



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

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April 1, 2019

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

Dear Ms. Janu,

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

Enclosed is the quarterly report for Healthy Michigan Plan. It covers the first quarter of federal fiscal year 2019. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

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

Sincerely,



Penny Rutledge, Director
Actuarial Division

cc: Ruth Hughes
Angela Garner

Enclosure (6)

Michigan Adult Coverage Demonstration
Section 1115 Quarterly Report

Demonstration Year: 9 (01/01/2018 – 12/31/2018)
Federal Fiscal Quarter: 1 (10/01/2018 – 12/31/2018)

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Introduction

On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the Federal Poverty Level (FPL). To accompany this expansion, the Michigan Adult Benefits Waiver (ABW) was amended and transformed to establish the Healthy Michigan Plan, through which the Michigan Department of Health & Human Services (MDHHS) will test innovative approaches to beneficiary cost sharing and financial responsibility for health care for the new adult eligibility group. Organized service delivery systems will be utilized to improve coherence and overall program efficiency. The overarching themes used in the benefit design are increasing access to quality health care, encouraging the utilization of high-value services, and promoting beneficiary adoption of healthy behaviors and using evidence-based practice initiatives. The Healthy Michigan Plan provides a full health care benefit package as required under the Affordable Care Act including all of the Essential Health Benefits as required by federal law and regulation. The new adult population with incomes above 100 percent of the FPL are required to make contributions toward the cost of their health care. In addition, all newly eligible adults from 0 to 133 percent of the FPL are subject to copayments consistent with federal regulations.

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

MDHHS's goals in the demonstration are to:

- Improve access to healthcare for uninsured or underinsured low-income Michigan citizens;
- Improve the quality of healthcare services delivered;
- Reduce uncompensated care;
- Strengthen beneficiary engagement and personal responsibility;
- Encourage individuals to seek preventive care and encourage the adoption of healthy behaviors;
- Support coordinated strategies to address social determinants of health in order to promote positive health outcomes, greater independence, and improved quality of life;
- Help uninsured or underinsured individuals manage their health care issues; and
- Encourage quality, continuity, and appropriate medical care.

Enrollment and Benefits Information

MDHHS began enrolling new beneficiaries into the program beginning April 1, 2014. Beneficiaries who were enrolled in the ABW were automatically transitioned into the Healthy Michigan Plan effective April 1, 2014. Potential enrollees can apply for the program via the

MDHHS website, by calling a toll-free number or by visiting their local MDHHS office. At this time, MDHHS does not anticipate any changes in the population served or the benefits offered. The following tables display new enrollment and disenrollment by month:

Table 1: Healthy Michigan Plan New Enrollments by Month			
October 2018	November 2018	December 2018	Total
29,545	31,117	31,340	92,002

Table 2: Healthy Michigan Plan Disenrollments by Month			
October 2018	November 2018	December 2018	Total
29,527	28,862	28,690	86,479

Most Healthy Michigan Plan beneficiaries choose a health plan as opposed to automatic assignment to a health plan. As of December 2018, 303,937 or, 57 percent, of the State's 534,457 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, 4,944 of all Healthy Michigan Plan health plan enrollees changed health plans. This quarter, 2,228 or approximately 45 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.

Table 3: Healthy Michigan Plan Automatic Assignment to Voluntary Health Plan Changes		
October 2018	November 2018	December 2018
748	623	857
42%	43%	49%

Healthy Michigan Plan members can reduce cost-sharing requirements through the completion of Health Risk Assessments and engaging in healthy behaviors. MDHHS has developed a standard Health Risk Assessment form to be completed annually. Health Risk Assessment forms and reports are located on the [MDHHS website](#). The Health Risk Assessment document is completed in two parts. The member typically completes the first section of the form with the assistance of the Healthy Michigan Plan enrollment broker. Members that are automatically assigned to a health plan are not surveyed. The remainder of the form is completed at the member's initial primary care visit. Completion of the remaining Health Risk Assessment sections (beyond those completed through the State's enrollment broker) requires beneficiaries to schedule an annual appointment, select a Healthy Behavior, and have member results completed by their primary care provider. The primary care provider securely sends the completed Health Risk Assessment to the appropriate Medicaid Health Plan or MDHHS.

To improve the ability of individuals to participate in the Healthy Behaviors Incentives Program, additional mechanisms to document healthy behaviors were added April 1, 2018 for individuals who may have completed healthy behavior activities but have not submitted a Health Risk Assessment for documentation. The mechanisms include claims/encounters review for beneficiaries who utilize preventive and wellness services as well as documented participation in approved wellness and population health management programs.

Healthy Michigan Plan managed care members are rewarded for addressing behaviors necessary for improving health. All individuals who complete a healthy behavior are eligible for a 50 percent reduction in copays for the rest of the year once the Enrollee has paid 2 percent of their income in copays. Individuals who pay a contribution (those above 100 percent of the FPL) will also be eligible for a 50 percent reduction in their monthly contribution. To encourage consistent multi-year participation in the Healthy Behaviors Incentives Program, individuals who pay a contribution (those above 100 percent of the FPL) will have their monthly contribution waived in its entirety if they complete an annual Health Risk Assessment on time each year over 2 or more years. Individuals who do not pay a contribution (those below 100 percent of the FPL) are eligible for a gift card for completion of the Health Risk Assessment only, however this incentive was retired October 1, 2018. Once retired, the incentives will then be consistent across all three healthy behavior options. The most recent Healthy Behaviors Incentives Program Report has been included as an attachment. 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				
	October 2018	November 2018	December 2018	Total
Health Risk Assessments Submitted	4,229	5,293	4,042	13,564
Wellness Programs Submitted	2,014	1,181	1,023	4,218
Preventative Services Completed	54,347	92,983	49,982	197,312
Reductions Applied	15,516	19,196	14,371	49,083

Enrollment Counts for Quarter and Year to Date

Healthy Michigan Plan enrollment in this quarter has remained consistent with previous quarters. In addition to stable Healthy Michigan Plan enrollment, MDHHS saw a typical number of disenrollments from the plan as reported in the Monthly Enrollment Reports to CMS. Healthy Michigan disenrollment reflects individuals who were disenrolled during a redetermination of eligibility or switched coverage due to eligibility for other Medicaid program benefits. In most cases beneficiaries disenrolled from the Healthy Michigan Plan due to eligibility for other Medicaid programs. Movement between Medicaid programs is not uncommon and MDHHS expects that beneficiaries will continue to shift between Healthy Michigan and other Medicaid programs as their eligibility changes. Enrollment counts in the table below are for unique members for identified time periods. The unique enrollee count will differ from the December 2018 count from the Beneficiary Month Reporting section as a result of disenrollment that occurred during the quarter.

Table 5: Enrollment Counts for Quarter and Year to Date			
Demonstration Population	Total Number of Demonstration Beneficiaries Quarter Ending – 12/2018	Current Enrollees (year to date)	Disenrolled in Current Quarter
ABW Childless Adults	N/A	N/A	N/A
Healthy Michigan Adults	756,281	983,168	86,479

Outreach/Innovation Activities to Assure Access

MDHHS utilizes the [Healthy Michigan Program website](#) to provide information to both beneficiaries and providers. The Healthy Michigan Plan website contains information on

eligibility, how to apply, services covered, cost sharing requirements, frequently asked questions, Health Risk Assessment completion, and provider information. The site also provides a link for members to make MI Health Account payments. MDHHS also has a mailbox, healthymichiganplan@michigan.gov, for questions or comments about the Healthy Michigan Plan.

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

Collection and Verification of Encounter and Enrollment Data

As a mature managed care state, all Medicaid Health Plans submit encounter data to MDHHS for the services provided to Healthy Michigan Plan beneficiaries following the existing MDHHS data submission requirements. MDHHS continues to utilize encounter data to prepare MI Health Account statements with a low volume of adjustments. MDHHS works closely with the plans in reviewing, monitoring and investigating encounter data anomalies. MDHHS and the Medicaid Health Plans work collaboratively to correct any issues discovered as part of the review process.

Operational/Policy/Systems/Fiscal Developmental Issues

MDHHS regularly meets with the staff of Medicaid Health Plans to address operational issues, programmatic issues, and policy updates and clarifications. Updates and improvements to the Community Health Automated Medicaid Processing System (CHAMPS), the State’s Medicaid Management Information System (MMIS) happen continually, and MDHHS strives to keep the health plans informed and functioning at the highest level. At these meetings, Medicaid policy bulletins and letters that impact the program are discussed, as are other operational issues. Additionally, these operational meetings include a segment of time dedicated to the oversight of the MI Health Account contactor. MDHHS and the health plans receive regular updates regarding MI Health Account activity and functionality. The following policies with Healthy Michigan Plan impact were issued by MDHHS during the quarter covered by this report:

Table 6: Medicaid Policy Bulletins and Letters with Healthy Michigan Plan Impact

Issue Date	Subject	Link
10/01/2018	Ordering of Genetic Laboratory Services by Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs)	MSA18-34
10/01/2018	Face-to-Face Claim Requirements for Durable Medical Equipment (DME) Providers; Home Health Agencies Providing DME	MSA 18-36
10/01/2018	Return of Dental Radiographs; Maxillary Partial Denture Update	MSA 18-38
11/01/2018	Rescinding the MI Marketplace Option	MSA 18-42
11/30/2018	Clarification of Medicaid Outreach Policy	MSA 18-41
11/30/2018	Standard Consent Form	MSA 18-44
11/30/2018	Updates to the Medicaid Provider Manual	MSA 18-45

Table 6: Medicaid Policy Bulletins and Letters with Healthy Michigan Plan Impact Continued		
Issue Date	Subject	Link
11/30/2018	Updates to Audiology Supply and Device Reimbursement Rates and Bone-Anchored Hearing Device (BAHD) Coverage	MSA 18-46
11/30/2018	Enforcement of Medicaid Provider Enrollment Requirement for Medicaid Health Plan and Dental Health Plan Typical Providers	MSA 18-47
11/30/2018	Network Adequacy Standards	MSA 18-49
11/30/2018	Claims for Medicaid Beneficiaries Eligible for Medicare	MSA 18-50
12/28/2018	Clarification of Blood Lead Level Test Results	MSA 18-52

Financial/Budget Neutrality Development Issues

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

Table 7: Healthy Michigan Plan Budget Neutrality Monitoring Table				
	Approved HMP PMPM	Actual HMP PMPM (YTD)	Total Expenditures (YTD)	Total Member Months (YTD)
DY 5 - PMPM	\$667.36	\$477.93	\$1,785,163,789.00	3,735,223
DY 6 - PMPM	\$602.21	\$476.03	\$3,459,953,024.00	7,268,325
DY 7 - PMPM	\$569.80	\$500.12	\$3,881,328,418.00	7,760,816
DY 8 - PMPM	\$598.86	\$471.27	\$3,926,870,468.00	8,332,607
DY 9 - PMPM	\$629.40	\$438.30	\$3,694,728,398.00	8,429,736

Beneficiary Month Reporting

The beneficiary counts below include information for each of the designated months during the quarter and include retroactive eligibility through December 31, 2018.

Table 8: Healthy Michigan Plan Beneficiary Month Reporting				
Eligibility Group	October 2018	November 2018	December 2018	Total for Quarter Ending 12/18
Healthy Michigan Adults	695,555	692,669	695,603	2,083,827

Consumer Issues

This quarter, the total number of Healthy Michigan Plan complaints reported to MDHHS was 33. Complaints reported to MDHHS are detailed by category in the table below. Overall, with over 2 million member months during the quarter, MDHHS is encouraged by its low rate of contacts related to Healthy Michigan Plan complaints. MDHHS will continue to monitor calls to the Beneficiary Helpline to identify issues and improve member experiences.

Table 9: Healthy Michigan Plan Complaints Reported to MDHHS			
October 2018 – December 2018			
	Obtaining Prescriptions	Other Covered Services	Total
Count	26	7	33
Percent	79%	21%	

Quality Assurance/Monitoring Activity

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

Managed Care Reporting Requirements

MDHHS has established a variety of reporting requirements for the Medicaid Health Plans, many of which are compiled, analyzed and shared with the plans in the PMRs described in the Quality Assurance/Monitoring Activity section of this report. MDHHS and the Medicaid Health Plans continue to monitor MI Health Account call center and payment activity.

The MI Health Account Call Center handles questions regarding the MI Health Account welcome letters and MI Health Account quarterly statements. MDHHS’ Beneficiary Help Line number is listed on all MI Health Account letters. Staff are cross trained to provide assistance on a variety of topics. Commonly asked questions by callers contacting the MI Health Account Call Center relate to general MI Health Account information and payment amounts. Members calling regarding the quarterly statements have asked about amounts owed, requested clarification on the contents of the statement, and reported an inability to pay amounts owed. During this quarter, Healthy Michigan Plan members continued making payments for contributions and copays to the MI Health Account. The December 2018 MI Health Account Executive Summary Report is included as an attachment to this report.

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

- The denial or limited authorization of a requested service, including the type or level of service;
- The reduction, suspension, or termination of a previously authorized service;
- The denial, in whole or in part, of a payment for a properly authorized and covered service;

- The failure to provide services in a timely manner, as defined by the State; or
- The failure of the Health Plan to act within the established timeframes for grievance and appeal disposition.

From October 2018 to December 2018, there were 261 total appeals among all the Medicaid Health Plans. Medicaid Health Plan decisions were upheld in 44% percent of the appeals. From October 2018 to December 2018 there were a total of 1,531 grievances. The greatest number of grievances came from the administrative/service category. Administrative/Service grievances can range from issues with claims, enrollment, eligibility, out-of-network providers and benefits not covered. 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. Issues reported under the Billing category pertain to billing issues. Transportation grievances relate to issues with the transportation benefit and often mirror the complaints members directly reported to MDHHS. MDHHS will continue to monitor the Medicaid Health Plans Grievance/Appeal Summary Reports to ensure levels of grievances remain low and resolution of grievances is completed in a timely manner. MDHHS has included grievance and appeals data reported by the Medicaid Health Plans from this quarter in the following tables:

Table 10: Managed Care Organization Appeals				
October 2018 – December 2018				
	Decision Upheld	Overtured	Undetermined/ Withdrawn	Total
Count	114	133	14	261
Percent	44%	51%	5%	

Table 11: Managed Care Organization Grievances		
October 2018 – December 2018		
Category	Count	Percent
Administrative/Service	649	42%
Transportation	384	25%
Access	260	17%
Billing	165	11%
Quality of Care	73	5%
Total	1,531	

Lessons Learned

MDHHS continues to learn from the experience of launching a program the size and scope of the Healthy Michigan Plan. This quarter, MDHHS continued to work with CMS and the Michigan Legislature to achieve a waiver agreement that met state and federal guidelines. The guidance provided by CMS and the examples set by other states has provided MDHHS with a framework to implement its approved demonstration. MDHHS has assembled a team including department leadership and subject matter experts to systematically address each demonstration

requirement. Additionally, MDHHS continues to work closely with the Medicaid Health Plans to keep them apprised of new demonstration requirements.

Demonstration Evaluation

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

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

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

Below is a summary of the key activities for the Fiscal Year (FY) 2019 first quarterly report:

Domain I

Domain I examines the impact of reducing the number of uninsured individuals on uncompensated care costs to hospitals in Michigan through Medicaid expansion. This quarter, IHPI completed the report on uncompensated care. IHPI presented a summary of findings on multi-year data on uncompensated care in Michigan and some other states to MDHHS.

Domain II

Domain II evaluates the insured/uninsured rates, in general and more specifically by select population groups (e.g., income levels, geographic areas, age, gender, and race/ethnicity). This quarter, IHPI developed and finalized the report on uninsurance and submitted it to MDHHS.

Domain III

Domain III assesses healthy behaviors, utilization and health outcomes for individuals enrolled in the Healthy Michigan Plan. This quarter, IHPI analyzed utilization trends over time and summarized the findings for the final HMP evaluation report. In October, IHPI revised the Domain III report and submitted it to MDHHS and it was approved in December.

Domain IV

Domain IV examines beneficiary and provider viewpoints of the Healthy Michigan Plan through survey data. IHPI carried on with conducting analyses on the remaining 2016 HMP subgroups and multivariate analyses. IHPI completed analyses for the 2017 Healthy Michigan Voices

(HMO) New Enrollee Survey report and submitted it to MDHHS. Also, IHPI completed analyses for the 2017 HMO Follow-Up Survey (Cohort 1) and submitted it to MDHHS. Further, IHPI completed coding and analysis for the 2018 Eligible But Unenrolled interviews. A report highlighting key findings from the interviews is nearly complete and will be submitted to MDHHS in early 2019.

2018 HMO survey data and longitudinal analyses of the 2016, 2017 and 2018 HMO survey data for the 2018 HMO survey report were conducted. The data collection for the 2018 HMO surveys is almost complete. The target participation numbers for the 2018 HMO surveys (2,500 for Cohort 2 Follow-Up; 2,500 for HMO Cohort 1 Follow-Up) were achieved at the end of the quarter.

Domains V/VI

Domains V and VI entail analyzing data to assess the impacts of contribution requirements and the MI Health Account statements on beneficiary utilization of health care services, respectively. This quarter, IHPI communicated with MDHHS about findings from the report and made any final updates or edits, as requested, to be included in the final evaluation report.

Enclosures/Attachments

1. October 2018 – December 2018 Healthy Behaviors Incentives Program Report
2. December 2018 MCAC Minutes
3. January 2019 Performance Monitoring Report
4. January 2019 Performance Monitoring Report: Dental
5. December 2018 MI Health Account 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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Date Submitted to CMS

April 1, 2019

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

*Healthy Michigan Plan
Healthy Behaviors Incentives Program Report*



Quarterly Report
October-December 2018

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 health care provider completes the last section. It includes questions on a wide range of health issues, a readiness to change assessment, and a discussion about behavior change between the beneficiary and the health care provider. The topics in the assessment cover all of the behaviors identified in PA 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 include annual physicals, healthy diet, regular physical exercise and reducing tobacco use. As of April 2018, three new questions were added on the topics of annual dental visit, access to transportation and unmet basic needs. The question on anxiety and depression was removed and replaced with a question on chronic stress based on feedback regarding the most meaningful ways to ask about self-reported behavioral health status.

Health Risk Assessment Part 1

Health Risk Assessments completion through Michigan ENROLLS

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

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

The data displayed in Part 1 of this report reflect the responses to 12 questions in Section 1 of the Health Risk Assessment completed through Michigan ENROLLS. As shown in Table I, a total of 404,363 Health Risk Assessments were completed through Michigan ENROLLS as of December 2018. This represents a completion rate of 95.50%. Responses are reported in Tables 1 through 12. 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 Federal Poverty Level (FPL).

Health Risk Assessment Completion through Michigan ENROLLS

Table I. Count of Health Risk Assessments (HRA) 12 Questions Completed with MI Enrolls Total Aggregate to December 2018

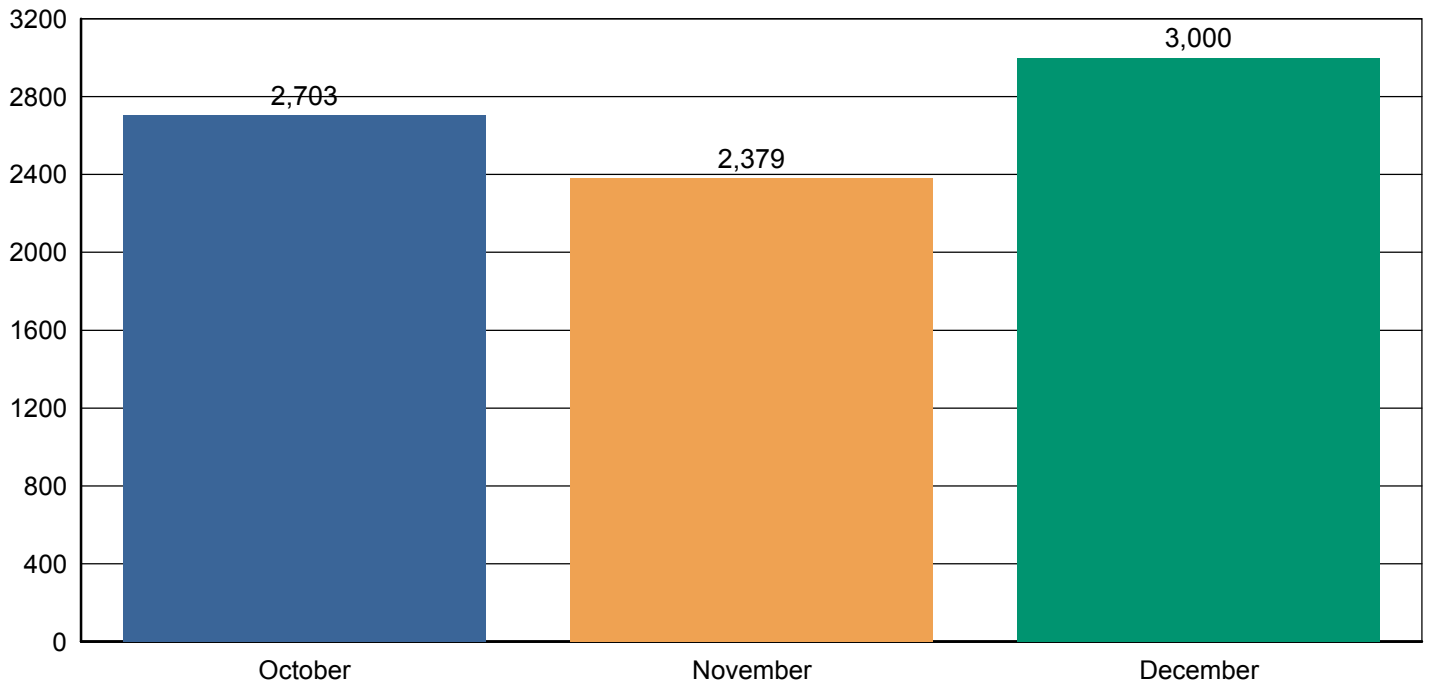
MONTH	COMPLETE	TOTAL
January 2018	11,748	361,520
February 2018	6,296	367,816
March 2018	5,090	372,906
April 2018	5,360	378,266
May 2018	4,268	382,534
June 2018	4,227	386,761
July 2018	3,389	390,150
August 2018	3,404	393,554
September 2018	2,727	396,281
October 2018	2,703	398,984
November 2018	2,379	401,363
December 2018	3,000	404,363

Table II. Demographics of Population that Completed HRA 12 Questions with MI ENROLLS

October 2018 - December 2018		
AGE GROUP	COMPLETED HRA	
19 - 34	3,194	39.52%
35 - 49	2,375	29.39%
50 +	2,513	31.09%
GENDER		
F	4,226	52.29%
M	3,856	47.71%
FPL		
< 100% FPL	6,506	80.50%
100 - 133% FPL	1,576	19.50%
TOTAL	8,082	100.00%

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

October - December 2018



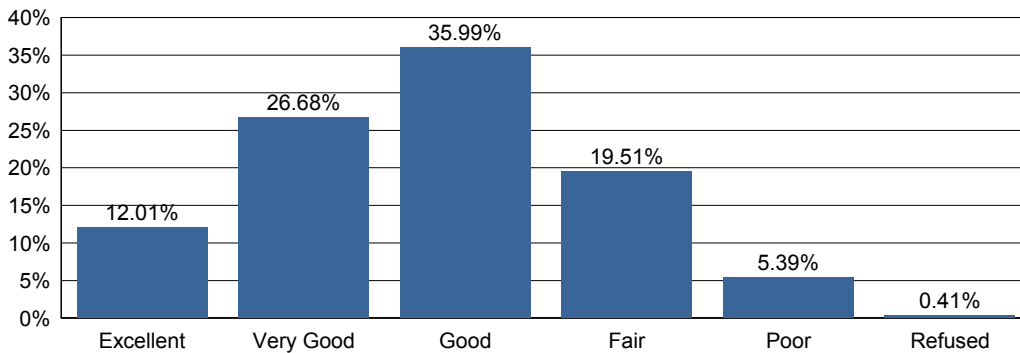
Question 1. General Health Rating

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 the quarter October-December 2018. Among enrollees who completed the survey, this question had a 0.41% refusal rate. Figures 1-1 through 1-3 show the health rating reported for the total population, and by age and FPL.

