



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

July 14, 2020

Jennifer Kostasich, Deputy Director
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 52-01-16
Baltimore, Maryland 21244-1850

Dear Ms. Kostasich,

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

Enclosed is the quarterly report for Healthy Michigan Plan. It covers the first quarter of calendar year 2020. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

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

Sincerely,


Penny Rutledge, Director
Actuarial Division

cc: Ruth Hughes
Angela Garner

Enclosure (7)

1. Title page for the state’s eligibility and coverage policies demonstration or eligibility and coverage policies components of the broader demonstration

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

2. Executive summary

On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the FPL. To accompany this expansion, the Michigan “Adult Benefits Waiver” was amended and transformed to establish the Healthy Michigan Plan (HMP), through which the state intended to test innovative approaches to beneficiary cost sharing and financial responsibility for care for the new adult eligibility group, which was authorized under section 1902(a)(10)(A)(i)(VIII) of the Act (the “adult group”). Beneficiaries receiving coverage under the sunset ABW program transitioned to the state plan and the HMP on April 1, 2014. Individuals in the new adult population with incomes above 100 percent of the FPL are required to make contributions equal to two percent of their family income toward the cost of their health care. In addition, all newly eligible adults with income from 0 to 133 percent of the FPL are required to pay copayments through an account operated in coordination with the Medicaid Health Plan (MHP).

A MI Health Account was established for each enrolled individual to track beneficiaries’ contributions and how they were expended. Beneficiaries receive quarterly statements that summarized the MI Health Account funds balance and flows of funds into and out of the account, and the use of funds for health care service copayments. Beneficiaries have opportunities to reduce their regular monthly contributions or average utilization based contributions by demonstrating achievement of recommended Healthy Behaviors. HMP beneficiaries receive a full health care benefit package as required under the Affordable Care Act, which includes all of the Essential Health Benefits and the requirements for an alternative benefit plan, as required by federal law and regulation, and there are no limits on the number of individuals who can enroll.

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

As approved, beneficiaries in the demonstration between 100 percent and 133 percent of the FPL who have had 48 months of cumulative eligibility for health care coverage through HMP will be required to pay premiums of five percent of income and have completed a health risk assessment (HRA) at their next redetermination or have engaged in specified healthy behaviors within the twelve month period prior to the annual redetermination deadline as conditions of eligibility. Additionally, beneficiaries ages 19 through 62 are required to meet a community engagement requirement as a condition of HMP eligibility. On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. This ruling stopped MDHHS’ implementation and enforcement of community engagement requirements.

3. Narrative information on implementation, by eligibility and coverage policy

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_1. Specify community engagement policies			
CE.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to the overall community engagement enrollment count. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	CE_1-8	
1.1.2 Discuss any data trends related to community engagement requirement qualifying activities. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	CE_9-14	
1.1.3 Discuss any data trends related to beneficiaries exempt from community engagement requirements. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	CE_15-24	
<input checked="" type="checkbox"/> The state has no metrics related to this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: <ul style="list-style-type: none"> a) Beneficiaries exempt from community engagement requirements b) Qualifying community engagement activities and required hours c) Reporting frequency and hours measurement d) Situations that give rise to good cause e) Compliance actions f) Other policy changes 	DY 11– Q1		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_2. Establish beneficiary supports and modifications			
CE.Mod_2.1 Metric trends			
2.1.1 Discuss any data trends related to supports and assistance: a) Overall b) Transportation assistance c) Childcare assistance d) Language supports e) Assistance with placement f) Other supports, including assistance from other agencies and entities complementing Medicaid efforts Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	CE 25-30	
2.1.2 Discuss any data trends related to beneficiaries who request or are granted reasonable modifications to community engagement requirements due to disability. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	CE 31-32	

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_2.2 Implementation update			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in provided transportation, childcare assistance, language supports, placement assistance, or other supports, including assistance from other agencies and entities complementing Medicaid efforts.	DY 11– Q1		
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in public programs that the state Medicaid agency is partnering with to leverage existing employment and training supports.	DY 11– Q1		
2.2.3 Describe any other program changes that have impacted the availability and accessibility of community engagement activities.	DY 11– Q1		

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
2.2.4 Compared to the demonstration design details outlined implementation plan, describe any changes or expected changes to how the state provides reasonable modifications for beneficiaries with disabilities or connects beneficiaries with disabilities to needed supports and services.	DY 11– Q1		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_3. Establish procedures for enrollment, verification and reporting			
CE.Mod_3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
CE.Mod_3.2 Implementation update			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges to the state’s: a) Application/enrollment processes to identify beneficiaries subject to or exempt from CE b) Renewal processes for the CE demonstration population c) Other planned modifications to the state’s eligibility determination and enrollment processes and operations as a result of implementation of CE requirements.	DY 11– Q1		

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.2.2 From the design details outlined in the implementation plan, describe any changes or challenges with the state’s procedures for beneficiaries to report community engagement activities.	DY 11– Q1		
3.2.3 From the design details outlined in the implementation plan, describe any changes or challenges with the state’s procedures for CE entities, such as employers, volunteer supervisors, schools, and other institutions, to report community engagement activities, if applicable.	DY 11– Q1		
3.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state’s process for beneficiaries to file for an exemption.	DY 11– Q1		

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how the state will verify beneficiaries' compliance with CE requirements.	DY 11– Q1		
3.2.6 Describe the actions taken by the state to use additional data sources or leverage other entities to verify compliance with or identify potential exemptions from CE requirements.	DY 11– Q1		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_4. Operationalize strategies for noncompliance			
CE.Mod_4.1 Metric trends			
4.1.1 Discuss any data trends related to the number of beneficiaries who have experienced: a) new suspensions b) new disenrollments Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	CE_33-34	
4.1.2 Discuss any data trends related to the number of beneficiaries who have experienced reinstatement of benefits after suspension. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	CE_35-40	
4.1.3 Discuss any data trends related to the number of beneficiaries who have experienced re-entry after disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	CE_41-46	
<input checked="" type="checkbox"/> The state has no metrics related to this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_4.2 Implementation update			
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to policies around identifying beneficiaries at risk of noncompliance and strategies to assist beneficiaries at risk of noncompliance in meeting the requirements.	DY 11– Q1		
4.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process for compliance actions or benefit reactivation (from suspension) and/or reenrollment (from termination) once community engagement requirements are met.	DY 11– Q1		

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
4.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how a beneficiary who is about to be suspended or disenrolled will be screened for other Medicaid eligibility groups.	DY 11– Q1		
4.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes from the current renewal process, including changes for beneficiaries in suspension status due to noncompliance with CE requirements.	DY 11– Q1		
4.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process by which beneficiaries may reenroll after disenrollment or suspension for failure to comply with CE requirements.	DY 11– Q1		

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
4.2.6 Report any modifications to the appeals processes for beneficiaries enrolled in the 1115 CE demonstration.	DY 11– Q1		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_5. Develop comprehensive communications strategy			
CE.Mod_5.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_5.2 Implementation update			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about: <ul style="list-style-type: none"> a) General CE policies b) Exempt populations and good cause circumstances c) Suspension or disenrollment for noncompliance d) Reactivation following suspension or reentry after disenrollment for noncompliance 	DY 11– Q1		On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. This ruling stopped MDHHS’ implementation and enforcement of community engagement requirements.

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
5.2.2 Describe any outreach or education activities that were conducted with CE partners, such as qualified health plans, managed care organizations, providers, or community organizations, during this reporting period.	DY 11– Q1		MDHHS regularly meets with the staff of Medicaid Health Plans to address operational issues, programmatic issues, and policy updates and clarifications. 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.
5.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups.	DY 11– Q1		Michigan’s Implementation Plan includes components to support communication with beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups. Changes are not expected at this time.
5.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state’s plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.	DY 11– Q1		The state has not experienced changes or challenges with the state’s plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
5.2.5 Describe any communication or outreach conducted to CE partner organizations during this reporting period.	DY 11– Q1		The state continually communicates in regular meetings with the MCAC, Medicaid Health Plans, provider groups, and community organizations regarding upcoming changes to the Healthy Michigan Plan.
5.2.6 Describe any internal staff training conducted during this reporting period.	DY 11– Q1		MDHHS trained call center staff in quarter in anticipation of the previously planned implementation of work requirements.
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_6. Establish continuous monitoring			
CE.Mod_6.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_6.2 Implementation update			
6.2.1 Describe any analyses that the state has conducted to inform its monitoring beyond the required monitoring reports. Describe if these analyses have suggested the need to make changes in any CE policies.	DY 11– Q1		No additional changes have been made to the demonstration design. Additionally, the state cannot submit its Monitoring Protocol prior to Implementation Plan approval. The state has not conducted any analyses to inform its monitoring beyond the required monitoring reports.
6.2.2 Describe if the state has assessed the availability of transportation. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 11– Q1		Michigan continues to explore other support opportunities and will provide updated information when available. The state will continue to connect members to existing resources (ex. 211 and local organizations) for the purpose of serving the Healthy Michigan Plan Community Engagement population.
6.2.3 Describe if the state has assessed the availability of childcare supports. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 11– Q1		Michigan continues to explore other support opportunities and will provide updated information when available. The state will continue to connect members to 211 for existing resources and pursue discussions with the Michigan Department of Education to determine if Healthy Michigan Plan Community Engagement activities could qualify members for Child Development and Care (CDC) program eligibility.

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
6.2.4 Describe if the state has assessed the availability of language supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 11– Q1		Michigan continues to explore other support opportunities and will provide updated information when available. The Medicaid beneficiary help line will be used to identify language access services.
6.2.5 Describe if the state has assessed the availability of placement assistance supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 11– Q1		Michigan continues to explore other support opportunities and will provide updated information when available.
6.2.6 Describe if the state has assessed the availability of other supports, including assistance from other agencies and entities complementing Medicaid efforts. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 11– Q1		Michigan continues to explore other support opportunities and will provide updated information when available.

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
6.2.7 Describe the state’s assessment of whether qualifying community engagement activities are available during a range of times, through a variety of means, and throughout the year.	DY 11– Q1		
6.2.8 Describe if the state has conducted an assessment for areas with high unemployment, limited economic opportunities, and/or limited educational activities. If the state has identified any, has the state adjusted CE requirements in those areas?	DY 11– Q1		
6.2.9 Describe if the state has assessed that reasonable modifications and supports are available for beneficiaries with disabilities by region. Describe how the state will address gaps in supports. Note the frequency with which the state will assess reasonable modifications and the availability of supports.	DY 11– Q1		

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
Michigan – Healthy Michigan Plan
Demonstration Year 11 – January 1, 2020 – December 31, 2020
Quarter 1 – January 1, 2020 – March 31, 2020
Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_7. Develop, modify, and maintain systems			
CE.Mod_7.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_7.2 Implementation update			
7.2.1 Describe if the state has developed or enhanced its systems capabilities as described in the implementation plan for: <ul style="list-style-type: none"> a) Eligibility and enrollment system b) CE reporting for beneficiaries c) CE reporting for other CE entities d) Integration of data from other public programs, such as SNAP and TANF e) Suspension of benefits and payments and/or termination of eligibility f) Benefit reactivation and/or reenrollment once community engagement requirements are met g) Other significant systems changes and modifications 	DY 11– Q1		

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
7.2.2 Describe any additional systems modifications that the state is planning to implement.	DY 11– Q1		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

4. Narrative information on implementation for any eligibility and coverage demonstration

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
AD.Mod_1. Metrics and operations for demonstrations with any eligibility and coverage policies (report for all beneficiaries in the demonstration)			
AD.Mod_8.1 Metric trends			
8.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	AD_1-5	Overall enrollment in the Healthy Michigan Plan demonstration this quarter was consistent with typical program enrollment. No significant changes to enrollment were reported.
8.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.	DY 11– Q1	AD_6-11	Metrics related to mid-year loss of demonstration eligibility are currently in development. During this quarter, the state discussed the data sources and staff resources needed to collect this information. The state intends to report the required metrics in future quarterly reports.
8.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	AD_12-14	The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
Michigan – Healthy Michigan Plan
Demonstration Year 11 – January 1, 2020 – December 31, 2020
Quarter 1 – January 1, 2020 – March 31, 2020
Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
8.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	AD_15-22	Metrics related to demonstration renewals are currently in development. The state was able to collect metric AD 15 this quarter reporting beneficiaries due for renewal. During this quarter, the state discussed the data sources and staff resources needed to collect this information. The state intends to report the required metrics in future quarterly reports.
8.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	AD_23	The state generated these metrics on a retrospective basis as opposed to point-in-time due to the timing of the metric’s release. As a result, the data lag makes it difficult to determine data trends. The state is working toward providing this metric on a point-in-time basis as defined by CMS for future quarterly reports.
8.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	AD_24-28	The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
8.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	AD_29-37	The state reported required access to care metrics similar to those reported last quarter and will continue to monitor this metric for changes. The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
8.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	AD_38-44	Metrics related to quality of care are currently in development. The state will continue providing existing quality reports as attachments while metrics are in development. During this quarter, the state engaged in discussions on data sources and staff resources needed to collect this information. Additional discussions on meeting this reporting requirement are expected to continue. The state intends to report the required metrics in future quarterly reports.

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
8.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.	DY 11– Q1	AD_45	Total computable demonstration administrative costs for this quarter amounted to \$4,183,070.00 as reported on the CMS 64.10 WAIV form.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
AD.Mod_8.2 Implementation update			
8.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	DY 11– Q1	On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. This ruling stopped MDHHS’ implementation and enforcement of the work community engagement requirements. MDHHS details the rescission of work requirements in policy bulletin MSA 20-10 which has been included as an attachment.	
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

5. Narrative information on other reporting topics

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
1. Financial/budget neutrality			
1.1 Current status and analysis			
1.1.1 Discuss the current status of financial/budget neutrality and provide an analysis of the budget neutrality to date. If the CE component is part of a comprehensive demonstration, the state should provide an analysis of the CE-related budget neutrality and an analysis of budget neutrality as a whole.	DY 11– Q1		
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2 Implementation update			
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.	DY 11– Q1		The state does not expect program changes with financial or budget neutrality impact.
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
2. Demonstration evaluation update			
2.1 Narrative information			
2.1.1 Provide updates on CE evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	DY 11– Q1		The state’s independent evaluator, University of Michigan’s Institute for Healthcare Policy & Innovation (IHPI), worked this quarter with the state to finalize the new demonstration evaluation design.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	DY 11– Q1		<p>Objective I: Assess beneficiary views on the impact of the Healthy Michigan Plan through the 2018 Healthy Michigan Voices (HMV) surveys.</p> <p>IHPI continued analyses of 2018 HMV survey data and longitudinal analyses of 2016, 2017, and 2018 HMV survey data. The evaluation team’s activity during this quarter included making requested revisions and final edits to the 2018 HMV Second Follow-Up Survey report and developing several new data graphics for the report. The revised version of the report was submitted to MDHHS in February 2020. This report was reviewed and approved by MDHHS in March 2020 and was submitted to CMS. Analyses of the 2018 HMV Follow-Up Survey of Individuals No Longer Enrolled in HMP are still underway and a report highlighting the key findings will be submitted to MDHHS in 2020.</p> <p>Objective II: Continue planning with IHPI evaluation team and MDHHS for the second phase post-renewal evaluation activities and finalize new evaluation design for the demonstration period ending December 31, 2023.</p>

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

			Members of the IHPI evaluation team have been working with MDHHS to finalize the design for the second phase of the evaluation for the next five-year period (2019-2023). The IHPI team participated in monthly calls with MDHHS about the implementation of new HMP features and the new evaluation design. After receiving feedback from CMS on the new evaluation design for the second phase of the HMP waiver, MDHHS submitted the final version to CMS in February 2020. The Healthy Michigan Voices beneficiary 2020 baseline survey instrument was approved by MDHHS in February 2020 and survey fielding began shortly thereafter. Approximately 800 surveys have been completed. Fielding of the survey has been temporarily put on hold due to the COVID-19 pandemic.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	DY 11– Q1		The state will continue working with IHPI and CMS to complete a comprehensive demonstration evaluation design.
<input type="checkbox"/> The state has no CE demonstration evaluation update to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3. Other demonstration reporting			
3.1 General reporting requirements			
3.1.1 Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?	DY 11– Q1		The state expects future changes may be needed to demonstration STCs based on technical corrections and state legislation.
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to: a) The schedule for completing and submitting monitoring reports? b) The content or completeness of submitted reports? Future reports?	DY 11– Q1		The state expects to request a change to the monitoring report schedule. Michigan has historically experienced issues with a 60-day timeline to complete quarterly monitoring reports due to data lag. The state believes it can meet reporting requirements within 90 days of a quarter’s end.

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
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 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.1.3 Has the state identified any real or anticipated issues submitting timely post approval demonstration deliverables, including a plan for remediation?	DY 11– Q1		Yes, as described in section 3.1.2 above the state experiences challenges in submitting complete quarterly reports 60 days after the quarter ends. Michigan believes that it can complete quarterly reports within 90 days of a quarter’s end.
<input type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
3.2 Post-award public forum			
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual report.	DY 11– Q1		Yes, the state’s Medical Care Advisory Council met on February 26, 2020. The meeting minutes have been included as an attachment to this report.
<input type="checkbox"/> There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 Michigan – Healthy Michigan Plan
 Demonstration Year 11 – January 1, 2020 – December 31, 2020
 Quarter 1 – January 1, 2020 – March 31, 2020
 Submitted on July 14, 2020

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
4. Notable state achievements and/or innovations			
4.1 Narrative information			
<p>4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the CE hypotheses (or if broader demonstration, then CE related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.</p>	DY 11– Q1		<p>The department is learning from experiences of other states and is dedicated to best practices preventing unintentional loss of coverage among program participants. This quarter, the state implemented its planned community engagement demonstration requirements until a court order to halt was issued on March 4, 2020. MDHHS notified individuals of the change online, by mail, and by phone. The letter sent to beneficiaries in March 2020 is included as an attachment. The department expected that an estimated 100,000 beneficiaries would have lost Medicaid coverage in 2020 had the implementation of work requirements not been blocked.</p> <p>MDHHS found during its brief implementation of work requirements that having diverse reporting options can aid reporting compliance. The department offered online, phone, and in-person reporting options. Additionally, the department found that using simple language helped promote greater understanding of the complexities of work requirements. The utilization of focus groups to assure clarity in new forms and letters was also found to be a helpful form of outreach and education.</p>
<input type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Protocol - Planned metrics (AD)

State Michigan
 Demonstration Name Healthy Michigan Plan Section 1115 Demonstration
 Submitted on 7/14/2020

State will report (Y/N)	Reporting topic ^a	Reporting priority	#	Metric name
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Y	1.1.1 Enrollment	Required	AD_1	Total enrollment in the demonstration
Y	1.1.1 Enrollment	Required	AD_2	Beneficiaries in suspension status for noncompliance
Y	1.1.1 Enrollment	Required	AD_3	Beneficiaries in a non-eligibility period who are prevented from re-enrolling for a defined period of time
Y	1.1.1 Enrollment	Required	AD_4	New enrollees
Y	1.1.1 Enrollment	Required for states with a defined re-enrollment or re-instatement pathway	AD_5	Re-enrollments or re-instatements using defined pathways after disenrollment or suspension of benefits for noncompliance with demonstration policies
Y	1.1.1 Enrollment	Required	AD_6	Re-enrollments or re-instatements for beneficiaries not using defined pathways after disenrollment or suspension of benefits for noncompliance
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_7	Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_8	Beneficiaries no longer eligible for Medicaid, failure to provide timely change in circumstance information
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_9	Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_10	Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group
N	1.1.2 Mid-year loss of demonstration eligibility	Recommended	AD_11	Beneficiaries no longer eligible for the demonstration due to transfer to CHIP
N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_12	Enrollment duration, 0-3 months

N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_13	Enrollment duration, 4-6 months
N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_14	Enrollment duration 6-12 months
Y	1.1.4 Renewal	Required	AD_15	Beneficiaries due for renewal
Y	1.1.4 Renewal	Required	AD_16	Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid
Y	1.1.4 Renewal	Required	AD_17	Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category
Y	1.1.4 Renewal	Required	AD_18	Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP
Y	1.1.4 Renewal	Required	AD_19	Beneficiaries who did not complete renewal, disenrolled from Medicaid
Y	1.1.4 Renewal	Required	AD_20	Beneficiaries who had pending/uncompleted renewals and were still enrolled
Y	1.1.4 Renewal	Required	AD_21	Beneficiaries who retained eligibility for the demonstration after completing renewal forms
N	1.1.4 Renewal	Recommended	AD_22	Beneficiaries who renewed ex parte
Y	1.1.5 Cost sharing limit	Required	AD_23	Beneficiaries who reached 5% limit
N	1.1.6 Appeals and grievances	Recommended	AD_24	Appeals, eligibility
N	1.1.6 Appeals and grievances	Recommended	AD_25	Appeals, denial of benefits
N	1.1.6 Appeals and grievances	Recommended	AD_26	Grievances, care quality
N	1.1.6 Appeals and grievances	Recommended	AD_27	Grievances, provider or managed care entities
N	1.1.6 Appeals and grievances	Recommended	AD_28	Grievances, other
Y	1.1.7 Access to care	Required	AD_29	Primary care provider availability
Y	1.1.7 Access to care	Required	AD_30	Primary care provider active participation
Y	1.1.7 Access to care	Required	AD_31	Specialist provider availability

Y

1.1.7 Access to care Required AD_32 Specialist provider active participation

N

1.1.7 Access to care Recommended AD_33 Preventive care and office visit utilization

N

1.1.7 Access to care Recommended AD_34 Prescription drug use

N

1.1.7 Access to care Recommended AD_35 Emergency department utilization, total

Y

1.1.7 Access to care Recommended. Required for states with copayments for non-emergency use. AD_36 Emergency department utilization, non-emergency

N

1.1.7 Access to care Recommended AD_37 Inpatient admissions

1.1.8 Quality of care and health outcomes Required (AD_38A or AD_38B-1 - 3. States do not have to report both.) AD_38A Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS measure]

1.1.8 Quality of care and health outcomes Required (AD_38A or AD_38B. States do not have to report both.) AD_38B Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (rate 1) [PCPI Foundation; NQF #0028]

Y

1.1.8 Quality of care and health outcomes Required AD_39-1 Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]

Y	1.1.8 Quality of care and health outcomes	Required	AD_39-2	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]
Y	1.1.8 Quality of care and health outcomes	Required	AD_40	Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]
Y	1.1.8 Quality of care and health outcomes	Required	AD_41	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) [AHRQ; NQF #0272; Medicaid Adult Core Set]
Y	1.1.8 Quality of care and health outcomes	Required	AD_42	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) [AHRQ; NQF #0275; Medicaid Adult Core Set]
Y	1.1.8 Quality of care and health outcomes	Required	AD_43	PQI 08: Heart Failure Admission Rate (PQI08-AD) [AHRQ; NQF #0277; Medicaid Adult Core Set]
Y	1.1.8 Quality of care and health outcomes	Required	AD_44	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) [AHRQ; NQF #0283; Medicaid Adult Core Set]
N	1.1.9 Administrative cost	Recommended	AD_45	Administrative cost of demonstration operation

Add rows for any additional state-identified metrics

^a The reporting topics correspond to the prompts for reporting topic AD.Mod_1 in the monitoring report template.

End of workbook

Standard information on CMS-provided metrics

Metric description	Data source	Calculation lag	Measurement period
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The unduplicated number of beneficiaries enrolled in the demonstration at any time during the measurement period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were enrolled for at least one day during the measurement period.	Administrative records	30 days	Month
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The number of demonstration beneficiaries in suspension status for noncompliance with demonstration policies as of the last day of the measurement period	Administrative records	30 days	Month
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The number of prior demonstration beneficiaries who are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time, because they were disenrolled for noncompliance with demonstration policies. The count should include those prevented from re-enrolling until their redetermination date.	Administrative records	30 days	Month
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Number of beneficiaries in the demonstration who began a new enrollment spell during the measurement period, have not had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance	Administrative records	30 days	Month
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Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period by using a state-defined pathway for re-enrollment (or re-instatement of benefits), i.e., meeting certain requirements, after being disenrolled (or having benefits suspended) for noncompliance with premium requirements, community engagement requirements, or other demonstration-specific requirements.	Administrative records	30 days	Month
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Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period, have had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance (or re-instatement of benefits after being suspended for noncompliance)	Administrative records	30 days	Month
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Total number of beneficiaries in the demonstration determined ineligible for Medicaid and disenrolled during the measurement period (separate reasons reported in other indicators), other than at renewal	Administrative records	30 days	Month
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Number of beneficiaries enrolled in the demonstration and who lost eligibility for Medicaid during the measurement period due to failure to provide timely change in circumstance information	Administrative records	30 days	Month
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Number of beneficiaries who were enrolled in the demonstration and lost eligibility for Medicaid during the measurement period because they are determined ineligible after the state processes a change in circumstance	Administrative records	30 days	Month
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Number of beneficiaries who were enrolled in the demonstration and transferred from the demonstration to a Medicaid eligibility group not included in the demonstration during the measurement period	Administrative records	30 days	Month
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Number of beneficiaries who were enrolled in the demonstration and transferred from the demonstration to CHIP during the measurement period	Administrative records	30 days	Month
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Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period and whose enrollment spell had lasted 3 or fewer months at the time of disenrollment	Administrative records	30 days	Month
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Number of demonstration beneficiaries who lose eligibility for Medicaid during the measurement period whose enrollment spell had lasted between 4 and 6 months at the time of disenrollment	Administrative records	30 days	Month
Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period whose enrollment spell had lasted 6 or more months (up to 12 months) at the time of disenrollment	Administrative records	30 days	Month
Total number of beneficiaries enrolled in the demonstration who were due for renewal during the measurement period	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and are determined ineligible for Medicaid	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and move from the demonstration to a Medicaid eligibility group not included in the demonstration	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process, but move from the demonstration to CHIP	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who are disenrolled from Medicaid for failure to complete the renewal process	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period for whom the state had not completed renewal determination by the end of the measurement period and were still enrolled	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled in the demonstration after responding to renewal notices	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled as determined by third-party data sources or available information, rather than beneficiary response to renewal notices	Administrative records	30 days	Month
Number of beneficiaries enrolled in the demonstration who reached the 5% of income limit on cost sharing and premiums during the month	Administrative records	30 days	Month
Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding Medicaid eligibility	Administrative records	None	Quarter
Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding denial of benefits	Administrative records	None	Quarter
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding the quality of care or services provided	Administrative records	None	Quarter
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding a provider or managed care entity. Managed care entities include Managed Care Organizations (MCO), Prepaid Inpatient Health Plans (PIHP), and Prepaid Ambulatory Health Plans (PAHP).	Administrative records	None	Quarter
Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding other matters that are not subject to appeal	Administrative records	None	Quarter
Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days	Quarter
Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	enrollment databases and claims and encounters	90 days	Quarter
Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days	Quarter

Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days	Quarter
Total utilization of preventive care and office visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters and other administrative records	90 days	Quarter
Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the measurement period	Claims and encounters; other administrative records	90 days	Quarter
Total number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	Quarter
Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period. If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the differential copayment. If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.	Claims and encounters; other administrative records	90 days	Quarter
Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	Quarter
This metric consists of the following components; each assesses different facets of providing medical assistance with smoking and tobacco use cessation: • Advising smokers and tobacco users to quit • Discussing cessation medications • Discussing cessation strategies	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan survey, Adult Version	90 days	Calendar year
This metric consists of the following components: 1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	Claims and encounters	90 days	Calendar year
Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported: 1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). 2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).	Claims and encounters	90 days	Calendar year

Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported:

1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).
2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).

Claims and encounters 90 days Calendar year

Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following:

1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis
2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit

Claims and encounters or EHR 90 days Calendar year

The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.

Number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries age 18 and older

Claims and encounters 90 days Calendar year

Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older

Claims and encounters 90 days Calendar year

Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older

Claims and encounters 90 days Calendar year

Number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39

Claims and encounters 90 days Calendar year

Cost of contracts or contract amendments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, premium assistance, community engagement requirements and/or retroactive eligibility waivers

Administrative records None Demonstration year



	Baseline, annual goals, and demonstration target			Align
Reporting frequency	Baseline reporting period (MM/DD/YYYY--MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)

Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	N/A	N/A	N/A	N/A
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	04/01/2020-06/30/2020	TBD	TBD	Y
Quarterly	04/01/2020-06/30/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N

Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	N/A	N/A	N/A	N
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y

Quarterly	01/01/2020-03/31/2020	TBD	TBD	Y
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly	N/A	N/A	N/A	N
Quarterly	01/01/2020-03/31/2020	TBD	TBD	N
Quarterly	N/A	N/A	N/A	N
Annually	TBD	TBD	TBD	TBD
Annually	TBD	TBD	TBD	TBD
Annually	01/01/2020-12/31/2020	TBD	TBD	TBD

Annually

01/01/2020-12/31/2020 TBD

TBD

TBD

Annually

01/01/2020-12/31/2020 TBD

TBD

TBD

Annually

01/01/2020-12/31/2020 TBD

TBD

TBD

Annually

01/01/2020-12/31/2020 TBD

TBD

TBD

Annually

01/01/2020-12/31/2020 TBD

TBD

TBD

Annually

01/01/2020-12/31/2020 TBD

TBD

TBD

Annually

N/A

N/A

N/A

N




Alignment with CMS-provided technical specifications	Initi		
Explanation of any deviations from the CMS-provided specifications. Could include different data sources or state-specific definitions, policies, codes, target populations, etc.	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)	Report name of first report in which the metric will be submitted (Format: DY1 Q3 quarterly report)	Submission date of first report in which the metric will be reported (MM/DD/YYYY)
N/A	04/01/2019 - 06/30/2019	DY10 Q2	9/30/2019
N/A	N/A	N/A	N/A
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	04/01/2019 - 06/30/2019	DY10 Q2	9/30/2019
N/A	04/01/2020-06/30/2020	DY11 Q1	8/31/2020
N/A	04/01/2020-06/30/2020	DY11 Q1	8/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	N/A	N/A	N/A
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020
N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020

N/A		01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A		N/A	N/A	N/A	
N/A		N/A	N/A	N/A	
N/A		N/A	N/A	N/A	
TBD		01/01/2020-03/31/2020	DY11 Q1		5/31/2020
N/A		N/A	N/A	N/A	
TBD		TBD	TBD	TBD	
TBD		TBD	TBD	TBD	
TBD		01/01/2020-12/31/2020	DY11 Annual Report		3/31/2021

TBD	01/01/2020-12/31/2020	DY11 Annual Report	3/31/2021
TBD	01/01/2020-12/31/2020	DY11 Annual Report	3/31/2021
TBD	01/01/2020-12/31/2020	DY11 Annual Report	3/31/2021
TBD	01/01/2020-12/31/2020	DY11 Annual Report	3/31/2021
TBD	01/01/2020-12/31/2020	DY11 Annual Report	3/31/2021
TBD	01/01/2020-12/31/2020	DY11 Annual Report	3/31/2021
N/A	N/A	N/A	N/A



al reporting date

State plans to phase in reporting (Y/N)	Explanation of any plans to phase in reporting over time
---	--

N	N/A
N	The state does not have a suspension policy.
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	N/A
N	Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
N	Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
N	Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N/A

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N/A

N/A

N/A

N

N/A

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N

N

N/A

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N

TBD

TBD

TBD

TBD

N

N/A

N N/A

N N/A

N N/A

N N/A

N N/A

N N/A

N Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.



Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Protocol

State Michigan

Demonstration Name Healthy Michigan Plan Section 1115 Demonstration

Submitted on 7/14/2020

State will report (Y/N)	Reporting Topic ^a	Reporting priority	#
Y	CE.Mod_1: Specify community engagement policies	Required	CE_1
Y	CE.Mod_1: Specify community engagement policies	Required	CE_2
Y	CE.Mod_1: Specify community engagement policies	Required	CE_3
N	CE.Mod_1: Specify community engagement policies	Required	CE_4
Y	CE.Mod_1: Specify community engagement policies	Required	CE_5
Y	CE.Mod_1: Specify community engagement policies	Required	CE_6
Y	CE.Mod_1: Specify community engagement policies	Required	CE_7

Y	CE.Mod_1: Specify community engagement policies	Required	CE_8
Y	CE.Mod_1: Specify community engagement policies	Required	CE_9
Y	CE.Mod_1: Specify community engagement policies	Required	CE_10
Y	CE.Mod_1: Specify community engagement policies	Required	CE_11
Y	CE.Mod_1: Specify community engagement policies	Required	CE_12
Y	CE.Mod_1: Specify community engagement policies	Required	CE_13
Y	CE.Mod_1: Specify community engagement policies	Required	CE_14
Y	CE.Mod_1: Specify community engagement policies	Required	CE_15
Y	CE.Mod_1: Specify community engagement policies	Required	CE_16

Y	CE.Mod_1: Specify community engagement policies	Required	CE_17
Y	CE.Mod_1: Specify community engagement policies	Required	CE_18
Y	CE.Mod_1: Specify community engagement policies	Required	CE_19
Y	CE.Mod_1: Specify community engagement policies	Required	CE_20
Y	CE.Mod_1: Specify community engagement policies	Required	CE_21
Y	CE.Mod_1: Specify community engagement policies	Required	CE_22
Y	CE.Mod_1: Specify community engagement policies	Required	CE_23
Y	CE.Mod_1: Specify community engagement policies	Required	CE_24
N	CE.Mod_2: Establish beneficiary supports and modifications	Required	CE_25
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_26
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_27
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_28

N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_29
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_30
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_31
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_32
N	CE.Mod_4: Operationalize strategies for noncompliance	Required	CE_33
Y	CE.Mod_4: Operationalize strategies for noncompliance	Required	CE_34
N	CE.Mod_4: Operationalize strategies for noncompliance	Required if state has a suspension policy	CE_35
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_36
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_37
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_38
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_39

N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_40
Y	CE.Mod_4: Operationalize strategies for noncompliance	Required	CE_41
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_42
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_43
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_44
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_45
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_46

I - Planned metrics (CE)

	Standard
Metric name	

Total beneficiaries subject to the community engagement requirement, not exempt

Total beneficiaries who were exempt from the community engagement requirement in the month

Beneficiaries with approved good cause circumstances

Beneficiaries subject to the community engagement requirement and in suspension status due to failure to meet requirement

Beneficiaries subject to the community engagement requirement and receiving benefits who met the requirement for qualifying activities

Beneficiaries subject to the community engagement requirement and receiving benefits, but in a grace period or allowable month of noncompliance

Beneficiaries who successfully completed make-up hours or other activities to retain active benefit status after failing to meet the community engagement requirement in a previous month

Beneficiaries in a non-eligibility period who were disenrolled for noncompliance with the community engagement requirement and are prevented from re-enrolling for a defined period of time

Beneficiaries who met the community engagement requirement by satisfying requirements of other programs

Beneficiaries who met the community engagement requirement through employment for the majority of their required hours

Beneficiaries who met the community engagement requirement through job training or job search for the majority of their required hours

Beneficiaries who met the community engagement requirement through educational activity for the majority of their required hours

Beneficiaries who met the community engagement requirement who were engaged in other qualifying activity for the majority of their required hours

Beneficiaries who met the community engagement requirement by combining two or more activities

Beneficiaries exempt from Medicaid community engagement requirements because they were exempt from requirements of SNAP and/or TANF

Beneficiaries exempt from Medicaid community engagement requirements on the basis of pregnancy

Beneficiaries exempt from Medicaid community engagement requirements due to former foster youth status

Beneficiaries exempt from Medicaid community engagement requirements due to medical frailty

Beneficiaries exempt from Medicaid community engagement requirements on the basis of caretaker status

Beneficiaries exempt from Medicaid community engagement requirements on the basis of unemployment insurance compensation

Beneficiaries exempt from Medicaid community engagement requirements due to substance abuse treatment status

Beneficiaries exempt from Medicaid community engagement requirements due to student status

Beneficiaries exempt from Medicaid community engagement requirements because they were excused by a medical professional

Beneficiaries exempt from Medicaid community engagement requirements, other

Total beneficiaries receiving supports to participate and placement assistance

Beneficiaries provided with transportation assistance

Beneficiaries provided with childcare assistance

Beneficiaries provided with language supports

Beneficiaries assisted with placement in community engagement activities

Beneficiaries provided with other non-Medicaid assistance

Beneficiaries who requested reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries who were granted reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries newly suspended for failure to complete community engagement requirements

Beneficiaries newly disenrolled for failure to complete community engagement requirements

Total beneficiaries whose benefits were reinstated after being in suspended status for noncompliance

Beneficiaries whose benefits were reinstated because their time-limited suspension period ended

Beneficiaries whose benefits were reinstated because they completed required community engagement activities

Beneficiaries whose benefits were reinstated because they completed "on-ramp" activities other than qualifying community engagement activities

Beneficiaries whose benefits were reinstated because they newly meet community engagement exemption criteria or had a good cause circumstance

Beneficiaries whose benefits were reinstated after successful appeal of suspension for noncompliance

Total beneficiaries re-enrolling after disenrollment for noncompliance

Beneficiaries re-enrolling after completing required community engagement activities

Beneficiaries re-enrolling after completing "on-ramp" activities other than qualifying community engagement activities

Beneficiaries re-enrolling after re-applying, subsequent to being disenrolled for noncompliance with community engagement requirements

Beneficiaries re-enrolling because they newly met community engagement exemption criteria or had a good cause circumstance

Beneficiaries re-enrolling after successful appeal of disenrollment for noncompliance

Standard information on CMS-provided metrics

Metric description	Data source
The number of beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the community engagement requirement and who did not have an individual exemption from the requirement or an approved good cause circumstance	Administrative records
The number of beneficiaries enrolled in income and eligibility groups that were subject to the community engagement requirement, but had an individual exemption from the policy. This excludes circumstances that give rise to good cause.	Administrative records
The number of beneficiaries enrolled in the demonstration who met the state criteria for good cause circumstances, such as serious illness, birth or death of a family member, severe weather, family emergencies, or life-changing event	Administrative records
The number of demonstration beneficiaries in suspension status due to failure to meet the community engagement requirement, including those newly suspended for noncompliance during the measurement period	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in qualifying activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement, but did not meet the requirement. This includes beneficiaries who have not yet begun qualifying activities and those who logged some hours, but failed to meet total required hours.	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met additional requirements to retain active benefit status after previously failing to meet the requirement. This captures beneficiaries who successfully satisfy the “opportunity to cure” requirement and therefore are not suspended (if state has this policy).	Administrative records

<p>The number of prior demonstration beneficiaries who were disenrolled from Medicaid for noncompliance with the community engagement requirement and are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time. The count should include those prevented from re-enrolling until their redetermination date.</p>	<p>Administrative records</p>
<p>The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by satisfying requirements in other programs such as SNAP or TANF, regardless of whether they are “deemed” by the state to be in compliance with Medicaid requirements or must take reporting action</p>	<p>Administrative records</p>
<p>The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement, who were self-employed or employed in subsidized and/or unsubsidized settings. Includes both those “deemed” by the state to be in compliance with Medicaid requirements because they are working more than the number of required hours and those who must report their hours.</p>	<p>Administrative records</p>
<p>The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in on-the-job training, job skills training, vocational education and training, job search activities, job search training, a state-sponsored workforce program, or similar activity</p>	<p>Administrative records</p>
<p>The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in education related to employment, general education, accredited English-as-a-second-language education, accredited homeschooling, or a state-designated class</p>	<p>Administrative records</p>
<p>The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement through a state-specified activity not captured by other reporting categories, including community work experience, community service/public service, volunteer work, caregiving for a dependent, participation in substance use disorder treatment, enrollment in Medicaid employer-sponsored insurance premium assistance, or other activity</p>	<p>Administrative records</p>
<p>The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in a combination of activities defined in metrics CE_10 through CE_13, such as a combination of employment and education</p>	<p>Administrative records</p>
<p>The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were exempt from the SNAP and/or TANF work requirements. This does not include beneficiaries who are meeting SNAP and/or TANF work requirements.</p>	<p>Administrative records</p>
<p>The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are pregnant</p>	<p>Administrative records</p>

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were formerly part of the foster care system	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are identified as medically frail	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are primary caregiver of a dependent child or incapacitated/disabled household member	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are receiving unemployment insurance compensation	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt the community engagement requirement because they are participating in a drug or alcohol treatment and rehabilitation program	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are a student enrolled a number of hours/week, defined by state	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because a medical professional determined the beneficiary had an acute medical condition separate from disability or frailty	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are exempt for another reason not captured by other reporting categories, including age above the upper limit defined by the state and enrollment in employer-sponsored insurance through premium assistance	Administrative records
The number of beneficiaries enrolled in the demonstration who were given supports to enable them to participate, including supports due to disability and assistance from other agencies and entities complementing Medicaid efforts	Administrative records
The number of beneficiaries enrolled in the demonstration who were given transportation assistance to enable participation in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were given childcare assistance to enable participation in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were given language supports to enable participation in community engagement activities	Administrative records

The number of beneficiaries enrolled in the demonstration who were given placement assistance, including through state department of labor support centers	Administrative records
The number of beneficiaries enrolled in the demonstration who were given other assistance, including assistance from other agencies and entities complementing Medicaid efforts, to participate in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who requested a reasonable modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability	Administrative records
The number of beneficiaries enrolled in the demonstration who were granted a modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability	Administrative records
The number of demonstration beneficiaries newly suspended for noncompliance during the measurement period (if state has a suspension policy)	Administrative records
The number of demonstration beneficiaries newly disenrolled for noncompliance with community engagement requirements during the measurement period	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements, including those reinstated due to compliance, determination of exemption, and successful appeal or good cause circumstances	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because a defined suspension period ended	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because they completed qualifying activities	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they used a special pathway for re-enrollment such as a state-approved educational course	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they were newly determined exempt or had a good cause circumstance	Administrative records

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they successfully appealed	Administrative records
Total number of beneficiaries re-enrolled in the demonstration during the measurement period after disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy), including those re-enrolling after being determined exempt or after successful appeal	Administrative records
Total number of beneficiaries re-enrolled in the demonstration during the measurement period because they completed qualifying activities, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy)	Administrative records
Total number of demonstration beneficiaries re-enrolled during the measurement period because they used a special pathway for re-enrollment such as a state-approved educational course, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy)	Administrative records
The number of beneficiaries re-enrolled in the demonstration during the measurement period because they re-applied, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date). This includes those who re-applied immediately after disenrollment and those who did so after a disenrollment (non-eligibility) period.	Administrative records
The number of beneficiaries re-enrolled in the demonstration during the measurement period because they were newly determined exempt, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)	Administrative records
The number of beneficiaries re-enrolled in the demonstration during the measurement period after successful appeal (including retroactive determination of a good cause circumstance by the state), subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)	Administrative records

			Baseline, an
Calculation lag	Measurement period	Reporting frequency	Baseline reporting period (MM/DD/YYYY--MM/DD/YYYY)
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020

30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A

30 days	Month	Quarterly	N/A
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30 days	Month	Quarterly	N/A
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30 days	Month	Quarterly	N/A
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30 days	Month	Quarterly	N/A
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30 days	Month	Quarterly	N/A
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01/01/2020-03/31/2020

30 days	Month	Quarterly	
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N/A

30 days	Month	Quarterly	
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30 days	Month	Quarterly	N/A
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30 days	Month	Quarterly	N/A
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30 days	Month	Quarterly	N/A
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30 days	Month	Quarterly	N/A
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30 days	Month	Quarterly	N/A
			01/01/2020-03/31/2020
30 days	Month	Quarterly	
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A

Annual goals, and demonstration target			Align
Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)	
TBD	TBD	Y	
TBD	TBD	Y	
TBD	TBD	Y	
N/A	N/A	N	
TBD	TBD	Y	
TBD	TBD	Y	
TBD	TBD	Y	

TBD	TBD	Y
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TBD	TBD	Y
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TBD	TBD	N
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TBD	TBD	N
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TBD	TBD	N
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TBD	TBD	N
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TBD	TBD	N
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TBD	TBD	Y
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TBD	TBD	Y
-----	-----	---

TBD	TBD	Y
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TBD	TBD	Y
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TBD	TBD	Y
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TBD	TBD	Y
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TBD	TBD	Y
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TBD	TBD	Y
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TBD	TBD	Y
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TBD	TBD	Y
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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TBD	TBD	Y
N/A	N/A	

		N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A

N/A

N

TBD

TBD

Y

N/A

N/A

N

N/A

N/A

N

N/A

N/A

N

N/A

N/A

N

N/A

N/A

N

Alignment with CMS-provided technical specifications	
Explanation of any deviations from the CMS-provided specifications. Could include different data sources or state-specific definitions, policies, codes, target populations, etc.	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020
N/A	N/A
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

Michigan does not plan to collect hours associated with qualifying activities. Michigan will be able to report on qualifying activities by category but not with an hourly breakout.

