



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

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DIRECTOR

February 8, 2016

Megan S. Lepore, Project Officer
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

Dear Ms. Lepore,

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

Enclosed is the quarterly report for Healthy Michigan Plan. It covers the fourth quarter of federal fiscal year 2015. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

Should you have any questions related to the information contained in this report, please contact Jacqueline Coleman. She may be reached by phone at (517) 241-7172, or by e-mail at colemanj@michigan.gov.

Sincerely,

A black rectangular redaction box covering the signature of Penny Rutledge.

Penny Rutledge, Director
Actuarial Division

cc: Ruth Hughes
Angela Garner

Enclosure (5)

Michigan Adult Coverage Demonstration
Section 1115 Quarterly Report

Demonstration Year: 6 (01/01/2015 – 12/31/2015)
Federal Fiscal Quarter: 4 (07/01/2015 – 09/30/2015)

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Introduction

In January 2004, the “Adult Benefits Waiver” (ABW) was approved and implemented as a Title XXI funded Section 1115 demonstration. The ABW provided a limited ambulatory benefit package to previously uninsured, low-income non-pregnant childless adults ages 19 through 64 years with incomes at or below 35 percent of the Federal poverty level (FPL) who are not eligible for Medicaid.

In December 2009, Michigan was granted approval by the Centers for Medicare and Medicaid Services (CMS) for a new Medicaid Section 1115 demonstration, entitled “Michigan Medicaid Nonpregnant Childless Adults Waiver (Adult Benefits Waiver),” to allow the continuation of the ABW health coverage program after December 31, 2009 through the use of Title XIX funds. The new ABW demonstration allowed Michigan to continue offering the ABW coverage program through September 30, 2014, under terms and conditions similar to those provided in the original Title XXI demonstration.

In December 2013, CMS approved Michigan’s request to amend the Medicaid demonstration, entitled “Healthy Michigan Plan Section 1115 Demonstration (Project No. 11-W-00245/5),” formerly known as the Medicaid Nonpregnant Childless Adults Waiver [Adult Benefits Waiver (ABW)]. On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the FPL. To accompany this expansion, the Michigan ABW was amended and transformed to establish the Healthy Michigan Plan, through which the Michigan Department of Health & Human Services (MDHHS) will test innovative approaches to beneficiary cost sharing and financial responsibility for health care for the new adult eligibility group. Healthy Michigan Plan provides a full health care benefit package as required under the Affordable Care Act including all of the Essential Health Benefits as required by Federal law and regulation. There will not be any limits on the number of individuals who can enroll. Beneficiaries who received coverage under the ABW program transitioned to the Healthy Michigan Plan on April 1, 2014.

The new adult population with incomes above 100 percent of the FPL will be 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 will be subject to copayments consistent with federal regulations. In October 2014, the MI Health Account was established for individuals enrolled in managed care plans to track beneficiaries’ cost-sharing and service utilization. Healthy Michigan Plan beneficiaries receive quarterly statements that summarize the MI Health Account activity. Beneficiaries also have opportunities to reduce their cost-sharing amounts by agreeing to address or maintain certain Healthy Behaviors.

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

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

- Increasing access to quality health care;

- Encouraging the utilization of high-value services; and
- Promoting beneficiary adoption of healthy behaviors and using evidence-based practice initiatives.

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

MDHHS's goals in amending the demonstration are to:

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

Enrollment and Benefits Information

Enrollment into the Healthy Michigan Plan, beginning April 1, 2014, happened two ways. First, beneficiaries who were enrolled in the ABW were automatically transitioned into the Healthy Michigan Plan effective April 1, 2014. Second, MDHHS enrolled new beneficiaries into the program beginning April 1, 2014. Potential enrollees can apply for the program three ways. They can apply via the MDHHS website, call a toll-free number or visit their local MDHHS office. At this time, MDHHS does not anticipate any changes in the population served or the benefits offered. Program enrollment and disenrollment during this quarter has been similar to that of previous quarters. Michigan continues to see evidence of the high demand for services offered.

July 2015	August 2015	September 2015	Total
27,914	27,507	23,540	78,961

July 2015	August 2015	September 2015	Total
31,904	28,558	32,611	93,073

Most Healthy Michigan Plan beneficiaries elect to choose a health plan as opposed to automatic assignment to a health plan. As of September 16, 2015, 350,448 or, 75 percent, of the State's 468,777 Healthy Michigan Plan health plan enrollees selected a health plan. The remaining managed care enrolled beneficiaries were automatically assigned to a health plan. All Medicaid Health Plan members have an opportunity to change their plan within 90 days of enrollment into the plan. During this quarter, 9,279 of all Healthy Michigan Plan health plan enrollees changed health plans. This quarter, 3,608, or 39 percent, of beneficiaries that changed plans were previously automatically assigned to a health plan. The remaining beneficiaries were those that changed plans after selecting a health plan.

Healthy Michigan Plan members have the opportunity to reduce cost-sharing requirements through the completion of Health Risk Assessments and engaging in healthy behaviors. MDHHS has developed a standard Health Risk Assessment form to be completed annually. Health Risk Assessment forms and reports are located on the [MDHHS website](#). New members are informed that an annual preventative visit is a covered benefit of the Healthy Michigan Plan. The Health Risk Assessment document is intended to be completed in two parts. The member typically completes the first sections of the form with the assistance of the Healthy Michigan Plan enrollment broker. Members that are automatically assigned to a health plan are not surveyed. The remainder of the form is completed at the initial primary care visit. This quarter, MDHHS completed its third member incentive check with the Medicaid Health Plans. MDHHS sends a sample of members eligible for incentives as a result of Healthy Behavior program participation to verify that members have received their incentive.

The initial assessment questions section of the Health Risk Assessments completed through the MDHHS enrollment broker had a completion rate of 96 percent this quarter. MDHHS is encouraged by the high level of participation by beneficiaries at the initial point of contact.

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

Month	Number of Completed HRAs	Percent of Total	Number of Refused HRAs	Percent of Total	Total Enrollment Calls
July 2015	7,760	95.4%	378	4.6%	8,138
August 2015	7,821	95.0%	417	5.0%	8,238
September 2015	7,167	94.8%	397	5.2%	7,564
Total	22,748	95.0%	1,192	5.0%	23,940

Completion of the remaining Health Risk Assessment sections (beyond those completed through the State's enrollment broker) requires beneficiaries to schedule an annual appointment, select a Healthy Behavior, and have member results completed by their primary

care provider. The primary care provider then securely sends the completed Health Risk Assessment to the appropriate Medicaid Health Plan. This quarter, 14,795 Health Risk Assessments for Healthy Michigan Plan beneficiaries participating in the healthy behaviors incentive program were submitted by Medicaid Health Plans. Of these, health plans have reported that 11,699 of the earned incentives are gift card incentives. Additionally, 2,989 reductions in future contribution requirements have been earned. Reductions earned were first applied to the MI Health Account Statements in November 2014. In this quarter, 6,577 reductions were applied. The remaining contribution reductions earned will be applied when those beneficiaries receive their first quarterly statement. The details of Health Risk Assessment completion can be found in the enclosed September 2015 Health Risk Assessment Report.

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

Table 4: Health Risk Assessment Health Plan Data				
	July 2015	August 2015	September 2015	Total
Health Risk Assessments Submitted	5,381	6,898	2,516	14,795
Gift Cards Earned	4,301	5,439	1,959	11,699
Reductions Earned	1,033	1,409	547	2,989
Reductions Applied	2,160	1,701	2,716	6,577

Enrollment Counts for Quarter and Year to Date

Enrollment counts below are for unique members for identified time periods. The unique enrollee count will differ from the September 2015 count from the Beneficiary Month Reporting section as a result of disenrollment that occurred during the quarter. Disenrollment can occur for a variety of reasons including change in eligibility status, such as an increase in income, or as part of a redetermination cycle, for example.

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

Table 5: Enrollment Counts for Quarter and Year to Date			
Demonstration Population	Total Number of Demonstration Beneficiaries Quarter Ending – 09/2015	Current Enrollees (year to date)	Disenrolled in Current Quarter
ABW Childless Adults	N/A	N/A	N/A
Healthy Michigan Adults	665,172	797,273	93,073

Outreach/Innovation Activities to Assure Access

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

MDHHS has worked closely with provider groups through meetings, Medicaid provider policy bulletins, and various interactions with community partners and provider trade associations. MDHHS continues to provide progress reports to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings. These meetings provide an opportunity for attendees to provide program comments or suggestions. The August 2015 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. MDHHS Encounter Data staff effectively collaborated with MI Health Account vendor to initiate the garnishment process this quarter. Staff will continue to work with the MI Health Account vendor to ensure data quality and accuracy.

Operational/Policy/Systems/Fiscal Developmental Issues

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

MDHHS issued a letter this quarter to providers and beneficiaries regarding the problem of some beneficiaries not receiving timely Medicaid coverage due to an unanticipated systems issue. The following Health Michigan Plan specific eligibility groups impacted include:

- Healthy Michigan Plan-eligible Parents/Caretaker Relatives who did not list their child(ren) on their application from April 2014 through December 2014.
- Healthy Michigan Plan beneficiaries who requested up to three months retroactive eligibility going back to April 2014 through October 2014.

MDHHS has resolved this systems issue by reprocessing affected groups and issuing beneficiary notifications. Notifications include the applicable timeframe eligibility was affected. Members with unpaid medical bills from applicable dates of service have been instructed to contact their provider and request they rebill Medicaid for the services. Members with paid medical bills from applicable dates of service have been instructed to seek reimbursement from their providers. MDHHS has informed providers of the system issue, the notice to beneficiaries and how to bill applicable claims. The referenced letter can be accessed through the link to Provider Letter 15-48 in Table 7 below.

The following Healthy Michigan Plan policies were issued by the State during the quarter covered by this report:

Table 6: Medicaid Policy Bulletins with Healthy Michigan Plan Impact		
Issue Date	Subject	Link
07/01/2015	Medicaid Ambulance Policy Revisions	MSA 15-24
07/01/2015	Revisions to Blood Glucose Testing Supplies Policy	MSA 15-25
07/01/2015	State Psychiatric Hospital Reimbursement Modification	MSA 15-26
07/01/2015	Development of Used Rates for Specified Durable Medical Equipment	MSA 15-28
09/01/2015	Healthy Michigan Plan Dental Benefits for Ages 19 and 20	MSA 15-33
09/01/2015	Updates to the Medicaid Provider Manual; ICD-10 Project Update; Discontinued Coverage of Laboratory Procedure Code	MSA 15-35
09/01/2015	Changes to NEMT Prior Authorization Requirements for Locally Authorized Methadone-Related Treatment and Meals & Lodging	MSA 15-37
09/01/2015	Cost-Sharing Updates	MSA 15-38

The following Healthy Michigan Plan Medicaid Provider letters were issued by the State during the quarter covered by this report:

Table 7: Medicaid Provider Letters with Healthy Michigan Plan Impact		
Issue Date	Subject	Link
08/27/2015	Medicaid Coverage Update	L 15-48
09/01/2015	Notice of Amendment to Section 1115 Demonstration Waiver and Proposed State Plan Amendment	L 15-52
09/02/2015	Primary Care Health Homes Project	L 15-56

Financial/Budget Neutrality Development Issues

CMS approved an increase in the Healthy Michigan Plan per member per month limit on January 13, 2015. MDHHS did not experience budget neutrality issues this quarter. The completed budget neutrality table provided below reflects updates as expenditures are adjusted over time. For the purposes of completing the Healthy Michigan Plan Budget Neutrality Monitoring Table, MDHHS collects Healthy Michigan Plan expenditures from information included in the CMS 64.9VIII files submitted to CMS. 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. Expenditures for all eligible groups within the Healthy Michigan Plan were included. The State will continue to update data for each demonstration year as it becomes available.

Table 8: Healthy Michigan Plan Budget Neutrality Monitoring Table

	DY 5 - PMPM	DY 6 - PMPM	DY 7 - PMPM	DY 8 - PMPM	DY 9 - PMPM
Approved HMP PMPM	\$667.36	\$542.15	\$569.80	\$598.86	\$629.40
Actual HMP PMPM (YTD)	\$477.73	\$434.36	-	-	-
Total Expenditures (YTD)	\$1,783,028,862.00	\$2,338,916,421.00	-	-	-
Total Member Months (YTD)	3,732,283	5,384,712	-	-	-

Beneficiary Month Reporting

The beneficiary counts below include information for each of the designated months during the quarter, and include retroactive eligibility through September 30, 2015.

Table 9: Healthy Michigan Plan Beneficiary Month Reporting

Eligibility Group	July 2015	August 2015	September 2015	Total for Quarter Ending 09/15
Healthy Michigan Adults	606,213	608,653	605,282	1,820,148

Consumer Issues

This quarter, the total number of Healthy Michigan Plan complaints reported to MDHHS was 57. Issues obtaining prescriptions comprised 53 percent of total complaints received by MDHHS. Beneficiaries experiencing issues obtaining transportation consisted of 19 percent of total complaints reported to MDHHS. Beneficiaries, especially in rural areas, can experience difficulty in utilizing transportation services due to a lack of drivers. This issue is one that preceded the implementation of the Healthy Michigan Plan. Complaints related to other covered services consisted of 23 percent of total complaints. Complaints on other issues comprised 5 percent of total complaints and included dental and behavioral health services. Overall, with 1,820,148 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 problems or trends that need to be addressed.

Table 10: Healthy Michigan Plan Complaints Reported to MDHHS

July 2015 – September 2015

	Obtaining Prescriptions	Transportation	Other Covered Services	Other Issues	Total
Count	30	11	13	3	57
Percent	53%	19%	23%	5%	

Quality Assurance/Monitoring Activity

MDHHS completes Performance Monitoring Reports (PMR) for the thirteen 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 will mirror those used for the traditional Medicaid population. In addition,

MDHHS will monitor trends specific to this new population over time. MDHHS continues to collect data for PMR purposes. All of the Healthy Michigan Plan measures are informational until standards are set. This quarter, MDHHS worked to calculate the results of this year's performance bonus and draft specifications for next year. Additionally, the Bureau of Medicaid Program Operations & Quality Assurance published its most recent quarterly PMR with Healthy Michigan Plan specific measures. The complete PMR has been included with this report as an enclosure. Performance areas specific to the Healthy Michigan Plan include:

- Adults' Generic Drug Utilization
- Timely Completion of Initial Health Risk Assessment
- Outreach and Engagement to Facilitate Entry to Primary Care
- Plan All-Cause Acute 30-Day Readmissions
- Adults' Access to Ambulatory Health Services

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 Performance Monitoring Reports described in the Quality Assurance/Monitoring Activity section of this report. This quarter, applicable Healthy Michigan Plan members received MI Health Account quarterly statements. Beneficiaries are able to make payments online and by mail.

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 for 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. Members that received a MI Health Account statement in July 2015 have a payment due date of October 15, 2015. For those that received their statement in August 2015, the payment due date is November 15, 2015. September 2015 statements have a payment due date of December 15, 2015.

Table 11 illustrates MI Health Account statement mailing activity for the current quarter. Additionally this table includes co-pay and contribution amounts owed when the statements were mailed.

Table 11: MI Health Account Statement Mailing

Month Statement Mailed	Statements Mailed	Statements Requiring a Copay Only	Statements Requiring a Contribution Only	Statements Requiring a Copay and Contribution	Total Copay Amount Owed	Total Contribution Amount Owed	Percent of Statements Requiring Payment
July 2015	96,770	22,745	6,427	9,913	\$250,438.00	\$897,209.03	40%
August 2015	61,759	14,472	5,448	7,478	\$153,361.67	\$706,162.56	44%
September 2015	76,512	17,398	6,830	8,596	\$186,792.48	\$831,609.13	43%
Total	235,041	54,615	18,705	25,987	\$590,592.15	\$2,434,980.72	42%

Table 12 contains statements mailed, amounts owed and amounts collected to date for the quarter covered in this report. The total amount owed in Table 12 will not equate the total amount owed reported in the Table 11 due to fluctuations in beneficiary circumstances that impact amounts owed to the MI Health Account. Table 11 reflects amounts owed when the statements were mailed and Table 12 reflects amounts owed to date. For example, a beneficiary may report a change in income since their statement was mailed that ultimately adjusted their contribution amount.

Table 12: MI Health Account Collection Amount Summary

Month Statement Mailed	Beneficiaries Required to Pay	Number of Beneficiaries Paid	Percent of Beneficiaries Paid	Total Amount Owed	Amount Collected	Percent Collected
July 2015	49,001	10,841	22.12%	\$893,026.22	\$251,487.79	28%
August 2015	34,876	7,032	20.16%	\$859,524.23	\$156,905.30	18%
September 2015	41,420	7,846	18.94%	\$1,018,401.61	\$135,221.40	13%
Total	125,297	25,719	20.53%	\$277,0952.06	\$543,614.49	20%

Table 13 displays the total amount collected by enrollment month and quarterly pay cycle since the implementation of the MI Health Account. For example, beneficiaries that enrolled in October 2014 received their first quarter statement in April 2015.

Table 13: MI Health Account Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percent Collected
April 2014	Oct 2014 - Dec 2014	\$24,932.80	\$13,064.41	52%
	Jan 2015 - Mar 2015	\$212,598.08	\$100,616.70	47%
	Apr 2015 – Jun 2015	\$179,903.73	\$68,422.89	38%
	Jul 2015 – Sept 2015	\$182,270.73	\$49,434.59	27%
May 2014	Nov 2014 - Jan 2015	\$41,340.92	\$22,042.01	53%
	Feb 2015 - Apr 2015	\$65,292.50	\$30,280.94	46%
	May 2015 – Jul 2015	\$51,850.96	\$21,738.05	42%
June 2014	Dec 2014 - Feb 2015	\$495,825.89	\$271,140.36	55%
	Mar 2015 - May 2015	\$422,199.39	\$195,974.94	46%
	Jun 2015 - Aug 2015	\$377,507.33	\$163,868.71	43%
July 2014	Jan 2015 - Mar 2015	\$392,255.01	\$172,374.49	44%
	Apr 2015 – Jun 2015	\$304,088.90	\$107,638.79	35%
	Jul 2015 – Sept 2015	\$278,635.26	\$79,087.22	28%
August 2014	Feb 2015 – Apr 2015	\$191,257.74	\$87,301.92	46%
	May 2015 – Jul 2015	\$148,389.04	\$50,029.24	34%
September 2014	Mar 2015 – May 2015	\$242,261.98	\$93,055.84	38%
	Jun 2015 – Sept 2015	\$182,738.99	\$50,858.52	28%
October 2014	Apr 2015 – Jun 2015	\$200,803.47	\$69,209.19	34%
	Jul 2015 – Sept 2015	\$158,264.72	\$37,491.25	24%
Nov 2014	May 2015 – Jul 2015	\$231,033.49	\$77,222.87	33%
Dec 2014	Jun 2015 – Aug 2015	\$126,019.10	\$42,238.33	33%
Jan 2015	Jul 2015 – Sept 2015	\$273,855.51	\$85,474.73	31%

Payments can be made to the MI Health Account by mail or online. Table 14 includes the current quarter's MI Health Account payments by payment method.

Table 14: MI Health Account Methods of Payment			
	July 2015	August 2015	September 2015
Percent Paid Online	28%	31%	27%
Percent Paid by Mail	72%	69%	73%

Cost sharing exemptions are applied to specific groups by law, regulation and program policy. The MI Health Account adjustment activity is detailed in Table 15.

Table 15: MI Health Account Adjustment Activities						
	July 2015		August 2015		September 2015	
	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount
Beneficiary is Under Age 21	513	\$(27,137.80)	514	\$(27,565.00)	439	\$(23,149.75)
Pregnancy	451	\$(14,593.53)	438	\$(11,066.50)	396	\$(15,476.31)
Hospice	0	\$0.00	0	\$0.00	0	\$0.00
Native American	32	\$(1,953.00)	18	\$(1,048.00)	29	\$(1,856.00)
Five Percent Cost Share Limit Met	40,685	\$(500,066.09)	22,207	\$(275,207.37)	28,065	\$(468,457.51)
FPL No Longer >100% - Contribution	0	\$0.00	0	\$0.00	0	\$0.00
Healthy Behavior- Copay	72	\$(454.82)	146	\$(555.25)	234	\$(1,152.06)
Healthy Behavior- Contribution	2,160	\$(68,403.07)	1,701	\$(53,634.11)	2,716	\$(94,090.67)
Total	43,913	\$(612,608.31)	25,024	\$(369,076.23)	31,879	\$(604,182.30)

Healthy Michigan Plan members that do not meet payment obligations for three consecutive months are deemed "consistently failing to pay." Consequences for consistently failing to pay include healthy behavior reduction and garnishment of tax refunds and lottery winnings. Table 16 provides past due collection amounts and the number of members that have past due balances that are eligible for collection through the Michigan Department of Treasury for this reporting quarter.

Table 16: MI Health Account Past Due Collection Amounts		
Month	Number of Beneficiaries with Past Due Co-Pays/Contributions	Number of Beneficiaries with Past Due Co-Pays/Contributions that are Collectible Debt
July	38,956	2,198
August	46,584	830
September	49,638	2,627

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

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

MDHHS has included grievance and appeals data reported by the Medicaid Health Plans from this quarter in the following tables:

Table 17: Managed Care Organization Appeals			
July 2015 – September 2015			
	Decision Upheld	Overtured	Total
Count	41	61	102
Percent	40%	60%	

Table 18: Managed Care Organization Grievances						
July 2015 – September 2015						
	Access	Quality of Care	Administrative/Service	Billing	Transportation	Total
Count	90	68	67	43	264	532
Percent	17%	13%	13%	8%	49%	

From July 2015 to September 2015, there were 102 total appeals among all the Medicaid Health Plans. Medicaid Health Plan decisions were upheld in 40 percent of the appeals. From July 2015 to September 2015 there were a total of 532 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.

Lessons Learned

MDHHS continues to learn from the experience of launching a program the size and scope of the Healthy Michigan Plan. The State frequently monitors enrollment and reviews reasons for disenrollment. The State has not identified any new distinct patterns that were not previously reported. Enrollment typically drops due to redeterminations at the beginning of the month, but throughout the month it gradually increases. The Healthy Michigan Plan monthly enrollment has been steady at approximately 600,000 enrollees. The State engages in ongoing communication with community organizations and other external partners to ascertain whether there are any challenges current and potential beneficiaries encounter with enrollment and the overall Healthy Michigan Plan. Healthy Michigan Plan enrollment and progress statistics will continue to be reported on its website which can be found on the [MDHHS Healthy Michigan Plan website](#).

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. In accordance with paragraph 67 of the waiver special terms and conditions, the State submitted a draft of its initial evaluation design to CMS on April 28, 2014 and, after a period of revisions, CMS formally approved the evaluation plan on October 22, 2014.

Demonstration evaluation activities for the Healthy Michigan Plan are utilizing an interdisciplinary team of researchers from the IHPI. The activities of the evaluation will carry in six domains over the course of the 5 year evaluation period:

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

Activities for the evaluation have commenced, particularly with regards to Domain IV: Participant Beneficiary Views of the Healthy Michigan Plan. Other domain activities have also begun. The following is a summary of the key activities for the current quarter:

Domain I

Although the interim report for Domain I isn't due until fiscal year (FY) 2018, IHPI has engaged in activities to find and compare baseline uncompensated care results from hospital cost reports and IRS filings to understand the distribution of uncompensated care in Michigan. This quarter, MDHHS provided IHPI with Medicaid cost report data to begin the analysis of uncompensated care to compare FY 2014 to baseline results. IHPI also accessed Agency for Healthcare

Research and Quality (AHRQ) data for the purposes of identifying appropriate comparison groups, and reviewed academic literature on uncompensated care.

Domain II

Similar to Domain I, the Domain II interim report is not due until FY 2018. That being said, IHPI continues to analyze extracts of Current Population Survey (CPS) data and American Community Survey data to ascertain the difference between these two US Census Bureau data sources. IHPI is also analyzing microdata from the 2014 CPS survey to assess changes in type of insurance coverage and how coverage has changed for different subgroups. This quarter, IHPI reviewed the Census Bureau report showing the changes in Michigan's uninsurance rate from 2013 to 2014.

Domain III

The interim report for Domain III is due in FY 2017. IHPI activities this quarter included assessing Health Risk Assessment (HRA) completion by questions 1-9 and questions 10-16 and by source of the HRA data. This data, which spanned 4/1/2014 to 9/1/2015, was analyzed to characterize enrollment patterns of Healthy Michigan Plan beneficiaries, and was also used to help to inform discussion of the beneficiary survey's sampling plan.

Domain IV

Domain IV will examine beneficiary and provider viewpoints of Healthy Michigan Plan through surveys. The interim report is due in FY 2016. Activities for this quarter included the following:

Primary Care Practitioner (PCP) Survey

- Continued PCP Survey data collection
- Qualitative coding
- Interviews of Emergency Department providers and community health workers
- Interviews of mental health, dental, and vision providers

Beneficiary Survey

- Drafting Healthy Michigan Voices Survey (MDHHS review ongoing)
- Developing and testing measures of the survey
- Finalizing the sampling strategy
- Initiating recruitment for participation
- Qualitative analysis codebook has been developed and coding has initiated

Domains V/VI

Domains V and VI entail analyzing data to assess the impact of contributions and the MI Health Account statements on beneficiary utilization of health care services, respectively. The interim reports are due in FY 2017. Activities in this quarter have built upon previous activities to further provide input into beneficiary survey development and testing for questions related to cost sharing and consumer engagement/behavior. IHPI also began preliminary examination and analysis of administrative and utilization data.

Enclosures/Attachments

1. Sample MI Health Account Garnishment Letter
2. September 2015 Health Risk Assessment Report
3. August 2015 MCAC Meeting Minutes
4. October 2015 Performance Monitoring Report

State Contacts

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

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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

February 8, 2016

<LetterDate>
<FullName>
ID: <CaseID>
Health Plan: <HealthPlan>



00001

<Endorsement> <TrayNum>-<TraySeq> <PackBreak><TrayBreak>
<FullName>
<Line1>
<Line2>
<City>, <State> <Zip>

It's time to make your payment!

Dear <FullName>:

Please pay the Healthy Michigan Plan \$<Amount> now.

You owe money now because you did not make all your payments to the MI Health Account.

What happens if I don't pay what I owe?

The Michigan Department of Health and Human Services, which runs the Healthy Michigan Plan, will send your name and the amount you owe to the Michigan Department of Treasury.

Treasury will do a "tax refund offset." The amount you owe will be taken out of any state income tax refund you would get. If you have lottery winnings, they may take the amount you owe out of your winnings.

How do I pay what I owe?

There are two ways to pay:

1. Online

Go to www.healthymichiganplan.org. Click "Make MI Health Account Payment." You will need your bank account information.

2. By mail

Send a check or money order. Include the payment coupons that came with your last MI Health Account statement. Mail your payment and coupons to:

MI Health Account
PO Box 26248
Lansing, MI 48909



HMPO 1

Questions? Call the Beneficiary Help Line at 1-800-642-3195 (TTY: 1-866-501-5656). You can call Monday through Friday, 8 am to 7 pm. The call is free. Si necesita ayuda para traducir o entender este texto, por favor llame al telefono 1-800-642-3195 (TTY: 1-866-501-5656).

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥



00001

What if I don't have my payment coupons or have questions about what I owe?

Call the Beneficiary Help Line at **1-800-642-3195** (TTY: 1-866-501-5656). You can call Monday through Friday, 8 am to 7 pm. The call is free.

What if I think there is a mistake?

You have the right to a review. You can ask for a review in writing. Or, use the **DCH-0892 form** that came with this letter. Here's what to do:

- Read the instructions on the DCH-0892 form.
- Fill out the form.
- Where the form says **I WANT TO REQUEST A REVIEW**, write: MI Health Account decision.
- Collect any proof that supports your claim or shows past payments to the MI Health Account.
- Mail the form and your proof to:
Michigan Department of Health and Human Services
Appeals Section
PO Box 30807
Lansing, MI 48909

Remember!

You have until **<ResponseDate>** to request a review, or make full payment to stop the referral.

Thank you,
Medical Services Administration



Questions? Call the Beneficiary Help Line at 1-800-642-3195 (TTY: 1-866-501-5656). You can call Monday through Friday, 8 am to 7 pm. The call is free. Si necesita ayuda para traducir o entender este texto, por favor llame al telefono 1-800-642-3195 (TTY: 1-866-501-5656).

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

Healthy Michigan Plan - Health Risk Assessment Report



September 2015

Produced by:

Quality Improvement and Program Development - Managed Care Plan Division

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Introduction

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

Health Risk Assessment Part 1

Health Risk Assessments completion through Michigan ENROLLS

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

Completion of the Health Risk Assessment is voluntary; callers may refuse to answer some or all of the questions. Beneficiaries who are auto-assigned into a health plan are not surveyed. Survey results from Michigan ENROLLS are electronically transmitted to the appropriate health plan on a monthly basis to assist with outreach and care management.

The data displayed in Part 1 of this report reflect the responses to questions 1-9 of Section 1 of the Health Risk Assessment completed through Michigan ENROLLS. As shown in Table I, a total of 231,838 Health Risk Assessments were completed through Michigan ENROLLS as of September 2015. This represents a completion rate of 95.94%. Responses are reported in Tables 1 through 9. Beneficiaries who participated in the Health Risk Assessment but refused to answer specific questions are included in the total population and their answers are reported as "Refused". Responses are also reported by age and gender.