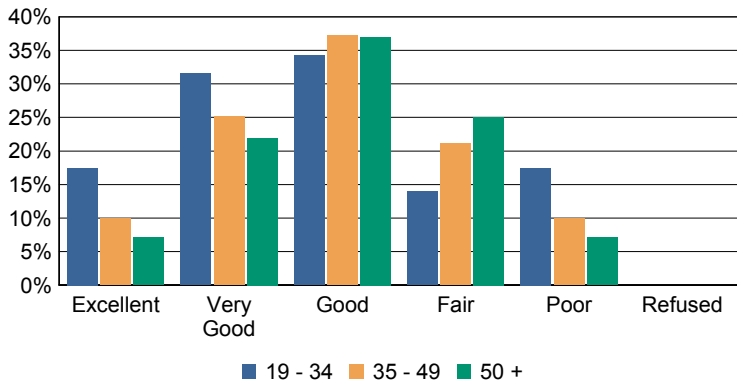
**Table 1. Health Rating for Total Population
October - December 2018**

HEALTH RATING	TOTAL	PERCENT
Excellent	971	12.01%
Very Good	2,156	26.68%
Good	2,909	35.99%
Fair	1,577	19.51%
Poor	436	5.40%
Refused	33	0.41%
TOTAL	8,082	100.00%

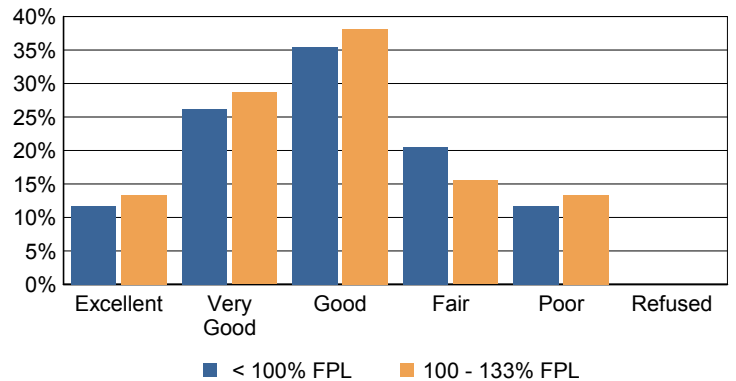
**Figure 1-1. Health Rating for Total Population
October - December 2018**



**Figure 1-2. Health Rating by Age
October - December 2018**



**Figure 1-3. Health Rating by FPL
October - December 2018**

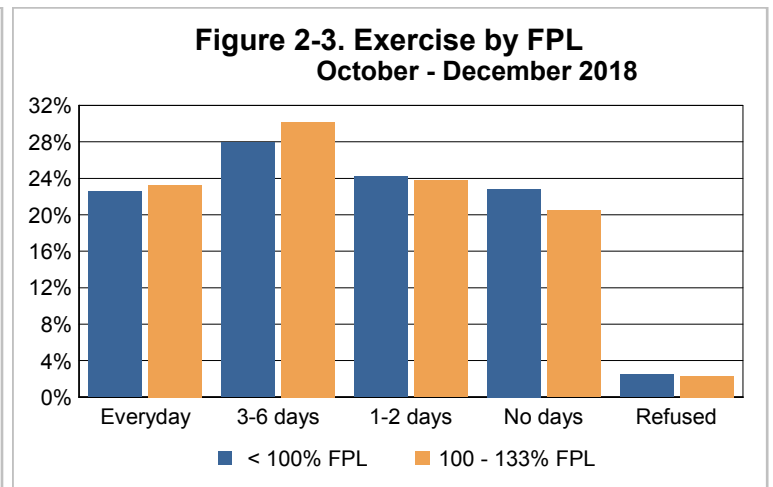
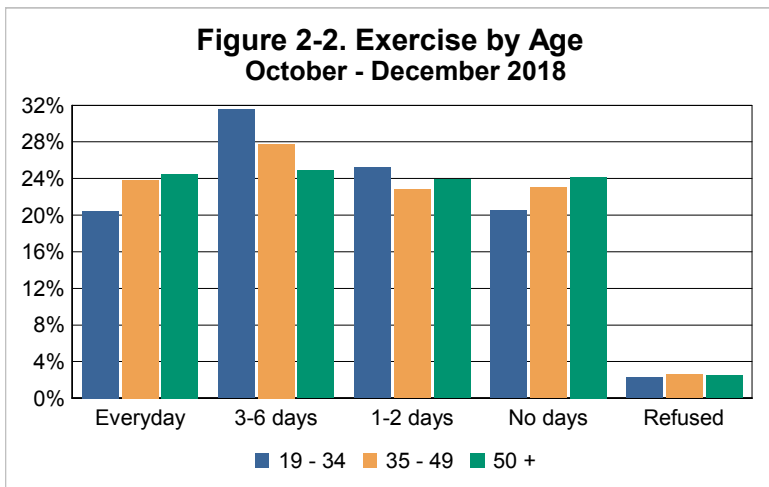
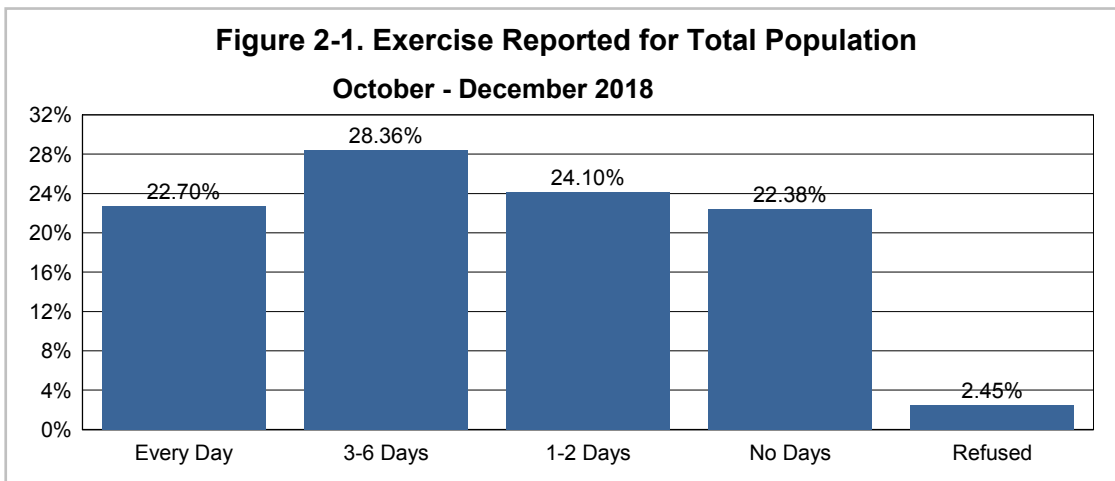


Question 2. Exercise

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 October-December 2018. Among enrollees who participated in the survey, there was a 2.45% 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
October - December 2018**

EXERCISE	TOTAL	PERCENT
Every Day	1,835	22.71%
3-6 Days	2,292	28.36%
1-2 Days	1,948	24.10%
No Days	1,809	22.38%
Refused	198	2.45%
TOTAL	8,082	100.00%

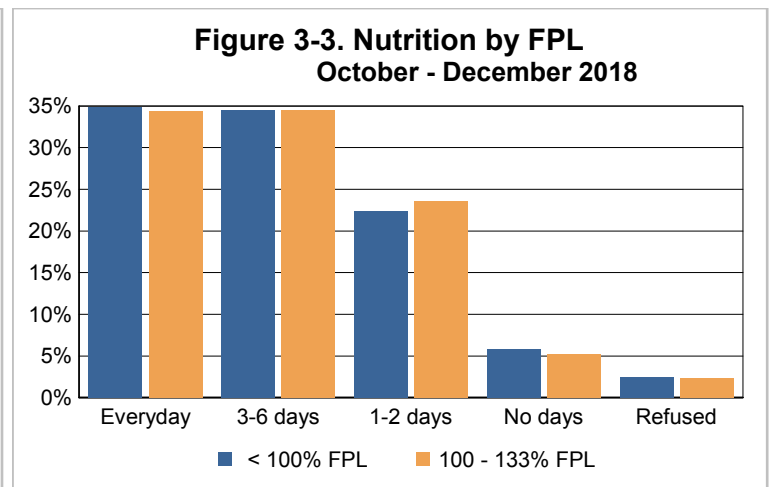
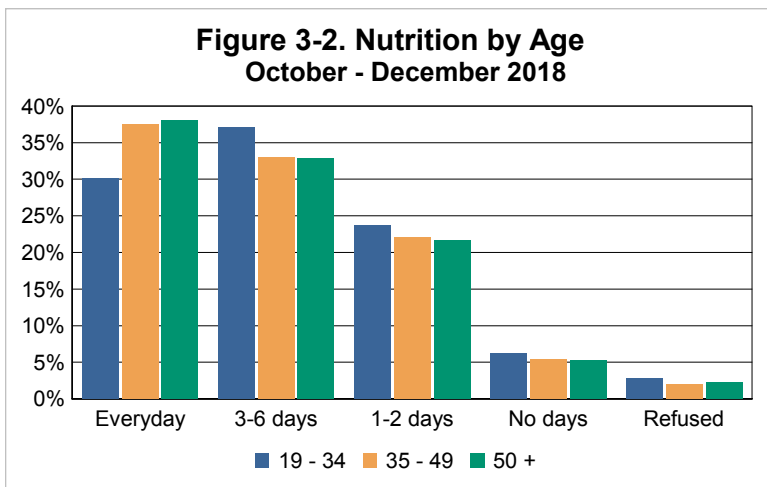
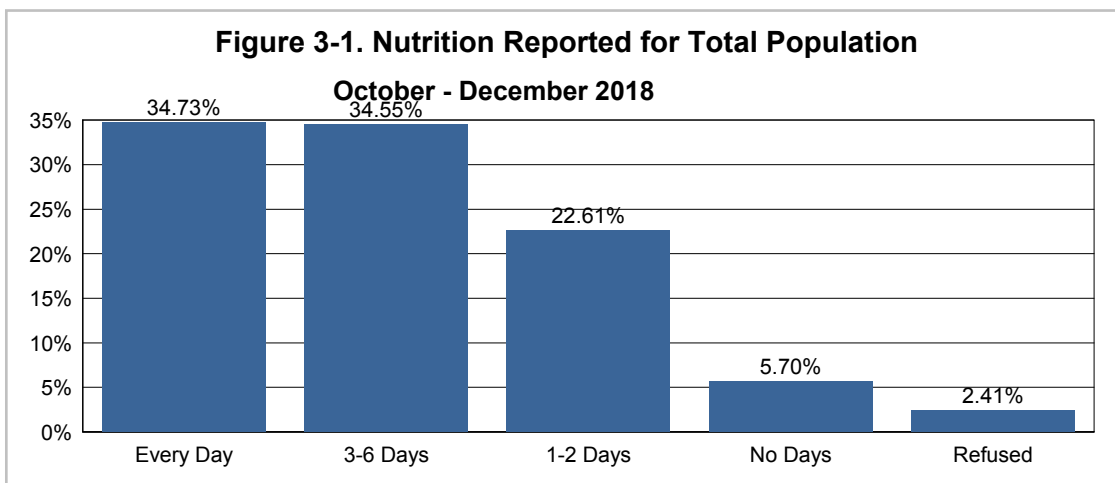


Question 3. Nutrition (Fruits and Vegetables)

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 October-December 2018. Among enrollees who participated in the survey, there was a 2.41% 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
October - December 2018**

NUTRITION	TOTAL	PERCENT
Every Day	2,807	34.73%
3-6 Days	2,792	34.55%
1-2 Days	1,827	22.61%
No Days	461	5.70%
Refused	195	2.41%
TOTAL	8,082	100.00%

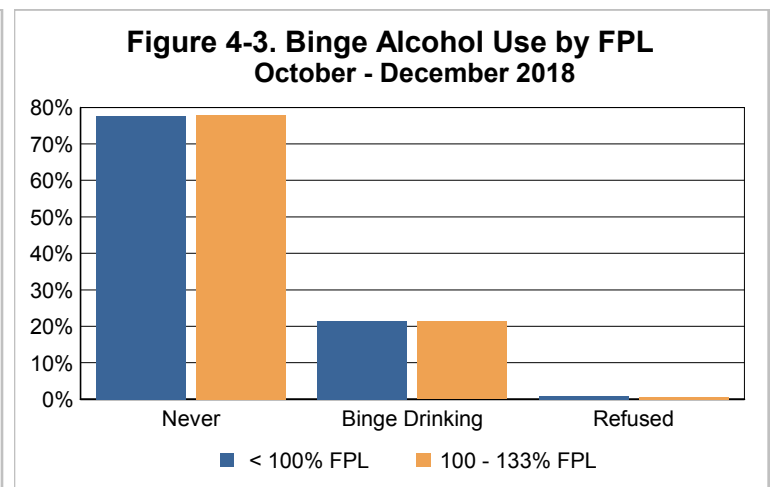
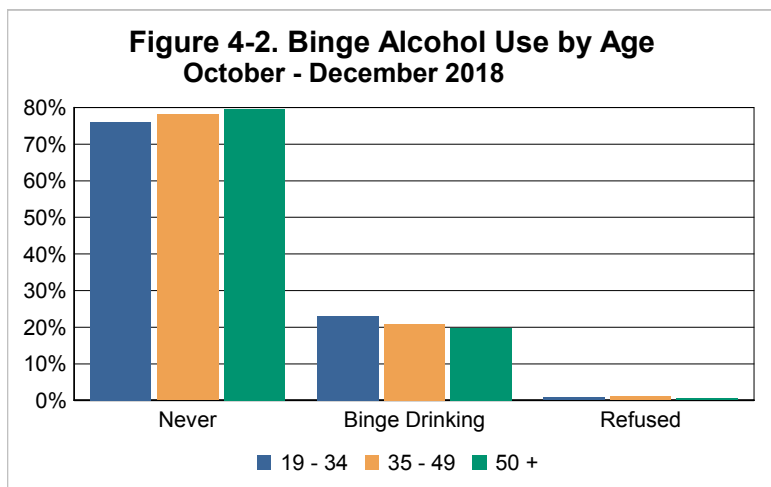
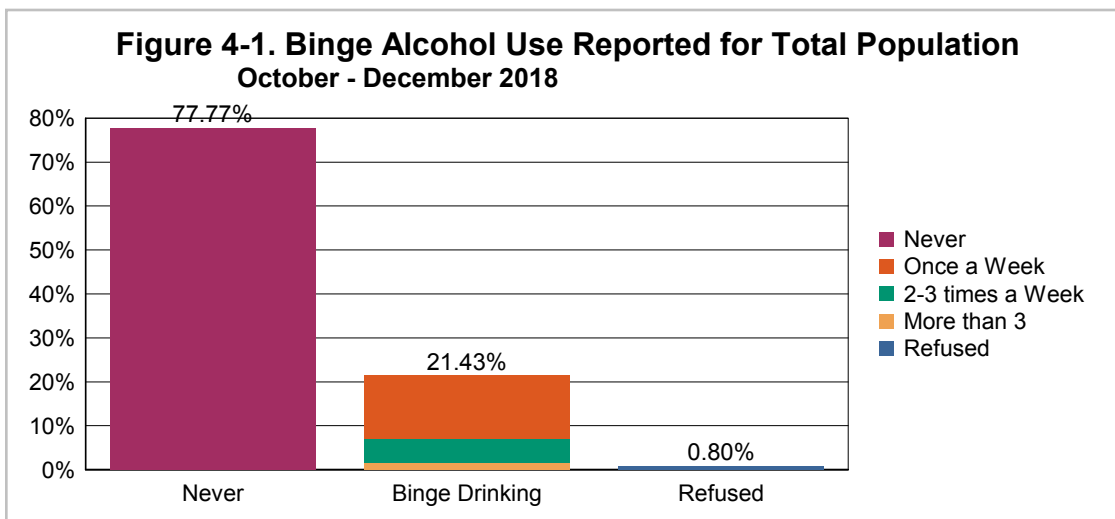


Question 4. Binge Alcohol Use

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 October-December 2018. Among enrollees who participated in the survey, there was a 0.80% 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
October - December 2018**

ALCOHOL	TOTAL	PERCENT
Never	6,285	77.77%
Once a Week	1,160	14.35%
2-3 times a Week	451	5.58%
More than 3	121	1.50%
Refused	65	0.80%
TOTAL	8,082	100.00%

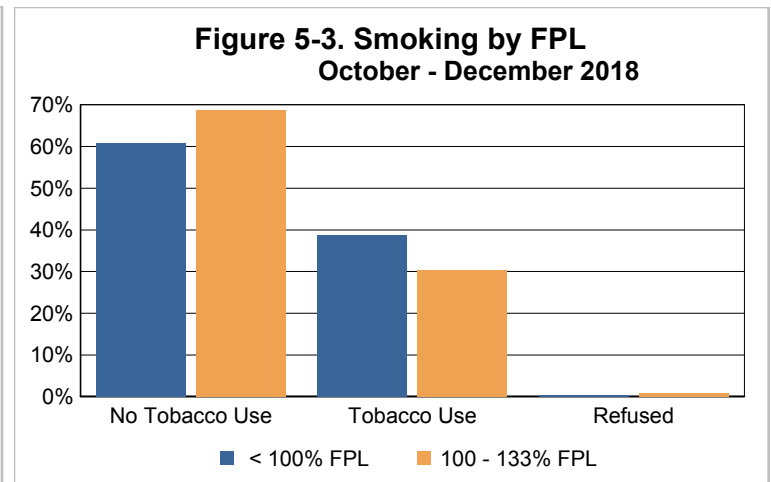
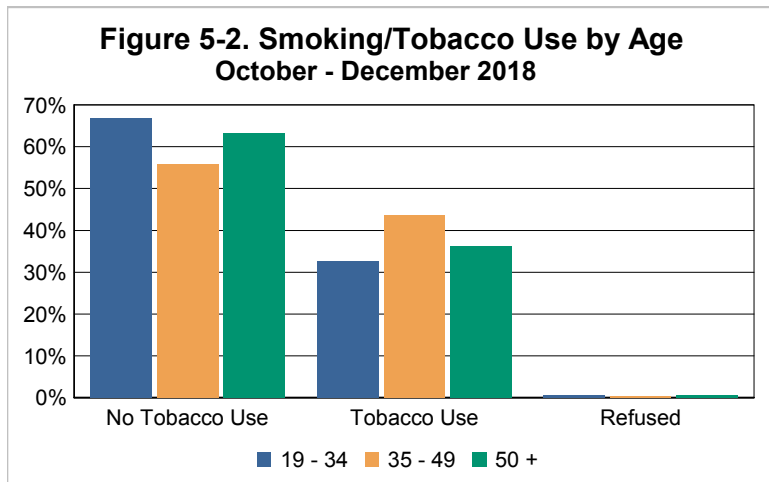
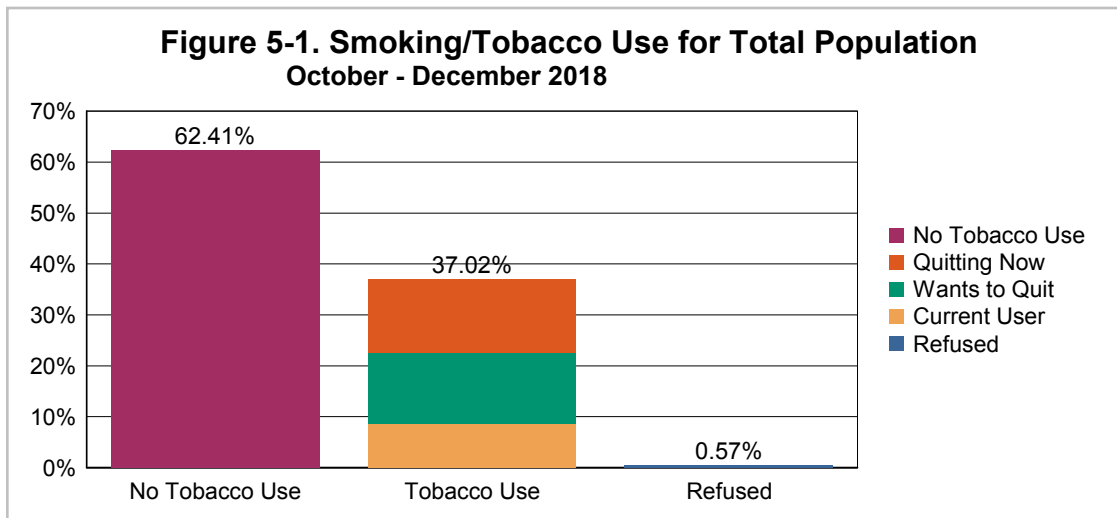


Question 5. Smoking/Tobacco Use

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 October-December 2018. Question 5 had a 0.57% 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
October - December 2018**

TOBACCO USE	TOTAL	PERCENT
No Tobacco Use	5,044	62.41%
Quitting Now	1,174	14.53%
Wants to Quit	1,118	13.83%
Current User	700	8.66%
Refused	46	0.57%
TOTAL	8,082	100.00%

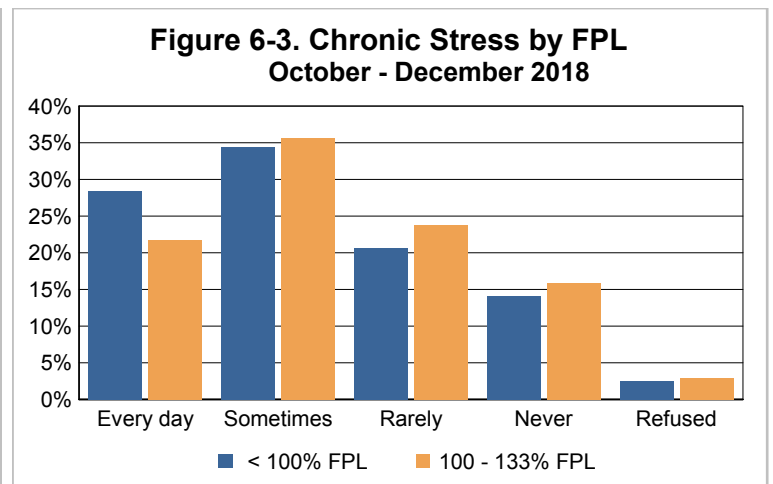
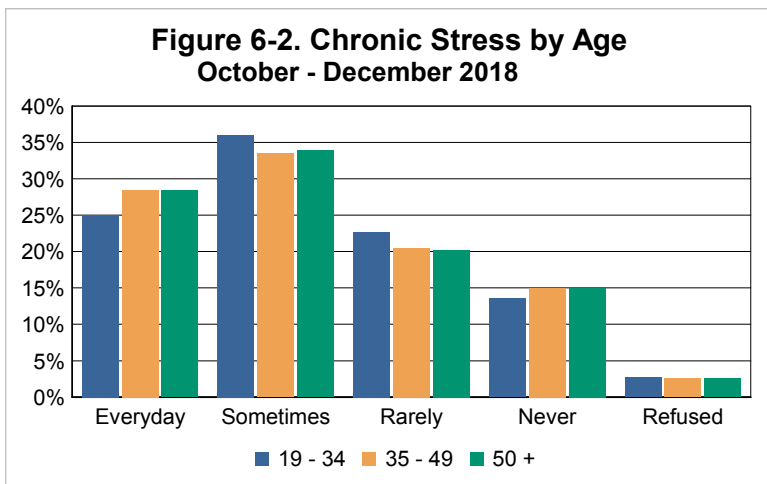
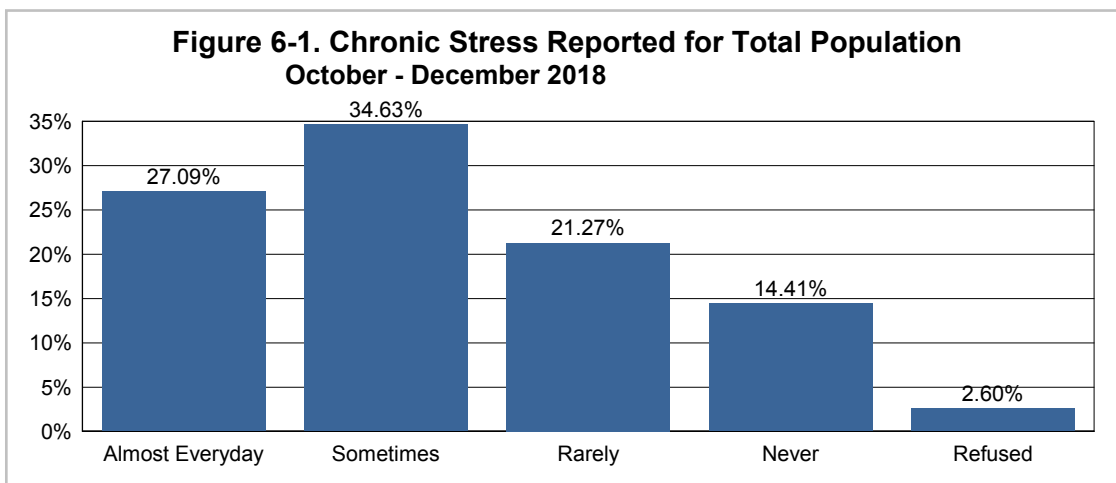


Question 6. Chronic Stress

Question 6. How often is stress a problem for you in handling everyday things such as your health, money, work, or relationships with family and friends? 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 October-December 2018. Among enrollees who participated in the survey, there was a 2.60% refusal rate for this question. Figures 6-1 through 6-3 show anxiety and depression reported for the total population, and by age and FPL.

**Table 6. Chronic Stress Reported for Total Population
October - December 2018**

STRESS	TOTAL	PERCENT
Almost Every day	2,189	27.09%
Sometimes	2,799	34.63%
Rarely	1,719	21.27%
Never	1,165	14.42%
Refused	210	2.60%
TOTAL	8,082	100.00%

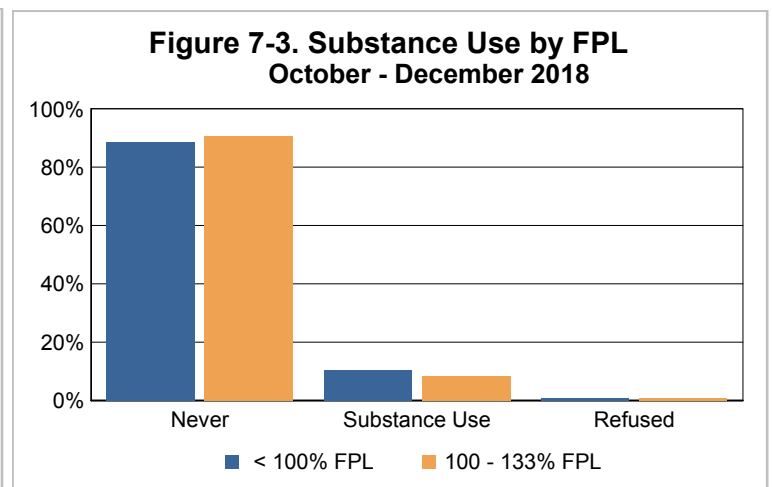
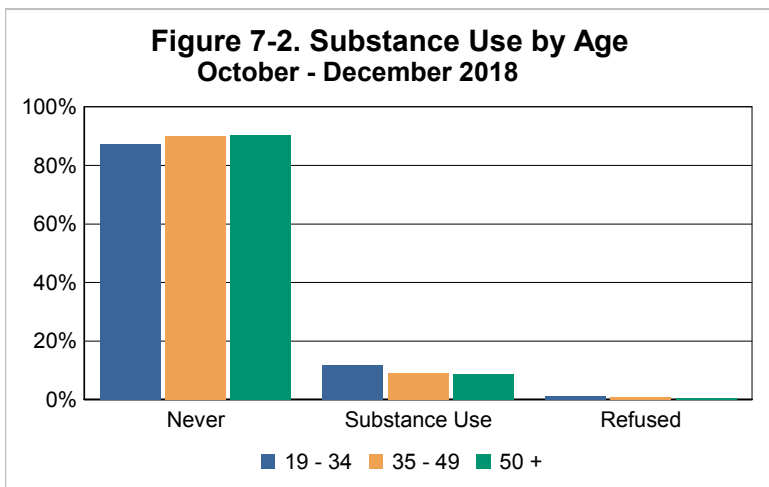
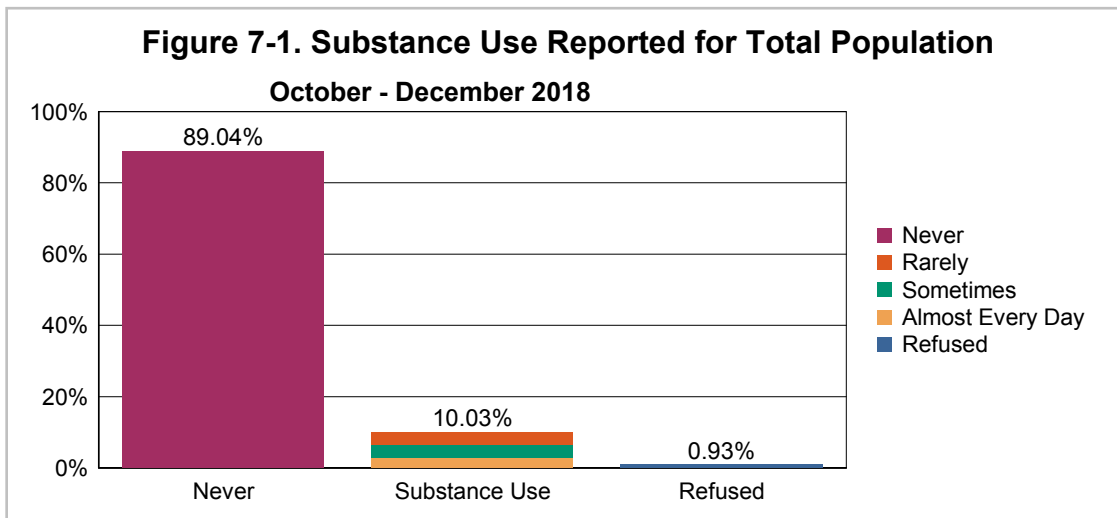


Question 7. Drugs and Substance Use

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 October-December 2018. Among enrollees who participated in the survey, there was a 0.93% 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. Substance Use Reported for Total Population
October - December 2018**

SUBSTANCE USE	TOTAL	PERCENT
Almost Every Day	241	2.98%
Sometimes	299	3.70%
Rarely	271	3.35%
Never	7,196	89.04%
Refused	75	0.93%
TOTAL	8,082	100.00%



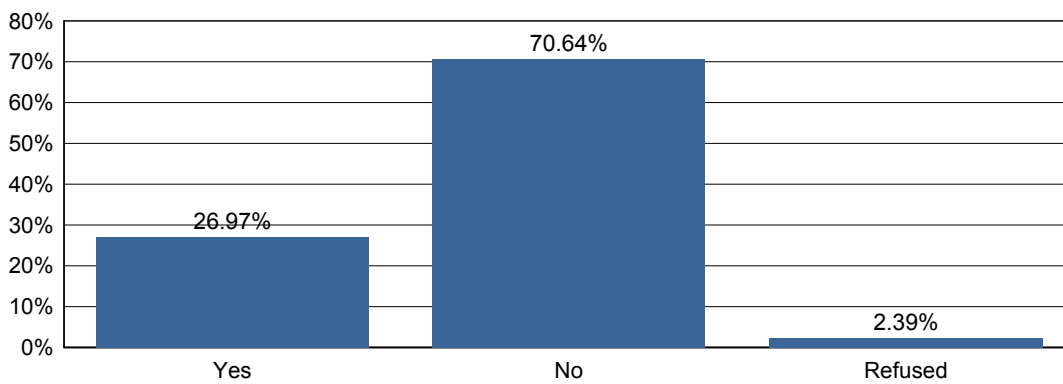
Question 8. Immunization Status (Annual Flu Vaccine)

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 October-December 2018. Among enrollees who participated in the survey, there was a 2.39% refusal rate for this question. Figures 8-1 through 8-3 show immunization status reported for the total population, and by age and gender.