01/01/2020-03/31/2020

Michigan does not plan to collect hours associated with qualifying activities. Michigan will be able to report on qualifying activities by category but not with an hourly breakout.

01/01/2020-03/31/2020

Michigan does not plan to collect hours associated with qualifying activities. Michigan will be able to report on qualifying activities by category but not with an hourly breakout.

01/01/2020-03/31/2020

Michigan does not plan to collect hours associated with qualifying activities. Michigan will be able to report on qualifying activities by category but not with an hourly breakout.

01/01/2020-03/31/2020

Michigan does not plan to collect hours associated with qualifying activities. Michigan will be able to report on qualifying activities by category but not with an hourly breakout.

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

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Initial reporting date		
Report name of first report in which the metric will be submitted (Format: DY1 Q3 quarterly report)	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)
DY11 Q1	5/31/2020	N
DY11 Q1	5/31/2020	N
DY11 Q2	8/31/2020	N
N/A	N/A	N
DY11 Q1	5/31/2020	N
DY11 Q2	8/31/2020	N
DY11 Q2	8/31/2020	N

DY11 Q2 8/31/2020 N

DY11 Q1 5/31/2020 N

DY11 Q1 5/31/2020 N

DY11 Q1 5/31/2020 N

DY11 Q1 5/31/2020 N

DY11 Q1 5/31/2020 N

DY11 Q1 5/31/2020 N

DY11 Q1 5/31/2020 N

DY11 Q1 5/31/2020 N

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DY11 Q1 5/31/2020 N

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DY11 Q2		8/31/2020 N
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DY11 Q2

8/31/2020 N

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N/A

N

N/A

N/A

N

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N/A

N

Explanation of any plans to phase in reporting over time

N/A

N/A

Michigan requires at least one quarter lag to report this metric.

Michigan does not have a suspension policy.

N/A

Michigan requires at least one quarter lag to report this metric.

Michigan requires at least one quarter lag to report this metric.

Michigan requires at least one quarter lag to report this metric.

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Michigan is assessing its ability to collect data on beneficiary supports.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

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Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan does not have a suspension policy.

Michigan requires at least one quarter lag to report this metric.

Michigan does not have a suspension policy.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

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Michigan requires at least one quarter lag to report this metric.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

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1. The first part of the document is a header section containing the title and author information. This section is followed by a list of references, which includes several academic papers and books. The references are listed in a standard format, with the author's name, the title of the work, and the publication details. The document then proceeds to a main body of text, which is currently blank. The page number is located at the bottom right corner of the page.

Medicaid Section 1115 Eligibility and Coverage Demons
State Michigan
Demonstration Name Healthy Michiga
Demonstration Year (DY) DY 11
Calendar Dates for DY 01/01/2020 - 12,
Reporting Period Q1
Calendar Dates for Reporting Period 01/01/2020 - 03,
Submitted on 7/14/2020

Eligibility and Coverage Demonstratic

Reporting Topic ^b	#
CE.Mod_1: Specify community engagement policies	CE_1
CE.Mod_1: Specify community engagement policies	CE_2
CE.Mod_1: Specify community engagement policies	CE_3
CE.Mod_1: Specify community engagement policies	CE_4
CE.Mod_1: Specify community engagement policies	CE_5
CE.Mod_1: Specify community engagement policies	CE_6
CE.Mod_1: Specify community engagement policies	CE_7
CE.Mod_1: Specify community engagement policies	CE_8

CE.Mod_1: Specify community engagement policies CE_9

CE.Mod_1: Specify community engagement policies CE_10

CE.Mod_1: Specify community engagement policies CE_11

CE.Mod_1: Specify community engagement policies AD_12

CE.Mod_1: Specify community engagement policies CE_13

CE.Mod_1: Specify community engagement policies CE_14

CE.Mod_1: Specify community engagement policies CE_15

CE.Mod_1: Specify community engagement policies CE_16

CE.Mod_1: Specify community engagement policies CE_17

CE.Mod_1: Specify community engagement policies CE_18

CE.Mod_1: Specify community

CE.Mod_1: Specify community engagement policies	CE_19
CE.Mod_1: Specify community engagement policies	CE_20
CE.Mod_1: Specify community engagement policies	CE_21
CE.Mod_1: Specify community engagement policies	CE_22
CE.Mod_1: Specify community engagement policies	CE_23
CE.Mod_1: Specify community engagement policies	CE_24
CE.Mod_2: Establish beneficiary supports and modifications	CE_25
CE.Mod_2: Establish beneficiary supports and modifications	CE_26
CE.Mod_2: Establish beneficiary supports and modifications	CE_27
CE.Mod_2: Establish beneficiary supports and modifications	CE_28
CE.Mod_2: Establish beneficiary supports and modifications	CE_29
CE.Mod_2: Establish beneficiary supports and modifications	CE_30
CE.Mod_2: Establish beneficiary supports and modifications	CE_31
CE.Mod_2: Establish beneficiary supports and modifications	CE_32

CE.Mod_4: Operationalize strategies
for noncompliance CE_33

CE.Mod_4: Operationalize strategies
for noncompliance CE_34

CE.Mod_4: Operationalize strategies
for noncompliance CE_35

CE.Mod_4: Operationalize strategies
for noncompliance CE_36

CE.Mod_4: Operationalize strategies
for noncompliance CE_37

CE.Mod_4: Operationalize strategies
for noncompliance CE_38

CE.Mod_4: Operationalize strategies
for noncompliance CE_39

CE.Mod_4: Operationalize strategies
for noncompliance CE_40

CE.Mod_4: Operationalize strategies
for noncompliance CE_41

CE.Mod_4: Operationalize strategies
for noncompliance CE_42

CE.Mod_4: Operationalize strategies
for noncompliance CE_43

CE.Mod_4: Operationalize strategies
for noncompliance CE_44

CE.Mod_4: Operationalize strategies
for noncompliance CE_45

CE.Mod_4: Operationalize strategies
for noncompliance CE_46

Add rows for any additional state-identified metrics

^a States should create a new metrics report for each rep

^b The reporting topics correspond to the reporting topic

^c The reporting topics correspond to the reporting topic

^d Report count metrics in the numerator column.

^e If applicable. See CMS-provided technical specification

^f Add columns as necessary to report additional income

^g Add columns as necessary to report exempt groups.

^h Add columns as necessary to report specific eligibility

ⁱ Add columns as necessary to report phase-in cohorts, i

Checks:

CE_1 should be l

CE_1 should be e

CE_4 should be l

CE_8 should be l

CE_2 should be e
CE_35 should be
CE_41 should be

stration Report - Metrics reporting (CE)

n Plan

/31/2020

/31/2020

on Metrics (CE)^a

Metric name

Total beneficiaries subject to the community engagement requirement, not exempt

Total beneficiaries who were exempt from the community engagement requirement in the month

Beneficiaries with approved good cause circumstances

Beneficiaries subject to the community engagement requirement and in suspension status due to failure to meet requirement

Beneficiaries subject to the community engagement requirement and receiving benefits who met the requirement for qualifying activities

Beneficiaries subject to the community engagement requirement and receiving benefits but in a grace period or allowable month of noncompliance

Beneficiaries who successfully completed make-up hours or other activities to retain active benefit status after failing to meet the community engagement requirement in a previous month

Beneficiaries in a non-eligibility period who were disenrolled for noncompliance with community engagement requirement and are prevented from re-enrolling for a defined period of time

Beneficiaries who met the community engagement requirement by satisfying requirements of other programs

Beneficiaries who met the community engagement requirement through employment for the majority of their required hours

Beneficiaries who met the community engagement requirement through job training or job search for the majority of their required hours

Beneficiaries who met the community engagement requirement through educational activity for the majority of their required hours

Beneficiaries who met the community engagement requirement who were engaged in other qualifying activity for the majority of their required hours

Beneficiaries who met the community engagement requirement by combining two or more activities

Beneficiaries exempt from Medicaid community engagement requirements because they were exempt from requirements of SNAP and/or TANF

Beneficiaries exempt from Medicaid community engagement requirements on the basis of pregnancy

Beneficiaries exempt from Medicaid community engagement requirements due to former foster youth status

Beneficiaries exempt from Medicaid community engagement requirements due to medical frailty

Beneficiaries exempt from Medicaid community

Beneficiaries exempt from Medicaid community engagement requirements on the basis of caretaker status

Beneficiaries exempt from Medicaid community engagement requirements on the basis of unemployment insurance compensation

Beneficiaries exempt from Medicaid community engagement requirements due to substance abuse treatment status

Beneficiaries exempt from Medicaid community engagement requirements due to student status

Beneficiaries exempt from Medicaid community engagement requirements because they were excused by a medical professional

Beneficiaries exempt from Medicaid community engagement requirements, other

Total beneficiaries receiving supports to participate and placement assistance

Beneficiaries provided with transportation assistance

Beneficiaries provided with childcare assistance

Beneficiaries provided with language supports

Beneficiaries assisted with placement in community engagement activities

Beneficiaries provided with other non-Medicaid assistance

Beneficiaries who requested reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries who were granted reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries newly suspended for failure to complete community engagement requirements

Beneficiaries newly disenrolled for failure to complete community engagement requirements

Total beneficiaries whose benefits were reinstated after being in suspended status for noncompliance

Beneficiaries whose benefits were reinstated because their time-limited suspension period ended

Beneficiaries whose benefits were reinstated because they completed required community engagement activities

Beneficiaries whose benefits were reinstated because they completed "on-ramp" activities other than qualifying community engagement activities

Beneficiaries whose benefits were reinstated because they newly meet community engagement exemption criteria or had a good cause circumstance

Beneficiaries whose benefits were reinstated after successful appeal of suspension for noncompliance

Total beneficiaries re-enrolling after disenrollment for noncompliance

Beneficiaries re-enrolling after completing required community engagement activities

Beneficiaries re-enrolling after completing "on-ramp" activities other than qualifying community engagement activities

Beneficiaries re-enrolling after re-applying, subsequent to being disenrolled for noncompliance with community engagement requirements

Beneficiaries re-enrolling because they newly met community engagement exemption criteria or had a good cause circumstance

Beneficiaries re-enrolling after successful appeal of disenrollment for noncompliance

Reporting quarter.

is in the CE.Mod_1 section of the monitoring report template.

is in section CE.Mod_1 of the monitoring report template.

is.

groups.

groups.

if applicable.

less than or equal to AD_1

less than or equal to the sum of metrics CE_5 and CE_6

less than or equal to AD_2

less than or equal to AD_3

Metric description

The number of beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the community engagement requirement and who did not have an individual exemption from the requirement.

The number of beneficiaries enrolled in income and eligibility groups that were subject to the community engagement requirement, but had an individual exemption from the policy. This excludes circumstances that give rise to good cause.

The number of beneficiaries enrolled in the demonstration who met the state criteria for good cause circumstances, such as serious illness, birth or death of a family member, severe weather, family emergencies, or life-changing event

The number of demonstration beneficiaries in suspension status due to failure to meet the community engagement requirement, including those newly suspended for noncompliance during the measurement period

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in qualifying activities

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement but did not meet the requirement. This includes beneficiaries who have not yet begun qualifying activities and those who logged some hours, but failed to meet total required hours.

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met additional requirements to retain active benefit status after previously failing to meet the requirement. This captures beneficiaries who successfully satisfy the “opportunity to cure” requirement and therefore are not suspended (if state has this policy).

The number of prior demonstration beneficiaries who were disenrolled from Medicaid for noncompliance with the community engagement requirement and are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time. The count should include those prevented from re-enrolling until their redetermination date.

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by satisfying requirements in other programs such as SNAP or TANF, regardless of whether they are “deemed” by the state to be in compliance with Medicaid requirements or must take reporting action

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement, who were self-employed or employed in subsidized and/or unsubsidized settings. Includes both those “deemed” by the state to be in compliance with Medicaid requirements because they are working more than the number of required hours and those who must report their hours.

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in on-the-job training, job skills training, vocational education and training, job search activities, job search training, a state-sponsored workforce program, or similar activity

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in education related to employment, general education, accredited English-as-a-second-language education, accredited homeschooling, or a state-designated class

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement through a state-specified activity not captured by other reporting categories, including community work experience, community service/public service, volunteer work, caregiving for a dependent, participation in substance use disorder treatment, enrollment in Medicaid employer-sponsored insurance premium assistance, or other activity.

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in a combination of activities defined in metrics CE_35 through CE_38, such as a combination of employment and education

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were exempt from the Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance to Needy Families (TANF) work requirements. This does not include beneficiaries who are meeting SNAP and/or TANF work requirements

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are pregnant

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were formerly part of the foster care system

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are identified as medically frail

The number of beneficiaries enrolled in the demonstration who were exempt from the

community engagement requirement because they are primary caregiver of a dependent child or incapacitated/disabled household member

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are receiving unemployment insurance compensation.

The number of beneficiaries enrolled in the demonstration who were exempt the community engagement requirement because they are participating in a drug or alcohol treatment and rehabilitation program.

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are a student enrolled a number of hours/week, defined by state

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because a medical professional determined the beneficiary had an acute medical condition separate from disability or frailty

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are exempt for another reason not captured by other reporting categories, including age above the upper limit defined by the state and enrollment in employer-sponsored insurance through premium assistance.

The number of beneficiaries enrolled in the demonstration who were given supports to enable them to participate, including non-Medicaid supports and supports due to disability

The number of beneficiaries enrolled in the demonstration who were given transportation assistance to enable participation in community engagement activities

The number of beneficiaries enrolled in the demonstration who were given childcare assistance to enable participation in community engagement activities.

The number of beneficiaries enrolled in the demonstration who were given language supports to enable participation in community engagement activities

The number of beneficiaries enrolled in the demonstration who were given placement assistance, including through Department of Labor support centers.

The number of beneficiaries enrolled in the demonstration who were given other non-Medicaid assistance to participate in community engagement activities

The number of beneficiaries enrolled in the demonstration who requested a reasonable modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability

The number of beneficiaries enrolled in the demonstration who were granted a modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability

The number of demonstration beneficiaries newly suspended for noncompliance during the measurement period (if state has a suspension policy)

The number of demonstration beneficiaries newly disenrolled for noncompliance with community engagement requirements during the measurement period

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements, including those reinstated due to compliance, determination of exemption, and successful appeal or good cause circumstances

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because a defined suspension period ended.

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because they completed qualifying activities

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because they used a special pathway for re-enrollment such as a state-approved educational course

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they were newly determined exempt or had a good cause circumstance

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they successfully appealed

Total number of beneficiaries re-enrolled in the demonstration during the measurement period after disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy), including those re-enrolling after being determined exempt or after successful appeal.

Total number of beneficiaries re-enrolled in the demonstration during the measurement period because they completed qualifying activities, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy).

Total number of demonstration beneficiaries re-enrolled during the measurement period because they used a special pathway for re-enrollment such as a state-approved educational course, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy).

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they re-applied, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date). This includes those who re-applied immediately after disenrollment and those who did so after a disenrollment (non-eligibility) period.

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they were newly determined exempt, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date).

The number of beneficiaries re-enrolled in the demonstration during the measurement period after successful appeal (including retroactive determination of a good cause exemption by the state), subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)



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Data source	Calculation lag	Attest that reporting matches CMS-provided specification (Y/N)
Administrative records	30 days	
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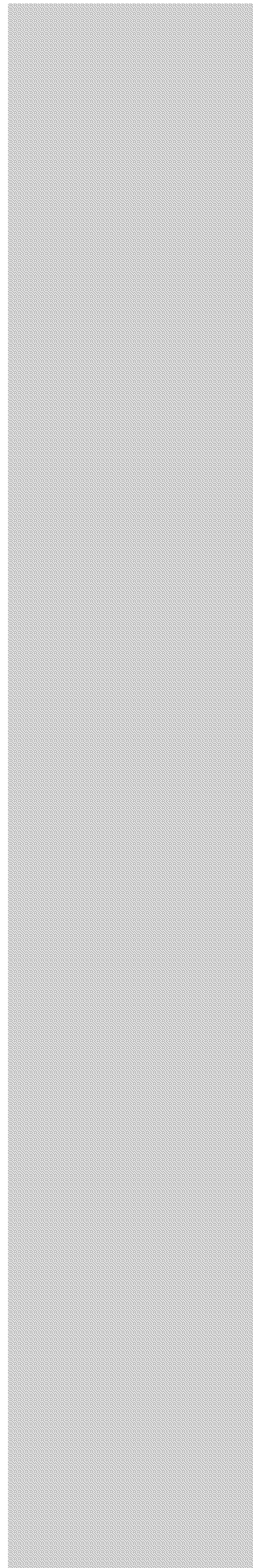
Administrative records 30 days



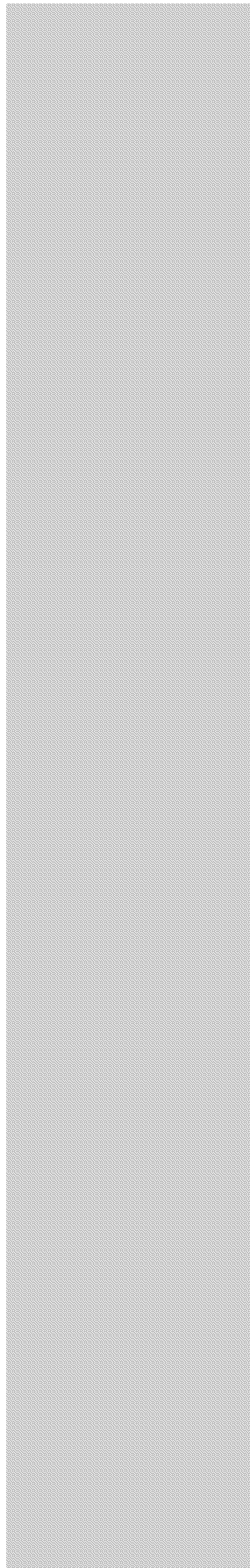
Describe any deviations from CMS- provided measure specifications	Reporting issue (Y/N) (further describe in the data and reporting issues tab [CE])
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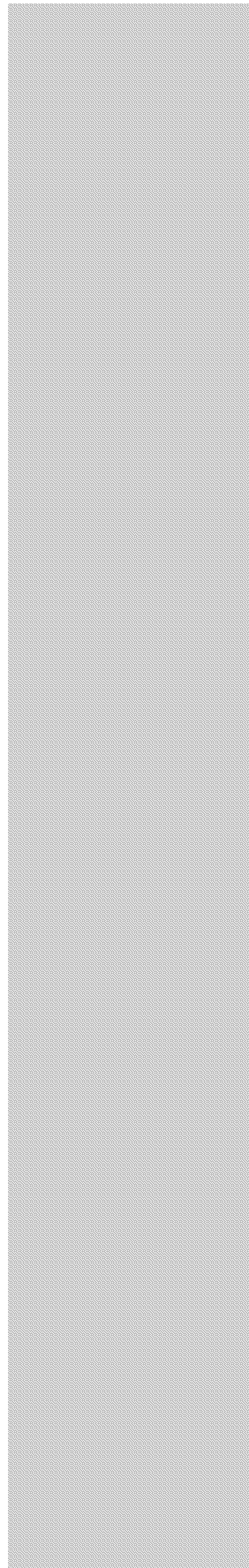
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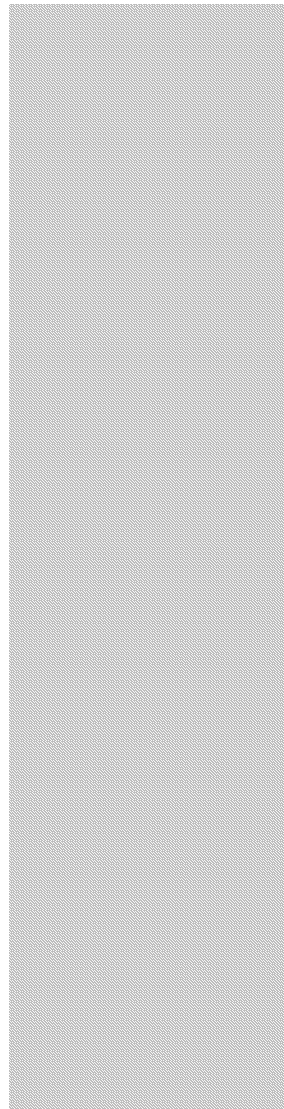
Month 2

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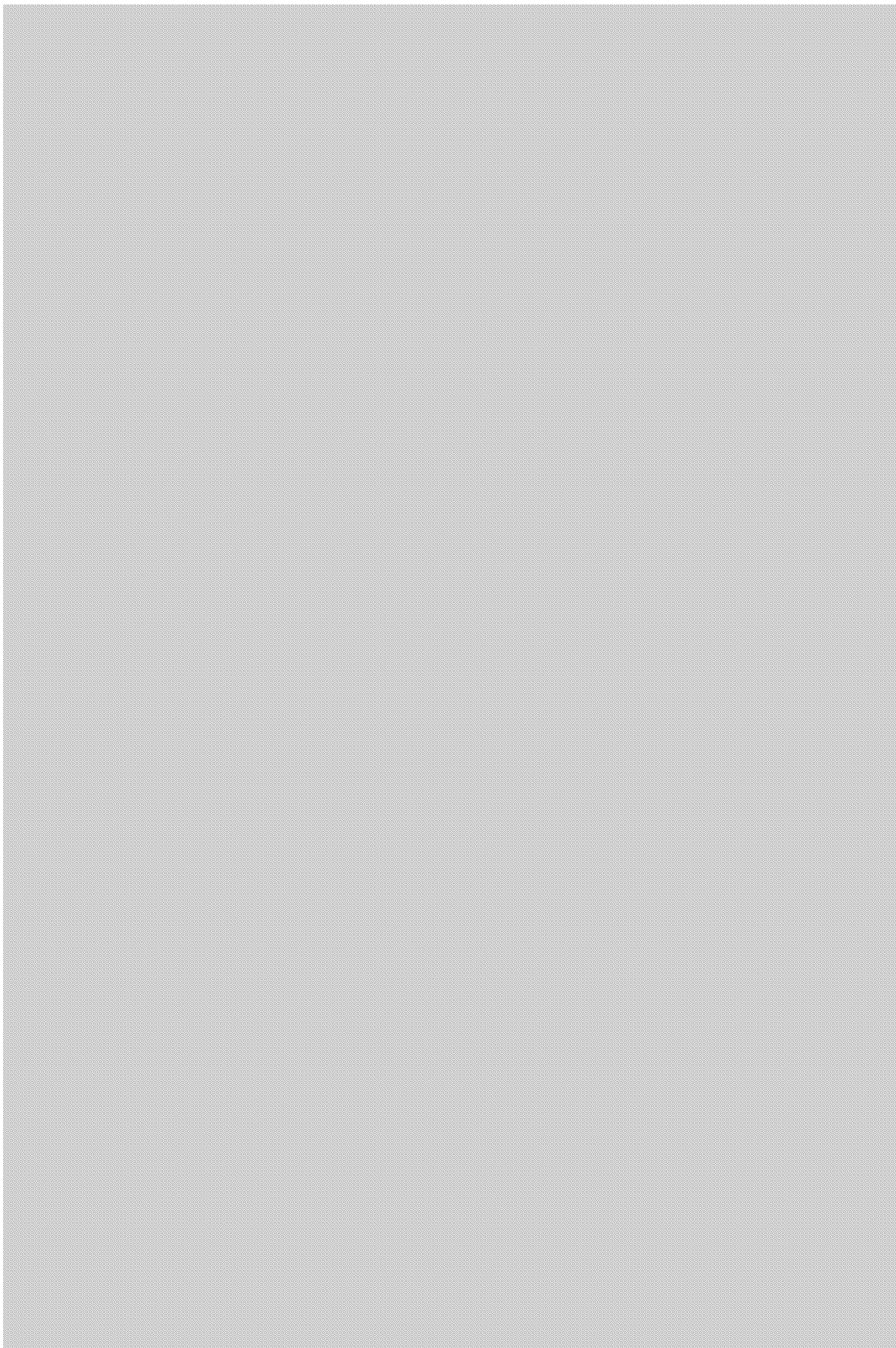
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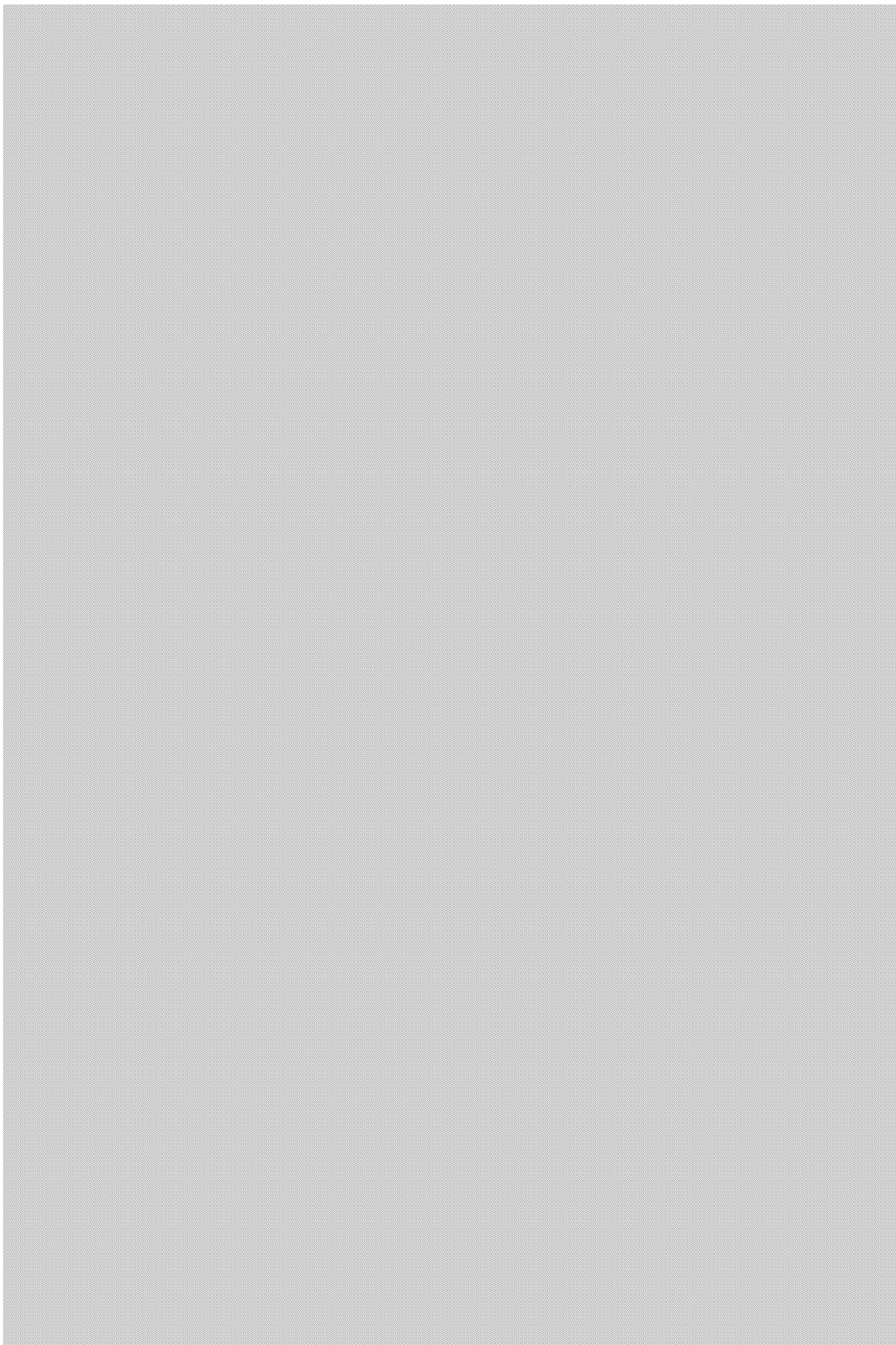
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Month 3



< 50% FPL ^f			
Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e









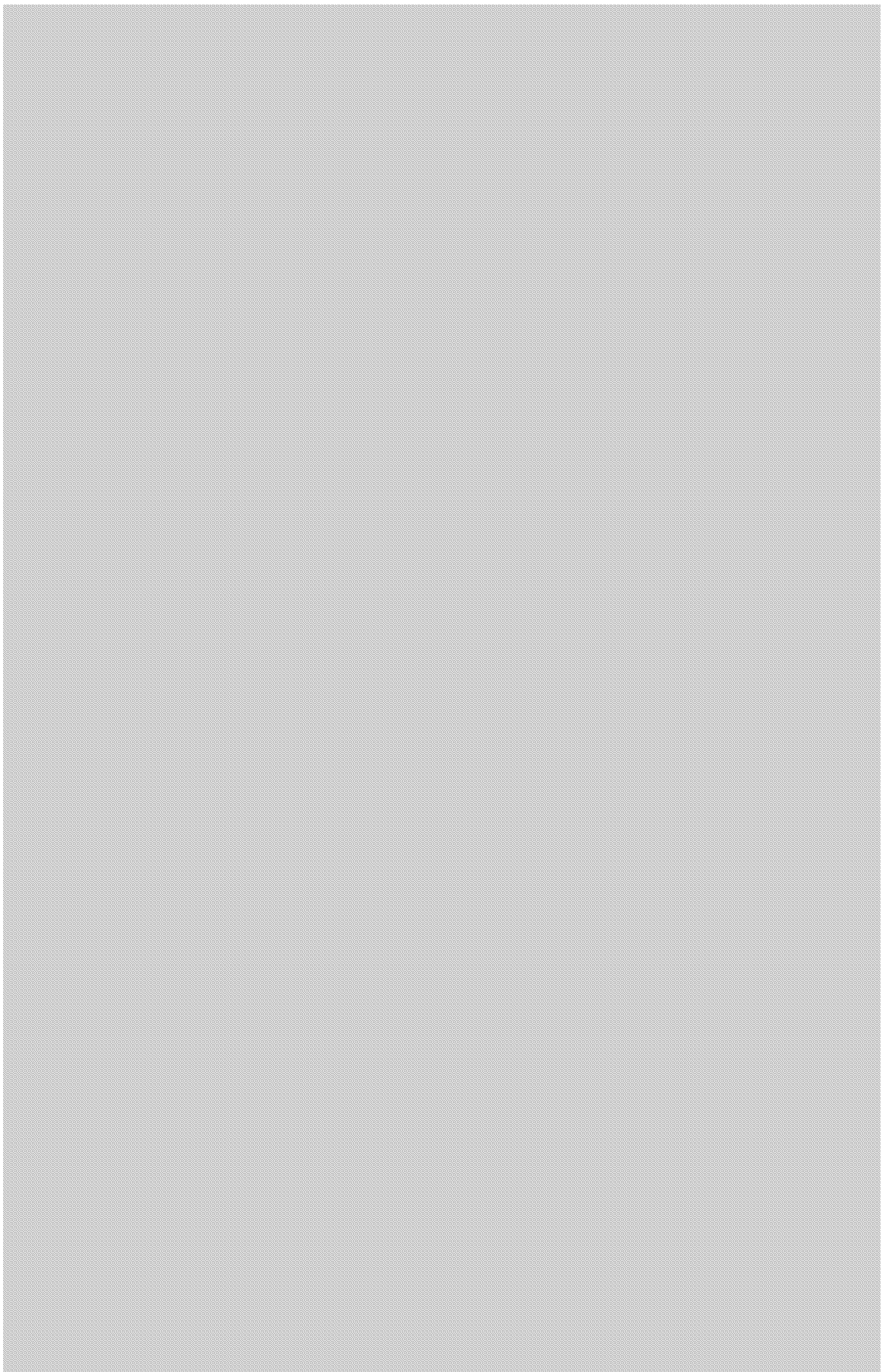
50-100% FPL^f

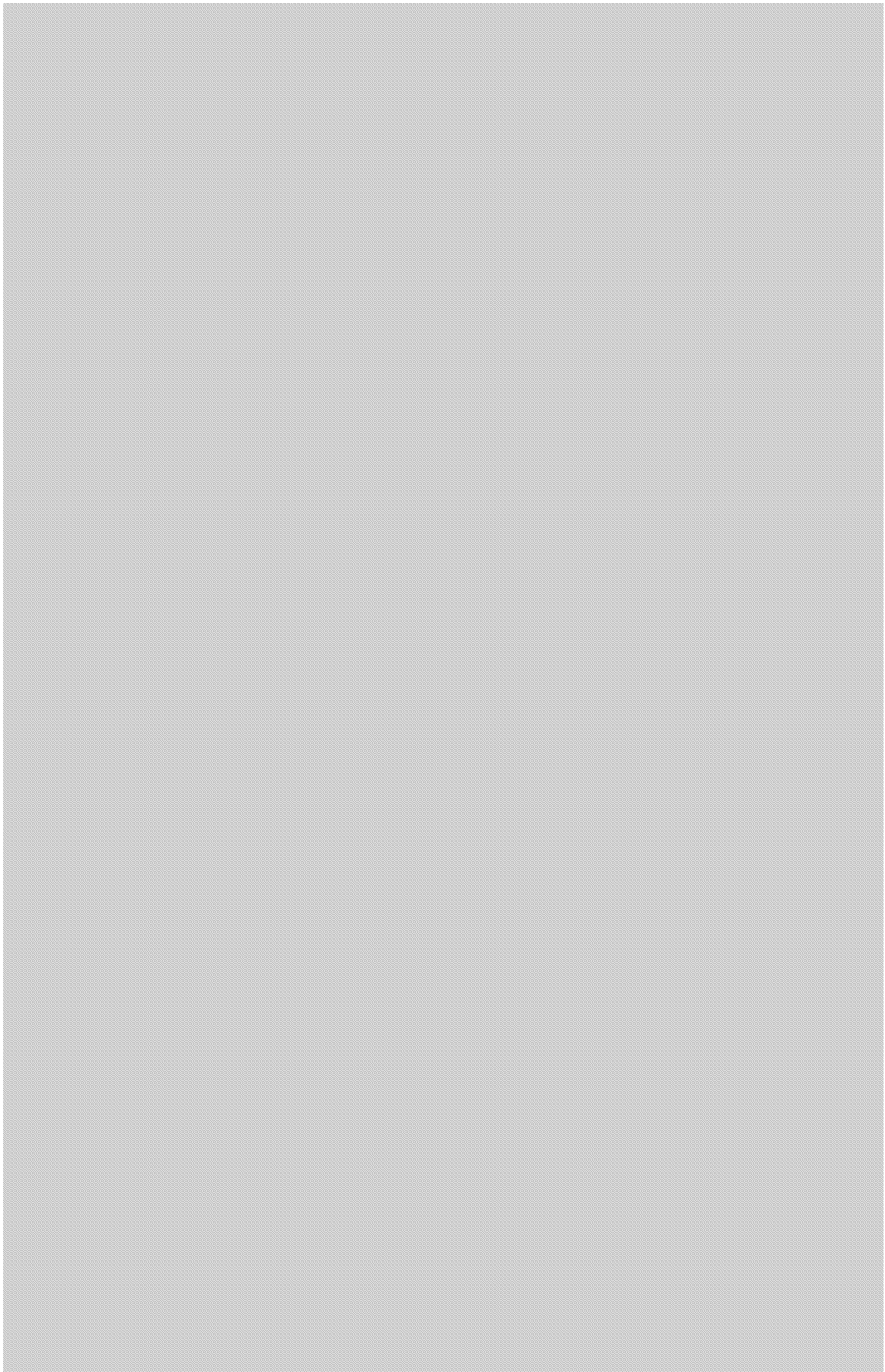
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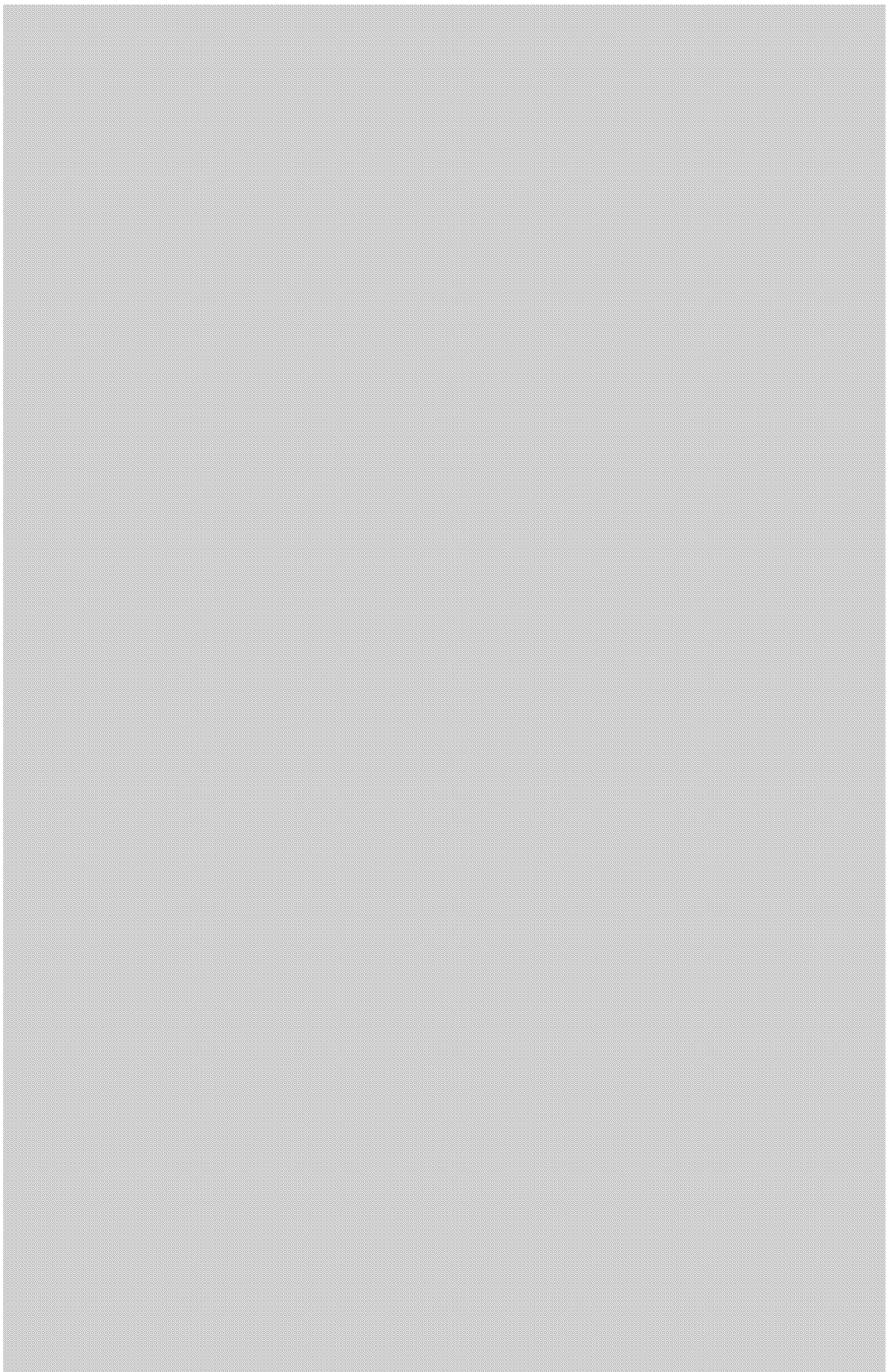
Numerator^d