Health Risk Assessment Completion through Michigan ENROLLS

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

MONTH	COMPLETE	DECLINED
October 2014	131,323	4,974 (3.65%)
November 2014	136,835	5,293 (3.72%)
December 2014	146,161	5,976 (3.93%)
January 2015	158,763	6,531 (3.95%)
February 2015	168,411	6,908 (3.94%)
March 2015	181,510	7,414 (3.92%)
April 2015	192,208	7,839 (3.92%)
May 2015	201,861	8,222 (3.91%)
June 2015	209,090	8,618 (3.96%)
July 2015	216,850	8,996 (3.98%)
August 2015	224,671	9,413 (4.02%)
September 2015	231,838	9,810 (4.06%)

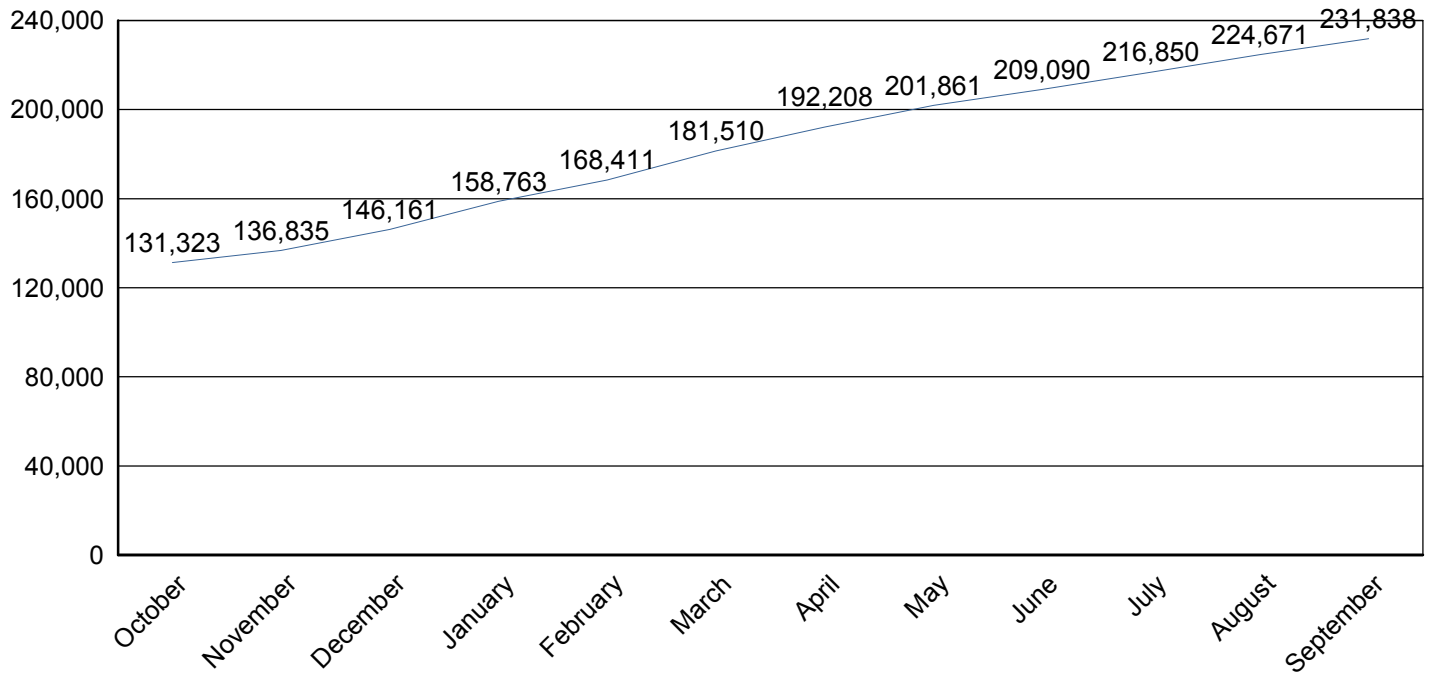
**Table 11. Demographics of Population that Completed HRA
with MI Enrolls**

January 2014 - September 2015

AGE GROUP	COMPLETED HRA	
19 - 29	58,254	25.13%
30 - 39	47,361	20.43%
40 - 49	49,847	21.50%
50 - 59	56,959	24.57%
60 +	19,417	8.38%
GENDER		
F	126,397	54.52%
M	105,441	45.48%
FPL		
< 100% FPL	189,301	81.65%
100 - 133% FPL	42,537	18.35%
TOTAL	231,838	100.00%

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

September 2015



Question 1. General Health Rating

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

Table 1. Health Rating for Total Population
September 2015

HEALTH RATING	TOTAL	PERCENT
Excellent	25,097	10.83%
Very Good	58,547	25.25%
Good	82,826	35.73%
Fair	48,790	21.05%
Poor	16,190	6.98%
Refused	388	0.17%
TOTAL	231,838	100.00%

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

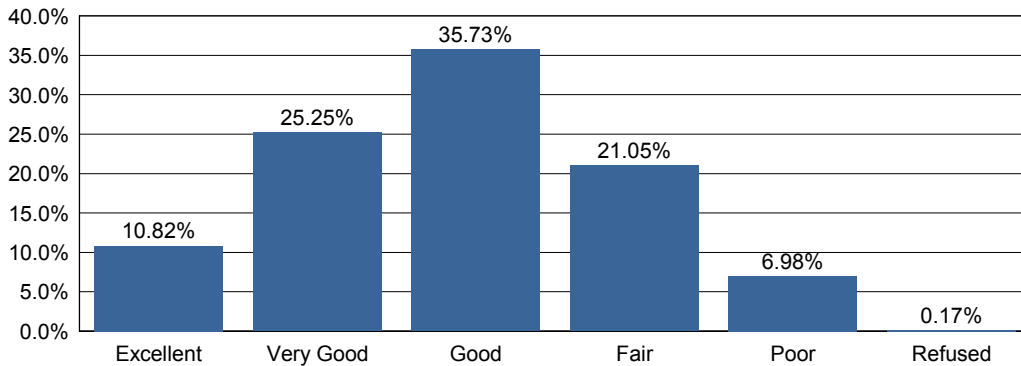


Figure 1-2. Health Rating by Age
September 2015

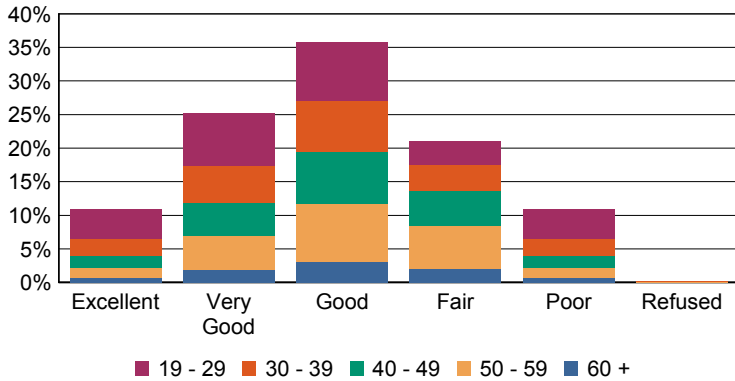
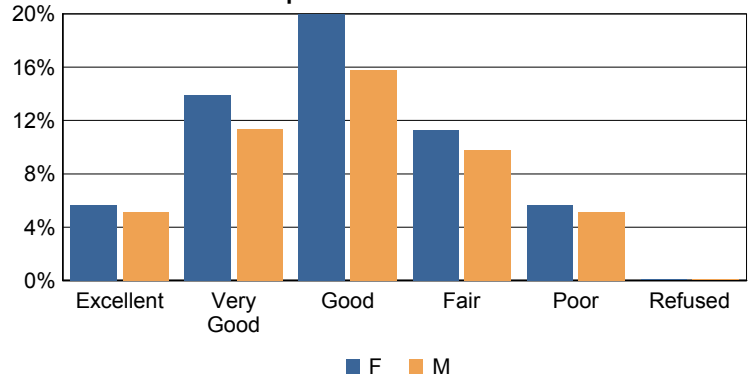


Figure 1-3. Health Rating by Gender
September 2015

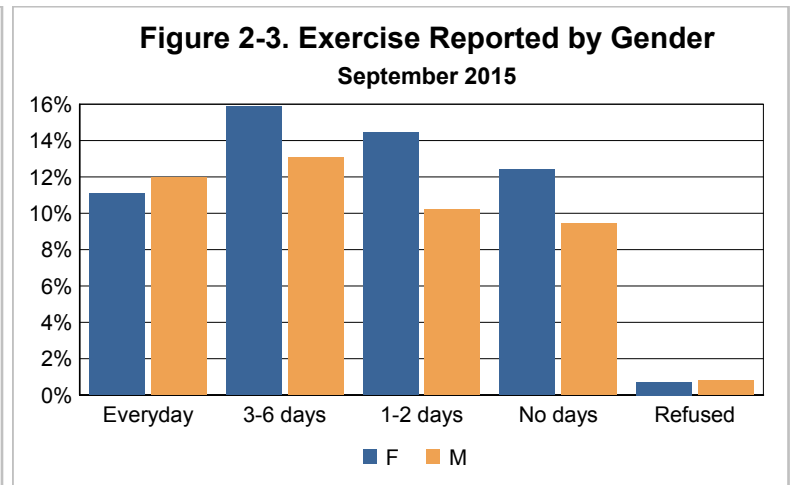
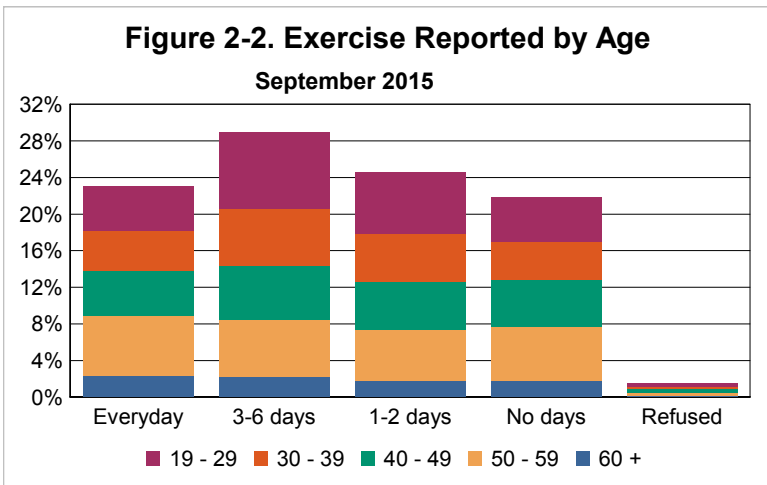
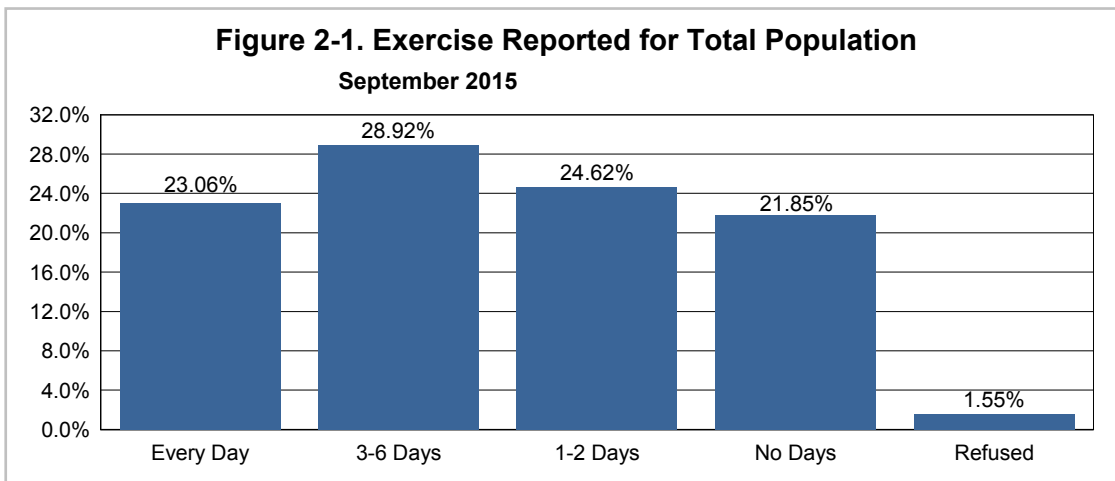


Question 2. Exercise

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

Table 2. Exercise Reported for Total Population
September 2015

EXERCISE	TOTAL	PERCENT
Every Day	53,450	23.06%
3-6 Days	67,055	28.92%
1-2 Days	57,070	24.62%
No Days	50,661	21.85%
Refused	3,602	1.55%
TOTAL	231,838	100.00%

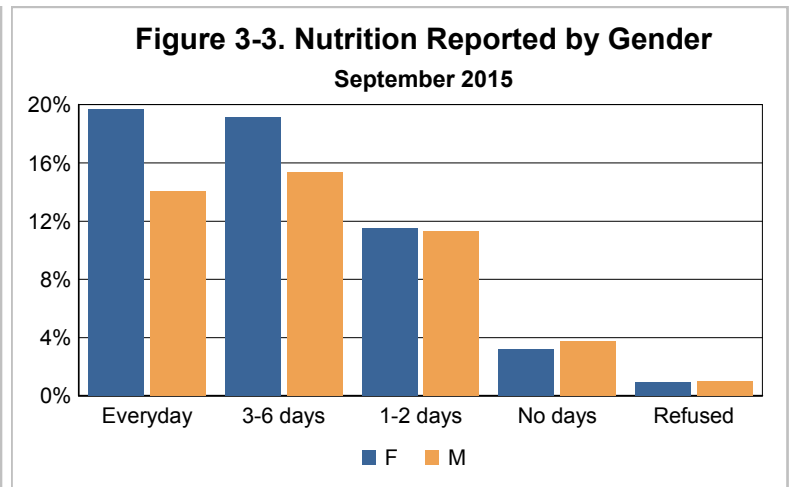
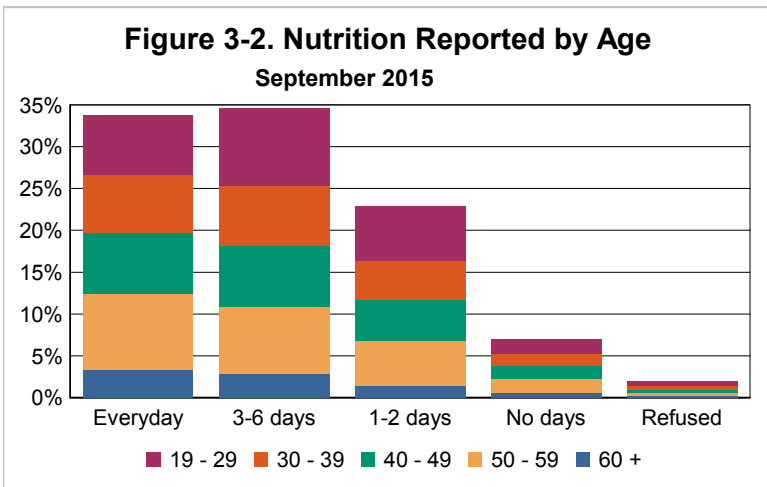
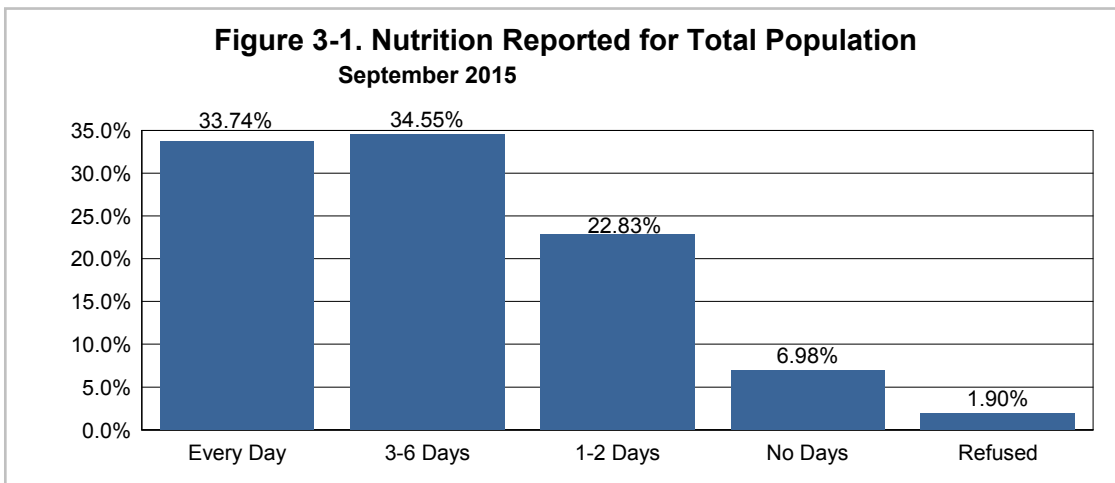


Question 3. Nutrition (Fruits and Vegetables)

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

Table 3. Nutrition Reported for Total Population
September 2015

NUTRITION	TOTAL	PERCENT
Every Day	78,230	33.74%
3-6 Days	80,088	34.55%
1-2 Days	52,932	22.83%
No Days	16,175	6.98%
Refused	4,413	1.90%
TOTAL	231,838	100.00%

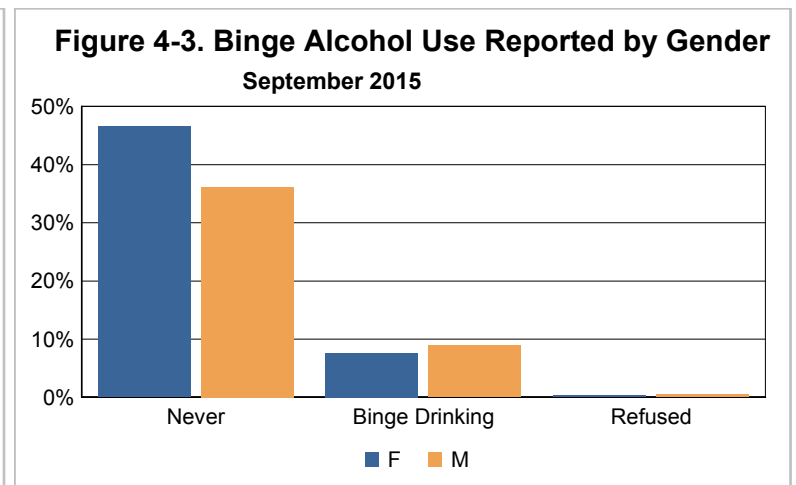
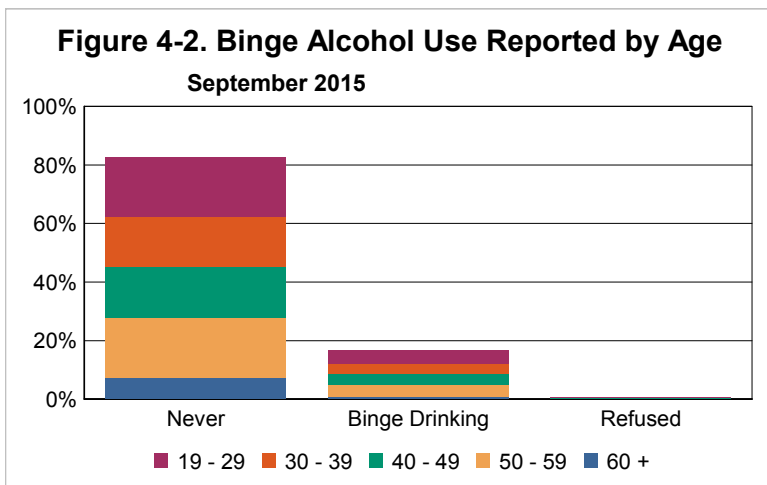
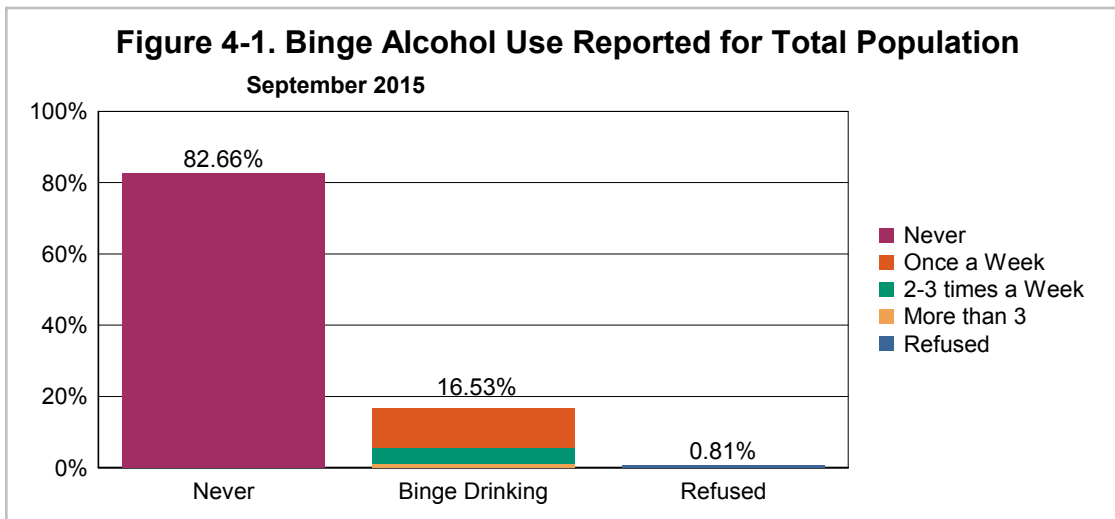


Question 4. Binge Alcohol Use

Question 4. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time? This question is used to assess self-reported binge alcohol use. Healthy Michigan Plan enrollees were given the answer options of never, once a week, 2-3 a week and more than 3 times during the week. Table 4 shows the combined overall answers to these questions for September 2015. Among enrollees who participated in the survey, there was a 0.81% refusal rate for this question. Figures 4-1 through 4-3 show binge alcohol use status reported for the total population, and by age and gender.

**Table 4. Binge Alcohol Use Reported for Total Population
September 2015**

ALCOHOL	TOTAL	PERCENT
Never	191,637	82.66%
Once a Week	25,666	11.07%
2-3 times a Week	10,223	4.41%
More than 3	2,434	1.05%
Refused	1,878	0.81%
TOTAL	231,838	100.00%

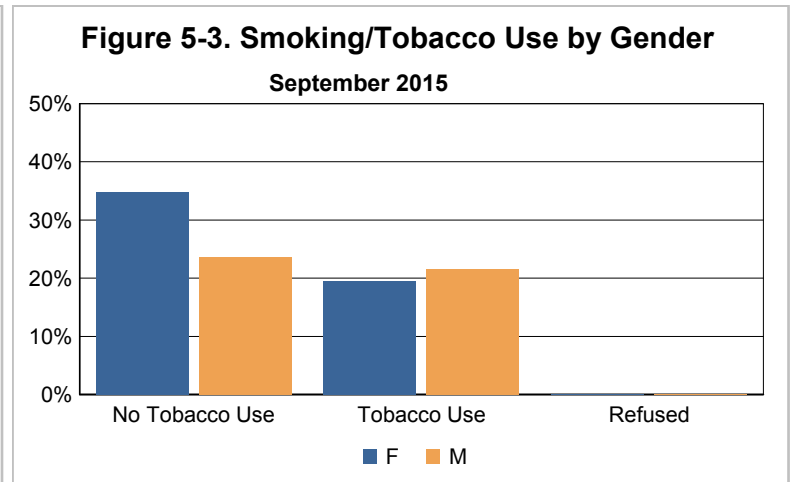
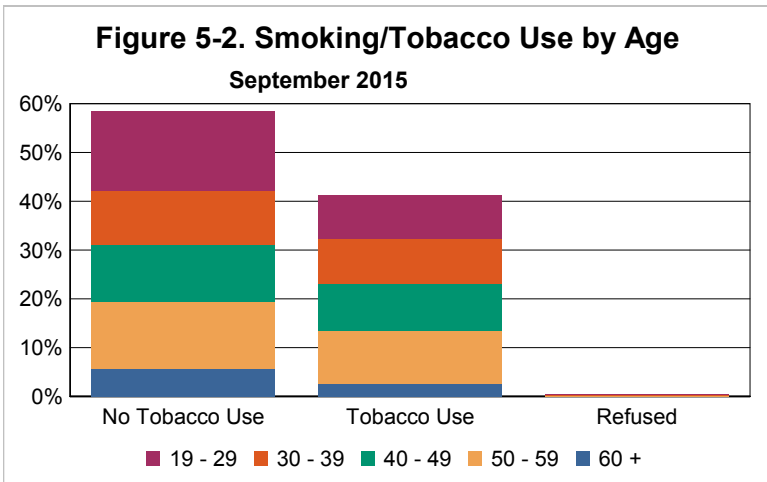
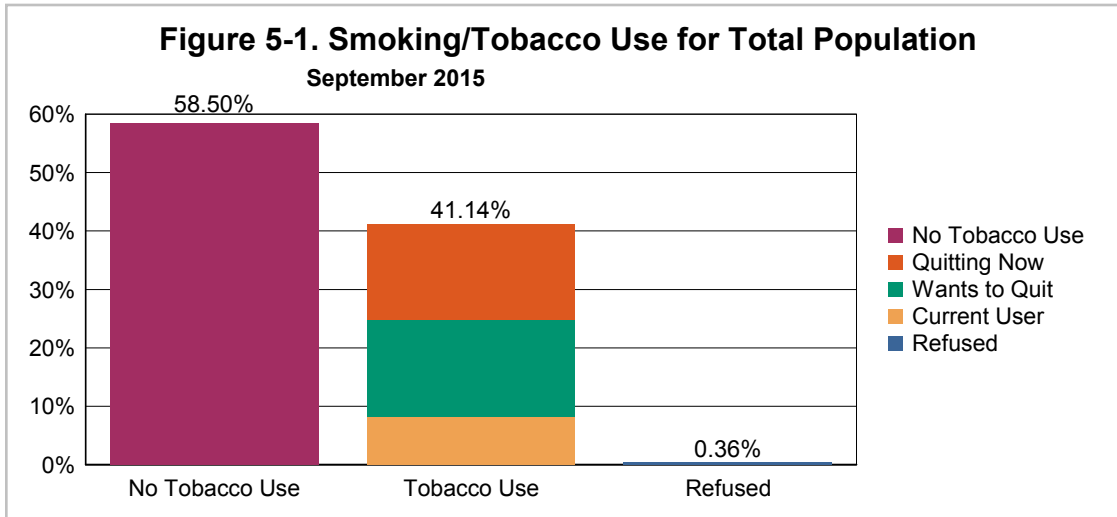


Question 5. Smoking/Tobacco Use

Question 5. In the last 30 days, have you smoked or used tobacco? This question is used to assess self-reported smoking/tobacco use. Healthy Michigan Plan enrollees were given the answer options of yes or no. Enrollees who answered yes, were asked a follow-up question: If YES, do you want to quit smoking or using tobacco? For this follow-up question, enrollees were given the answer options of yes, I am working on quitting or cutting back right now and no. Table 5 shows the combined overall answers to these questions for September 2015. Question 5 had a 0.36% refusal rate. Figures 5-1 through 5-3 show smoking/tobacco use reported for the total population, and by age and gender.

**Table 5. Smoking/Tobacco Use Reported for Total Population
September 2015**

TOBACCO USE	TOTAL	PERCENT
No Tobacco Use	135,622	58.50%
Quitting Now	37,750	16.28%
Wants to Quit	38,959	16.80%
Current User	18,679	8.06%
Refused	828	0.36%
TOTAL	231,838	100.00%



Question 6. Anxiety and Depression

Question 6. In the last 30 days, how often have you felt tense, anxious or depressed? This question is used to assess self-reported mental health status. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 6 shows the overall answers to this question for September 2015. Among enrollees who participated in the survey, there was a 12.59% refusal rate for this question. Figures 6-1 through 6-3 show anxiety and depression reported for the total population, and by age and gender.

Table 6. Anxiety and Depression Reported for Total Population

September 2015

DEPRESSION	TOTAL	PERCENT
Almost Every day	49,975	21.56%
Sometimes	61,100	26.36%
Rarely	48,979	21.13%
Never	42,604	18.38%
Refused	29,180	12.59%
TOTAL	231,838	100.00%

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

September 2015

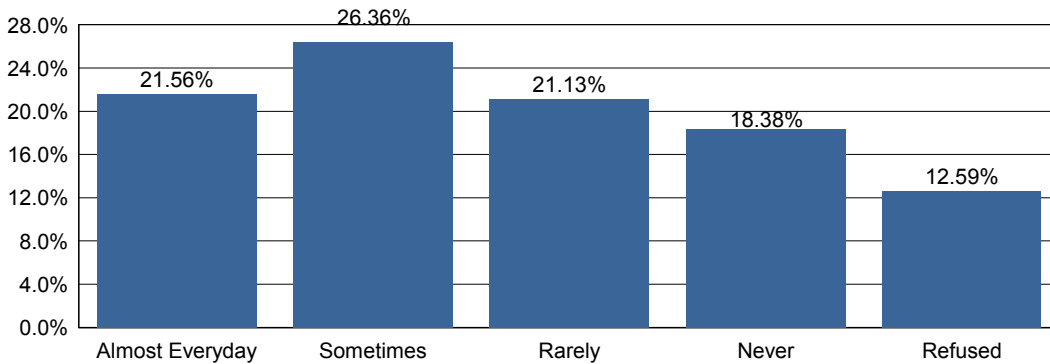


Figure 6-2. Anxiety and Depression Reported by Age

September 2015

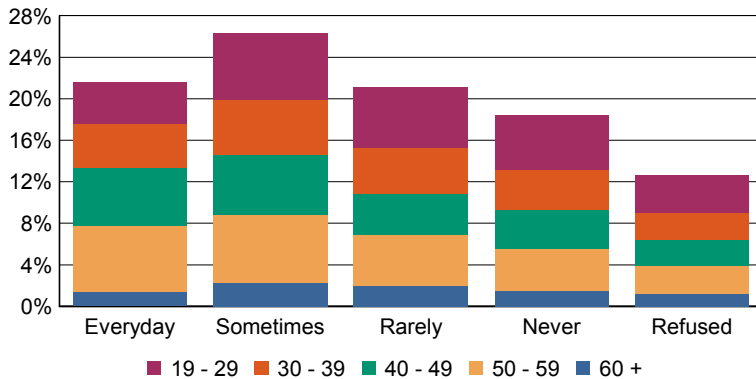
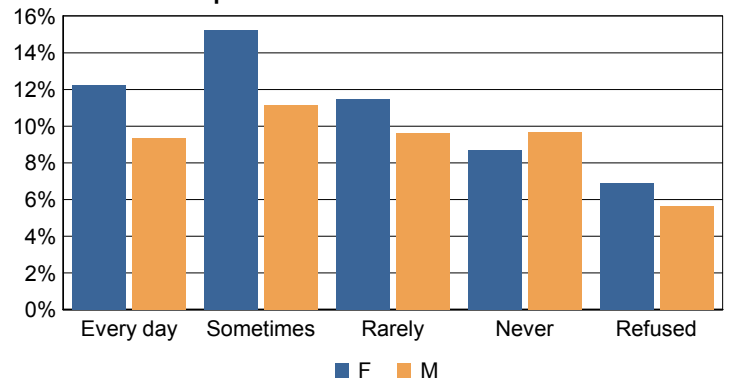


Figure 6-3. Anxiety and Depression by Gender

September 2015

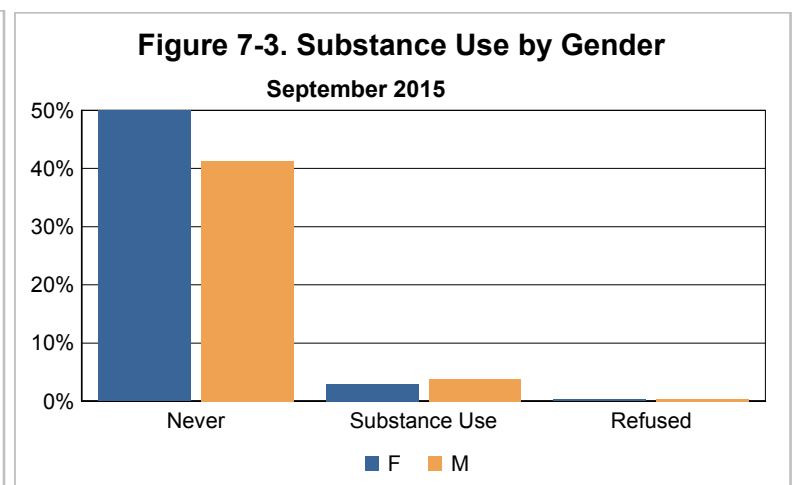
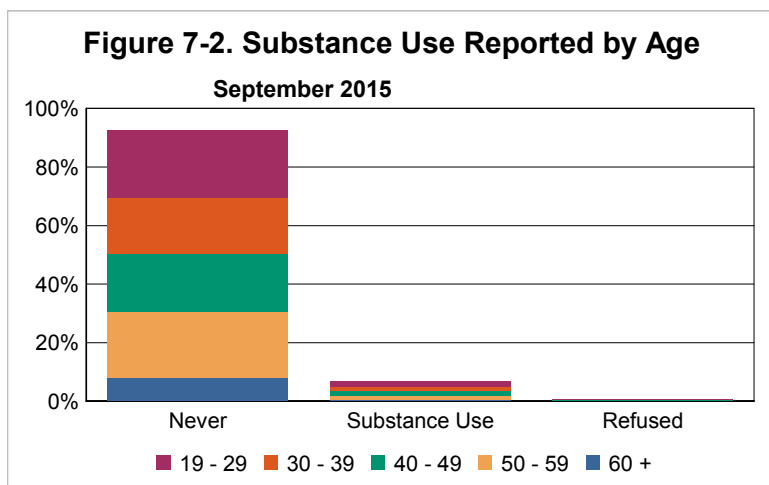
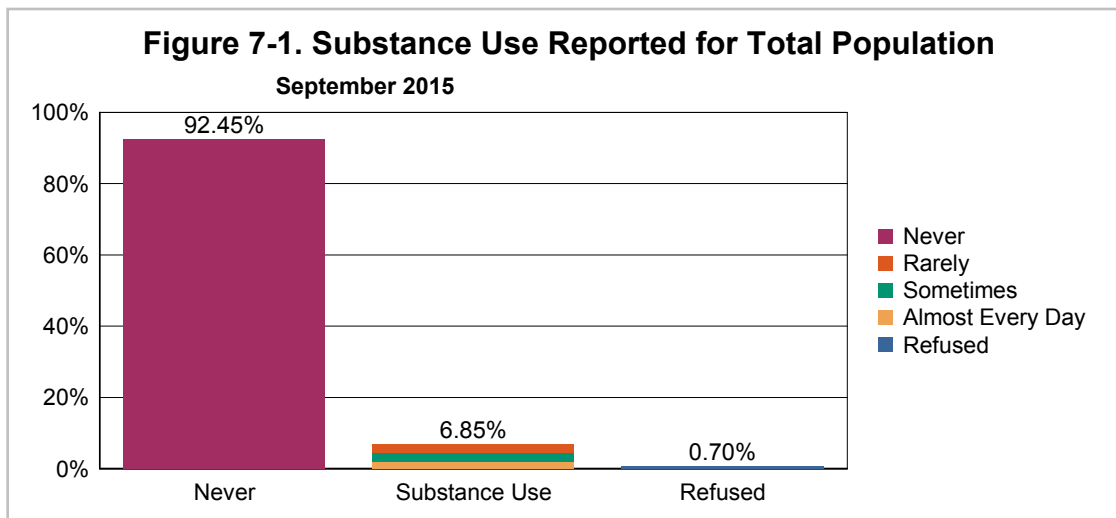


Question 7. Drugs and Substance Use

Question 7. Do you use drugs or medications (other than exactly as prescribed for you) which affect your mood or help you to relax? This question is used to assess self-reported substance use. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 7 shows the overall answers to this question for September 2015. Among enrollees who participated in the survey, there was a 0.70% refusal rate for this question. Figures 7-1 through 7-3 show substance use reported for the total population, and by age and gender.