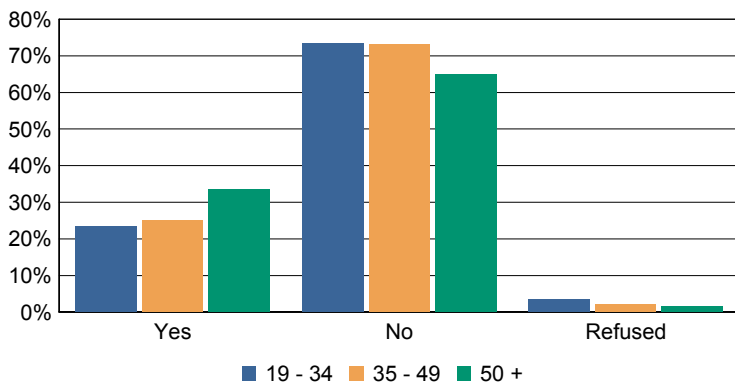
**Table 8. Immunization Status Reported for Total Population
October - December 2018**

IMMUNIZATION	TOTAL	PERCENT
Yes	2,180	26.97%
No	5,709	70.64%
Refused	193	2.39%
TOTAL	8,082	100.00%

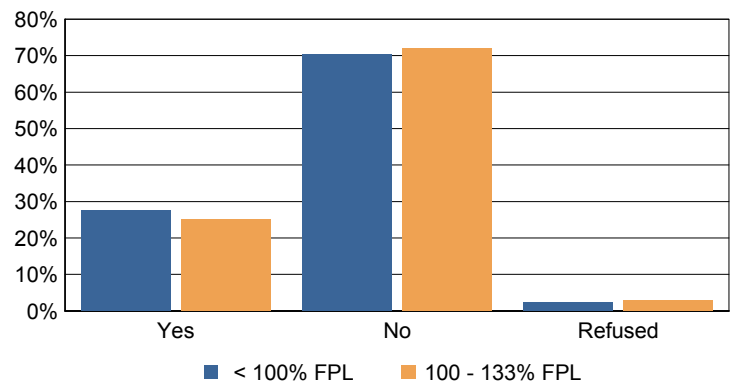
**Figure 8-1. Immunization Status Reported for Total Population
October - December 2018**



**Figure 8-2. Immunization Status by Age
October - December 2018**



**Figure 8-3. Immunization Status by FPL
October - December 2018**

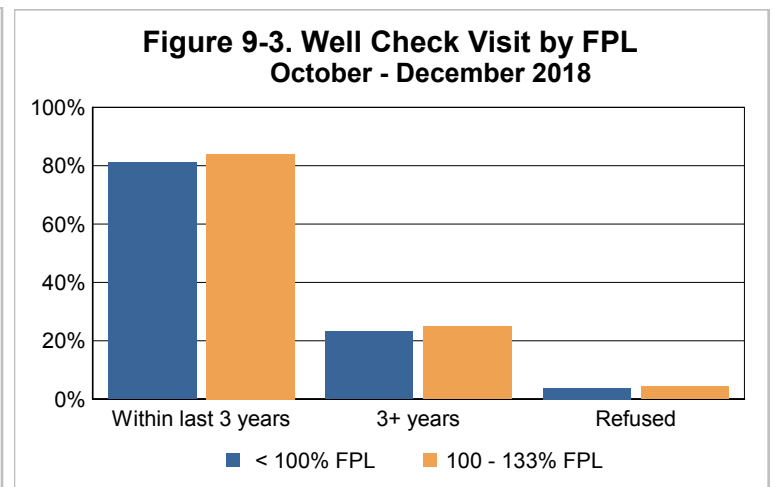
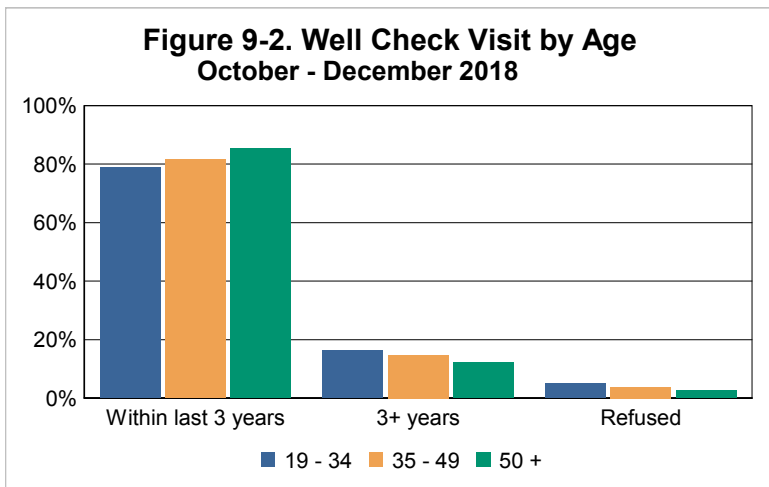
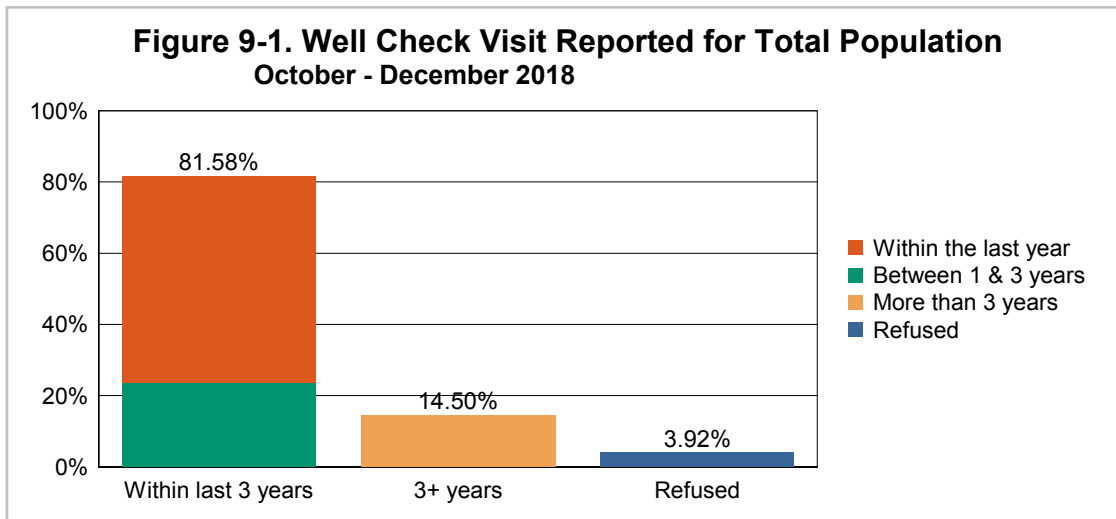


Question 9. Well Check Visit

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 October-December 2018. Among enrollees who participated in the survey, there was a 3.92% 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
October - December 2018**

CHECK-UP	TOTAL	PERCENT
Within the last year	4,691	58.04%
Between 1 & 3 years	1,902	23.53%
More than 3 years	1,172	14.50%
Refused	317	3.92%
TOTAL	8,082	100.00%

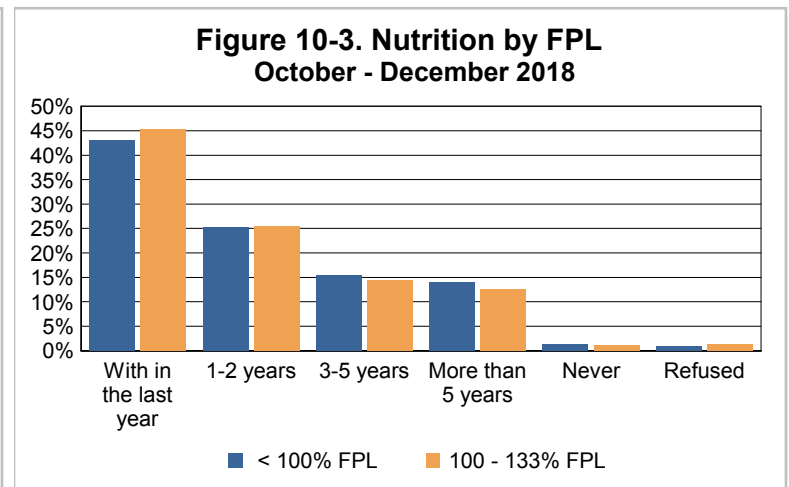
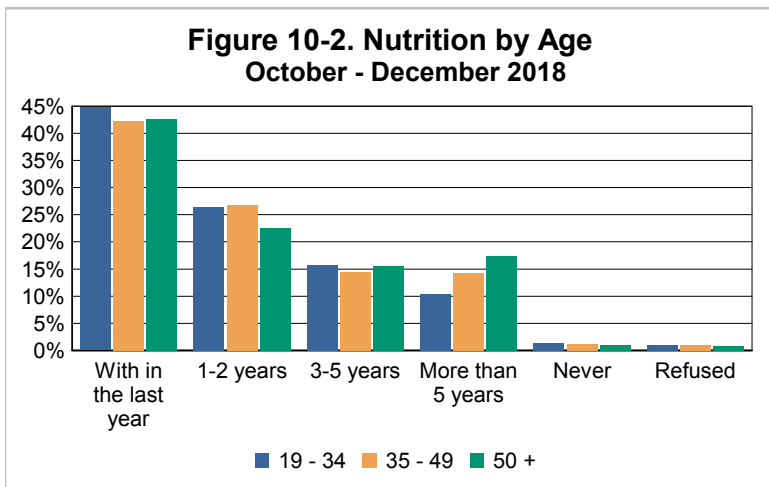
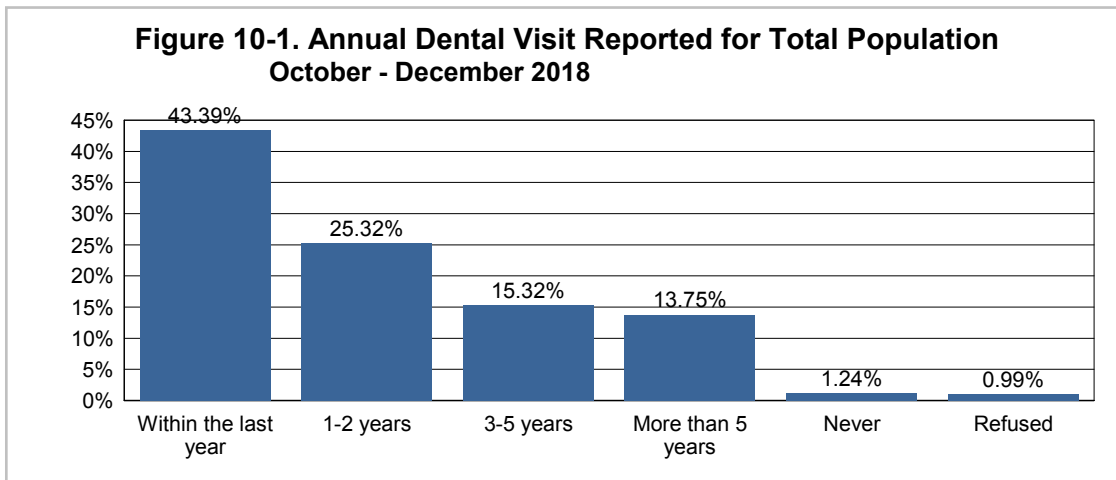


Question 10. Annual Dental Visit

Question 10. How long it has been since you last visited dentist or dental clinic for any reason? This question is used to assess self-reported annual dental visit. Healthy Michigan Plan enrollees were given the answer options of within the last year, between 1-2 years, between 3-5 years, more than 5 years and never. Table 10 shows the overall answers to this question for October-December 2018. Among enrollees who participated in the survey, there was a 0.99% refusal rate for this question. Figures 3-1 through 3-3 show well check visit reported for the total population, and by age and gender.

**Table 10. Annual Dental Visit Reported for Total Population
October - December 2018**

DENTAL VISIT	TOTAL	PERCENT
Within the last year	3,507	43.39%
1-2 years	2,046	25.32%
3-5 years	1,238	15.32%
More than 5 years	1,111	13.75%
Never	100	1.24%
Refused	80	0.99%
TOTAL	8,082	100.00%

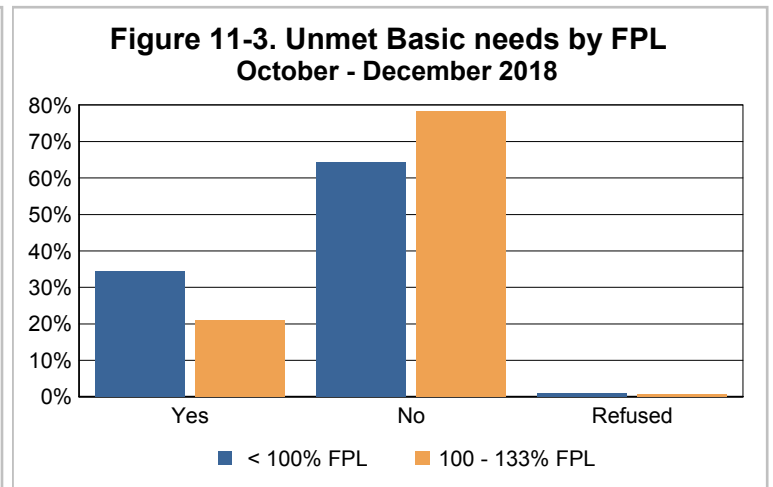
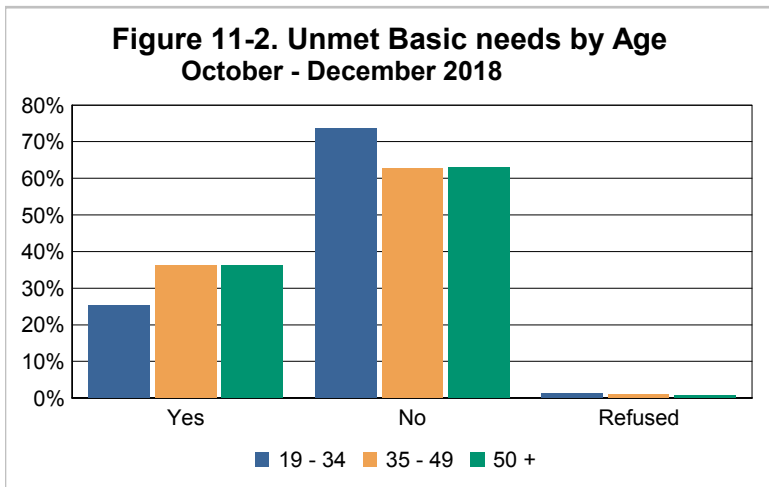
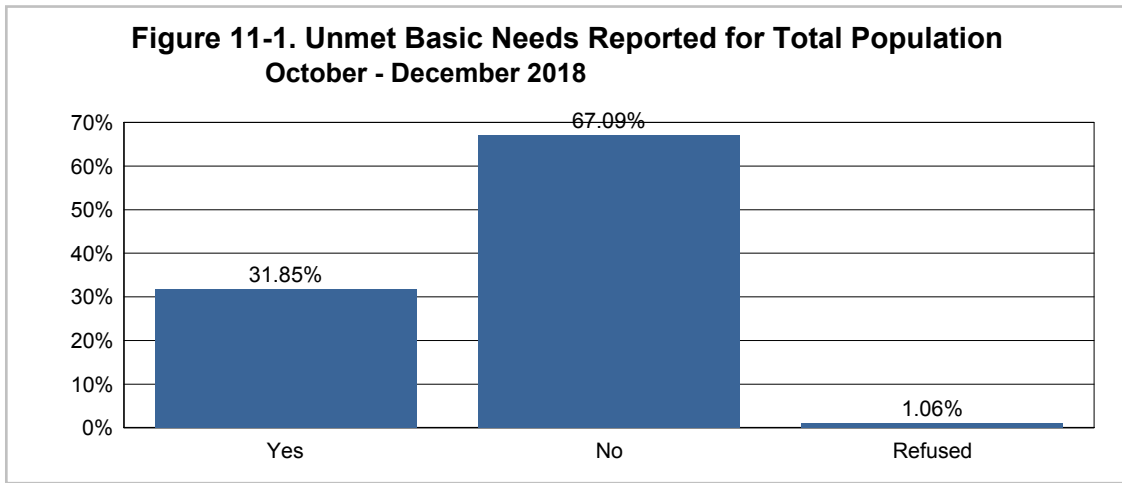


Question 11. Unmet Basic Needs

Question 11. Do you need help with food, clothing, or housing? This question is used to assess self-reported access to basic needs and services for health. Healthy Michigan Plan enrollees were given the answer options of yes or no. Table 11 shows the overall answers to this question for October-December 2018. Among enrollees who participated in the survey, there was a 1.06% refusal rate for this question. Figures 11-1 through 11-3 show unmet basic needs reported for the total population, and by age and FPL.

**Table 11. Unmet Basic Needs Reported for Total Population
October - December 2018**

BASIC NEEDS	TOTAL	PERCENT
Yes	2,574	31.85%
No	5,422	67.09%
Refused	86	1.06%
TOTAL	8,082	100.00%



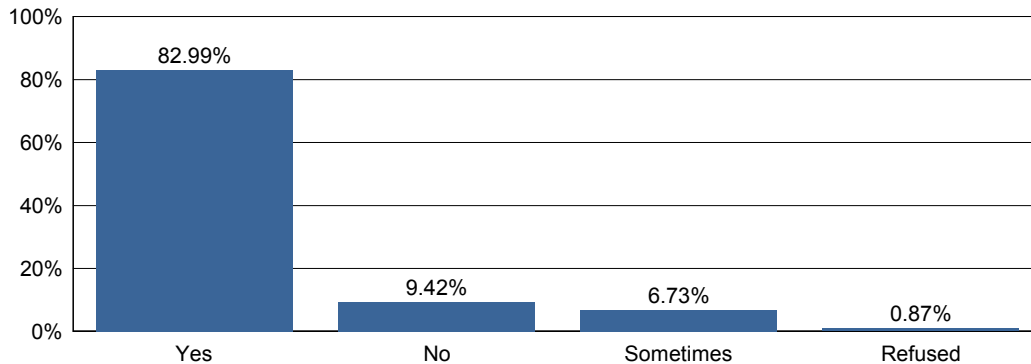
Question 12. Access to Transportation

Question 12. Do you have access to transportation for medical appointments? This question is used to assess self-reported access to non-emergent medical transportation (NEMT). NEMT is a Healthy Michigan Plan benefit for Enrollees who need assistance with transportation to medical appointments. Healthy Michigan Plan enrollees were given the answer options of yes, Sometimes or no. Table 12 shows the overall answers to this question for October-December 2018. Among enrollees who participated in the survey, there was a 0.87% refusal rate for this question. Figures 12-1 through 12-3 access to transportation reported for the total population, and by age and FPL.

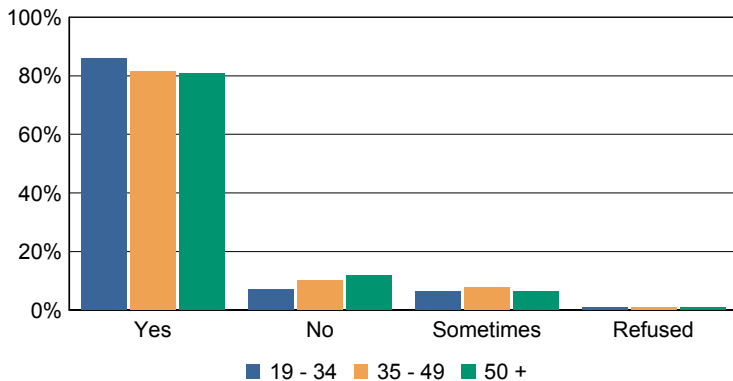
**Table 12. Access to Transportation Reported for Total Population
October - December 2018**

TRANSPORTATION	TOTAL	PERCENT
Yes	6,707	82.99%
No	761	9.42%
Sometimes	544	6.73%
Refused	70	0.87%
TOTAL	8,082	100.00%

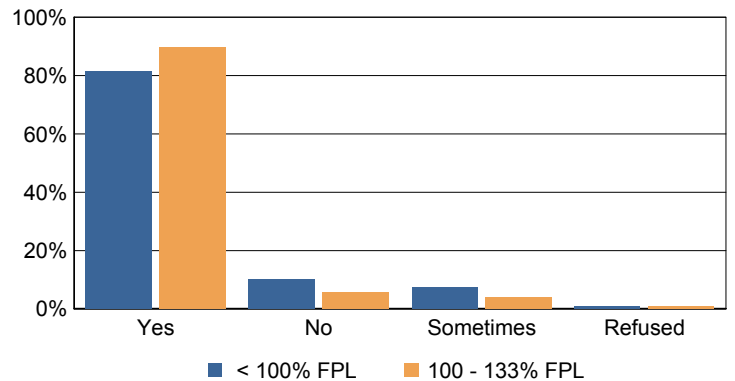
**Figure 12-1. Access to Transportation Reported for Total Population
October - December 2018**



**Figure 12-2. Access to Transportation by Age
October - December 2018**



**Figure 12-3. Access to Transportation by FPL
October - December 2018**



Health Risk Assessment Part 2

Health Risk Assessments completion with Provider Attestation

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

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

The data displayed in Part 2 of this report reflect the healthy behavior goals selected in the final section of the Health Risk Assessment. As shown in Table 13, a total of 13,501 Health Risk Assessments were completed in the October-December 2018 quarter. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 14.

Among beneficiaries who completed the Health Risk Assessment, 11,633 or 86.2% of beneficiaries agreed to address health risk behaviors. In addition, 1,588 or 11.8% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 97.9% of beneficiaries are choosing to address or maintain healthy behaviors. The healthy behaviors goal statements selected are reported in Table 15. Healthy behavior goal statements are also reported by age and FPL in Figures 15-2 and 15-3.

Of the 11,633 beneficiaries who agreed to address health risk behaviors, 57.3% 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 18 is a Venn diagram representing the overlapping nature of the multiple healthy behaviors selected.

Health Risk Assessment Completion with Health Care Provider

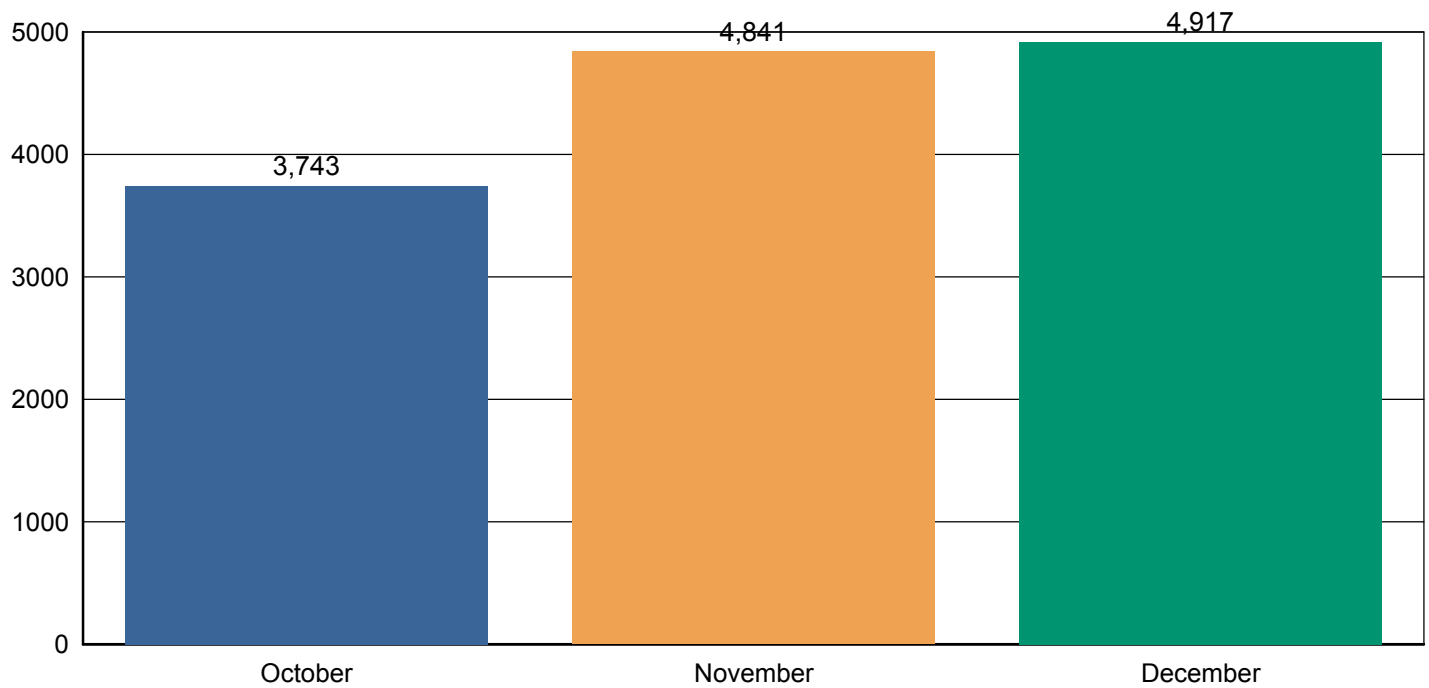
Table 13. Count of Health Risk Assessments (HRA) Completed with Attestation by Month submitted

MONTH	COMPLETE	TOTAL
January 2018	5,070	246,486
February 2018	6,793	253,279
March 2018	8,732	262,011
April 2018	12,715	274,726
May 2018	5,623	280,349
June 2018	4,533	284,882
July 2018	5,773	290,655
August 2018	3,878	294,533
September 2018	5,707	300,240
October 2018	3,743	303,983
November 2018	4,841	308,824
December 2018	4,917	313,741

Table 14. Demographics of Population that Completed HRA with Attestation

October 2018 - December 2018		
AGE GROUP	COMPLETED HRA	
19 - 34	4,466	33.08%
35 - 49	3,807	28.20%
50 +	5,228	38.72%
GENDER		
F	7,894	58.47%
M	5,607	41.53%
FPL		
< 100% FPL	10,403	77.05%
100 - 133% FPL	3,098	22.95%
TOTAL	13,501	100.00%

**Figure 13-1. Health Risk Assessments Completed with Attestation
October - December 2018**



Healthy Behaviors Statement Selection

Section 4. Healthy Behaviors: In discussion with the beneficiary, health 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:

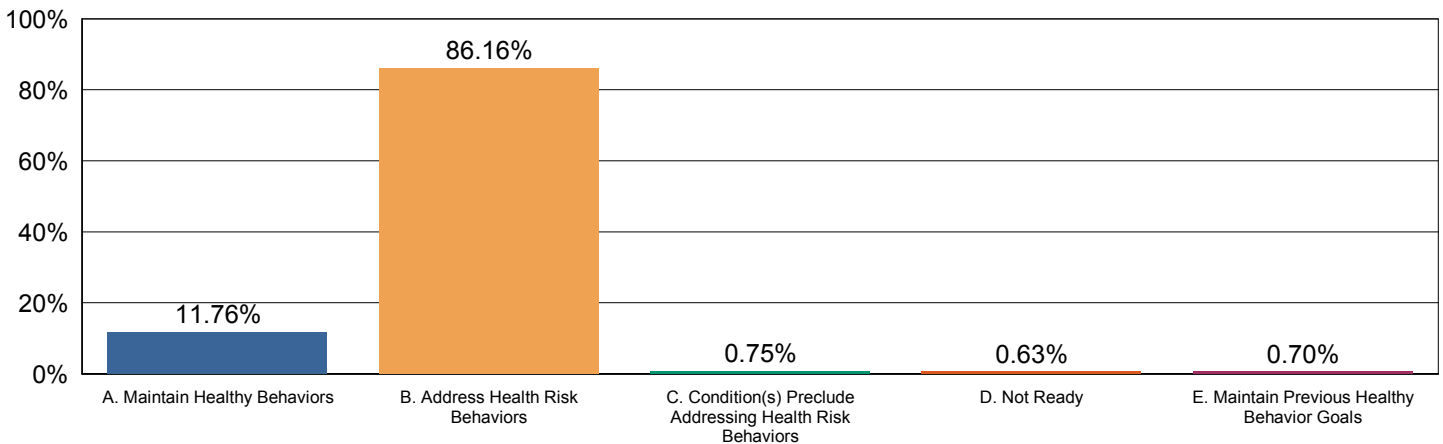
- A. Patient does not have health risk behaviors that need to be addressed at this times
- B. Patient has identified at least one behavior to address over the next year to improve their health
- C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing 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.