Rate/Percentage^e

Denominator









>100% FPL^f

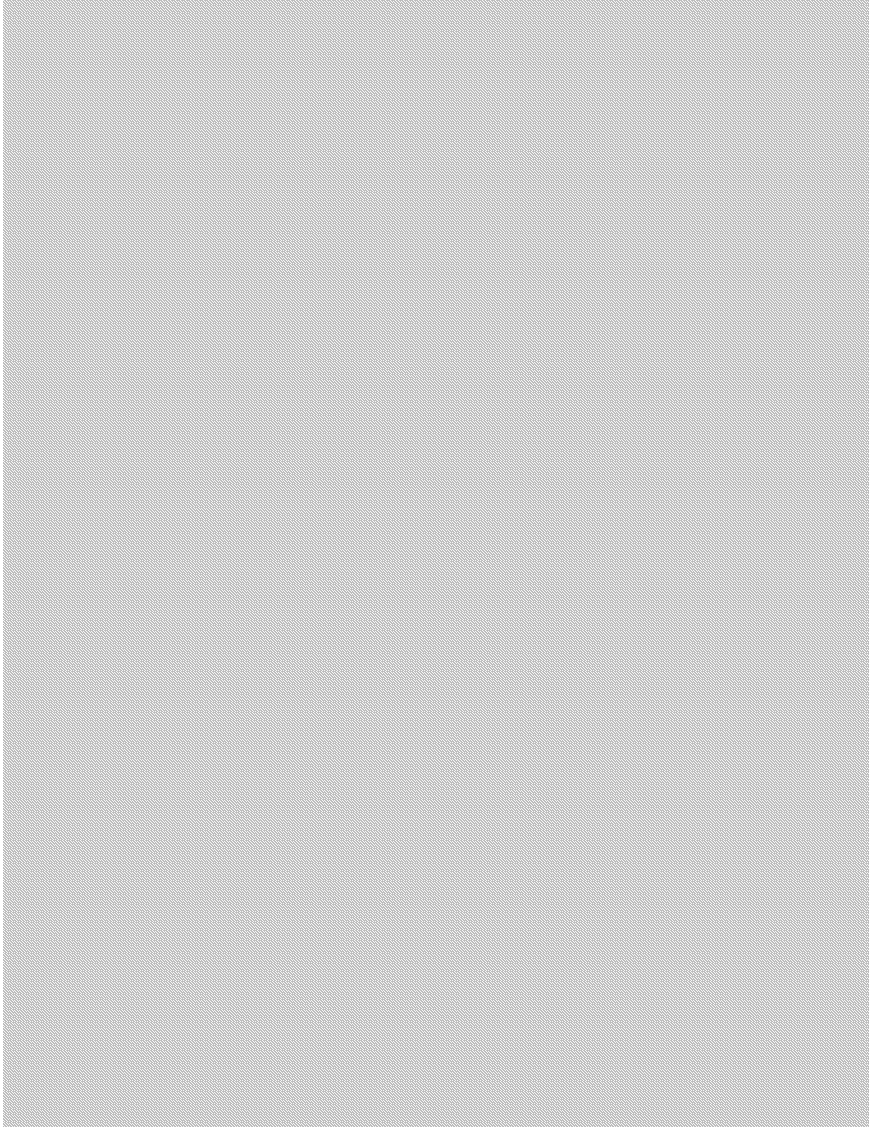
Age 19-26

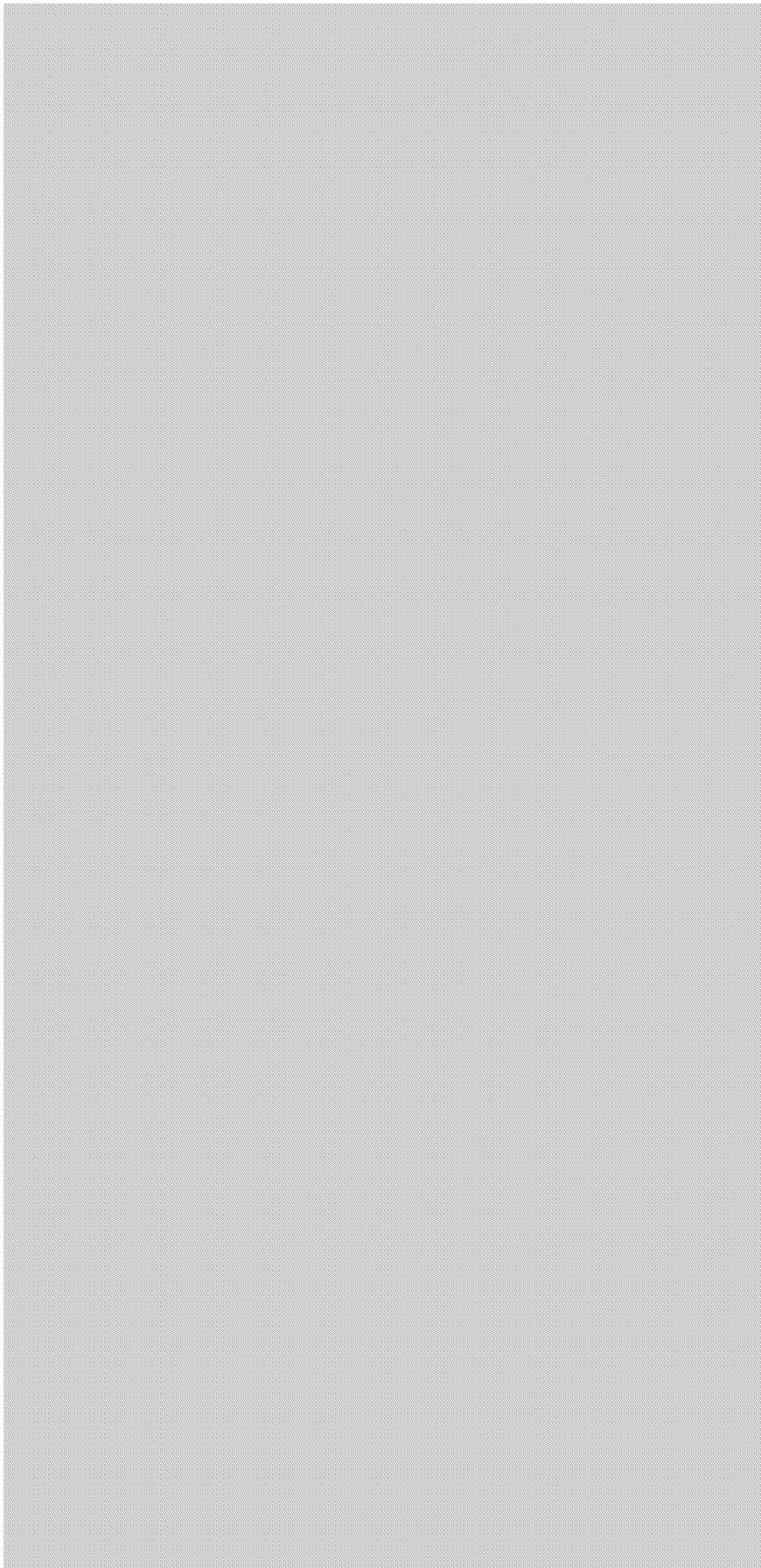
Numerator^d

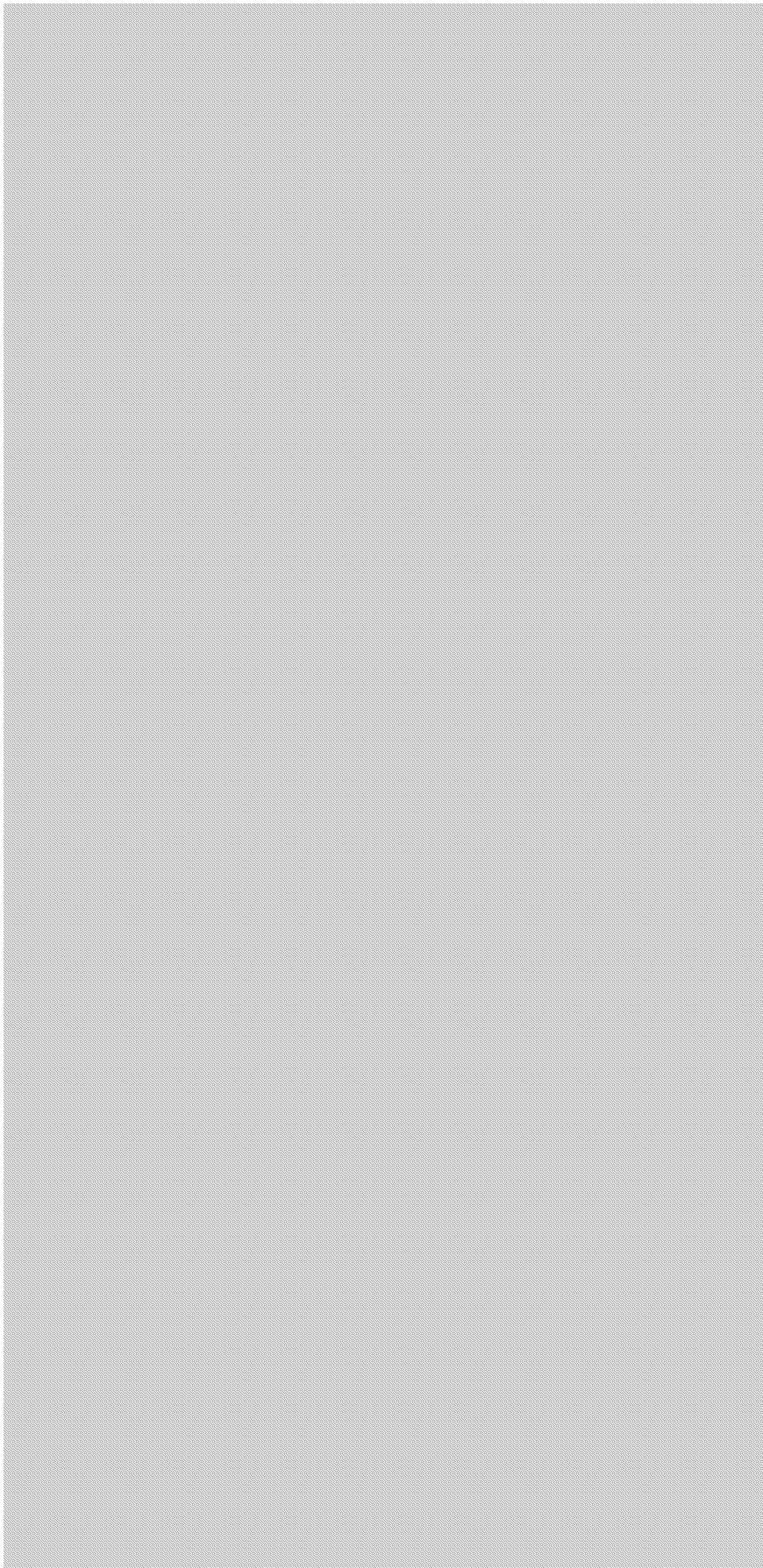
Rate/Percentage^e

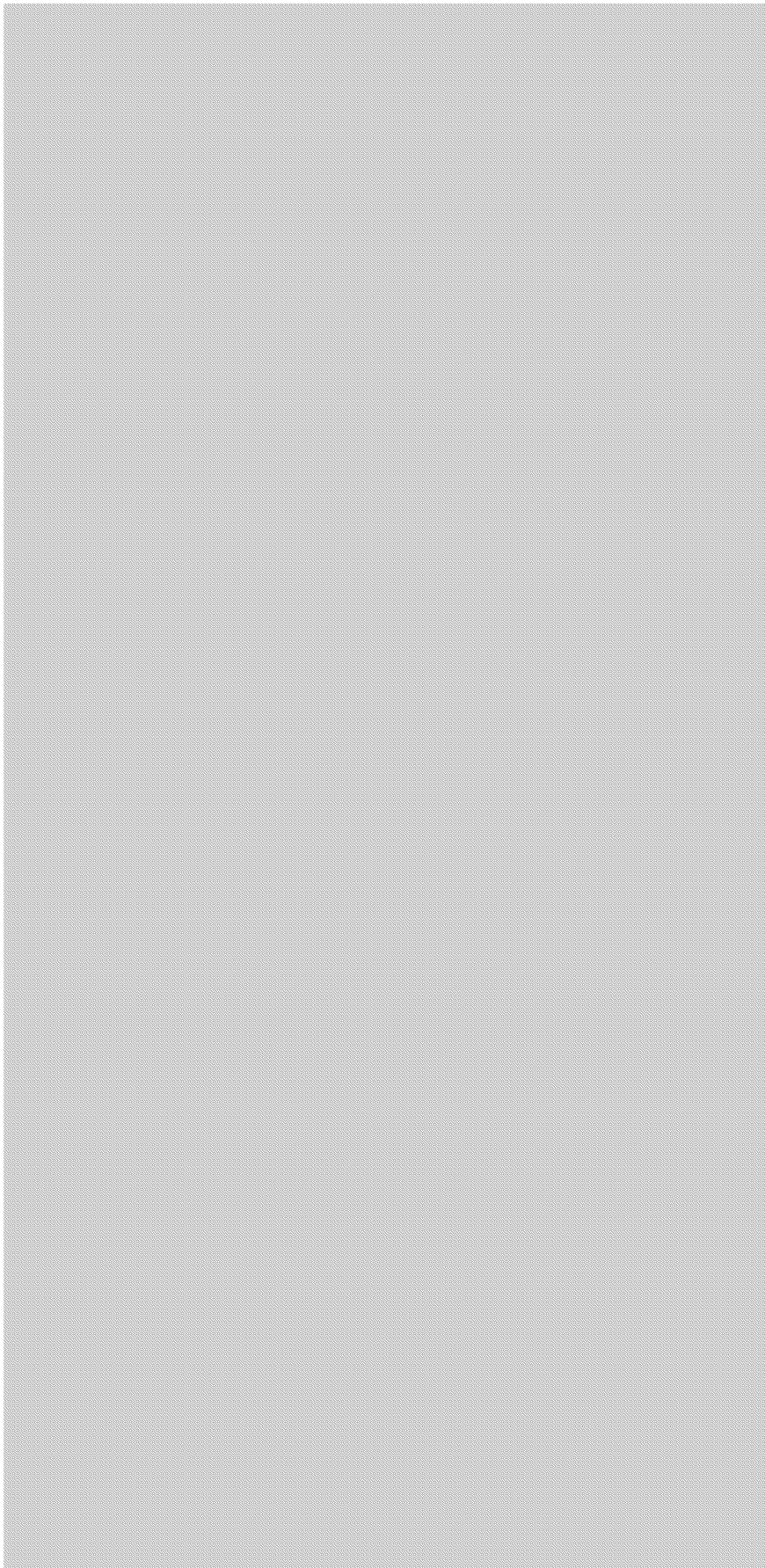
Denominator

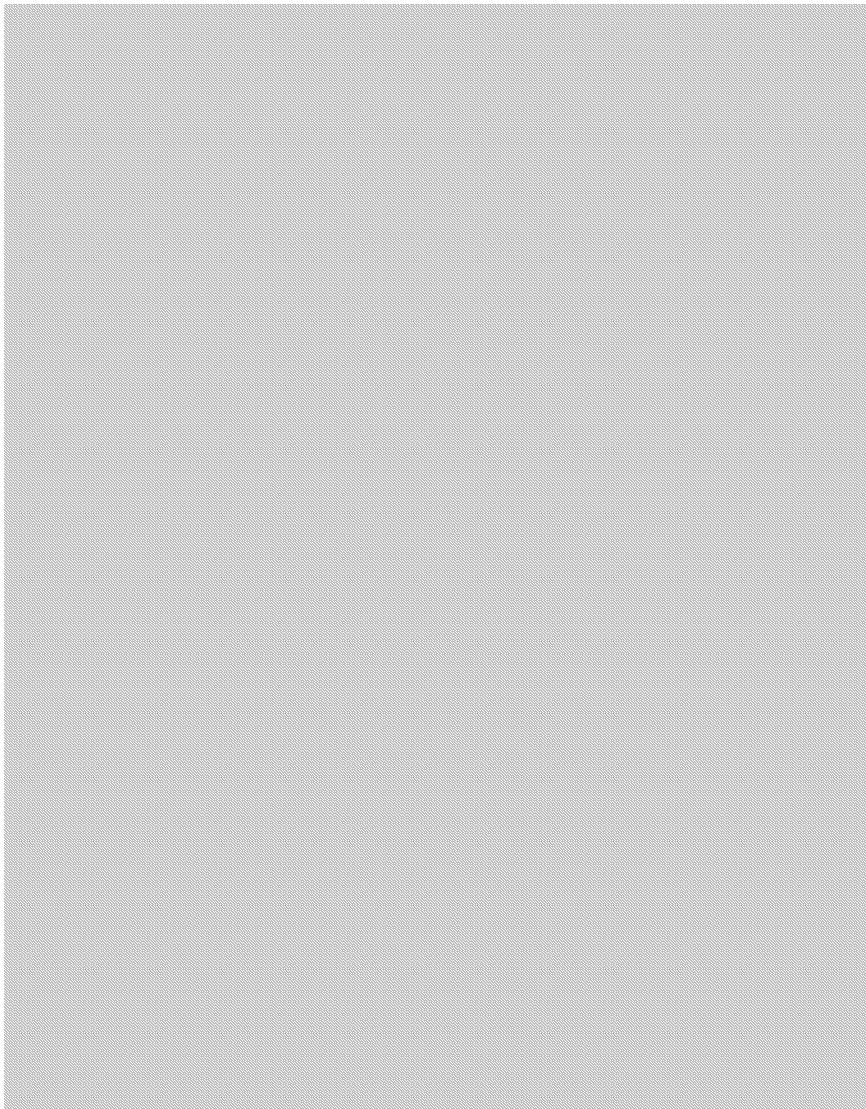
Numerator^d





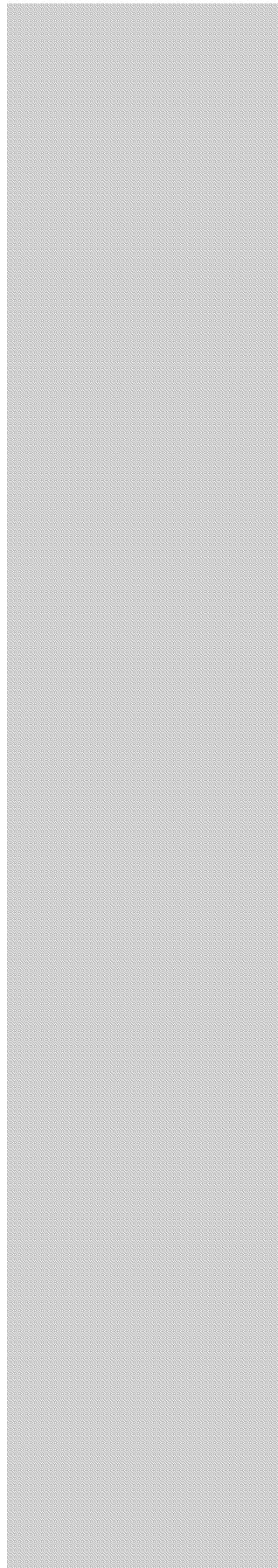
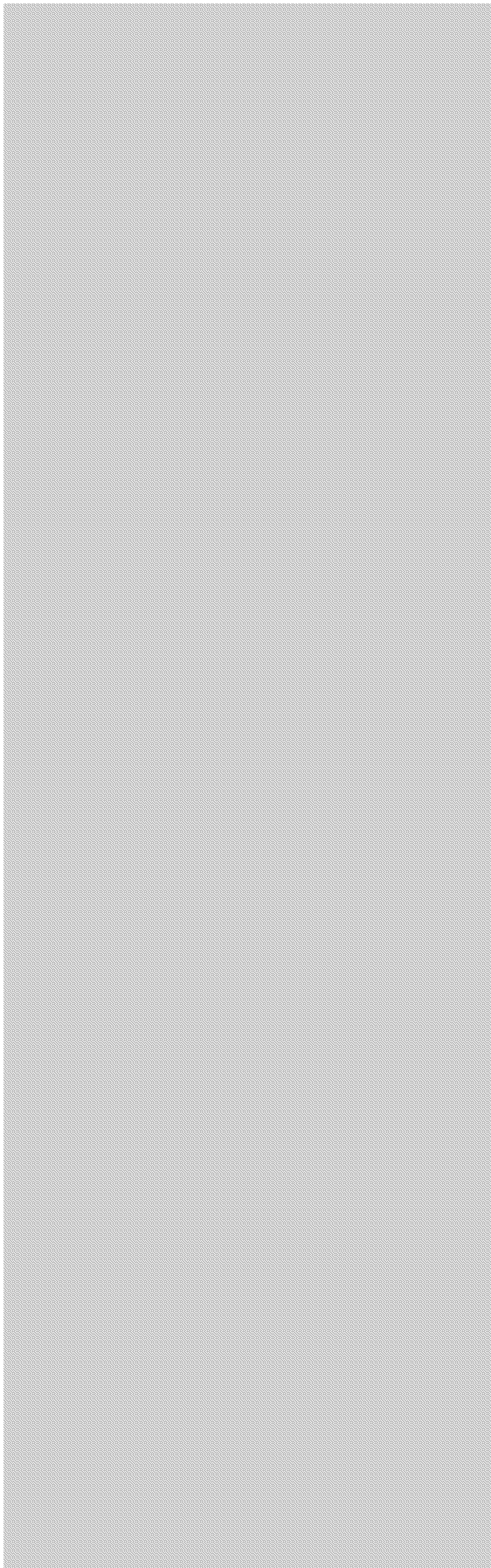


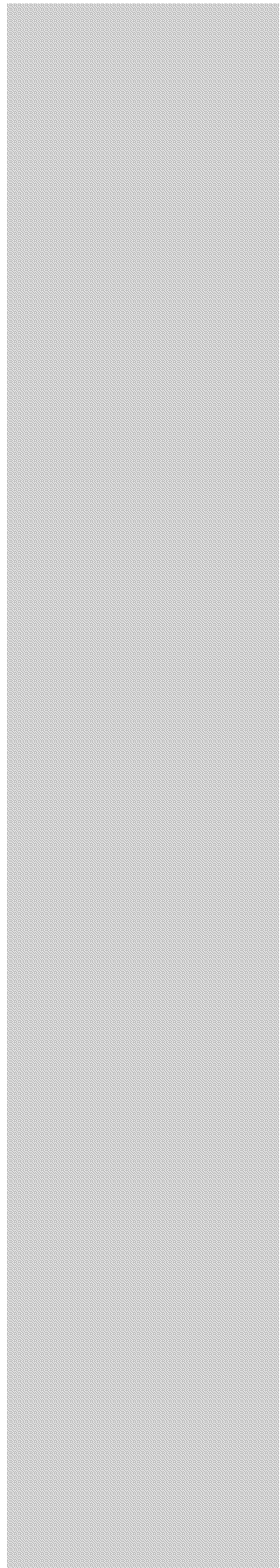
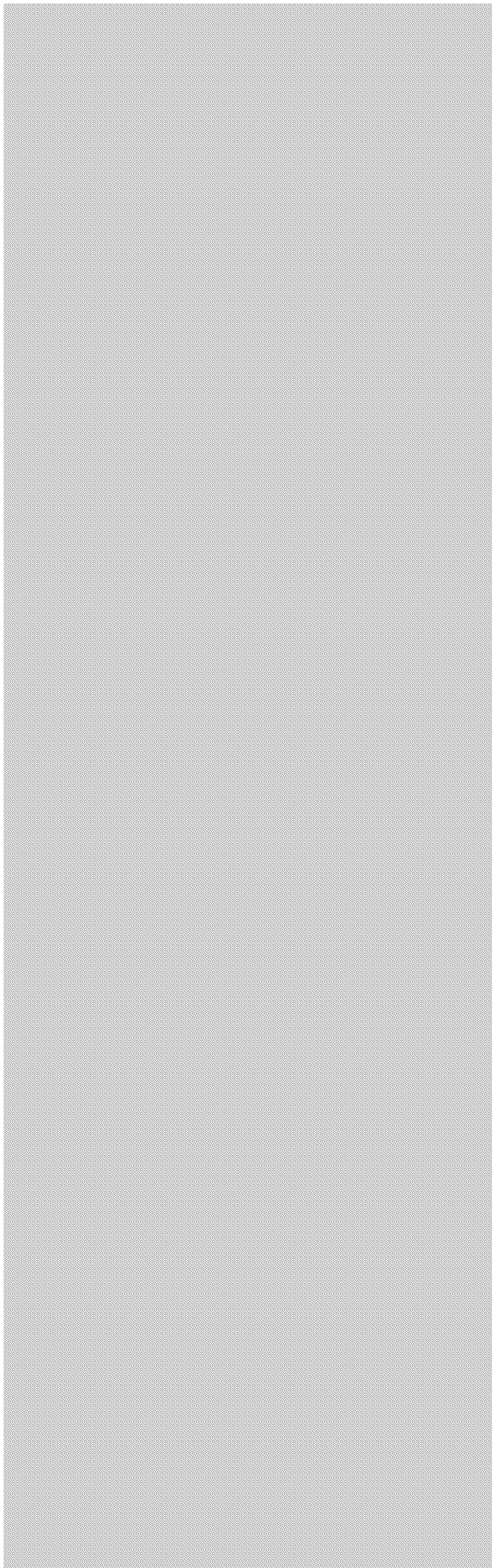


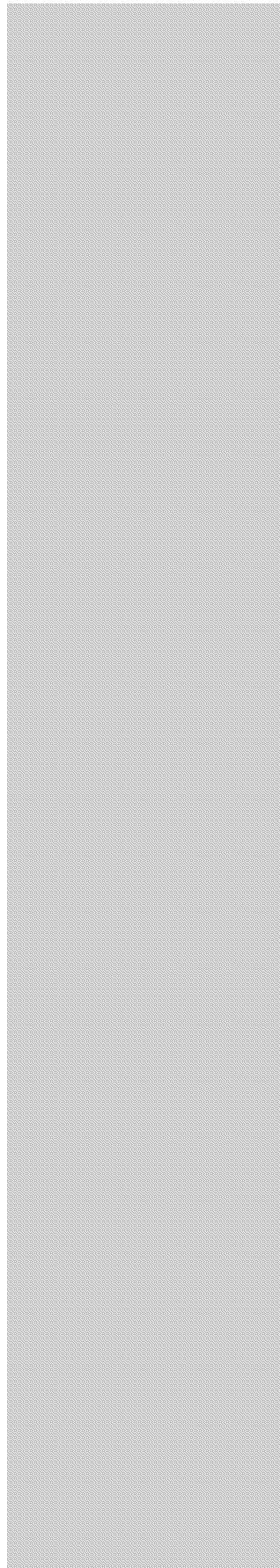
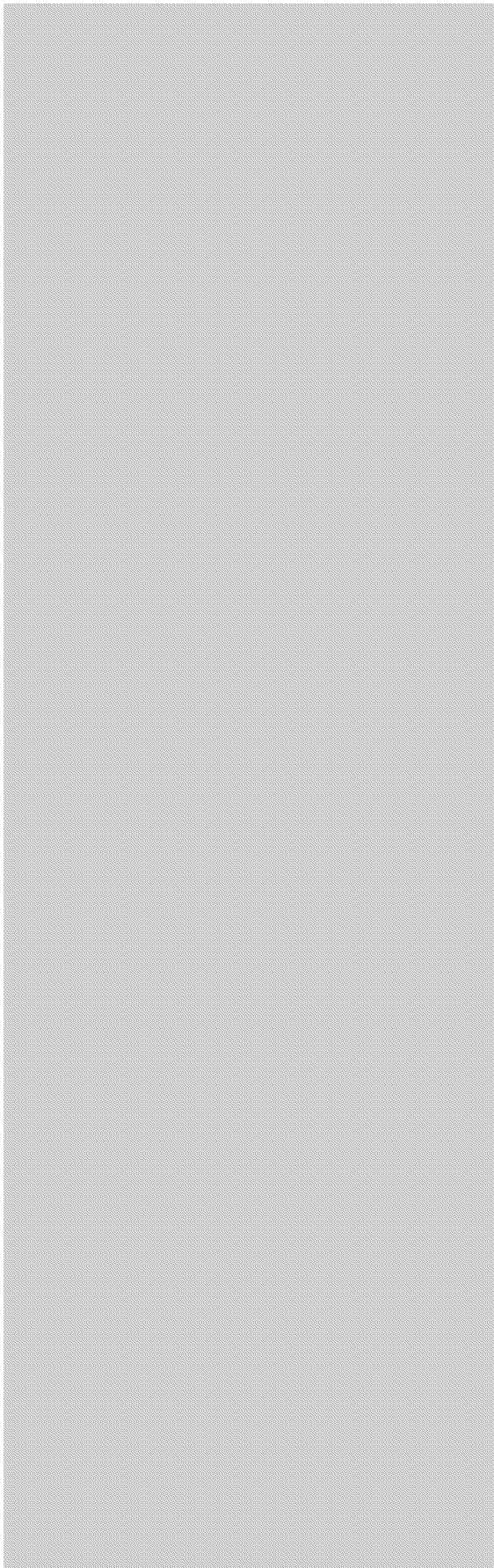


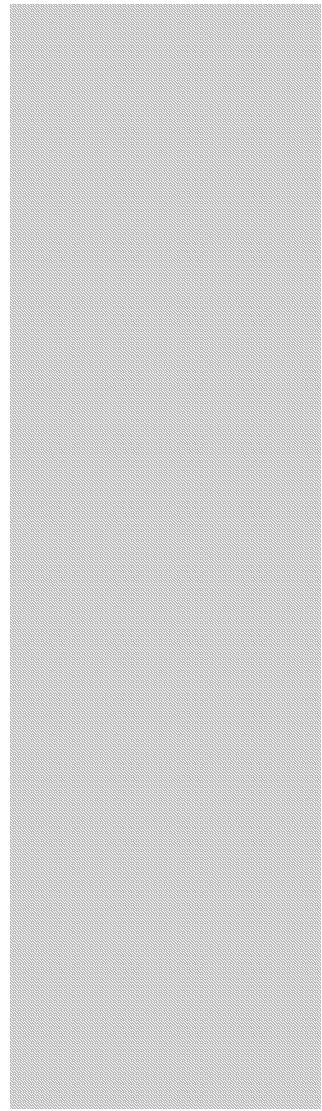
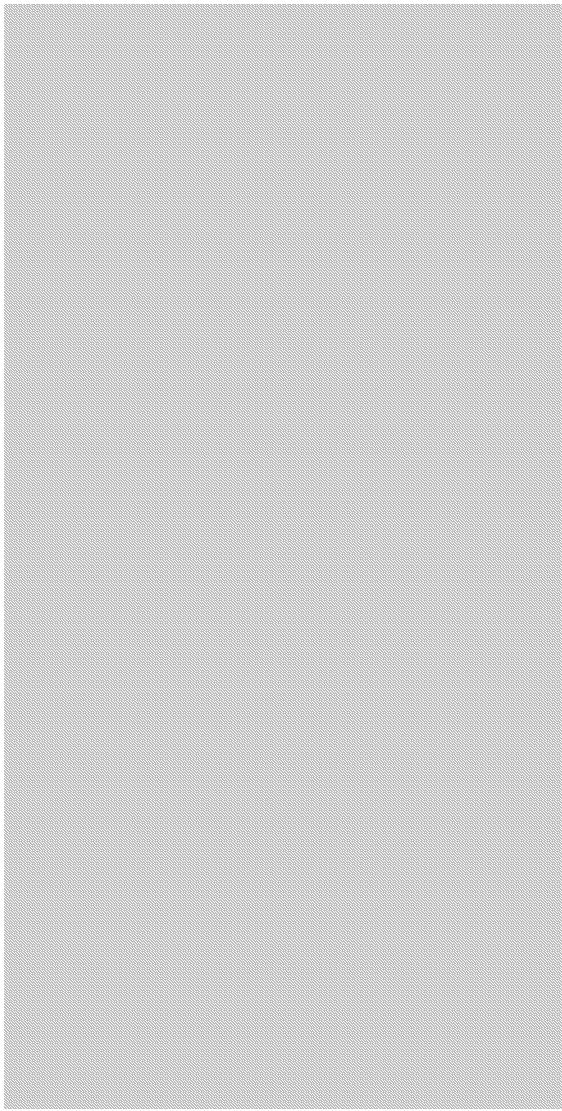
Age 27-35

Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e









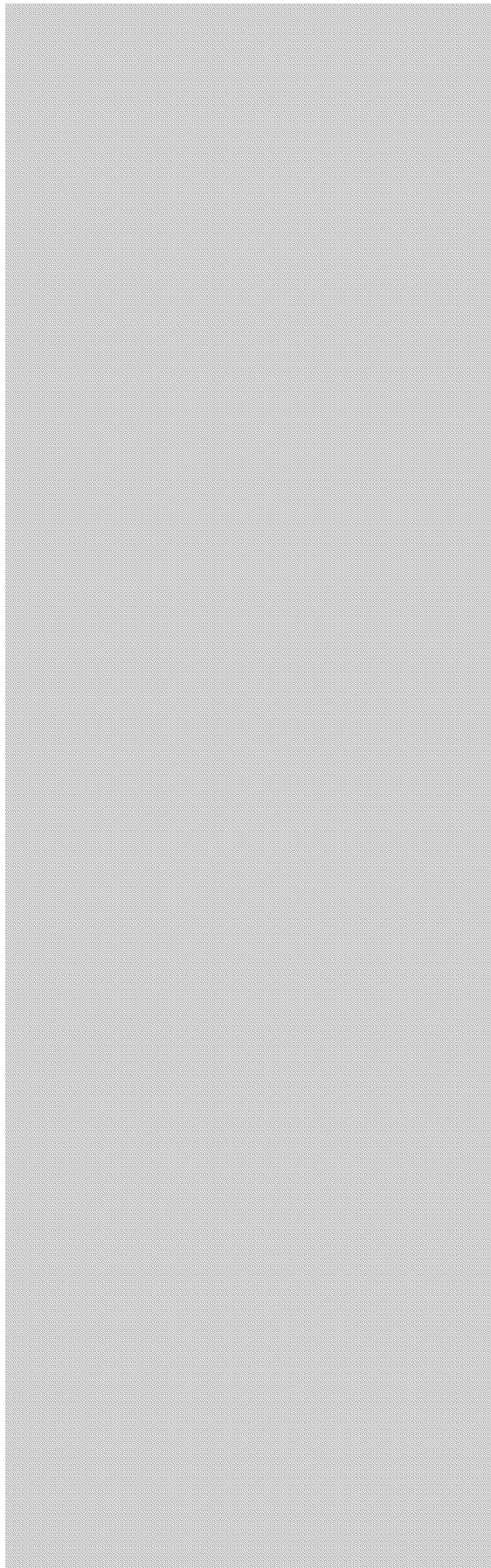
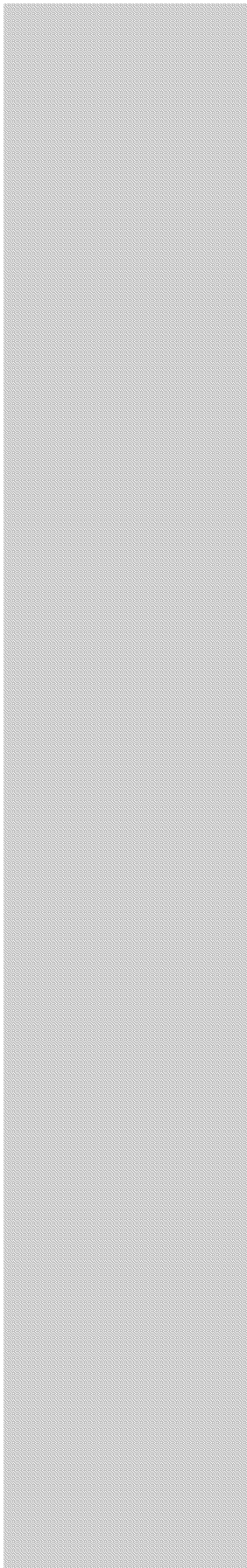
Age 36-45

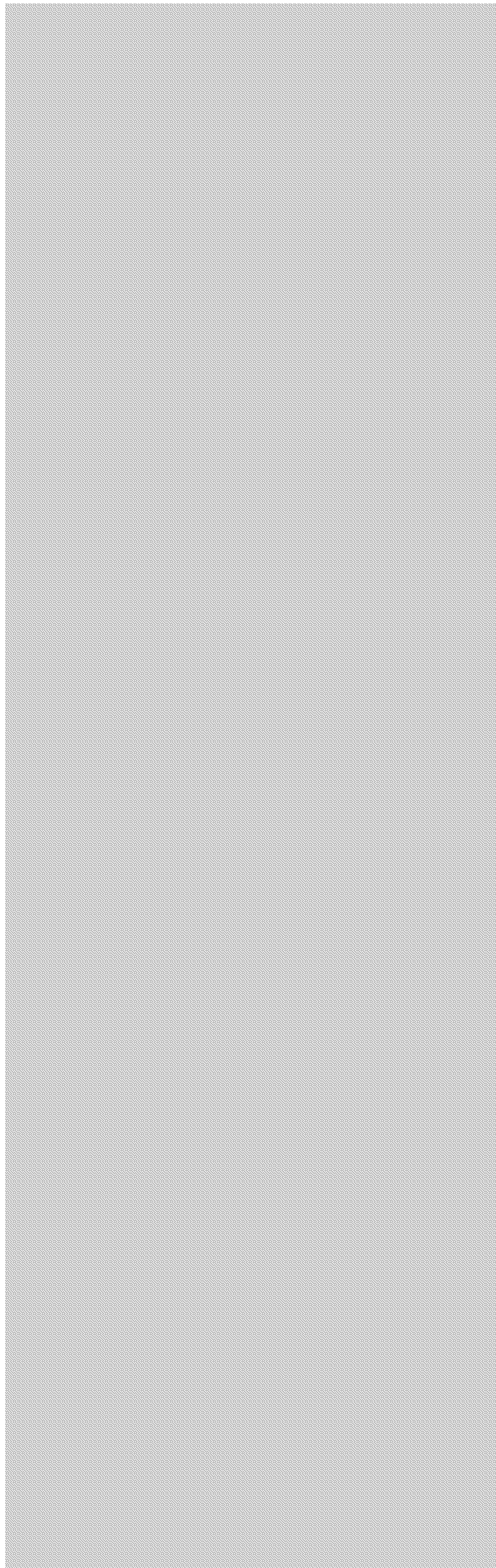
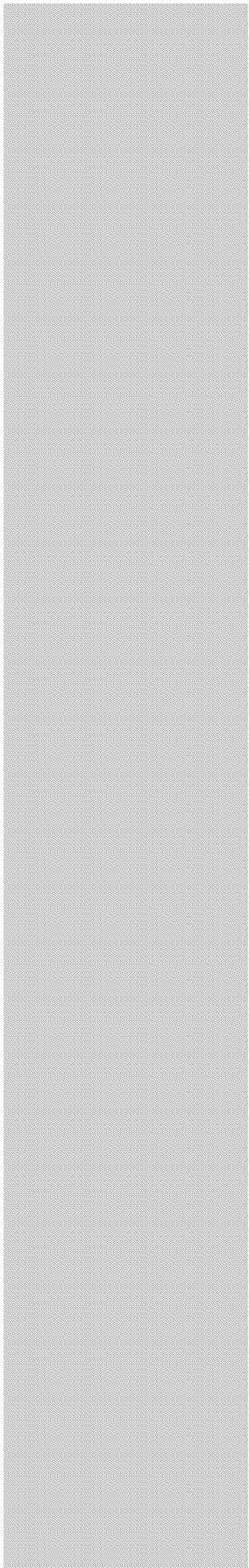
Denominator

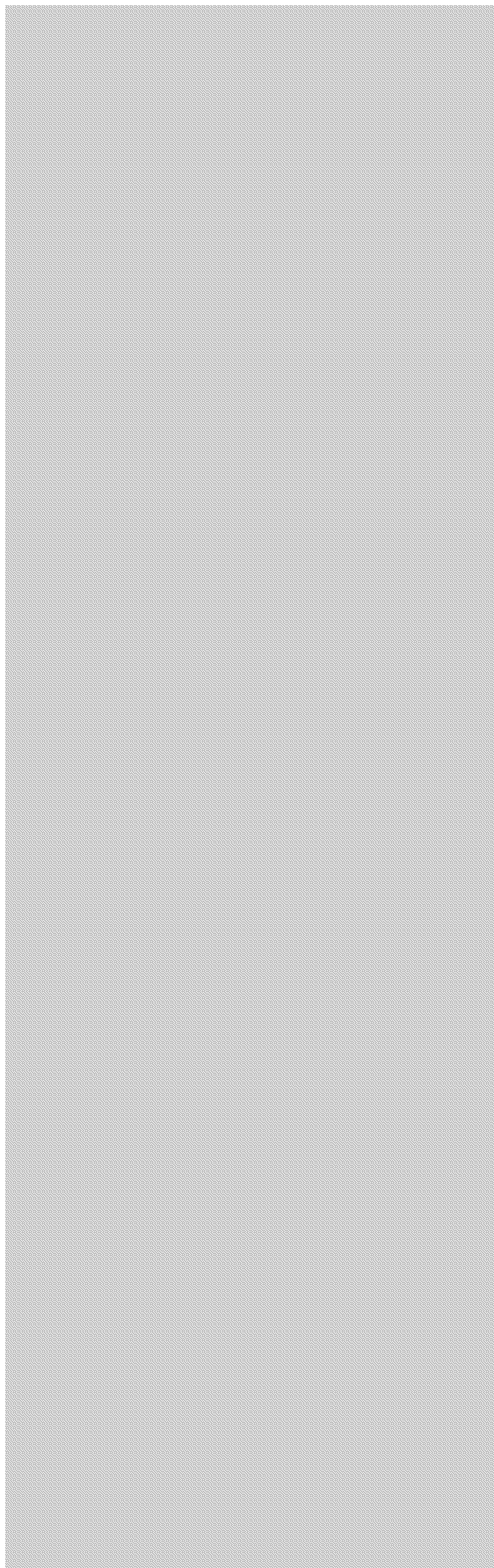
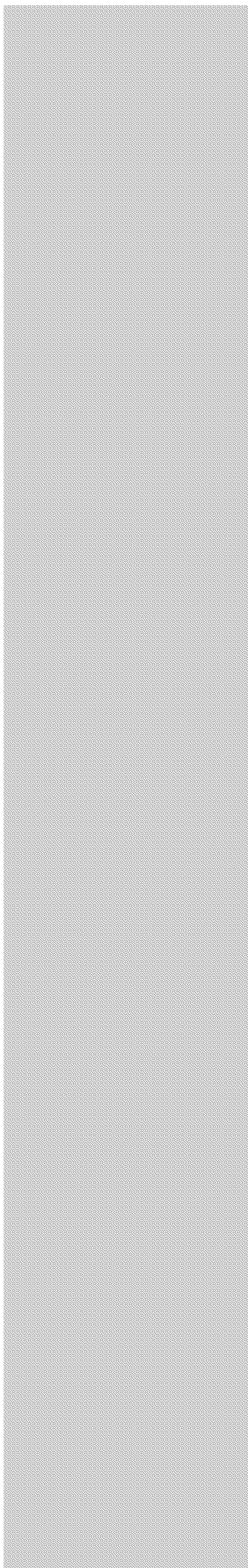
Numerator^d