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

SUBSTANCE USE	TOTAL	PERCENT
Almost Every Day	4,505	1.94%
Sometimes	5,913	2.55%
Rarely	5,458	2.35%
Never	214,343	92.45%
Refused	1,619	0.70%
TOTAL	231,838	100.00%

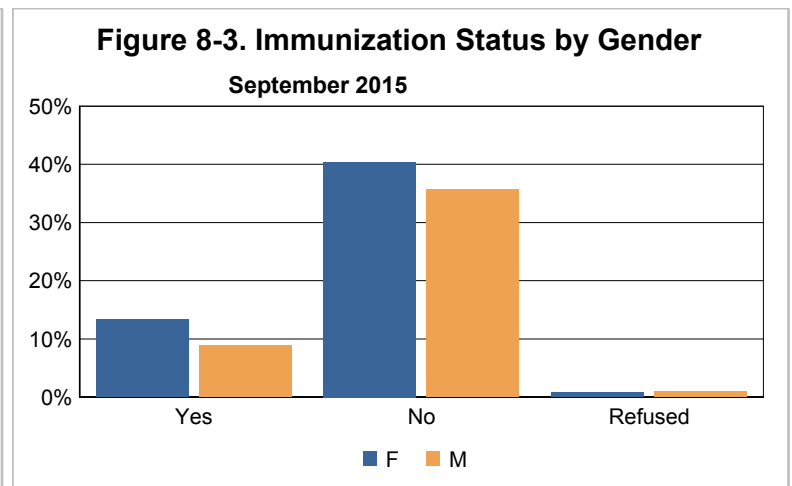
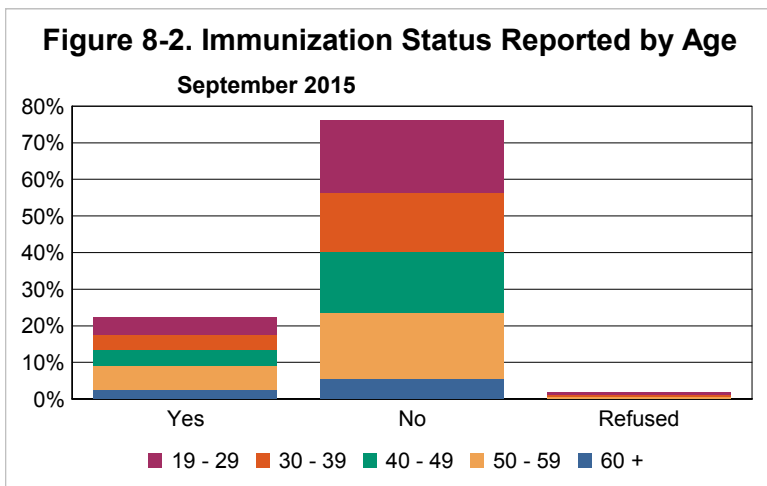
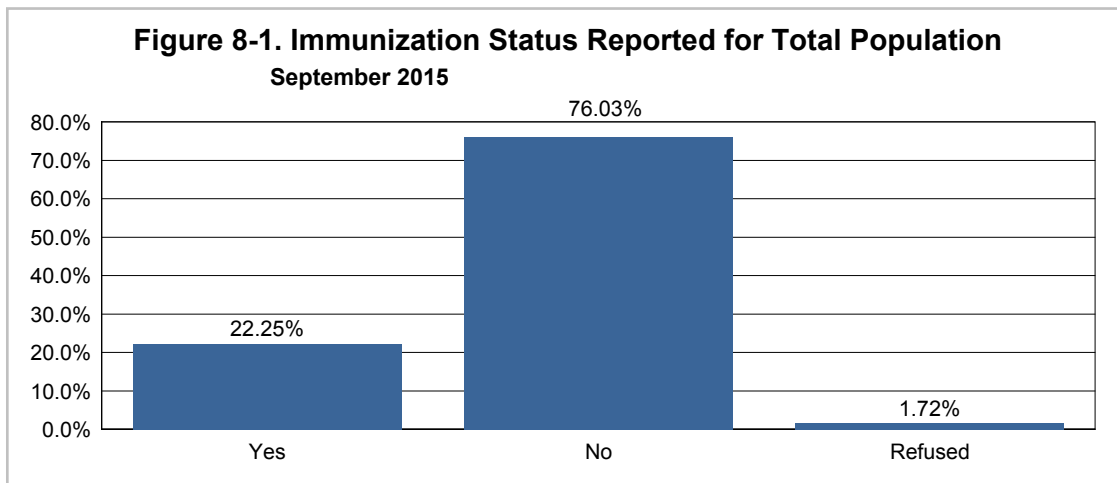


Question 8. Immunization Status (Annual Flu Vaccine)

Question 8. The flu vaccine can be a shot in the arm or a spray in the nose. Have you had a flu shot or flu spray in the last year?
 This question is used to assess self-reported annual flu vaccine as an indicator of immunization status. Healthy Michigan Plan enrollees were given the answer options of yes or no. Table 8 shows the overall answers to this question for September 2015. Among enrollees who participated in the survey, there was a 1.72% refusal rate for this question. Figures 8-1 through 8-3 show immunization status reported for the total population, and by age and gender.

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

IMMUNIZATION	TOTAL	PERCENT
Yes	51,590	22.25%
No	176,258	76.03%
Refused	3,990	1.72%
TOTAL	231,838	100.00%

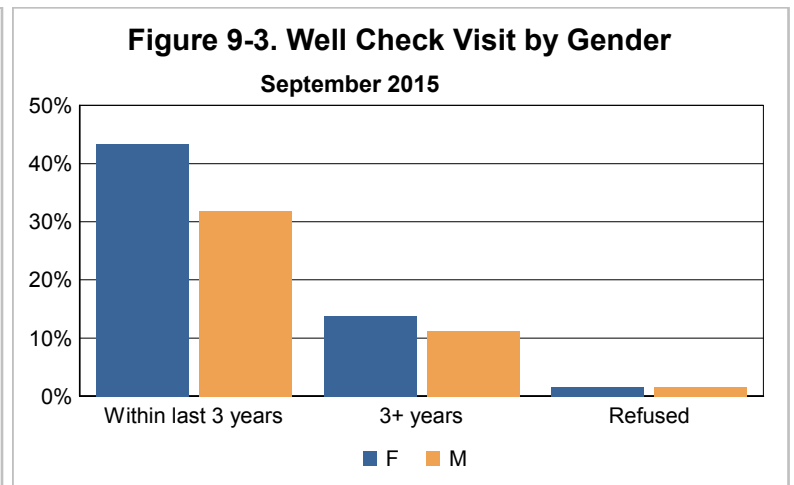
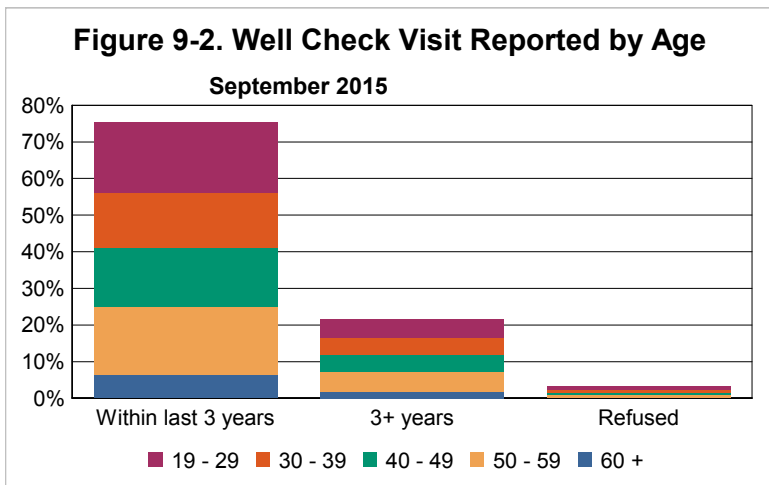
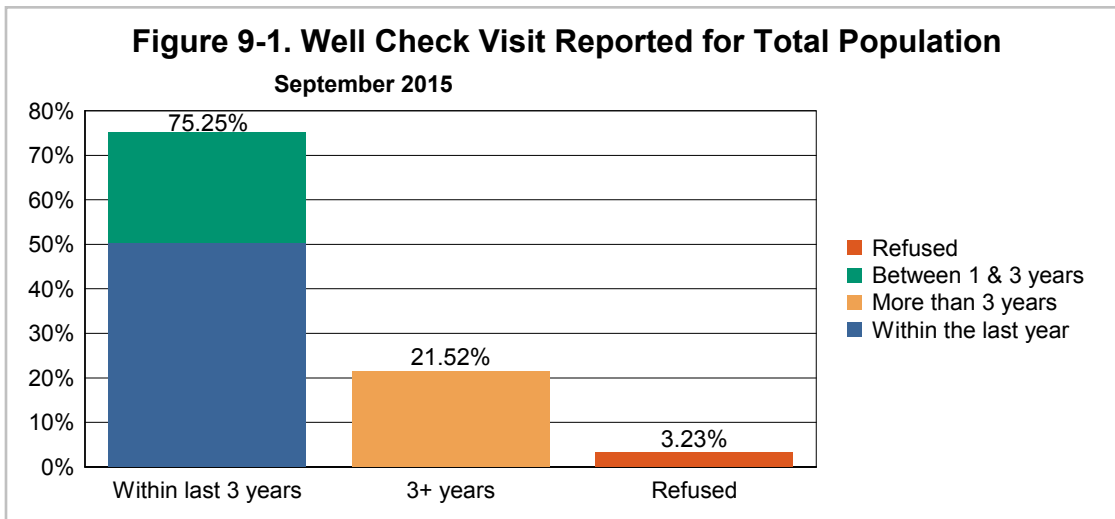


Question 9. Well Check Visit

Question 9. A checkup is a visit to a doctor's office that is NOT for a specific problem. How long has it been since your last check-up? This question is used to assess self-reported well check visit. Healthy Michigan Plan enrollees were given the answer options of within the last year, between 1-3 years and more than 3 years. Table 9 shows the overall answers to this question for September 2015. Among enrollees who participated in the survey, there was a 3.23% refusal rate for this question. Figures 9-1 through 9-3 show well check visit reported for the total population, and by age and gender.

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

CHECK-UP	TOTAL	PERCENT
Within the last year	116,662	50.32%
Between 1 & 3 years	57,795	24.93%
More than 3 years	49,904	21.53%
Refused	7,477	3.23%
TOTAL	231,838	100.00%



Health Risk Assessment Part 2

Health Risk Assessments completion with Primary Care Provider

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

Completion of this section of the Health Risk Assessment is voluntary. Healthy Michigan Plan Beneficiaries who complete a Health Risk Assessment with a primary care provider attestation and agree to maintain or address healthy behaviors are eligible for an incentive. Of the 531,082 beneficiaries who have been enrolled in a health plan for at least six months, 74,928 or 14.1% have completed the Health Risk Assessment with their primary care provider as of September 2015.

The data displayed in Part 2 of this report reflect the healthy behavior goals selected jointly by Healthy Michigan Plan beneficiaries and their primary care provider in the final section of the Health Risk Assessment. As shown in Table 10, a total of 80,332 Health Risk Assessments were completed with primary care providers as of September 2015. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 11.

Among beneficiaries who completed the Health Risk Assessment, 68,788 or 85.6% of beneficiaries agreed to address health risk behaviors. In addition, 10,691 or 13.3% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 98.9% of beneficiaries are choosing to address or maintain healthy behaviors. The healthy behaviors goal statements selected are reported in Table 12. Healthy behavior goal statements are also reported by age and gender in Figures 10-3 and 10-4.

Of the 68,788 beneficiaries who agreed to address health risk behaviors, 61.3% chose to address more than one healthy behavior. Tables 13 and 14 report the most frequently selected health risk behaviors to address, alone and in combination. Figure 10-5 is a Venn diagram representing the overlapping nature of the multiple healthy behaviors selected.

Health Risk Assessment Completion with Primary Care Provider

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

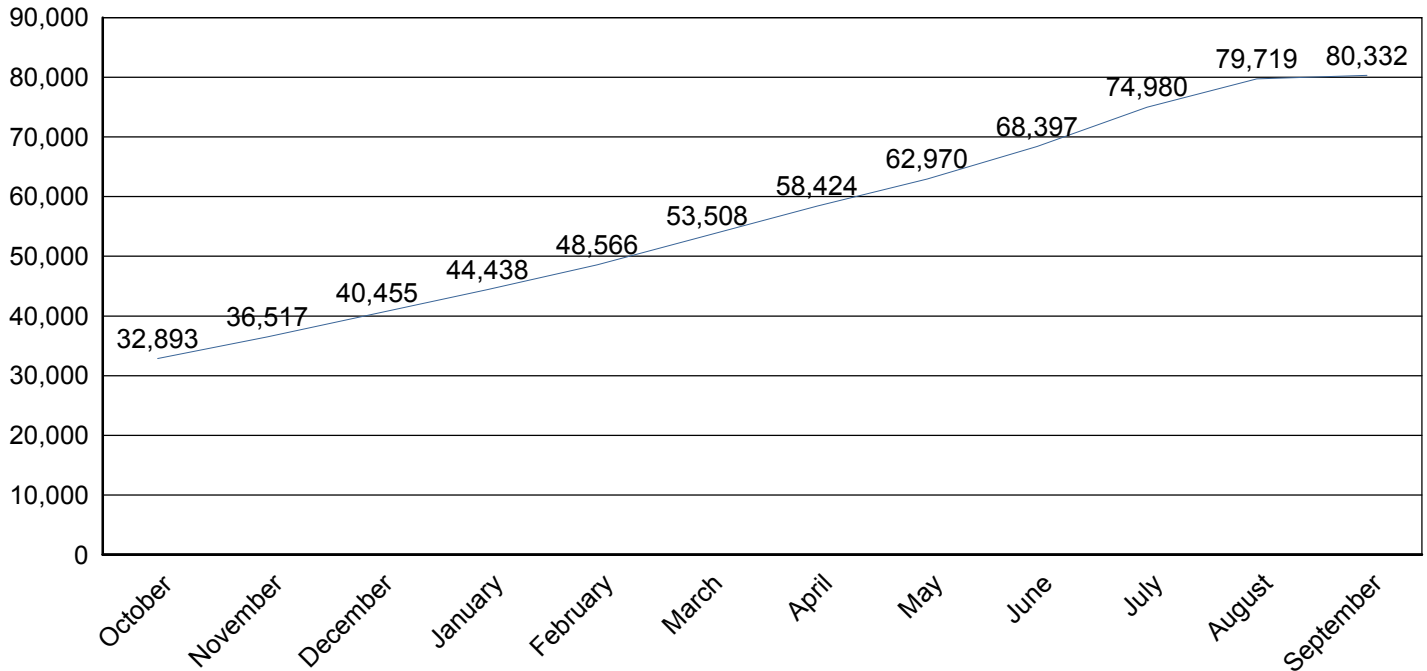
MONTH	COMPLETE	TOTAL
October 2014	4,808	32,893
November 2014	3,609	36,517
December 2014	3,924	40,455
January 2015	3,971	44,438
February 2015	4,111	48,566
March 2015	4,918	53,508
April 2015	4,899	58,424
May 2015	4,502	62,970
June 2015	5,394	68,397
July 2015	6,569	74,980
August 2015	4,728	79,719
September 2015	611	80,332

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

September 2014 - September 2015		
AGE GROUP	COMPLETED HRA	
19 - 29	16,030	19.96%
30 - 39	13,621	16.96%
40 - 49	16,459	20.49%
50 - 59	24,126	30.03%
60 +	10,096	12.57%
GENDER		
F	46,267	57.60%
M	34,065	42.41%
FPL		
< 100% FPL	64,263	80.00%
100 - 133% FPL	16,069	20.00%
TOTAL	80,332	100.00%

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

September 2015



Healthy Behaviors Statement Selection

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

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

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

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

CHECK-UP	TOTAL	PERCENT
A. Maintain Healthy Behaviors	10,691	13.31%
B. Address Health Risk Behaviors	68,788	85.63%
C. Condition(s) Preclude Addressing Health Risk Behaviors	374	0.47%
D. Not Ready	479	0.60%
TOTAL	80,332	100.00%

Figure 10-2. Healthy Behaviors Statement Selection

September 2015

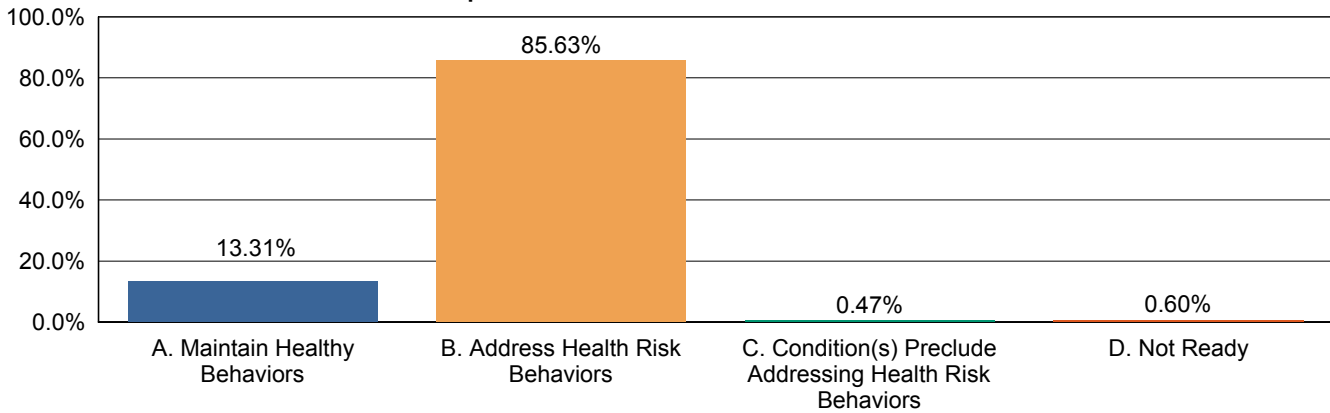


Figure 10-3. Maintain or Addressing Health Risk Behaviors Statement Selection by Age

September 2015

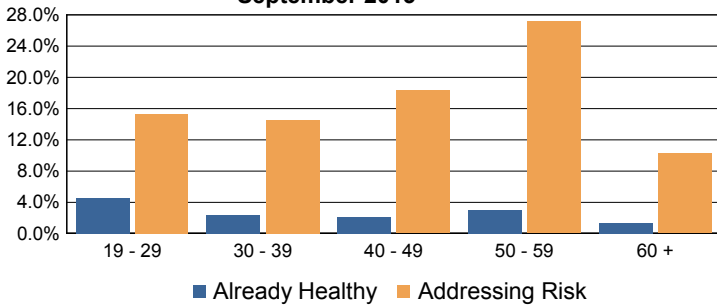
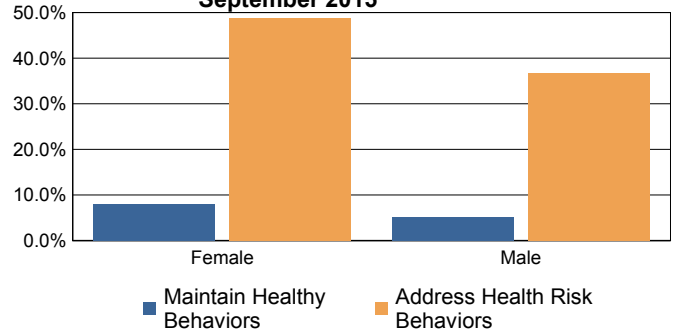


Figure 10-4. Statement Selection by Gender

September 2015



Selection of Health Risk Behaviors to Address

Section 4. Healthy Behaviors: In discussion with the beneficiary, when Statement B, "Patient has identified at least one behavior they intend to address over the next year to improve their health" is selected, providers choose one or more of the following 7 statements to identify the healthy behaviors the beneficiary has chosen to address for the year:

1. Increase physical activity, Learn more about nutrition and improve diet, and/or weight loss
2. Reduce/quit tobacco use
3. Annual Influenza vaccine
4. Agrees to follow-up appointment for screening or management (if necessary) of hypertension, cholesterol and/or diabetes
5. Reduce/quit alcohol consumption
6. Treatment for Substance Use Disorder
7. Other: explain _____

Of the 68,788 HRAs submitted through September 2015 where the beneficiary chose to address health risk behaviors, 61.31% of beneficiaries chose more than one healthy behavior to address. The top 7 most selected behavior combinations and the rate that each behavior was selected in combination and alone are presented in the tables below:

Table 13. Top 7 Most Selected Health Risk Behavior Combinations

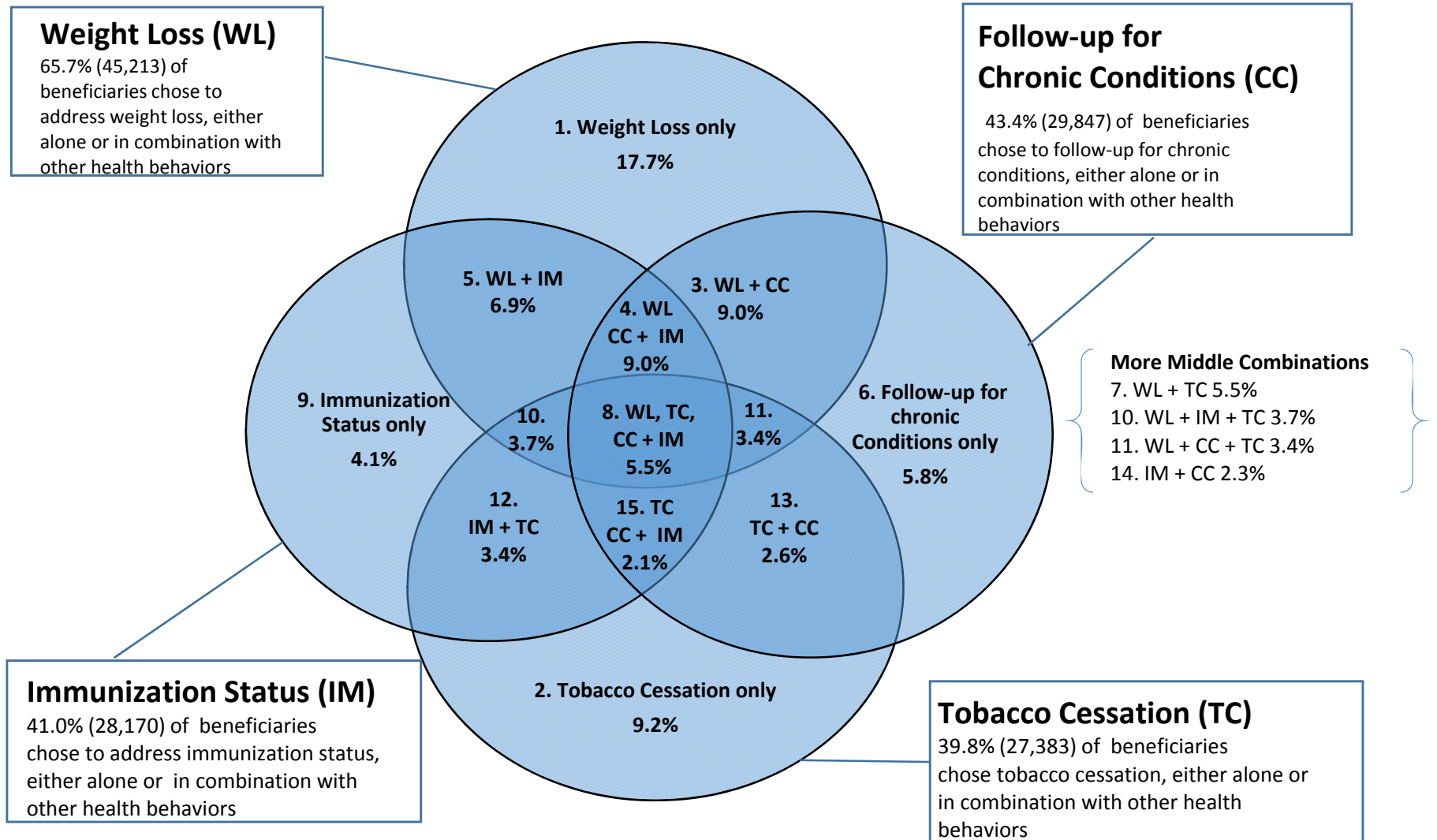
Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	12,195	17.73%
2. Tobacco Cessation ONLY	6,325	9.20%
3. Weight Loss, Follow-up for Chronic Conditions	6,169	8.97%
4. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	6,162	8.96%
5. Weight Loss, Immunization Status	4,747	6.90%
6. Follow-up for Chronic Conditions	4,012	5.83%
7. Weight Loss, Tobacco Cessation	3,779	5.49%
Total for Top 7	43,389	63.08%
Total for All Other Combinations	25,399	36.92%
Total	68,788	100.00%

Table 14. Health Risk Behaviors Selected in Combination and Alone

Health Risk Behavior	Chose this behavior and at least one more	Chose ONLY this behavior
Weight Loss	65.73%	17.73%
Tobacco Cessation	39.81%	9.20%
Immunization Status (Annual Flu Vaccine)	40.95%	4.14%
Follow-up for Chronic Conditions	43.39%	5.83%
Addressing Alcohol Abuse	4.90%	0.42%
Addressing Substance Abuse	1.22%	0.10%
Other	4.48%	1.28%

Health Risk Assessment Completion with Primary Care Provider

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





Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Minutes

Date: Wednesday, August 12, 2015

Time: 1:00 pm – 4:30 pm

Where: Michigan Public Health Institute (MPHI)
2436 Woodlake Circle
Okemos, MI

Attendees: **Council Members:** Jan Hudson, Kim Sibilsy, Bill Mayer, Marion Owen, David Lalumia, Cheryl Bupp, April Stopczynski, Elmer Cerano, Pam Lupo, Warren White, Rebecca Blake, Kimberly Singh, Katie Linehan, Robin Reynolds, Marilyn Litka-Klein, Barry Cargill, Alison Hirschel, Andrew Farmer, Mark Swan (for Cindy Schnetzler), Larry Wagenknecht

Staff: Kathy Stiffler, Dick Miles, Jackie Prokop, Lynda Zeller, Farah Hanley, Erin Emerson, Marie LaPres, Pam Diebolt, Cindy Linn, Sarah Slocum, Priscilla Cheever, Carrie Waggoner, Leslie Asman, Robert Hovenkamp, Abbey Babb, Christina Severin

Other Attendees: Denise Cushaney

Welcome and Introductions

Jan Hudson opened the meeting and introductions were made. Members of the planning committee for the Medicaid 50th Anniversary Celebration that took place on July 30, 2015 were recognized, and handouts from the event were made available for those who were unable to attend.

Fiscal Year (FY) 2016 Budget Implementation and FY 2017 Development

The Michigan Department of Health and Human Services (MDHHS) budget for FY 2016 is now in place. Several provisions affecting the Medicaid program were discussed, including an adjustment for actuarial soundness to keep Health Maintenance Organizations (HMOs) operational as they cover 75% of the Medicaid population, an adjustment for Prepaid Inpatient Health Plans (PIHPs), funding for an expansion of the **Healthy Kids Dental** program to cover children in Wayne, Oakland and Macomb counties up to the age of 13, and funding for a new psychiatric residential treatment wing of the Hawthorn Center for one quarter. In addition, an appropriation was included for an expansion of Program of All-Inclusive Care for the Elderly (PACE) programs, as well as for full funding for the Healthy Michigan Plan for FY 2015 and FY 2016. MDHHS staff also reported the closure of the W.J. Maxey Boys Training Center and several county MDHHS offices, but noted that no staff layoffs will result from the county office closures. Staff will be reassigned to other locations.

A council member expressed concern about cuts to Community Mental Health (CMH) services. In response, MDHHS staff reported that the Department received a \$20 million supplemental appropriation to recognize unmet needs in FY 2015 and FY 2016.

In FY 2017, MDHHS anticipates additional GF needs of approximately \$420 million, which includes over \$100 million required in General Fund (GF) matching funds for the Healthy Michigan Plan, an anticipated \$120 million shortfall if the legislature declines approval of an increase in the Health Insurance Claims Assessment (HICA) tax, as well as the expiration of the use tax, which brings in about \$200 million per year, but ends on December 31, 2016.

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Adult Dental Remains Fee-for-Service (FFS)

Kathy Stiffler reported that the Legislature did not approve funding to include adult dental benefits in the Managed Care Rebid. The MHPs are currently only required to cover adult dental benefits for the Healthy Michigan Plan population. Adult dental benefits for non-Healthy Michigan Plan Medicaid beneficiaries remain a FFS benefit.

Medicaid Director Search

The MCAC was informed that MDHHS has not yet named a new director for the Medical Services Administration (MSA), and that Kathy Stiffler will continue to serve as acting director until the position is filled.

Healthy Michigan Plan

Second Waiver Development/Progress

MDHHS staff discussed the details of Public Act 107 of 2013 requirements as they relate to the waiver amendment. MDHHS released a concept paper regarding the second waiver for the Healthy Michigan Plan on May 27, 2015, which is available on the MDHHS website at www.michigan.gov/healthymichiganplan >> Healthy Michigan Plan Second Waiver Document(s) and Public Hearing Information. A public hearing was also held on June 24, 2015 to discuss the waiver, which must be submitted to the Centers for Medicare and Medicaid Services (CMS) by September 1, 2015 and approved by December 31, 2015 for the Healthy Michigan Plan to continue. The Department has received many positive comments in response to the concept paper and public hearing, and council members were encouraged to continue to share their comments with MDHHS once the waiver is submitted to CMS for approval. Discussions between MDHHS and CMS regarding the second waiver have been productive throughout the waiver development process, and MDHHS believes that the requirements of the law can be met through a Section 1115 waiver. If an additional waiver is needed to meet the requirements of the law, the Department will also consider submitting a Section 1332 waiver for approval.

The waiver would require beneficiaries who have been enrolled in the Healthy Michigan Plan for 48 cumulative months and have incomes between 100% and 133% of the Federal Poverty Level (FPL) for each of the 48 months to:

- Leave the Healthy Michigan Plan and receive a subsidy to purchase health insurance from the Federally Facilitated Marketplace (FFM); or
- Remain on the Healthy Michigan Plan and pay a larger portion of their income toward cost-sharing and contributions.

MDHHS anticipates that the increased cost-sharing requirements of the second waiver will affect only a subset of the 100,000 beneficiaries with incomes greater than 100% FPL out of approximately 600,000 currently enrolled. If the second waiver is not approved, State law requires that the Healthy Michigan Plan must end on April 30, 2016, even though April 1, 2018 is the earliest date that any beneficiary can reach 48 cumulative months of enrollment. Jan Hudson noted that other states, such as Iowa and Arkansas, have received approval from CMS to implement hardship waivers for Medicaid beneficiaries who have difficulty meeting cost-sharing obligations, and encouraged MDHHS to consider seeking such a waiver as well.

Eligibility Issues and Fixes

Jackie Prokop provided attendees with an update regarding the Medicaid eligibility issues that were discussed at the May 2015 MCAC meeting, including parents who were denied Healthy Michigan Plan coverage when they did not include dependent children on their application, problems with shifting beneficiaries into the Transitional Medical Assistance (TMA) program when their eligibility ends for Family Independence program payments, and the incorrect denials of retroactive coverage for Healthy Michigan Plan beneficiaries at the time of enrollment. MDHHS implemented a release in Bridges to fix these issues, and began to re-process Medicaid applications for affected beneficiaries the weekend of August 8-9. Reprocessing is expected to be completed in September.

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Each beneficiary affected by reprocessing will receive a letter from MDHHS as Bridges corrects his/her file. In response to an inquiry from the council, MDHHS staff noted that regardless of a beneficiary's current enrollment status in a Medicaid Health Plan (MHP), claims for services provided during the beneficiary's retroactive eligibility period will be processed through the Medicaid FFS system. All providers will also receive a letter containing information regarding the reprocessing efforts, and what to expect if a beneficiary for whom they provided services is granted retroactive eligibility upon reprocessing. Jan Hudson requested that the MCAC receive a copy of the provider letter when it is distributed.

MI Health Account Payments

Kathy Stiffler reported that MDHHS is currently working with MHPs and Maximus to develop an executive report containing information about MI Health Account payments. A draft report has been completed, and MDHHS plans to have a final report ready to publish on the MDHHS website within a month following the MCAC meeting. A council member sought clarification about who a beneficiary should contact if they have questions regarding their MI Health Account statement. In response, MDHHS staff explained that if a beneficiary's income changed since their previous statement, they should contact their MDHHS caseworker to make the adjustment to their case. Other questions regarding MI Health Account statements should be directed to Maximus or the Beneficiary Help Line.

The MCAC was provided with statistics from the draft version of the Executive Report regarding the payment rate of contributions owed from beneficiaries by cohort, and council members were reminded that beneficiaries can reduce the contribution amount that they owe by completing a Health Risk Assessment (HRA) and choosing one or more healthy behaviors to address. MDHHS will not reduce contribution amounts for beneficiaries who complete an HRA unless they choose to engage in one or more healthy behaviors. An HRA report is published monthly on the MDHHS website at www.michigan.gov/healthymichiganplan >> Health Risk Assessment.

As of July 2015, about \$1.5 million had been collected. It is important to note that the Healthy Michigan Plan is a new program and MIHealth account billings are a totally new process for everyone. In addition, the University of Michigan, as part of their evaluation, is conducting focus groups of beneficiaries to determine the level of beneficiary understanding and obtain comments on the statements.