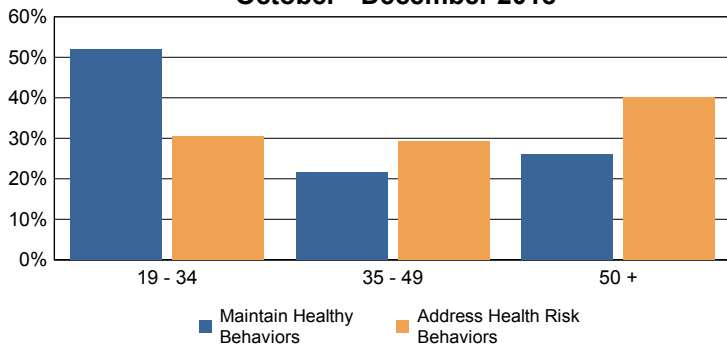
**Table 15. Healthy Behaviors Statement Selection
October - December 2018**

CHECK-UP	TOTAL	PERCENT
A. Maintain Healthy Behaviors	1,588	11.76%
B. Address Health Risk Behaviors	11,633	86.16%
C. Condition(s) Preclude Addressing Health Risk Behaviors	101	0.75%
D. Not Ready	85	0.63%
E. Maintain Previous Healthy Behavior Goals	94	0.70%
TOTAL	13,501	100.00%

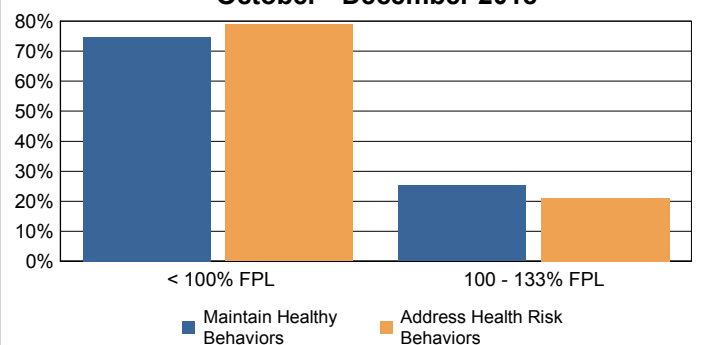
**Figure 15-1. Healthy Behaviors Statement Selection
October - December 2018**



**Figure 15-2. Statement Selection by Age
October - December 2018**



**Figure 15-3. Statement Selection by FPL
October - December 2018**



Selection of Health Risk Behaviors to Address

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

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

Of the 11,633 HRAs submitted through October-December 2018 where the beneficiary chose to address health risk behaviors, 57.28% of beneficiaries chose more than one healthy behavior to address. The top 10 most selected behavior combinations and the rate that each behavior was selected in combination and alone are presented in the tables below:

Table 16. Health Risk Behaviors Selected in Combination and Alone

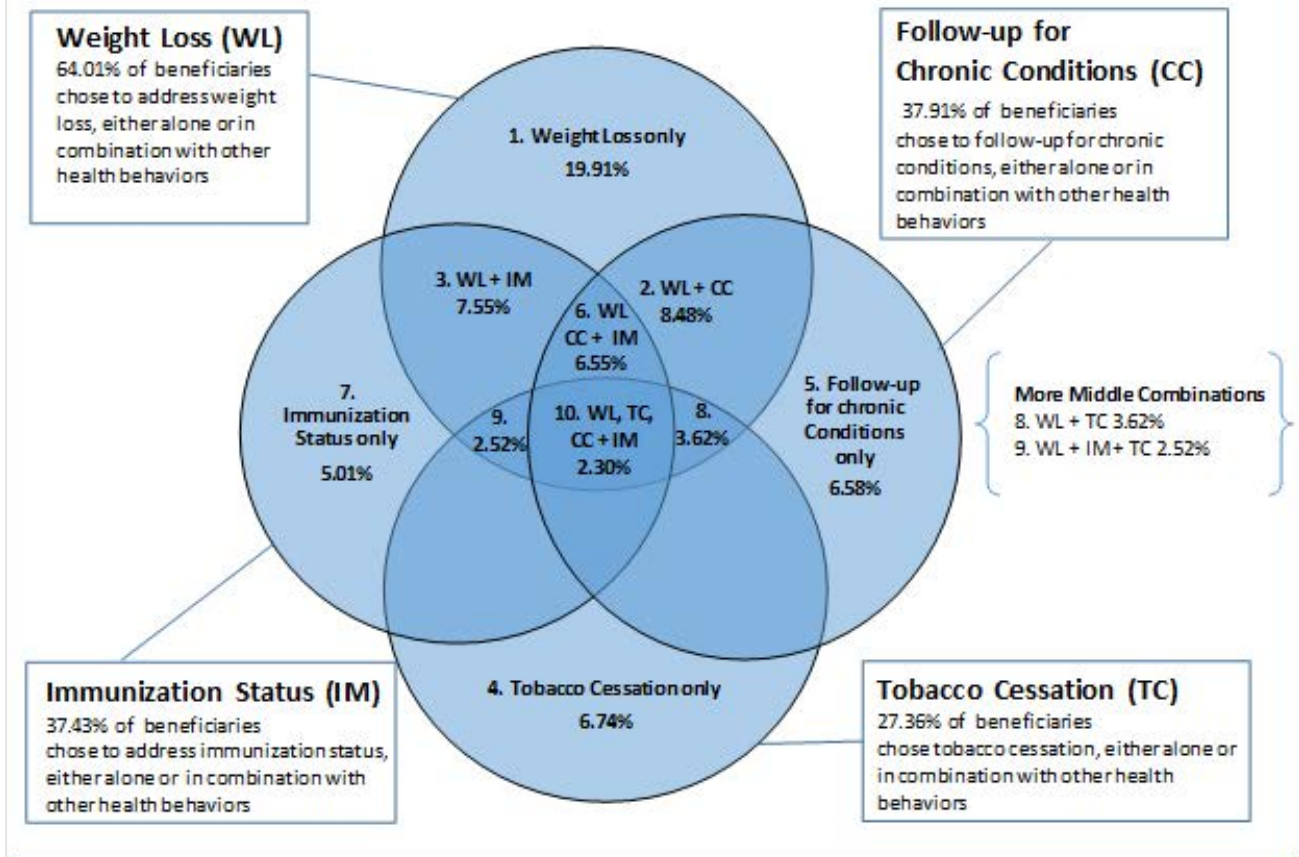
Health Risk Behavior	Chose this behavior and at least one more	Chose ONLY this behavior
Weight Loss	64.01%	19.91%
Tobacco Cessation	27.36%	6.74%
Immunization Status (Annual Flu Vaccine)	37.43%	5.01%
Follow-up for Chronic Conditions	37.91%	6.58%
Addressing Alcohol Abuse	3.75%	0.55%
Addressing Substance Abuse	1.09%	0.12%
Dental visit	6.38%	0.39%
Follow-up appointment for maternity care/reproductive health	1.27%	0.39%
Follow-up appointment for recommended cancer or other preventative screening(s)	9.00%	1.08%
Other	4.33%	1.96%

Table 17. Top 10 Most Selected Health Risk Behavior Combinations

Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	2,316	19.91%
2. Weight Loss, Follow-up for Chronic Conditions	987	8.48%
3. Weight Loss, Immunization Status	878	7.55%
4. Tobacco Cessation ONLY	784	6.74%
5. Follow-up for Chronic Conditions	765	6.58%
6. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	762	6.55%
7. Immunization Status (Annual Flu Vaccine)	583	5.01%
8. Weight Loss, Tobacco Cessation	421	3.62%
9. Weight Loss, Tobacco Cessation, Immunization Status	293	2.52%
10. Weight Loss, Tobacco Cessation, Immunization Status, Follow-up for Chronic Conditions	267	2.30%
Total for Top 10	8,056	69.25%
Total for All Other Combinations	3,577	30.75%
Total	11,633	100.00%

Figure 17. Health Risk Assessment Completion with Provider Attestation

Representation of the overlapping nature of top 10 health risk behavior selections October-December 2018



Healthy Behaviors Goals Progress

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

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

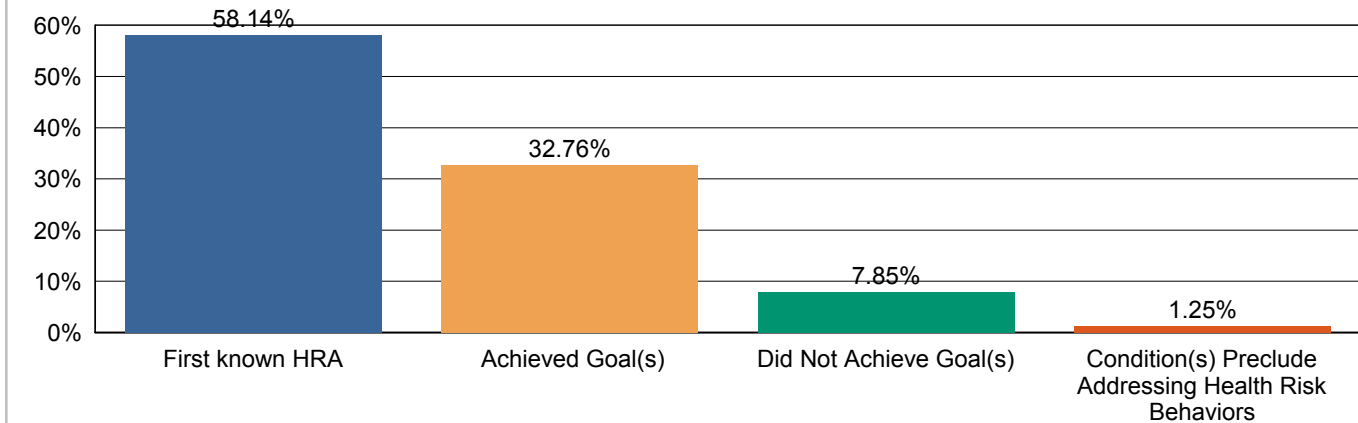
3,137 Health Risk Assessments were submitted during this quarter where this question was not available because the Healthy Behavior Goals Progress question was not available on the original form of the Health Risk Assessment.

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

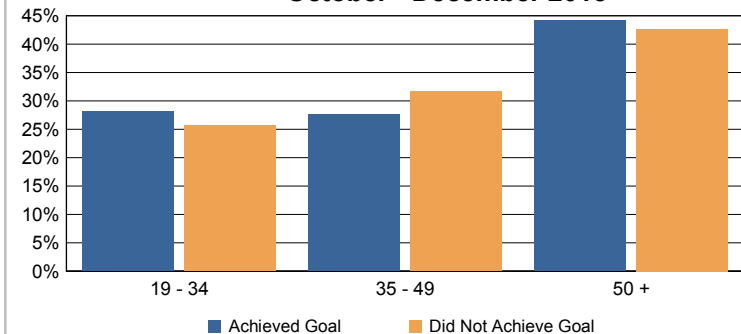
**Table 18. Healthy Behaviors Goals Progress
October - December 2018**

GOALS PROGRESS	TOTAL	PERCENT
A. First known HRA	6,026	58.14%
B. Achieved Goal(s)	3,395	32.76%
C. Did Not Achieve Goal(s)	814	7.85%
D. Condition(s) Preclude Addressing Health Risk Behaviors	129	1.25%
TOTAL	10,364	100.00%

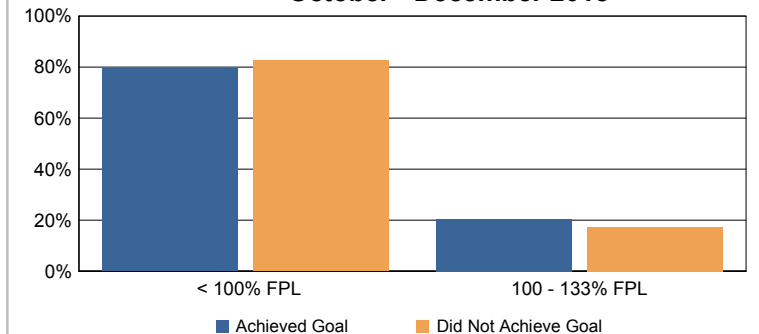
**Figure 18-1. Healthy Behaviors Goals Progress
October - December 2018**



**Figure 18-2. Goals Progress by Age
October - December 2018**



**Figure 18-3. Goals Progress by FPL
October - December 2018**



Additional Healthy Behaviors

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

A total of 4,648 wellness programs were completed in the October-December 2018 quarter. Wellness Program completion is reported by age, gender and Federal Poverty Level in Table 20. Wellness Programs are reported by health domain in Table 21.

A total of 452,989 Preventive Services were completed in the October-December 2018 quarter. Preventive Services completion is reported by age, gender and Federal Poverty Level in Table 23. Preventive Services are reported by health domain in Table 24.

Wellness Programs

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

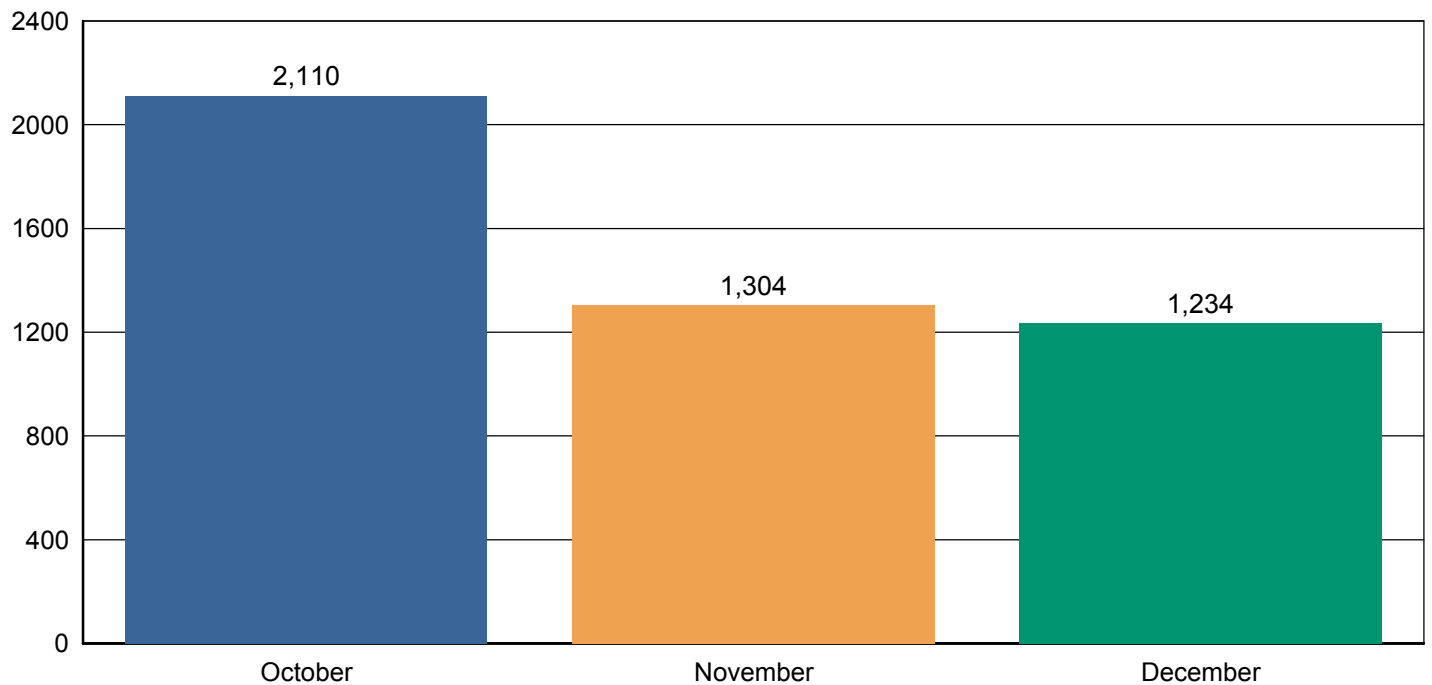
MONTH	COMPLETE	TOTAL
April 2018	8,982	8,982
May 2018	330	9,312
June 2018	108	9,420
July 2018	3,181	12,601
August 2018	3,902	16,503
September 2018	1,041	17,544
October 2018	2,110	19,654
November 2018	1,304	20,958
December 2018	1,234	22,192

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

October 2018 - December 2018

AGE GROUP	COMPLETED	
19 - 34	1,448	31.15%
35 - 49	1,551	33.37%
50 +	1,649	35.48%
GENDER		
F	2,609	56.13%
M	2,039	43.87%
FPL		
< 100% FPL	3,975	85.52%
100 - 133% FPL	673	14.48%
TOTAL	4,648	100.00%

Figure 19-1. Wellness Program Reported for Total Population
October - December 2018

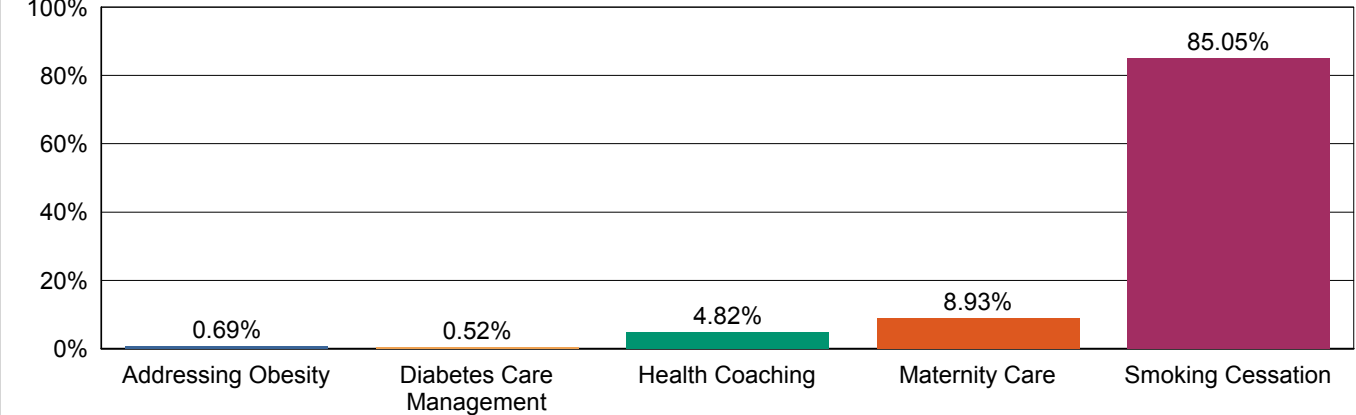


Wellness Programs: The Managed Care Plans offer a range of wellness and population health management programs to their members as part of the Healthy Behaviors Incentives Program. Ten of the eleven Managed Care Plans offer a tobacco cessation program which follows standardized criteria. For this reason, 85.05% of wellness programs reported are tobacco cessation programs. Completed wellness programs are displayed in Table 21 for the quarter October-December 2018.

**Table 21. Participation in Wellness Programs for Total Population
October - December 2018**

Wellness Programs	TOTAL	PERCENT
Addressing Obesity	32	0.69%
Diabetes Care Management	24	0.52%
Health Coaching	224	4.82%
Maternity Care	415	8.93%
Smoking Cessation	3,953	85.05%
TOTAL	4,648	100.00%

**Figure 21-1. Wellness Programs Reported for Total Population
October - December 2018**



Preventive Services

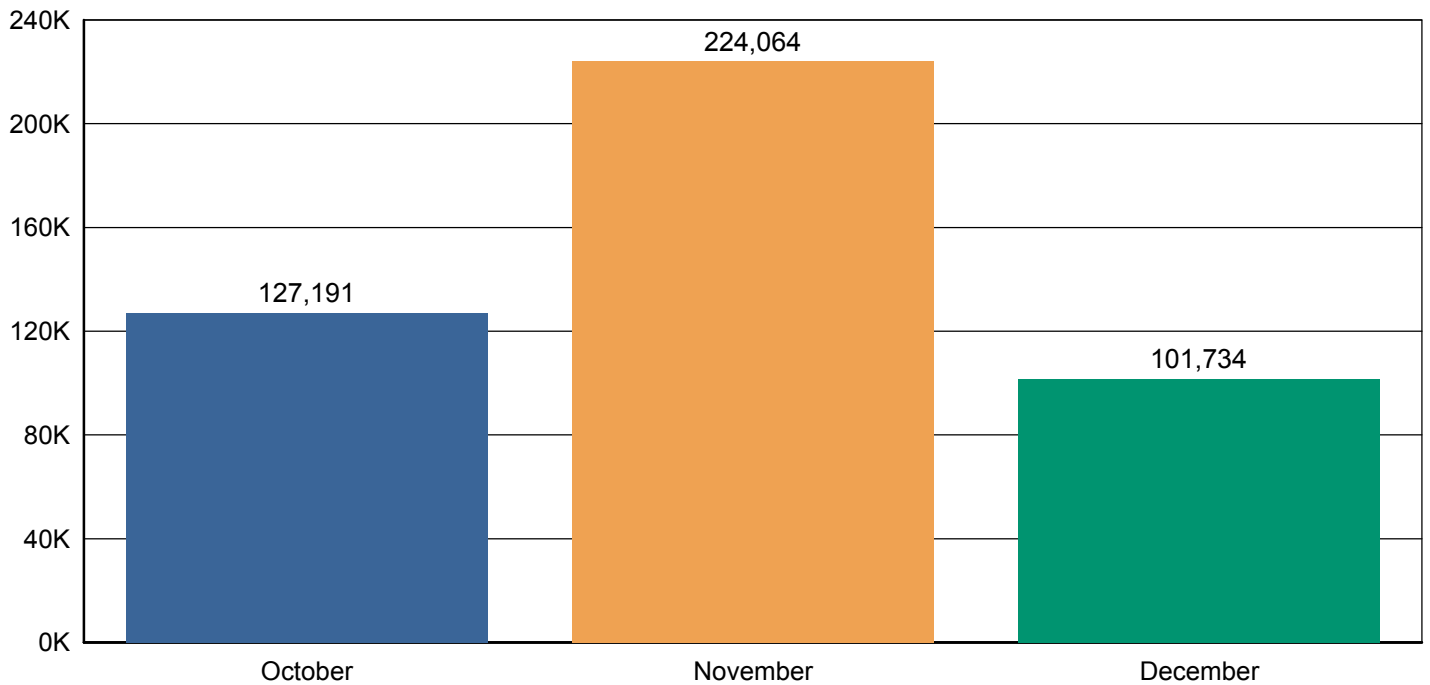
Table 22. Count of Preventive Services Reported for Total population by Months submitted

MONTH	COMPLETE	TOTAL
April 2018	928,165	928,165
May 2018	136,602	1,064,767
June 2018	107,283	1,172,050
July 2018	117,357	1,289,407
August 2018	125,568	1,414,975
September 2018	104,945	1,519,920
October 2018	127,191	1,647,111
November 2018	224,064	1,871,175
December 2018	101,734	1,972,909

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

October 2018 - December 2018		
AGE GROUP	COMPLETED	
19 - 34	203,648	44.96%
35 - 49	113,619	25.08%
50 +	135,722	29.96%
GENDER		
F	330,090	72.87%
M	122,899	27.13%
FPL		
< 100% FPL	357,594	78.94%
100 - 133% FPL	95,395	21.06%
TOTAL	452,989	100.00%

**Figure 22-1. Preventive Services Reported for Total Population
October - December 2018**



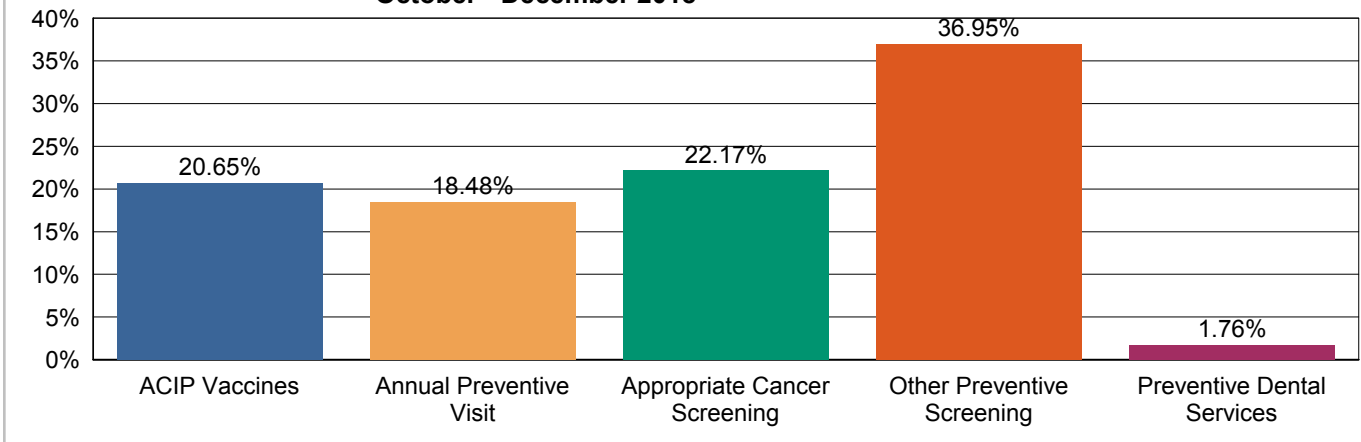
Preventive Services Reported: All Healthy Michigan Plan Enrollees can participate in the Healthy Behaviors Incentives Program by utilizing select preventive services. Utilization of these services are identified through claims/encounter review. The preventive services utilized and their percentage of total preventive services reported are displayed in Table 24 for the quarter October-December 2018. The associated codes for the selected preventive services can be found in Appendix 1.

**Table 24. Participation in Wellness Programs for Total Population
October - December 2018**

Preventive Services	TOTAL	PERCENT
ACIP* Vaccines	93,523	20.65%
Annual Preventive Visit	83,724	18.48%
Appropriate Cancer Screening	100,420	22.17%
Other Preventive Screening	167,363	36.95%
Preventive Dental Services	7,959	1.76%
TOTAL	452,989	100.00%

* CDC Advisory Committee on Immunization Practices (ACIP)

**Figure 24-1. Preventive Services Reported for Total Population
October - December 2018**



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Tuesday, December 4, 2018

Time: 1:00 p.m. – 4:30 p.m.

