informational Only	12.44%	N/A
	Oct 16 – Sep 17	Informational Only	11.14%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>12.18%</b>	<b>N/A</b>

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

Performance Monitoring Report

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

**Molina Healthcare of Michigan – MOL**

**HEALTHY MICHIGAN PLAN – DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Apr 16 – Mar 17	Informational Only	38.01%	N/A
	Jul 16 – June 17	Informational Only	37.26%	N/A
	Oct 16 – Sep 17	Informational Only	34.80%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>32.36%</b>	<b>N/A</b>

Preventive Dental Services	Apr 16 – Mar 17	Informational Only	38.59%	N/A
	Jul 16 – June 17	Informational Only	25.12%	N/A
	Oct 16 – Sep 17	Informational Only	23.24%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>21.11%</b>	<b>N/A</b>

Restorative (Dental Fillings) Dental Services	Apr 16 – Mar 17	Informational Only	17.57%	N/A
	Jul 16 – June 17	Informational Only	17.15%	N/A
	Oct 16 – Sep 17	Informational Only	15.05%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>13.10%</b>	<b>N/A</b>

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

Performance Monitoring Report

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

**Priority Health Choice – PRI**

**HEALTHY MICHIGAN PLAN – DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Apr 16 – Mar 17	Informational Only	36.31%	N/A
	Jul 16 – June 17	Informational Only	36.02%	N/A
	Oct 16 – Sep 17	Informational Only	35.50%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>33.29%</b>	<b>N/A</b>

Preventive Dental Services	Apr 16 – Mar 17	Informational Only	37.57%	N/A
	Jul 16 – June 17	Informational Only	25.78%	N/A
	Oct 16 – Sep 17	Informational Only	25.04%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>23.75%</b>	<b>N/A</b>

Restorative (Dental Fillings) Dental Services	Apr 16 – Mar 17	Informational Only	17.37%	N/A
	Jul 16 – June 17	Informational Only	16.86%	N/A
	Oct 16 – Sep 17	Informational Only	16.03%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>14.59%</b>	<b>N/A</b>

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

Performance Monitoring Report

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

**Total Health Care – THC**

**HEALTHY MICHIGAN PLAN – DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Apr 16 – Mar 17	Informational Only	24.91%	N/A
	Jul 16 – June 17	Informational Only	26.36%	N/A
	Oct 16 – Sep 17	Informational Only	26.36%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>25.99%</b>	<b>N/A</b>

Preventive Dental Services	Apr 16 – Mar 17	Informational Only	25.33%	N/A
	Jul 16 – June 17	Informational Only	11.83%	N/A
	Oct 16 – Sep 17	Informational Only	11.73%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>11.68%</b>	<b>N/A</b>

Restorative (Dental Fillings) Dental Services	Apr 16 – Mar 17	Informational Only	11.09%	N/A
	Jul 16 – June 17	Informational Only	11.60%	N/A
	Oct 16 – Sep 17	Informational Only	11.04%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>11.04%</b>	<b>N/A</b>

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



Performance Monitoring Report

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

**UnitedHealthcare Community Plan – UNI**

**HEALTHY MICHIGAN PLAN – DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Apr 16 – Mar 17	Informational Only	28.29%	N/A
	Jul 16 – June 17	Informational Only	28.12%	N/A
	Oct 16 – Sep 17	Informational Only	28.54%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>28.48%</b>	<b>N/A</b>

Preventive Dental Services	Apr 16 – Mar 17	Informational Only	28.54%	N/A
	Jul 16 – June 17	Informational Only	16.12%	N/A
	Oct 16 – Sep 17	Informational Only	16.56%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>16.50%</b>	<b>N/A</b>

Restorative (Dental Fillings) Dental Services	Apr 16 – Mar 17	Informational Only	12.13%	N/A
	Jul 16 – June 17	Informational Only	11.77%	N/A
	Oct 16 – Sep 17	Informational Only	11.92%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>11.71%</b>	<b>N/A</b>

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

Performance Monitoring Report

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

**Upper Peninsula Health Plan – UPP**

**HEALTHY MICHIGAN PLAN – DENTAL MEASURES:**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Apr 16 – Mar 17	Informational Only	34.08%	N/A
	Jul 16 – June 17	Informational Only	34.62%	N/A
	Oct 16 – Sep 17	Informational Only	34.79%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>35.28%</b>	<b>N/A</b>

Preventive Dental Services	Apr 16 – Mar 17	Informational Only	34.67%	N/A
	Jul 16 – June 17	Informational Only	25.57%	N/A
	Oct 16 – Sep 17	Informational Only	25.91%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>26.02%</b>	<b>N/A</b>

Restorative (Dental Fillings) Dental Services	Apr 16 – Mar 17	Informational Only	17.45%	N/A
	Jul 16 – June 17	Informational Only	17.51%	N/A
	Oct 16 – Sep 17	Informational Only	17.63%	N/A
	<b>Jan 17 – Dec 17</b>	<b>Informational Only</b>	<b>17.84%</b>	<b>N/A</b>

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