Managed Care Rebid

MDHHS issued a Request for Proposal (RFP) for a new managed care contract on May 8, 2015, and bids from MHPs were due on August 3, 2015. The new contracts will begin on January 1, 2016, while the current contracts have been extended through December 31, 2015. The first contract year will run for nine months to get back on the state fiscal year schedule.

Common Formulary Development

At the May 2015 MCAC meeting, it was announced that pharmacy benefits would remain part of the MHP benefit package and that pharmacies would be required to use a common formulary and the same administrative rules for pharmacy services. A draft version of the MHP common formulary was released for public comment on August 4, 2015 with proposed Medicaid policy 1540-Pharmacy, and comments are due on September 8, 2015. MDHHS plans to publish the final version of the MHP common formulary on January 1, 2016. MHPs will then integrate the common formulary in their claims system and will begin transitioning members' drug therapies to the common formulary starting April 1, 2016, with an expected completion date of September 30, 2016. A stakeholder meeting was held on August 11, 2015 to discuss the common formulary, and MDHHS received several comments, including concerns about coverage for the drugs that remain carved out of the MHP benefit package. In response, MDHHS staff clarified that the individual drugs that remain carved out of the MHP benefit package will be covered through Medicaid FFS. An additional stakeholder meeting is scheduled for November 19, 2015 to present the final version of the common formulary and take questions.

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Integrated Care for Dual Eligibles (MI Health Link)

Dick Miles gave an update on the MI Health Link demonstration, reporting that it became operational in March 2015, and currently serves approximately 35,000 beneficiaries among the four demonstration regions (Upper Peninsula, Southwest Michigan, Macomb County and Wayne County). A majority of beneficiaries are passively enrolled, and 40 to 50 percent of passive enrollees typically opt out of the program. After the final phase of the program's implementation in the four demonstration regions is complete at the end of September 2015, it is anticipated that 50,000 or more beneficiaries will be enrolled in MI Health Link.

MDHHS has experienced some problems with MI Health Link implementation that it is working to resolve, which include:

- Many MHPs reported that they were not receiving payment from MDHHS for services provided to MI Health Link beneficiaries.
- The Department has found eligibility inconsistencies in the Medicaid and Medicare files for some beneficiaries.
- Problems with billing Medicare and Medicaid claims from Mental Health providers who previously did not participate with both programs have also been experienced.
- Guardianship issues continue and are being worked on to resolve.

CMS has also granted MDHHS the option to send in a letter of support for extending the MI Health Link Demonstration by an additional two years. The letter would be non-binding, but extending the MI Health Link Demonstration would provide for its operation through 2020 and allow a more valid evaluation.

Dick also announced that Susan Yontz will be retiring from her position as director of the Integrated Care Division at the end of August 2015.

Merger of the Michigan Department of Community Health (MDCH) and the Department of Human Services (DHS) – Issues

At the May 2015 MCAC meeting, Tim Becker and Jan Hudson invited the MCAC members to share comments with them regarding any issues related to the merger of MDCH and DHS; problems with access to Non-Emergency Medical Transportation (NEMT) were raised. Jan again asked meeting attendees to share their concerns, and in response, several council members reported instances of beneficiaries who have experienced long wait times or who have difficulty receiving transportation services, particularly in the Metropolitan Detroit area. Also reported were caseworker denials for services indicating there are no funds for transportation. Kathy Stiffler observed there are not sufficient, reliable providers statewide. Several suggestions for addressing these problems were discussed, including providing for an exemption to the Limousine Act for personal care services providers to allow them to transport patients to medical appointments.

Implementation of Home Help Program Changes

The Medicaid Home Help program provides services to qualified beneficiaries who need assistance with activities of daily living. The program currently serves approximately 55,000 beneficiaries with an equal number of providers. An audit of the Home Help program in June 2014 revealed several areas of concern, including discrepancies between provider logs submitted and the services that were provided, and enrolled providers with criminal backgrounds. MDHHS has implemented several changes to the program to address these issues, including moving to an Electronic Services Verification (ESV) system within the Community Health Automated Medicaid Processing System (CHAMPS) for the submission of provider logs, which requires individual home help providers to enroll in CHAMPS, and the Department now conducts criminal background checks on all current and prospective individual home help providers. A parallel paper services verification system was also put into place for providers who meet certain criteria.

Per bulletin MSA 15-06, the ESV system was implemented on June 1, 2015, but due to problems with some providers having difficulty accessing the system, MDHHS has decided to delay negative action toward providers who are unable to submit provider logs via ESV while the issues are addressed. Critical decisions must be made on electronic verification. MDHHS has also issued bulletin MSA 14-40, which allows beneficiaries to sign a consent form in order to continue working with providers who have been convicted of certain types of crimes. Providers convicted of crimes such as Medicare or Medicaid fraud, patient abuse, etc., are ineligible to participate in the program, per bulletin MSA 14-31.

Behavioral Health Initiatives

Lynda Zeller acknowledged that there are pockets of the state where service and service delivery are issues. Some regions are doing really impressive work, particularly around the coordination of physical and behavioral health services.

MDHHS is working to implement several new projects related to behavioral health, including:

- The Department has applied for a planning grant to set up Certified Community Behavioral Health Clinics (CCBHCs). If selected for planning grant money, Michigan would be able to set up a prospective payment system for behavioral health clinics that take on additional responsibility, such as for physical health. Eight states will be selected to receive the planning grant from the federal government. The grant would allow for up to 10 CCBHCs to be established in Michigan.
- MDHHS currently provides Specialty Managed Care Services under section 1915(b) and 1915(c) waiver authorities. Under the section 1915(b) waiver, MDHHS is able to provide wraparound services to individuals in their homes or work places, rather than in an institutional setting. Due to cost-effectiveness issues with the current 1915(b) waiver services, MDHHS is in the process of exploring other waiver options to continue providing these services, including a section 1115 waiver or a 1915(i) waiver. No cuts to services or eligibility are planned as a result of this change.
- While the Healthy Michigan Plan has greatly increased access to behavioral health services for its 600,000 beneficiaries, nine out of ten Prepaid Inpatient Health Plans (PIHPs) were found to have been serving a much lower percentage of this population than MDHHS anticipated. The Department is working to identify barriers that might prevent beneficiaries from accessing these services. In addition, funding to serve those eligible for Medicare and Medicaid and spend-down individuals continues to be a challenge.
- A State Medicaid Directors letter was issued to discuss ways to strengthen Substance Use Disorder (SUD) services, including the use of the Innovation Accelerator Program (IAP) to identify coverage gaps that currently exist within states. MDHHS is scheduled for a conference call with CMS on Friday, August 14 to discuss the IAP. Governor Snyder has also created The Prescription Drug and Opioid Abuse task force to discuss SUD services, which meets weekly. A list of recommendations for SUD treatment services developed by the task force is expected to be released in the fall.
- Lynda clarified that the uniform consent form for SUD services needs to be signed by a clinician from each provider with an active relationship with a beneficiary to be valid. It does not provide for an automated gateway for providers to share information among each other.
- The Behavioral Health and Developmental Disabilities Administration (BHDDA) is also working with MSA on the Defending Childhood Initiative, which is focused on early intervention and prevention of trauma in early childhood.
- Michigan has been selected to be part of the National Governor's Association task force on high users of emergency room services. As a component of the project, the Department is looking for options/opportunities to implement recommendations from Michigan's report *Recommendations for Addressing the Needs of High Utilizer/Super Utilizer Patients in Michigan*.

Policy Updates

A policy bulletin update handout was distributed to each attendee, and several policy changes were discussed.

Chairperson and Consumer Representation for 2016

MDHHS requested a consumer representative(s) be added to the MCAC in 2016, and the council discussed outreach ideas to find the right individual(s) to fill the role. Jan also announced that she will be retiring in early 2016, and asked the council to begin considering candidates to fill the MCAC Chair position.

4:30 – Adjourn

Next Meeting: November 18, 2015

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

PERFORMANCE MONITORING REPORT

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

Composite – All Plans



October 2015

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

Performance Monitoring Report

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Performance Monitoring Report

Executive Summary

This Performance Monitoring Report represents a change in how the Managed Care Plan Division (MCPD) tracks quality, access, and utilization in the Michigan Medicaid program to better support high quality care for beneficiaries in the following ways:

- Allows for greater granularity in reporting. The Department now has the capacity to report data on the basis of program area (traditional Medicaid, Healthy Michigan Plan, FFS), by beneficiary demographic information (age, gender, race/ethnicity), or region
- Provides data in a more timely fashion

Some measures presented here are from the Adult Core Health Care Quality Measurement Set developed by the Centers for Medicare and Medicaid Services (CMS). The specifications published by CMS for these measures were used in the generation of the rates in this report with one exception; the measures reported here do NOT include data from medical record review or other administrative databases. The measures in this report have been generated using ONLY encounter data found in the Medicaid data warehouse. Therefore, the data here should not be compared to HEDIS measures or compared to HEDIS national benchmarks.

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. FY 2015 Performance monitoring includes measures of the following categories:

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

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

Performance Monitoring Report

Measurement Frequency

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

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

MHPs are contractually obligated to achieve specified standards for each measure. The following tables display the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed month or quarter, for fiscal year 2015 unless otherwise noted.

Table 1: Fiscal Year 2015¹

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

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

Performance Monitoring Report

Table 1: Fiscal Year 2015 (continued)

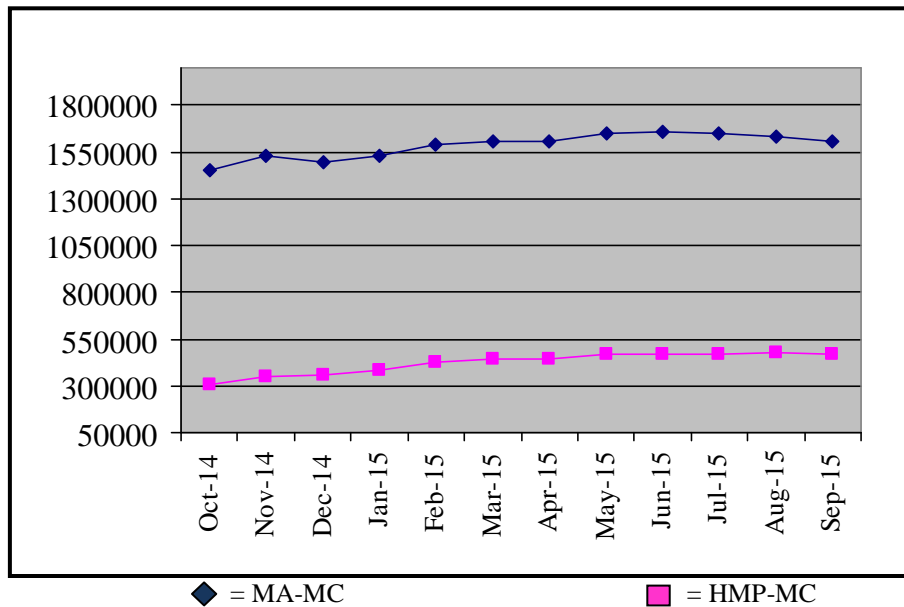
Antidepressant Medication Management	N/A		N/A		N/A		N/A		N/A		N/A	
Annual Monitoring for Patients on Persistent Medications	N/A		N/A		N/A		N/A		N/A		N/A	
Monthly Reported Measures	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Blood Lead Testing	5/13	4/13	4/13	4/13	4/13	5/13	5/13	4/13	4/13	13/13	13/13	13/13
Developmental Screening	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Claims Processing	10/13	10/13	10/13	11/13	11/13	10/13	11/13	11/13	13/13	12/13	13/13	13/13
Encounter Data Reporting	13/13	13/13	13/13	13/13	13/13	12/13	12/13	12/13	13/13	13/13	13/13	12/13
Pharmacy Encounter Data	13/13	13/13	12/13	13/13	12/13	11/13	13/13	12/13	12/13	13/13	13/13	13/13
Provider File Reporting	13/13	13/13	13/13	12/13	11/13	12/13	12/13	13/13	12/13	13/13	13/13	13/13

Managed Care Enrollment

Michigan Medicaid Managed Care (MA-MC) enrollment has increased over the past year. In September 2015, enrollment was 1,610,382, up 155,419 enrollees (10.7%) from October 2014. A decrease of 20,944 enrollees (1.3%) was realized between August 2015 and September 2015.

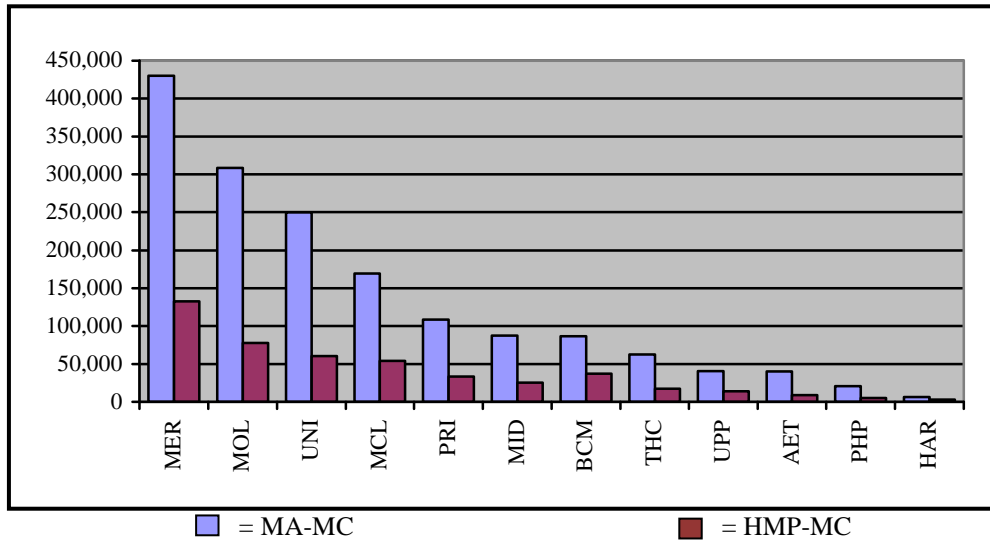
The Healthy Michigan Plan (HMP-MC) enrollment has also increased. In September 2015, enrollment was 468,777. This was an increase of 158,432 enrollees (51.1%) from October 2014. A decrease of 5,465 enrollees (1.2%) was realized between August 2015 and September 2015.

Figure 1: MA-MC and HMP-MC Enrollment, October 2014 – September 2015



Performance Monitoring Report

Figure 2: MA-MC and HMP-MC Enrollment, by Health Plan, September 2015



Medicaid Health Plan News

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

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

As of October 1, 2015 CoventryCares of Michigan has changed its name to Aetna Better Health of Michigan. Their Three Letter MHP Code (COV) has also been changed to AET and is reflected in this report.

Cross-Plan Performance Monitoring Analyses

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

Performance Monitoring Report

Childhood Immunizations

Measure

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

Standard

N/A – This measure is informational only

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Data for this measure will not be reported this quarter.

Performance Monitoring Report

Elective Delivery

Measure

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

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Data for this measure will not be reported this quarter.

Performance Monitoring Report

Postpartum Care

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

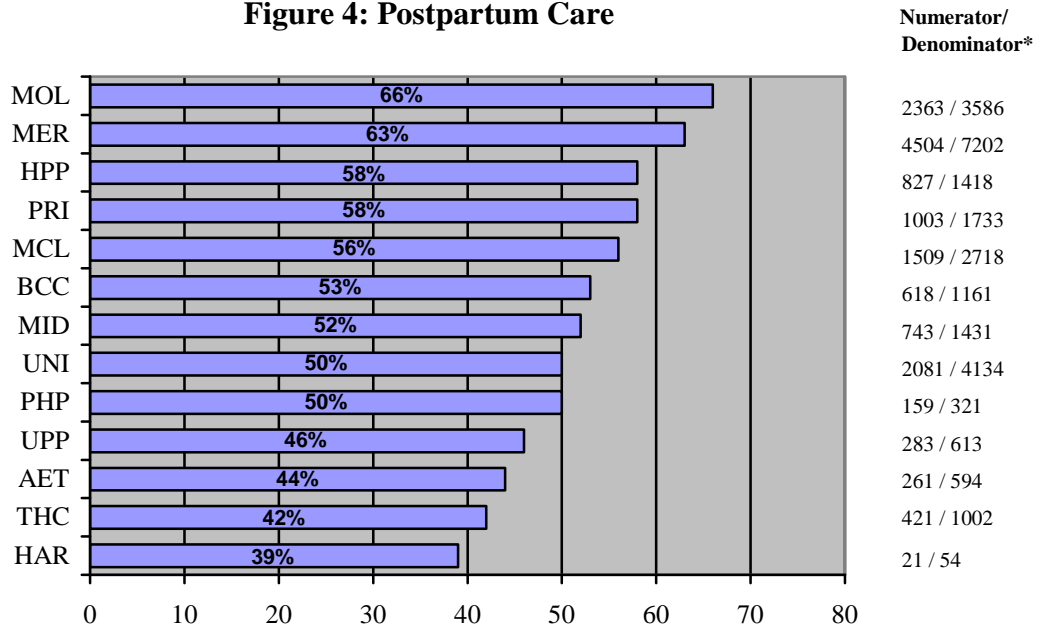
Measurement Frequency

Quarterly

Table 3: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	18743	35001	54%
Fee For Service (FFS) only	605	1882	32%
Managed Care only	15001	26381	57%
MA-MC	14129	24879	57%
HMP-MC	317	582	54%

Figure 4: Postpartum Care



Postpartum Care Percentages

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

Performance Monitoring Report

Blood Lead Testing for Two Year Olds

Measure

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

Standard

81% for continuously enrolled children

Measurement Period

July 2015 – September 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Monthly

Summary²

The plan-wide weighted average was 77%, four percentage points below the standard for the measure. All MHPs met or exceeded the standard in July, August, and September.

Table 4: Blood Lead Testing for Two Year Olds

MHP	Standard	Cont. Enrolled Result			Standard Achieved		
		Jul	Aug	Sep	Jul	Aug	Sep
AET	81%	76%	75%	75%	*Yes	*Yes	*Yes
BCC	81%	67%	67%	66%	*Yes	*Yes	*Yes
HAR	81%	68%	68%	63%	*Yes	*Yes	*Yes
HPP	81%	85%	85%	86%	*Yes	*Yes	*Yes
MCL	81%	82%	82%	82%	*Yes	*Yes	*Yes
MER	81%	79%	79%	79%	*Yes	*Yes	*Yes
MID	81%	70%	71%	70%	*Yes	*Yes	*Yes
MOL	81%	73%	73%	73%	*Yes	*Yes	*Yes
PHP	81%	78%	77%	80%	*Yes	*Yes	*Yes
PRI	81%	81%	81%	81%	*Yes	*Yes	*Yes
THC	81%	68%	69%	69%	*Yes	*Yes	*Yes
UNI	81%	75%	75%	75%	*Yes	*Yes	*Yes
UPP	81%	87%	87%	87%	*Yes	*Yes	*Yes

² **All plans will receive a pass this quarter for the Blood Lead Testing for Two Year Olds measure due to the addition of the CSHCS population.*

Performance Monitoring Report

Developmental Screening

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

July 2015 – September 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

Monthly

Table 5: Developmental Screening

MHP	First Year of Life			Second year of Life			Third Year of Life		
	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
AET	19%	19%	21%	22%	22%	22%	15%	16%	17%
BCC	39%	39%	39%	48%	48%	48%	33%	34%	35%
HAR	7%	10%	15%	19%	22%	24%	11%	13%	13%
HPP	30%	30%	32%	35%	35%	36%	28%	30%	30%
MCL	22%	23%	23%	25%	26%	26%	20%	20%	21%
MER	22%	23%	23%	26%	26%	26%	21%	22%	22%
MID	29%	30%	31%	33%	34%	34%	25%	25%	26%
MOL	23%	23%	24%	28%	28%	28%	20%	21%	20%
PHP	26%	24%	22%	27%	30%	30%	18%	16%	16%
PRI	24%	25%	26%	36%	35%	36%	30%	30%	30%
THC	20%	20%	21%	22%	22%	23%	13%	14%	14%
UNI	24%	24%	24%	29%	29%	30%	22%	22%	23%
UPP	18%	16%	16%	18%	17%	17%	15%	15%	15%

Performance Monitoring Report

Well-Child Visits First 15 Months

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

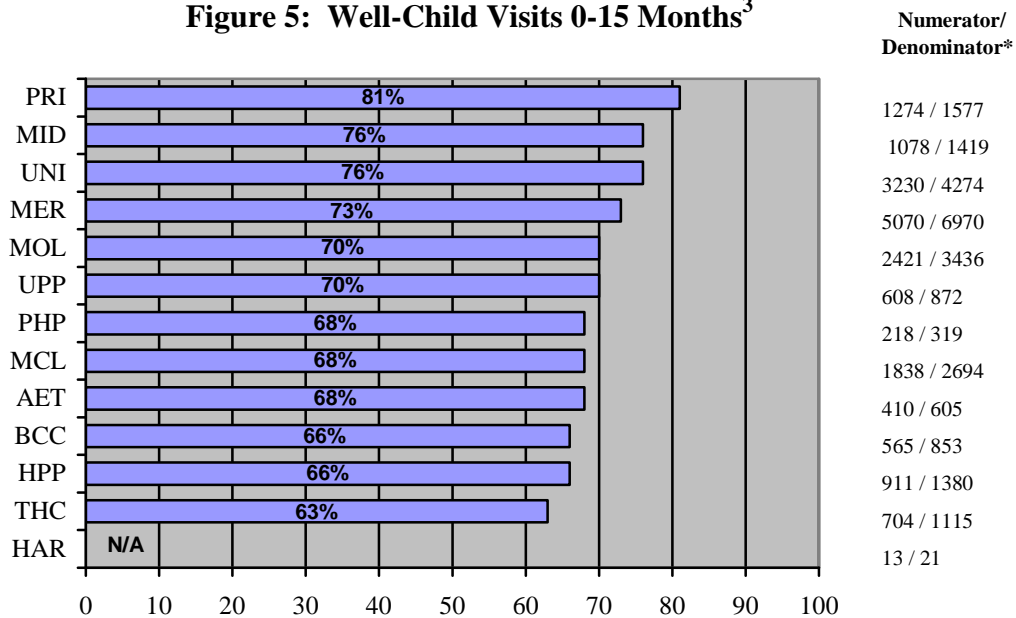
Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Figure 5: Well-Child Visits 0-15 Months³



Well-Child Visits 0-15 Months Percentage

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

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

Performance Monitoring Report

Well-Child Visits 3-6 Years Old

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

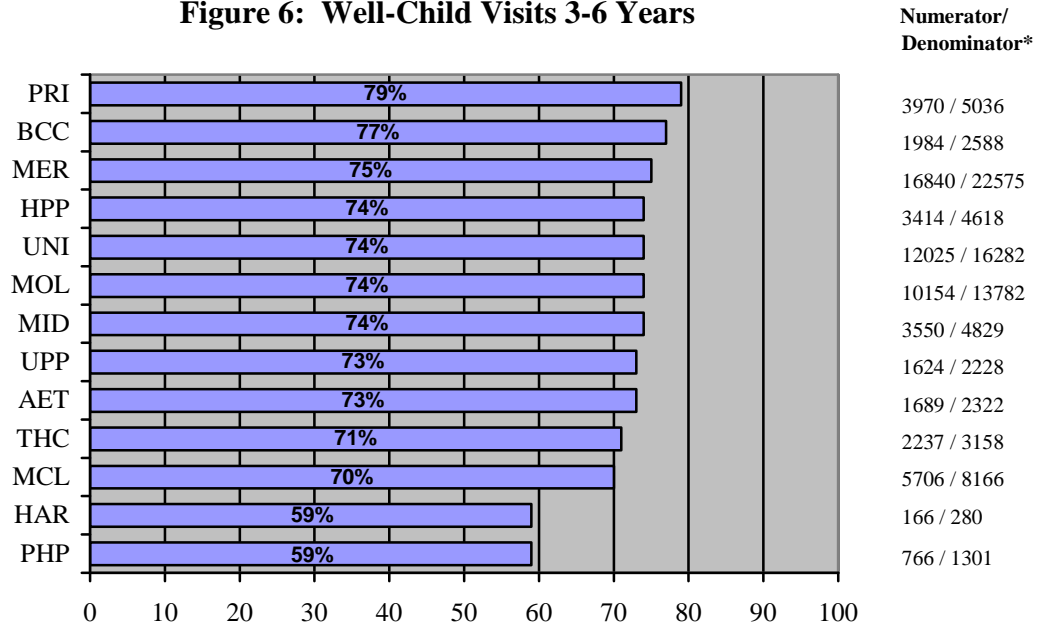
Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Figure 6: Well-Child Visits 3-6 Years



Well-Child Visits 3-6 Years Percentage

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

Performance Monitoring Report

Complaints

Measure

Rate of complaints received by MDHHS during the measurement period.

Standard

At or below 0.15 complaints per 1,000 member months

Measurement Period

April 2015 – June 2015

Data Source

Customer Relations System (CRM)

Measurement Frequency

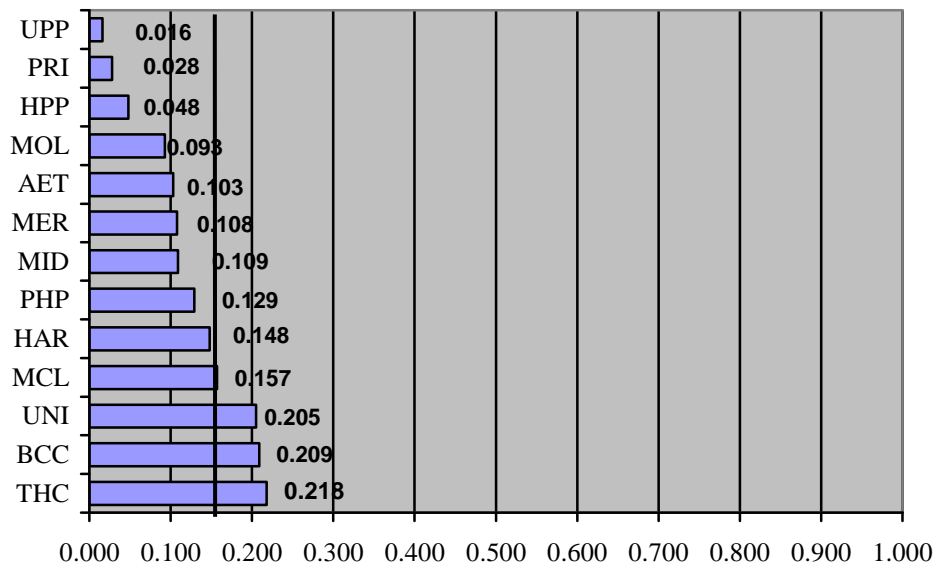
Quarterly

Summary

Nine of the thirteen MHPs met or exceeded the standard, while four plans (BCC, MCL, THC, and UNI) did not. The results ranged from 0.016 to 0.218 complaints per 1,000 member months.

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

Figure 7: Complaints



Performance Monitoring Report

Claims Processing

Measure

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

Standard

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

Measurement Period

May 2015 – July 2015

Data Source

Claims report submitted by health plan

Measurement Frequency

Monthly

Summary

In May, twelve MHPs met the standard of submitting a claims report within 30 days; processing greater than or equal to 95% of clean non-pharmacy claims within 30 days of receipt with less than or equal to 12% rejected claims; and maintaining less than or equal to 1% of ending inventory greater than 45 days, while two plans did not.

In June and July, all MHPs met the standard of submitting a claims report within 30 days; processing greater than or equal to 95% of clean non-pharmacy claims within 30 days of receipt with less than or equal to 12% rejected claims; and maintaining less than or equal to 1% of ending inventory greater than 45 days.

Table 6: Claims Processing May 2015

MHP	Timely	Accurate	$\geq 95\%$	$\leq 12\%$	$\leq 1\%$	Standard Achieved
AET	Yes	Yes	100%	3%	0.00%	Yes
BCC	Yes	Yes	99%	6%	0.54%	Yes
HAR	Yes	Yes	100%	0%	0.00%	Yes
HPP	Yes	Yes	99%	6%	0.04%	Yes
MCL	Yes	Yes	100%	4%	0.16%	Yes
MER	Yes	Yes	99%	8%	0.00%	Yes
MID	Yes	Yes	97%	1%	0.00%	Yes
MOL	Yes	Yes	99%	2%	0.19%	Yes
PHP	Yes	Yes	99%	0%	1.24%	No
PRI	Yes	Yes	100%	5%	0.20%	Yes
THC	Yes	Yes	100%	3%	0.00%	Yes
UNI	Yes	Yes	100%	10%	0.21%	Yes
UPP	Yes	Yes	100%	10%	0.00%	Yes

Performance Monitoring Report

Table 7: Claims Processing June 2015

MHP	Timely	Accurate	≥95%	<12%	<1%	Standard Achieved
AET	Yes	Yes	100%	4%	0.00%	Yes
BCC	Yes	Yes	99%	7%	0.14%	Yes
HAR	Yes	Yes	100%	0%	0.00%	Yes
HPP	Yes	Yes	100%	3%	0.02%	Yes
MCL	Yes	Yes	99%	4%	0.06%	Yes
MER	Yes	Yes	98%	9%	0.00%	Yes
MID	Yes	Yes	97%	0%	0.00%	Yes
MOL	Yes	Yes	100%	3%	0.04%	Yes
PHP	Yes	Yes	100%	0%	0.36%	Yes
PRI	Yes	Yes	99%	6%	0.06%	Yes
THC	Yes	Yes	100%	3%	0.00%	Yes
UNI	Yes	Yes	100%	10%	0.08%	Yes
UPP	Yes	Yes	99%	8%	0.00%	Yes

Table 8: Claims Processing July 2015

MHP	Timely	Accurate	≥95%	<12%	<1%	Standard Achieved
AET	Yes	Yes	100%	4%	0.00%	Yes
BCC	Yes	Yes	99%	8%	0.19%	Yes
HAR	Yes	Yes	100%	0%	0.00%	Yes
HPP	Yes	Yes	100%	3%	0.02%	Yes
MCL	Yes	Yes	99%	4%	0.09%	Yes
MER	Yes	Yes	99%	9%	0.00%	Yes
MID	Yes	Yes	99%	0%	0.00%	Yes
MOL	Yes	Yes	100%	2%	0.07%	Yes
PHP	Yes	Yes	99%	0%	0.06%	Yes
PRI	Yes	Yes	99%	5%	0.02%	Yes
THC	Yes	Yes	100%	4%	0.00%	Yes
UNI	Yes	Yes	100%	9%	0.78%	Yes
UPP	Yes	Yes	98%	9%	0.00%	Yes

Performance Monitoring Report

Encounter Data Reporting

Measure

Timely and complete encounter data submission

Standard

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

Measurement Period

July 2015 – September 2015

Data Source

MDHHS Data Exchange Gateway, MDHHS Data Warehouse

Measurement Frequency

Monthly

Summary

All MHPs met the standard of submitting a minimum volume of professional and institutional June 2015 adjudicated claims by the 15th of July; All MHPs met the standard of submitting a minimum volume of professional and institutional July 2015 adjudicated claims by the 15th of August; Twelve MHPs met the standard of submitting a minimum volume of professional and institutional August 2015 adjudicated claims by the 15th of September, while one (HAR) did not.

Table 9: Encounter Data Reporting July 2015

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

Performance Monitoring Report

Table 10: Encounter Data Reporting August 2015

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

Table 11: Encounter Data Reporting September 2015

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

Performance Monitoring Report

Pharmacy Encounter Data Reporting

Measure

Timely and complete pharmacy encounter data submission

Standard

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

Measurement Period

July 2015 – September 2015

Data Source

MDHHS Data Exchange Gateway, Encounter Data

Measurement Frequency

Monthly

Summary⁴

All of the MHPs met the standard of submitting a minimum volume of pharmacy June 2015 adjudicated claims by the 15th of July; All MHPs met the standard of submitting a minimum volume of pharmacy July 2015 adjudicated claims by the 15th of August; All MHPs met the standard of submitting a minimum volume of pharmacy August 2015 adjudicated claims by the 15th of September.

Table 12: Pharmacy Encounter Data Reporting July 2015

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

⁴ *All plans will receive a pass for the pharmacy encounter measure for this quarter due to technical issues related to the transition to a new format.

Performance Monitoring Report

Table 13: Pharmacy Encounter Data Reporting August 2015

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

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

Table 14: Pharmacy Encounter Data Reporting September 2015

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

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

Performance Monitoring Report

Provider File Reporting

Measure

Monthly provider file submission.

Standard

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

Measurement Period

July 2015 – September 2015

Data Source

MDHHS Data Exchange Gateway, Encounter Data

Measurement Frequency

Monthly

Summary

All MHPs met the standard of submitting an error free provider file to Michigan ENROLLS for the months of July, August, and September.