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

Attendees: **Council Members:** Emily Schwarzkopf, Warren White, Jeff Towns, Amy Zaagman, Dianne Haas, Rod Auton, Deb Brinson, Marilyn Litka-Klein, Barry Cargill, Elmer Cerano, Dan Wojciak (for Allison Hirshel), Katie Macomber (for Karen MacMaster), Chris George, Karlene Ketola, Dave Herbel, Jim Milanowski, Kim Singh, April Stopczynski, Rebecca Blake, Dominick Pallone

Staff: Kathy Stiffler, Farah Hanley, Erin Emerson, Brian Keisling, Dick Miles, Jackie Prokop, Kim Hamilton, Marie LaPres, Cindy Linn, Christina Severin, Phil Kurdunowicz

Other Attendees: Salli Pung, Brenda Look

Welcome, Introductions, Announcements

Emily Schwarzkopf opened the meeting and introductions were made.

Election Outcome – Transition

Kathy Stiffler shared that no official meetings have yet taken place between Michigan Department of Health and Human Services (MDHHS) staff and governor-elect Gretchen Whitmer's transition team. Additionally, Ms. Stiffler announced that due to Civil Service rules limiting the length of time she could serve as Acting Medicaid Director, she has accepted the role of State Medicaid Director full-time for a limited term until a new MDHHS director is appointed by the governor-elect and selects a long-term replacement.

Budget Update

Farah Hanley provided the following updates on the department's budget process:

- MDHHS staff are working to “close the books” on fiscal year (FY) 2018 by reviewing all financial transactions for the department during the year and have identified a shortfall in the area of Information Technology (IT). To make up for this shortfall, MDHHS has submitted a request to the legislature for a one-time transfer of \$65 million into the department's IT budget. MDHHS is also in the process of creating a new bureau within the Financial Operations Administration to oversee all IT systems within the department.
- MDHHS submitted a supplemental budget request for FY19 to the legislature to request

Medical Care Advisory Council

Meeting Minutes

December 4, 2018

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funding for the following needs that have been identified since PA 207 of 2018 was signed into law in June 2018:

- \$9.9 million to replace the county share of payment to unlicensed relatives who supervise children in the foster care system;
- \$15 million to prepare to implement the provisions of the Healthy Michigan Plan Section 1115 Demonstration Waiver Extension Amendment request that was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 10, 2018 (HMP 3), which includes workforce engagement requirements;
- \$27 million to support the department's PFAS initiative, which includes the addition of 38 additional full-time equivalent (FTE) employees in the MDHHS Population Health Administration;
- \$7 million for 68 additional staff and one-time improvements at Caro Psychiatric Hospital
- \$7 million for Hepatitis A response efforts, including immunizations;
- \$21.2 million for 246 additional Child Protective Services (CPS); and
- \$10 million for additional CPS reforms.
- MDHHS has begun soliciting requests within the department for FY20 budget priorities, which will not be made public until after the new governor takes office.

A meeting attendee asked if the supplemental budget request would include a wage increase for direct care workers and psychiatrists employed by state psychiatric hospitals. In response, Ms. Hanley indicated that while MDHHS has been supportive of a wage increase for direct care workers, it is not addressed in the supplemental request at this time. However, MDHHS has requested funding for additional staff at state psychiatric hospitals.

Healthy Michigan Plan – Waiver Submission and Update

MDHHS submitted an amendment to the Healthy Michigan Plan Section 1115 Demonstration Waiver Renewal Request to CMS on September 10, 2018. While the department expects that CMS will approve the waiver by December 31, 2018, MDHHS staff reported that CMS has indicated that some portions of the Waiver Amendment (such as the criteria for discontinuing coverage in the case that a beneficiary misrepresents his or her compliance with workforce engagement requirements and the legislative requirement for beneficiaries to engage in "incrementally more challenging" healthy behaviors) may be difficult to approve as written. In this case, MDHHS will discuss with the legislature how to move forward. In the meantime, CMS may choose to approve portions of the Waiver Renewal request prior to December 31, 2018 while discussions on these issues are ongoing, but all portions of the Waiver must be approved by September 10, 2019 for the Healthy Michigan Plan to continue.

HMP 3 - Cumulative 48 Months of Coverage and Over 100% of the Federal Poverty Level

Effective July 1, 2019, Healthy Michigan Plan beneficiaries with incomes above 100% FPL who have been enrolled in the program for 48 cumulative months will be required to contribute 5% of their income and engage in "incrementally more challenging" healthy behaviors as a condition of continued enrollment in the Healthy Michigan Plan.

Medical Care Advisory Council

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Community Engagement Requirements

Kathy Stiffler provided an overview of the Community Engagement Requirements included in the Healthy Michigan Plan Section 1115 Demonstration Waiver Renewal Amendment. In response to an inquiry regarding how the \$15 million for HMP 3 implementation included in the FY19 supplemental request would be allocated, Ms. Stiffler shared that MDHHS is planning to use much of the funding to set up a non-web-based system for beneficiaries to report their compliance with workforce engagement requirements. The web-based reporting system will be available for those who are able to utilize it, however, Ms. Stiffler emphasized the importance of having an alternative reporting system available for beneficiaries who may not have regular computer access.

Exemptions

Medical Exemption

Healthy Michigan Plan beneficiaries who attest to being “medically frail” will receive a 12-month exemption from compliance with community engagement requirements as a condition of continued enrollment in the Healthy Michigan Plan. After this period, they may continue to claim “medically frail” status as needed and receive a continued exemption from this requirement. In response to an inquiry regarding the definition of “medically frail,” Jackie Prokop indicated that MDHHS has compiled a list of approximately 500 qualifying diagnoses under which beneficiaries would meet these criteria.

Reporting Process and Frequencies

MDHHS staff and meeting attendees discussed at length the process for Healthy Michigan Plan beneficiaries to report compliance with community engagement requirements. To maintain coverage, beneficiaries will be required to report participation in a qualifying event as defined in Public Act 208 of 2018 each month. If they fail to report, they will receive a notice from MDHHS indicating that they have chosen to use one of three months of allowed noncompliance for that 12-month period. If a beneficiary exceeds three months of noncompliance with community engagement requirements within a 12-month period, their coverage under the Healthy Michigan Plan will be suspended for one year.

Community-Based Organization Supports and Assistance

MDHHS staff and meeting attendees also discussed ideas to provide training for community partners to assist Healthy Michigan Plan beneficiaries with the new process for reporting compliance with community engagement requirements or attesting to being medically frail. In addition, Kathy Stiffler indicated that a draft plan for MDHHS community outreach related to the new Healthy Michigan Plan processes will be available for discussion at the next Medical Care Advisory Council (MCAC) meeting.

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Focus Groups - Reviewing Beneficiary Material

Kathy Stiffler reported that the department plans to convene focus groups to preview beneficiary material that will be used to communicate information related to HMP 3 and community engagement requirements for Healthy Michigan Plan beneficiaries, and asked meeting attendees to provide recommendations for groups or individuals who would be a good fit to participate in these focus groups. MDHHS staff and meeting attendees continued to discuss various issues related to the Healthy Michigan Plan at length, including the status of waivers submitted by other states requesting to implement community engagement requirements.

Long Term Care Updates

Dick Miles provided the following updates related to Long Term Care:

- MDHHS plans to release a report in December 2018 that will provide the details of a proposed Managed Long-Term Services and Supports (MLTSS) model.
- Enrollment in MI Health Link peaked at approximately 39,600 enrollees in the beginning of 2018 and is now under 36,000. MDHHS is working to resolve issues related to enrollment discrepancies between Medicare and Medicaid and has suspended the monthly passive enrollment process into MI Health Link while these problems are addressed. The MI Health Link demonstration is currently authorized under waiver authority through December 31, 2020, and MDHHS is planning to discuss with CMS the possibility of extending the program beyond that date.
- The state legislature is considering a bill during the current “lame duck” session that would modify the ballot initiative passed in 2018 to increase the minimum wage, which would have budget implications for MDHHS with respect to payment to Home Help personal care services providers. In addition, the legislature is also considering a bill to mandate zip code exclusivity to Program of All-Inclusive Care for the Elderly (PACE) organizations.
- The MI Choice Waiver has been renewed for an additional five years.
- MDHHS is continuing the stakeholder engagement process in preparation for implementing an Electronic Visit Verification (EVV) system for personal care service providers by January 1, 2020.
- The department is in the process of developing a Brain Injury Waiver chapter for the Medicaid Provider Manual. In addition, MDHHS released bulletin MSA 18-48, regarding a Medicaid Provider Manual chapter specific to Nursing Facility Level of Care Determination (LOCD) on November 30, 2018.

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Public Charge

MDHHS staff and meeting attendees discussed new proposed rules by the Trump administration that would expand the benefits that could be considered in determining whether a person is likely to become a public charge to include Medicaid, housing assistance, Medicare Part D, and the Supplemental Nutrition Assistance Program (SNAP). A person deemed likely to become a public charge can be denied admission to the U.S. or the ability to become a lawful permanent resident. Handouts containing supplemental information on the proposed Public Charge rule were distributed to meeting attendees, and the issue was discussed at length.

Behavioral Health Updates

Erin Emerson reported that MDHHS has submitted a Section 1115 waiver to provide all behavioral health services under a single waiver authority to CMS. CMS has communicated an alternative approach to MDHHS that involves maintaining several waivers. MDHHS is working with CMS to identify technical assistance needs and next steps, but is targeting approval by October 1, 2019.

Section 298 Update

MDHHS staff provided an update on the progress of the Section 298 initiative to integrate behavioral health and physical health services. Meeting attendees were provided with copies of the Section 298 Progress Report, which was prepared by MDHHS and submitted to the legislature on November 1, 2018 as required by the FY19 appropriations act (Public Act 207 of 2018). The report contains a summary of the pilots and demonstration project, an update on the current progress in implementing the pilots and demonstration project, and an update on the implementation of policy changes related to the recommendations from the final report of the 298 Facilitation Workgroup. The document was discussed at length, and meeting attendees were also directed to the MDHHS website at www.michigan.gov/stakeholder298 for additional information on the Section 298 initiative.

Dental Update

Healthy Kids Dental

Effective October 1, 2018, MDHHS awarded contracts to both Delta Dental and Blue Cross Blue Shield of Michigan to provide services to beneficiaries of the **Healthy Kids Dental** program. While the department randomly assigns beneficiaries to a plan upon enrollment, five out of every six new enrollees are currently assigned to Blue Cross Blue Shield of Michigan to ensure sustainability of two different plans, as Delta Dental was the sole participating health plan prior to October 1, 2018. Once enrollment in Blue Cross Blue Shield reaches 200,000 **Healthy Kids Dental** beneficiaries, MDHHS will begin to randomly assign each new enrollee to a different plan. Once assigned to a plan, beneficiaries may then choose to enroll in a different plan if they wish.

Medical Care Advisory Council

Meeting Minutes

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Pregnant Women Dental

Kathy Stiffler shared that in an effort to improve access to services, dental coverage has been added as a benefit for pregnant women enrolled in a Medicaid Health Plan for up to three months post-partum effective July 1, 2018. As part of this process, MDHHS has been working to improve coordination of benefits between physical health and dental health providers to better identify women who are eligible for this benefit. MDHHS staff and meeting attendees continued to discuss additional ideas for how to improve this process, including a suggestion by one attendee to extend the managed care dental benefit to all adults.

Provider Enrollment Requirements

MDHHS staff and meeting attendees discussed at length the requirement that all typical providers must be enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) to receive payments from Medicaid Health Plans and Dental Health Plans. Following previous communications that suspended the deadline for compliance with this requirement, due to staffing issues at the department, MDHHS issued bulletin MSA 18-47 on November 30, 2018, to inform providers that Medicaid Health Plans and Dental Health Plans may no longer issue payments to providers who are not enrolled in CHAMPS effective January 1, 2019.

A meeting attendee reported that many entities with a large number of providers had been waiting to see a hard deadline before completing the CHAMPS enrollment process, as they wanted to ensure that there would be no systems issues that would act as a barrier to compliance. In response, MDHHS staff indicated that the department has been in communication with providers regarding the January 1, 2019 deadline for compliance, but that staff were not aware of provider concerns related to potential systems issues. Kathy Stiffler further indicated that MDHHS currently plans to begin denying pharmacy claims from non-enrolled prescribing typical providers beginning July 1, 2019, but may consider postponing the deadline to accommodate hospital residency programs that receive a new class of resident physicians on July 1, 2019.

Policy Updates

School Mental Health and Registered Nurse Services

Jackie Prokop shared that MDHHS is working with stakeholders to develop a State Plan Amendment and corresponding policy that will allow schools to receive Medicaid matching funds to expand behavioral health and nursing services for general education students. MDHHS staff and meeting attendees discussed the issue at length.

Policies to Note

A policy bulletin handout was distributed to attendees.

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

PERFORMANCE MONITORING REPORT

Healthy Michigan Plan Measures

Composite – All Plans



January 2019

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

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Performance Monitoring Report

Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State’s Medicaid Health Plans (MHPs) through 27 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include MDHHS Administrative Measures, Healthy Michigan Plan (HMP) Measures, HMP Dental Measures, CMS Core Set Measures, Health Equity HEDIS Measures, HEDIS Measures and Managed Care Quality Measures. **This report focuses only on the following HMP Measures:**

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

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

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2019 unless otherwise noted.

Table 1: Fiscal Year 2019¹

Quarterly Reported Measures	Reported in 1 st Quarter		Reported in 2 nd Quarter		Reported in 3 rd Quarter		Reported in 4 th Quarter	
Adults’ Generic Drug Utilization	N/A							
Completion of Annual HRA	N/A							
Outreach & Engagement to Facilitate Entry to PCP	9/11							
	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL
Transition into CFP Status – Cohort 1	10/11	11/11						
Transition into CFP Status – Cohort 2	10/11	9/11						
Transition into CFP Status – Cohort 3	11/11	10/11						
Transition out of CFP Status – Cohort 1	7/11	10/11						
Transition into CFP Status – Cohort 2	10/11	9/11						
Transition into CFP Status – Cohort 3	8/11	10/11						

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

Healthy Michigan Plan Enrollment

The Healthy Michigan Plan (HMP-MC) enrollment has remained steady over the past year. In December 2018, enrollment was 534,526, down 6,045 enrollees (1.1%) from January 2018. A decrease of 5,639 enrollees (1.0%) was realized between November 2018 and December 2018.

Figure 1: HMP-MC Enrollment, January 2018 – December 2018

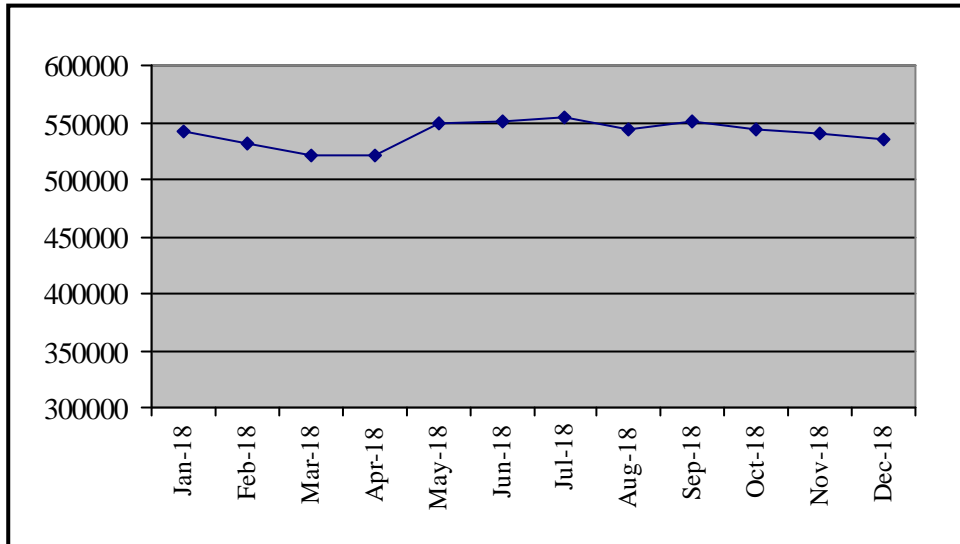
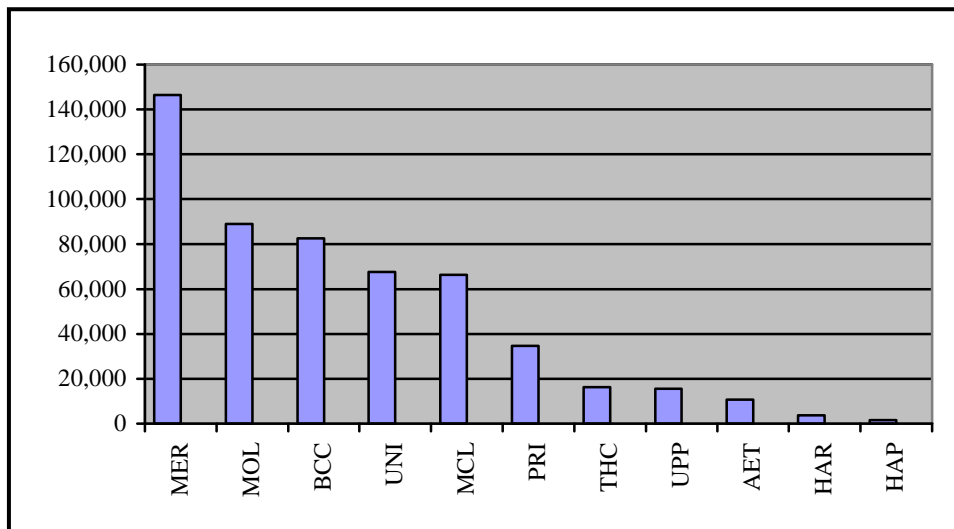


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, December 2018



Medicaid Health Plan News

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

As of January 1, 2019, HAP Midwest (MID) has changed their name to HAP Empowered (HAP). All references to MID in this report should now reflect the new HAP acronym.

Cross-Plan Performance Monitoring Analyses

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

Adults' Generic Drug Utilization

Measure

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

Standard

N/A – Informational Only

Measurement Period

April 2018 –June 2018

Data Source

MDHHS Data Warehouse

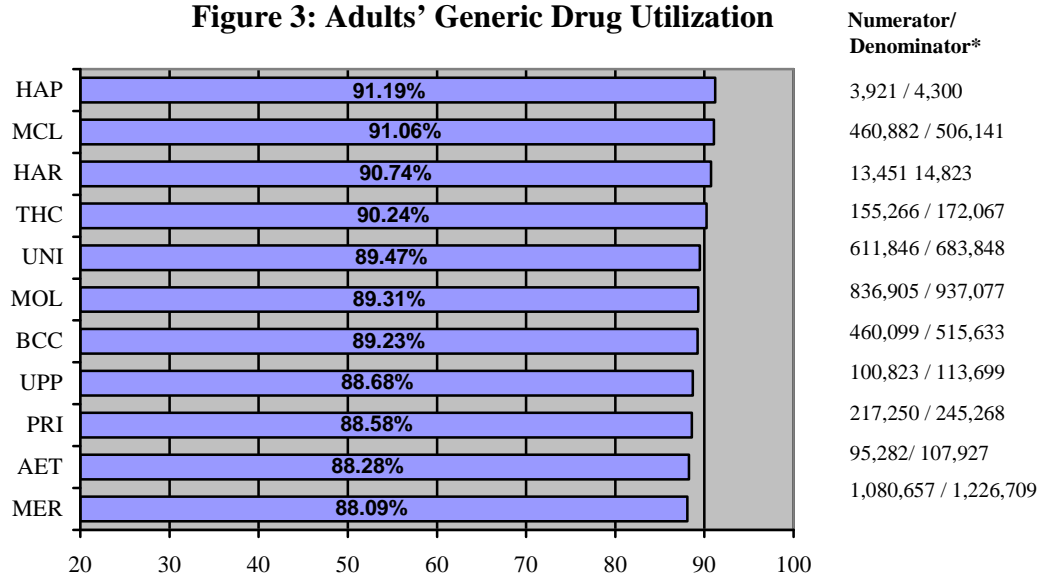
Measurement Frequency

Quarterly

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,099,856	4,598,191	89.16%
Fee For Service (FFS) only	15,537	17,391	89.34%
Managed Care only	4,054,022	4,547,147	89.16%
MA-MC	2,035,318	2,293,177	88.76%
HMP-MC	1,978,984	2,209,794	89.56%

Figure 3: Adults' Generic Drug Utilization



Adult's Generic Drug Utilization Percentages

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

Completion of Annual Health Risk Assessment (HRA)

Measure

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

Standard

N/A – Informational Only

Measurement Period

July 2017 – June 2018

Data Source

MDHHS Data Warehouse

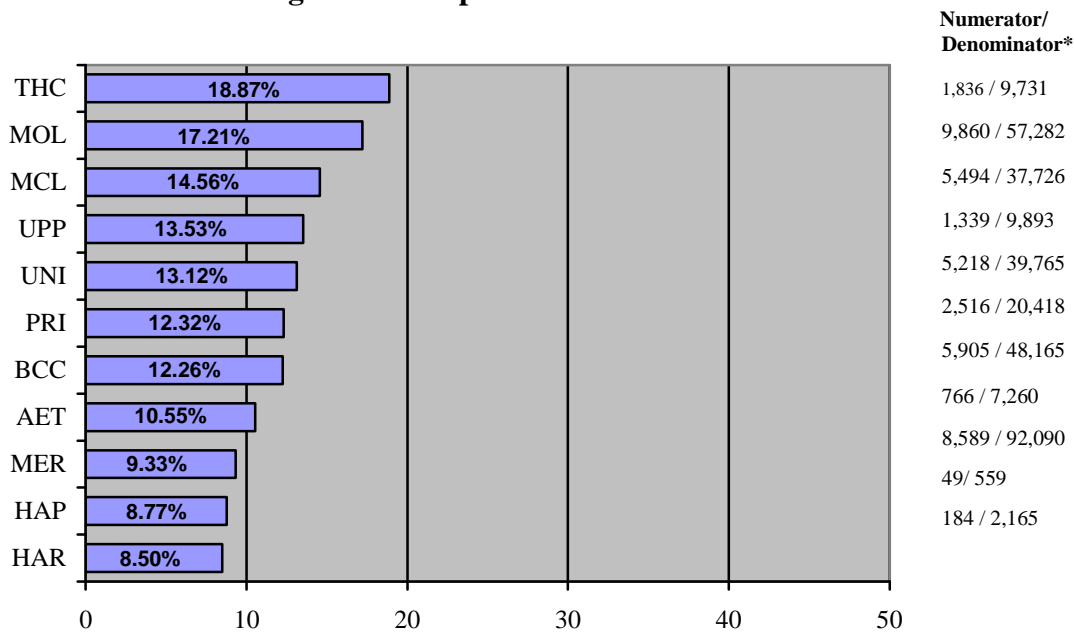
Measurement Frequency

Quarterly

Table 3: Program Total

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	49,121	393,125	12.50%

Figure 4: Completion of Annual HRA



Completion of Annual HRA Percentages

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

Outreach and Engagement to Facilitate Entry to Primary Care

Measure

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

Standard

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

Enrollment Dates

January 2018 – March 2018

Data Source

MDHHS Data Warehouse

Measurement Frequency

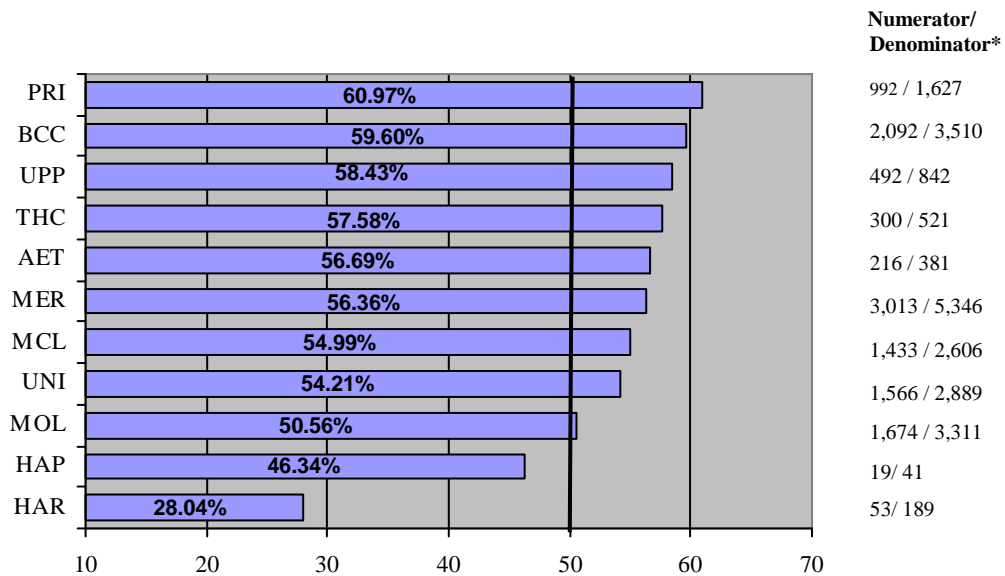
Quarterly

Summary: Nine plans met or exceeded the standard, while two plans (HAP and HAR) did not. Results ranged from 28.04% to 60.97%.

Table 4: Program Total²

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	15,677	25,090	62.48%

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



Outreach & Engagement to Facilitate Entry to Primary Care Percentages

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

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

Transition into Consistently Fail to Pay (CFP) Status

Measure

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

Standard

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

Measurement Period

November 2017 – December 2018

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

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

Summary:

In **Cohort 1**, for income levels over 100% FPL, 10 plans met or exceeded the standard, while one plan (HAR) did not. Results ranged from 8.67% to 54.55%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 0.00% to 5.31%.

In **Cohort 2**, for income levels over 100% FPL, 10 plans met or exceeded the standard while one plan (HAR) did not. Results ranged from 9.33% to 33.33%. For income levels up to 100% FPL, nine plans met or exceeded the standard, while two plans (HAP and HAR) did not. Results ranged from 4.41% to 14.29%.