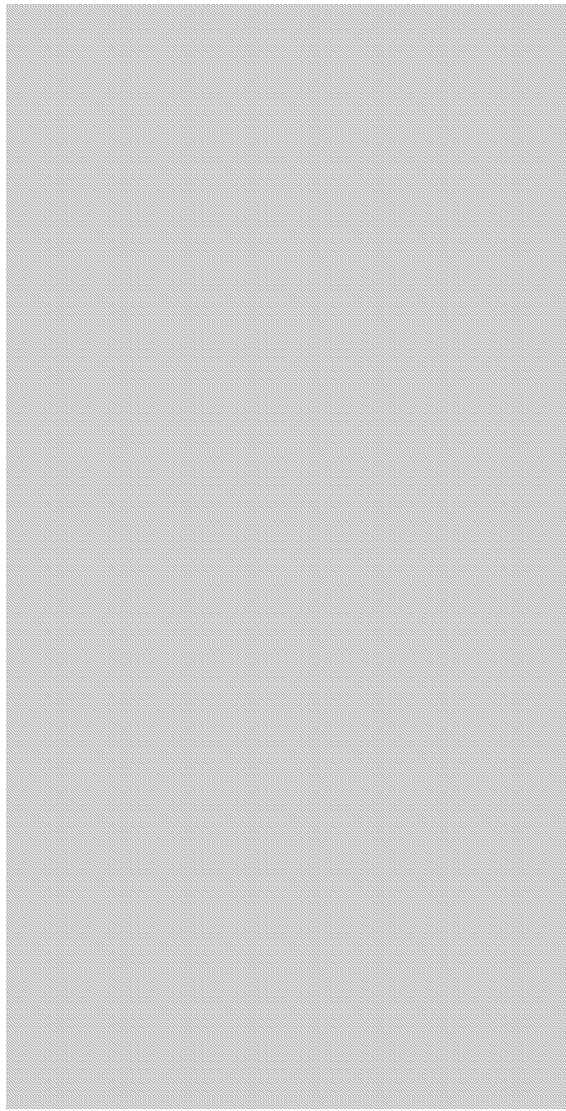
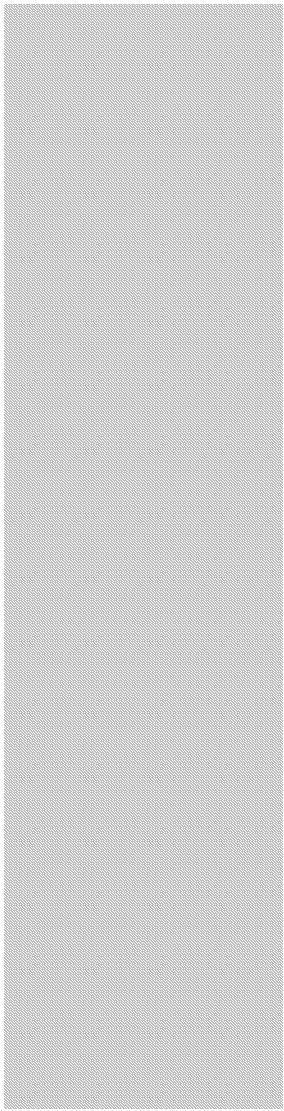
Rate/Percentage^e

Denominator









Age 46-55

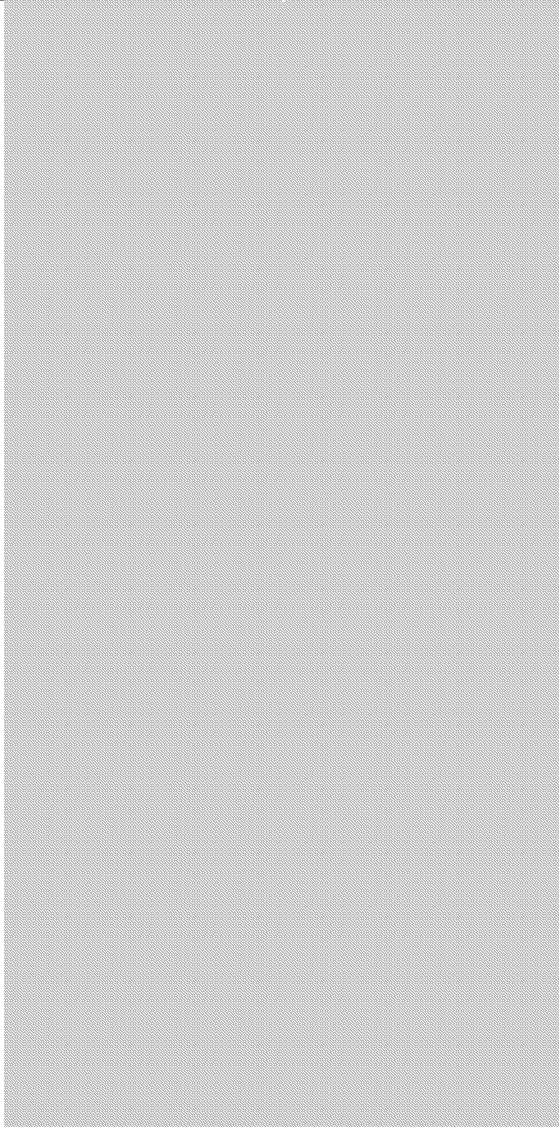
Age 56-64

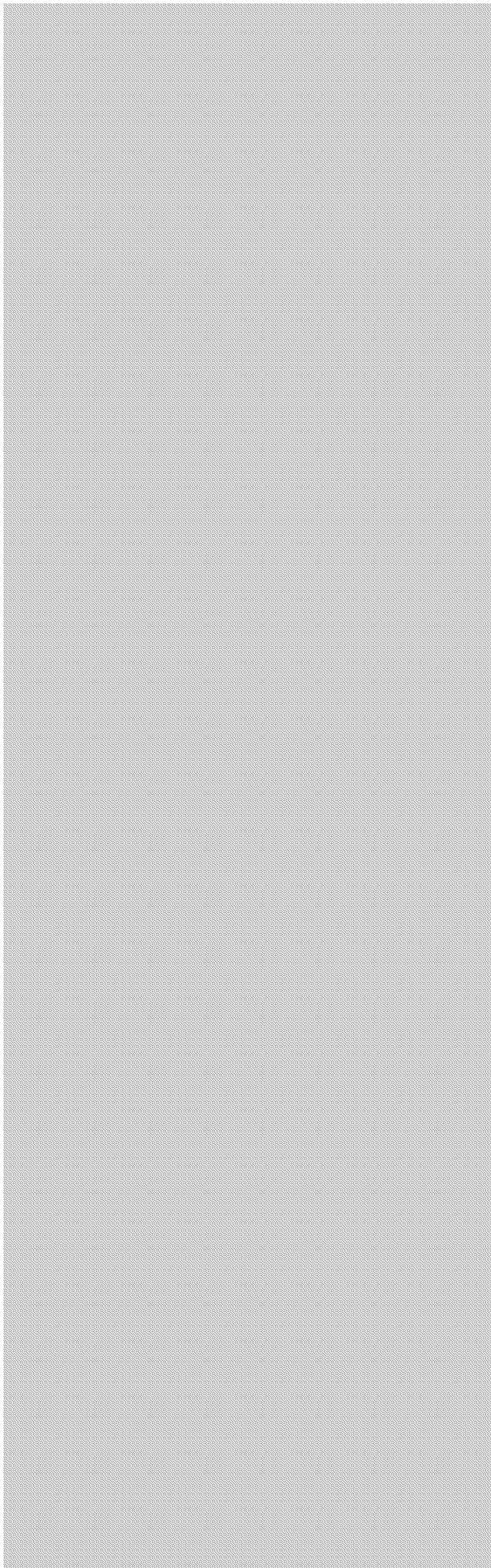
Numerator^d

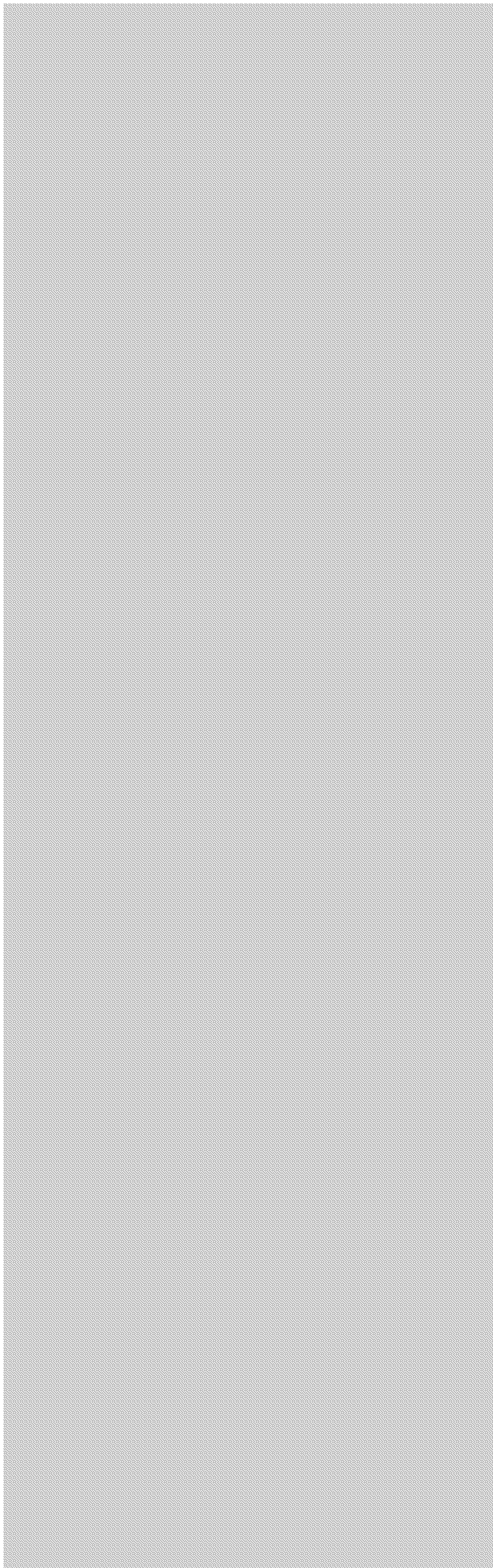
Rate/Percentage^e

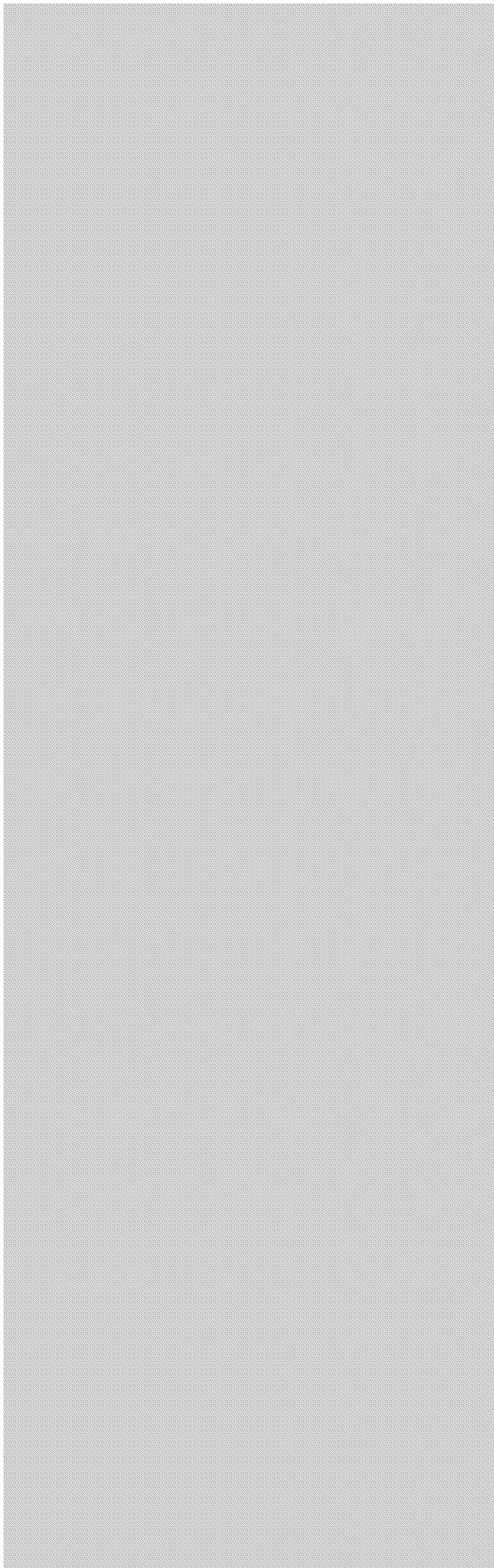
Denominator

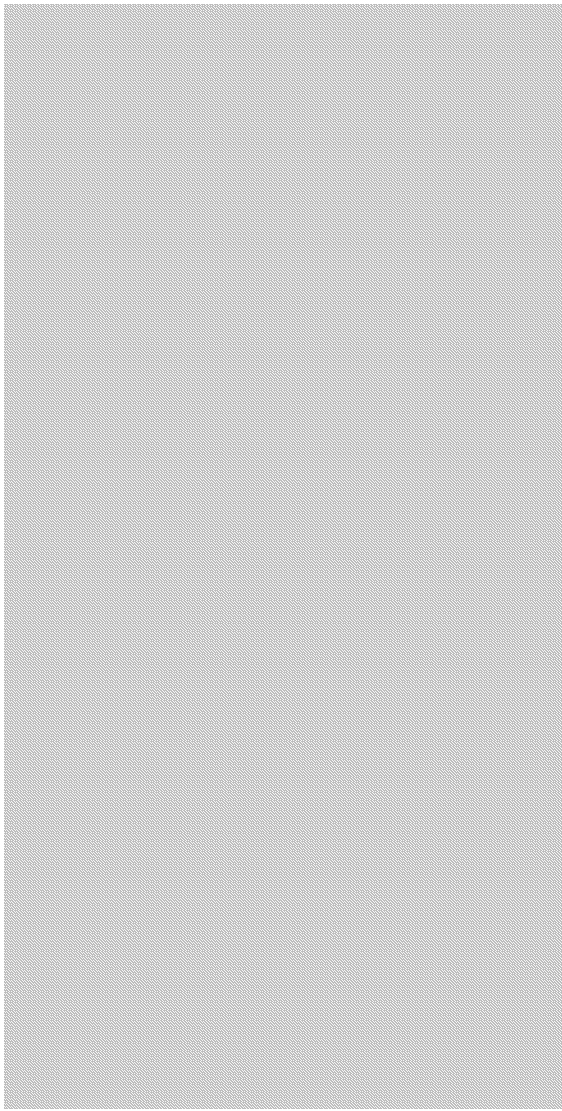
Numerator^d



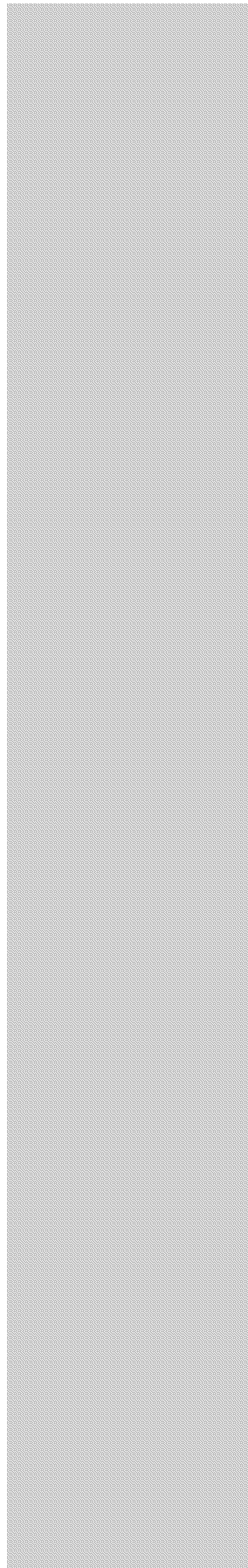
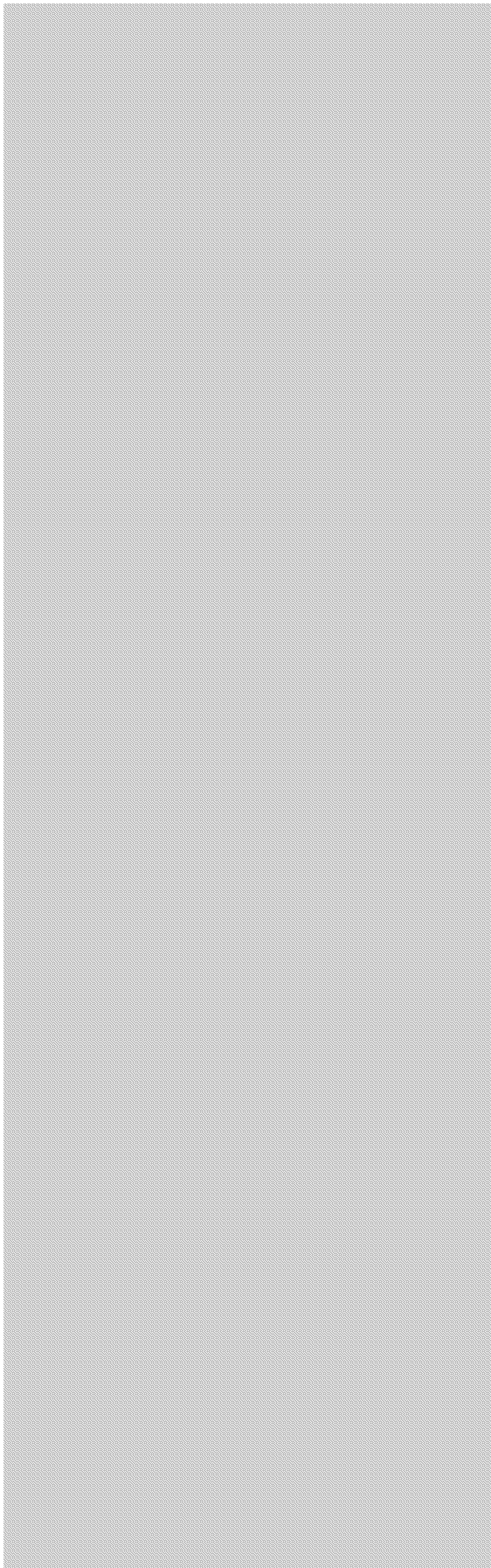


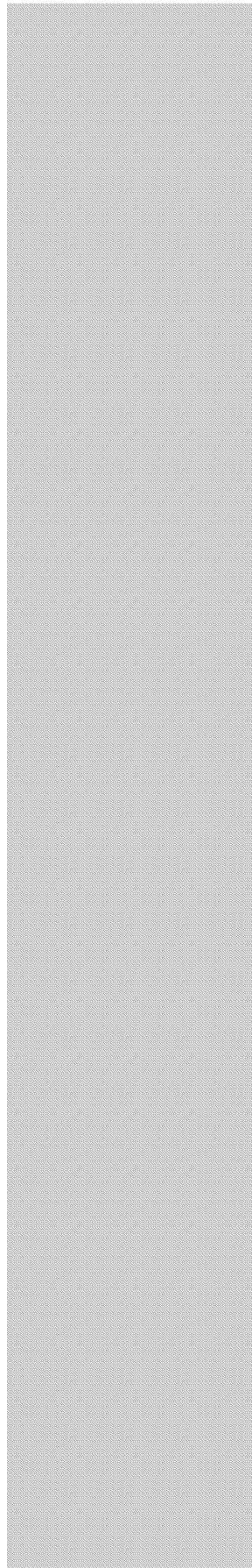
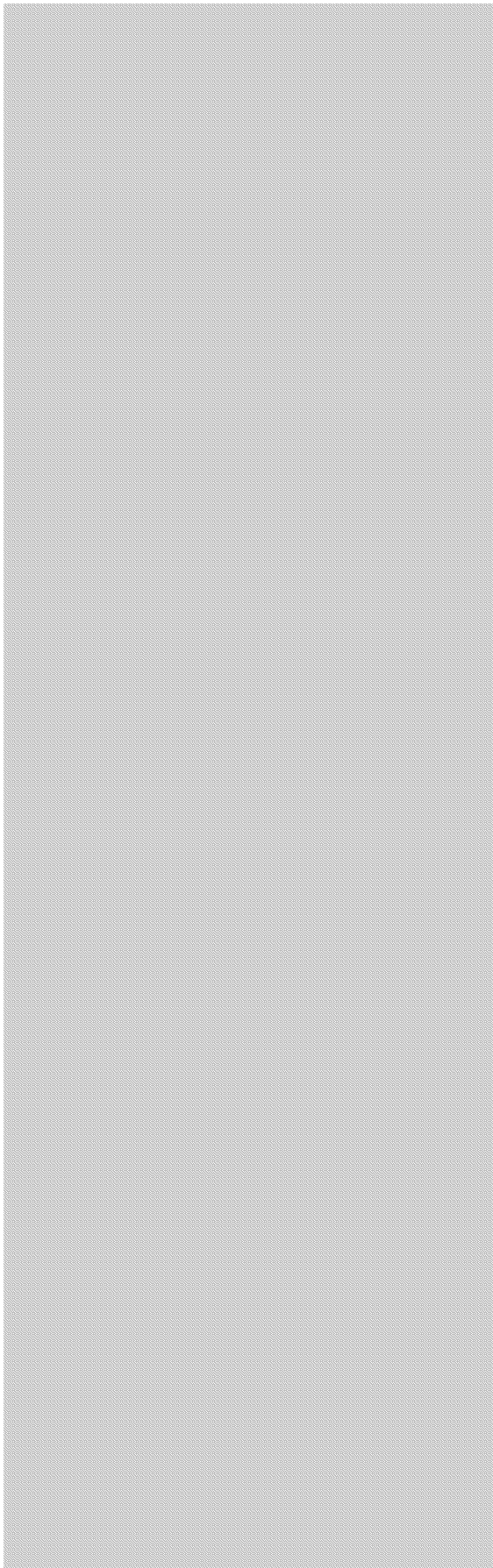


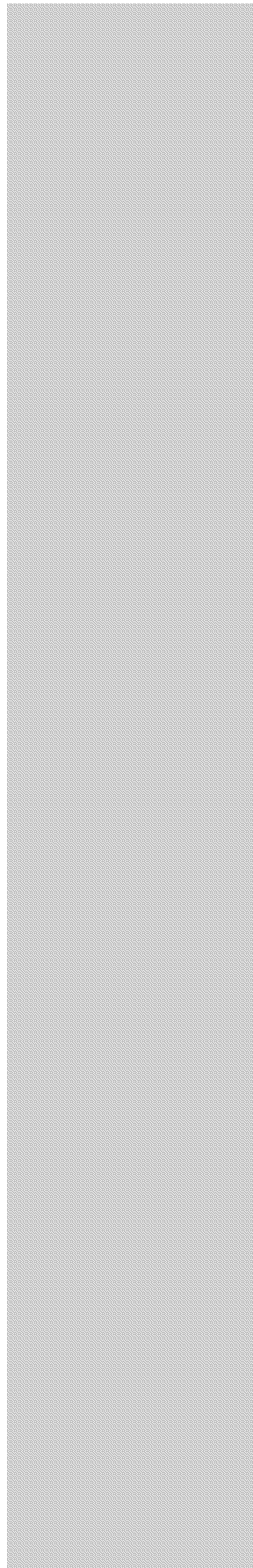
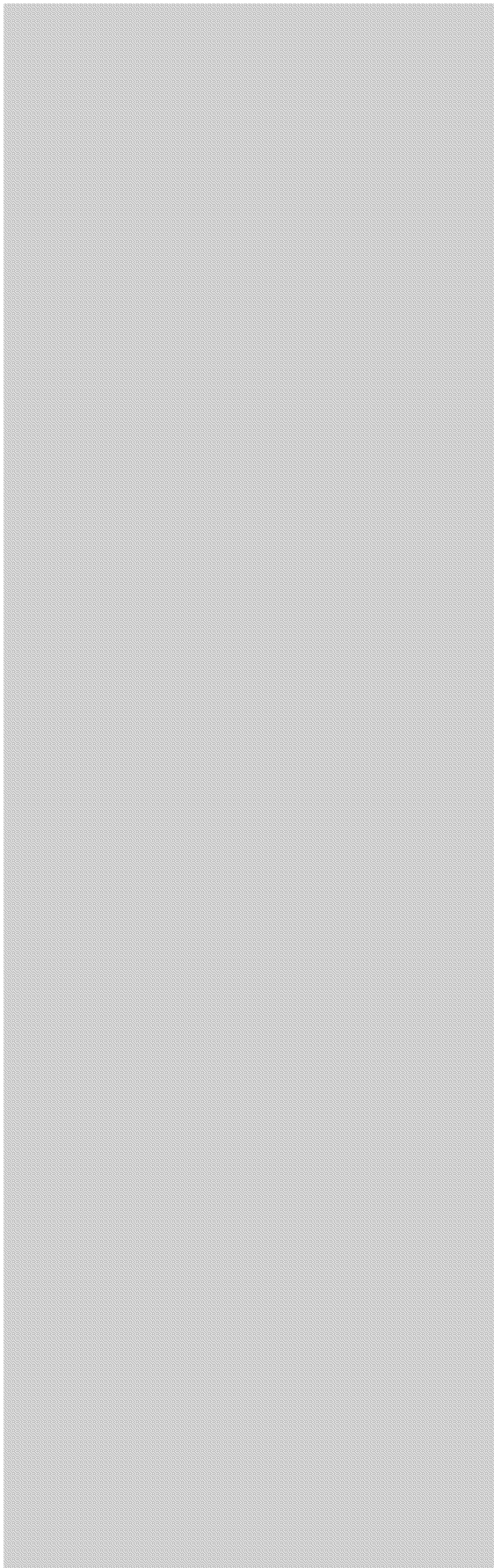


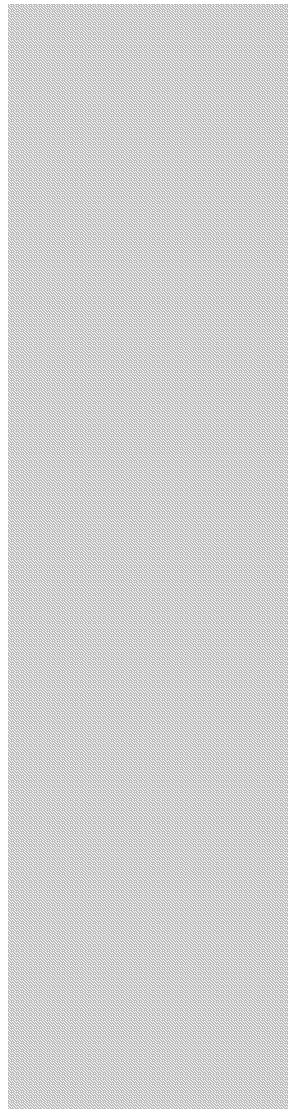
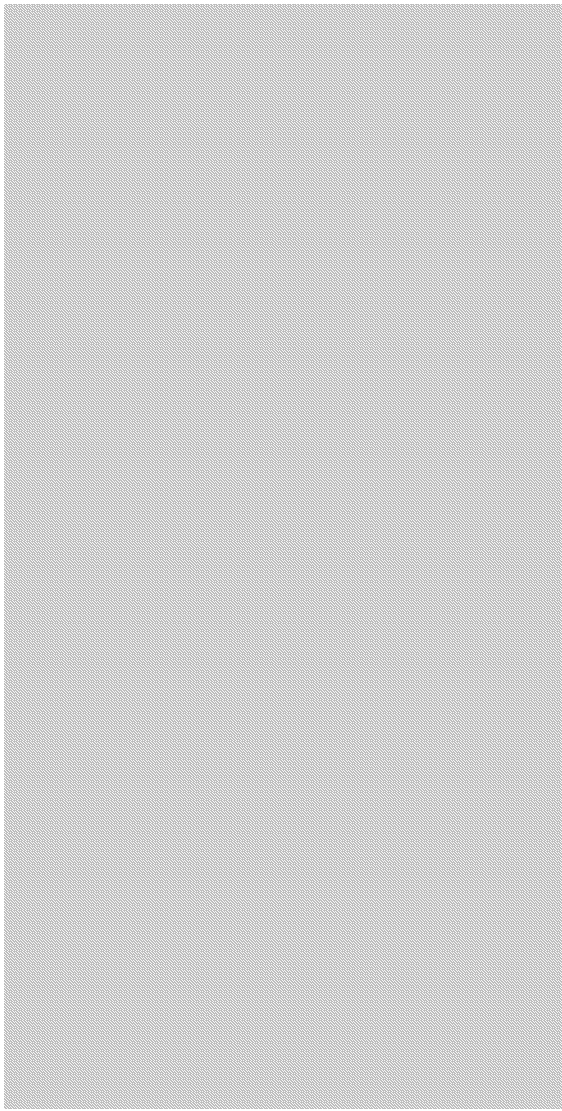


Male			
Rate/Percentage ^e	Denominator	Numerator ^c	Rate/Percentage ^d









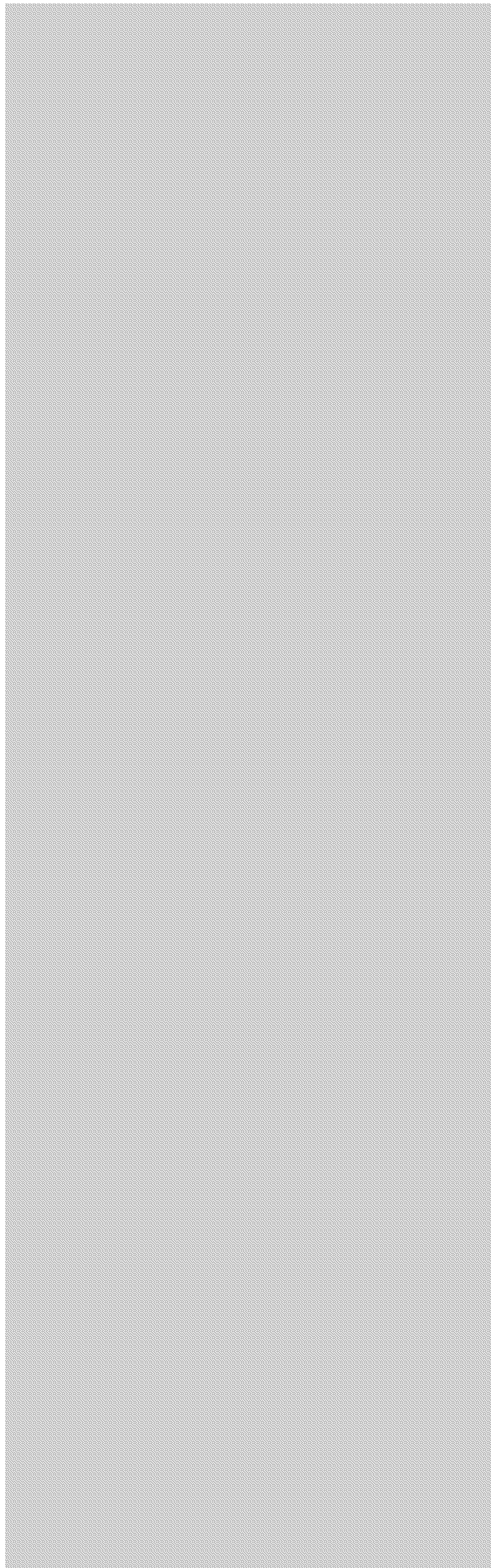
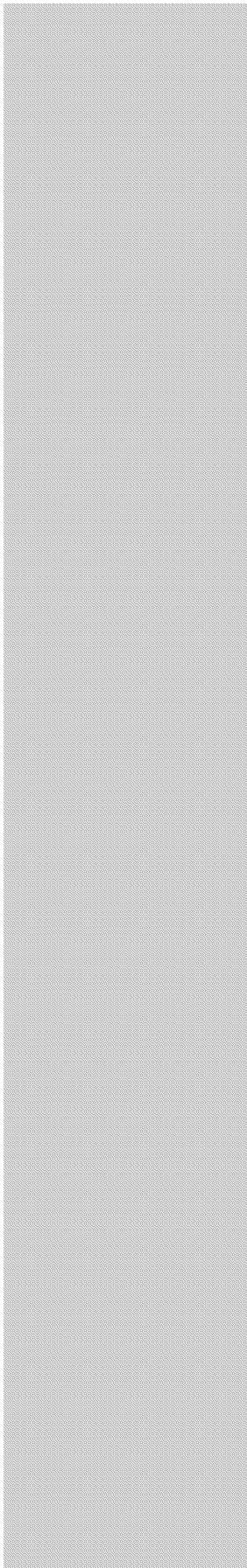
Female

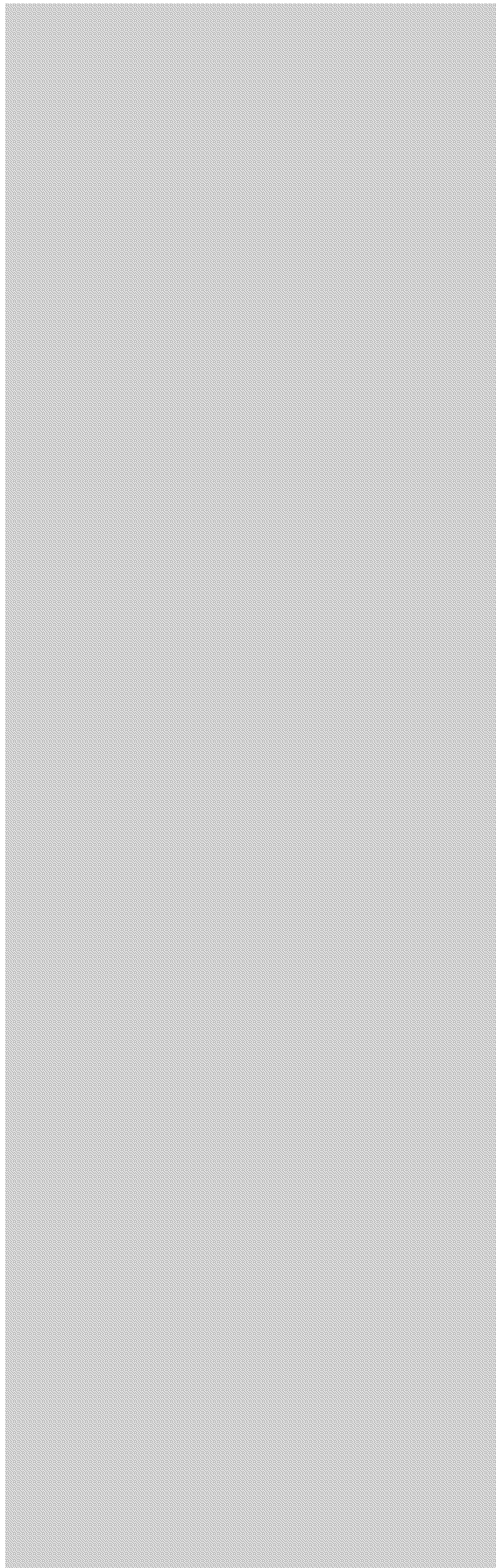
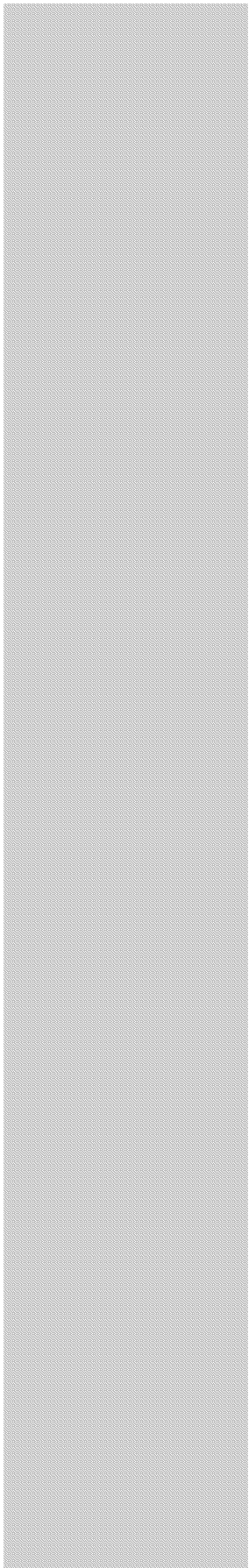
Denominator

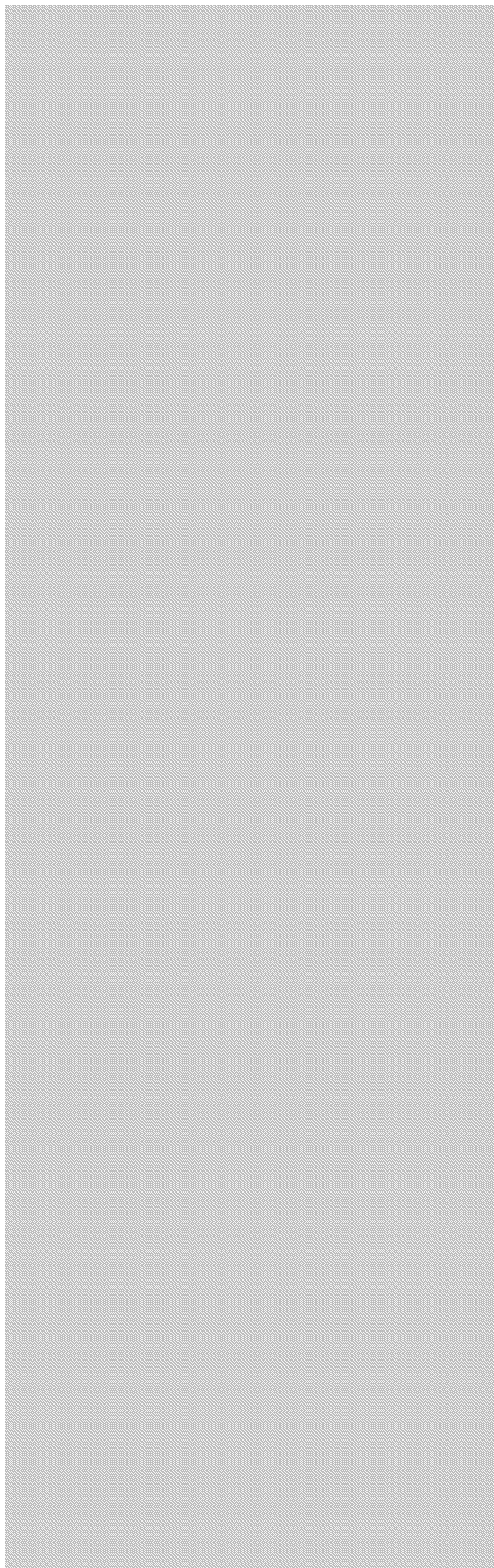
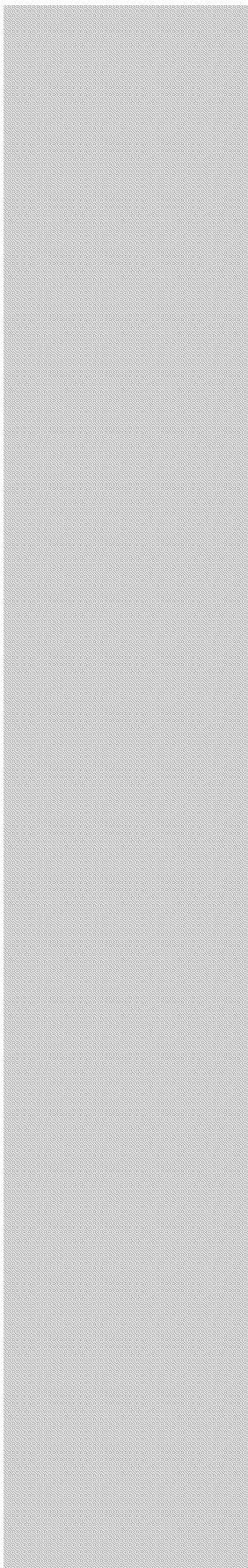
Numerator^c

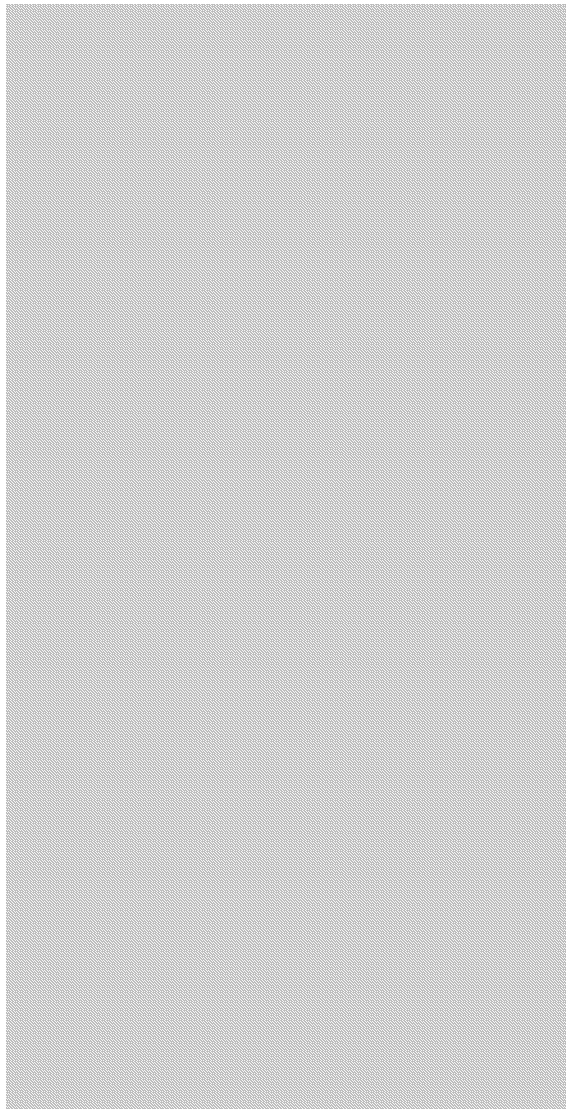
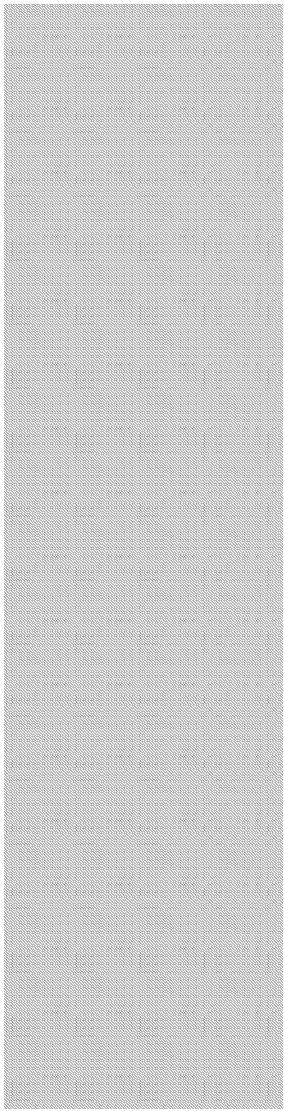
Rate/Percentage^d