Table 15: Provider File Reporting

MHP	Standard	Timely			Accurate			Standard Achieved		
		Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
AET	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
BCC	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
HAR	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
HPP	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MCL	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MER	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MID	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MOL	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PHP	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PRI	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
THC	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UNI	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UPP	Timely, Complete	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Performance Monitoring Report

Adults' Generic Drug Utilization

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

January 2015 – March 2015

Data Source

MDHHS Data Warehouse

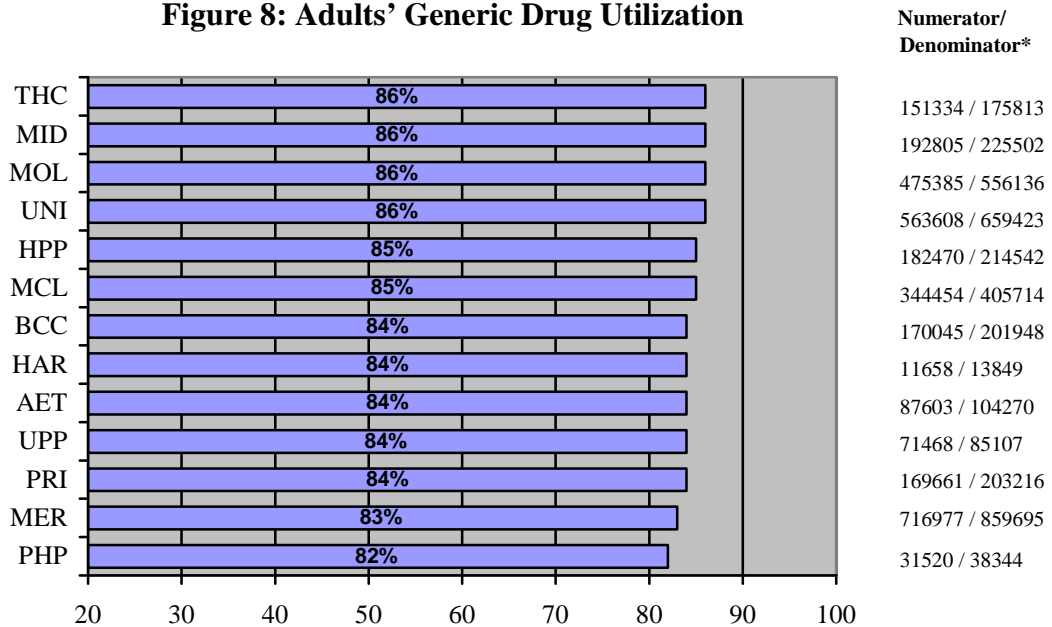
Measurement Frequency

Quarterly

Table 16: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	3290079	3915839	84%
Fee For Service (FFS) only	33326	62932	53%
Managed Care only	3186697	3764646	85%
MA-MC	1838608	2181412	84%
HMP-MC	1319767	1550044	85%

Figure 8: Adults' Generic Drug Utilization



Adult's Generic Drug Utilization Percentages

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

Performance Monitoring Report

Timely Completion of Initial Health Risk Assessment

Measure

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

Standard

N/A – This measure is informational only.

Enrollment Dates

October 2014 – December 2014

Data Source

MDHHS Data Warehouse

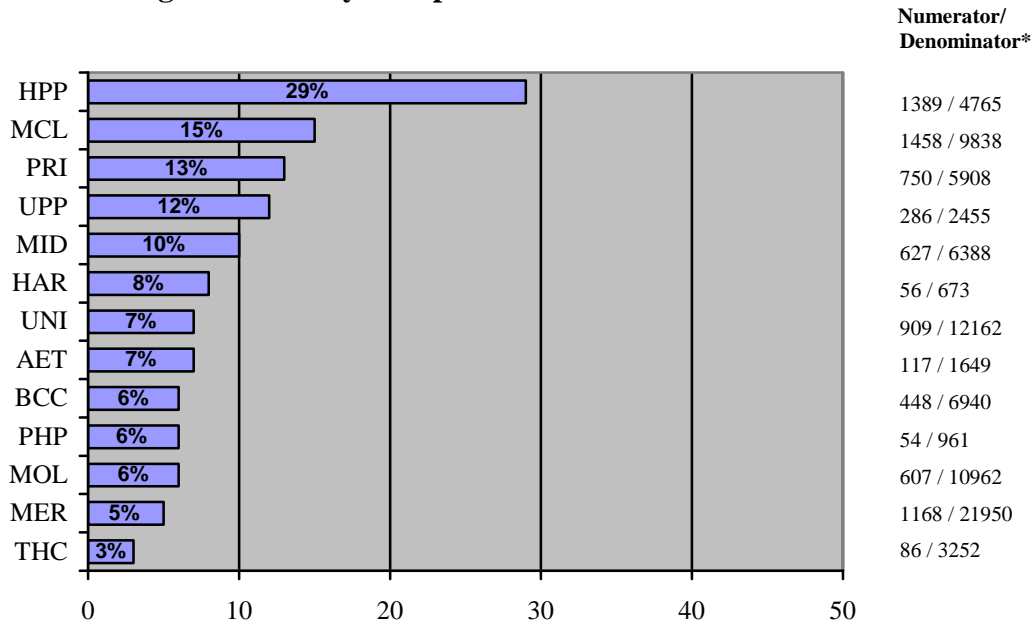
Measurement Frequency

Quarterly

Table 17: Program Total⁵

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	7955	87903	9%

Figure 9: Timely Completion of Initial HRA



Timely Completion of Initial HRA Percentages

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

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

Performance Monitoring Report

Outreach and Engagement to Facilitate Entry to Primary Care

Measure

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

Standard

N/A – This measure is informational only.

Enrollment Dates

October 2014 – December 2014

Data Source

MDHHS Data Warehouse

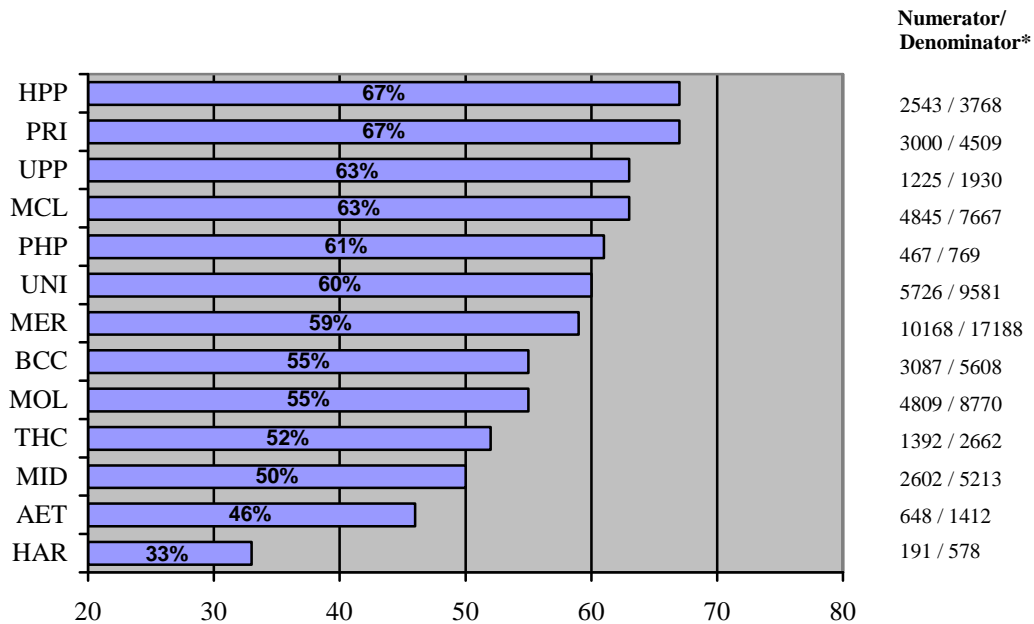
Measurement Frequency

Quarterly

Table 18: Program Total⁶

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	58951	87909	67%

Figure 10: 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.

⁶ This includes visits during the HMP FFS period prior to enrollment in a Medicaid health plan.

Performance Monitoring Report

Plan All-Cause Acute 30-Day Readmissions

Measure

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

Standard

N/A – This measure is informational only.

Enrollment Dates

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

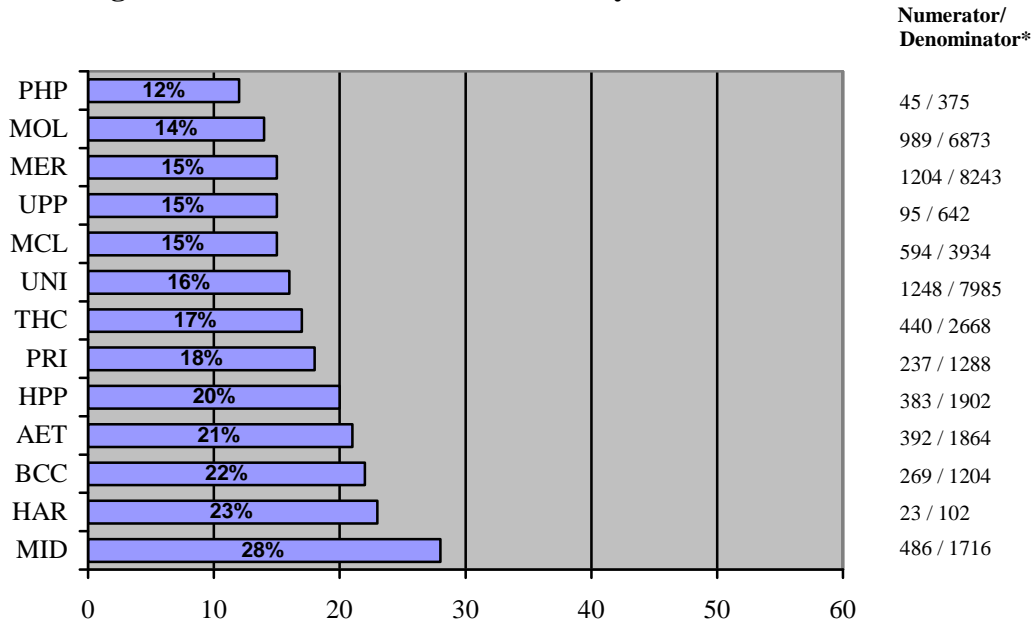
Annually

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

Table 19: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	9376	57706	16%
Fee For Service (FFS) only	564	2762	20%
Managed Care only	6818	41398	17%
MA-MC	6560	38909	17%

Figure 11: Plan All-Cause Acute 30-Day Readmissions



Plan All-Cause Acute 30-Day Readmissions Percentages

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

Performance Monitoring Report

Adults' Access to Ambulatory Health Services

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

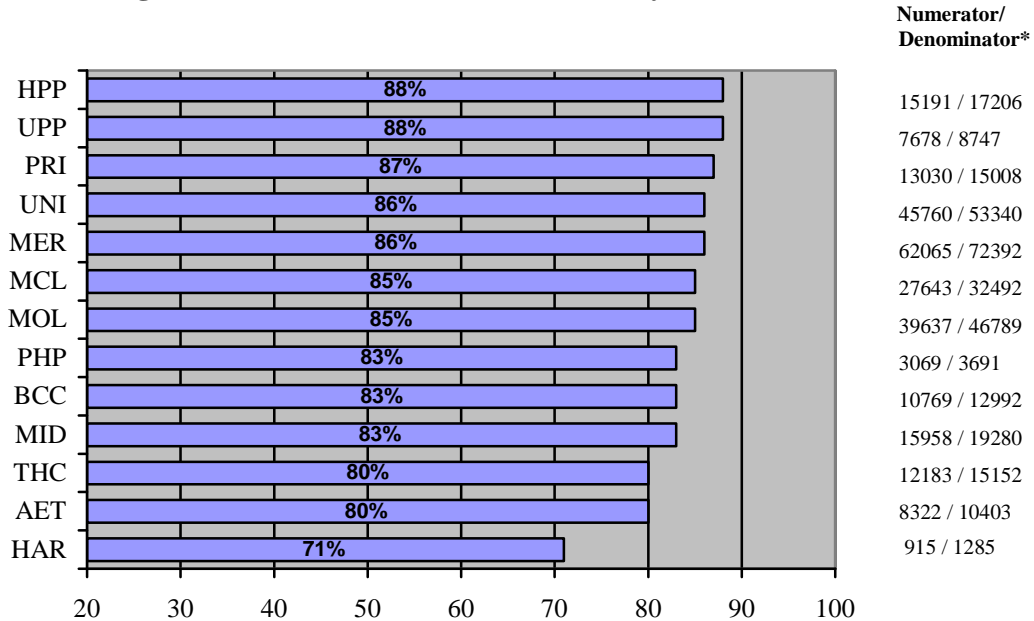
Measurement Frequency

Quarterly

Table 20: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	471614	563739	84%
Fee For Service (FFS) only	7631	11086	69%
Managed Care only	273095	320679	85%
MA-MC	190467	223174	85%
HMP-MC	43545	51268	85%

Figure 12: Adults' Access to Ambulatory Health Services



Adult's Access to Ambulatory Health Services Percentages

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

Performance Monitoring Report

Adult Body Mass Index (BMI) Assessment

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

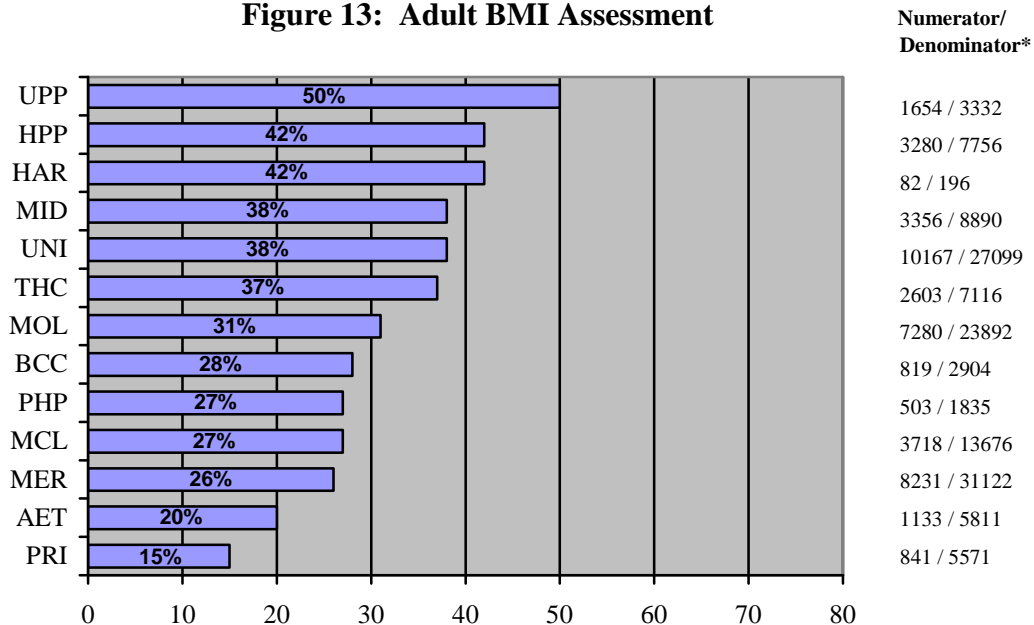
Measurement Frequency

Quarterly

Table 21: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	63711	203665	31%
Fee For Service (FFS) only	751	2706	28%
Managed Care only	46875	148162	32%
MA-MC	41778	129765	32%
HMP-MC	N/A	N/A	N/A

Figure 13: Adult BMI Assessment



Adult BMI Assessment Percentages

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

Performance Monitoring Report

Breast Cancer Screening

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

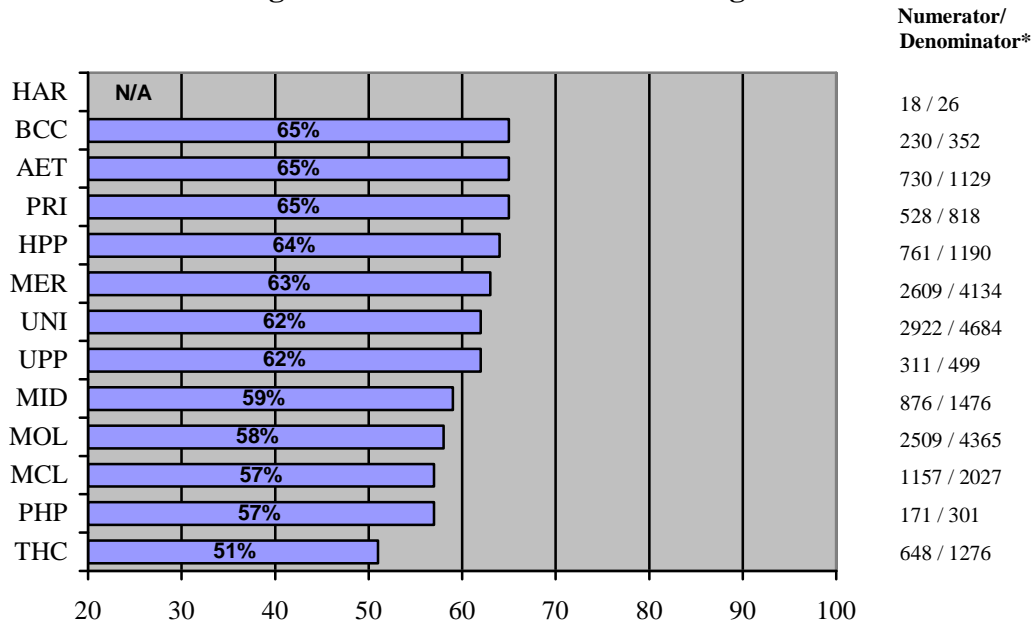
Measurement Frequency

Quarterly

Table 22: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	17012	28830	59%
Fee For Service (FFS) only	473	938	50%
Managed Care only	14313	23764	60%
MA-MC	13801	22963	60%
HMP-MC	N/A	N/A	N/A

Figure 14: Breast Cancer Screening⁷



Breast Cancer Screening Percentages

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

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

Performance Monitoring Report

Cervical Cancer Screening

Measure

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

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

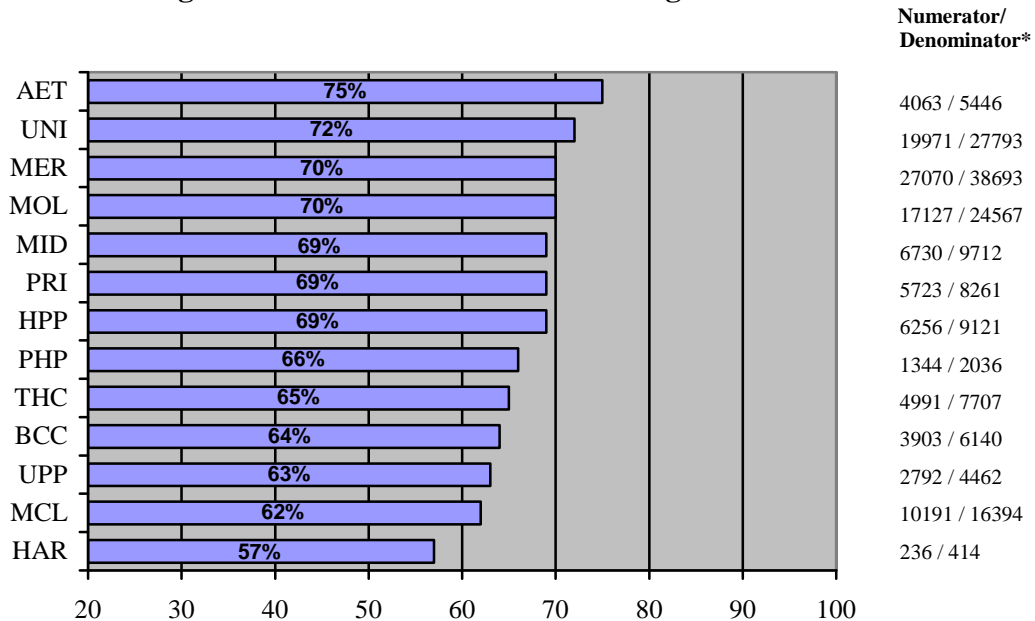
Measurement Frequency

Quarterly

Table 23: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	179175	288467	62%
Fee For Service (FFS) only	2302	5668	41%
Managed Care only	115161	167593	69%
MA-MC	85968	122009	71%
HMP-MC	10929	21280	51%

Figure 15: Cervical Cancer Screening



Cervical Cancer Screening Percentages

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

Performance Monitoring Report

Diabetes Short-Term Complications Admission Rate

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

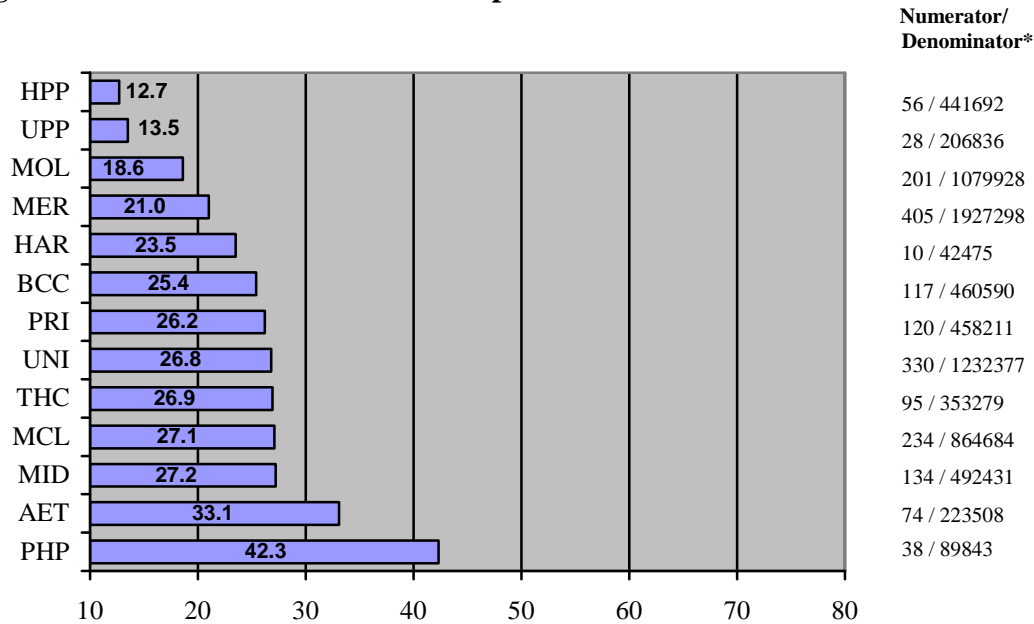
Quarterly

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

Table 24: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	2634	10196592	25.8
Fee For Service (FFS) only	791	2321828	34.1
Managed Care only	1843	7874764	23.4
MA-MC	1224	4670084	26.2
HMP-MC	619	3204680	19.3

Figure 16: Diabetes Short-Term Complications Admission Rate



Diabetes Short-Term Complications Admission Rate

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

Performance Monitoring Report

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

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

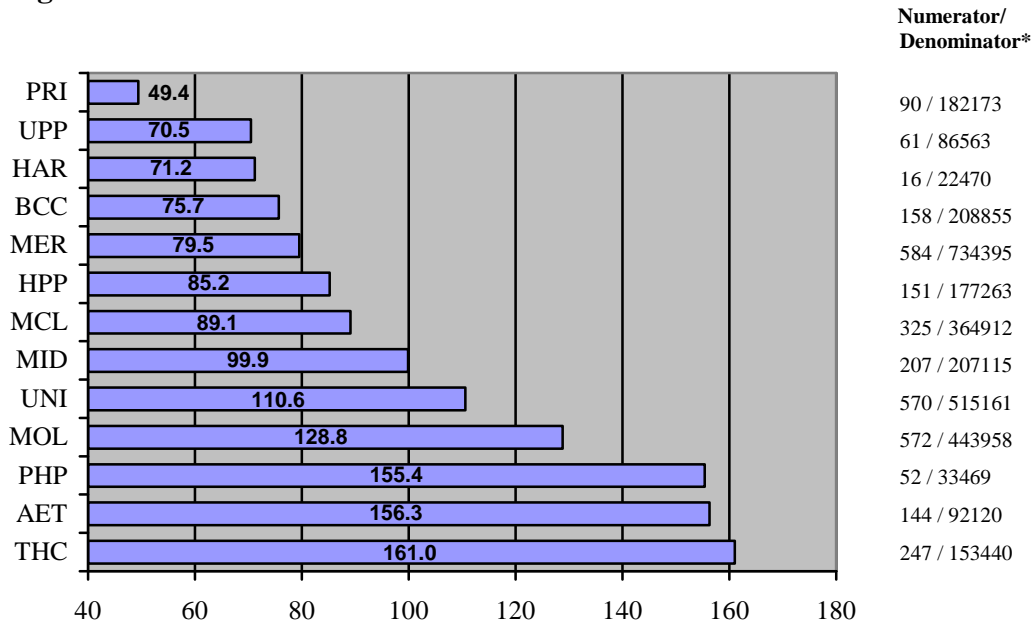
Quarterly

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

Table 25: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	3887	4120980	94.3
Fee For Service (FFS) only	709	898526	78.9
Managed Care only	3178	3222454	98.6
MA-MC	2557	1701405	150.3
HMP-MC	621	1521049	40.8

Figure 17: COPD or Asthma in Older Adults Admission Rate



COPD or Asthma in Older Adults Admission Rate

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

Performance Monitoring Report

Heart Failure Admission Rate

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

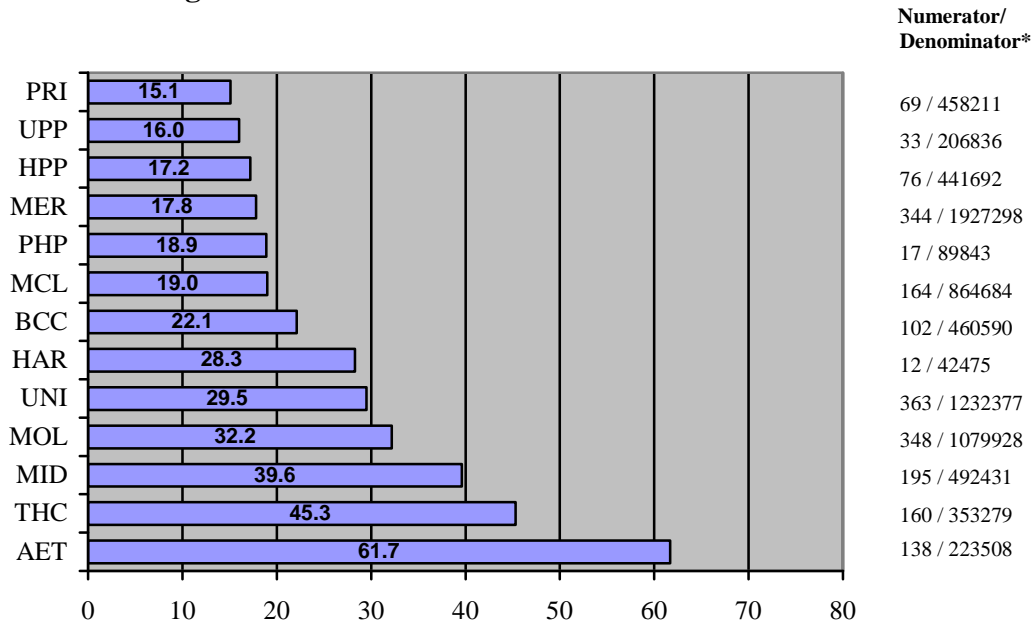
Quarterly

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

Table 26: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	2744	10196592	25.1
Fee For Service (FFS) only	721	2321828	31.1
Managed Care only	2023	7874794	25.7
MA-MC	1626	4670084	34.8
HMP-MC	397	3204680	12.4

Figure 18: Heart Failure Admission Rate



Heart Failure Admission Rate

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

Performance Monitoring Report

Asthma in Younger Adults Admission Rate

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

Measurement Frequency

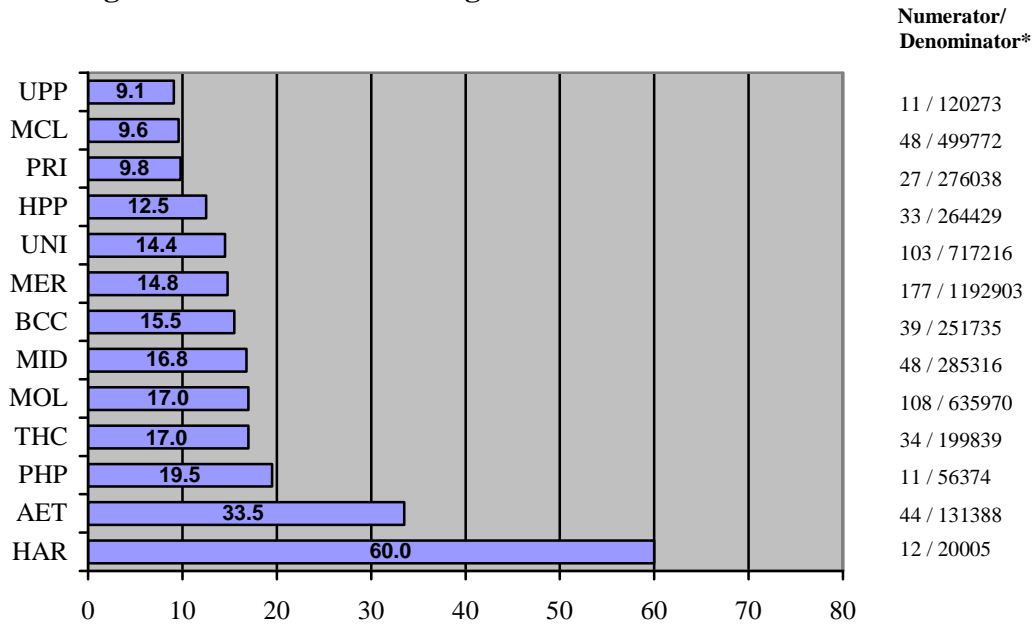
Quarterly

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

Table 27: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Rate
Michigan Medicaid All	923	6075612	15.2
Fee For Service (FFS) only	228	1423302	16
Managed Care only	695	4652310	14.9
MA-MC	518	2968679	17.4
HMP-MC	177	1683631	10.5

Figure 19: Asthma in Younger Adults Admission Rate



Asthma in Younger Adults Admission Rate

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

Performance Monitoring Report

Chlamydia Screening in Woman

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

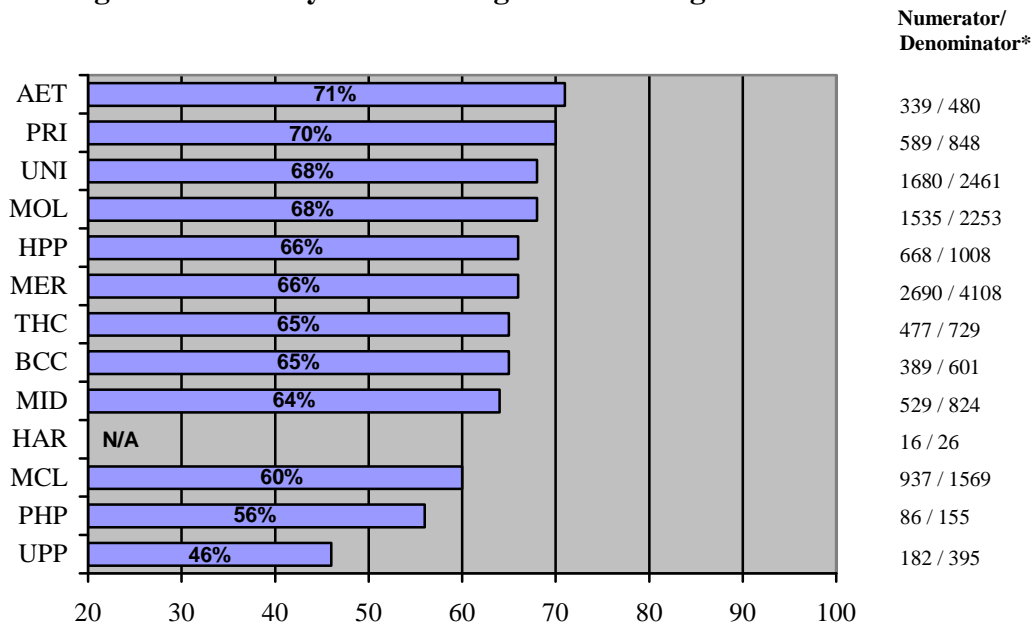
Measurement Frequency

Quarterly

Table 28: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	21213	31973	66%
Fee For Service (FFS) only	232	457	51%
Managed Care only	10599	16144	66%
MA-MC	7802	11720	67%
HMP-MC	920	1563	59%