In **Cohort 3**, for income levels over 100% FPL, all plans met or exceeded the standard. Results ranged from 7.69% to 19.44%. For income levels up to 100% FPL, 10 plans met or exceeded the standard, while one plan (HAP) did not. Results ranged from 3.82% to 11.11%

Figure 6: Transition into CFP Status - Cohort 1

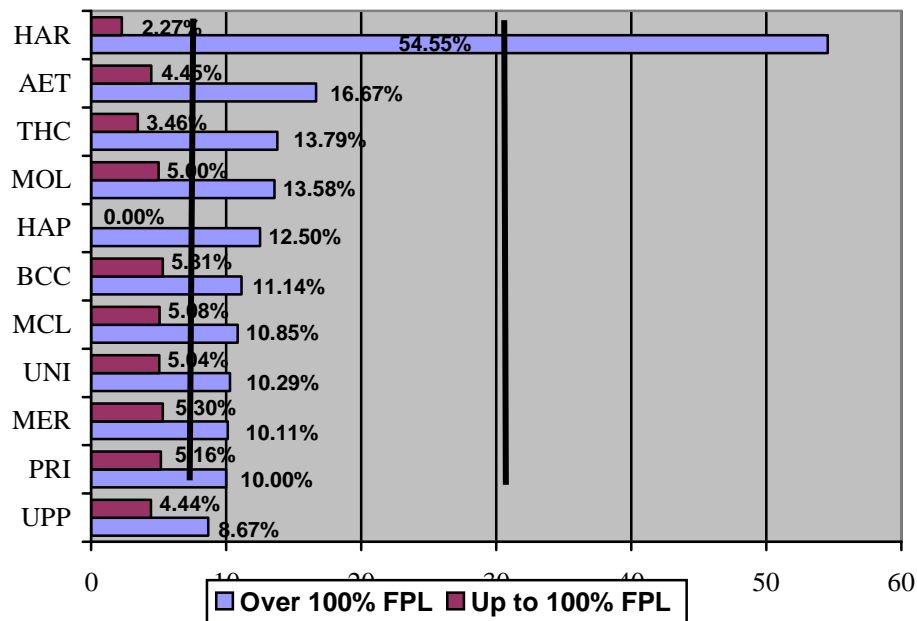


Figure 7: Transition into CFP Status - Cohort 2

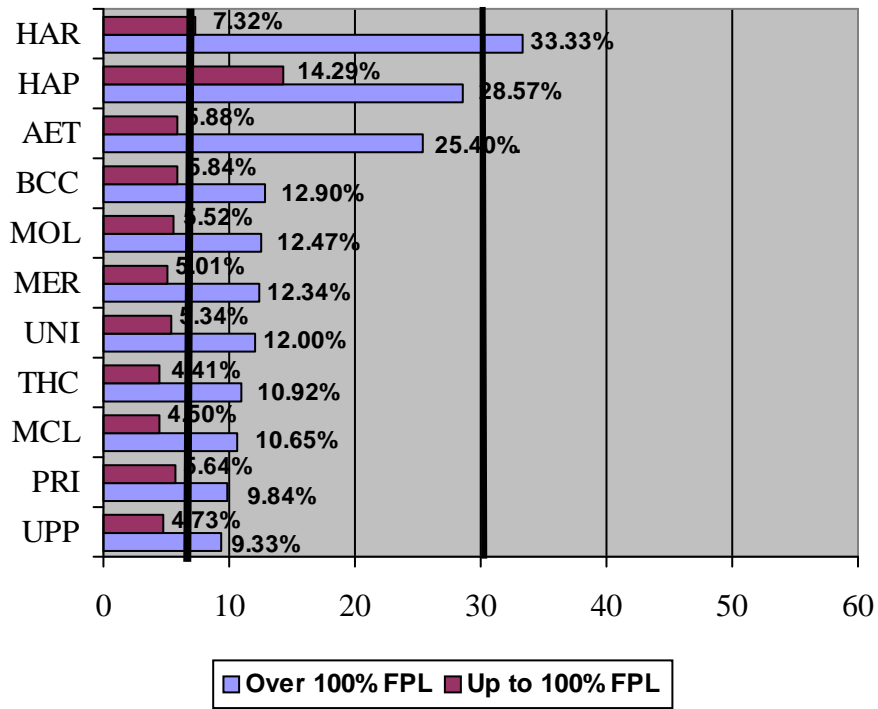
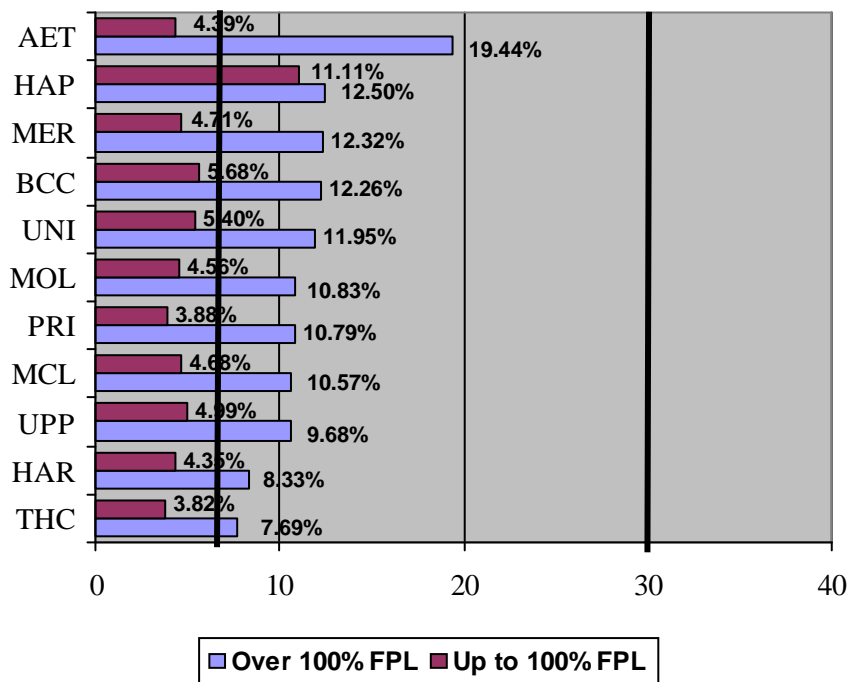


Figure 8: Transition into CFP Status - Cohort 3



Transition out of Consistently Fail to Pay (CFP) Status

Measure

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

Standard

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

Measurement Period

November 2017 – December 2018

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

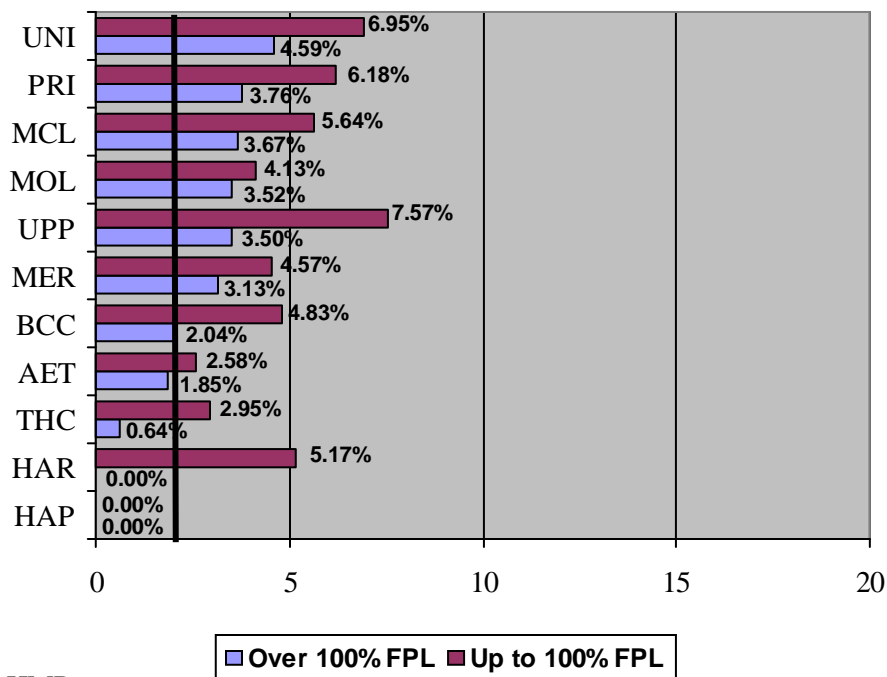
Summary:

In **Cohort 1**, for income levels over 100% FPL, seven plans met or exceeded the standard, while four plans (AET, HAP, HAR, and THC) did not. Results ranged from 0.00% to 4.59%. For income levels up to 100% FPL, 10 plans met or exceeded the standard, while one plan (HAR) did not. Results ranged from 0.00% to 7.57%.

In **Cohort 2**, for income levels over 100% FPL, 10 plans met or exceeded the standard while one plan (HAR) did not. Results ranged from 0.00% to 14.29%. For income levels up to 100% FPL, nine plans met or exceeded the standard, while two plans (AET and HAP) did not. Results ranged from 0.00% to 7.14%.

In **Cohort 3**, for income levels over 100% FPL, eight plans met or exceeded the standard, while three plans (AET, HAP and THC) did not. Results ranged from 0.00% to 5.52%. For income levels up to 100% FPL, 10 plans met or exceeded the standard, while one plan (HAP) did not. Results ranged from 0.00% to 6.68%.

Figure 9: Transition out of CFP Status - Cohort 1



Performance Monitoring Report

Figure 10: Transition out of CFP Status - Cohort 2

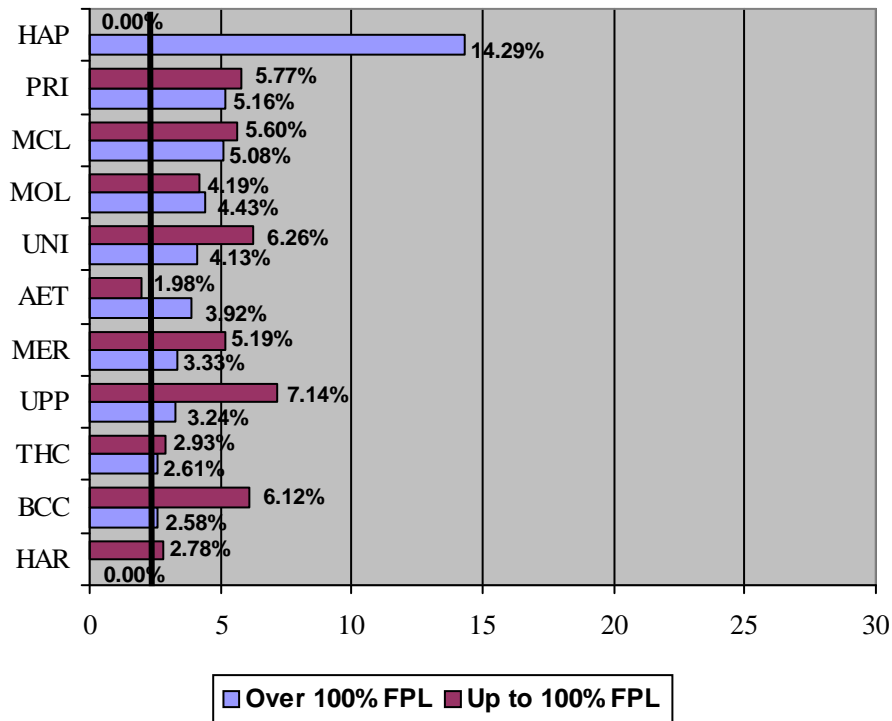
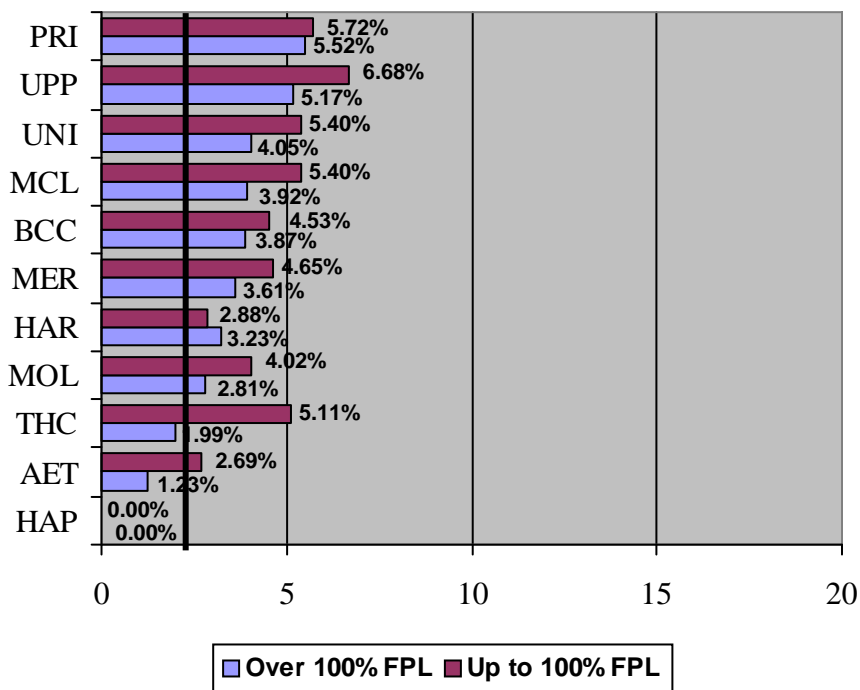


Figure 11: Transition out of CFP Status - Cohort 3



Appendix A: Three Letter Medicaid Health Plan Codes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	88.28%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	10.55%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	56.69%	Yes
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Transition into CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	16.67%	Yes	25.40%	Yes	19.44%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	4.45%	Yes	5.88%	Yes	4.39%	Yes

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

Transition out of CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	1.85%	No	3.92%	Yes	1.23%	No
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	2.58%	Yes	1.98%	No	2.69%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete of Michigan – BCC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	89.23%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	12.26%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	59.60%	Yes
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Transition into CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	11.14%	Yes	12.90%	Yes	12.26%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.31%	Yes	5.84%	Yes	5.68%	Yes

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

Transition out of CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	2.04%	Yes	2.58%	Yes	3.87%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	4.83%	Yes	6.12%	Yes	4.53%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

HAP Empowered – HAP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	91.19%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	8.77%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	46.34%	N/A
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Transition into CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	12.50%	Yes	28.57%	Yes	12.50%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	0.00%	Yes	14.29%	No	11.11%	No

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

Transition out of CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	0.00%	No	14.29%	Yes	0.00%	No
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	0.00%	No	0.00%	No	0.00%	No

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Harbor Health Plan – HAR

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	90.74%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	8.50%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	28.04%	No
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Transition into CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	54.55%	No	33.33%	No	8.33%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	2.27%	Yes	7.32%	No	4.35%	Yes

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

Transition out of CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	0.00%	No	0.00%	No	3.23%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	5.17%	Yes	2.78%	Yes	2.88%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	91.06%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	14.56%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	54.99%	Yes
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Transition into CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	10.85%	Yes	10.65%	Yes	10.57%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.08%	Yes	4.50%	Yes	4.68%	Yes

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

Transition out of CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	3.67%	Yes	5.08%	Yes	3.92%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	5.64%	Yes	5.60%	Yes	5.40%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan of Michigan – MER

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	88.09%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	9.33%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	56.36%	Yes
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Transition into CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	10.11%	Yes	12.34%	Yes	12.32%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.30%	Yes	5.01%	Yes	4.71%	Yes

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

Transition out of CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	3.13%	Yes	3.33%	Yes	3.61%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	4.57%	Yes	5.19%	Yes	4.65%	Yes

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	89.31%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	17.21%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	50.56%	Yes
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Transition into CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	13.58%	Yes	12.47%	Yes	10.83%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.00%	Yes	5.52%	Yes	4.56%	Yes

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

Transition out of CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	3.52%	Yes	4.43%	Yes	2.81%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	4.13%	Yes	4.19%	Yes	4.02%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	88.58%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	12.32%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	60.97%	Yes
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Transition into CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	10.00%	Yes	9.84%	Yes	10.79%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.16%	Yes	5.64%	Yes	3.88%	Yes

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

Transition out of CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	3.76%	Yes	5.16%	Yes	5.52%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	6.18%	Yes	5.77%	Yes	5.72%	Yes

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	90.24%	N/A
Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	18.87%	N/A
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	57.58%	Yes

Transition into CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	13.79%	Yes	10.92%	Yes	7.69%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	3.46%	Yes	4.41%	Yes	3.82%	Yes

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

Transition out of CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	0.64%	No	2.61%	Yes	1.99%	No
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	2.95%	Yes	2.93%	Yes	5.11%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	89.47%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	13.12%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	54.21%	Yes
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Transition into CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	10.29%	Yes	12.00	Yes	11.95%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	5.04%	Yes	5.34%	Yes	5.40%	Yes

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

Transition out of CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	4.59%	Yes	4.13%	Yes	4.05%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	6.95%	Yes	6.26%	Yes	5.40%	Yes

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 18 – Jun 18	Informational Only	88.68%	N/A

Completion of Annual HRA	Jul 17 – Jun 18	Informational Only	13.53%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 18 – Mar 18	50%	58.43%	Yes
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Transition into CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
30%	8.67%	Yes	9.33%	Yes	9.68%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
7%	4.44%	Yes	4.73%	Yes	4.99%	Yes

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

Transition out of CFP Status: [Nov 17 – Dec 18]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	3.50%	Yes	3.24%	Yes	5.17%	Yes
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
2%	7.57%	Yes	7.14%	Yes	6.68%	Yes

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

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

PERFORMANCE MONITORING REPORT

Healthy Michigan Plan – Dental Measures

Composite – All Plans



January 2019
Revised February 27, 2019

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

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Executive Summary

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

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State’s Medicaid Health Plans (MHPs) through 27 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include MDHHS Administrative Measures, Healthy Michigan Plan (HMP) Measures, HMP Dental Measures, CMS Core Set Measures, Health Equity HEDIS Measures, HEDIS Measures and Managed Care Quality Measures. **This report focuses only on the following HMP Dental Measures:**

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

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

The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2019 unless otherwise noted.

Table 1: Fiscal Year 2019¹

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

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

Healthy Michigan Plan Enrollment

The Healthy Michigan Plan (HMP-MC) enrollment has remained steady over the past year. In December 2018, enrollment was 534,526, down 6,045 enrollees (1.1%) from January 2018. A decrease of 5,639 enrollees (1.0%) was realized between November 2018 and December 2018.

Figure 1: HMP-MC Enrollment, January 2018 – December 2018

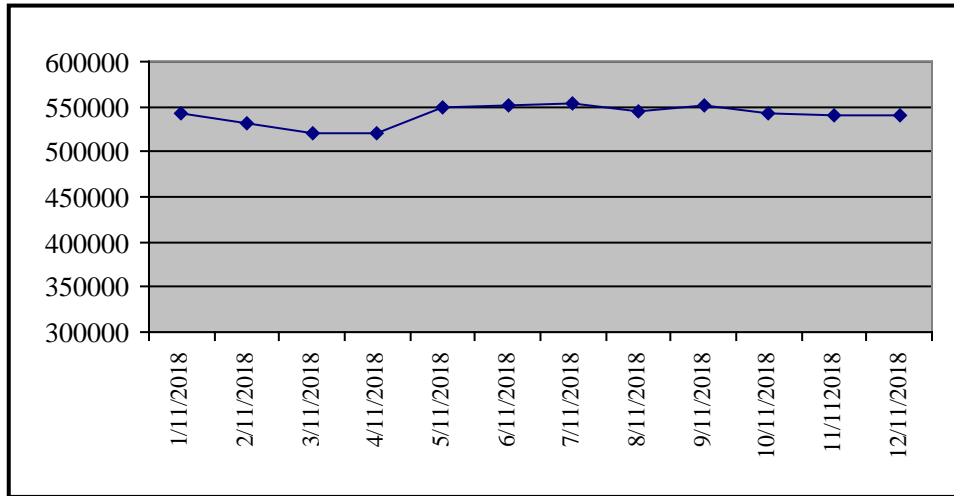
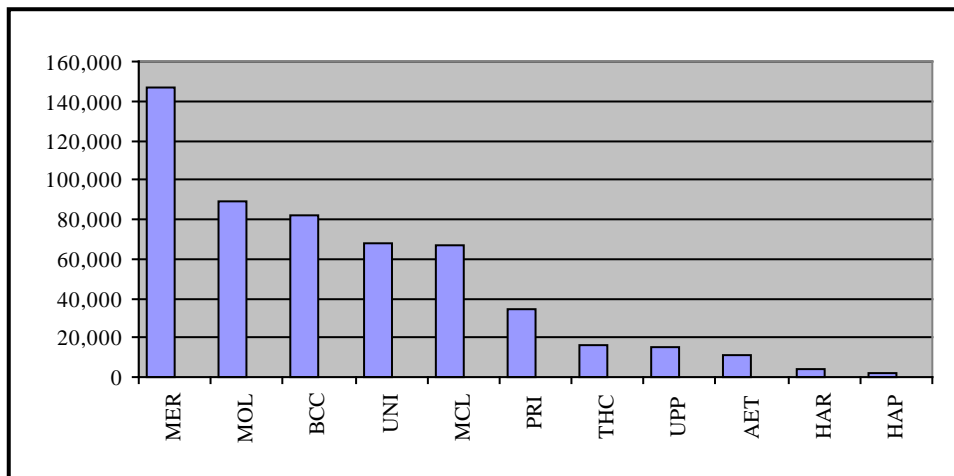


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, December 2018



Medicaid Health Plan News

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

As of January 1, 2019, HAP Midwest (MID) has changed their name to HAP Empowered (HAP). All references to MID in this report should now reflect the new HAP acronym.

Cross-Plan Performance Monitoring Analyses

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

Diagnostic Dental Services

Measure

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

Standard

N/A – Informational Only

Measurement Period

July 2017 –June 2018

Data Source

MDHHS Data Warehouse

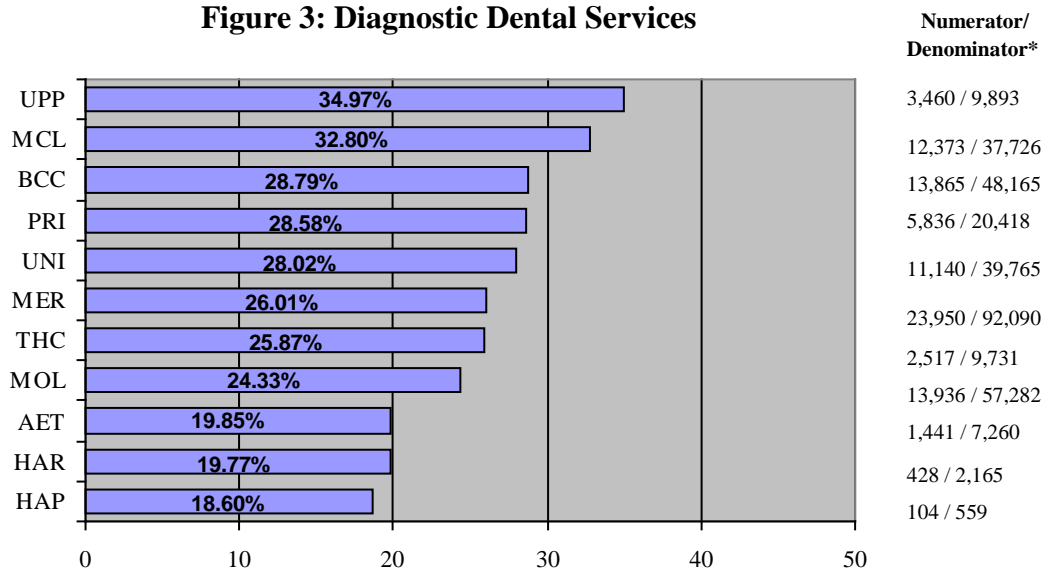
Measurement Frequency

Quarterly

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	1,002	5,879	17.04%
HMP Managed Care (MC) Only	91,959	332,673	27.64%

Figure 3: Diagnostic Dental Services



Diagnostic Dental Services Percentages

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

Preventive Dental Services

Measure

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

Standard

N/A – Informational Only

Measurement Period

July 2017 –June 2018

Data Source

MDHHS Data Warehouse

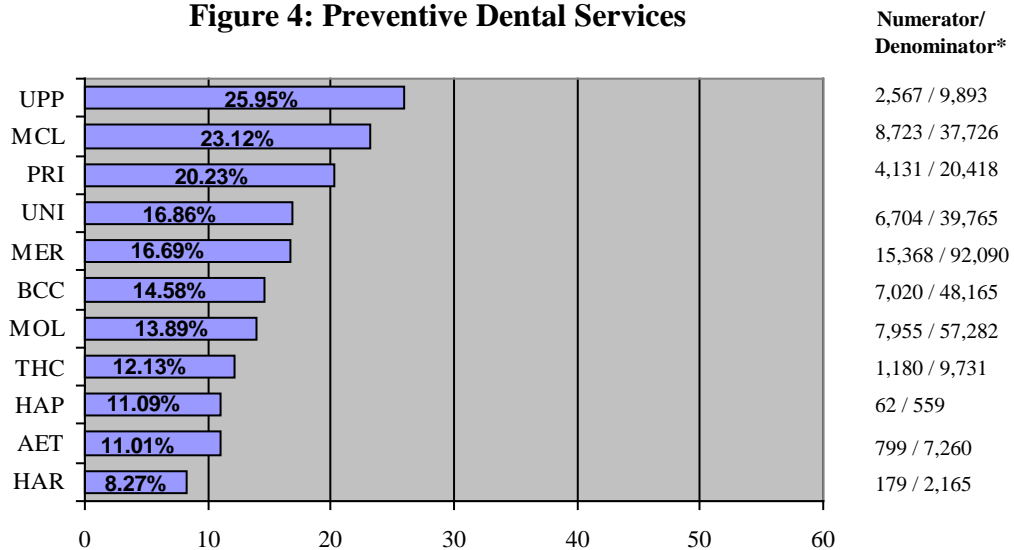
Measurement Frequency

Quarterly

Table 3: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	528	5,879	8.98%
HMP Managed Care (MC) Only	56,406	332,673	16.96%

Figure 4: Preventive Dental Services



Preventive Dental Services Percentages

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

Restorative (Dental Fillings) Services

Measure

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

Standard

N/A – Informational Only

Measurement Period

July 2017 –June 2018

Data Source

MDHHS Data Warehouse

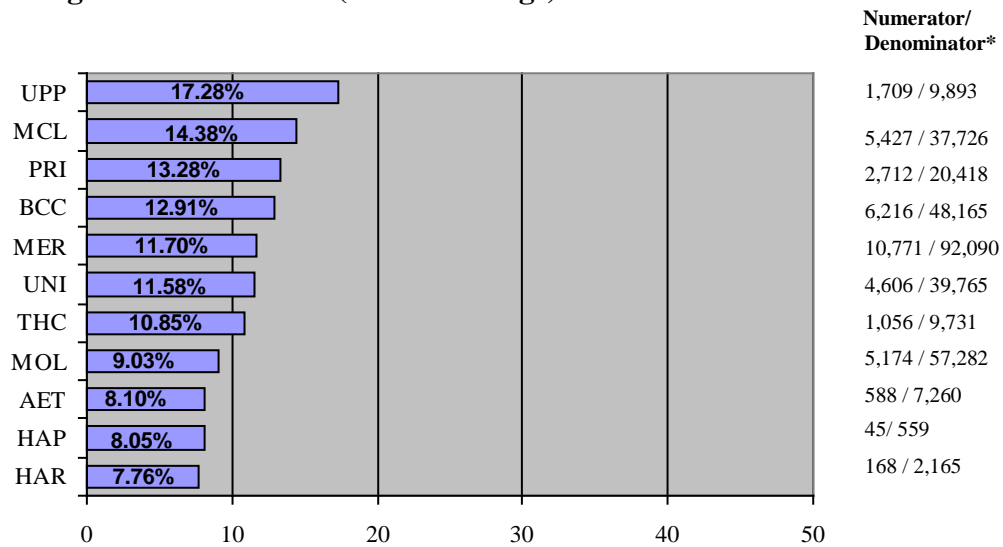
Measurement Frequency

Quarterly

Table 4: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	411	5,879	6.99%
HMP Managed Care (MC) Only	39,786	332,673	11.96%

Figure 5: Restorative (Dental Fillings) Dental Services



Restorative (Dental Fillings) Dental Services Percentages

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

Appendix A: Three Letter Medicaid Health Plan Codes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	19.85%	N/A
Preventive Dental Services	Jul 17 – Jun 18	Informational Only	11.01%	N/A
Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	8.10%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete – BCC

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	28.79%	N/A
Preventive Dental Services	Jul 17 – Jun 18	Informational Only	14.58%	N/A
Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	12.91%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

HAP Empowered – HAP

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	18.60%	N/A
Preventive Dental Services	Jul 17 – Jun 18	Informational Only	11.09%	N/A
Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	8.05%	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 – HAR

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	19.77%	N/A
Preventive Dental Services	Jul 17 – Jun 18	Informational Only	8.27%	N/A
Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	7.76%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	32.80%	N/A
Preventive Dental Services	Jul 17 – Jun 18	Informational Only	23.12%	N/A
Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	14.38%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan of Michigan – MER

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	26.01%	N/A
Preventive Dental Services	Jul 17 – Jun 18	Informational Only	16.69%	N/A
Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	11.70%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	24.33%	N/A
Preventive Dental Services	Jul 17 – Jun 18	Informational Only	13.89%	N/A
Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	9.03%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	28.58%	N/A
Preventive Dental Services	Jul 17 – Jun 18	Informational Only	20.23%	N/A
Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	13.28%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	25.87%	N/A
Preventive Dental Services	Jul 17 – Jun 18	Informational Only	12.13%	N/A
Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	10.85%	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

UnitedHealthcare Community Plan – UNI

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	28.02%	N/A
Preventive Dental Services	Jul 17 – Jun 18	Informational Only	16.86%	N/A
Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	11.58%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN – DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 17 – Jun 18	Informational Only	34.97%	N/A
Preventive Dental Services	Jul 17 – Jun 18	Informational Only	25.95%	N/A
Restorative (Dental Fillings) Dental Services	Jul 17 – Jun 18	Informational Only	17.28%	N/A

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

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

MI HEALTH ACCOUNT



EXECUTIVE SUMMARY REPORT

DECEMBER 2018

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2018

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

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

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

Quarterly Statement Mailing Guidelines

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

Chart 1 displays the statement mailing activity for the past three months. It also displays the calendar year totals since January 2018 and the program totals from October 2014 to September 2018.