Denominator

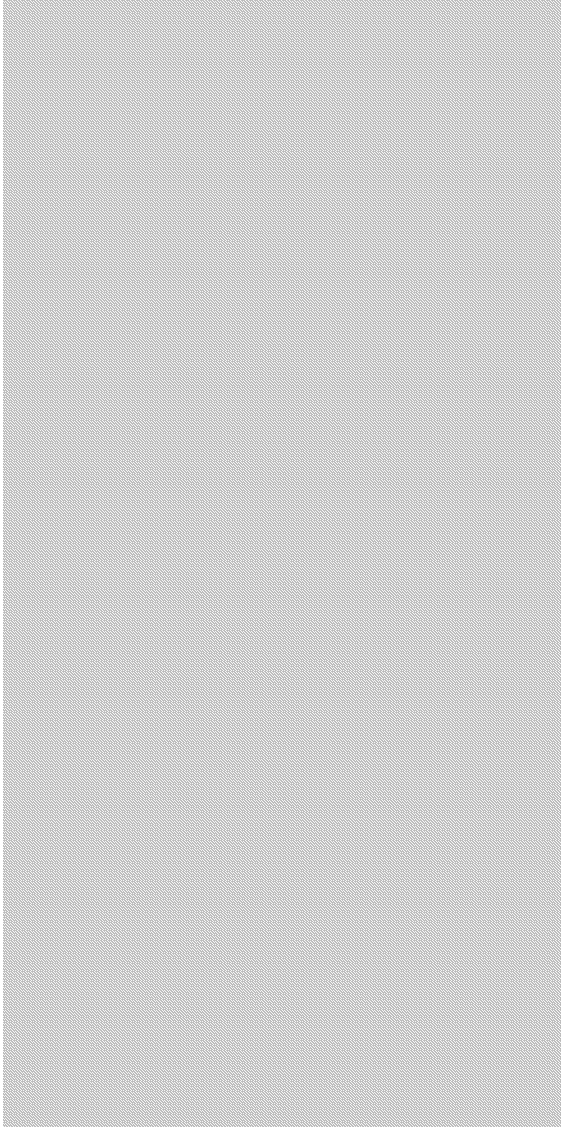


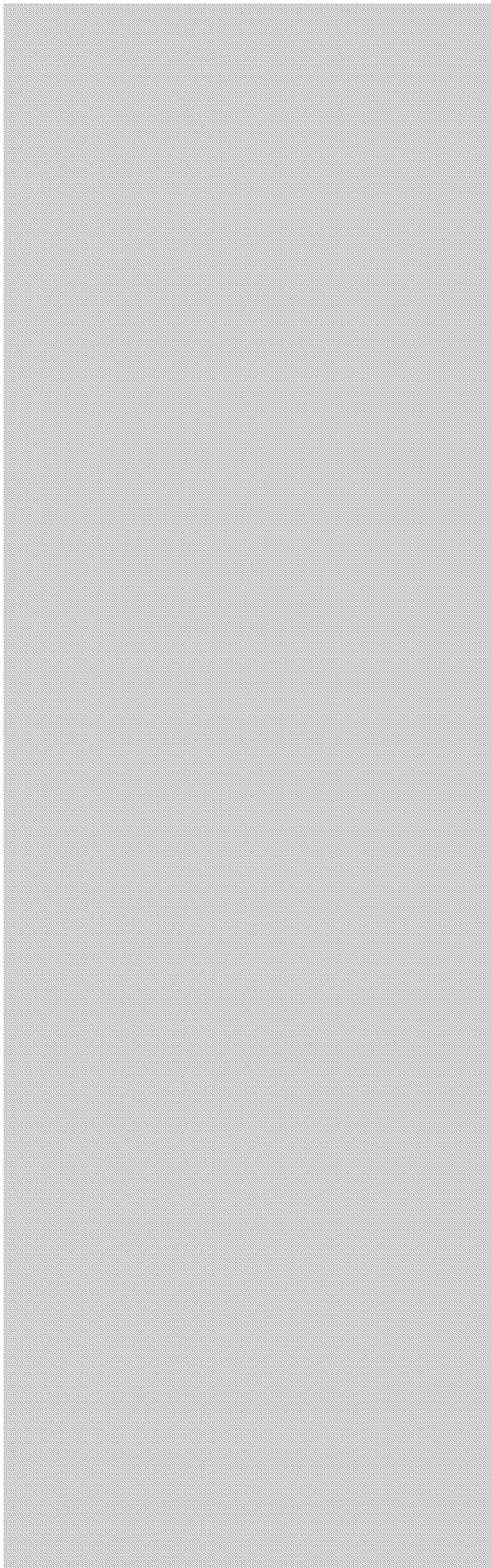


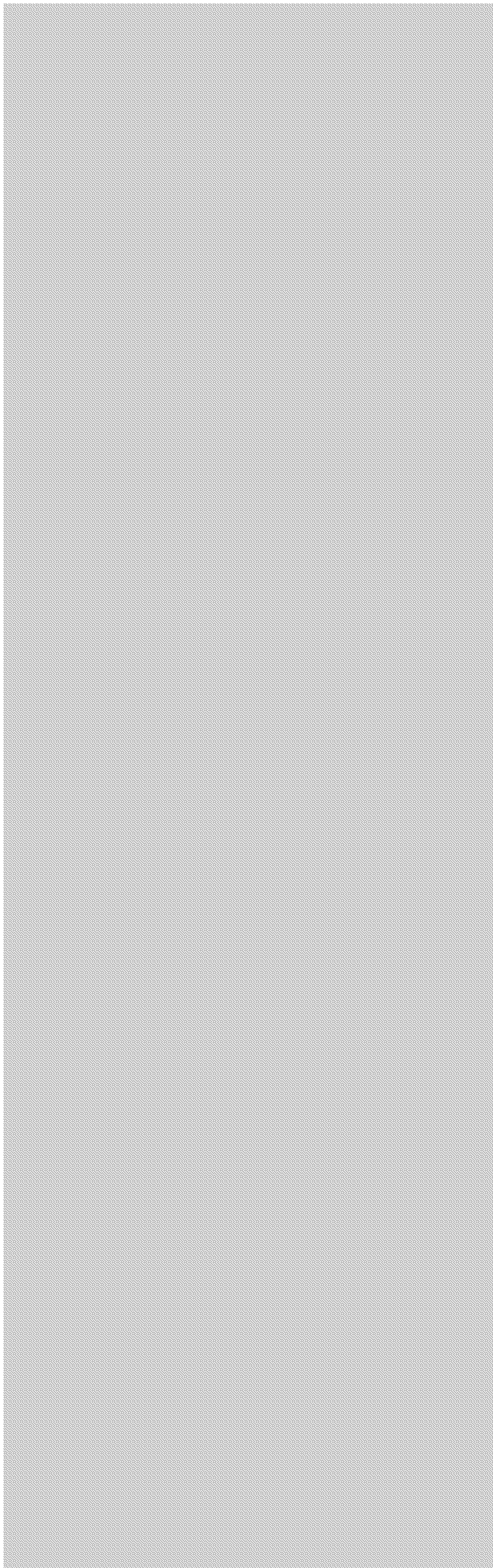


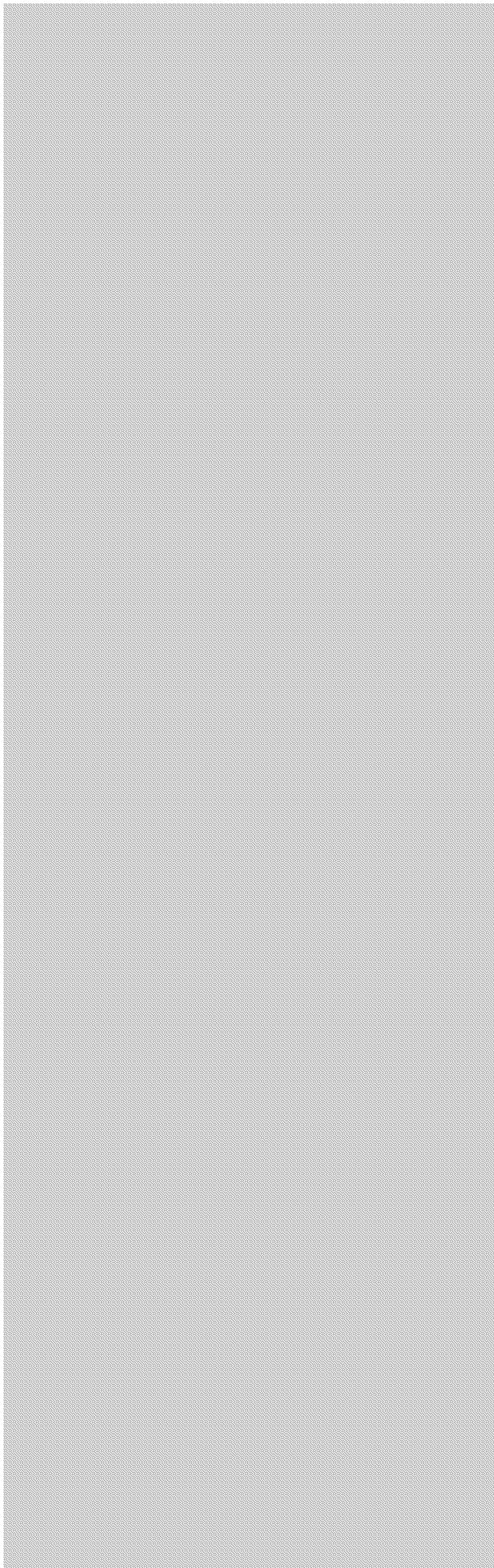


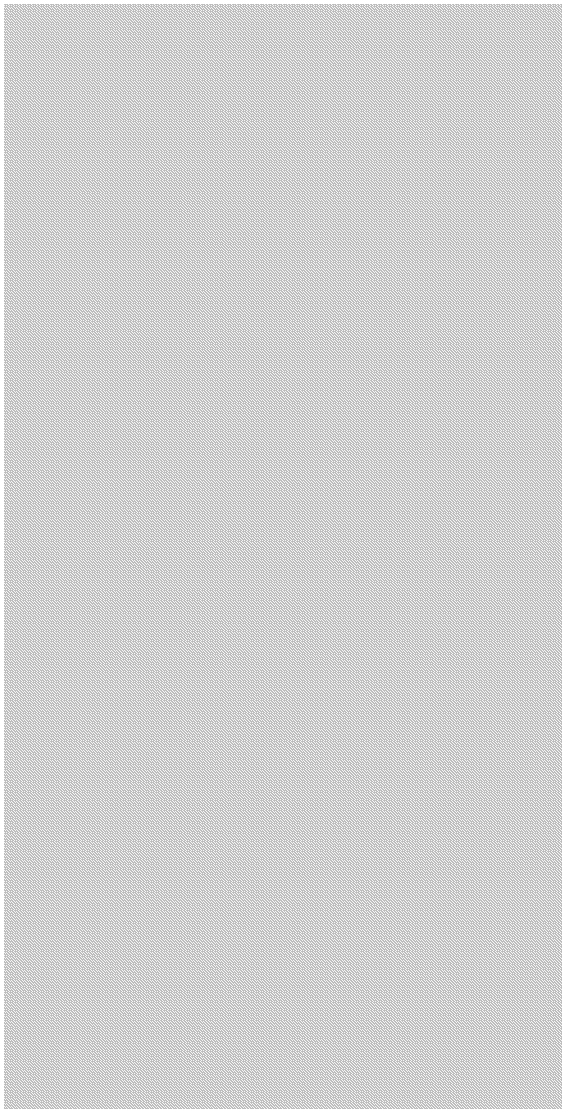
White		Black or African American	
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d



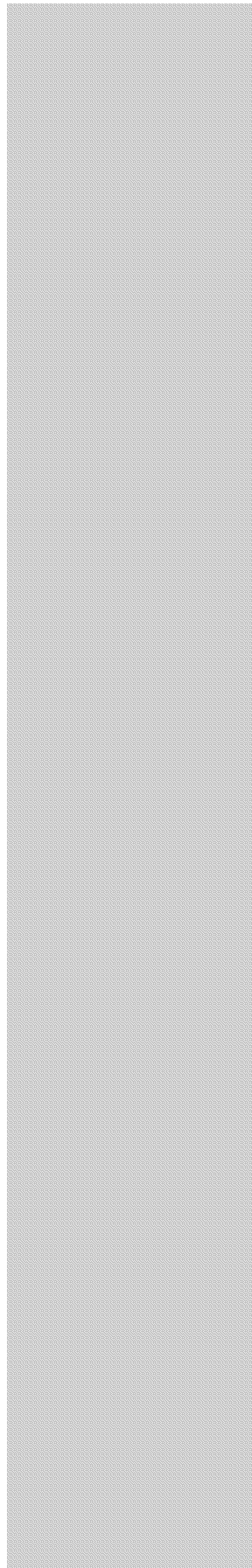
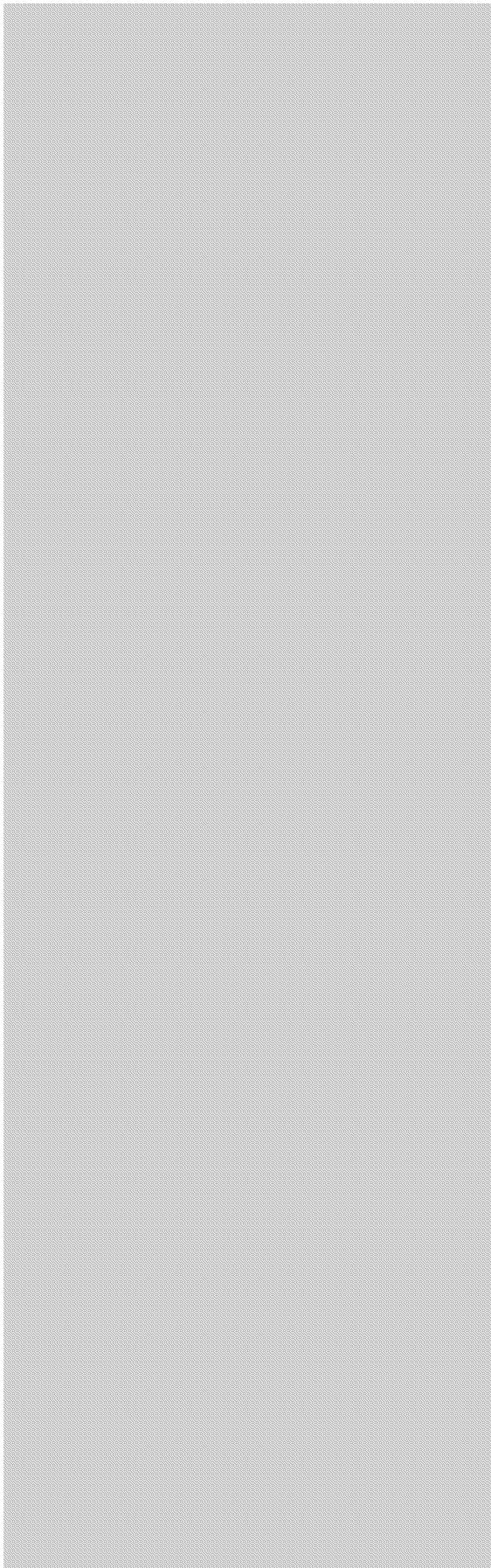


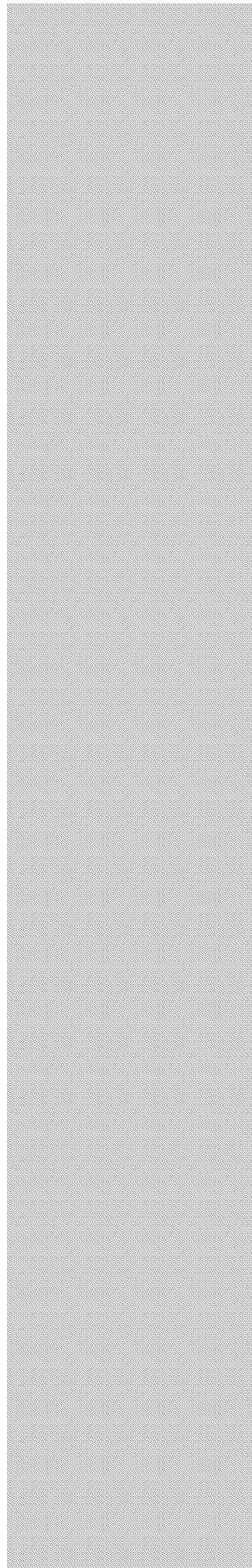
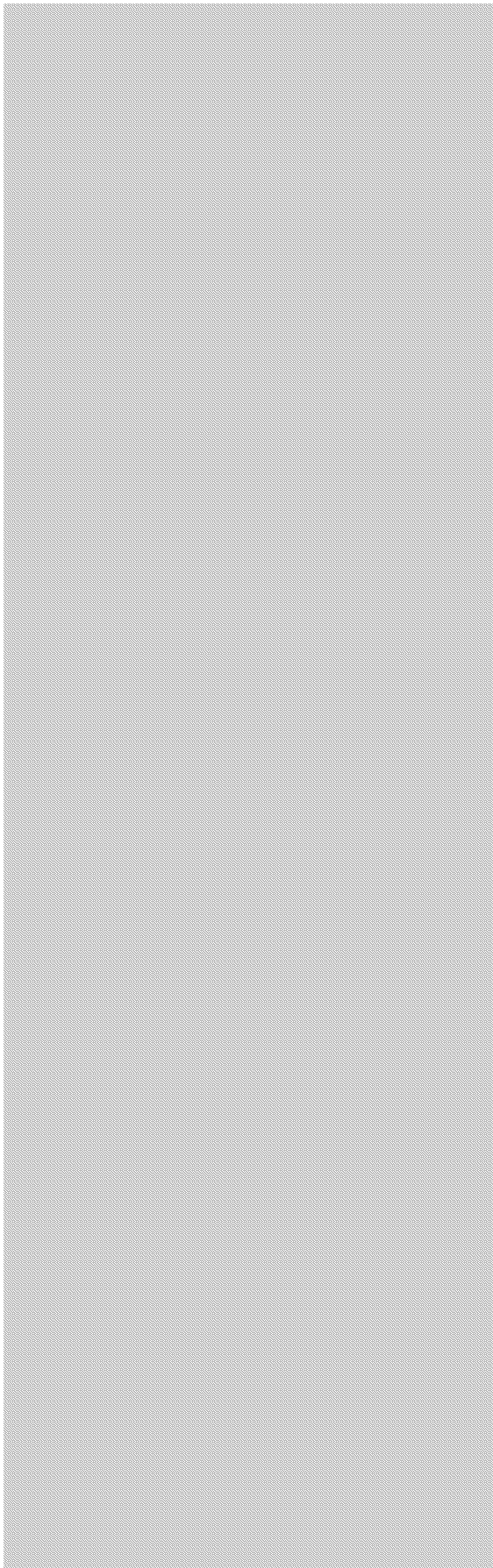


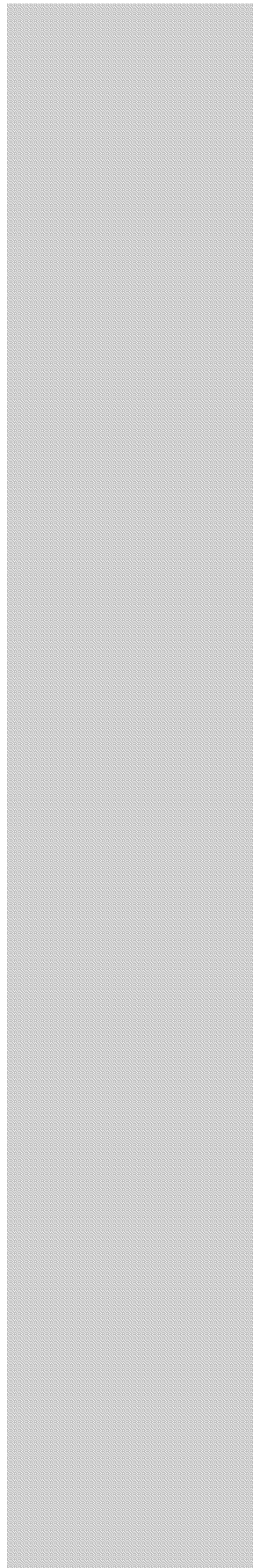
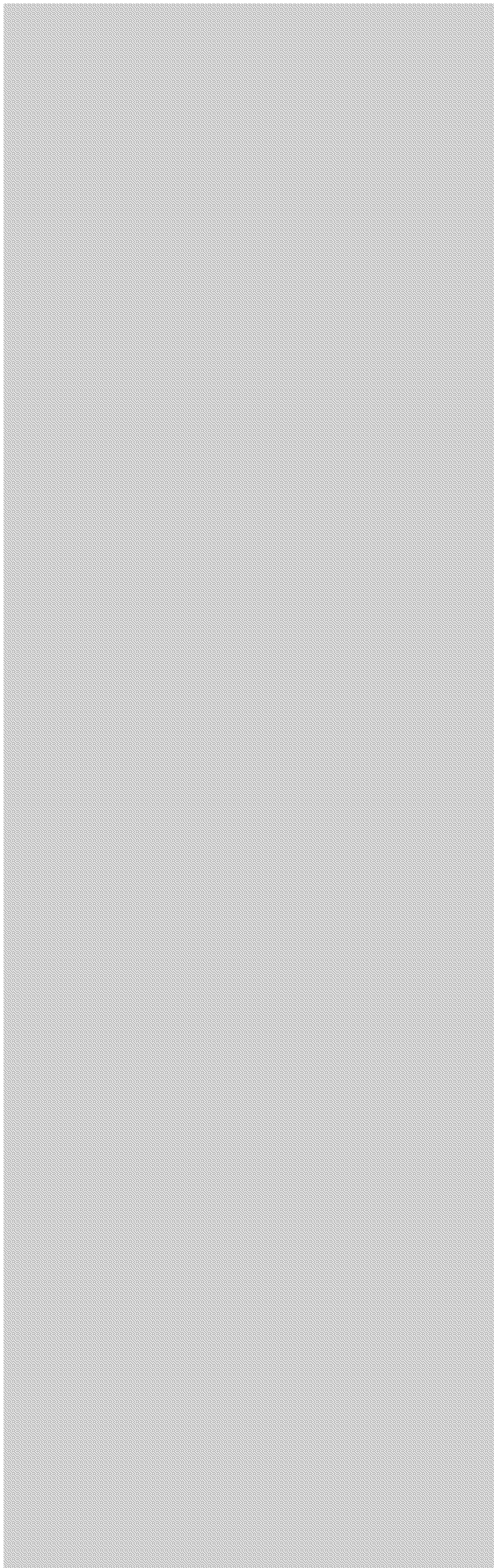


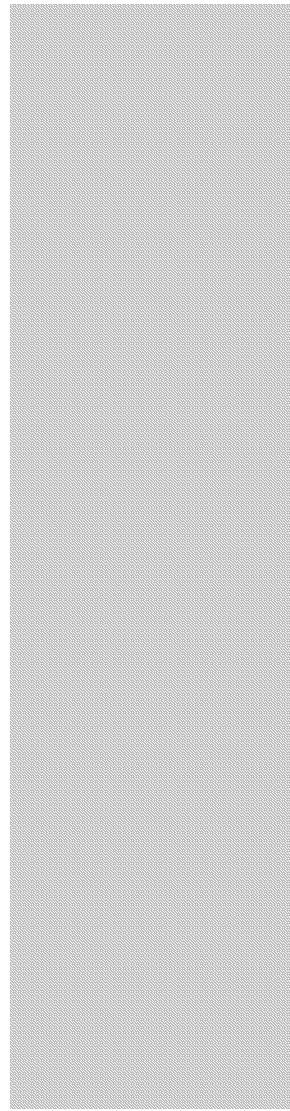
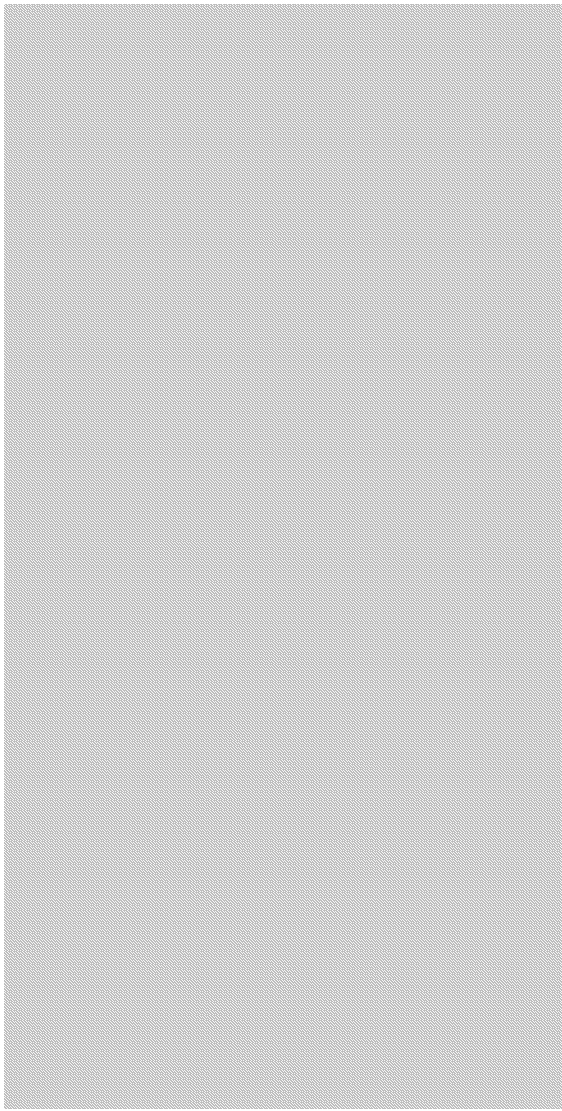


n	Asian		
Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e









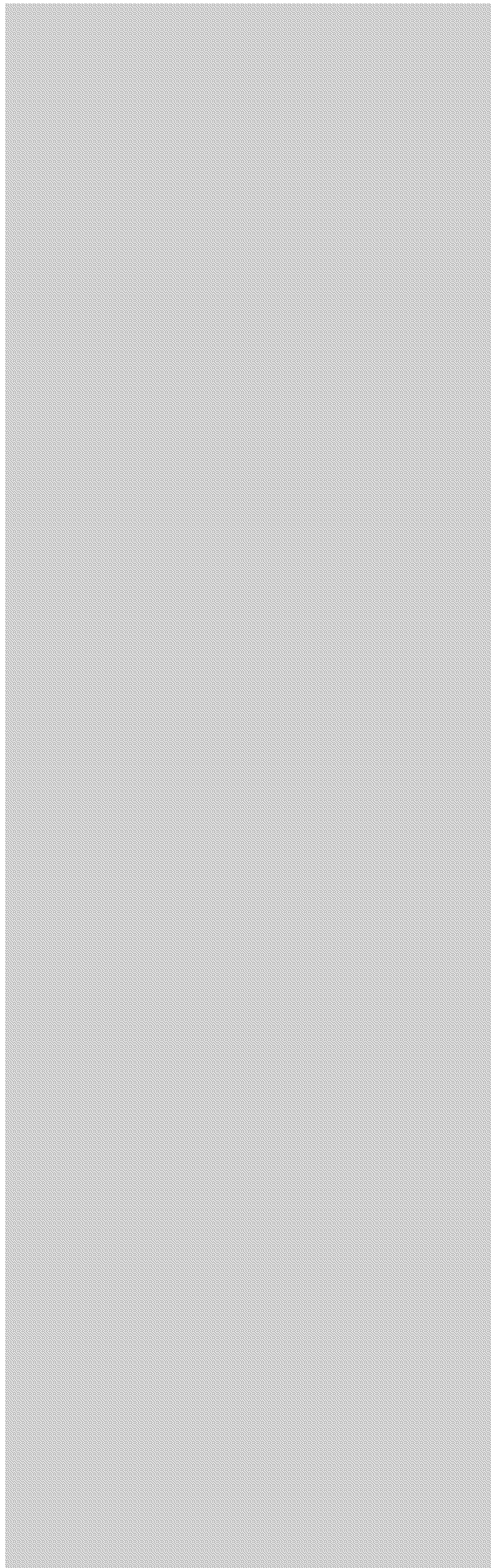
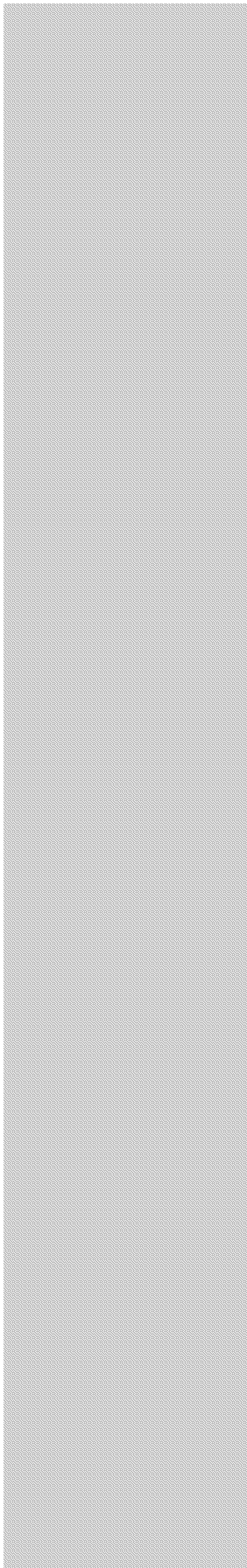
American Indian or Alaskan Native

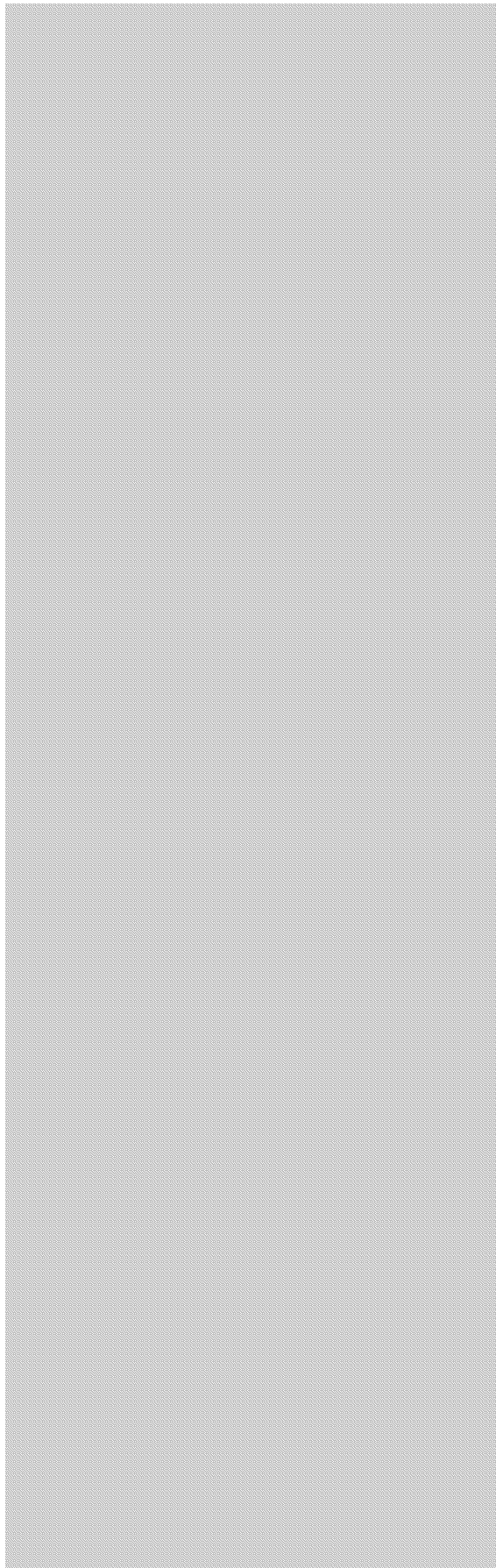
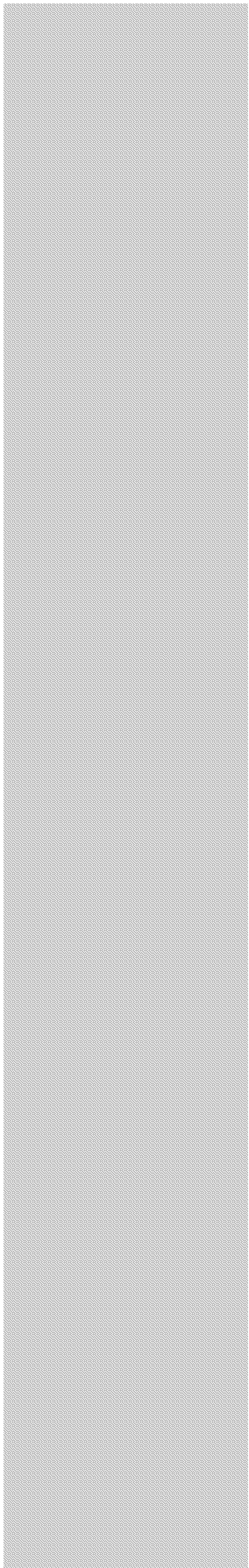
Denominator

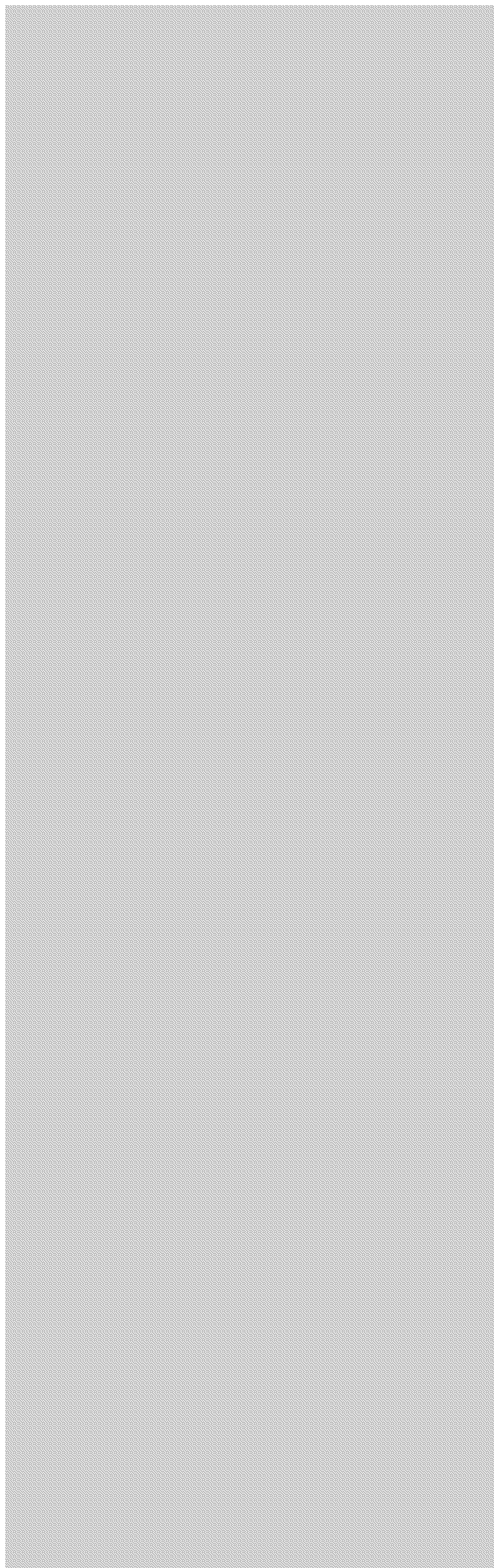
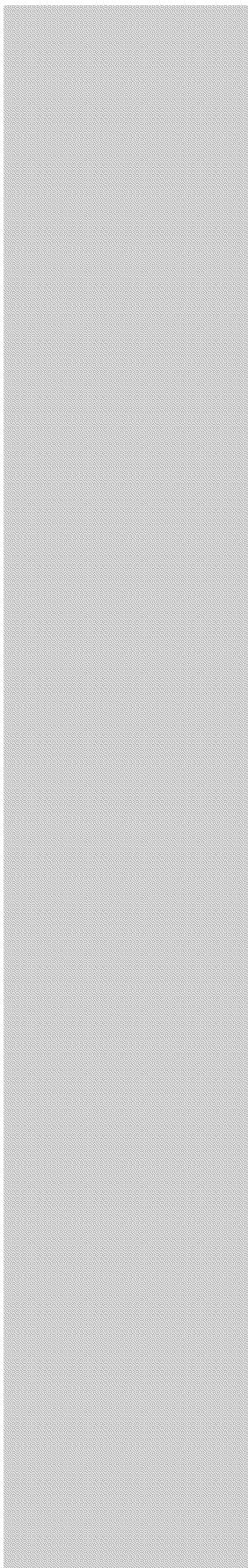
Numerator^d

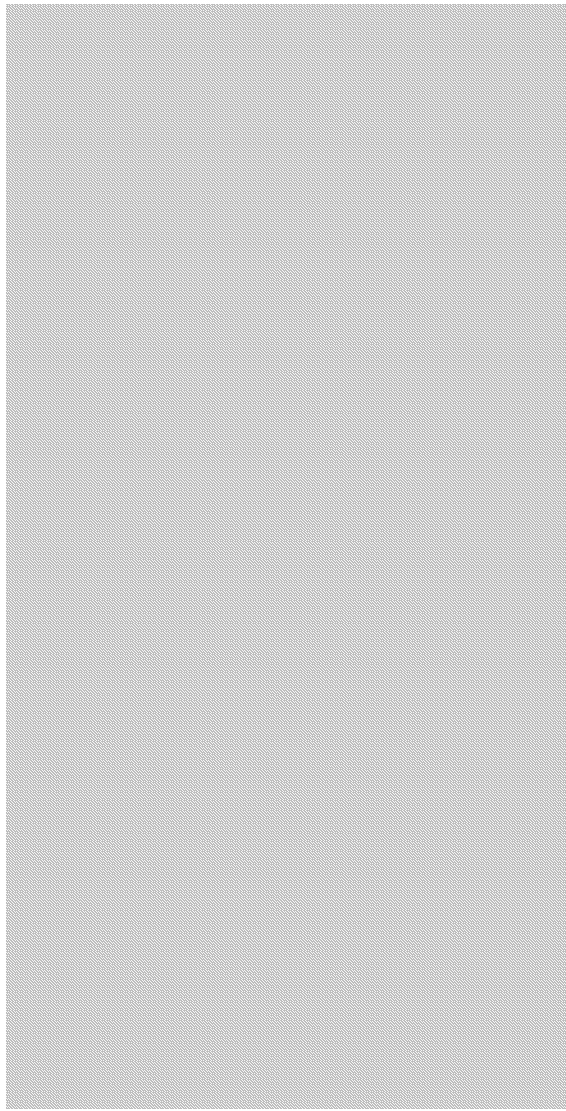
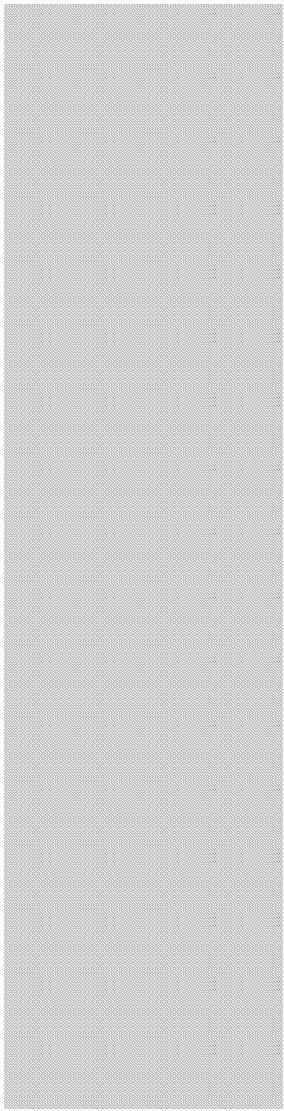
Rate/Percentage^e