Figure 20: Chlamydia Screening in Women Ages 21 to 24⁸



Chlamydia Screening in Women Ages 21 to 24 Percentages

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

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

Performance Monitoring Report

Comprehensive Diabetes Care: Hemoglobin A1c Testing

Measure

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

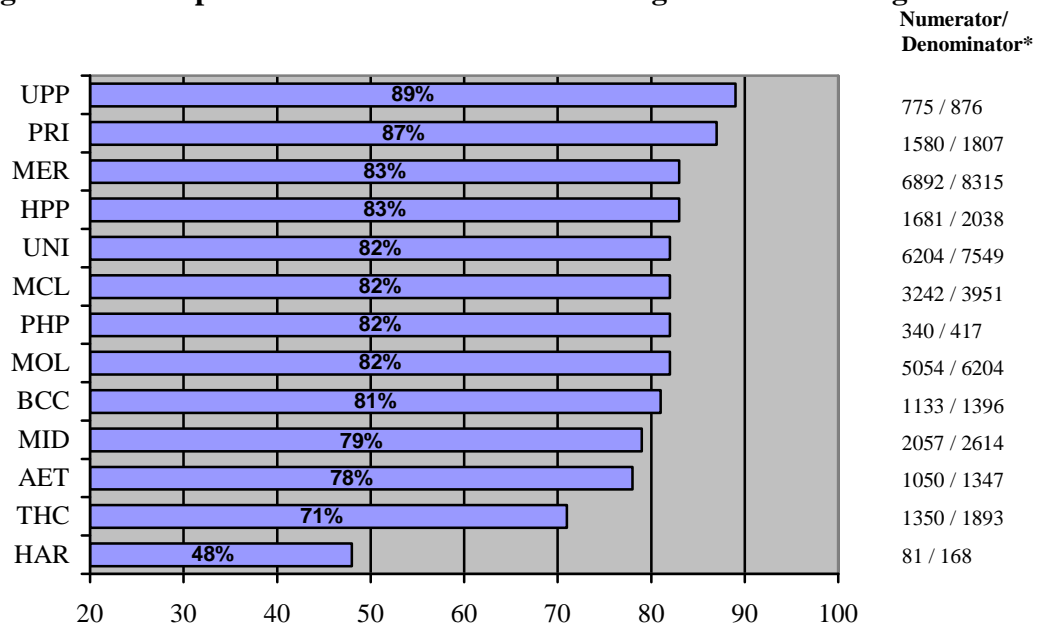
Measurement Frequency

Quarterly

Table 29: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	49716	60900	82%
Fee For Service (FFS) only	1317	1731	76%
Managed Care only	32752	40188	82%
MA-MC	25313	31289	81%
HMP-MC	5081	5989	85%

Figure 21: Comprehensive Diabetes Care: Hemoglobin A1c Testing



Comprehensive Diabetes Care: Hemoglobin A1c Testing Percentages

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

Performance Monitoring Report

Antidepressant Medication Management

Measure

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

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Warehouse

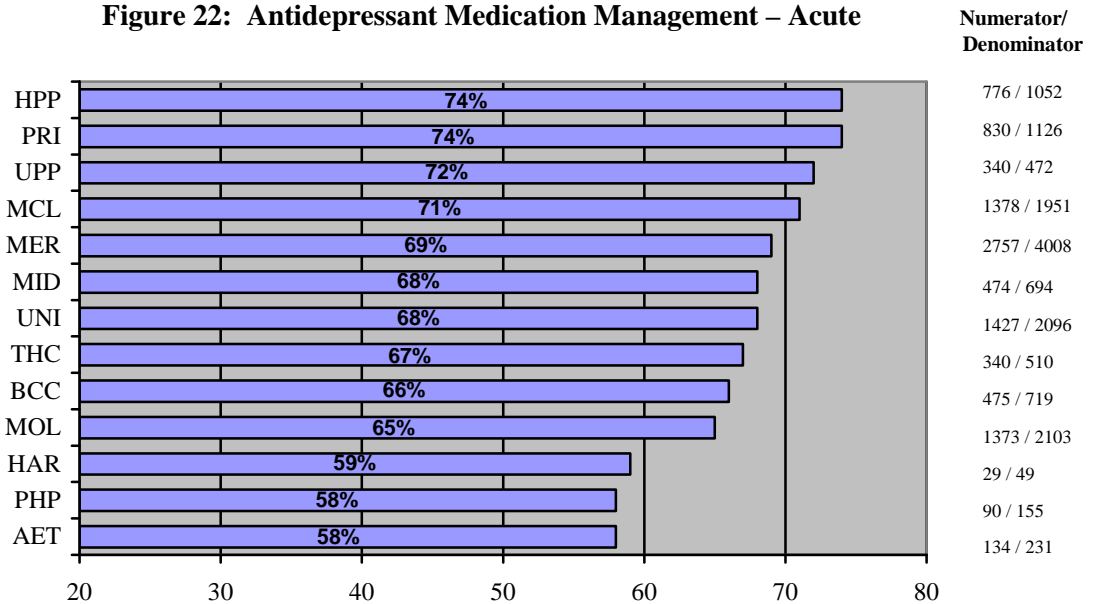
Measurement Frequency

Quarterly

Table 30: Comparison across Medicaid Programs - Acute

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	14923	21324	70%
Fee For Service (FFS) only	9429	13210	71%
Managed Care only	14522	20693	70%
MA-MC	7914	11805	67%
HMP-MC	8085	11066	73%

Figure 22: Antidepressant Medication Management – Acute



Antidepressant Medication Management – Acute Percentages

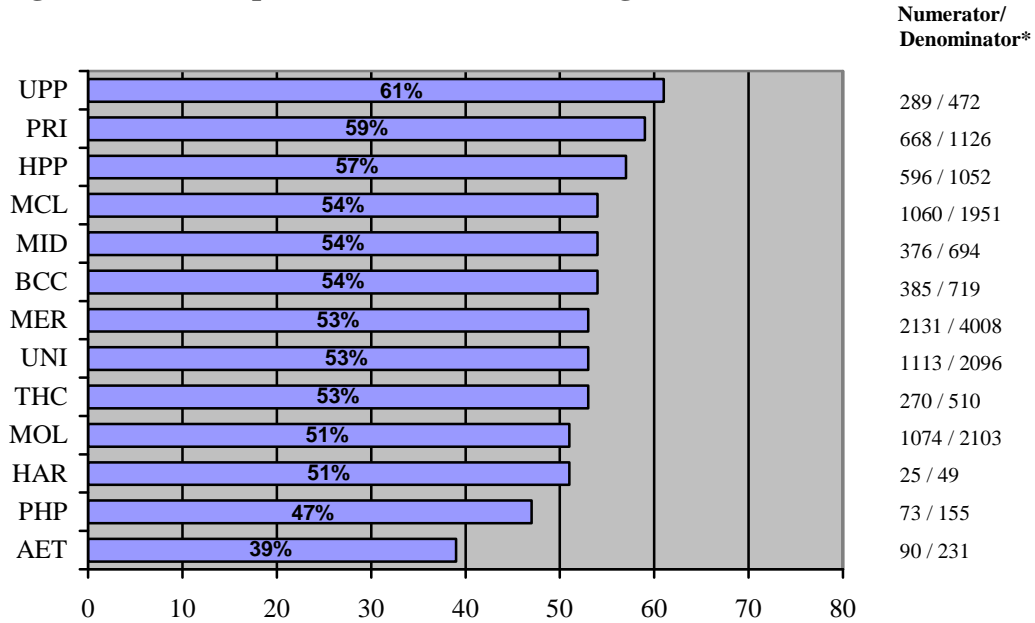
*Numerator depicts the number of eligible beneficiaries who remained on an antidepressant medication for at least 84 days (12 weeks). Denominator depicts the total number of eligible beneficiaries.

Performance Monitoring Report

Table 31: Comparison across Medicaid Programs - Continuous

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	11840	21324	56%
Fee For Service (FFS) only	7542	13210	57%
Managed Care only	11531	20693	56%
MA-MC	6084	11805	52%
HMP-MC	6596	11066	60%

Figure 23: Antidepressant Medication Management – Continuous



Antidepressant Medication Management – Continuous Percentages

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

Performance Monitoring Report

Annual Monitoring for Patients on Persistent Medications

Measure

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

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

Standard

N/A – This measure is informational only.

Measurement Period

April 2014 – March 2015

Data Source

MDHHS Data Exchange Gateway, Encounter Data

Measurement Frequency

Quarterly

**See next page for tables and figures*

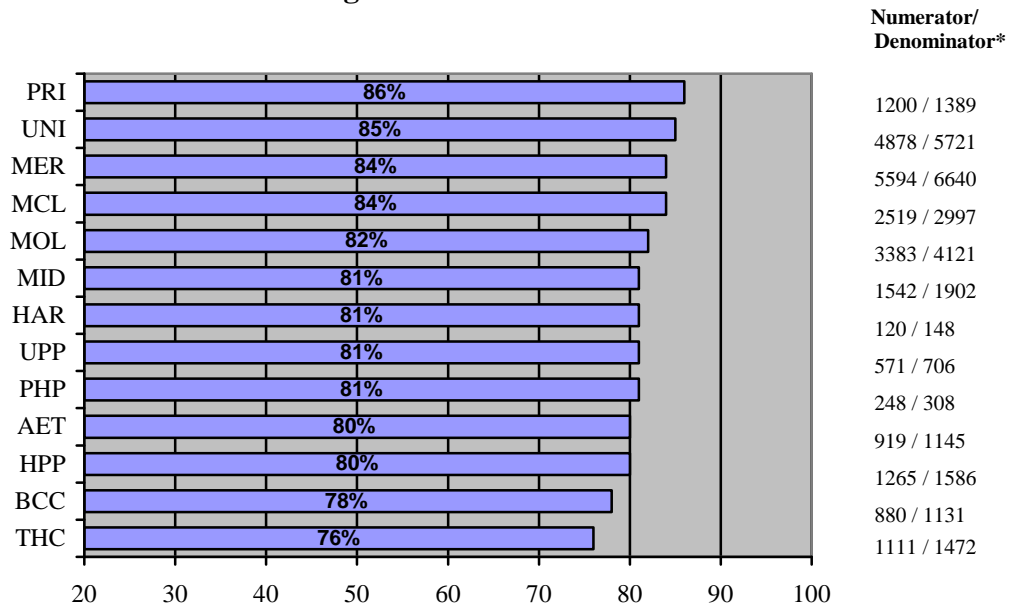
Performance Monitoring Report

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

Table 32: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	37892	45587	83%
Fee For Service (FFS) only	454	554	82%
Managed Care only	25098	30313	83%
MA-MC	18297	22060	83%
HMP-MC	4973	5988	83%

Figure 24: Annual monitoring for enrollees on ACE inhibitors or ARB



Annual monitoring for enrollees on ACE inhibitors or ARB Percentages

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

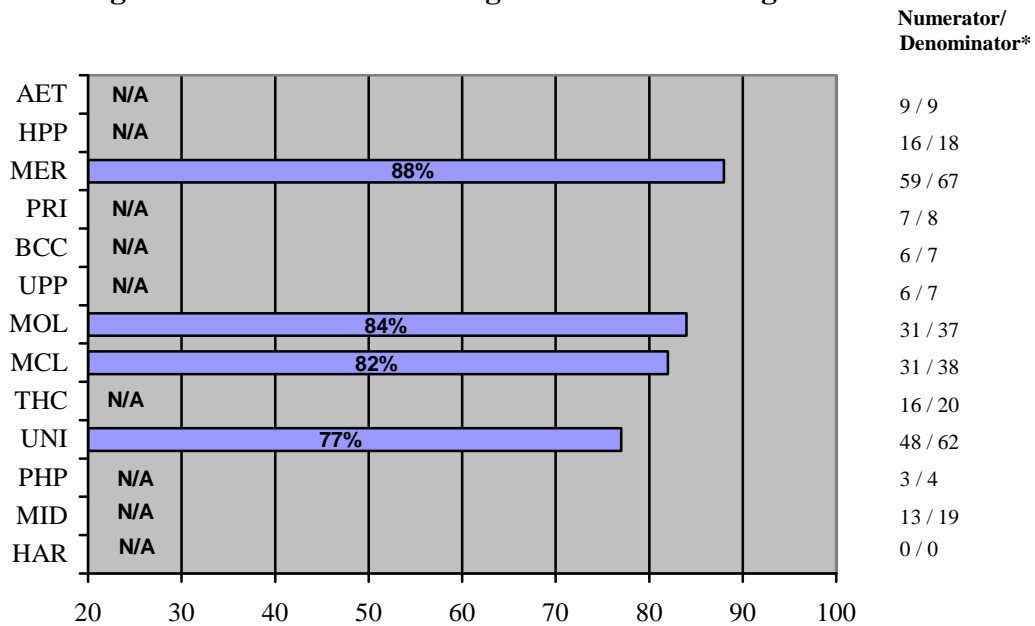
Performance Monitoring Report

Annual monitoring for enrollees on digoxin:

Table 33: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	317	384	83%
Fee For Service (FFS) only	2	2	N/A
Managed Care only	250	303	83%
MA-MC	226	275	82%
HMP-MC	16	18	N/A

Figure 25: Annual monitoring for enrollees on Digoxin⁹



Annual monitoring for enrollees on Digoxin Percentages

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

⁹ A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

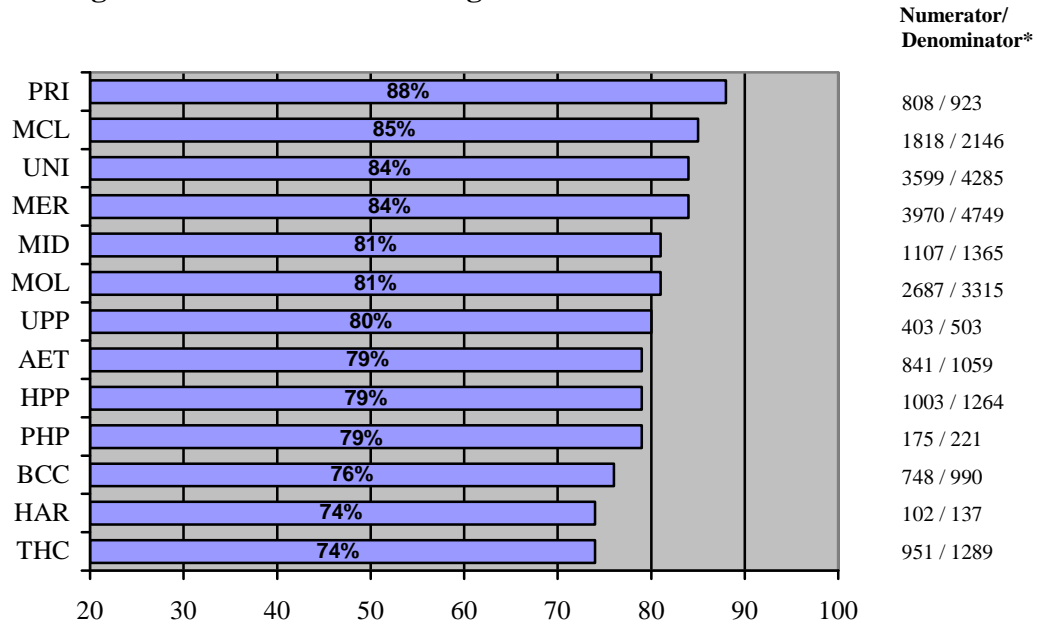
Performance Monitoring Report

Annual monitoring for enrollees on diuretic:

Table 34: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	28264	34269	83%
Fee For Service (FFS) only	304	378	80%
Managed Care only	18955	23129	82%
MA-MC	13889	16890	82%
HMP-MC	3716	4533	82%

Figure 26: Annual monitoring for enrollees on diuretics



Annual monitoring for enrollees on diuretics Percentages

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

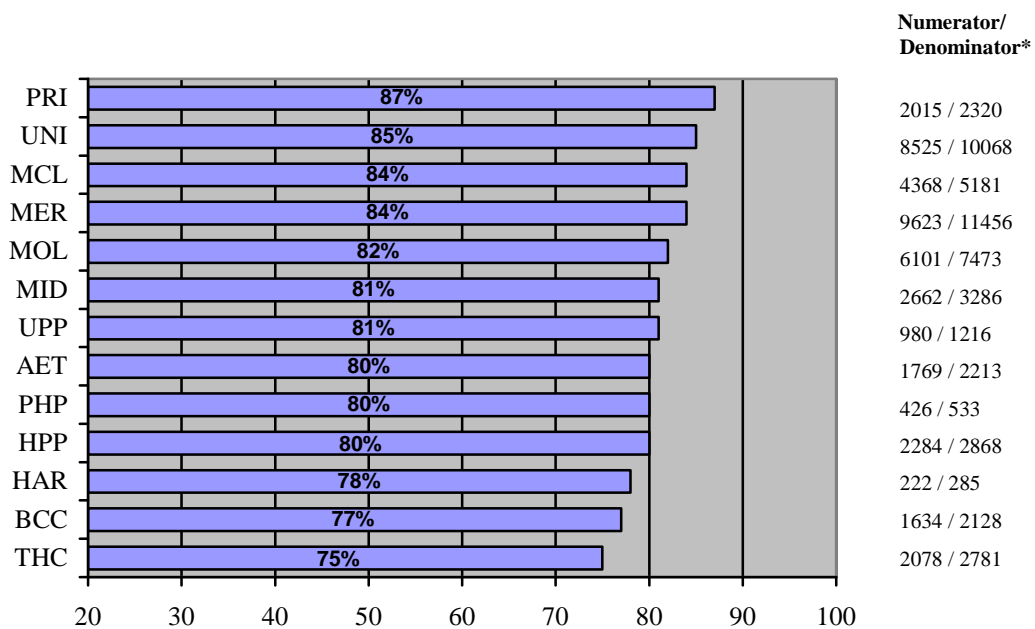
Performance Monitoring Report

A total rate will also be calculated:

Table 36: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	66473	80240	83%
Fee For Service (FFS) only	759	934	81%
Managed Care only	44303	53745	82%
MA-MC	32412	39225	83%
HMP-MC	8705	10539	83%

Figure 28: Annual monitoring for enrollees on persistent medications – Total Rate



Total rate for annual monitoring for enrollees on persistent medications Percentages

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

Performance Monitoring Report

Appendix A: Three Letter MHP Codes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	8%	N/A
	Oct 13 – Sep 14	N/A	7%	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	41%	N/A
	Oct 13 – Sep 14	N/A	43%	N/A
	Jan 14 – Dec 14	N/A	46%	N/A
	Apr 14 – Mar 15	N/A	44%	N/A

Blood Lead Testing	Oct 14	81%	75%	No
	Nov 14	81%	75%	No
	Dec 14	81%	77%	No
	Jan 15	81%	76%	No
	Feb 15	81%	76%	No
	Mar 15	81%	77%	No
	Apr 15	81%	76%	No
	May 15	81%	76%	No
	Jun 15	81%	77%	No
	Jul 15	81%	76%	*Yes
	Aug 15	81%	75%	*Yes
	Sep 15	81%	75%	*Yes

*All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population

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

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

Performance Monitoring Report

Aetna Better Health of Michigan – AET

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	20%	25%	15%	N/A
	Nov 14	N/A	20%	24%	14%	N/A
	Dec 14	N/A	21%	22%	15%	N/A
	Jan 15	N/A	20%	22%	15%	N/A
	Feb 15	N/A	20%	21%	15%	N/A
	Mar 15	N/A	20%	21%	16%	N/A
	Apr 15	N/A	20%	22%	15%	N/A
	May 15	N/A	19%	22%	15%	N/A
	Jun 15	N/A	18%	22%	14%	N/A
	Jul 15	N/A	19%	22%	15%	N/A
	Aug 15	N/A	19%	22%	16%	N/A
	Sep 15	N/A	21%	22%	17%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	66%	N/A
	Oct 13 – Sep 14	N/A	66%	N/A
	Jan 14 – Dec 14	N/A	67%	N/A
	Apr 14 – Mar 15	N/A	68%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	73%	N/A
	Oct 13 – Sep 14	N/A	75%	N/A
	Jan 14 – Dec 14	N/A	75%	N/A
	Apr 14 – Mar 15	N/A	73%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.189	No
	Oct 14 – Dec 14	<.15/1000 MM	0.104	Yes
	Jan 14 – Dec 14	<.15/1000 MM	0.104	Yes
	Apr 15 – Jun 15	<.15/1000 MM	0.103	Yes

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.00%	Yes
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.00%	Yes
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.00%	Yes
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.00%	Yes
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.00%	Yes
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.00%	Yes
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.00%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.00%	Yes

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

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

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

Performance Monitoring Report

Aetna Better Health of Michigan – AET

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T,C	Yes
	Aug 15	Timely, Complete	T,C	Yes
Sep 15	Timely, Complete	T,C	Yes	

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T,C	*Yes
	Aug 15	Timely, Complete	T,C	*Yes
Sep 15	Timely, Complete	T,C	*Yes	

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, NA	No
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
Sep 15	Timely, Accurate	T, A	Yes	

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	84%	N/A
	Jul 14 – Sep 14	N/A	84%	N/A
	Oct 14 – Dec 14	N/A	84%	N/A
	Jan 14 – Mar 15	N/A	84%	N/A

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

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

Performance Monitoring Report

Aetna Better Health of Michigan – AET

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	8%	N/A
	Jul 14 – Sept 14	N/A	7%	N/A
	Oct 14 – Dec 14	N/A	7%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	43%	N/A
	Jul 14 – Sept 14	N/A	41%	N/A
	Oct 14 – Dec 14	N/A	46%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	21%	N/A
	Jan 14 – Dec 14	N/A	21%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	54%	N/A
	Apr 14 – Sep 14	N/A	68%	N/A
	Apr 14 – Dec 14	N/A	76%	N/A
	Apr 14 – Mar 15	N/A	80%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	17%	N/A
	Oct 13 – Sep 14	N/A	17%	N/A
	Jan 14 – Dec 14	N/A	18%	N/A
	Apr 14 – Mar 15	N/A	20%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	67%	N/A
	Oct 13 – Sep 14	N/A	66%	N/A
	Jan 14 – Dec 14	N/A	68%	N/A
	Apr 14 – Mar 15	N/A	65%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	71%	N/A
	Oct 13 – Sep 14	N/A	70%	N/A
	Jan 14 – Dec 14	N/A	77%	N/A
	Apr 14 – Mar 15	N/A	75%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	27.6	N/A
	Oct 13 – Sep 14	N/A	28.9	N/A
	Jan 14 – Dec 14	N/A	30.7	N/A
	Apr 14 – Mar 15	N/A	33.1	N/A

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

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

Performance Monitoring Report

Aetna Better Health of Michigan – AET

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	188.9	N/A
	Oct 13 – Sep 14	N/A	174.4	N/A
	Jan 14 – Dec 14	N/A	174.0	N/A
	Apr 14 – Mar 15	N/A	156.3	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	53.5	N/A
	Oct 13 – Sep 14	N/A	49.4	N/A
	Jan 14 – Dec 14	N/A	52.6	N/A
	Apr 14 – Mar 15	N/A	61.7	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	34.6	N/A
	Oct 13 – Sep 14	N/A	33.5	N/A
	Jan 14 – Dec 14	N/A	34.6	N/A
	Apr 14 – Mar 15	N/A	33.5	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	76%	N/A
	Oct 13 – Sep 14	N/A	76%	N/A
	Jan 14 – Dec 14	N/A	75%	N/A
	Apr 14 – Mar 15	N/A	71%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	75%	N/A
	Oct 13 – Sep 14	N/A	76%	N/A
	Jan 14 – Dec 14	N/A	75%	N/A
	Apr 14 – Mar 15	N/A	78%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	56%	N/A
	Oct 13 – Sep 14	N/A	47%	N/A
	Jan 14 – Dec 14	N/A	48%	N/A
	Apr 14 – Mar 15	N/A	58%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	23%	N/A
	Oct 13 – Sep 14	N/A	22%	N/A
	Jan 14 – Dec 14	N/A	24%	N/A
	Apr 14 – Mar 15	N/A	39%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	77%	N/A
	Oct 13 – Sep 14	N/A	77%	N/A
	Jan 14 – Dec 14	N/A	77%	N/A
	Apr 14 – Mar 15	N/A	80%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete of Michigan, Inc. – BCC

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	8%	N/A
	Oct 13 – Sep 14	N/A	9%	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	43%	N/A
	Oct 13 – Sep 14	N/A	48%	N/A
	Jan 14 – Dec 14	N/A	53%	N/A
	Apr 14 – Mar 15	N/A	53%	N/A

Blood Lead Testing	Oct 14	81%	71%	No
	Nov 14	81%	71%	No
	Dec 14	81%	71%	No
	Jan 15	81%	69%	No
	Feb 15	81%	68%	No
	Mar 15	81%	70%	No
	Apr 15	81%	69%	No
	May 15	81%	67%	No
	Jun 15	81%	68%	No
	Jul 15	81%	67%	*Yes
	Aug 15	81%	67%	*Yes
	Sep 15	81%	66%	*Yes

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

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

Performance Monitoring Report

Blue Cross Complete of Michigan, Inc. – BCC

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	17%	19%	12%	N/A
	Nov 14	N/A	14%	16%	9%	N/A
	Dec 14	N/A	11%	13%	7%	N/A
	Jan 15	N/A	40%	46%	27%	N/A
	Feb 15	N/A	40%	47%	27%	N/A
	Mar 15	N/A	40%	47%	27%	N/A
	Apr 15	N/A	40%	47%	29%	N/A
	May 15	N/A	40%	46%	31%	N/A
	Jun 15	N/A	39%	47%	32%	N/A
	Jul 15	N/A	39%	48%	33%	N/A
	Aug 15	N/A	39%	48%	34%	N/A
	Sep 15	N/A	39%	48%	35%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	69%	N/A
	Oct 13 – Sep 14	N/A	67%	N/A
	Jan 14 – Dec 14	N/A	68%	N/A
	Apr 14 – Mar 15	N/A	66%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	67%	N/A
	Oct 13 – Sep 14	N/A	72%	N/A
	Jan 14 – Dec 14	N/A	80%	N/A
	Apr 14 – Mar 15	N/A	77%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.303	No
	Oct 14 – Dec 14	<.15/1000 MM	0.137	Yes
	Jan 15 – Mar 15	<.15/1000 MM	0.190	No
	Apr 15 – Jun 15	<.15/1000 MM	0.209	No

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 95%, 4%, 11.85%	No
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 98%, 4%, 21.70%	No
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 98%, 3%, 7.38%	No
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 3%, 0.12%	Yes
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 3%, 0.03%	Yes
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 95%, 4%, 0.63%	Yes
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 98%, 4%, 7.39%	No
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 92%, 4%, 0.38%	No
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 4%, 0.63%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 6%, 0.54%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 7%, 0.14%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.19%	Yes

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

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

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

Performance Monitoring Report

Blue Cross Complete of Michigan, Inc. – BCC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
	Sep 15	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
	Sep 15	Timely, Complete	T, C	*Yes

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, A	Yes
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
	Sep 15	Timely, Accurate	T, A	Yes

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	83%	N/A
	Jul 14 – Sep 14	N/A	84%	N/A
	Oct 14 – Dec 14	N/A	83%	N/A
	Jan 15 – Mar 15	N/A	84%	N/A

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

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

Performance Monitoring Report

Blue Cross Complete of Michigan, Inc. – BCC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	NA	N/A
	Apr 14 – Jun 14	N/A	11%	N/A
	Jul 14 – Sep 14	N/A	8%	N/A
	Oct 14 – Dec 14	N/A	6%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	64%	N/A
	Jul 14 – Sep 14	N/A	58%	N/A
	Oct 14 – Dec 14	N/A	55%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	21%	N/A
	Jan 14 – Dec 14	N/A	22%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	52%	N/A
	Apr 14 – Sep 14	N/A	69%	N/A
	Apr 14 – Dec 14	N/A	78%	N/A
	Apr 14 – Mar 15	N/A	83%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	13%	N/A
	Oct 13 – Sep 14	N/A	16%	N/A
	Jan 14 – Dec 14	N/A	23%	N/A
	Apr 14 – Mar 15	N/A	28%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	62%	N/A
	Oct 13 – Sep 14	N/A	62%	N/A
	Jan 14 – Dec 14	N/A	66%	N/A
	Apr 14 – Mar 15	N/A	65%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	62%	N/A
	Oct 13 – Sep 14	N/A	61%	N/A
	Jan 14 – Dec 14	N/A	69%	N/A
	Apr 14 – Mar 15	N/A	64%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	26.8	N/A
	Oct 13 – Sep 14	N/A	28.3	N/A
	Jan 14 – Dec 14	N/A	27.8	N/A
	Apr 14 – Mar 15	N/A	25.4	N/A

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

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

Performance Monitoring Report

Blue Cross Complete of Michigan, Inc. – BCC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	86.0	N/A
	Oct 13 – Sep 14	N/A	79.4	N/A
	Jan 14 – Dec 14	N/A	76.2	N/A
	Apr 14 – Mar 15	N/A	75.7	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	31.6	N/A
	Oct 13 – Sep 14	N/A	29.7	N/A
	Jan 14 – Dec 14	N/A	23.6	N/A
	Apr 14 – Mar 15	N/A	22.1	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	18.7	N/A
	Oct 13 – Sep 14	N/A	15.7	N/A
	Jan 14 – Dec 14	N/A	16.7	N/A
	Apr 14 – Mar 15	N/A	15.5	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	65%	N/A
	Oct 13 – Sep 14	N/A	66%	N/A
	Jan 14 – Dec 14	N/A	68%	N/A
	Apr 14 – Mar 15	N/A	65%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	80%	N/A
	Oct 13 – Sep 14	N/A	79%	N/A
	Jan 14 – Dec 14	N/A	81%	N/A
	Apr 14 – Mar 15	N/A	81%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	70%	N/A
	Oct 13 – Sep 14	N/A	60%	N/A
	Jan 14 – Dec 14	N/A	65%	N/A
	Apr 14 – Mar 15	N/A	66%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	36%	N/A
	Oct 13 – Sep 14	N/A	27%	N/A
	Jan 14 – Dec 14	N/A	45%	N/A
	Apr 14 – Mar 15	N/A	54%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	78%	N/A
	Oct 13 – Sep 14	N/A	77%	N/A
	Jan 14 – Dec 14	N/A	76%	N/A
	Apr 14 – Mar 15	N/A	77%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Harbor Health Plan, Inc. – HAR

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

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

Postpartum Care	Jul 13 – Jun 14	N/A	30%	N/A
	Oct 13 – Sep 14	N/A	40%	N/A
	Jan 14 – Dec 14	N/A	40%	N/A
	Apr 14 – Mar 15	N/A	39%	N/A

Blood Lead Testing	Oct 14	81%	53%	No
	Nov 14	81%	55%	No
	Dec 14	81%	58%	No
	Jan 15	81%	63%	No
	Feb 15	81%	69%	No
	Mar 15	81%	67%	No
	Apr 15	81%	68%	No
	May 15	81%	71%	No
	Jun 15	81%	67%	No
	Jul 15	81%	68%	*Yes
	Aug 15	81%	68%	*Yes
	Sep 15	81%	63%	*Yes

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

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

Performance Monitoring Report

Harbor Health Plan, Inc. – HAR

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	9%	12%	5%	N/A
	Nov 14	N/A	9%	11%	4%	N/A
	Dec 14	N/A	9%	6%	2%	N/A
	Jan 15	N/A	8%	14%	12%	N/A
	Feb 15	N/A	7%	13%	11%	N/A
	Mar 15	N/A	4%	17%	13%	N/A
	Apr 15	N/A	7%	18%	10%	N/A
	May 15	N/A	7%	18%	10%	N/A
	Jun 15	N/A	10%	18%	10%	N/A
	Jul 15	N/A	7%	19%	11%	N/A
	Aug 15	N/A	10%	22%	13%	N/A
	Sep 15	N/A	15%	24%	13%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

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

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	58%	N/A
	Oct 13 – Sep 14	N/A	68%	N/A
	Jan 14 – Dec 14	N/A	68%	N/A
	Apr 14 – Mar 15	N/A	59%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.424	No
	Oct 14 – Dec 14	<.15/1000 MM	0.105	Yes
	Jan 15 – Mar 15	<.15/1000 MM	0.209	Yes
	Apr 15 – Jun 15	<.15/1000 MM	0.148	Yes

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 11%, 0%, 0.00%	No
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.07%	Yes
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.00%	Yes
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.00%	Yes
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.00%	Yes
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.00%	Yes
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.00%	Yes
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.00%	Yes
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.00%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.00%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.00%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.00%	Yes

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

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

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

Performance Monitoring Report

Harbor Health Plan, Inc. – HAR

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
Sep 15	Timely, Complete	T, NC	No	

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, NC	No
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
Sep 15	Timely, Complete	T, C	*Yes	

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, A	Yes
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
Sep 15	Timely, Accurate	T, A	Yes	

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	85%	N/A
	Jul 14 – Sep 14	N/A	84%	N/A
	Oct 14 – Dec 14	N/A	84%	N/A
	Jan 15 – Mar 15	N/A	84%	N/A

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

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

Performance Monitoring Report

Harbor Health Plan, Inc. – HAR

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	10%	N/A
	Jul 14 – Sep 14	N/A	5%	N/A
	Oct 14 – Dec 14	N/A	8%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	49%	N/A
	Jul 14 – Sep 14	N/A	32%	N/A
	Oct 14 – Dec 14	N/A	33%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	26%	N/A
	Jan 14 – Dec 14	N/A	23%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	42%	N/A
	Apr 14 – Sep 14	N/A	57%	N/A
	Apr 14 – Dec 14	N/A	67%	N/A
	Apr 14 – Mar 15	N/A	71%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	31%	N/A
	Oct 13 – Sep 14	N/A	39%	N/A
	Jan 14 – Dec 14	N/A	40%	N/A
	Apr 14 – Mar 15	N/A	42%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