Chart 1: Account Statement Mailing					
Month Statement Mailed	Statements Mailed	Statements Requiring a Copay Only	Statements Requiring a Contribution Only	Statements Requiring a Copay and Contribution	Percentage of Statements Requiring Payment
Jul-18	131,235	24,229	11,282	14,255	37.92%
Aug-18	99,250	18,178	8,773	11,051	38.29%
Sep-18	106,549	18,870	8,429	11,105	36.04%
Calendar YTD	1,014,070	182,219	90,799	106,157	37.39%
Program Total	4,267,100	877,917	376,097	460,851	40.19%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2018

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

Chart 2 displays a collection history of the number of beneficiaries that have paid co-pays and contributions. Completed quarterly payment cycles are explained and reflected in Chart 3. Calendar year totals are from January 2018. Program totals are from October 2014 through September 2018. Please note that beneficiaries that pay both co-pays and contributions will show in each chart.

Chart 2: Copays & Contributions Paid					
Copays					
Statement Month	Amount of copays owed	Amount of copays paid	Percentage of copays paid	Number of beneficiaries who owed copays	Number of beneficiaries who paid copays
Jul-18	\$380,862.71	\$107,951.91	28%	38,484	14,376
Aug-18	\$295,437.74	\$87,283.22	30%	29,229	11,315
Sep-18	\$316,351.34	\$114,226.16	36%	29,975	13,006
Calendar YTD	\$2,851,738.45	\$1,031,661.04	36%	288,376	126,094
Program Total	\$11,026,398.05	\$4,707,744.29	43%	1,338,768	640,412
Contributions					
Statement Month	Amount of contributions owed	Amount of contributions paid	Percentage of contributions paid	Number of beneficiaries who owed contributions	Number of beneficiaries who paid contributions
Jul-18	\$1,639,452.13	\$278,837.66	17%	25,537	8,623
Aug-18	\$1,267,862.32	\$237,688.95	19%	19,824	7,088
Sep-18	\$1,253,292.67	\$235,505.42	19%	19,534	7,455
Calendar YTD	\$12,587,034.41	\$3,043,583.09	24%	196,956	79,547
Program Total	\$50,343,509.69	\$16,615,271.15	33%	836,948	396,224

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2018

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

Chart 3: Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'APR-14	Oct 2014 - Dec 2014	\$23,457.60	\$16,820.47	71.71%
'APR-14	Jan 2015 - Mar 2015	\$192,657.39	\$149,714.01	77.71%
'APR-14	Apr 2015 - Jun 2015	\$165,029.70	\$124,945.62	75.71%
'APR-14	Jul 2015 - Sep 2015	\$162,432.32	\$118,186.25	72.76%
'APR-14	Oct 2015 - Dec 2015	\$152,842.31	\$109,654.14	71.74%
'APR-14	Jan 2016 - Mar 2016	\$139,271.58	\$99,645.13	71.55%
'APR-14	Apr 2016 - Jun 2016	\$185,867.52	\$126,936.34	68.29%
'APR-14	Jul 2016 - Sep 2016	\$137,114.31	\$88,960.40	64.88%
'APR-14	Oct 2016 - Dec 2016	\$171,297.41	\$113,383.56	66.19%
'APR-14	Jan 2017 - Mar 2017	\$169,282.09	\$109,551.54	64.72%
'APR-14	Apr 2017 - Jun 2017	\$146,059.21	\$74,206.00	50.81%
'APR-14	Jul 2017 - Sep 2017	\$126,357.96	\$53,881.82	42.64%
'APR-14	Oct 2017 - Dec 2017	\$120,551.98	\$51,046.75	42.34%
'APR-14	Jan 2018 - Mar 2018	\$122,703.72	\$49,535.12	40.37%
'APR-14	Apr 2018 - Jun 2018	\$80,389.34	\$28,912.36	35.97%
'APR-14	Jul 2018 - Sep 2018	\$75,955.49	\$25,113.77	33.06%
'APR-14	Oct 2018 - Dec 2018	\$81,380.88	\$21,309.28	26.18%
'MAY-14	Nov 2014 - Jan 2015	\$35,655.43	\$28,220.21	79.15%
'MAY-14	Feb 2015 - Apr 2015	\$56,526.22	\$43,932.63	77.72%
'MAY-14	May 2015 - Jul 2015	\$45,782.47	\$35,336.98	77.18%
'MAY-14	Aug 2015 - Oct 2015	\$41,586.21	\$31,777.07	76.41%
'MAY-14	Nov 2015 - Jan 2016	\$39,437.66	\$30,175.64	76.51%
'MAY-14	Feb 2016 - Apr 2016	\$37,362.78	\$27,944.83	74.79%
'MAY-14	May 2016 - Jul 2016	\$44,794.49	\$31,977.38	71.39%
'MAY-14	Aug 2016 - Oct 2016	\$39,295.29	\$28,449.83	72.4%
'MAY-14	Nov 2016 - Jan 2017	\$44,695.12	\$32,367.97	72.42%
'MAY-14	Feb 2017 - Apr 2017	\$39,845.30	\$27,101.00	68.02%
'MAY-14	May 2017 - Jul 2017	\$35,074.71	\$19,156.68	54.62%
'MAY-14	Aug 2017 - Oct 2017	\$34,399.02	\$17,978.55	52.26%
'MAY-14	Nov 2017 - Jan 2018	\$31,205.90	\$16,787.38	53.8%
'MAY-14	Feb 2018 - Apr 2018	\$31,152.60	\$16,865.74	54.14%
'MAY-14	May 2018 - Jul 2018	\$21,575.95	\$10,238.60	47.45%
'MAY-14	Aug 2018 - Oct 2018	\$19,119.01	\$8,385.81	43.86%
'JUN-14	Dec 2014 - Feb 2015	\$455,203.30	\$369,357.76	81.14%
'JUN-14	Mar 2015 - May 2015	\$347,389.32	\$281,408.50	81.01%
'JUN-14	Jun 2015 - Aug 2015	\$345,607.10	\$278,163.17	80.49%
'JUN-14	Sep 2015 - Nov 2015	\$326,415.87	\$256,326.62	78.53%
'JUN-14	Dec 2015 - Feb 2016	\$233,525.92	\$180,784.99	77.42%
'JUN-14	Mar 2016 - May 2016	\$262,632.64	\$201,770.77	76.83%
'JUN-14	Jun 2016 - Aug 2016	\$217,861.12	\$162,849.97	74.75%
'JUN-14	Sep 2016 - Nov 2016	\$302,840.97	\$236,647.23	78.14%
'JUN-14	Dec 2016 - Feb 2017	\$277,478.31	\$211,393.40	76.18%
'JUN-14	Mar 2017 - May 2017	\$244,615.04	\$168,085.65	68.71%
'JUN-14	Jun 2017 - Aug 2017	\$222,758.05	\$129,495.96	58.13%

**HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: DECEMBER 2018**



Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'JUN-14	Sep 2017 - Nov 2017	\$217,130.25	\$123,913.61	57.07%
'JUN-14	Dec 2017 - Feb 2018	\$193,293.50	\$107,530.40	55.63%
'JUN-14	Mar 2018 - May 2018	\$187,553.07	\$101,167.56	53.94%
'JUN-14	Jun 2018 - Aug 2018	\$151,182.13	\$69,778.31	46.16%
'JUN-14	Sep 2018 - Nov 2018	\$148,049.86	\$62,467.41	42.19%
'JUL-14	Jan 2015 - Mar 2015	\$339,159.00	\$262,594.71	77.43%
'JUL-14	Apr 2015 - Jun 2015	\$251,012.51	\$195,309.69	77.81%
'JUL-14	Jul 2015 - Sep 2015	\$240,976.79	\$184,953.04	76.75%
'JUL-14	Oct 2015 - Dec 2015	\$220,014.08	\$166,780.79	75.8%
'JUL-14	Jan 2016 - Mar 2016	\$194,019.42	\$146,277.92	75.39%
'JUL-14	Apr 2016 - Jun 2016	\$208,994.14	\$153,146.85	73.28%
'JUL-14	Jul 2016 - Sep 2016	\$162,226.17	\$116,241.33	71.65%
'JUL-14	Oct 2016 - Dec 2016	\$188,598.76	\$136,547.24	72.4%
'JUL-14	Jan 2017 - Mar 2017	\$179,536.76	\$125,560.07	69.94%
'JUL-14	Apr 2017 - Jun 2017	\$154,786.10	\$84,314.14	54.47%
'JUL-14	Jul 2017 - Sep 2017	\$136,815.83	\$65,315.24	47.74%
'JUL-14	Oct 2017 - Dec 2017	\$126,884.72	\$60,929.20	48.02%
'JUL-14	Jan 2018 - Mar 2018	\$124,709.23	\$56,850.16	45.59%
'JUL-14	Apr 2018 - Jun 2018	\$82,225.37	\$32,726.38	39.8%
'JUL-14	Jul 2018 - Sep 2018	\$77,075.09	\$27,897.56	36.2%
'JUL-14	Oct 2018 - Dec 2018	\$77,535.22	\$22,069.92	28.46%
'AUG-14	Feb 2015 - Apr 2015	\$169,476.78	\$132,251.75	78.04%
'AUG-14	May 2015 - Jul 2015	\$121,394.66	\$91,650.00	75.5%
'AUG-14	Aug 2015 - Oct 2015	\$110,906.72	\$87,453.02	78.85%
'AUG-14	Nov 2015 - Jan 2016	\$103,044.07	\$80,017.98	77.65%
'AUG-14	Feb 2016 - Apr 2016	\$96,065.74	\$73,223.40	76.22%
'AUG-14	May 2016 - Jul 2016	\$103,687.65	\$74,378.19	71.73%
'AUG-14	Aug 2016 - Oct 2016	\$84,842.02	\$61,388.36	72.36%
'AUG-14	Nov 2016 - Jan 2017	\$99,520.32	\$72,461.51	72.81%
'AUG-14	Feb 2017 - Apr 2017	\$93,668.01	\$67,126.60	71.66%
'AUG-14	May 2017 - Jul 2017	\$77,312.69	\$38,823.69	50.22%
'AUG-14	Aug 2017 - Oct 2017	\$70,548.41	\$34,789.96	49.31%
'AUG-14	Nov 2017 - Jan 2018	\$65,633.73	\$33,465.43	50.99%
'AUG-14	Feb 2018 - Apr 2018	\$63,241.02	\$30,643.07	48.45%
'AUG-14	May 2018 - Jul 2018	\$50,032.83	\$20,512.34	41%
'AUG-14	Aug 2018 - Oct 2018	\$43,149.89	\$15,603.68	36.16%
'SEP-14	Mar 2015 - May 2015	\$211,840.10	\$155,669.99	73.48%
'SEP-14	Jun 2015 - Aug 2015	\$147,099.89	\$108,842.28	73.99%
'SEP-14	Sep 2015 - Nov 2015	\$149,572.93	\$111,399.18	74.48%
'SEP-14	Dec 2015 - Feb 2016	\$120,277.14	\$88,752.68	73.79%
'SEP-14	Mar 2016 - May 2016	\$134,903.89	\$95,442.28	70.75%
'SEP-14	Jun 2016 - Aug 2016	\$95,799.21	\$62,351.42	65.09%
'SEP-14	Sep 2016 - Nov 2016	\$111,249.72	\$79,429.41	71.4%
'SEP-14	Dec 2016 - Feb 2017	\$109,834.92	\$77,346.09	70.42%
'SEP-14	Mar 2017 - May 2017	\$102,664.01	\$62,051.66	60.44%
'SEP-14	Jun 2017 - Aug 2017	\$85,827.31	\$41,170.08	47.97%
'SEP-14	Sep 2017 - Nov 2017	\$78,053.16	\$36,168.92	46.34%
'SEP-14	Dec 2017 - Feb 2018	\$74,919.28	\$34,149.56	45.58%
'SEP-14	Mar 2018 - May 2018	\$69,527.93	\$30,124.02	43.33%
'SEP-14	Jun 2018 - Aug 2018	\$56,878.28	\$20,571.72	36.17%

**HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: DECEMBER 2018**



Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'SEP-14	Sep 2018 - Nov 2018	\$53,520.99	\$17,145.75	32.04%
'OCT-14	Apr 2015 - Jun 2015	\$173,373.32	\$127,006.14	73.26%
'OCT-14	Jul 2015 - Sep 2015	\$125,054.82	\$95,130.82	76.07%
'OCT-14	Oct 2015 - Dec 2015	\$124,093.00	\$94,095.59	75.83%
'OCT-14	Jan 2016 - Mar 2016	\$118,662.94	\$89,396.65	75.34%
'OCT-14	Apr 2016 - Jun 2016	\$134,740.12	\$97,382.69	72.27%
'OCT-14	Jul 2016 - Sep 2016	\$99,337.02	\$68,192.82	68.65%
'OCT-14	Oct 2016 - Dec 2016	\$114,507.12	\$83,669.14	73.07%
'OCT-14	Jan 2017 - Mar 2017	\$111,155.57	\$79,543.21	71.56%
'OCT-14	Apr 2017 - Jun 2017	\$94,462.95	\$50,444.45	53.4%
'OCT-14	Jul 2017 - Sep 2017	\$79,478.92	\$36,982.16	46.53%
'OCT-14	Oct 2017 - Dec 2017	\$73,250.53	\$34,168.49	46.65%
'OCT-14	Jan 2018 - Mar 2018	\$71,453.55	\$32,773.29	45.87%
'OCT-14	Apr 2018 - Jun 2018	\$48,492.73	\$20,005.82	41.26%
'OCT-14	Jul 2018 - Sep 2018	\$43,160.24	\$15,333.73	35.53%
'OCT-14	Oct 2018 - Dec 2018	\$45,799.05	\$12,285.56	26.82%
'NOV-14	May 2015 - Jul 2015	\$194,152.12	\$142,083.22	73.18%
'NOV-14	Aug 2015 - Oct 2015	\$125,654.45	\$93,779.64	74.63%
'NOV-14	Nov 2015 - Jan 2016	\$132,332.02	\$101,936.82	77.03%
'NOV-14	Feb 2016 - Apr 2016	\$133,055.91	\$99,391.74	74.7%
'NOV-14	May 2016 - Jul 2016	\$153,563.42	\$104,095.91	67.79%
'NOV-14	Aug 2016 - Oct 2016	\$116,548.31	\$78,357.73	67.23%
'NOV-14	Nov 2016 - Jan 2017	\$137,023.98	\$96,395.37	70.35%
'NOV-14	Feb 2017 - Apr 2017	\$131,713.40	\$88,026.94	66.83%
'NOV-14	May 2017 - Jul 2017	\$111,533.59	\$48,595.53	43.57%
'NOV-14	Aug 2017 - Oct 2017	\$88,785.03	\$38,132.55	42.95%
'NOV-14	Nov 2017 - Jan 2018	\$82,658.37	\$37,125.13	44.91%
'NOV-14	Feb 2018 - Apr 2018	\$81,738.14	\$34,513.21	42.22%
'NOV-14	May 2018 - Jul 2018	\$61,627.81	\$19,925.57	32.33%
'NOV-14	Aug 2018 - Oct 2018	\$51,610.34	\$15,884.25	30.78%
'DEC-14	Jun 2015 - Aug 2015	\$104,848.89	\$79,112.27	75.45%
'DEC-14	Sep 2015 - Nov 2015	\$81,369.22	\$63,542.27	78.09%
'DEC-14	Dec 2015 - Feb 2016	\$67,133.11	\$53,000.53	78.95%
'DEC-14	Mar 2016 - May 2016	\$79,893.82	\$60,570.08	75.81%
'DEC-14	Jun 2016 - Aug 2016	\$67,457.36	\$46,415.01	68.81%
'DEC-14	Sep 2016 - Nov 2016	\$70,832.97	\$49,701.02	70.17%
'DEC-14	Dec 2016 - Feb 2017	\$69,192.06	\$48,402.06	69.95%
'DEC-14	Mar 2017 - May 2017	\$68,563.56	\$41,775.14	60.93%
'DEC-14	Jun 2017 - Aug 2017	\$57,498.58	\$25,388.06	44.15%
'DEC-14	Sep 2017 - Nov 2017	\$48,837.23	\$21,955.84	44.96%
'DEC-14	Dec 2017 - Feb 2018	\$46,380.12	\$21,421.58	46.19%
'DEC-14	Mar 2018 - May 2018	\$43,414.14	\$19,371.69	44.62%
'DEC-14	Jun 2018 - Aug 2018	\$35,321.79	\$13,002.33	36.81%
'DEC-14	Sep 2018 - Nov 2018	\$33,292.08	\$10,111.70	30.37%
'JAN-15	Jul 2015 - Sep 2015	\$210,677.93	\$162,882.79	77.31%
'JAN-15	Oct 2015 - Dec 2015	\$169,585.60	\$130,588.14	77%
'JAN-15	Jan 2016 - Mar 2016	\$165,126.32	\$129,891.35	78.66%
'JAN-15	Apr 2016 - Jun 2016	\$189,716.40	\$140,391.78	74%
'JAN-15	Jul 2016 - Sep 2016	\$155,177.09	\$106,070.47	68.35%
'JAN-15	Oct 2016 - Dec 2016	\$160,957.38	\$115,342.88	71.66%

**HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: DECEMBER 2018**



Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'JAN-15	Jan 2017 - Mar 2017	\$162,384.67	\$116,841.47	71.95%
'JAN-15	Apr 2017 - Jun 2017	\$141,757.73	\$77,930.69	54.97%
'JAN-15	Jul 2017 - Sep 2017	\$124,226.37	\$57,893.77	46.6%
'JAN-15	Oct 2017 - Dec 2017	\$111,136.32	\$50,752.02	45.67%
'JAN-15	Jan 2018 - Mar 2018	\$107,638.88	\$47,715.90	44.33%
'JAN-15	Apr 2018 - Jun 2018	\$70,073.72	\$27,588.36	39.37%
'JAN-15	Jul 2018 - Sep 2018	\$61,649.63	\$22,989.99	37.29%
'JAN-15	Oct 2018 - Dec 2018	\$59,639.03	\$17,304.06	29.01%
'FEB-15	Aug 2015 - Oct 2015	\$205,336.19	\$158,472.49	77.18%
'FEB-15	Nov 2015 - Jan 2016	\$132,268.72	\$105,322.58	79.63%
'FEB-15	Feb 2016 - Apr 2016	\$146,567.80	\$118,805.31	81.06%
'FEB-15	May 2016 - Jul 2016	\$189,513.98	\$138,915.13	73.3%
'FEB-15	Aug 2016 - Oct 2016	\$151,241.43	\$108,371.63	71.65%
'FEB-15	Nov 2016 - Jan 2017	\$151,111.92	\$109,504.18	72.47%
'FEB-15	Feb 2017 - Apr 2017	\$150,349.45	\$106,979.15	71.15%
'FEB-15	May 2017 - Jul 2017	\$133,681.50	\$68,286.64	51.08%
'FEB-15	Aug 2017 - Oct 2017	\$117,637.14	\$59,083.21	50.22%
'FEB-15	Nov 2017 - Jan 2018	\$99,904.51	\$50,849.34	50.9%
'FEB-15	Feb 2018 - Apr 2018	\$95,886.57	\$47,044.70	49.06%
'FEB-15	May 2018 - Jul 2018	\$74,038.74	\$30,960.39	41.82%
'FEB-15	Aug 2018 - Oct 2018	\$62,568.69	\$24,691.07	39.46%
'MAR-15	Sep 2015 - Nov 2015	\$220,798.51	\$160,097.09	72.51%
'MAR-15	Dec 2015 - Feb 2016	\$100,208.06	\$75,964.32	75.81%
'MAR-15	Mar 2016 - May 2016	\$109,512.25	\$85,906.73	78.44%
'MAR-15	Jun 2016 - Aug 2016	\$124,589.54	\$91,486.54	73.43%
'MAR-15	Sep 2016 - Nov 2016	\$128,725.59	\$94,997.97	73.8%
'MAR-15	Dec 2016 - Feb 2017	\$113,533.49	\$80,658.98	71.04%
'MAR-15	Mar 2017 - May 2017	\$114,568.36	\$71,205.17	62.15%
'MAR-15	Jun 2017 - Aug 2017	\$106,037.10	\$51,472.59	48.54%
'MAR-15	Sep 2017 - Nov 2017	\$94,996.82	\$44,485.19	46.83%
'MAR-15	Dec 2017 - Feb 2018	\$79,113.78	\$36,631.37	46.3%
'MAR-15	Mar 2018 - May 2018	\$75,628.30	\$35,353.38	46.75%
'MAR-15	Jun 2018 - Aug 2018	\$61,276.03	\$21,754.02	35.5%
'MAR-15	Sep 2018 - Nov 2018	\$58,197.73	\$18,320.57	31.48%
'APR-15	Oct 2015 - Dec 2015	\$275,334.72	\$198,170.33	71.97%
'APR-15	Jan 2016 - Mar 2016	\$137,128.70	\$104,130.77	75.94%
'APR-15	Apr 2016 - Jun 2016	\$171,168.99	\$133,323.86	77.89%
'APR-15	Jul 2016 - Sep 2016	\$148,705.39	\$109,670.87	73.75%
'APR-15	Oct 2016 - Dec 2016	\$155,492.99	\$113,378.39	72.92%
'APR-15	Jan 2017 - Mar 2017	\$142,981.37	\$102,438.61	71.64%
'APR-15	Apr 2017 - Jun 2017	\$136,097.20	\$79,733.26	58.59%
'APR-15	Jul 2017 - Sep 2017	\$122,906.27	\$64,485.97	52.47%
'APR-15	Oct 2017 - Dec 2017	\$112,610.74	\$57,431.36	51%
'APR-15	Jan 2018 - Mar 2018	\$102,555.59	\$49,932.01	48.69%
'APR-15	Apr 2018 - Jun 2018	\$68,826.52	\$30,038.86	43.64%
'APR-15	Jul 2018 - Sep 2018	\$63,397.75	\$25,043.38	39.5%
'APR-15	Oct 2018 - Dec 2018	\$61,783.72	\$19,141.63	30.98%
'MAY-15	Nov 2015 - Jan 2016	\$189,386.44	\$138,763.89	73.27%
'MAY-15	Feb 2016 - Apr 2016	\$124,466.53	\$99,354.42	79.82%
'MAY-15	May 2016 - Jul 2016	\$166,186.41	\$127,554.67	76.75%

**HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: DECEMBER 2018**



Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'MAY-15	Aug 2016 - Oct 2016	\$143,521.02	\$108,289.57	75.45%
'MAY-15	Nov 2016 - Jan 2017	\$140,231.50	\$102,380.24	73.01%
'MAY-15	Feb 2017 - Apr 2017	\$119,793.71	\$85,365.07	71.26%
'MAY-15	May 2017 - Jul 2017	\$116,901.29	\$63,852.03	54.62%
'MAY-15	Aug 2017 - Oct 2017	\$107,472.81	\$57,108.25	53.14%
'MAY-15	Nov 2017 - Jan 2018	\$96,357.41	\$51,086.33	53.02%
'MAY-15	Feb 2018 - Apr 2018	\$89,016.95	\$46,103.57	51.79%
'MAY-15	May 2018 - Jul 2018	\$68,026.43	\$30,683.98	45.11%
'MAY-15	Aug 2018 - Oct 2018	\$58,958.43	\$24,313.04	41.24%
'JUN-15	Dec 2015 - Feb 2016	\$158,939.55	\$108,733.51	68.41%
'JUN-15	Mar 2016 - May 2016	\$105,862.81	\$77,456.79	73.17%
'JUN-15	Jun 2016 - Aug 2016	\$97,394.14	\$70,517.13	72.4%
'JUN-15	Sep 2016 - Nov 2016	\$109,689.22	\$78,935.22	71.96%
'JUN-15	Dec 2016 - Feb 2017	\$98,518.24	\$68,724.47	69.76%
'JUN-15	Mar 2017 - May 2017	\$88,609.68	\$54,272.84	61.25%
'JUN-15	Jun 2017 - Aug 2017	\$81,437.75	\$40,880.07	50.2%
'JUN-15	Sep 2017 - Nov 2017	\$78,161.58	\$38,302.12	49%
'JUN-15	Dec 2017 - Feb 2018	\$69,573.59	\$32,972.04	47.39%
'JUN-15	Mar 2018 - May 2018	\$62,877.43	\$28,466.46	45.27%
'JUN-15	Jun 2018 - Aug 2018	\$52,110.72	\$19,715.23	37.83%
'JUN-15	Sep 2018 - Nov 2018	\$49,585.28	\$15,989.38	32.25%
'JUL-15	Jan 2016 - Mar 2016	\$150,380.48	\$108,707.92	72.29%
'JUL-15	Apr 2016 - Jun 2016	\$110,611.07	\$80,332.98	72.63%
'JUL-15	Jul 2016 - Sep 2016	\$93,601.97	\$65,451.57	69.93%
'JUL-15	Oct 2016 - Dec 2016	\$96,706.71	\$66,584.47	68.85%
'JUL-15	Jan 2017 - Mar 2017	\$90,294.94	\$60,530.35	67.04%
'JUL-15	Apr 2017 - Jun 2017	\$77,537.90	\$39,347.41	50.75%
'JUL-15	Jul 2017 - Sep 2017	\$71,260.08	\$33,051.87	46.38%
'JUL-15	Oct 2017 - Dec 2017	\$66,162.44	\$29,195.60	44.13%
'JUL-15	Jan 2018 - Mar 2018	\$64,167.68	\$27,531.63	42.91%
'JUL-15	Apr 2018 - Jun 2018	\$42,076.07	\$16,510.02	39.24%
'JUL-15	Jul 2018 - Sep 2018	\$39,728.55	\$13,926.40	35.05%
'JUL-15	Oct 2018 - Dec 2018	\$39,847.25	\$10,786.99	27.07%
'AUG-15	Feb 2016 - Apr 2016	\$157,237.67	\$104,419.97	66.41%
'AUG-15	May 2016 - Jul 2016	\$111,770.02	\$73,335.25	65.61%
'AUG-15	Aug 2016 - Oct 2016	\$94,080.62	\$64,780.23	68.86%
'AUG-15	Nov 2016 - Jan 2017	\$103,876.27	\$70,754.13	68.11%
'AUG-15	Feb 2017 - Apr 2017	\$92,728.82	\$59,295.74	63.95%
'AUG-15	May 2017 - Jul 2017	\$77,192.85	\$34,811.36	45.1%
'AUG-15	Aug 2017 - Oct 2017	\$71,999.86	\$32,340.78	44.92%
'AUG-15	Nov 2017 - Jan 2018	\$65,692.96	\$29,201.76	44.45%
'AUG-15	Feb 2018 - Apr 2018	\$63,213.38	\$27,061.51	42.81%
'AUG-15	May 2018 - Jul 2018	\$46,460.54	\$16,146.53	34.75%
'AUG-15	Aug 2018 - Oct 2018	\$40,334.42	\$12,533.94	31.08%
'SEP-15	Mar 2016 - May 2016	\$125,604.62	\$84,150.08	67%
'SEP-15	Jun 2016 - Aug 2016	\$79,869.72	\$50,208.56	62.86%
'SEP-15	Sep 2016 - Nov 2016	\$73,904.63	\$51,584.74	69.8%
'SEP-15	Dec 2016 - Feb 2017	\$77,319.95	\$52,686.04	68.14%
'SEP-15	Mar 2017 - May 2017	\$74,301.60	\$43,799.21	58.95%
'SEP-15	Jun 2017 - Aug 2017	\$61,729.49	\$26,686.35	43.23%

**HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: DECEMBER 2018**



Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'SEP-15	Sep 2017 - Nov 2017	\$56,385.31	\$24,546.58	43.53%
'SEP-15	Dec 2017 - Feb 2018	\$53,062.61	\$22,506.53	42.42%
'SEP-15	Mar 2018 - May 2018	\$49,090.58	\$19,662.26	40.05%
'SEP-15	Jun 2018 - Aug 2018	\$38,733.70	\$12,231.63	31.58%
'SEP-15	Sep 2018 - Nov 2018	\$36,908.56	\$10,325.69	27.98%
'OCT-15	Apr 2016 - Jun 2016	\$144,831.96	\$88,499.91	61.11%
'OCT-15	Jul 2016 - Sep 2016	\$87,975.00	\$57,220.68	65.04%
'OCT-15	Oct 2016 - Dec 2016	\$95,049.55	\$64,836.27	68.21%
'OCT-15	Jan 2017 - Mar 2017	\$93,101.50	\$61,612.74	66.18%
'OCT-15	Apr 2017 - Jun 2017	\$85,300.41	\$41,227.31	48.33%
'OCT-15	Jul 2017 - Sep 2017	\$68,811.05	\$27,445.47	39.89%
'OCT-15	Oct 2017 - Dec 2017	\$64,701.91	\$27,333.37	42.25%
'OCT-15	Jan 2018 - Mar 2018	\$62,456.72	\$25,796.27	41.3%
'OCT-15	Apr 2018 - Jun 2018	\$41,063.59	\$14,104.73	34.35%
'OCT-15	Jul 2018 - Sep 2018	\$34,766.70	\$11,256.29	32.38%
'OCT-15	Oct 2018 - Dec 2018	\$36,063.41	\$8,771.05	24.32%
'NOV-15	May 2016 - Jul 2016	\$171,424.33	\$104,648.58	61.05%
'NOV-15	Aug 2016 - Oct 2016	\$115,042.09	\$73,527.79	63.91%
'NOV-15	Nov 2016 - Jan 2017	\$127,432.85	\$82,336.83	64.61%
'NOV-15	Feb 2017 - Apr 2017	\$120,595.95	\$72,716.44	60.3%
'NOV-15	May 2017 - Jul 2017	\$107,394.49	\$39,951.45	37.2%
'NOV-15	Aug 2017 - Oct 2017	\$75,605.78	\$29,861.80	39.5%
'NOV-15	Nov 2017 - Jan 2018	\$66,668.27	\$28,293.92	42.44%
'NOV-15	Feb 2018 - Apr 2018	\$66,945.50	\$27,300.07	40.78%
'NOV-15	May 2018 - Jul 2018	\$49,824.37	\$15,650.03	31.41%
'NOV-15	Aug 2018 - Oct 2018	\$39,129.86	\$11,797.25	30.15%
'DEC-15	Jun 2016 - Aug 2016	\$157,133.97	\$97,383.30	61.97%
'DEC-15	Sep 2016 - Nov 2016	\$125,938.44	\$81,567.04	64.77%
'DEC-15	Dec 2016 - Feb 2017	\$128,066.10	\$82,951.48	64.77%
'DEC-15	Mar 2017 - May 2017	\$132,551.80	\$70,455.35	53.15%
'DEC-15	Jun 2017 - Aug 2017	\$112,588.18	\$43,951.72	39.04%
'DEC-15	Sep 2017 - Nov 2017	\$82,394.80	\$32,460.86	39.4%
'DEC-15	Dec 2017 - Feb 2018	\$77,652.46	\$30,987.11	39.9%
'DEC-15	Mar 2018 - May 2018	\$75,991.13	\$29,988.32	39.46%
'DEC-15	Jun 2018 - Aug 2018	\$58,750.86	\$18,507.48	31.5%
'DEC-15	Sep 2018 - Nov 2018	\$51,639.19	\$13,812.33	26.75%
'JAN-16	Jul 2016 - Sep 2016	\$202,507.20	\$131,216.21	64.8%
'JAN-16	Oct 2016 - Dec 2016	\$160,106.61	\$104,889.94	65.51%
'JAN-16	Jan 2017 - Mar 2017	\$153,407.60	\$102,992.23	67.14%
'JAN-16	Apr 2017 - Jun 2017	\$143,714.87	\$72,806.22	50.66%
'JAN-16	Jul 2017 - Sep 2017	\$120,585.31	\$51,830.34	42.98%
'JAN-16	Oct 2017 - Dec 2017	\$97,866.88	\$42,769.20	43.7%
'JAN-16	Jan 2018 - Mar 2018	\$100,496.66	\$43,842.40	43.63%
'JAN-16	Apr 2018 - Jun 2018	\$66,741.58	\$25,507.13	38.22%
'JAN-16	Jul 2018 - Sep 2018	\$55,882.77	\$19,747.34	35.34%
'JAN-16	Oct 2018 - Dec 2018	\$53,960.73	\$14,841.24	27.5%
'FEB-16	Aug 2016 - Oct 2016	\$273,791.21	\$188,043.71	68.68%
'FEB-16	Nov 2016 - Jan 2017	\$213,902.61	\$147,238.48	68.83%
'FEB-16	Feb 2017 - Apr 2017	\$194,850.02	\$131,415.83	67.44%
'FEB-16	May 2017 - Jul 2017	\$182,512.51	\$93,083.34	51%

**HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: DECEMBER 2018**



Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'FEB-16	Aug 2017 - Oct 2017	\$152,779.14	\$75,759.65	49.59%
'FEB-16	Nov 2017 - Jan 2018	\$121,683.05	\$60,857.22	50.01%
'FEB-16	Feb 2018 - Apr 2018	\$116,371.06	\$57,550.06	49.45%
'FEB-16	May 2018 - Jul 2018	\$87,253.58	\$35,341.09	40.5%
'FEB-16	Aug 2018 - Oct 2018	\$75,911.13	\$28,518.15	37.57%
'MAR-16	Sep 2016 - Nov 2016	\$246,471.23	\$164,548.87	66.76%
'MAR-16	Dec 2016 - Feb 2017	\$175,282.35	\$120,276.65	68.62%
'MAR-16	Mar 2017 - May 2017	\$170,279.38	\$98,222.89	57.68%
'MAR-16	Jun 2017 - Aug 2017	\$159,205.68	\$70,703.74	44.41%
'MAR-16	Sep 2017 - Nov 2017	\$137,553.93	\$58,485.66	42.52%
'MAR-16	Dec 2017 - Feb 2018	\$108,946.37	\$45,113.19	41.41%
'MAR-16	Mar 2018 - May 2018	\$103,577.27	\$42,950.33	41.47%
'MAR-16	Jun 2018 - Aug 2018	\$81,337.39	\$27,238.46	33.49%
'MAR-16	Sep 2018 - Nov 2018	\$75,343.02	\$21,577.78	28.64%
'APR-16	Oct 2016 - Dec 2016	\$235,009.64	\$146,677.10	62.41%
'APR-16	Jan 2017 - Mar 2017	\$182,620.11	\$116,840.10	63.98%
'APR-16	Apr 2017 - Jun 2017	\$179,989.64	\$85,549.46	47.53%
'APR-16	Jul 2017 - Sep 2017	\$157,709.35	\$64,053.88	40.62%
'APR-16	Oct 2017 - Dec 2017	\$132,443.34	\$52,890.85	39.93%
'APR-16	Jan 2018 - Mar 2018	\$116,124.49	\$45,761.29	39.41%
'APR-16	Apr 2018 - Jun 2018	\$82,083.00	\$28,642.09	34.89%
'APR-16	Jul 2018 - Sep 2018	\$71,726.74	\$22,155.02	30.89%
'APR-16	Oct 2018 - Dec 2018	\$72,657.37	\$15,625.96	21.51%
'MAY-16	Nov 2016 - Jan 2017	\$239,092.19	\$146,926.62	61.45%
'MAY-16	Feb 2017 - Apr 2017	\$183,688.32	\$108,499.02	59.07%
'MAY-16	May 2017 - Jul 2017	\$172,940.84	\$68,742.55	39.75%
'MAY-16	Aug 2017 - Oct 2017	\$153,117.65	\$58,032.43	37.9%
'MAY-16	Nov 2017 - Jan 2018	\$125,430.99	\$48,046.89	38.31%
'MAY-16	Feb 2018 - Apr 2018	\$110,378.27	\$42,299.49	38.32%
'MAY-16	May 2018 - Jul 2018	\$82,119.32	\$25,997.75	31.66%
'MAY-16	Aug 2018 - Oct 2018	\$72,691.41	\$19,987.90	27.5%
'JUN-16	Dec 2016 - Feb 2017	\$146,747.66	\$93,799.70	63.92%
'JUN-16	Mar 2017 - May 2017	\$122,886.48	\$64,828.43	52.75%
'JUN-16	Jun 2017 - Aug 2017	\$112,441.15	\$47,505.44	42.25%
'JUN-16	Sep 2017 - Nov 2017	\$105,840.61	\$43,249.23	40.86%
'JUN-16	Dec 2017 - Feb 2018	\$92,648.33	\$36,066.42	38.93%
'JUN-16	Mar 2018 - May 2018	\$80,334.23	\$29,524.28	36.75%
'JUN-16	Jun 2018 - Aug 2018	\$66,981.12	\$20,976.60	31.32%
'JUN-16	Sep 2018 - Nov 2018	\$64,597.34	\$16,773.40	25.97%
'JUL-16	Jan 2017 - Mar 2017	\$172,231.25	\$106,159.45	61.64%
'JUL-16	Apr 2017 - Jun 2017	\$148,027.17	\$66,211.11	44.73%
'JUL-16	Jul 2017 - Sep 2017	\$131,730.94	\$48,763.82	37.02%
'JUL-16	Oct 2017 - Dec 2017	\$121,145.50	\$43,185.44	35.65%
'JUL-16	Jan 2018 - Mar 2018	\$113,979.92	\$41,189.10	36.14%
'JUL-16	Apr 2018 - Jun 2018	\$67,843.11	\$22,775.75	33.57%
'JUL-16	Jul 2018 - Sep 2018	\$64,912.47	\$19,778.08	30.47%
'JUL-16	Oct 2018 - Dec 2018	\$64,275.21	\$14,798.44	23.02%
'AUG-16	Feb 2017 - Apr 2017	\$186,417.24	\$83,312.32	44.69%
'AUG-16	May 2017 - Jul 2017	\$159,736.00	\$62,727.26	39.27%
'AUG-16	Aug 2017 - Oct 2017	\$144,863.01	\$56,896.74	39.28%

**HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: DECEMBER 2018**



Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'AUG-16	Nov 2017 - Jan 2018	\$130,476.37	\$48,608.89	37.25%
'AUG-16	Feb 2018 - Apr 2018	\$118,900.79	\$41,170.87	34.63%
'AUG-16	May 2018 - Jul 2018	\$82,600.06	\$24,039.93	29.1%
'AUG-16	Aug 2018 - Oct 2018	\$77,001.96	\$19,548.57	25.39%
'SEP-16	Mar 2017 - May 2017	\$163,491.45	\$68,135.81	41.68%
'SEP-16	Jun 2017 - Aug 2017	\$125,773.32	\$47,590.85	37.84%
'SEP-16	Sep 2017 - Nov 2017	\$107,408.41	\$42,489.60	39.56%
'SEP-16	Dec 2017 - Feb 2018	\$100,121.34	\$37,541.30	37.5%
'SEP-16	Mar 2018 - May 2018	\$91,164.29	\$32,534.17	35.69%
'SEP-16	Jun 2018 - Aug 2018	\$67,341.10	\$19,125.45	28.4%
'SEP-16	Sep 2018 - Nov 2018	\$64,814.68	\$15,396.60	23.75%
'OCT-16	Apr 2017 - Jun 2017	\$207,873.75	\$80,889.40	38.91%
'OCT-16	Jul 2017 - Sep 2017	\$160,611.22	\$57,743.69	35.95%
'OCT-16	Oct 2017 - Dec 2017	\$137,823.67	\$50,945.75	36.96%
'OCT-16	Jan 2018 - Mar 2018	\$129,765.26	\$46,786.40	36.05%
'OCT-16	Apr 2018 - Jun 2018	\$83,210.30	\$25,653.18	30.83%
'OCT-16	Jul 2018 - Sep 2018	\$70,048.65	\$18,464.54	26.36%
'OCT-16	Oct 2018 - Dec 2018	\$76,442.63	\$14,865.11	19.45%
'NOV-16	May 2017 - Jul 2017	\$179,357.68	\$66,157.47	36.89%
'NOV-16	Aug 2017 - Oct 2017	\$121,766.04	\$42,416.47	34.83%
'NOV-16	Nov 2017 - Jan 2018	\$105,800.78	\$38,977.01	36.84%
'NOV-16	Feb 2018 - Apr 2018	\$102,869.60	\$35,602.45	34.61%
'NOV-16	May 2018 - Jul 2018	\$76,243.58	\$20,482.96	26.87%
'NOV-16	Aug 2018 - Oct 2018	\$56,816.46	\$14,883.78	26.2%
'DEC-16	Jun 2017 - Aug 2017	\$170,023.67	\$59,665.77	35.09%
'DEC-16	Sep 2017 - Nov 2017	\$111,794.53	\$39,416.71	35.26%
'DEC-16	Dec 2017 - Feb 2018	\$99,541.49	\$34,681.97	34.84%
'DEC-16	Mar 2018 - May 2018	\$98,168.24	\$32,009.57	32.61%
'DEC-16	Jun 2018 - Aug 2018	\$79,140.13	\$21,197.30	26.78%
'DEC-16	Sep 2018 - Nov 2018	\$68,724.28	\$15,117.69	22%
'JAN-17	Jul 2017 - Sep 2017	\$233,737.86	\$92,592.94	39.61%
'JAN-17	Oct 2017 - Dec 2017	\$161,586.38	\$62,329.61	38.57%
'JAN-17	Jan 2018 - Mar 2018	\$158,100.11	\$61,730.00	39.04%
'JAN-17	Apr 2018 - Jun 2018	\$107,870.29	\$37,060.85	34.36%
'JAN-17	Jul 2018 - Sep 2018	\$94,249.01	\$26,872.64	28.51%
'JAN-17	Oct 2018 - Dec 2018	\$87,381.25	\$18,782.47	21.49%
'FEB-17	Aug 2017 - Oct 2017	\$206,941.34	\$87,530.27	42.3%
'FEB-17	Nov 2017 - Jan 2018	\$146,671.65	\$61,287.21	41.79%
'FEB-17	Feb 2018 - Apr 2018	\$134,026.62	\$56,951.17	42.49%
'FEB-17	May 2018 - Jul 2018	\$101,968.24	\$35,079.67	34.4%
'FEB-17	Aug 2018 - Oct 2018	\$84,064.16	\$26,992.92	32.11%
'MAR-17	Sep 2017 - Nov 2017	\$212,843.49	\$96,362.87	45.27%
'MAR-17	Dec 2017 - Feb 2018	\$154,104.91	\$66,135.84	42.92%
'MAR-17	Mar 2018 - May 2018	\$144,930.04	\$62,492.72	43.12%
'MAR-17	Jun 2018 - Aug 2018	\$115,884.63	\$41,551.29	35.86%
'MAR-17	Sep 2018 - Nov 2018	\$105,555.36	\$31,816.34	30.14%
'APR-17	Oct 2017 - Dec 2017	\$289,887.16	\$110,187.07	38.01%
'APR-17	Jan 2018 - Mar 2018	\$221,228.66	\$83,319.29	37.66%
'APR-17	Apr 2018 - Jun 2018	\$147,020.69	\$51,496.92	35.03%
'APR-17	Jul 2018 - Sep 2018	\$129,013.87	\$38,953.91	30.19%

**HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: DECEMBER 2018**



Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'APR-17	Oct 2018 - Dec 2018	\$126,112.32	\$26,413.63	20.94%
'MAY-17	Nov 2017 - Jan 2018	\$170,975.85	\$65,446.09	38.28%
'MAY-17	Feb 2018 - Apr 2018	\$134,635.29	\$50,028.98	37.16%
'MAY-17	May 2018 - Jul 2018	\$97,802.23	\$32,087.57	32.81%
'MAY-17	Aug 2018 - Oct 2018	\$85,328.59	\$22,491.00	26.36%
'JUN-17	Dec 2017 - Feb 2018	\$157,483.21	\$60,671.01	38.53%
'JUN-17	Mar 2018 - May 2018	\$122,960.70	\$43,990.84	35.78%
'JUN-17	Jun 2018 - Aug 2018	\$95,361.24	\$29,259.26	30.68%
'JUN-17	Sep 2018 - Nov 2018	\$94,926.81	\$23,184.32	24.42%
'JUL-17	Jan 2018 - Mar 2018	\$216,671.62	\$75,207.79	34.71%
'JUL-17	Apr 2018 - Jun 2018	\$96,598.25	\$31,587.66	32.7%
'JUL-17	Jul 2018 - Sep 2018	\$105,190.92	\$28,933.70	27.51%
'JUL-17	Oct 2018 - Dec 2018	\$105,464.51	\$20,282.12	19.23%
'AUG-17	Feb 2018 - Apr 2018	\$136,781.31	\$47,136.39	34.46%
'AUG-17	May 2018 - Jul 2018	\$72,243.25	\$23,454.64	32.47%
'AUG-17	Aug 2018 - Oct 2018	\$68,242.16	\$19,156.85	28.07%
'SEP-17	Mar 2018 - May 2018	\$158,369.85	\$49,027.43	30.96%
'SEP-17	Jun 2018 - Aug 2018	\$91,551.06	\$25,522.77	27.88%
'SEP-17	Sep 2018 - Nov 2018	\$90,086.57	\$20,706.02	22.98%
'OCT-17	Apr 2018 - Jun 2018	\$119,463.45	\$36,256.29	30.35%
'OCT-17	Jul 2018 - Sep 2018	\$87,520.93	\$22,907.00	26.17%
'OCT-17	Oct 2018 - Dec 2018	\$104,112.28	\$18,437.19	17.71%
'NOV-17	May 2018 - Jul 2018	\$121,092.78	\$35,835.16	29.59%
'NOV-17	Aug 2018 - Oct 2018	\$84,254.84	\$21,028.95	24.96%
'DEC-17	Jun 2018 - Aug 2018	\$129,077.56	\$35,594.86	27.58%
'DEC-17	Sep 2018 - Nov 2018	\$93,149.92	\$22,066.49	23.69%
'JAN-18	Jul 2018 - Sep 2018	\$129,922.27	\$44,861.08	34.53%
'JAN-18	Oct 2018 - Dec 2018	\$116,849.83	\$28,106.49	24.05%
'FEB-18	Aug 2018 - Oct 2018	\$88,015.69	\$34,107.19	38.75%
'MAR-18	Sep 2018 - Nov 2018	\$93,131.39	\$25,551.72	27.44%
'APR-18	Oct 2018 - Dec 2018	\$146,369.68	\$34,205.97	23.37%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2018

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

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

Chart 4: Methods of Payment			
	Jul-18	Aug-18	Sep-18
Percent Paid Online	32.53%	34.79%	32.35%
Percent Paid by Mail	67.47%	65.21%	67.65%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2018

Adjustment Activities

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

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

Chart 5A shows the number of beneficiaries that met these adjustments for the specified month, calendar year since January 2018 and the cumulative total for the program from October 2014 through September 2018.

Chart 5A: Adjustment Activities						
	Jul-18		Aug-18		Sep-18	
	#	Total \$	#	Total \$	#	Total \$
Beneficiary is under age 21	671	\$41,117.00	535	\$33,263.00	512	\$31,834.00
Pregnancy	180	\$3,487.62	178	\$4,968.72	177	\$4,567.53
Hospice	0	\$0.00	0	\$0.00	0	\$0.00
Native American	17	\$1,530.34	15	\$1,856.00	23	\$1,971.00
Five Percent Cost Share Limit Met	40,465	\$402,946.28	29,245	\$275,829.38	34,116	\$364,913.84
FPL No longer >100% - Contribution	0	\$0.00	0	\$0.00	0	\$0.00
TOTAL	41,333	\$449,081.24	29,973	\$315,917.10	34,828	\$403,286.37
	Jul-18 to Sept-18		Calendar YTD		Program YTD	
	#	Total \$	#	Total \$	#	Total \$
Beneficiary is under age 21	1,718	\$106,214.00	5,114	\$315,599.00	24,964	\$1,444,573.29
Pregnancy	535	\$13,023.87	1,255	\$32,895.49	10,669	\$258,393.61
Hospice	0	\$0.00	0	\$0.00	0	\$0.00
Native American	55	\$5,357.34	152	\$16,347.67	1,009	\$75,437.01
Five Percent Cost Share Limit Met	103,826	\$1,043,689.50	310,043	\$3,044,068.44	1,386,625	\$15,043,606.56
FPL No longer >100% - Contribution	0	\$0.00	1	\$63.00	286	\$10,467.69
TOTAL	106,134	\$1,168,284.71	316,565	\$3,408,973.60	1,423,553	\$16,832,478.16

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2018

Healthy Behavior Incentives

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

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

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

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

Chart 5B shows the number of beneficiaries that qualified for a reduction in co-pays and/or contributions due to Healthy Behavior incentives for the specified month, calendar year since January 2018 and the cumulative total for the program from October 2014 through September 2018.

Chart 5B: Healthy Behaviors						
	Jul-18		Aug-18		Sep-18	
	#	Total \$	#	Total \$	#	Total \$
Co-pay	3,499	\$17,672.35	2,604	\$13,600.13	2,445	\$13,636.95
Contribution	8,654	\$288,921.50	6,869	\$229,778.00	6,766	\$228,984.00
Gift Cards	3,780	n/a	2,996	n/a	2,649	n/a
TOTAL	15,933	\$306,593.85	12,469	\$243,378.13	11,860	\$242,620.95
	Jul 18 to Sept-18		Calendar YTD		Program YTD	
	#	Total \$	#	Total \$	#	Total \$
Co-pay	8,548	\$44,909.43	17,969	\$94,663.70	57,306	\$319,606.49
Contribution	22,289	\$747,683.50	47,156	\$1,560,740.00	121,320	\$3,996,063.77
Gift Cards	9,425	n/a	27,069	n/a	159,018	n/a
TOTAL	40,262	\$792,592.93	92,194	\$1,655,403.70	337,644	\$4,315,670.26

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2018

Typically, beneficiaries will pay a co-pay for the following services:

- Some Physician Office Visits (including free standing Urgent Care Centers)
- Outpatient Hospital Clinic Visit
- Outpatient Non-Emergent ER Visit (co-pay not required for emergency services)
- Inpatient Hospital Stay (co-pay not required for emergency admissions)
- Pharmacy (brand name and generic)
- Vision Services
- Dental Visits
- Chiropractic Visits
- Hearing Aids
- Podiatric Visits

If a beneficiary receives any of the above services for a chronic condition, the co-pay will be waived and the beneficiary will not be billed. This promotes greater access to high value services that prevent the progression of and complications related to chronic disease.

Chart 6 shows the number of beneficiaries whose co-pays were waived and the dollar amount waived due to receiving services for chronic conditions. Co-pay adjustments for high value services are processed quarterly based on the beneficiaries' individual enrollment and statement cycles.

Chart 6: Waived Copays for High Value Services		
Month	# of Beneficiaries with Copays Waived	Total Dollar Amount Waived
Jul-18	73,478	\$743,337
Aug-18	55,485	\$570,270
Sep-18	61,242	\$667,675
Calendar YTD	556,025	\$5,652,654
Program Total	1,394,289	\$13,307,954

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2018

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

Chart 7 displays the past due collection history and the number of beneficiaries that have past due balances that can be collected through the Department of Treasury. These numbers are cumulative from quarter to quarter.

Chart 7: Past Due Collection Amounts		
Month	# of Beneficiaries with Past Due Co-pays/Contributions	# of Beneficiaries with Past Due Co-pays/Contributions that Can be Sent to Treasury
Jul-18	221,906	95,731
Aug-18	223,509	96,317
Sep-18	227,161	97,819

Chart 8 displays the total amount of past due invoices according to the length of time the invoice has been outstanding. Each length of time displays the unique number of beneficiaries for that time period. The total number of delinquent beneficiaries is also listed along with the corresponding delinquent amount owed.

Chart 8: Delinquent Copay and Contribution Amounts by Aging Category						
Days	0-30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days	TOTAL
Amount Due	\$1,038,405.86	\$881,843.27	\$821,205.30	\$756,129.19	\$18,552,431.43	\$22,050,015.05
Number of Beneficiaries That Owe	79,990	67,580	61,826	57,764	232,120	266,821

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2018

Beneficiaries are mailed a letter that informs them of the amount that could be collected by the Department of Treasury. This pre-offset notice is mailed each year in July. Beneficiaries are given 30 days from the date of the letter to make a payment or file a dispute with the Department of Health and Human Services (DHHS) for the amount owed.

Chart 9 displays the beneficiary payment activity as a result of the pre-offset notice.

Chart 9: Pre-Offset Notices				
Month/Year	# of Beneficiaries that Received an Offset Notice	Total Amount Owed	# of Beneficiaries that Paid Following Pre-Offset Notice	Total Amount Collected
Jul-15	5,893	\$589,770.20	2,981	\$78,670.02
Jul-16	41,460	\$5,108,153.13	3,832	\$404,921.47
Jul-17	68,201	\$10,049,454.41	19,071	\$2,339,095.79
Jul-18	90,926	\$15,763,446.50	9,686	\$1,184,177.61
Calendar YTD	90,926	\$15,763,446.50	9,686	\$1,184,177.61
Program Total	206,480	\$31,510,824.24	35,570	\$4,006,864.89

Beneficiaries are referred to the Department of Treasury each year in November for income tax refund or lottery winnings offset if they still owe at least \$50 following the pre-offset notice.

Chart 10 displays the number of beneficiaries that were referred to Treasury.

Chart 10: Offsets Sent to Treasury		
Month	# of Beneficiaries Sent to Treasury for Collection	Total Amount Sent to Treasury for Collection
Nov-15	4,635	\$460,231.19
Nov-16	31,932	\$3,946,091.28
Nov-17	49,857	\$7,178,042.86
Nov-18	73,944	\$12,549,788.93

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: DECEMBER 2018

The Department of Treasury may offset tax refunds or lottery winnings up to the amount referred to them from the MI Health Account.

Chart 11 displays collection activities by the Department of Treasury.

Chart 11: Collected by Treasury						
Tax Year	Collected by Taxes		Collected by Lottery		Total Collected	
	#	Total	#	Total	#	Total
2016	2,151	\$207,873.10	7	\$485.67	2,158	\$208,358.77
2017	19,401	\$2,186,302.74	68	\$7,926.14	19,469	\$2,194,228.88
2018	26,894	\$3,328,649.31	99	\$15,008.57	26,993	\$3,343,657.88
2019	19	\$2,155.35	1	\$96.00	20	\$2,251.35
Calendar YTD	19	\$2,155.35	1	\$96.00	20	\$2,251.35
Program Total	48,465	5,724,980.50	175	23,516.38	48,640	5,748,496.88