Denominator

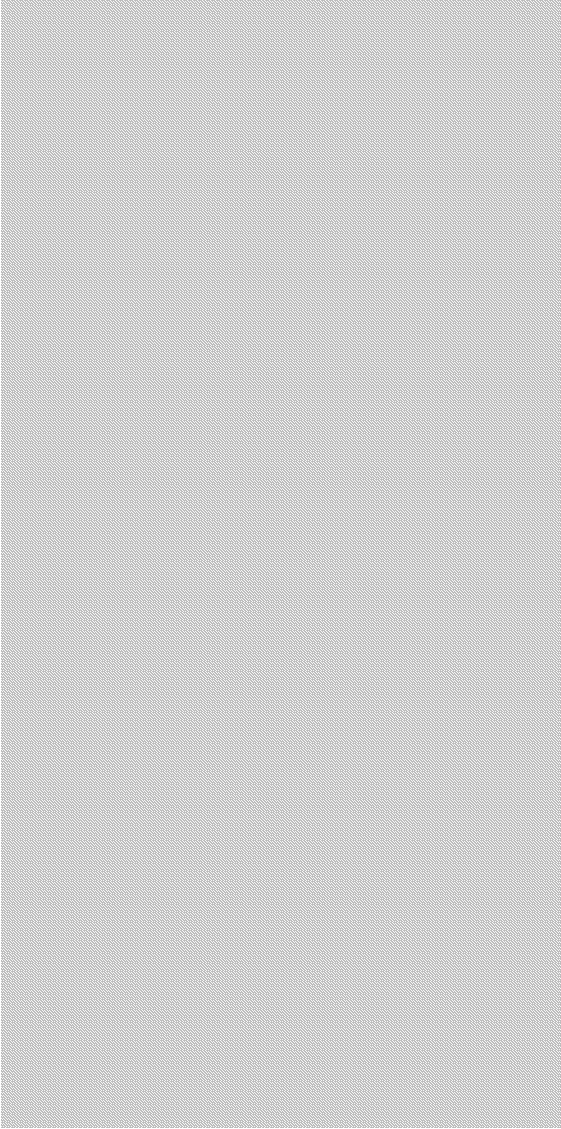


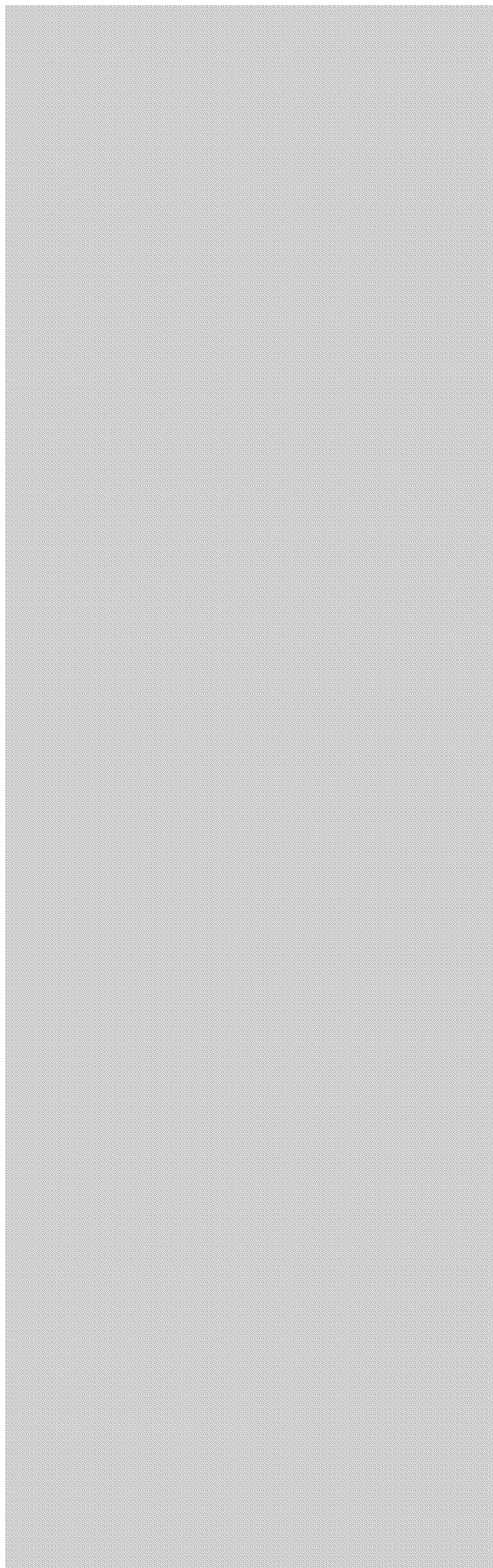


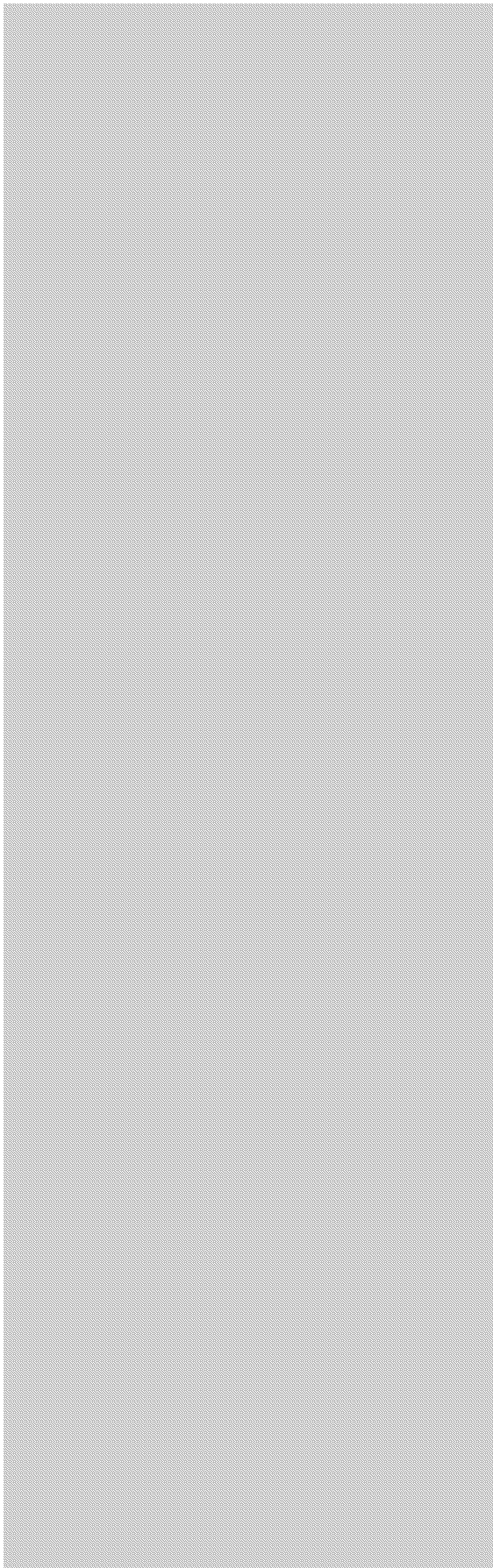


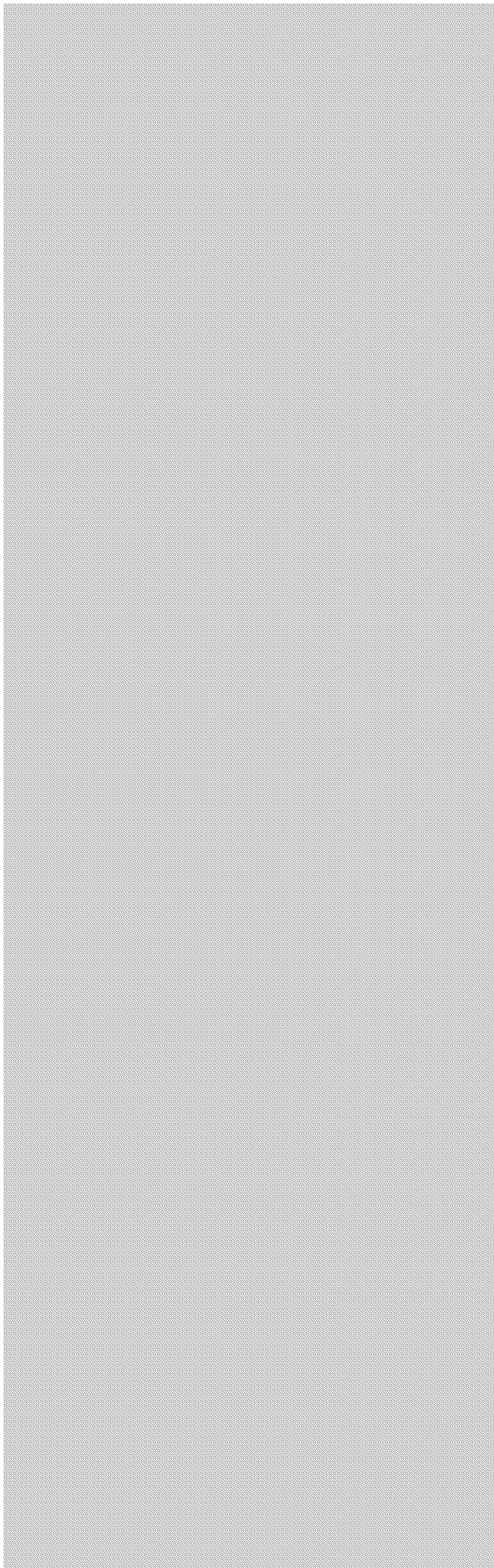


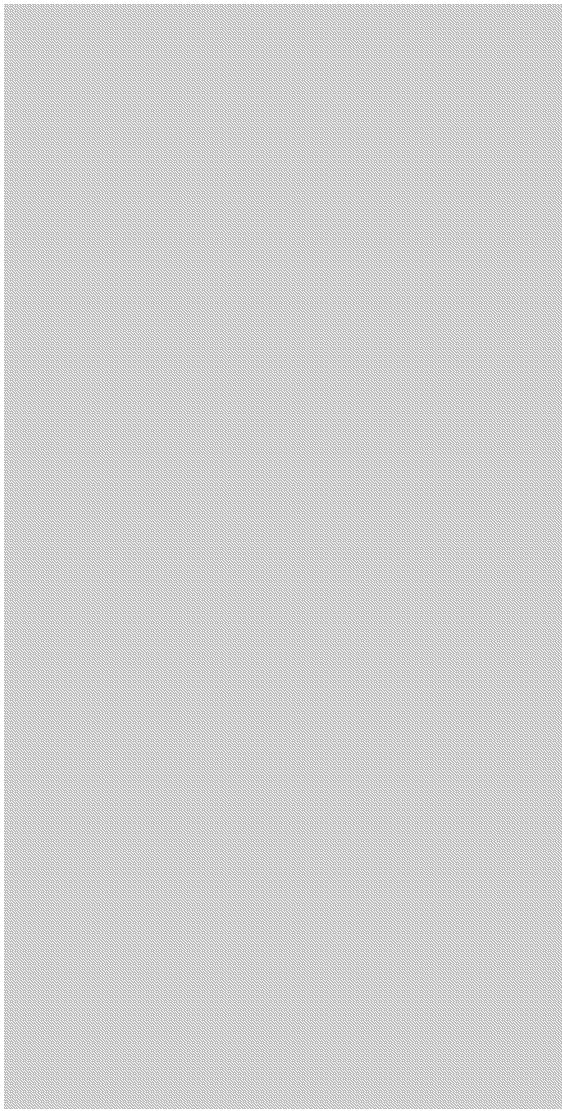
Other race	Unknown race		
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d



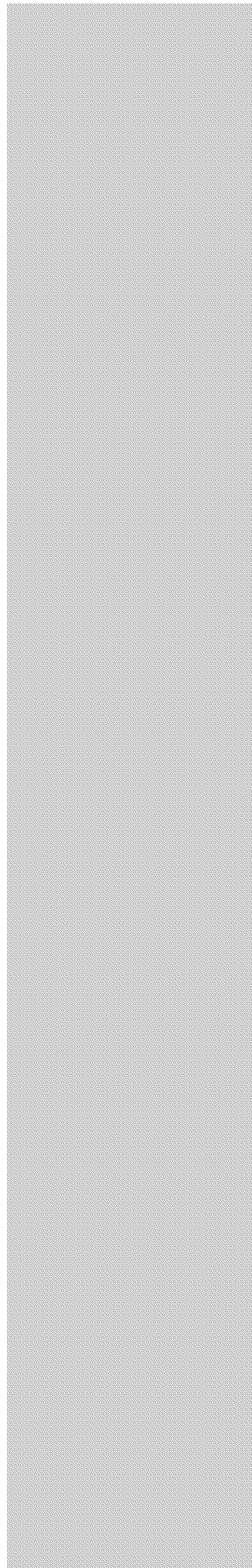
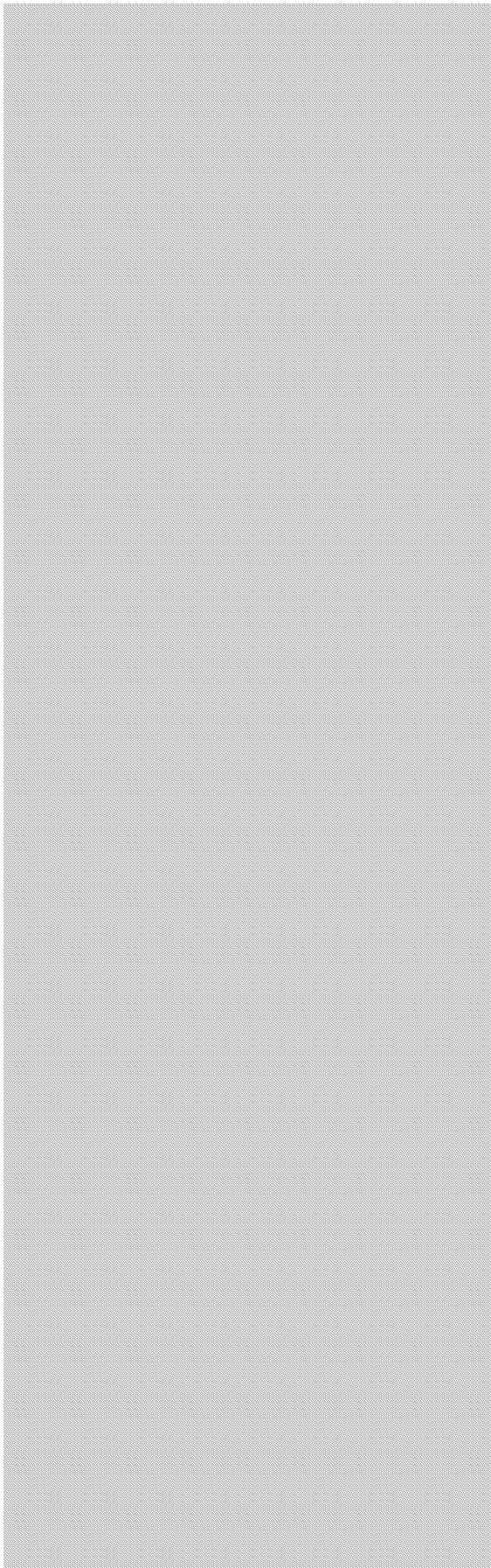


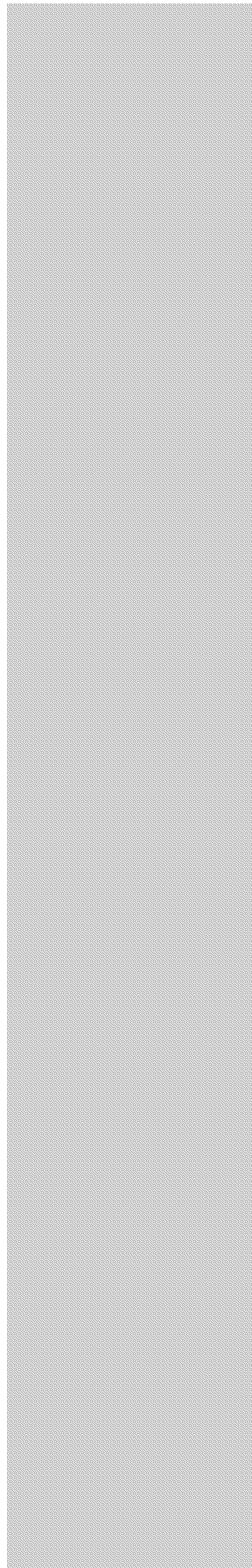
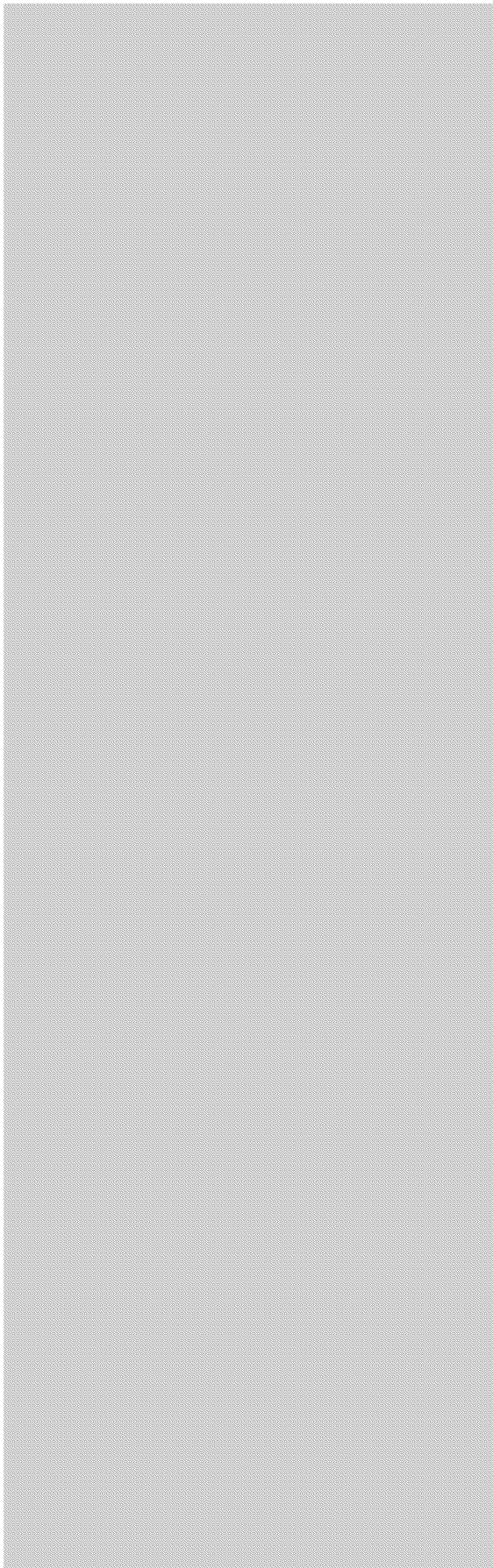


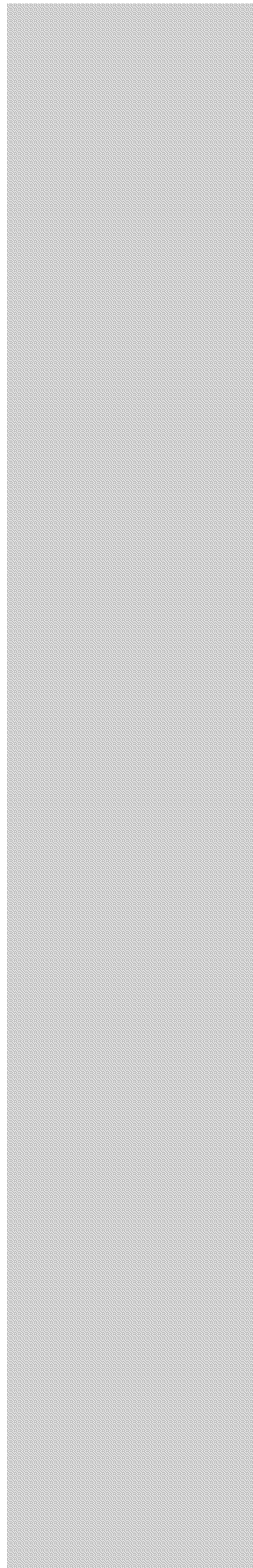
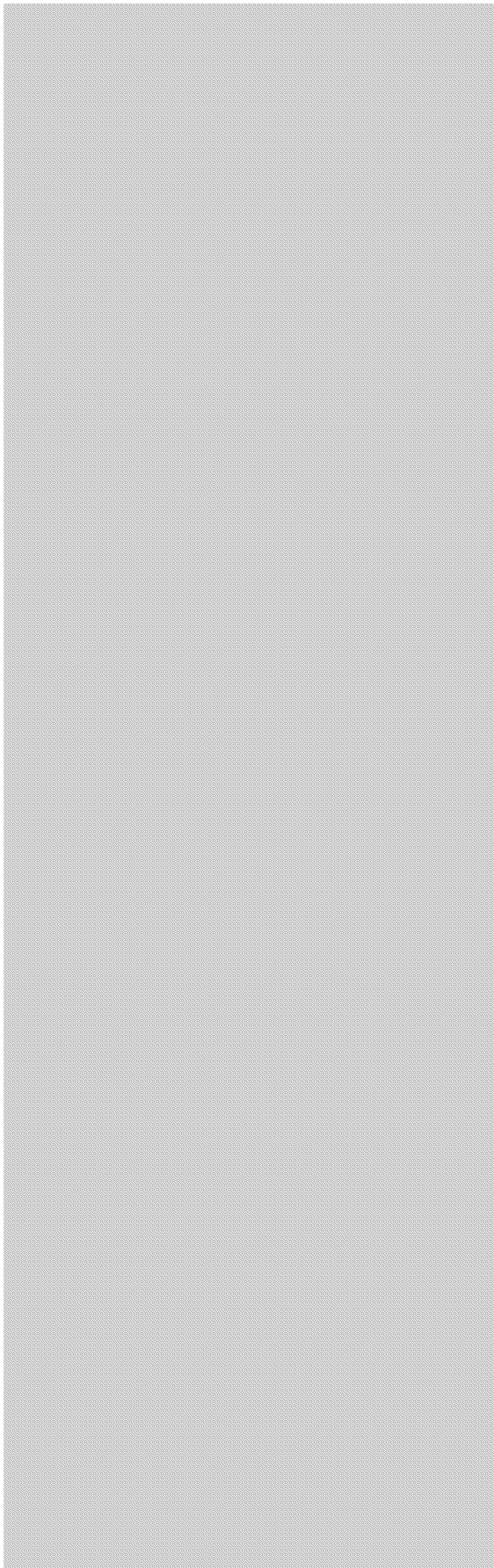


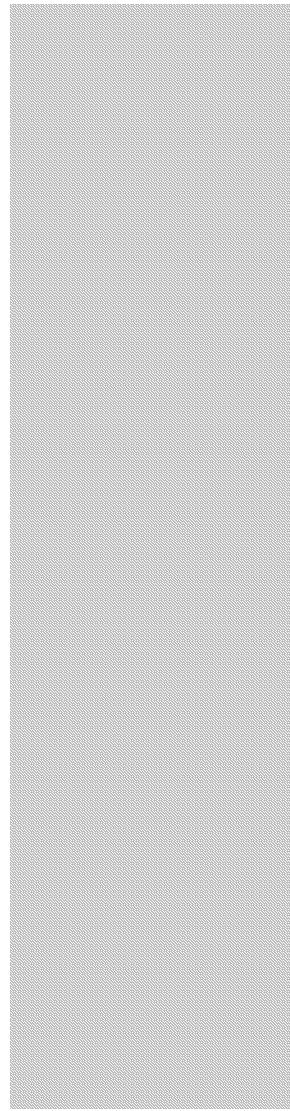
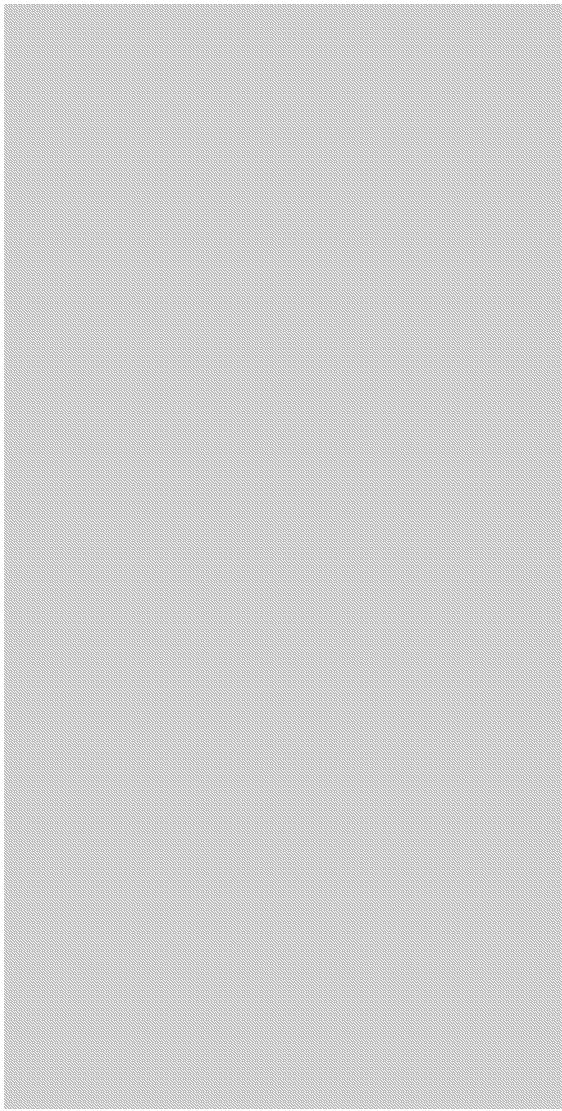


Hispanic ethnicity			
Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e









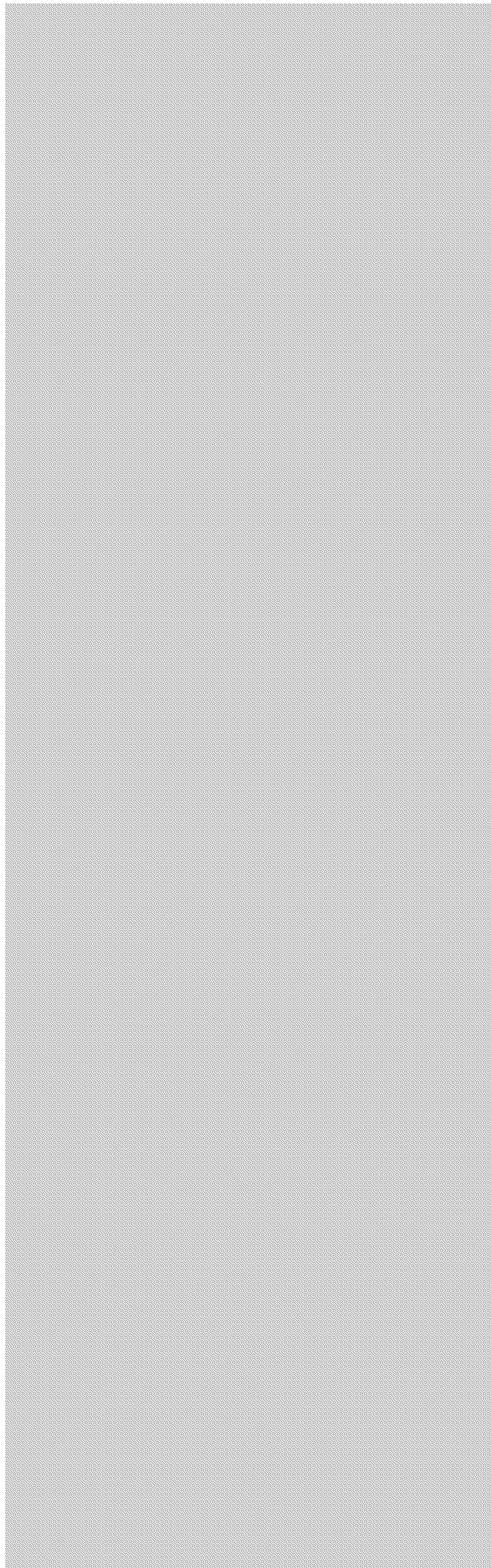
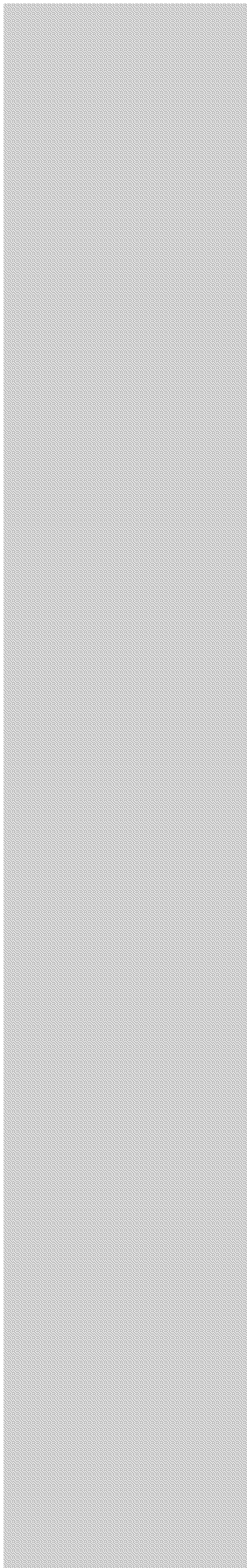
Non-Hispanic ethnicity

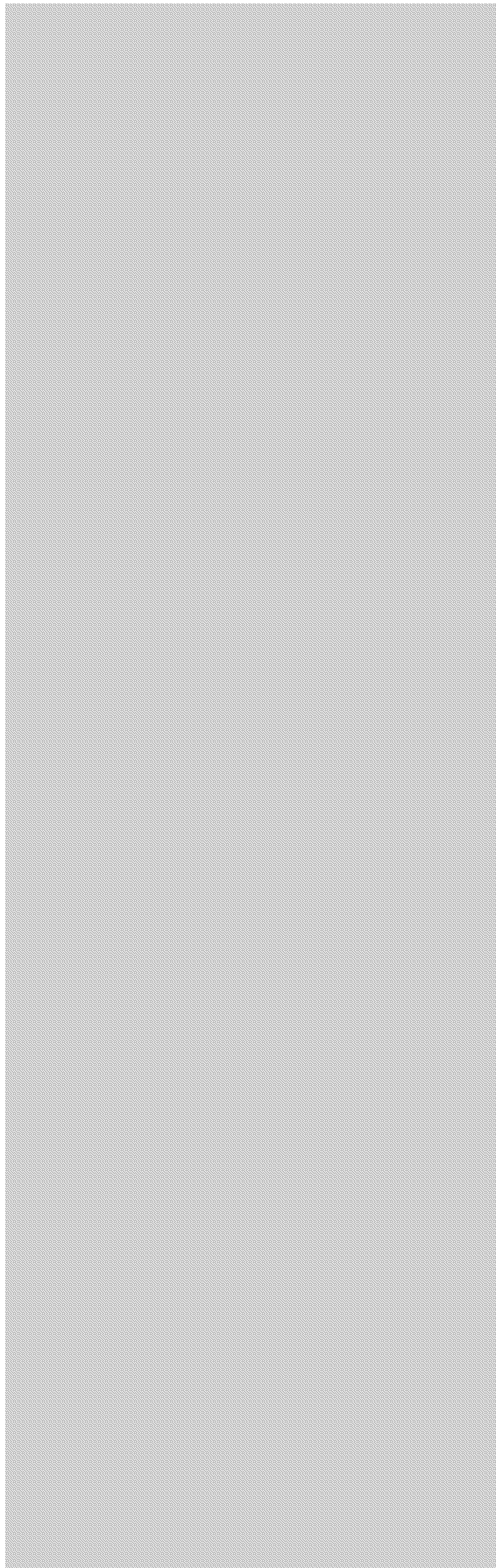
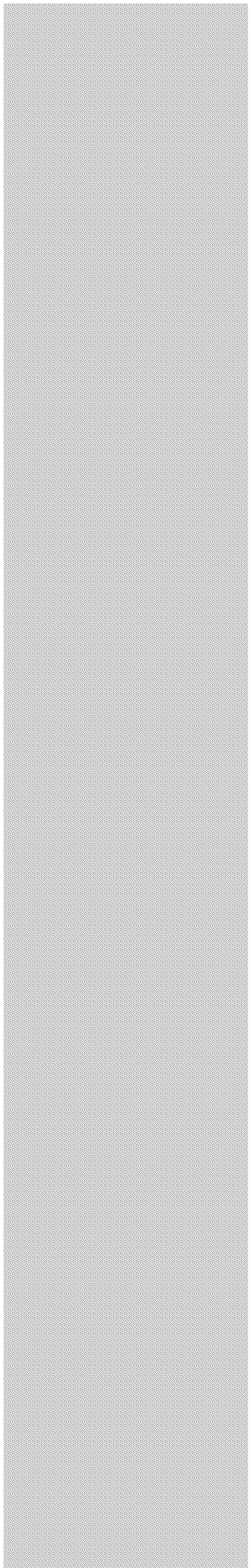
Denominator

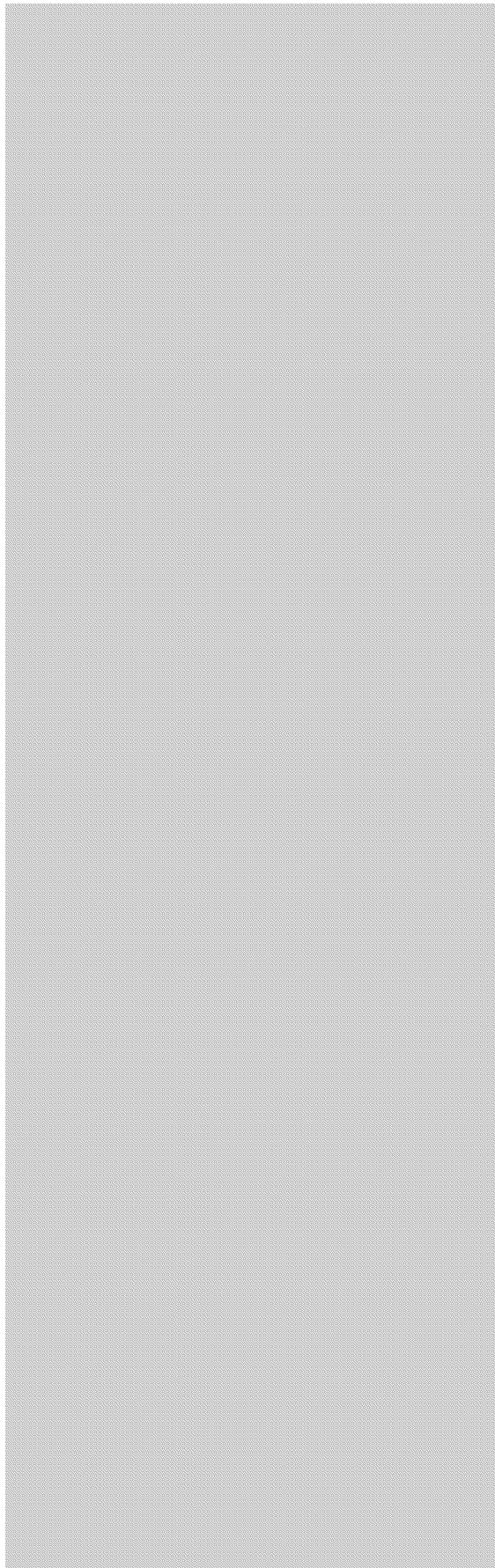
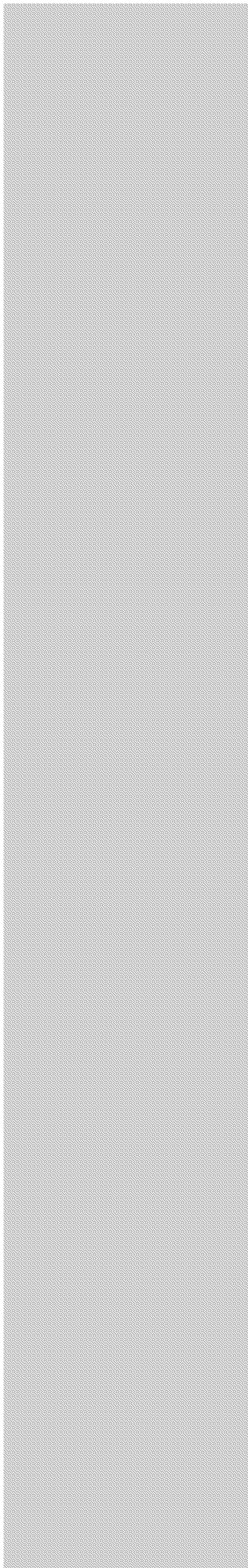
Numerator^d

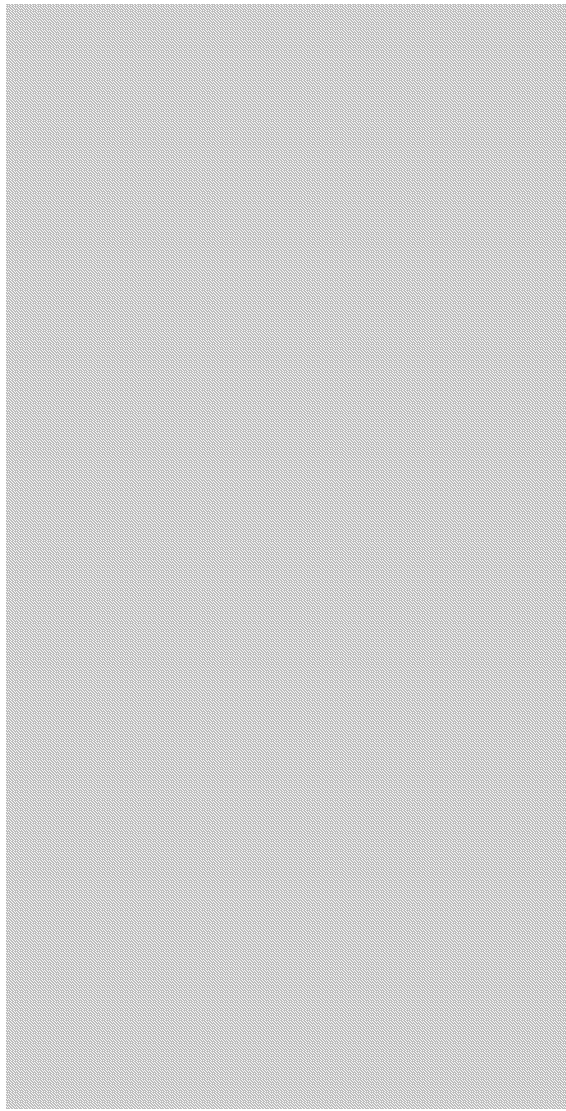
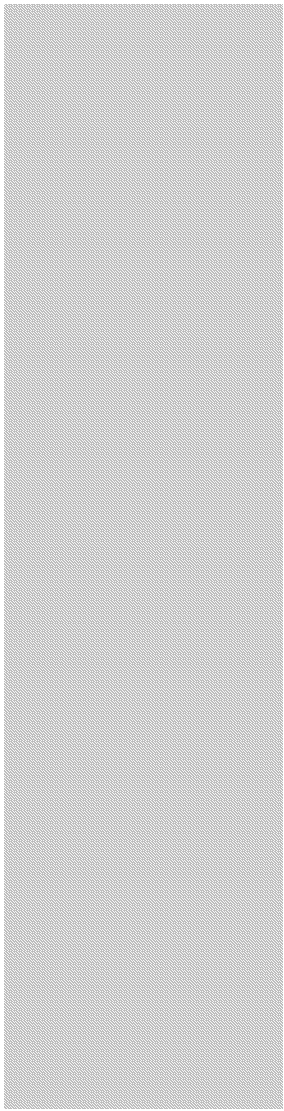
Rate/Percentage^e