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

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	45%	N/A
	Oct 13 – Sep 14	N/A	42%	N/A
	Jan 14 – Dec 14	N/A	54%	N/A
	Apr 14 – Mar 15	N/A	57%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	18.6	N/A
	Apr 14 – Mar 15	N/A	23.5	N/A

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

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

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

Performance Monitoring Report

Harbor Health Plan, Inc. – HAR

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	119.5	N/A
	Oct 13 – Sep 14	N/A	94.2	N/A
	Jan 14 – Dec 14	N/A	75.3	N/A
	Apr 14 – Mar 15	N/A	71.2	N/A

Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	49.0	N/A
	Oct 13 – Sep 14	N/A	20.8	N/A
	Jan 14 – Dec 14	N/A	31.0	N/A
	Apr 14 – Mar 15	N/A	28.3	N/A

Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	53.3	N/A
	Apr 14 – Mar 15	N/A	60.0	N/A

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

Chlamydia Screening	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

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

Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	50%	N/A
	Oct 13 – Sep 14	N/A	58%	N/A
	Jan 14 – Dec 14	N/A	56%	N/A
	Apr 14 – Mar 15	N/A	48%	N/A

Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	59%	N/A

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

Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	51%	N/A

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

Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	80%	N/A
	Oct 13 – Sep 14	N/A	73%	N/A
	Jan 14 – Dec 14	N/A	69%	N/A
	Apr 14 – Mar 15	N/A	78%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

HealthPlus Partners, Inc. – HPP

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 –Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	14%	N/A
	Oct 13 – Sep 14	N/A	15%	N/A
	Jan 14 –Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	44%	N/A
	Oct 13 – Sep 14	N/A	50%	N/A
	Jan 14 –Dec 14	N/A	59%	N/A
	Apr 14 – Mar 15	N/A	58%	N/A

Blood Lead Testing	Oct 14	81%	82%	Yes
	Nov 14	81%	82%	Yes
	Dec 14	81%	81%	Yes
	Jan 15	81%	81%	Yes
	Feb 15	81%	83%	Yes
	Mar 15	81%	83%	Yes
	Apr 15	81%	84%	Yes
	May 15	81%	84%	Yes
	Jun 15	81%	85%	Yes
	Jul 15	81%	85%	*Yes
	Aug 15	81%	85%	*Yes
	Sep 15	81%	86%	*Yes

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

- 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

HealthPlus Partners, Inc. – HPP

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	21%	29%	22%	N/A
	Nov 14	N/A	22%	29%	23%	N/A
	Dec 14	N/A	23%	30%	24%	N/A
	Jan 15	N/A	24%	31%	24%	N/A
	Feb 15	N/A	26%	32%	25%	N/A
	Mar 15	N/A	26%	32%	26%	N/A
	Apr 15	N/A	27%	33%	27%	N/A
	May 15	N/A	28%	33%	26%	N/A
	Jun 15	N/A	29%	34%	28%	N/A
	Jul 15	N/A	30%	35%	28%	N/A
	Aug 15	N/A	30%	35%	30%	N/A
	Sep 15	N/A	32%	36%	30%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	71%	N/A
	Oct 13 – Sep 14	N/A	67%	N/A
	Jan 14 – Dec 14	N/A	66%	N/A
	Apr 14 – Mar 15	N/A	66%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	72%	N/A
	Oct 13 – Sep 14	N/A	72%	N/A
	Jan 14 – Dec 14	N/A	75%	N/A
	Apr 14 – Mar 15	N/A	74%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.144	Yes
	Oct 14 – Dec 14	<.15/1000 MM	0.104	Yes
	Jan 15 – Mar 15	<.15/1000 MM	0.065	Yes
	Apr 15 – Jun 15	<.15/1000 MM	0.048	Yes

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.00%	Yes
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.00%	Yes
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.01%	Yes
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 2%, 0.02%	Yes
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 95%, 2%, 0.01%	Yes
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 3%, 0.00%	Yes
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 3%, 0.00%	Yes
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 3%, 0.02%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 6%, 0.04%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.02%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.02%	Yes

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

- 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

HealthPlus Partners, Inc. – HPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
Sep 15	Timely, Complete	T, C	Yes	

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
Sep 15	Timely, Complete	T, C	*Yes	

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, A	Yes
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
Sep 15	Timely, Accurate	T, A	Yes	

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	83%	N/A
	Jul 14 – Sep 14	N/A	84%	N/A
	Oct 14 – Dec 14	N/A	84%	N/A
	Jan 15 – Mar 15	N/A	85%	N/A

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

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

Performance Monitoring Report

HealthPlus Partners, Inc. – HPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	36%	N/A
	Jul 14 – Sep 14	N/A	30%	N/A
	Oct 14 – Dec 14	N/A	29%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	75%	N/A
	Jul 14 – Sep 14	N/A	70%	N/A
	Oct 14 – Dec 14	N/A	67%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	20%	N/A
	Jan 14 – Dec 14	N/A	20%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	62%	N/A
	Apr 14 – Sep 14	N/A	77%	N/A
	Apr 14 – Dec 14	N/A	85%	N/A
	Apr 14 – Mar 15	N/A	88%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	36%	N/A
	Oct 13 – Sep 14	N/A	38%	N/A
	Jan 14 – Dec 14	N/A	40%	N/A
	Apr 14 – Mar 15	N/A	42%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	66%	N/A
	Oct 13 – Sep 14	N/A	65%	N/A
	Jan 14 – Dec 14	N/A	65%	N/A
	Apr 14 – Mar 15	N/A	64%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	69%	N/A
	Oct 13 – Sep 14	N/A	68%	N/A
	Jan 14 – Dec 14	N/A	72%	N/A
	Apr 14 – Mar 15	N/A	69%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	18.3	N/A
	Oct 13 – Sep 14	N/A	16.7	N/A
	Jan 14 – Dec 14	N/A	14.4	N/A
	Apr 14 – Mar 15	N/A	12.7	N/A

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

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

Performance Monitoring Report

HealthPlus Partners, Inc. – HPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	103.8	N/A
	Oct 13 – Sep 14	N/A	99.7	N/A
	Jan 14 – Dec 14	N/A	94.3	N/A
	Apr 14 – Mar 15	N/A	85.2	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	22.0	N/A
	Oct 13 – Sep 14	N/A	19.5	N/A
	Jan 14 – Dec 14	N/A	17.1	N/A
	Apr 14 – Mar 15	N/A	17.2	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	15.5	N/A
	Oct 13 – Sep 14	N/A	18.2	N/A
	Jan 14 – Dec 14	N/A	16.5	N/A
	Apr 14 – Mar 15	N/A	12.5	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	62%	N/A
	Oct 13 – Sep 14	N/A	64%	N/A
	Jan 14 – Dec 14	N/A	66%	N/A
	Apr 14 – Mar 15	N/A	66%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	82%	N/A
	Oct 13 – Sep 14	N/A	81%	N/A
	Jan 14 – Dec 14	N/A	81%	N/A
	Apr 14 – Mar 15	N/A	83%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	65%	N/A
	Oct 13 – Sep 14	N/A	61%	N/A
	Jan 14 – Dec 14	N/A	70%	N/A
	Apr 14 – Mar 15	N/A	74%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	34%	N/A
	Oct 13 – Sep 14	N/A	28%	N/A
	Jan 14 – Dec 14	N/A	50%	N/A
	Apr 14 – Mar 15	N/A	57%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	80%	N/A
	Oct 13 – Sep 14	N/A	79%	N/A
	Jan 14 – Dec 14	N/A	79%	N/A
	Apr 14 – Mar 15	N/A	80%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	13%	N/A
	Oct 13 – Sep 14	N/A	13%	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	42%	N/A
	Oct 13 – Sep 14	N/A	50%	N/A
	Jan 14 – Dec 14	N/A	55%	N/A
	Apr 14 – Mar 15	N/A	56%	N/A

Blood Lead Testing	Oct 14	81%	82%	Yes
	Nov 14	81%	82%	Yes
	Dec 14	81%	82%	Yes
	Jan 15	81%	82%	Yes
	Feb 15	81%	83%	Yes
	Mar 15	81%	83%	Yes
	Apr 15	81%	83%	Yes
	May 15	81%	82%	Yes
	Jun 15	81%	82%	Yes
	Jul 15	81%	82%	*Yes
	Aug 15	81%	82%	*Yes
	Sep 15	81%	82%	*Yes

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

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

Performance Monitoring Report

McLaren Health Plan – MCL

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	17%	19%	12%	N/A
	Nov 14	N/A	18%	19%	13%	N/A
	Dec 14	N/A	18%	20%	14%	N/A
	Jan 15	N/A	19%	21%	15%	N/A
	Feb 15	N/A	20%	22%	16%	N/A
	Mar 15	N/A	21%	23%	17%	N/A
	Apr 15	N/A	21%	24%	18%	N/A
	May 15	N/A	21%	24%	19%	N/A
	Jun 15	N/A	21%	24%	20%	N/A
	Jul 15	N/A	22%	25%	20%	N/A
	Aug 15	N/A	23%	26%	20%	N/A
	Sep 15	N/A	23%	26%	21%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	65%	N/A
	Oct 13 – Sep 14	N/A	66%	N/A
	Jan 14 – Dec 14	N/A	67%	N/A
	Apr 14 – Mar 15	N/A	68%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	65%	N/A
	Oct 13 – Sep 14	N/A	67%	N/A
	Jan 14 – Dec 14	N/A	71%	N/A
	Apr 14 – Mar 15	N/A	70%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.168	No
	Oct 14 – Dec 14	<.15/1000 MM	0.133	Yes
	Jan 15 – Mar 15	<.15/1000 MM	0.152	No
	Apr 15 – Jun 15	<.15/1000 MM	0.157	No

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.00%	Yes
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 82%, 2%, 11.88%	No
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 95%, 3%, 1.69%	No
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 5%, 0.29%	Yes
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 5%, 0.15%	Yes
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.06%	Yes
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.12%	Yes
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.05%	Yes
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.10%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.16%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 4%, 0.06%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 4%, 0.09%	Yes

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

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

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

Performance Monitoring Report

McLaren Health Plan – MCL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
	Sep 15	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
	Sep 15	Timely, Complete	T, C	*Yes

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, A	Yes
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
	Sep 15	Timely, Accurate	T, A	Yes

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	84%	N/A
	Jul 14 – Sep 14	N/A	84%	N/A
	Oct 14 – Dec 14	N/A	85%	N/A
	Jan 15 – Mar 15	N/A	85%	N/A

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

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

Performance Monitoring Report

McLaren Health Plan – MCL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	23%	N/A
	Jul 14 – Sep 14	N/A	14%	N/A
	Oct 14 – Dec 14	N/A	15%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	71%	N/A
	Jul 14 – Sep 14	N/A	62%	N/A
	Oct 14 – Dec 14	N/A	63%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	15%	N/A
	Jan 14 – Dec 14	N/A	15%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	58%	N/A
	Apr 14 – Sep 14	N/A	73%	N/A
	Apr 14 – Dec 14	N/A	81%	N/A
	Apr 14 – Mar 15	N/A	85%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	20%	N/A
	Oct 13 – Sep 14	N/A	22%	N/A
	Jan 14 – Dec 14	N/A	24%	N/A
	Apr 14 – Mar 15	N/A	27%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	54%	N/A
	Oct 13 – Sep 14	N/A	56%	N/A
	Jan 14 – Dec 14	N/A	57%	N/A
	Apr 14 – Mar 15	N/A	57%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	59%	N/A
	Oct 13 – Sep 14	N/A	58%	N/A
	Jan 14 – Dec 14	N/A	65%	N/A
	Apr 14 – Mar 15	N/A	62%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	31.8	N/A
	Oct 13 – Sep 14	N/A	31.9	N/A
	Jan 14 – Dec 14	N/A	29.1	N/A
	Apr 14 – Mar 15	N/A	27.1	N/A

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

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

Performance Monitoring Report

McLaren Health Plan – MCL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	143.8	N/A
	Oct 13 – Sep 14	N/A	122.6	N/A
	Jan 14 – Dec 14	N/A	102.5	N/A
	Apr 14 – Mar 15	N/A	89.1	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	23.9	N/A
	Oct 13 – Sep 14	N/A	19.4	N/A
	Jan 14 – Dec 14	N/A	18.6	N/A
	Apr 14 – Mar 15	N/A	19.0	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	10.5	N/A
	Oct 13 – Sep 14	N/A	10.2	N/A
	Jan 14 – Dec 14	N/A	10.5	N/A
	Apr 14 – Mar 15	N/A	9.6	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	58%	N/A
	Oct 13 – Sep 14	N/A	58%	N/A
	Jan 14 – Dec 14	N/A	58%	N/A
	Apr 14 – Mar 15	N/A	60%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	80%	N/A
	Oct 13 – Sep 14	N/A	79%	N/A
	Jan 14 – Dec 14	N/A	79%	N/A
	Apr 14 – Mar 15	N/A	82%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	63%	N/A
	Oct 13 – Sep 14	N/A	62%	N/A
	Jan 14 – Dec 14	N/A	68%	N/A
	Apr 14 – Mar 15	N/A	71%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	34%	N/A
	Oct 13 – Sep 14	N/A	28%	N/A
	Jan 14 – Dec 14	N/A	46%	N/A
	Apr 14 – Mar 15	N/A	54%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	79%	N/A
	Oct 13 – Sep 14	N/A	80%	N/A
	Jan 14 – Dec 14	N/A	81%	N/A
	Apr 14 – Mar 15	N/A	84%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan – MER

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	14%	N/A
	Oct 13 – Sep 14	N/A	14%	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	52%	N/A
	Oct 13 – Sep 14	N/A	57%	N/A
	Jan 14 – Dec 14	N/A	63%	N/A
	Apr 14 – Mar 15	N/A	63%	N/A

Blood Lead Testing	Oct 14	81%	79%	No
	Nov 14	81%	79%	No
	Dec 14	81%	79%	No
	Jan 15	81%	79%	No
	Feb 15	81%	79%	No
	Mar 15	81%	79%	No
	Apr 15	81%	79%	No
	May 15	81%	79%	No
	June 15	81%	79%	No
	Jul 15	81%	79%	*Yes
	Aug 15	81%	79%	*Yes
	Sep 15	81%	79%	*Yes

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

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

Performance Monitoring Report

Meridian Health Plan – MER

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	19%	22%	18%	N/A
	Nov 14	N/A	19%	22%	18%	N/A
	Dec 14	N/A	20%	22%	19%	N/A
	Jan 15	N/A	20%	23%	20%	N/A
	Feb 15	N/A	21%	23%	20%	N/A
	Mar 15	N/A	21%	24%	20%	N/A
	Apr 15	N/A	21%	24%	21%	N/A
	May 15	N/A	21%	25%	21%	N/A
	June 15	N/A	22%	25%	21%	N/A
	Jul 15	N/A	22%	26%	21%	N/A
	Aug 15	N/A	23%	26%	22%	N/A
	Sep 15	N/A	23%	26%	22%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	72%	N/A
	Oct 13 – Sep 14	N/A	72%	N/A
	Jan 14 – Dec 14	N/A	72%	N/A
	Apr 14 – Mar 15	N/A	73%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	72%	N/A
	Oct 13 – Sep 14	N/A	75%	N/A
	Jan 14 – Dec 14	N/A	78%	N/A
	Apr 14 – Mar 15	N/A	75%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.126	Yes
	Oct 14 – Dec 14	<.15/1000 MM	0.093	Yes
	Jan 15 – Mar 15	<.15/1000 MM	0.082	Yes
	Apr 15 – Jun 15	<.15/1000 MM	0.108	Yes

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 8%, 0.00%	Yes
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 91%, 8%, 0.00%	No
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 87%, 8%, 0.00%	No
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 88%, 9%, 0.00%	No
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 9%, 0.00%	Yes
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 9%, 0.00%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 9%, 0.00%	Yes

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

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

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

Performance Monitoring Report

Meridian Health Plan – MER

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	June 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
Sep 15	Timely, Complete	T, C	Yes	

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	June 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
Sep 15	Timely, Complete	T, C	*Yes	

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, A	Yes
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	June 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
Sep 15	Timely, Accurate	T, A	Yes	

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	83%	N/A
	Jul 14 – Sep 14	N/A	83%	N/A
	Oct 14 – Dec 14	N/A	83%	N/A
	Jan 15 – Mar 15	N/A	83%	N/A

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

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

Performance Monitoring Report

Meridian Health Plan – MER

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	6%	N/A
	Jul 14 – Sep 14	N/A	6%	N/A
	Oct 14 – Dec 14	N/A	5%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	67%	N/A
	Jul 14 – Sep 14	N/A	60%	N/A
	Oct 14 – Dec 14	N/A	59%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	15%	N/A
	Jan 14 – Dec 14	N/A	15%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	59%	N/A
	Apr 14 – Sep 14	N/A	74%	N/A
	Apr 14 – Dec 14	N/A	82%	N/A
	Apr 14 – Mar 15	N/A	86%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	20%	N/A
	Oct 13 – Sep 14	N/A	21%	N/A
	Jan 14 – Dec 14	N/A	24%	N/A
	Apr 14 – Mar 15	N/A	26%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	67%	N/A
	Oct 13 – Sep 14	N/A	65%	N/A
	Jan 14 – Dec 14	N/A	65%	N/A
	Apr 14 – Mar 15	N/A	63%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	69%	N/A
	Oct 13 – Sep 14	N/A	68%	N/A
	Jan 14 – Dec 14	N/A	74%	N/A
	Apr 14 – Mar 15	N/A	70%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	25.6	N/A
	Oct 13 – Sep 14	N/A	23.2	N/A
	Jan 14 – Dec 14	N/A	21.3	N/A
	Apr 14 – Mar 15	N/A	21.0	N/A

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

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

Performance Monitoring Report

Meridian Health Plan – MER

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	104.5	N/A
	Oct 13 – Sep 14	N/A	94.0	N/A
	Jan 14 – Dec 14	N/A	83.7	N/A
	Apr 14 – Mar 15	N/A	79.5	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	21.5	N/A
	Oct 13 – Sep 14	N/A	19.2	N/A
	Jan 14 – Dec 14	N/A	17.7	N/A
	Apr 14 – Mar 15	N/A	17.8	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	11.2	N/A
	Oct 13 – Sep 14	N/A	12.6	N/A
	Jan 14 – Dec 14	N/A	14.7	N/A
	Apr 14 – Mar 15	N/A	14.8	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	66%	N/A
	Oct 13 – Sep 14	N/A	65%	N/A
	Jan 14 – Dec 14	N/A	67%	N/A
	Apr 14 – Mar 15	N/A	66%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	80%	N/A
	Oct 13 – Sep 14	N/A	81%	N/A
	Jan 14 – Dec 14	N/A	81%	N/A
	Apr 14 – Mar 15	N/A	83%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	66%	N/A
	Oct 13 – Sep 14	N/A	60%	N/A
	Jan 14 – Dec 14	N/A	65%	N/A
	Apr 14 – Mar 15	N/A	69%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	36%	N/A
	Oct 13 – Sep 14	N/A	30%	N/A
	Jan 14 – Dec 14	N/A	46%	N/A
	Apr 14 – Mar 15	N/A	53%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	81%	N/A
	Oct 13 – Sep 14	N/A	81%	N/A
	Jan 14 – Dec 14	N/A	82%	N/A
	Apr 14 – Mar 15	N/A	84%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

HAP Midwest Health Plan, Inc. – MID

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	9%	N/A
	Oct 13 – Sep 14	N/A	7%	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	45%	N/A
	Oct 13 – Sep 14	N/A	51%	N/A
	Jan 14 – Dec 14	N/A	52%	N/A
	Apr 14 – Mar 15	N/A	52%	N/A

Blood Lead Testing	Oct 14	81%	73%	No
	Nov 14	81%	73%	No
	Dec 14	81%	73%	No
	Jan 15	81%	71%	No
	Feb 15	81%	73%	No
	Mar 15	81%	72%	No
	Apr 15	81%	72%	No
	May 15	81%	72%	No
	Jun 15	81%	71%	No
	Jul 15	81%	70%	*Yes
	Aug 15	81%	71%	*Yes
	Sep 15	81%	70%	*Yes

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

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

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

Performance Monitoring Report

HAP Midwest Health Plan, Inc. – MID

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	25%	30%	18%	N/A
	Nov 14	N/A	26%	30%	20%	N/A
	Dec 14	N/A	25%	31%	20%	N/A
	Jan 15	N/A	26%	32%	22%	N/A
	Feb 15	N/A	25%	33%	23%	N/A
	Mar 15	N/A	26%	33%	23%	N/A
	Apr 15	N/A	27%	33%	23%	N/A
	May 15	N/A	27%	33%	25%	N/A
	Jun 15	N/A	28%	34%	26%	N/A
	Jul 15	N/A	29%	33%	25%	N/A
	Aug 15	N/A	30%	34%	25%	N/A
	Sep 15	N/A	31%	34%	26%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	75%	N/A
	Oct 13 – Sep 14	N/A	76%	N/A
	Jan 14 – Dec 14	N/A	75%	N/A
	Apr 14 – Mar 15	N/A	76%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	69%	N/A
	Oct 13 – Sep 14	N/A	72%	N/A
	Jan 14 – Dec 14	N/A	75%	N/A
	Apr 14 – Mar 15	N/A	74%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.154	No
	Oct 14 – Dec 14	<.15/1000 MM	0.123	Yes
	Jan 15 – Mar 15	<.15/1000 MM	0.120	Yes
	Apr 15 – Jun 15	<.15/1000 MM	0.109	Yes

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 0%, 0.00%	Yes
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 0%, 0.00%	Yes
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 0%, 0.00%	Yes
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 0%, 0.00%	Yes
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.00%	Yes
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.00%	Yes
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.00%	Yes
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 0%, 0.00%	Yes
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 0%, 0.00%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 1%, 0.00%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 0%, 0.00%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.00%	Yes

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

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

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

Performance Monitoring Report

HAP Midwest Health Plan, Inc. – MID

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
	Sep 15	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
	Sep 15	Timely, Complete	T, C	*Yes

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, A	Yes
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	NT, NA	No
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
	Sep 15	Timely, Accurate	T, A	Yes

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	85%	N/A
	Jul 14 – Sep 14	N/A	85%	N/A
	Oct 14 – Dec 14	N/A	84%	N/A
	Jan 15 – Mar 15	N/A	86%	N/A

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

Performance Monitoring Report

HAP Midwest Health Plan, Inc. – MID

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	19%	N/A
	Jul 14 – Sep 14	N/A	10%	N/A
	Oct 14 – Dec 14	N/A	10%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	61%	N/A
	Jul 14 – Sep 14	N/A	52%	N/A
	Oct 14 – Dec 14	N/A	50%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	29%	N/A
	Jan 14 – Dec 14	N/A	28%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	56%	N/A
	Apr 14 – Sep 14	N/A	71%	N/A
	Apr 14 – Dec 14	N/A	79%	N/A
	Apr 14 – Mar 15	N/A	83%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	32%	N/A
	Oct 13 – Sep 14	N/A	33%	N/A
	Jan 14 – Dec 14	N/A	36%	N/A
	Apr 14 – Mar 15	N/A	38%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	62%	N/A
	Oct 13 – Sep 14	N/A	61%	N/A
	Jan 14 – Dec 14	N/A	60%	N/A
	Apr 14 – Mar 15	N/A	59%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	66%	N/A
	Oct 13 – Sep 14	N/A	66%	N/A
	Jan 14 – Dec 14	N/A	72%	N/A
	Apr 14 – Mar 15	N/A	69%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	33.6	N/A
	Oct 13 – Sep 14	N/A	33.9	N/A
	Jan 14 – Dec 14	N/A	31.6	N/A
	Apr 14 – Mar 15	N/A	27.2	N/A

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

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

Performance Monitoring Report

HAP Midwest Health Plan, Inc. – MID

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	149.8	N/A
	Oct 13 – Sep 14	N/A	145.8	N/A
	Jan 14 – Dec 14	N/A	122.9	N/A
	Apr 14 – Mar 15	N/A	99.9	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	43.1	N/A
	Oct 13 – Sep 14	N/A	42.4	N/A
	Jan 14 – Dec 14	N/A	39.1	N/A
	Apr 14 – Mar 15	N/A	39.6	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	23.9	N/A
	Oct 13 – Sep 14	N/A	21.2	N/A
	Jan 14 – Dec 14	N/A	19.1	N/A
	Apr 14 – Mar 15	N/A	16.8	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	65%	N/A
	Oct 13 – Sep 14	N/A	68%	N/A
	Jan 14 – Dec 14	N/A	68%	N/A
	Apr 14 – Mar 15	N/A	64%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	76%	N/A
	Oct 13 – Sep 14	N/A	77%	N/A
	Jan 14 – Dec 14	N/A	77%	N/A
	Apr 14 – Mar 15	N/A	79%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	64%	N/A
	Oct 13 – Sep 14	N/A	58%	N/A
	Jan 14 – Dec 14	N/A	64%	N/A
	Apr 14 – Mar 15	N/A	68%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	37%	N/A
	Oct 13 – Sep 14	N/A	30%	N/A
	Jan 14 – Dec 14	N/A	47%	N/A
	Apr 14 – Mar 15	N/A	54%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	77%	N/A
	Oct 13 – Sep 14	N/A	77%	N/A
	Jan 14 – Dec 14	N/A	79%	N/A
	Apr 14 – Mar 15	N/A	81%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	12%	N/A
	Oct 13 – Sep 14	N/A	11%	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	54%	N/A
	Oct 13 – Sep 14	N/A	60%	N/A
	Jan 14 – Dec 14	N/A	67%	N/A
	Apr 14 – Mar 15	N/A	66%	N/A

Blood Lead Testing	Oct 14	81%	73%	No
	Nov 14	81%	73%	No
	Dec 14	81%	73%	No
	Jan 15	81%	73%	No
	Feb 15	81%	73%	No
	Mar 15	81%	73%	No
	Apr 15	81%	73%	No
	May 15	81%	73%	No
	Jun 15	81%	73%	No
	Jul 15	81%	73%	*Yes
	Aug 15	81%	73%	*Yes
	Sep 15	81%	73%	*Yes

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

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

Performance Monitoring Report

Molina Healthcare of Michigan – MOL

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	21%	26%	19%	N/A
	Nov 14	N/A	21%	26%	19%	N/A
	Dec 14	N/A	22%	26%	20%	N/A
	Jan 15	N/A	22%	26%	20%	N/A
	Feb 15	N/A	22%	27%	20%	N/A
	Mar 15	N/A	22%	27%	20%	N/A
	Apr 15	N/A	22%	27%	21%	N/A
	May 15	N/A	22%	28%	21%	N/A
	Jun 15	N/A	22%	28%	21%	N/A
	Jul 15	N/A	23%	28%	20%	N/A
	Aug 15	N/A	23%	28%	21%	N/A
	Sep 15	N/A	24%	28%	20%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	70%	N/A
	Oct 13 – Sep 14	N/A	70%	N/A
	Jan 14 – Dec 14	N/A	70%	N/A
	Apr 14 – Mar 15	N/A	70%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	73%	N/A
	Oct 13 – Sep 14	N/A	75%	N/A
	Jan 14 – Dec 14	N/A	76%	N/A
	Apr 14 – Mar 15	N/A	74%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.155	No
	Oct 14 – Dec 14	<.15/1000 MM	0.046	Yes
	Jan 15 – Mar 15	<.15/1000 MM	0.073	Yes
	Apr 15 – Jun 15	<.15/1000 MM	0.098	Yes

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.08%	Yes
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.06%	Yes
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.03%	Yes
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.02%	Yes
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.04%	Yes
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.02%	Yes
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.11%	Yes
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 3%, 0.04%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 2%, 0.19%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.04%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 2%, 0.07%	Yes

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

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Performance Monitoring Report

Molina Healthcare of Michigan – MOL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Accurate	T, C	Yes
	May 15	Timely, Accurate	T, C	Yes
	Jun 15	Timely, Accurate	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
Sep 15	Timely, Complete	T, C	Yes	

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Accurate	T, C	Yes
	May 15	Timely, Accurate	T, C	Yes
	Jun 15	Timely, Accurate	T, C	Yes
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
Sep 15	Timely, Complete	T, C	*Yes	

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, A	Yes
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
Sep 15	Timely, Accurate	T, A	Yes	

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	85%	N/A
	Jul 14 – Sep 14	N/A	85%	N/A
	Oct 14 – Dec 14	N/A	85%	N/A
	Jan 15 – Mar 15	N/A	86%	N/A

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

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

Performance Monitoring Report

Molina Healthcare of Michigan – MOL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	9%	N/A
	Jul 14 – Sep 14	N/A	8%	N/A
	Oct 14 – Dec 14	N/A	6%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	66%	N/A
	Jul 14 – Sep 14	N/A	57%	N/A
	Oct 14 – Dec 14	N/A	55%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	14%	N/A
	Jan 14 – Dec 14	N/A	14%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	60%	N/A
	Apr 14 – Sep 14	N/A	74%	N/A
	Apr 14 – Dec 14	N/A	81%	N/A
	Apr 14 – Mar 15	N/A	85%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	24%	N/A
	Oct 13 – Sep 14	N/A	26%	N/A
	Jan 14 – Dec 14	N/A	28%	N/A
	Apr 14 – Mar 15	N/A	31%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	59%	N/A
	Oct 13 – Sep 14	N/A	58%	N/A
	Jan 14 – Dec 14	N/A	58%	N/A
	Apr 14 – Mar 15	N/A	58%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	67%	N/A
	Oct 13 – Sep 14	N/A	66%	N/A
	Jan 14 – Dec 14	N/A	72%	N/A
	Apr 14 – Mar 15	N/A	70%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	16.5	N/A
	Oct 13 – Sep 14	N/A	17.5	N/A
	Jan 14 – Dec 14	N/A	19.2	N/A
	Apr 14 – Mar 15	N/A	18.6	N/A

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

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

Performance Monitoring Report

Molina Healthcare of Michigan – MOL

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	166.2	N/A
	Oct 13 – Sep 14	N/A	150.1	N/A
	Jan 14 – Dec 14	N/A	139.0	N/A
	Apr 14 – Mar 15	N/A	128.8	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	34.6	N/A
	Oct 13 – Sep 14	N/A	33.6	N/A
	Jan 14 – Dec 14	N/A	30.2	N/A
	Apr 14 – Mar 15	N/A	32.2	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	18.8	N/A
	Oct 13 – Sep 14	N/A	19.3	N/A
	Jan 14 – Dec 14	N/A	17.0	N/A
	Apr 14 – Mar 15	N/A	17.0	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	69%	N/A
	Oct 13 – Sep 14	N/A	69%	N/A
	Jan 14 – Dec 14	N/A	69%	N/A
	Apr 14 – Mar 15	N/A	68%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	80%	N/A
	Oct 13 – Sep 14	N/A	80%	N/A
	Jan 14 – Dec 14	N/A	80%	N/A
	Apr 14 – Mar 15	N/A	82%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	64%	N/A
	Oct 13 – Sep 14	N/A	59%	N/A
	Jan 14 – Dec 14	N/A	63%	N/A
	Apr 14 – Mar 15	N/A	65%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	33%	N/A
	Oct 13 – Sep 14	N/A	26%	N/A
	Jan 14 – Dec 14	N/A	43%	N/A
	Apr 14 – Mar 15	N/A	51%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	80%	N/A
	Oct 13 – Sep 14	N/A	80%	N/A
	Jan 14 – Dec 14	N/A	80%	N/A
	Apr 14 – Mar 15	N/A	82%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Sparrow PHP – PHP

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	12%	N/A
	Oct 13 – Sep 14	N/A	15%	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	44%	N/A
	Oct 13 – Sep 14	N/A	49%	N/A
	Jan 14 – Dec 14	N/A	52%	N/A
	Apr 14 – Mar 15	N/A	50%	N/A

Blood Lead Testing	Oct 14	81%	82%	Yes
	Nov 14	81%	80%	No
	Dec 14	81%	80%	No
	Jan 15	81%	80%	No
	Feb 15	81%	80%	No
	Mar 15	81%	81%	Yes
	Apr 15	81%	81%	Yes
	May 15	81%	79%	No
	Jun 15	81%	78%	No
	Jul 15	81%	78%	*Yes
	Aug 15	81%	77%	*Yes
	Sep 15	81%	80%	*Yes