Denominator

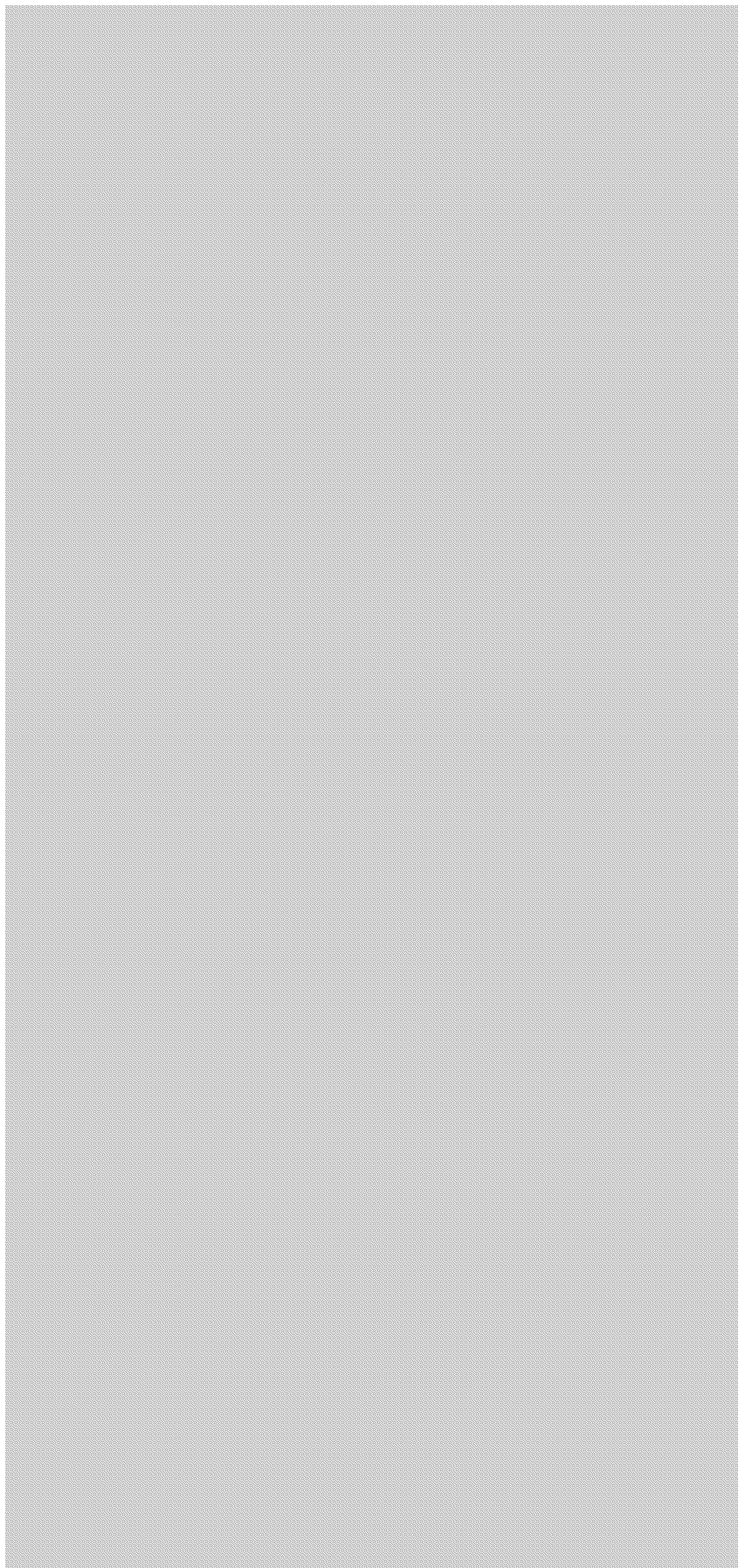


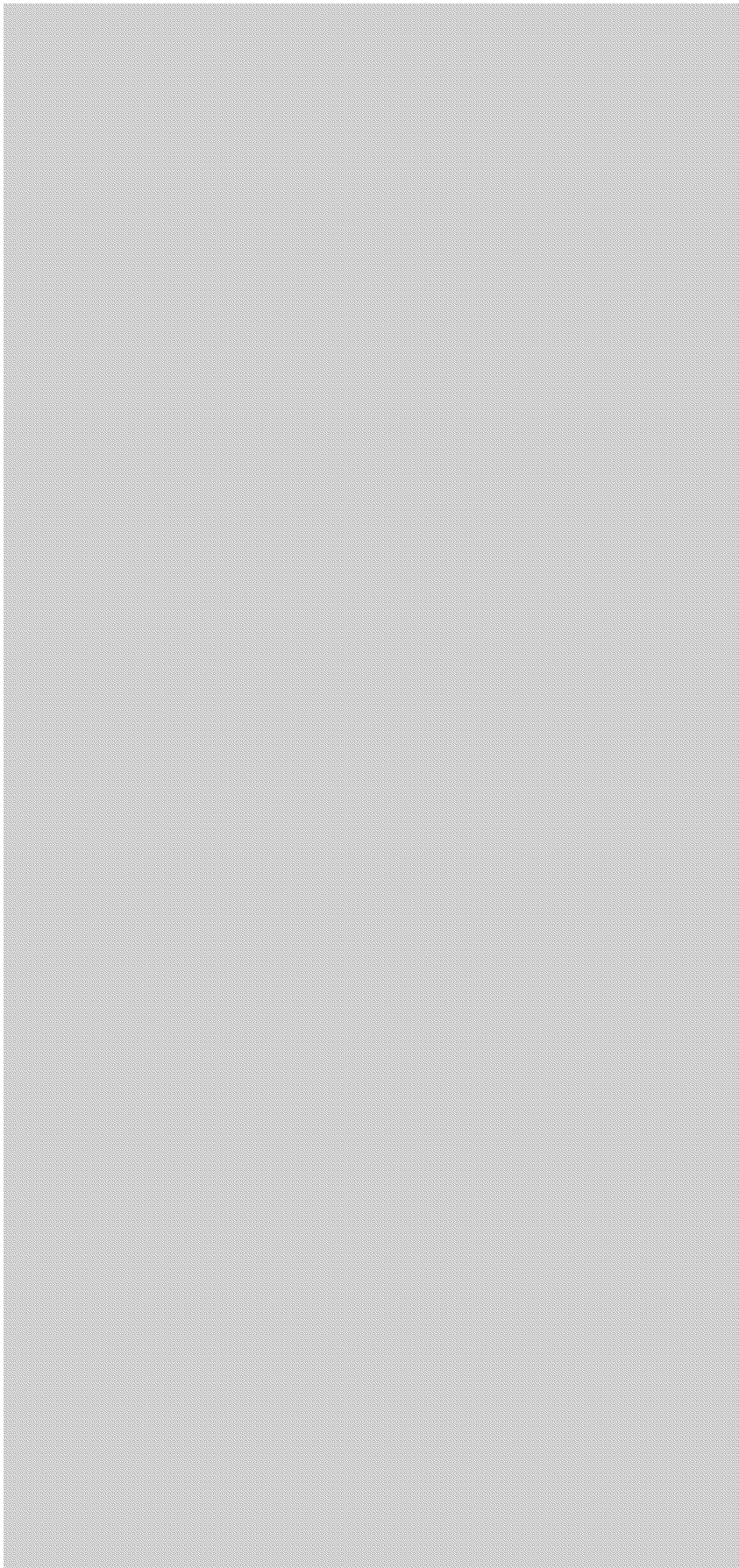


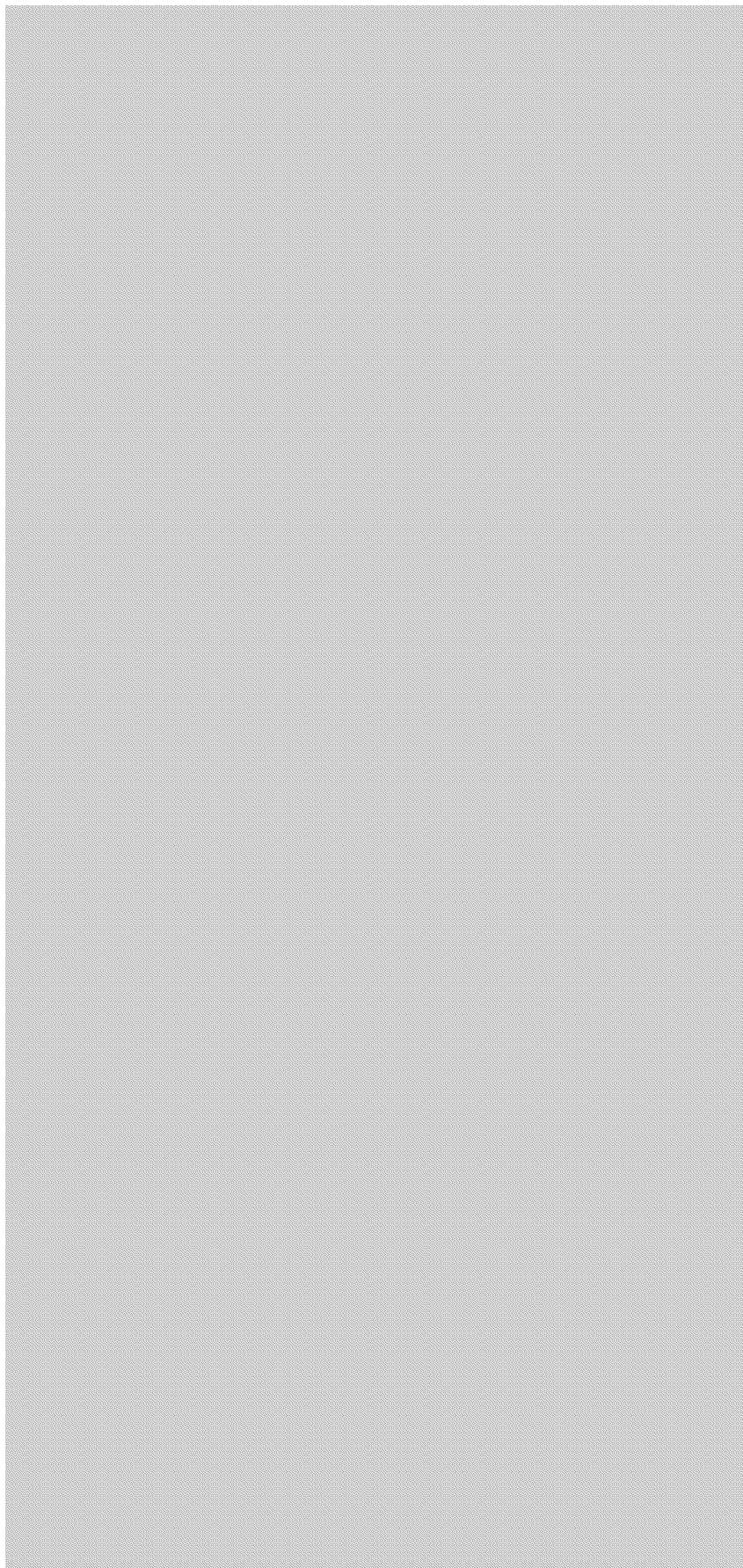


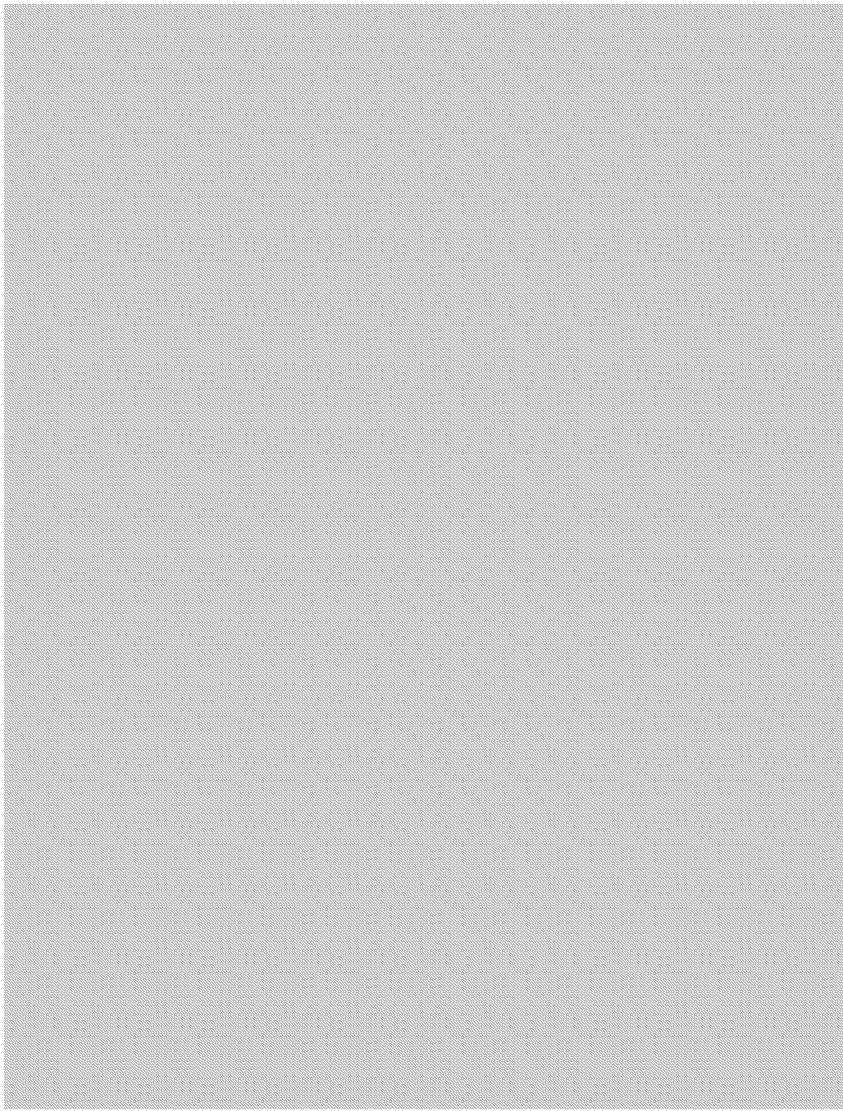


Unknown ethnicity		Exempt groups ^g	
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d

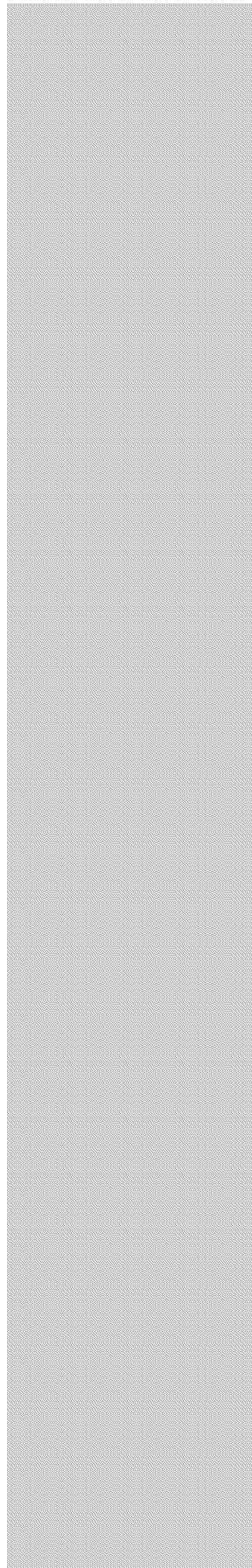
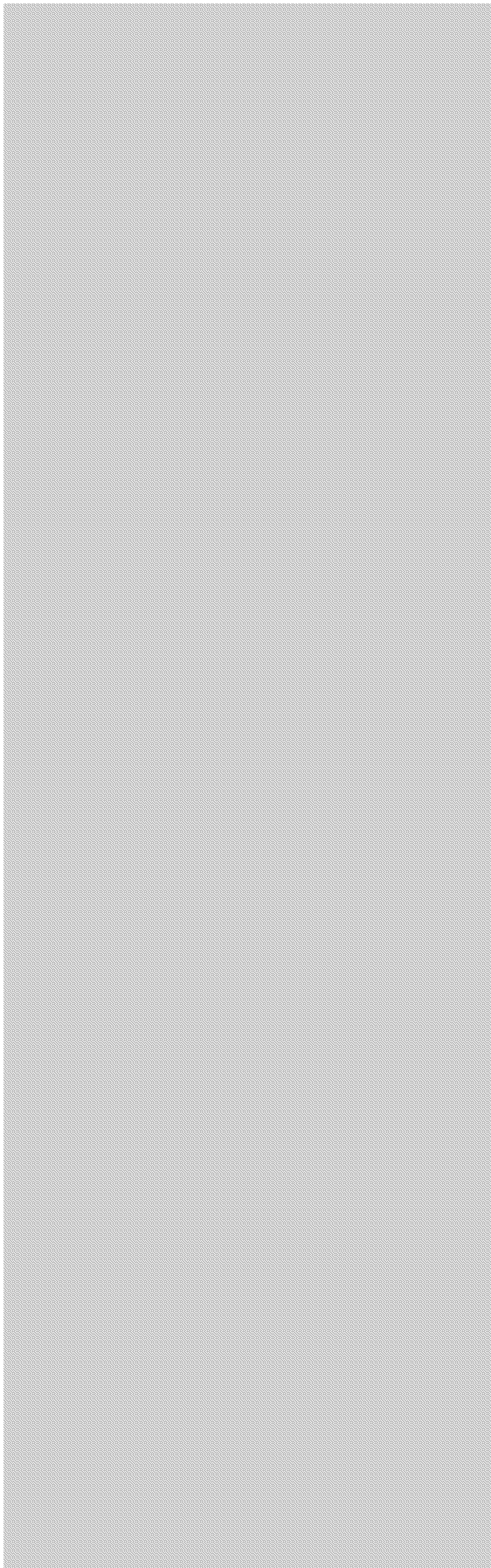


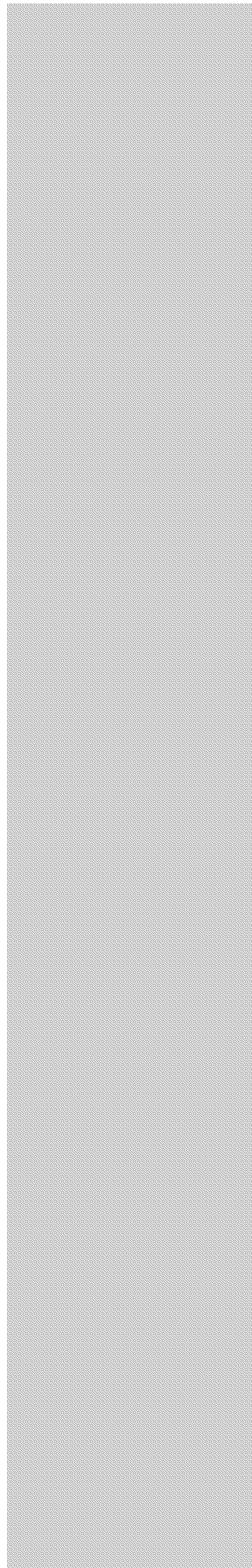
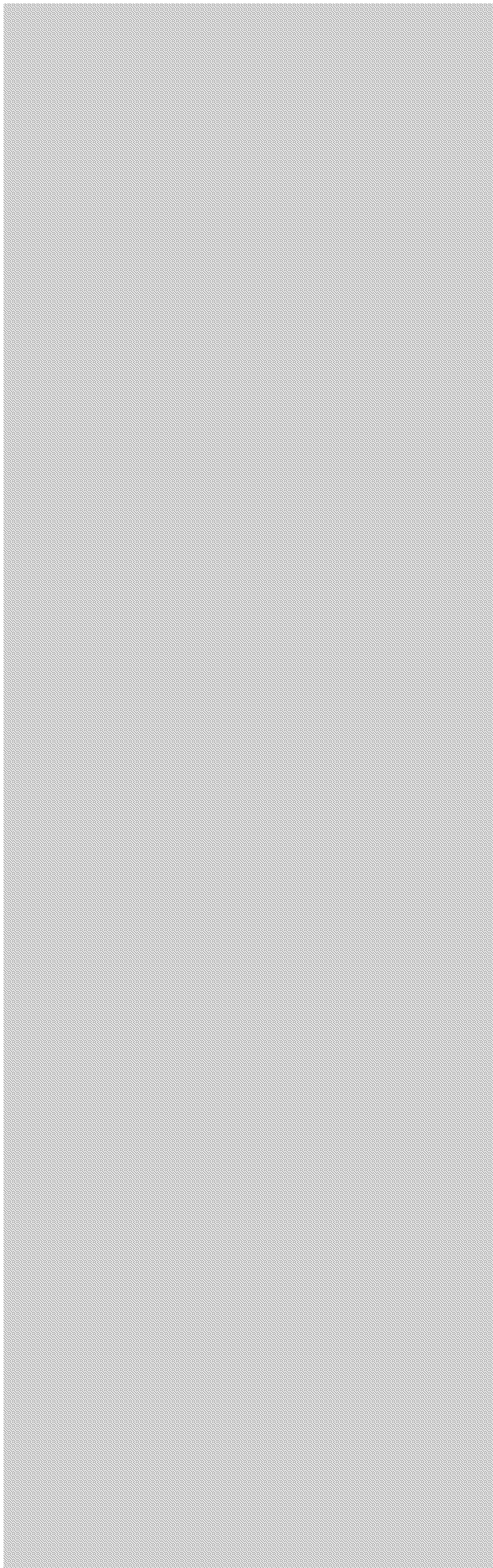


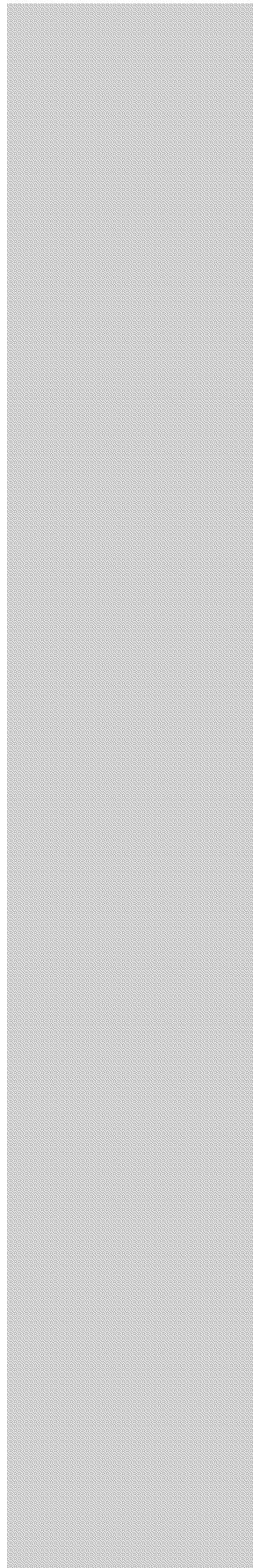
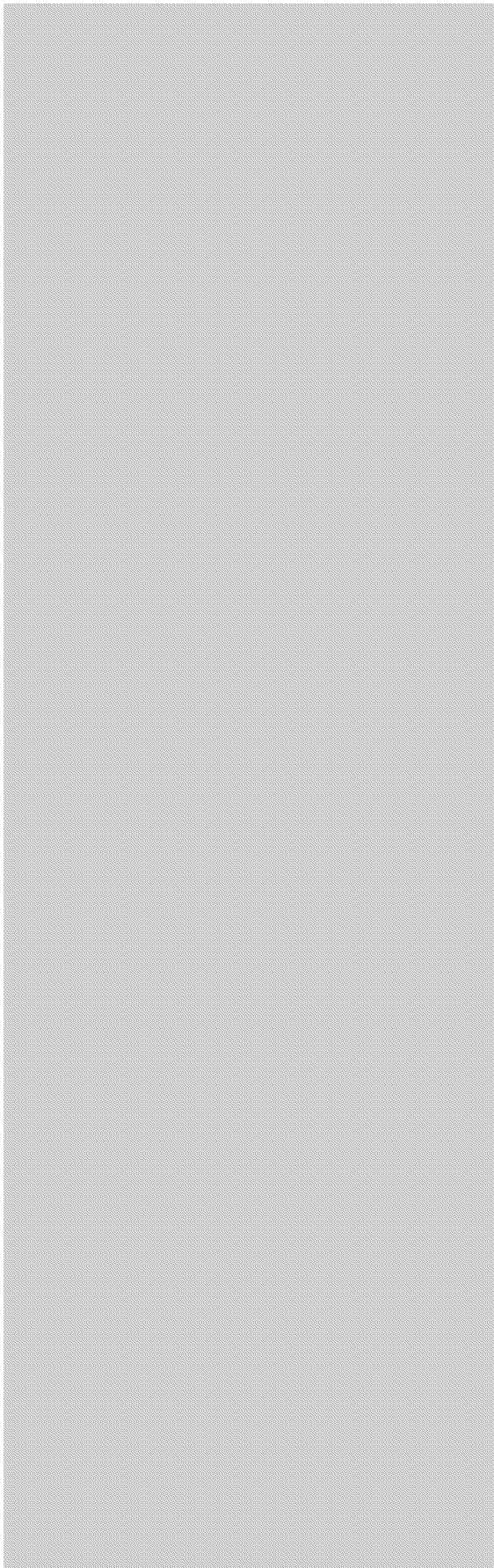


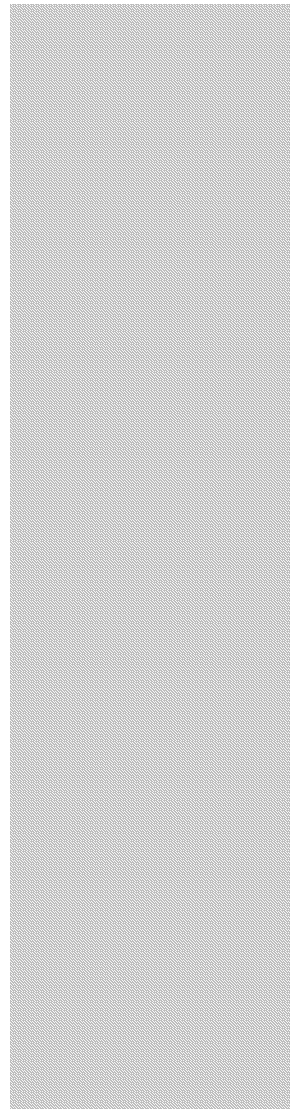
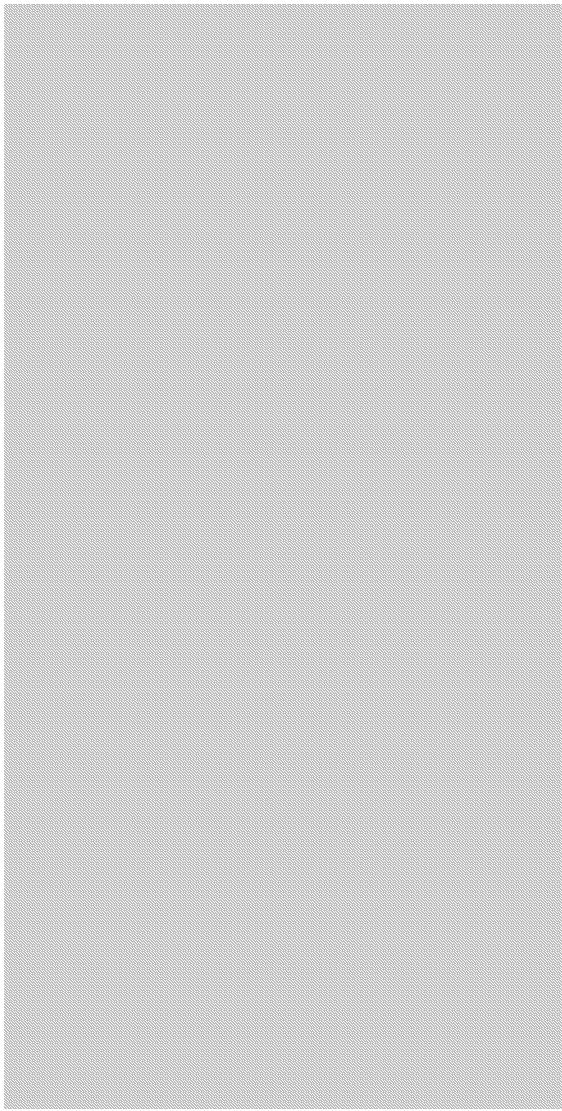


Rate/Percentage ^e	Specific eligibility groups ^h		
	Denominator	Numerator ^d	Rate/Percentage ^e









Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Data and reporting issues (AD)

State Michigan
 Demonstration Name Healthy Michigan Plan
 Demonstration Year (DY) DY 11
 Calendar Dates for DY 01/01/2020 - 12/31/2020
 Reporting Period Q1
 Calendar Dates for Reporting Period 01/01/2020 - 03/31/2020
 Submitted on 7/14/2020

Data Reporting Issues (AD)

Category	Metric(s) impacted
<i>EXAMPLE: Appeals and grievances (Delete row before submitting)</i>	<i>EXAMPLE: AD_23 Grievance, other</i>

Enrollment *AD_7 - AD_10*
 The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring reports.

Mid-year loss of demonstration eligibility *[Add rows as needed]*
 The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring reports.

Enrollment duration at time of disenrollment *[Add rows as needed]*
 The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring reports.

Renewal *AD_15 - AD_21*
 The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring reports.

Cost sharing limit *[Add rows as needed]*
 The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring reports.

Appeals and grievances *[Add rows as needed]*
 The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring reports.

Access to care *AD_35*
 The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring reports.

Quality of care and health outcomes *AD_36 - AD_44*
 The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring reports.

Administrative cost *[Add rows as needed]*
 The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring reports.

Note: States must prominently display the following notice on any display of Measure rates:

The MSC-AD, FUA-AD, FUM-AD, and IET_AD measures (metrics AD_38A, AD_39, and AD_40) are Healthcare Effectiveness Data and Reporting Set (HEDIS) measures copyrighted by the National Committee for Quality Assurance (“NCQA”). NCQA makes no representations, warranties, or guarantees regarding the accuracy, completeness, or reliability of the HEDIS measures and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the calculated measure results, based on the adjusted HEDIS specifications, may be called only “Uncertified, Unaudited.”

Certain non-NCQA measures in the CMS 1115 eligibility and coverage demonstration contain HEDIS Value Sets (VS) that are not contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of the HEDIS VS. NCQA measures and any coding contained in the VS.

^aThe state should also use this column to provide updates on any data or reporting issues described in previous
End of workbook

Summary of issue	Date and report in which issue was first reported
<p><i>EXAMPLE:</i> <i>Difficulty collecting data for metric AD_23.</i></p>	<p><i>EXAMPLE:</i> <i>8/1/18; DY 1 Qtr. 1</i></p>
<p><i>Difficulty collecting data</i></p> <p>ing protocol.</p>	<p><i>DATE; DY10 Q2</i></p>
<p>ing protocol.</p>	
<p>ing protocol.</p> <p><i>Difficulty collecting data</i></p>	<p><i>DATE; DY10 Q2</i></p>
<p>ing protocol.</p>	
<p>ing protocol.</p> <p><i>Difficulty collecting data</i></p>	<p><i>DATE; DY10 Q2</i></p>
<p>ing protocol.</p>	
<p><i>Difficulty collecting data</i></p> <p>ing protocol.</p>	<p><i>DATE; DY10 Q2</i></p>
<p>ing protocol.</p>	

ctiveness Data and Information Set (“HEDIS®”) measures that are owned and
 inties, or endorsement about the quality of any organization or physician that uses or
 15.

lated the adjusted measure specifications but has granted CMS permission to adjust.
 ted HEDIS rates.”

/S) developed by and included with the permission of the NCQA. Proprietary coding is
 hese code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-

reports. When applicable, the state should note when issues are resolved. If an issue was noted as resolved in the pre

Estimated number of impacted beneficiaries	Known or suspected cause(s) of issue (if applicable)
<i>EXAMPLE:</i> 24	<i>EXAMPLE:</i> Grievances are submitted via hardcopy through the mail to regional field offices. Often the field offices are slow to report the number of grievances they have received to the central office.
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format

Remediation plan and timeline for resolution (if applicable)/Status update if issue previously reported

EXAMPLE:

Central office is working on an electronic grievance filing system. That system will be completed by the end of the calendar year, and we will be able to quickly generate monthly, quarterly and yearly reports regarding grievances.

The state will acquire the needed data and receive training on new data sources

The state will acquire the needed data and receive training on new data sources

The state will acquire the needed data and receive training on new data sources

The state will acquire the needed data and receive training on new data sources

Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Data and reporting issues (CE)

State	Michigan	
Demonstration Name	Healthy Michigan Plan	
Demonstration Year (DY)	DY 11	
Calendar Dates for DY	01/01/2020 - 12/31/2020	
Reporting Period	Q1	
Calendar Dates for Reporting Period	01/01/2020 - 03/31/2020	
Submitted on		7/14/2020

Data Reporting Issues (CE)

Reporting Topic	Metric(s) impacted
<i>EXAMPLE: CE.Mod_2: Establish beneficiary supports and modifications (Delete before submitting)</i>	<i>EXAMPLE: CE_32 Beneficiaries exempt from Medicaid community engagement requirements for good cause</i>

CE.Mod_1: Specify community engagement policies *All*

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring

CE.Mod_2: Establish beneficiary supports and modifications *All*

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring

CE.Mod_4: Operationalize strategies for noncompliance *All*

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring

End of workbook

Summary of issue	Date and report in which issue was first reported
<p><i>EXAMPLE:</i> <i>Awaiting additional data for metric CE_32 for September 2018.</i></p>	<p><i>EXAMPLE:</i> <i>8/1/18; DY 1 Qtr. 1</i></p>

Michigan's Community Engagement requirements due not begin until 01/01/2020

ng protocol.

Michigan's Community Engagement requirements due not begin until 01/01/2020

ng protocol.

Michigan's Community Engagement requirements due not begin until 01/01/2020

ng protocol.

Estimated number of impacted beneficiaries

Known or suspected cause(s) of issue (if applicable)

EXAMPLE:

100

EXAMPLE:

Good cause exemption requests filed for the September 2018 are still being processed.

Remediation plan and timeline for resolution (if applicable)/Status update if issue previously reported

EXAMPLE:

Good cause exemption processing for September 2018 will be completed in November and at that time we will be able to report this metric accurately. An additional case worker is being assigned to these requests for more timely processing in the future.

Version 1.0.
End of workbook

Medical Services Administration
Bureau of Medicaid Care Management and Customer Service

PERFORMANCE MONITORING REPORT

Healthy Michigan Plan Measures

Composite – All Plans



April 2020

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

Table of Contents

Executive Summary3
Measurement Frequency3
Healthy Michigan Plan Enrollment4
Medicaid Health Plan News.....5
Cross-Plan Performance Monitoring Analyses.....5

Healthy Michigan Plan

Adults’ Generic Drug Utilization.....6
Completion of Annual Health Risk Assessment (HRA).....7
Outreach and Engagement to Facilitate Entry to Primary Care8
Transition into Consistently Fail to Pay Status.....9
Transition out of Consistently Fail to Pay Status.....11

Appendixes

Appendix A: Three Letter Medicaid Health Plan Codes13
Appendix B: One-Year Plan-Specific Analysis.....14

Figures

Figure 1: Healthy Michigan Plan Enrollment, April 2019 – March 20204
Figure 2: Healthy Michigan Plan Enrollment by Medicaid Health Plan, March 2020.....4
Figure 3: Adults’ Generic Drug Utilization6
Figure 4: Completion of Annual Health Risk Assessment (HRA)7
Figure 5: Outreach and Engagement to Facilitate Entry to Primary Care8

Table

Table 1: Fiscal Year 20203
Table 2: Adults’ Generic Drug Utilization Comparison.....6
Table 3: Completion of Annual Health Risk Assessment (HRA)7
Table 4: Outreach and Engagement to Facilitate Entry to Primary Care8
Table 5-7: Transition into CFP Status9
Table 8-10: Transition out of CFP Status11

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 33 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; MDHHS 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 2020 unless otherwise noted.

Table 1: Fiscal Year 2020¹

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	11/11		11/11					
Completion of Annual HRA	2/11		2/11					
Outreach & Engagement to Facilitate Entry to PCP	7/11		7/11					
	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL
Transition into CFP Status – Cohort 1	11/11	10/11	10/10	8/10				
Transition into CFP Status – Cohort 2	11/11	10/11	10/10	10/10				
Transition into CFP Status – Cohort 3	11/11	10/11	10/10	9/10				
Transition out of CFP Status – Cohort 1	10/11	11/11	8/10	8/10				
Transition out of CFP Status – Cohort 2	7/11	8/11	7/10	8/10				
Transition out of CFP Status – Cohort 3	9/11	10/11	9/10	10/10				

¹ Plans with a denominator of 10 do not include Trusted Health Plan (TRU).

Healthy Michigan Plan Enrollment

Michigan Medicaid Managed Care (HMP-MC) enrollment has remained steady over the past year. In March 2020, enrollment was 540,982, up 5,391 enrollees (1.0%) from April 2019. An increase of 5,413 enrollees (1.0%) was realized between February 2020 and March 2020.

Figure 1: HMP-MC Enrollment, April 2019 – March 2020

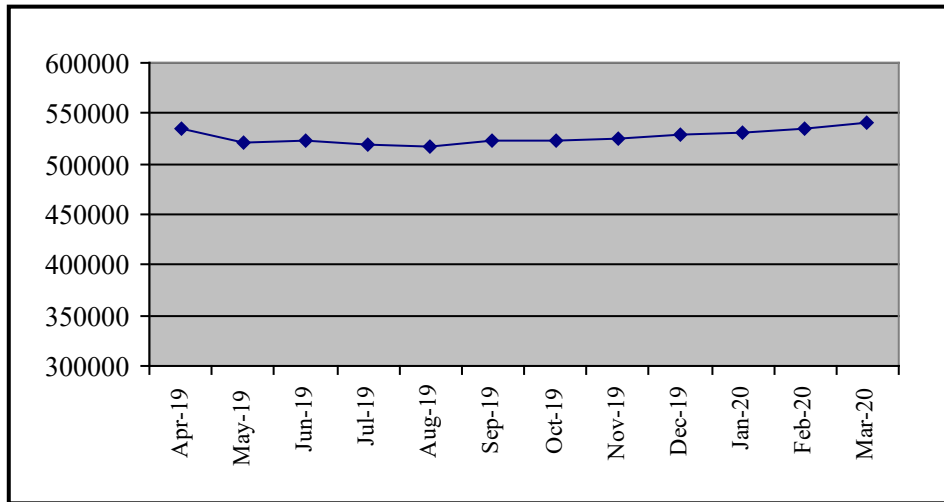
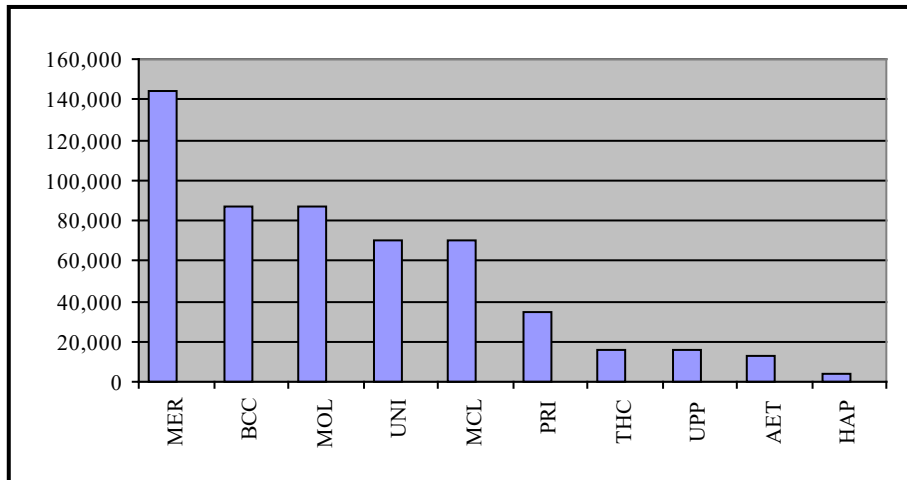


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, March 2020



Medicaid Health Plan News

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

As of January 1, 2020, Trusted Health Plan Michigan (TRU) is no longer an active Medicaid Health Plan. However, their information will continue to appear in the quarterly PMRs until such data is no longer available.

Cross-Plan Performance Monitoring Analyses

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

Adults' Generic Drug Utilization

Measure

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

Standard

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

Measurement Period

July 2019 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

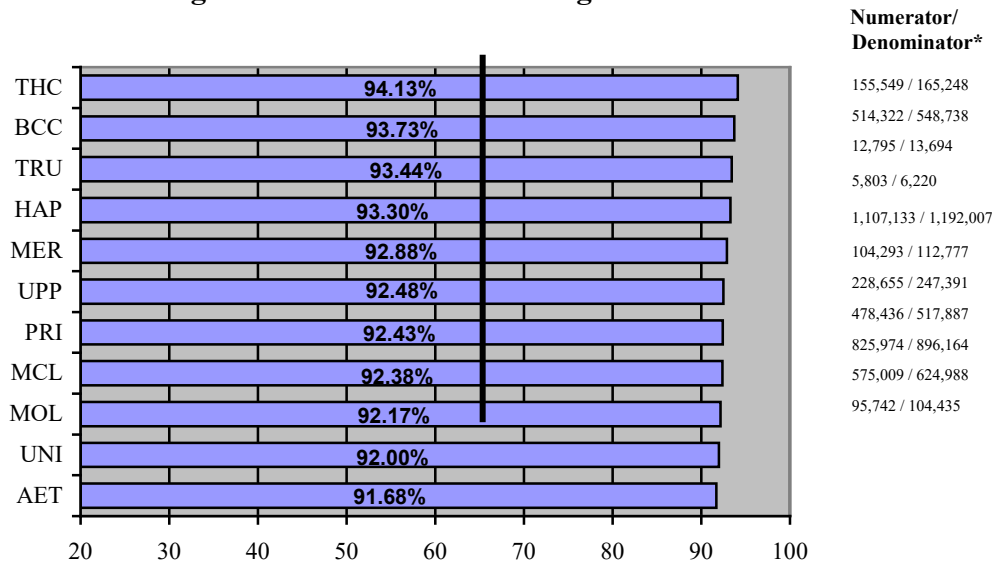
Quarterly

Summary: All of the plans met or exceeded the standard. Results ranged from 91.68% to 94.13%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,165,227	4,496,090	92.64%
Fee For Service (FFS) only	7,792	8,519	91.47%
Managed Care only	4,123,235	4,450,579	92.64%
MA-MC	2,062,895	2,230,976	92.47%
HMP-MC	2,013,180	2,169,097	92.81%

Figure 3: Adults' Generic Drug Utilization



Adult's Generic Drug Utilization Percentages

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

Completion of Annual Health Risk Assessment (HRA)

Measure

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

Standard

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

Measurement Period

October 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

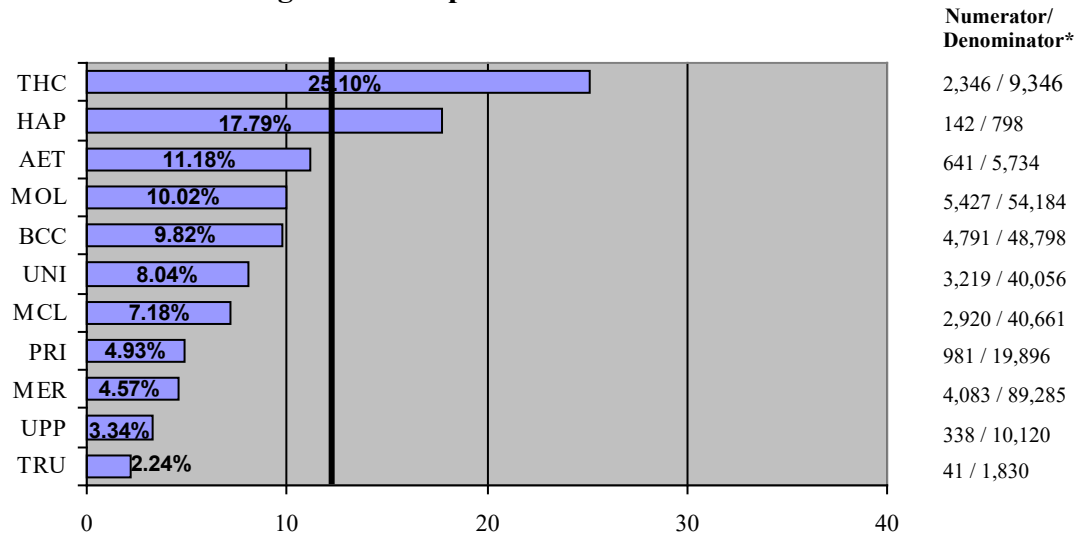
Quarterly

Summary: Two plans (**HAP and THC**) met or exceeded the standard, while nine plans (AET, BCC, MCL, MER, MOL, PRI, TRU, UNI, and UPP) did not. Results ranged from 2.24% to 25.10%.