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

- 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

Sparrow PHP – PHP

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	21%	20%	15%	N/A
	Nov 14	N/A	22%	21%	16%	N/A
	Dec 14	N/A	21%	22%	16%	N/A
	Jan 15	N/A	22%	23%	16%	N/A
	Feb 15	N/A	21%	24%	17%	N/A
	Mar 15	N/A	22%	25%	17%	N/A
	Apr 15	N/A	23%	26%	18%	N/A
	May 15	N/A	23%	27%	17%	N/A
	Jun 15	N/A	24%	26%	19%	N/A
	Jul 15	N/A	26%	27%	18%	N/A
	Aug 15	N/A	24%	30%	16%	N/A
	Sep 15	N/A	22%	30%	16%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	69%	N/A
	Oct 13 – Sep 14	N/A	69%	N/A
	Jan 14 – Dec 14	N/A	71%	N/A
	Apr 14 – Mar 15	N/A	68%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	65%	N/A
	Oct 13 – Sep 14	N/A	66%	N/A
	Jan 14 – Dec 14	N/A	68%	N/A
	Apr 14 – Mar 15	N/A	59%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.143	Yes
	Oct 14 – Dec 14	<.15/1000 MM	0.057	Yes
	Jan 15 – Mar 15	<.15/1000 MM	0.049	Yes
	Apr 15 – Jun 15	<.15/1000 MM	0.129	Yes

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.73%	Yes
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.14%	Yes
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.27%	Yes
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 0%, 0.78%	Yes
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 0%, 0.78%	Yes
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 96%, 0%, 2.34%	No
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 99%, 0%, 2.48%	No
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 97%, 0%, 0.16%	Yes
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.17%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 99%, 0%, 1.24%	No
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 0%, 0.36%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.06%	Yes

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

- 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

Sparrow PHP – PHP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, NC	No
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
	Sep 15	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
	Sep 15	Timely, Complete	T, C	*Yes

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, A	Yes
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
	Sep 15	Timely, Accurate	T, A	Yes

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	81%	N/A
	Jul 14 – Sep 14	N/A	82%	N/A
	Oct 14 – Dec 14	N/A	82%	N/A
	Jan 15 – Mar 15	N/A	82%	N/A

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

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

Performance Monitoring Report

Sparrow PHP – PHP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	8%	N/A
	Jul 14 – Sep 14	N/A	6%	N/A
	Oct 14 – Dec 14	N/A	6%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	64%	N/A
	Jul 14 – Sep 14	N/A	58%	N/A
	Oct 14 – Dec 14	N/A	61%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	12%	N/A
	Jan 14 – Dec 14	N/A	12%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	57%	N/A
	Apr 14 – Sep 14	N/A	72%	N/A
	Apr 14 – Dec 14	N/A	80%	N/A
	Apr 14 – Mar 15	N/A	83%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	14%	N/A
	Oct 13 – Sep 14	N/A	18%	N/A
	Jan 14 – Dec 14	N/A	24%	N/A
	Apr 14 – Mar 15	N/A	27%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	54%	N/A
	Oct 13 – Sep 14	N/A	55%	N/A
	Jan 14 – Dec 14	N/A	58%	N/A
	Apr 14 – Mar 15	N/A	57%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	63%	N/A
	Oct 13 – Sep 14	N/A	62%	N/A
	Jan 14 – Dec 14	N/A	69%	N/A
	Apr 14 – Mar 15	N/A	66%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	64.8	N/A
	Oct 13 – Sep 14	N/A	62.1	N/A
	Jan 14 – Dec 14	N/A	49.4	N/A
	Apr 14 – Mar 15	N/A	42.3	N/A

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

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

Performance Monitoring Report

Sparrow PHP – PHP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	239.8	N/A
	Oct 13 – Sep 14	N/A	214.7	N/A
	Jan 14 – Dec 14	N/A	210.5	N/A
	Apr 14 – Mar 15	N/A	155.4	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	18.5	N/A
	Oct 13 – Sep 14	N/A	21.2	N/A
	Jan 14 – Dec 14	N/A	22.8	N/A
	Apr 14 – Mar 15	N/A	18.9	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	18.5	N/A
	Oct 13 – Sep 14	N/A	15.2	N/A
	Jan 14 – Dec 14	N/A	15.8	N/A
	Apr 14 – Mar 15	N/A	19.5	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	73%	N/A
	Oct 13 – Sep 14	N/A	68%	N/A
	Jan 14 – Dec 14	N/A	67%	N/A
	Apr 14 – Mar 15	N/A	56%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	80%	N/A
	Oct 13 – Sep 14	N/A	80%	N/A
	Jan 14 – Dec 14	N/A	83%	N/A
	Apr 14 – Mar 15	N/A	82%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	70%	N/A
	Oct 13 – Sep 14	N/A	62%	N/A
	Jan 14 – Dec 14	N/A	56%	N/A
	Apr 14 – Mar 15	N/A	58%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	37%	N/A
	Oct 13 – Sep 14	N/A	30%	N/A
	Jan 14 – Dec 14	N/A	40%	N/A
	Apr 14 – Mar 15	N/A	47%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	76%	N/A
	Oct 13 – Sep 14	N/A	77%	N/A
	Jan 14 – Dec 14	N/A	80%	N/A
	Apr 14 – Mar 15	N/A	80%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	13%	N/A
	Oct 13 – Sep 14	N/A	13%	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	48%	N/A
	Oct 13 – Sep 14	N/A	54%	N/A
	Jan 14 – Dec 14	N/A	58%	N/A
	Apr 14 – Mar 15	N/A	58%	N/A

Blood Lead Testing	Oct 14	81%	82%	Yes
	Nov 14	81%	82%	Yes
	Dec 14	81%	82%	Yes
	Jan 15	81%	82%	Yes
	Feb 15	81%	82%	Yes
	Mar 15	81%	81%	Yes
	Apr 15	81%	81%	Yes
	May 15	81%	81%	Yes
	Jun 15	81%	81%	Yes
	Jul 15	81%	81%	*Yes
	Aug 15	81%	81%	*Yes
	Sep 15	81%	81%	*Yes

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

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

Performance Monitoring Report

Priority Health Choice – PRI

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	20%	32%	25%	N/A
	Nov 14	N/A	21%	33%	25%	N/A
	Dec 14	N/A	22%	33%	25%	N/A
	Jan 15	N/A	22%	33%	26%	N/A
	Feb 15	N/A	23%	34%	27%	N/A
	Mar 15	N/A	23%	34%	28%	N/A
	Apr 15	N/A	23%	34%	28%	N/A
	May 15	N/A	23%	35%	29%	N/A
	Jun 15	N/A	23%	35%	29%	N/A
	Jul 15	N/A	24%	36%	30%	N/A
	Aug 15	N/A	25%	35%	30%	N/A
	Sep 15	N/A	26%	36%	30%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	82%	N/A
	Oct 13 – Sep 14	N/A	81%	N/A
	Jan 14 – Dec 14	N/A	81%	N/A
	Apr 14 – Mar 15	N/A	81%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	75%	N/A
	Oct 13 – Sep 14	N/A	77%	N/A
	Jan 14 – Dec 14	N/A	81%	N/A
	Apr 14 – Mar 15	N/A	79%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.076	Yes
	Oct 14 – Dec 14	<.15/1000 MM	0.125	Yes
	Jan 15 – Mar 15	<.15/1000 MM	0.106	Yes
	Apr 15 – Jun 15	<.15/1000 MM	0.028	Yes

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 5%, 0.00%	Yes
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.21%	Yes
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.03%	Yes
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.21%	Yes
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.04%	Yes
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 7%, 0.01%	Yes
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.12%	Yes
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 99%, 5%, 2.84%	No
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 6%, 0.07%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 5%, 0.20%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 6%, 0.06%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 5%, 0.02%	Yes

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

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

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

Performance Monitoring Report

Priority Health Choice – PRI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, NC	No
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
	Sep 15	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, NC	No
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
	Sep 15	Timely, Complete	T, C	*Yes

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, NA	No
	Feb 15	Timely, Accurate	T, NA	No
	Mar 15	Timely, Accurate	T, NA	No
	Apr 15	Timely, Accurate	NT, NA	No
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
	Sep 15	Timely, Accurate	T, A	Yes

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	83%	N/A
	Jul 14 – Sep 14	N/A	83%	N/A
	Oct 14 – Dec 14	N/A	83%	N/A
	Jan 15 – Mar 15	N/A	84%	N/A

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

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

Performance Monitoring Report

Priority Health Choice – PRI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	20%	N/A
	Jul 14 – Sep 14	N/A	14%	N/A
	Oct 14 – Dec 14	N/A	13%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	73%	N/A
	Jul 14 – Sep 14	N/A	67%	N/A
	Oct 14 – Dec 14	N/A	67%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	19%	N/A
	Jan 14 – Dec 14	N/A	18%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	59%	N/A
	Apr 14 – Sep 14	N/A	75%	N/A
	Apr 14 – Dec 14	N/A	82%	N/A
	Apr 14 – Mar 15	N/A	87%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	11%	N/A
	Oct 13 – Sep 14	N/A	13%	N/A
	Jan 14 – Dec 14	N/A	14%	N/A
	Apr 14 – Mar 15	N/A	15%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	68%	N/A
	Oct 13 – Sep 14	N/A	67%	N/A
	Jan 14 – Dec 14	N/A	65%	N/A
	Apr 14 – Mar 15	N/A	65%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	70%	N/A
	Oct 13 – Sep 14	N/A	68%	N/A
	Jan 14 – Dec 14	N/A	74%	N/A
	Apr 14 – Mar 15	N/A	69%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	24.7	N/A
	Oct 13 – Sep 14	N/A	23.3	N/A
	Jan 14 – Dec 14	N/A	27.3	N/A
	Apr 14 – Mar 15	N/A	26.2	N/A

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

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

Performance Monitoring Report

Priority Health Choice – PRI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	50.1	N/A
	Oct 13 – Sep 14	N/A	51.3	N/A
	Jan 14 – Dec 14	N/A	47.6	N/A
	Apr 14 – Mar 15	N/A	49.4	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	14.9	N/A
	Oct 13 – Sep 14	N/A	14.1	N/A
	Jan 14 – Dec 14	N/A	13.1	N/A
	Apr 14 – Mar 15	N/A	15.1	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	13.3	N/A
	Oct 13 – Sep 14	N/A	12.5	N/A
	Jan 14 – Dec 14	N/A	11.6	N/A
	Apr 14 – Mar 15	N/A	9.8	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	72%	N/A
	Oct 13 – Sep 14	N/A	70%	N/A
	Jan 14 – Dec 14	N/A	72%	N/A
	Apr 14 – Mar 15	N/A	70%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	80%	N/A
	Oct 13 – Sep 14	N/A	82%	N/A
	Jan 14 – Dec 14	N/A	84%	N/A
	Apr 14 – Mar 15	N/A	87%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	61%	N/A
	Oct 13 – Sep 14	N/A	57%	N/A
	Jan 14 – Dec 14	N/A	71%	N/A
	Apr 14 – Mar 15	N/A	74%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	31%	N/A
	Oct 13 – Sep 14	N/A	26%	N/A
	Jan 14 – Dec 14	N/A	51%	N/A
	Apr 14 – Mar 15	N/A	59%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	82%	N/A
	Oct 13 – Sep 14	N/A	82%	N/A
	Jan 14 – Dec 14	N/A	84%	N/A
	Apr 14 – Mar 15	N/A	87%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	11%	N/A
	Oct 13 – Sep 14	N/A	10%	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	30%	N/A
	Oct 13 – Sep 14	N/A	35%	N/A
	Jan 14 – Dec 14	N/A	42%	N/A
	Apr 14 – Mar 15	N/A	42%	N/A

Blood Lead Testing	Oct 14	81%	67%	No
	Nov 14	81%	67%	No
	Dec 14	81%	66%	No
	Jan 15	81%	68%	No
	Feb 15	81%	68%	No
	Mar 15	81%	67%	No
	Apr 15	81%	68%	No
	May 15	81%	68%	No
	Jun 15	81%	68%	No
	Jul 15	81%	68%	*Yes
	Aug 15	81%	69%	*Yes
Sep 15	81%	69%	*Yes	

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

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

Performance Monitoring Report

Total Health Care – THC

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	14%	16%	10%	N/A
	Nov 14	N/A	15%	15%	9%	N/A
	Dec 14	N/A	15%	16%	9%	N/A
	Jan 15	N/A	16%	17%	11%	N/A
	Feb 15	N/A	17%	17%	12%	N/A
	Mar 15	N/A	17%	17%	12%	N/A
	Apr 15	N/A	18%	17%	12%	N/A
	May 15	N/A	18%	19%	11%	N/A
	Jun 15	N/A	18%	20%	12%	N/A
	Jul 15	N/A	20%	22%	13%	N/A
	Aug 15	N/A	20%	22%	14%	N/A
	Sep 15	N/A	21%	23%	14%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	41%	N/A
	Oct 13 – Sep 14	N/A	55%	N/A
	Jan 14 – Dec 14	N/A	52%	N/A
	Apr 14 – Mar 15	N/A	63%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	60%	N/A
	Oct 13 – Sep 14	N/A	64%	N/A
	Jan 14 – Dec 14	N/A	71%	N/A
	Apr 14 – Mar 15	N/A	71%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.232	No
	Oct 14 – Dec 14	<.15/1000 MM	0.088	Yes
	Jan 15 – Mar 15	<.15/1000 MM	0.150	No
	Apr 15 – Jun 15	<.15/1000 MM	0.218	No

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.00%	Yes
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 3%, 0.00%	Yes
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 0%, 0.00%	Yes
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 3%, 0.00%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 4%, 0.00%	Yes

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

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

Performance Monitoring Report

Total Health Care – THC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
Sep 15	Timely, Complete	T, C	Yes	

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
Sep 15	Timely, Complete	T, C	*Yes	

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, A	Yes
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
Sep 15	Timely, Accurate	T, A	Yes	

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	85%	N/A
	Jul 14 – Sep 14	N/A	86%	N/A
	Oct 14 – Dec 14	N/A	86%	N/A
	Jan 15 – Mar 15	N/A	86%	N/A

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

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

Performance Monitoring Report

Total Health Care – THC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	3%	N/A
	Jul 14 – Sep 14	N/A	3%	N/A
	Oct 14 – Dec 14	N/A	3%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	58%	N/A
	Jul 14 – Sep 14	N/A	54%	N/A
	Oct 14 – Dec 14	N/A	52%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	17%	N/A
	Jan 14 – Dec 14	N/A	17%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	53%	N/A
	Apr 14 – Sep 14	N/A	68%	N/A
	Apr 14 – Dec 14	N/A	76%	N/A
	Apr 14 – Mar 15	N/A	80%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	28%	N/A
	Oct 13 – Sep 14	N/A	30%	N/A
	Jan 14 – Dec 14	N/A	33%	N/A
	Apr 14 – Mar 15	N/A	37%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	52%	N/A
	Oct 13 – Sep 14	N/A	52%	N/A
	Jan 14 – Dec 14	N/A	51%	N/A
	Apr 14 – Mar 15	N/A	51%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	63%	N/A
	Oct 13 – Sep 14	N/A	62%	N/A
	Jan 14 – Dec 14	N/A	67%	N/A
	Apr 14 – Mar 15	N/A	65%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	48.3	N/A
	Oct 13 – Sep 14	N/A	36.4	N/A
	Jan 14 – Dec 14	N/A	29.1	N/A
	Apr 14 – Mar 15	N/A	26.9	N/A

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

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

Performance Monitoring Report

Total Health Care – THC

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	242.2	N/A
	Oct 13 – Sep 14	N/A	207.7	N/A
	Jan 14 – Dec 14	N/A	181.5	N/A
	Apr 14 – Mar 15	N/A	161.0	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	48.7	N/A
	Oct 13 – Sep 14	N/A	43.9	N/A
	Jan 14 – Dec 14	N/A	40.7	N/A
	Apr 14 – Mar 15	N/A	45.3	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	20.7	N/A
	Oct 13 – Sep 14	N/A	21.5	N/A
	Jan 14 – Dec 14	N/A	19.8	N/A
	Apr 14 – Mar 15	N/A	17.0	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	64%	N/A
	Oct 13 – Sep 14	N/A	66%	N/A
	Jan 14 – Dec 14	N/A	67%	N/A
	Apr 14 – Mar 15	N/A	65%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	69%	N/A
	Oct 13 – Sep 14	N/A	69%	N/A
	Jan 14 – Dec 14	N/A	70%	N/A
	Apr 14 – Mar 15	N/A	71%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	63%	N/A
	Oct 13 – Sep 14	N/A	58%	N/A
	Jan 14 – Dec 14	N/A	62%	N/A
	Apr 14 – Mar 15	N/A	67%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	34%	N/A
	Oct 13 – Sep 14	N/A	27%	N/A
	Jan 14 – Dec 14	N/A	45%	N/A
	Apr 14 – Mar 15	N/A	53%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	71%	N/A
	Oct 13 – Sep 14	N/A	71%	N/A
	Jan 14 – Dec 14	N/A	72%	N/A
	Apr 14 – Mar 15	N/A	75%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	11%	N/A
	Oct 13 – Sep 14	N/A	11%	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	41%	N/A
	Oct 13 – Sep 14	N/A	46%	N/A
	Jan 14 – Dec 14	N/A	51%	N/A
	Apr 14 – Mar 15	N/A	50%	N/A

Blood Lead Testing	Oct 14	81%	77%	No
	Nov 14	81%	77%	No
	Dec 14	81%	77%	No
	Jan 15	81%	77%	No
	Feb 15	81%	77%	No
	Mar 15	81%	76%	No
	Apr 15	81%	76%	No
	May 15	81%	75%	No
	Jun 15	81%	75%	No
	Jul 15	81%	75%	*Yes
	Aug 15	81%	75%	*Yes
	Sep 15	81%	75%	*Yes

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

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

Performance Monitoring Report

UnitedHealthcare Community Plan – UNI

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	21%	26%	18%	N/A
	Nov 14	N/A	21%	26%	18%	N/A
	Dec 14	N/A	21%	26%	18%	N/A
	Jan 15	N/A	22%	27%	19%	N/A
	Feb 15	N/A	22%	28%	19%	N/A
	Mar 15	N/A	22%	29%	20%	N/A
	Apr 15	N/A	23%	29%	20%	N/A
	May 15	N/A	23%	29%	21%	N/A
	Jun 15	N/A	23%	29%	21%	N/A
	Jul 15	N/A	24%	29%	22%	N/A
	Aug 15	N/A	24%	29%	22%	N/A
	Sep 15	N/A	24%	30%	23%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	69%	N/A
	Oct 13 – Sep 14	N/A	71%	N/A
	Jan 14 – Dec 14	N/A	74%	N/A
	Apr 14 – Mar 15	N/A	76%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	71%	N/A
	Oct 13 – Sep 14	N/A	74%	N/A
	Jan 14 – Dec 14	N/A	77%	N/A
	Apr 14 – Mar 15	N/A	74%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.211	No
	Oct 14 – Dec 14	<.15/1000 MM	0.114	Yes
	Jan 15 – Mar 15	<.15/1000 MM	0.119	Yes
	Apr 15 – Jun 15	<.15/1000 MM	0.205	No

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 10%, 0.31%	Yes
	Sep 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 10%, 0.51%	Yes
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 9%, 0.08%	Yes
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 10%, 0.06%	Yes
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 9%, 0.24%	Yes
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 10%, 0.00%	Yes
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 10%, 0.75%	Yes
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 9%, 0.14%	Yes
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 9%, 0.16%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 10%, 0.21%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 10%, 0.08%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 9%, 0.78%	Yes

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

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

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

Performance Monitoring Report

UnitedHealthcare Community Plan – UNI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
	Sep 15	Timely, Complete	T, C	Yes

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, C	Yes
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
	Sep 15	Timely, Complete	T, C	*Yes

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, A	Yes
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
	Sep 15	Timely, Accurate	T, A	Yes

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	85%	N/A
	Jul 14 – Sep 14	N/A	85%	N/A
	Oct 14 – Dec 14	N/A	85%	N/A
	Jan 15 – Mar15	N/A	86%	N/A

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

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

Performance Monitoring Report

UnitedHealthcare Community Plan – UNI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	11%	N/A
	Jul 14 – Sep 14	N/A	9%	N/A
	Oct 14 – Dec 14	N/A	7%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	65%	N/A
	Jul 14 – Sep 14	N/A	60%	N/A
	Oct 14 – Dec 14	N/A	60%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	16%	N/A
	Jan 14 – Dec 14	N/A	16%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	60%	N/A
	Apr 14 – Sep 14	N/A	75%	N/A
	Apr 14 – Dec 14	N/A	82%	N/A
	Apr 14 – Mar 15	N/A	86%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	27%	N/A
	Oct 13 – Sep 14	N/A	30%	N/A
	Jan 14 – Dec 14	N/A	34%	N/A
	Apr 14 – Mar 15	N/A	38%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	64%	N/A
	Oct 13 – Sep 14	N/A	63%	N/A
	Jan 14 – Dec 14	N/A	64%	N/A
	Apr 14 – Mar 15	N/A	62%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	70%	N/A
	Oct 13 – Sep 14	N/A	69%	N/A
	Jan 14 – Dec 14	N/A	74%	N/A
	Apr 14 – Mar 15	N/A	72%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	24.7	N/A
	Oct 13 – Sep 14	N/A	25.9	N/A
	Jan 14 – Dec 14	N/A	25.3	N/A
	Apr 14 – Mar 15	N/A	26.8	N/A

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

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

Performance Monitoring Report

UnitedHealthcare Community Plan – UNI

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	132.3	N/A
	Oct 13 – Sep 14	N/A	124.6	N/A
	Jan 14 – Dec 14	N/A	115.5	N/A
	Apr 14 – Mar 15	N/A	110.6	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	30.2	N/A
	Oct 13 – Sep 14	N/A	28.8	N/A
	Jan 14 – Dec 14	N/A	29.8	N/A
	Apr 14 – Mar 15	N/A	29.5	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	15.1	N/A
	Oct 13 – Sep 14	N/A	15.2	N/A
	Jan 14 – Dec 14	N/A	14.6	N/A
	Apr 14 – Mar 15	N/A	14.4	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	69%	N/A
	Oct 13 – Sep 14	N/A	70%	N/A
	Jan 14 – Dec 14	N/A	70%	N/A
	Apr 14 – Mar 15	N/A	68%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	82%	N/A
	Oct 13 – Sep 14	N/A	80%	N/A
	Jan 14 – Dec 14	N/A	82%	N/A
	Apr 14 – Mar 15	N/A	82%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	63%	N/A
	Oct 13 – Sep 14	N/A	59%	N/A
	Jan 14 – Dec 14	N/A	63%	N/A
	Apr 14 – Mar 15	N/A	68%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	31%	N/A
	Oct 13 – Sep 14	N/A	27%	N/A
	Jan 14 – Dec 14	N/A	46%	N/A
	Apr 14 – Mar 15	N/A	53%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	82%	N/A
	Oct 13 – Sep 14	N/A	82%	N/A
	Jan 14 – Dec 14	N/A	83%	N/A
	Apr 14 – Mar 15	N/A	85%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

MEDICAID MANAGED CARE:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Childhood Immunizations	Jul 13 – Jun 14	N/A	N/A	N/A
	Oct 13 – Sep 14	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Elective Delivery	Jul 13 – Jun 14	N/A	18%	N/A
	Oct 13 – Sep 14	N/A	19%	N/A
	Jan 14 – Dec 14	N/A	N/A	N/A
	Apr 14 – Mar 15	N/A	N/A	N/A

Postpartum Care	Jul 13 – Jun 14	N/A	39%	N/A
	Oct 13 – Sep 14	N/A	44%	N/A
	Jan 14 – Dec 14	N/A	47%	N/A
	Apr 14 – Mar 15	N/A	46%	N/A

Blood Lead Testing	Oct 14	81%	84%	Yes
	Nov 14	81%	85%	Yes
	Dec 14	81%	86%	Yes
	Jan 15	81%	86%	Yes
	Feb 15	81%	85%	Yes
	Mar 15	81%	87%	Yes
	Apr 15	81%	88%	Yes
	May 15	81%	87%	Yes
	Jun 15	81%	87%	Yes
	Jul 15	81%	87%	*Yes
	Aug 15	81%	87%	*Yes
	Sep 15	81%	87%	*Yes

**All Plans will receive a pass this quarter for the Blood Lead Testing measure due to the addition of the CSHCS population*

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

Performance Monitoring Report

Upper Peninsula Health Plan – UPP

Performance Measure	Measurement Period	Standard	Plan Result			Standard Achieved
			1 st Year	2 nd Year	3 rd Year	
Developmental Screening	Oct 14	N/A	21%	20%	17%	N/A
	Nov 14	N/A	21%	19%	18%	N/A
	Dec 14	N/A	21%	19%	17%	N/A
	Jan 15	N/A	22%	19%	16%	N/A
	Feb 15	N/A	21%	18%	17%	N/A
	Mar 15	N/A	21%	18%	17%	N/A
	Apr 15	N/A	19%	19%	18%	N/A
	May 15	N/A	19%	19%	17%	N/A
	Jun 15	N/A	19%	19%	16%	N/A
	Jul 15	N/A	18%	18%	15%	N/A
	Aug 15	N/A	16%	17%	15%	N/A
	Sep 15	N/A	16%	17%	15%	N/A

Well-Child 0-15 Months	Jul 13 – Jun 14	N/A	71%	N/A
	Oct 13 – Sep 14	N/A	72%	N/A
	Jan 14 – Dec 14	N/A	73%	N/A
	Apr 14 – Mar 15	N/A	70%	N/A

Well-Child 3-6 Years	Jul 13 – Jun 14	N/A	73%	N/A
	Oct 13 – Sep 14	N/A	73%	N/A
	Jan 14 – Dec 14	N/A	75%	N/A
	Apr 14 – Mar 15	N/A	73%	N/A

Complaints	Jul 14 – Sep 14	<.15/1000 MM	0.009	Yes
	Oct 14 – Dec 14	<.15/1000 MM	0.050	Yes
	Jan 15 – Mar 14	<.15/1000 MM	0.008	Yes
	Apr 15 – Jun 15	<.15/1000 MM	0.016	Yes

MM = Member Months

Claims Processing	Aug 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 99%, 15%, 0.00%	No
	Set 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 99%, 13%, 0.00%	No
	Oct 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 100%, 13%, 0.00%	No
	Nov 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 99%, 14%, 0.00%	No
	Dec 14	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 99%, 14%, 0.24%	No
	Jan 15	T/A, ≥95%, ≤12%, ≤1.0%	T/NA, 99%, 15%, 0.00%	No
	Feb 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 10%, 0.00%	Yes
	Mar 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 9%, 0.00%	Yes
	Apr 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 7%, 0.00%	Yes
	May 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 100%, 10%, 0.00%	Yes
	Jun 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 99%, 8%, 0.00%	Yes
	Jul 15	T/A, ≥95%, ≤12%, ≤1.0%	T/A, 98%, 9%, 0.00%	Yes

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

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

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

Performance Monitoring Report

Upper Peninsula Health Plan – UPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, C	Yes
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, C	Yes
	Mar 15	Timely, Complete	T, C	Yes
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, NC	No
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	Yes
	Aug 15	Timely, Complete	T, C	Yes
Sep 15	Timely, Complete	T, C	Yes	

Pharmacy Encounter Data	Oct 14	Timely, Complete	T, C	Yes
	Nov 14	Timely, Complete	T, C	Yes
	Dec 14	Timely, Complete	T, NC	No
	Jan 15	Timely, Complete	T, C	Yes
	Feb 15	Timely, Complete	T, NC	No
	Mar 15	Timely, Complete	T, NC	No
	Apr 15	Timely, Complete	T, C	Yes
	May 15	Timely, Complete	T, NC	No
	Jun 15	Timely, Complete	T, C	Yes
	Jul 15	Timely, Complete	T, C	*Yes
	Aug 15	Timely, Complete	T, C	*Yes
Sep 15	Timely, Complete	T, C	*Yes	

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

Provider File Reporting	Oct 14	Timely, Accurate	T, A	Yes
	Nov 14	Timely, Accurate	T, A	Yes
	Dec 14	Timely, Accurate	T, A	Yes
	Jan 15	Timely, Accurate	T, A	Yes
	Feb 15	Timely, Accurate	T, A	Yes
	Mar 15	Timely, Accurate	T, A	Yes
	Apr 15	Timely, Accurate	T, A	Yes
	May 15	Timely, Accurate	T, A	Yes
	Jun 15	Timely, Accurate	T, A	Yes
	Jul 15	Timely, Accurate	T, A	Yes
	Aug 15	Timely, Accurate	T, A	Yes
Sep 15	Timely, Accurate	T, A	Yes	

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

HEALTHY MICHIGAN PLAN:

Adults' Generic Drug Utilization	Apr 14 – Jun 14	N/A	84%	N/A
	Jul 14 – Sep 14	N/A	84%	N/A
	Oct 14 – Dec 14	N/A	82%	N/A
	Jan 15 – Mar 15	N/A	84%	N/A

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

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

Performance Monitoring Report

Upper Peninsula Health Plan – UPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	14%	N/A
	Jul 14 – Sep 14	N/A	13%	N/A
	Oct 14 – Dec 14	N/A	12%	N/A

Outreach/Engagement to Facilitate Entry to Primary Care	N/A	N/A	N/A	N/A
	Apr 14 – Jun 14	N/A	70%	N/A
	Jul 14 – Sep 14	N/A	66%	N/A
	Oct 14 – Dec 14	N/A	63%	N/A

Plan All-Cause Acute 30-Day Readmissions	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	Jan 14 – Dec 14	N/A	15%	N/A
	Jan 14 – Dec 14	N/A	15%	N/A

Adults' Access to Ambulatory Health Services	Apr 14 – Jun 14	N/A	61%	N/A
	Apr 14 – Sep 14	N/A	76%	N/A
	Apr 14 – Dec 14	N/A	83%	N/A
	Apr 14 – Mar 15	N/A	88%	N/A

ADULT CORE SET MEASURES:

Adult BMI Assessment	Jul 13 – Jun 14	N/A	38%	N/A
	Oct 13 – Sep 14	N/A	43%	N/A
	Jan 14 – Dec 14	N/A	47%	N/A
	Apr 14 – Mar 15	N/A	50%	N/A

Breast Cancer Screening	Jul 13 – Jun 14	N/A	62%	N/A
	Oct 13 – Sep 14	N/A	61%	N/A
	Jan 14 – Dec 14	N/A	62%	N/A
	Apr 14 – Mar 15	N/A	62%	N/A

Cervical Cancer Screening	Jul 13 – Jun 14	N/A	62%	N/A
	Oct 13 – Sep 14	N/A	61%	N/A
	Jan 14 – Dec 14	N/A	69%	N/A
	Apr 14 – Mar 15	N/A	63%	N/A

Diabetes Short-Term Complications Admission Rate	Jul 13 – Jun 14	N/A	26.9	N/A
	Oct 13 – Sep 14	N/A	21.9	N/A
	Jan 14 – Dec 14	N/A	16.8	N/A
	Apr 14 – Mar 15	N/A	13.5	N/A

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Performance Monitoring Report

Upper Peninsula Health Plan – UPP

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
COPD/Asthma in Older Adults Admission Rate	Jul 13 – Jun 14	N/A	69.0	N/A
	Oct 13 – Sep 14	N/A	68.3	N/A
	Jan 14 – Dec 14	N/A	66.0	N/A
	Apr 14 – Mar 15	N/A	70.5	N/A
Heart Failure Admission Rate	Jul 13 – Jun 14	N/A	16.3	N/A
	Oct 13 – Sep 14	N/A	10.3	N/A
	Jan 14 – Dec 14	N/A	11.6	N/A
	Apr 14 – Mar 15	N/A	16.0	N/A
Asthma in Younger Adults Admission Rate	Jul 13 – Jun 14	N/A	11.3	N/A
	Oct 13 – Sep 14	N/A	11.0	N/A
	Jan 14 – Dec 14	N/A	12.6	N/A
	Apr 14 – Mar 15	N/A	9.1	N/A
Chlamydia Screening	Jul 13 – Jun 14	N/A	50%	N/A
	Oct 13 – Sep 14	N/A	48%	N/A
	Jan 14 – Dec 14	N/A	46%	N/A
	Apr 14 – Mar 15	N/A	46%	N/A
Diabetes Care: Hemoglobin A1c Testing	Jul 13 – Jun 14	N/A	83%	N/A
	Oct 13 – Sep 14	N/A	84%	N/A
	Jan 14 – Dec 14	N/A	84%	N/A
	Apr 14 – Mar 15	N/A	89%	N/A
Antidepressant Medication Management (Acute)	Jul 13 – Jun 14	N/A	73%	N/A
	Oct 13 – Sep 14	N/A	66%	N/A
	Jan 14 – Dec 14	N/A	71%	N/A
	Apr 14 – Mar 15	N/A	72%	N/A
Antidepressant Medication Management (Continuous)	Jul 13 – Jun 14	N/A	42%	N/A
	Oct 13 – Sep 14	N/A	31%	N/A
	Jan 14 – Dec 14	N/A	53%	N/A
	Apr 14 – Mar 15	N/A	61%	N/A
Annual Monitoring for Patients on Persistent Medications (Total)	Jul 13 – Jun 14	N/A	81%	N/A
	Oct 13 – Sep 14	N/A	80%	N/A
	Jan 14 – Dec 14	N/A	79%	N/A
	Apr 14 – Mar 15	N/A	81%	N/A

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