Table 3: Program Total

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	29,389	382,246	7.69%

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

Standard

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

Enrollment Dates

January 2019 – March 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

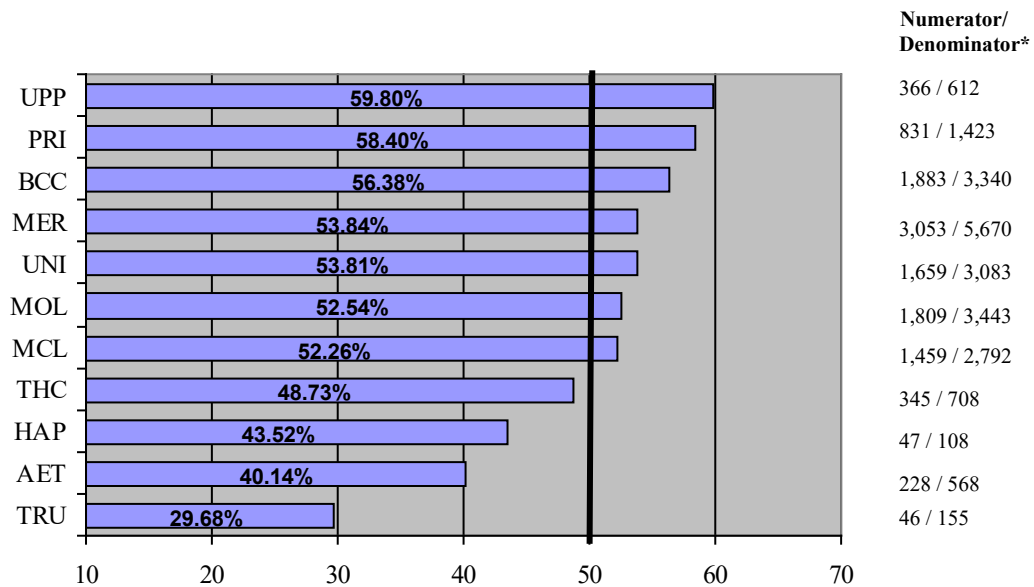
Quarterly

Summary: Seven plans (BCC, MCL, MER, MOL, PRI, UNI, and UPP) met or exceeded the standard, while four plans (AET, HAP, THC, and TRU) did not. Results ranged from 29.68% to 59.80%.

Table 4: Program Total²

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	16,219	26,395	61.45%

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 members who transitioned from non-CFP status into CFP status during the last quarter of the measurement period.

Standard

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

Measurement Period

February 2019 – March 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

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

Summary:

In **Cohort 1**, for income levels over 100% FPL, all of the plans met or exceeded the standard. Results ranged from 0.00% to 11.43%. For income levels up to 100% FPL, eight plans (**BCC, MCL, MER, MOL, PRI, THC, UNI, and UPP**) met or exceeded the standard, while two plans (AET and HAP) did not. Results ranged from 5.07% to 12.50%.

In **Cohort 2**, for income levels over 100% FPL, all of the plans met or exceeded the standard. Results ranged from 6.68% to 11.30%. For income levels up to 100% FPL, all plans met or exceeded the standard. Results ranged from 0.00% to 5.12%.

In **Cohort 3**, for income levels over 100% FPL, all of the plans met or exceeded the standard. Results ranged from 0.00% to 20.59%. For income levels up to 100% FPL, nine plans (**AET, BCC, MCL, MER, MOL, PRI, THC, UNI, and UPP**) met or exceeded the standard, while one plan (HAP) did not. Results ranged from 3.76% to 8.33%.

Table 5: Transition into CFP Status - Cohort 1

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	4	35	11.43%	Yes	21	296	7.09%	No
BCC	73	766	9.53%	Yes	177	3352	5.28%	Yes
HAP	0	6	0.00%	Yes	4	32	12.50%	No
MCL	60	779	7.70%	Yes	160	2741	5.84%	Yes
MER	169	1641	10.30%	Yes	347	6042	5.74%	Yes
MOL	72	708	10.17%	Yes	187	3292	5.68%	Yes
PRI	34	509	6.68%	Yes	73	1415	5.16%	Yes
THC	9	129	6.98%	Yes	30	592	5.07%	Yes
UNI	64	693	9.24%	Yes	142	2649	5.36%	Yes
UPP	21	281	7.47%	Yes	40	784	5.10%	Yes

Performance Monitoring Report

Table 6: Transition into CFP Status - Cohort 2

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	6	62	9.68%	Yes	10	318	3.14%	Yes
BCC	65	746	8.71%	Yes	160	3448	4.64%	Yes
HAP	1	10	10.00%	Yes	0	38	0.00%	Yes
MCL	69	876	7.88%	Yes	117	2909	4.02%	Yes
MER	150	1596	9.40%	Yes	329	6426	5.12%	Yes
MOL	80	855	9.36%	Yes	178	3710	4.80%	Yes
PRI	33	494	6.68%	Yes	77	1509	5.10%	Yes
THC	13	115	11.30%	Yes	31	636	4.87%	Yes
UNI	65	731	8.89%	Yes	120	2742	4.38%	Yes
UPP	23	317	7.26%	Yes	33	749	4.41%	Yes

Table 7: Transition into CFP Status - Cohort 3

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	14	68	20.59%	Yes	24	438	5.48%	Yes
BCC	83	854	9.72%	Yes	218	4166	5.23%	Yes
HAP	0	6	0.00%	Yes	4	48	8.33%	No
MCL	84	921	9.12%	Yes	166	3435	4.83%	Yes
MER	219	1815	12.07%	Yes	421	7725	5.45%	Yes
MOL	99	858	11.54%	Yes	211	4562	4.63%	Yes
PRI	53	538	9.85%	Yes	75	1693	4.43%	Yes
THC	15	128	11.72%	Yes	30	771	3.89%	Yes
UNI	92	863	10.66%	Yes	170	3098	5.49%	Yes
UPP	27	356	7.58%	Yes	35	932	3.76%	Yes

Transition out of Consistently Fail to Pay (CFP) Status

Measure

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

Standard

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

Measurement Period

February 2019 – March 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Summary:

In *Cohort 1*, for income levels over 100% FPL, eight plans (**AET, BCC, MCL, MER, MOL, PRI, UNI, and UPP**) met or exceeded the standard, while two plans (HAP and THC) did not. Results ranged from 0.00% to 1.56%. For income levels up to 100% FPL, eight plans (**BCC, MCL, MER, MOL, PRI, THC, UNI, and UPP**) met or exceeded the standard, while two plans (AET and HAP) did not. Results ranged from 0.00% to 1.50%.

In *Cohort 2*, for income levels over 100% FPL, seven plans (**BCC, MCL, MER, MOL, PRI, UNI, and UPP**) met or exceeded the standard, while three plans (AET, HAP, and THC). Results ranged from 0.00% to 3.40%. For income levels up to 100% FPL, eight plans (**AET, BCC, MCL, MER, MOL, PRI, UNI, and UPP**) met or exceeded the standard, while two plans (HAP and THC) did not. Results ranged from 0.00% to 3.85%.

In *Cohort 3*, for income levels over 100% FPL, nine plans (**AET, BCC, MCL, MER, MOL, PRI, THC, UNI, and UPP**) met or exceeded the standard, while one plan (HAP) did not. Results ranged from 0.00% to 4.28%. For income levels up to 100% FPL, all of the plans met or exceeded the standard. Results ranged from 2.35% to 5.27%.

Table 8: Transition out of CFP Status - Cohort 1

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	2	92	2.17%	Yes	3	200	1.50%	No
BCC	27	857	3.15%	Yes	67	1782	3.76%	Yes
HAP	0	21	0.00%	No	0	20	0.00%	No
MCL	23	895	2.57%	Yes	57	1556	3.66%	Yes
MER	63	2159	2.92%	Yes	145	3765	3.85%	Yes
MOL	31	1071	2.89%	Yes	63	2275	2.77%	Yes
PRI	19	408	4.66%	Yes	33	710	4.65%	Yes
THC	2	128	1.56%	No	10	347	2.88%	Yes
UNI	31	806	3.85%	Yes	64	1537	4.16%	Yes
UPP	8	251	3.19%	Yes	17	403	4.22%	Yes

Performance Monitoring Report

Table 9: Transition out of CFP Status – Cohort 2

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	1	81	1.23%	No	6	194	3.09%	Yes
BCC	20	818	2.44%	Yes	54	1694	3.19%	Yes
HAP	0	14	0.00%	No	0	24	0.00%	No
MCL	30	945	3.17%	Yes	61	1633	3.74%	Yes
MER	57	1966	2.90%	Yes	137	3554	3.85%	Yes
MOL	29	1122	2.58%	Yes	67	2217	3.02%	Yes
PRI	12	460	2.61%	Yes	25	685	3.65%	Yes
THC	2	143	1.40%	No	6	335	1.79%	No
UNI	18	788	2.28%	Yes	56	1504	3.72%	Yes
UPP	9	265	3.40%	No	19	423	4.49%	Yes

Table 10: Transition out of CFP Status - Cohort 3

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	5	122	4.10%	Yes	6	225	2.67%	Yes
BCC	39	1055	3.70%	Yes	90	2125	4.24%	Yes
HAP	0	18	0.00%	No	1	20	5.00%	Yes
MCL	30	1107	2.71%	Yes	69	1912	3.61%	Yes
MER	64	2434	2.63%	Yes	204	4649	4.39%	Yes
MOL	31	1353	2.29%	Yes	102	2940	3.47%	Yes
PRI	17	569	2.99%	Yes	44	835	5.27%	Yes
THC	5	169	2.96%	Yes	10	426	2.35%	Yes
UNI	25	980	2.55%	Yes	70	1761	3.98%	Yes
UPP	13	304	4.28%	Yes	18	448	4.02%	Yes

Appendix A: Three Letter Medicaid Health Plan Codes

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

AET	Aetna Better Health of Michigan
BCC	Blue Cross Complete of Michigan
HAP	HAP Empowered
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
THC	Total Health Care
TRU	Trusted Health Plan Michigan, Inc.
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 19 – Jun 19	80%	91.37%	Yes
	Jul 19 – Sep 19	80%	91.68%	Yes

Completion of Annual HRA	Jul 18 – Jun 19	12%	9.92%	No
	Oct 18 – Sep 19	12%	11.18%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 19 – Mar 19	50%	43.45%	No
	Apr 19 – Jun 19	50%	40.14%	No

Transition into CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	4.65%	Yes	1.69%	Yes	6.25%	Yes
30%	11.43%	Yes	9.68%	Yes	20.59%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL	5.63%	Yes	4.13%	Yes	2.87%	Yes
7%	7.09%	No	3.14%	Yes	5.48%	Yes

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

Transition out of CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	2.94%	Yes	0.00%	No	1.64%	No
2%	2.17%	Yes	1.23%	No	4.10%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL	2.17%	Yes	0.53%	No	3.45%	Yes
2%	1.50%	No	3.09%	Yes	2.67%	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 19 – Jun 19	80%	92.58%	Yes
	Jul 19 – Sep 19	80%	93.73%	Yes

Completion of Annual HRA	Jul 18 – Jun 19	12%	9.48%	No
	Oct 18 – Sep 19	12%	9.82%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 19 – Mar 19	50%	55.29%	Yes
	Apr 19 – Jun 19	50%	56.38%	Yes

*Transition into CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	8.52%	Yes	9.05%	Yes	9.58%	Yes
	9.53%	Yes	8.71%	Yes	9.72%	Yes
<100% FPL	4.86%	Yes	4.31%	Yes	4.13%	Yes
	5.28%	Yes	4.64%	Yes	5.23%	Yes

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

Transition out of CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	3.10%	Yes	2.71%	Yes	2.50%	Yes
	3.15%	Yes	2.44%	Yes	3.70%	Yes
<100% FPL	5.42%	Yes	3.87%	Yes	3.97%	Yes
	3.76%	Yes	3.19%	Yes	4.24%	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 19 – Jun 19	80%	92.39%	Yes
	Jul 19 – Sep 19	80%	93.30%	Yes

Completion of Annual HRA	Jul 18 – Jun 19	12%	21.05%	Yes
	Oct 18 – Sep 19	12%	17.79%	Yes

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 19 – Mar 19	50%	38.68%	No
	Apr 19 – Jun 19	50%	43.52%	No

*Transition into CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	20.00%	Yes	0.00%	Yes	16.67%	Yes
	0.00%	Yes	10.00%	Yes	0.00%	Yes
<100% FPL	3.23%	Yes	8.11%	No	8.70%	No
	12.50%	No	0.00%	Yes	8.33%	No

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

Transition out of CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	0.00%	No	22.22%	Yes	0.00%	No
	0.00%	No	0.00%	No	0.00%	No
<100% FPL	5.00%	Yes	0.00%	No	13.33%	Yes
	0.00%	No	0.00%	No	5.00%	Yes

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

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

Performance Monitoring Report

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 19 – Jun 19	80%	92.75%	Yes
	Jul 19 – Sep 19	80%	92.38%	Yes

Completion of Annual HRA	Jul 18 – Jun 19	12%	7.09%	No
	Oct 18 – Sep 19	12%	7.18%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 19 – Mar 19	50%	49.64%	No
	Apr 19 – Jun 19	50%	52.26%	Yes

*Transition into CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	7.98%	Yes	7.85%	Yes	8.66%	Yes
30%	7.70%	Yes	7.88%	Yes	9.12%	Yes
<100% FPL	3.95%	Yes	4.51%	Yes	4.11%	Yes
7%	5.84%	Yes	4.02%	Yes	4.83%	Yes

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

Transition out of CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	4.11%	Yes	3.47%	Yes	2.12%	Yes
2%	2.57%	Yes	3.17%	Yes	2.71%	Yes
<100% FPL	4.79%	Yes	4.31%	Yes	4.23%	Yes
2%	3.66%	Yes	3.74%	Yes	3.61%	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 19 – Jun 19	80%	92.74%	Yes
	Jul 19 – Sep 19	80%	92.88%	Yes

Completion of Annual HRA	Jul 18 – Jun 19	12%	4.53%	No
	Oct 18 – Sep 19	12%	4.57%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 19 – Mar 19	50%	52.74%	Yes
	Apr 19 – Jun 19	50%	53.84%	Yes

*Transition into CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	9.22%	Yes	9.99%	Yes	10.34%	Yes
30%	10.30%	Yes	9.40%	Yes	12.07%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	5.81%	Yes	4.93%	Yes	5.11%	Yes
7%	5.74%	Yes	5.12%	Yes	5.45%	Yes

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

Transition out of CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	4.05%	Yes	2.75%	Yes	3.04%	Yes
2%	2.92%	Yes	2.90%	Yes	2.63%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	4.76%	Yes	5.41%	Yes	4.12%	Yes
2%	3.85%	Yes	3.85%	Yes	4.39%	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 19 – Jun 19	80%	91.44%	Yes
	Jul 19 – Sep 19	80%	92.17%	Yes

Completion of Annual HRA	Jul 18 – Jun 19	12%	9.88%	No
	Oct 18 – Sep 19	12%	10.02%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 19 – Mar 19	50%	50.95%	Yes
	Apr 19 – Jun 19	50%	52.54%	Yes

*Transition into CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	9.08%	Yes	8.69%	Yes	7.63%	Yes
	10.17%	Yes	9.36%	Yes	11.54%	Yes
<100% FPL	5.52%	Yes	4.09%	Yes	4.09%	Yes
	5.68%	Yes	4.80%	Yes	4.63%	Yes

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

Transition out of CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	3.28%	Yes	3.40%	Yes	2.68%	Yes
	2.89%	Yes	2.58%	Yes	2.29%	Yes
<100% FPL	4.34%	Yes	4.10%	Yes	3.88%	Yes
	2.77%	Yes	3.02%	Yes	3.47%	Yes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 19 – Jun 19	80%	92.46%	Yes
	Jul 19 – Sep 19	80%	92.43%	Yes

Completion of Annual HRA	Jul 18 – Jun 19	12%	4.66%	No
	Oct 18 – Sep 19	12%	4.93%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 19 – Mar 19	50%	57.18%	Yes
	Apr 19 – Jun 19	50%	58.40%	Yes

*Transition into CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	6.51%	Yes	6.73%	Yes	8.44%	Yes
30%	6.68%	Yes	6.68%	Yes	9.85%	Yes
<100% FPL	4.24%	Yes	3.35%	Yes	5.11%	Yes
7%	5.16%	Yes	5.10%	Yes	4.43%	Yes

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

Transition out of CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	4.20%	Yes	2.86%	Yes	3.61%	Yes
2%	4.66%	Yes	2.61%	Yes	2.99%	Yes
<100% FPL	3.67%	Yes	3.11%	Yes	4.23%	Yes
2%	4.65%	Yes	3.65%	Yes	5.27%	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 19 – Jun 19	80%	92.90%	Yes
	Jul 19 – Sep 19	80%	94.13%	Yes

Completion of Annual HRA	Jul 18 – Jun 19	12%	21.63%	Yes
	Oct 18 – Sep 19	12%	25.10%	Yes

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 19 – Mar 19	50%	50.32%	Yes
	Apr 19 – Jun 19	50%	48.73%	No

*Transition into CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	9.02%	Yes	6.42%	Yes	11.54%	Yes
30%	6.98%	Yes	11.30%	Yes	11.72%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	3.92%	Yes	3.80%	Yes	4.07%	Yes
7%	5.07%	Yes	4.87%	Yes	3.89%	Yes

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

Transition out of CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	2.44%	Yes	1.49%	No	3.75%	Yes
2%	1.56%	No	1.40%	No	2.96%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	4.25%	Yes	2.13%	Yes	2.10%	Yes
2%	2.88%	Yes	1.79%	No	2.35%	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 19 – Jun 19	80%	92.26%	Yes
	Jul 19 – Sep 19	80%	92.00%	Yes

Completion of Annual HRA	Jul 18 – Jun 19	12%	8.71%	No
	Oct 18 – Sep 19	12%	8.04%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 19 – Mar 19	50%	53.04%	Yes
	Apr 19 – Jun 19	50%	53.81%	Yes

*Transition into CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	7.78%	Yes	7.34%	Yes	7.07%	Yes
30%	9.24%	Yes	8.89%	Yes	10.66%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	5.64%	Yes	4.34%	Yes	4.96%	Yes
7%	5.36%	Yes	4.38%	Yes	5.49%	Yes

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

Transition out of CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	3.79%	Yes	4.30%	Yes	3.02%	Yes
2%	3.85%	Yes	2.28%	Yes	2.55%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	5.58%	Yes	5.14%	Yes	4.50%	Yes
2%	4.16%	Yes	3.72%	Yes	3.98%	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 19 – Jun 19	80%	90.36%	Yes
	Jul 19 – Sep 19	80%	92.48%	Yes

Completion of Annual HRA	Jul 18 – Jun 19	12%	3.58%	No
	Oct 18 – Sep 19	12%	3.34%	No

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 19 – Mar 19	50%	56.06%	Yes
	Apr 19 – Jun 19	50%	59.80%	Yes

*Transition into CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	5.08%	Yes	6.76%	Yes	5.40%	Yes
30%	7.47%	Yes	7.26%	Yes	7.58%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	3.80%	Yes	5.10%	Yes	4.59%	Yes
7%	5.10%	Yes	4.41%	Yes	3.76%	Yes

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

Transition out of CFP Status: [Nov 18 – Dec 19]; [Feb 19 – Mar 20];						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL	2.33%	Yes	1.85%	No	5.14%	Yes
2%	3.19%	Yes	3.40%	Yes	4.28%	Yes
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
<100% FPL	3.54%	Yes	5.31%	Yes	6.87%	Yes
2%	4.22%	Yes	4.49%	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

Medical Services Administration
Bureau of Medicaid Care Management and Customer Service

PERFORMANCE MONITORING REPORT

MDHHS Dental Measures

Composite – All Plans



April 2020

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

Table of Contents

Executive Summary4
Managed Care Enrollment5
Medicaid Health Plan News.....6
Cross-Plan Performance Monitoring Analyses.....6

MDHHS Dental Measures

Diagnostic Dental Services7
Preventive Dental Services8
Restorative (Dental Fillings) Dental Services9
Comprehensive Diabetes Care: Diagnostic Dental Exam10
Comprehensive Diabetes Care: Preventive Dental Visit11
Comprehensive Diabetes Care: Restorative Dental Visit12
Diagnostic Dental Visits in Pregnant Women13
Preventive Dental Visits in Pregnant Women14
Restorative Dental Visits in Pregnant Women15
Adults: Any Dental Visit16

Appendixes

Appendix A: Three Letter Medicaid Health Plan Codes17
Appendix B: One-Year Plan-Specific Analysis.....18

Figures

Figure 1: Managed Care Enrollment, April 2019 – March 2020.....5
Figure 2: Managed Care Enrollment by Medicaid Health Plan, March 20206
Figure 3: Diagnostic Dental Services7
Figure 4: Preventive Dental Services.....8
Figure 5: Restorative (Dental Fillings) Dental Services9
Figure 6: Comprehensive Diabetes Care: Diagnostic Dental Exam10
Figure 7: Comprehensive Diabetes Care: Preventive Dental Visit.....11
Figure 8: Comprehensive Diabetes Care: Restorative Dental Visit.....12
Figure 9: Diagnostic Dental Visits in Pregnant Women.....13
Figure 10: Preventive Dental Visits in Pregnant Women.....14
Figure 11: Restorative Dental Visits in Pregnant Women.....15
Figure 12: Adults: Any Dental Visit.....16

Tables

Table 1: Fiscal Year 20195
Table 2: Diagnostic Dental Services Comparison7
Table 3: Preventive Dental Services Comparison8
Table 4: Restorative (Dental Fillings) Dental Services Comparison.....9
Table 5: Comprehensive Diabetes Care: Diagnostic Dental Exam10
Table 6: Comprehensive Diabetes Care: Preventive Dental Visit11
Table 7: Comprehensive Diabetes Care: Restorative Dental Visit.....12
Table 8: Diagnostic Dental Visits in Pregnant Women13
Table 9: Preventive Dental Visits in Pregnant Women14
Table 10: Restorative Dental Visits in Pregnant Women15
Table 11: Adults: Any Dental Visit16

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 33 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; MDHHS Dental Measures; CMS Core Set Measures; Health Equity HEDIS Measures; HEDIS Measures and Managed Care Quality Measures. **This report focuses only on the following MDHHS Dental Measures:**

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

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

The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2020 unless otherwise noted.

Performance Monitoring Report

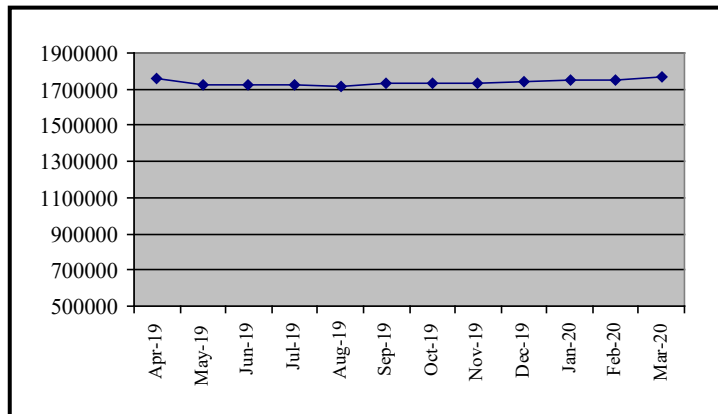
Table 1: Fiscal Year 2020¹

Quarterly Reported Measures	Reported in 1 st Quarter	Reported in 2 nd Quarter	Reported in 3 rd Quarter	Reported in 4 th Quarter
Diagnostic Dental Services	1/11	4/11		
Preventive Dental Services	5/11	6/5		
Restorative (Dental Fillings) Dental Services	1/11	1/11		
Comprehensive Diabetes Care: Diagnostic Dental Exam	N/A	N/A		
Comprehensive Diabetes Care: Preventive Dental Visit	N/A	N/A		
Comprehensive Diabetes Care: Restorative Dental Visit	N/A	N/A		
Diagnostic Dental Visits in Pregnant Women	N/A	N/A		
Preventive Dental Visits in Pregnant Women	N/A	N/A		
Restorative Dental Visits in Pregnant Women	N/A	N/A		
Adults: Any Dental Visit	N/A	N/A		

Managed Care Enrollment

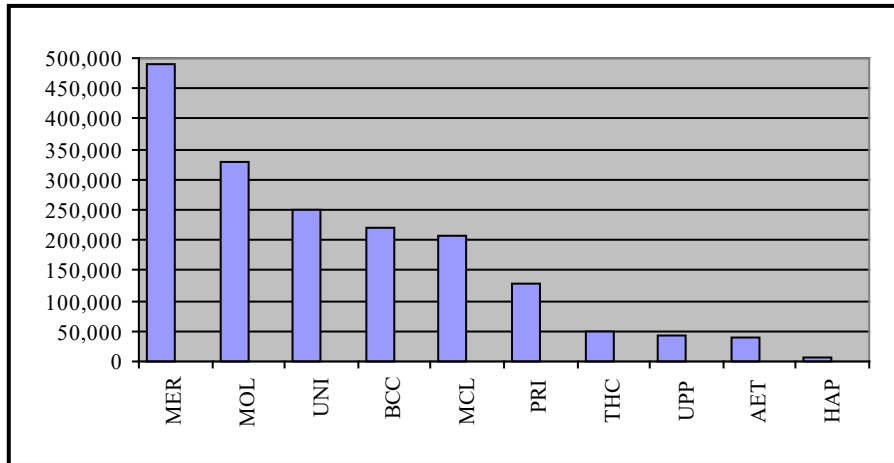
Michigan Medicaid Managed Care (MA-MC) enrollment has remained steady over the past year. In March 2020, enrollment was 1,767,036, up 11,454 enrollees (0.7%) from April 2019. An increase of 12,931 enrollees (0.7%) was realized between February 2020 and March 2020.

Figure 1: Medicaid Managed Care Enrollment, April 2019 – March 2020



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

Figure 2: Medicaid Managed Care Enrollment by Health Plan, March 2020



Medicaid Health Plan News

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

As of January 1, 2020, Trusted Health Plan Michigan (TRU) is no longer an active Medicaid Health Plan. However, their information will continue to appear in the quarterly PMRs until such data is no longer available.

Cross-Plan Performance Monitoring Analyses

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

Diagnostic Dental Services

Measure

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

Standard

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

Measurement Period

October 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

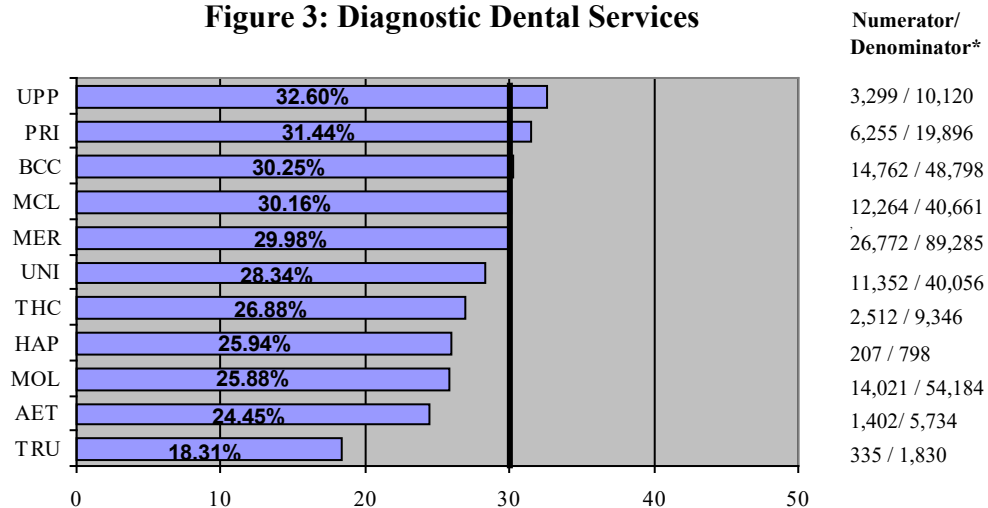
Quarterly

Summary: Four plans (**BCC, MCL, PRI, and UPP**) met or exceeded the standard, while seven plans (AET, HAP, MER, MOL, THC, TRU, and UNI) did not. Results ranged from 18.31% to 32.60%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	1,084	5,760	18.82%
HMP Managed Care (MC) Only	95,501	326,889	29.22%

Figure 3: Diagnostic Dental Services



Diagnostic Dental Services Percentages

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

Preventive Dental Services

Measure

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

Standard

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

Measurement Period

October 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

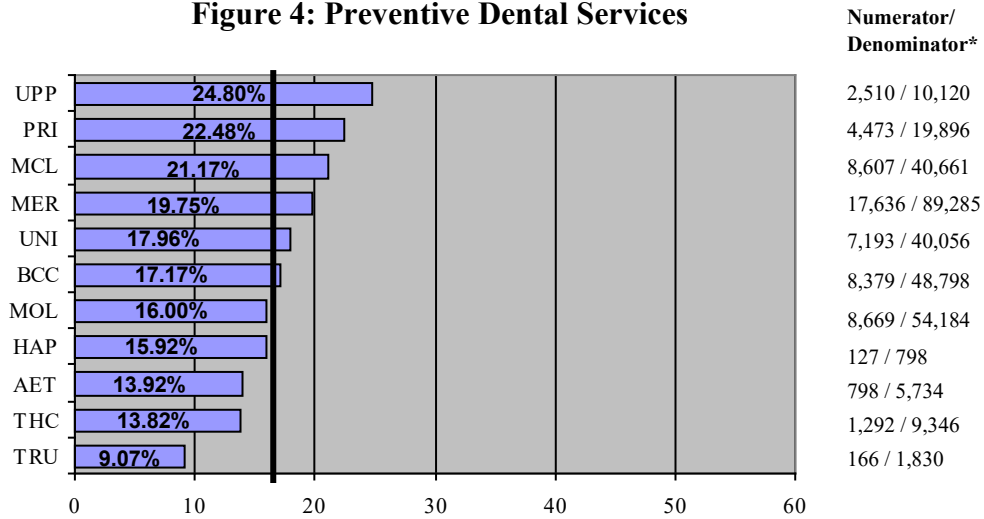
Quarterly

Summary: Six plans (BCC, MCL, MER, PRI, UNI and UPP) met or exceeded the standard, while five plans (AET, HAP, MOL, THC, and TRU) did not. Results ranged from 9.07% to 24.80%.

Table 3: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	589	5,760	10.23%
HMP Managed Care (MC) Only	61,232	326,889	18.73%

Figure 4: Preventive Dental Services



Preventive Dental Services Percentages

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

Restorative (Dental Fillings) Services

Measure

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

Standard

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

Measurement Period

October 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

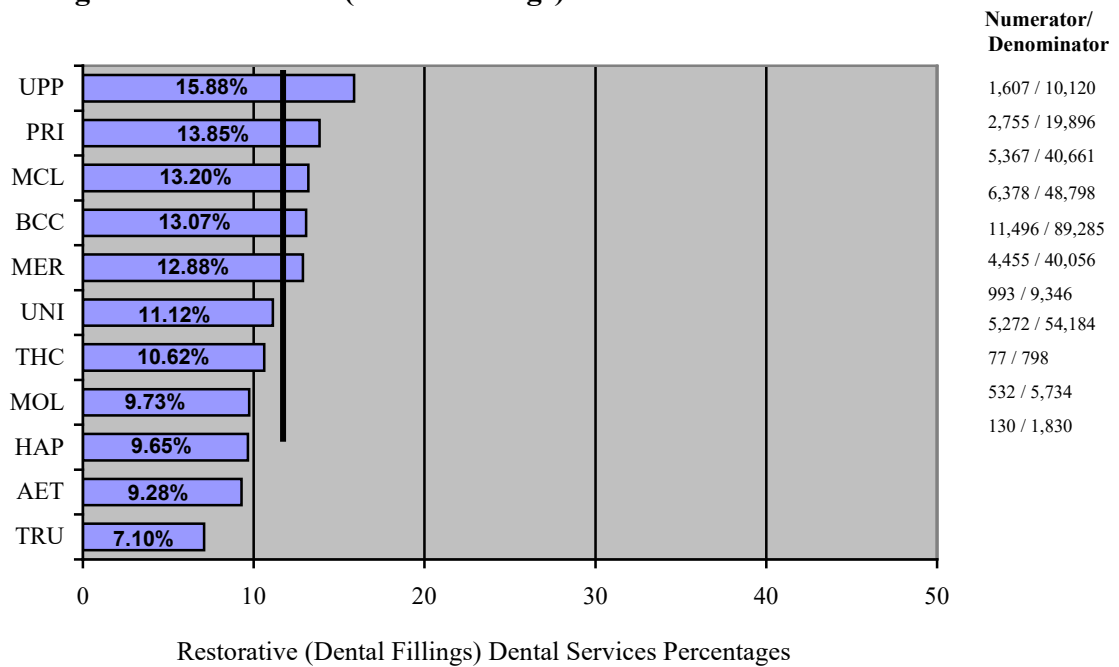
Quarterly

Summary: One of the plans (UPP) met or exceeded the standard, while 10 plans (AET, BCC, HAP, MCL, MER, MOL, PRI, THC, TRU, and UNI) did not. Results ranged from 7.10% to 15.88%.

Table 4: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	370	5,760	6.42%
HMP Managed Care (MC) Only	40,067	326,889	12.26%

Figure 5: Restorative (Dental Fillings) Dental Services



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

Comprehensive Diabetes Care: Diagnostic Dental Exam

Measure

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

Standard

N/A – Informational Only

Measurement Period

October 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

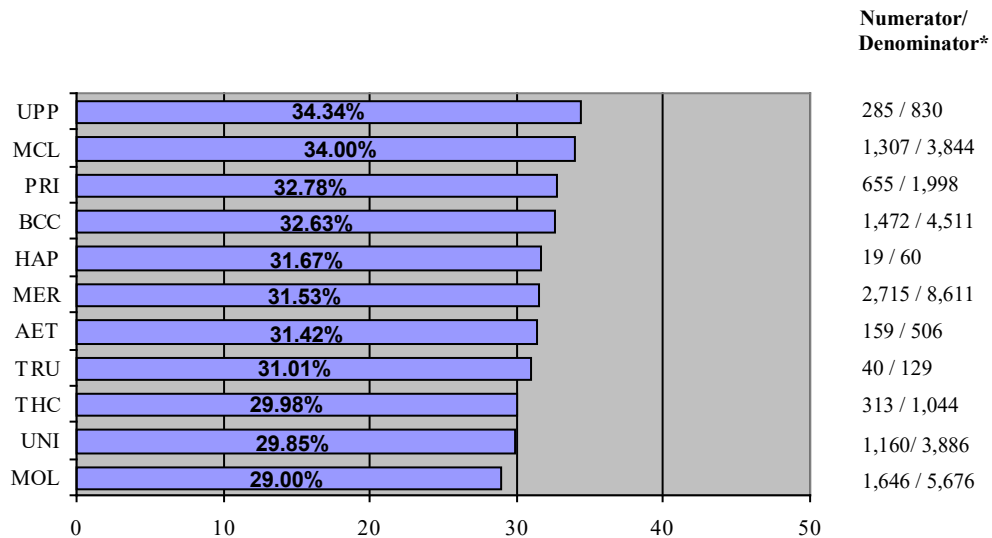
Quarterly

Summary: Results ranged from 29.00% to 34.34%

Table 5: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	179	522	34.29%
HMP Managed Care (MC) Only	10,043	31,850	31.53%

Figure 6: Comprehensive Diabetes Care: Diagnostic Dental Exam



Comprehensive Diabetes Care: Diagnostic Dental Exam Percentages

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

Comprehensive Diabetes Care: Preventive Dental Visit

Measure

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

Standard

N/A – Informational Only

Measurement Period

October 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

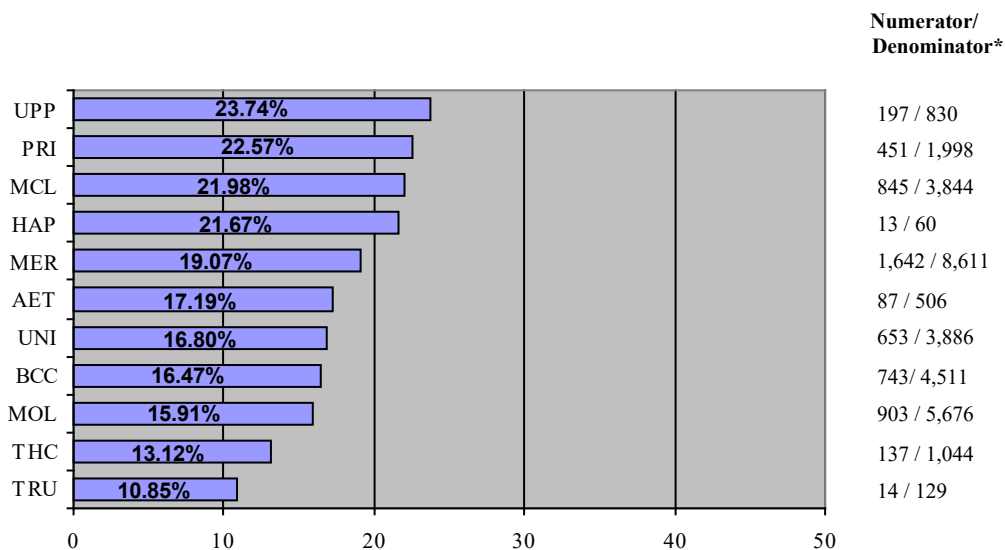
Quarterly

Summary: Results ranged from 10.85% to 23.74%

Table 6: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	81	522	15.52%
HMP Managed Care (MC) Only	5,829	31,850	18.30%

Figure 7: Comprehensive Diabetes Care: Preventive Dental Visit



Comprehensive Diabetes Care: Preventive Dental Visit Percentages

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

Comprehensive Diabetes Care: Restorative Dental Visit

Measure

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

Standard

N/A – Informational Only

Measurement Period

October 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

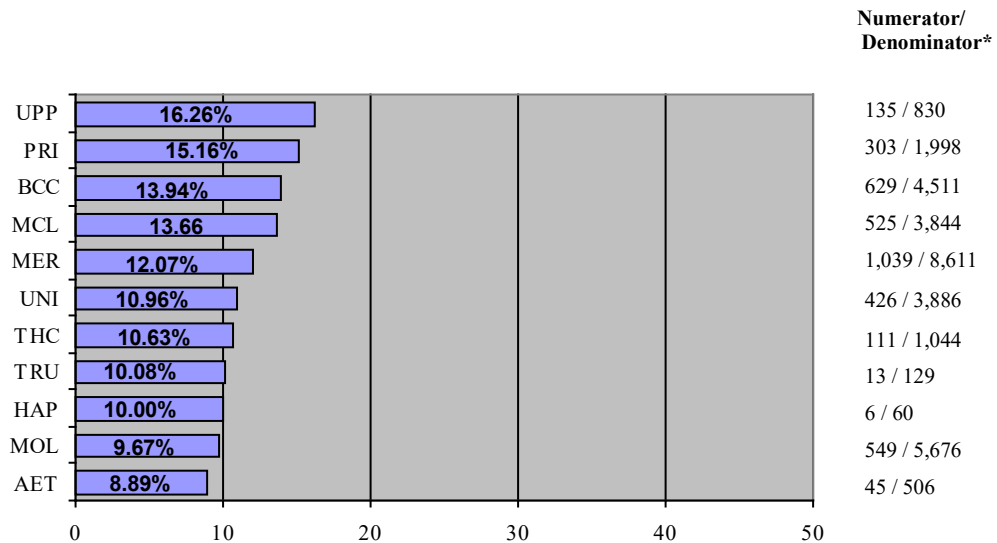
Quarterly

Summary: Results ranged from 8.89% to 16.26%

Table 7: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	38	522	7.28%
HMP Managed Care (MC) Only	3,881	31,850	12.18%

Figure 8: Comprehensive Diabetes Care: Restorative Dental Visit



Comprehensive Diabetes Care: Restorative Dental Visit Percentages

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

Diagnostic Dental Visits in Pregnant Women

Measure

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

Standard

N/A – Informational Only

Measurement Period

October 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

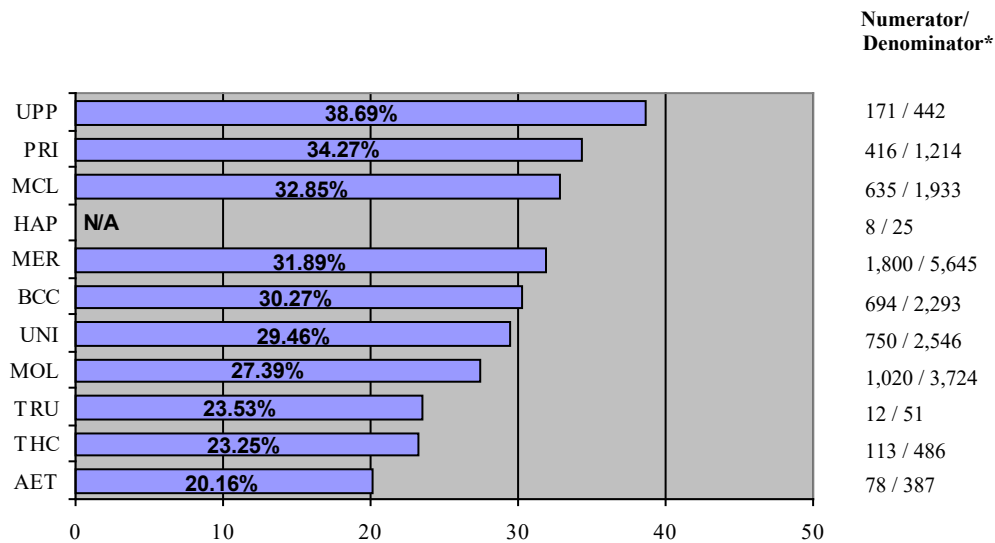
Quarterly

Summary: Results ranged from 20.16% to 38.69%

Table 8: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	8,667	32,922	26.33%
Fee For Service (FFS) only	77	450	17.11%
Managed Care only	6,015	19,712	30.51%
MA-MC	3,510	12,012	29.22%

Figure 9: Diagnostic Dental Visits in Pregnant Women²



Diagnostic Dental Visits in Pregnant Women

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

² Results showing N/A are for plans with a numerator less than 5 and a denominator less than 30.

Preventive Dental Visits in Pregnant Women

Measure

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

Standard

N/A – Informational Only

Measurement Period

October 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

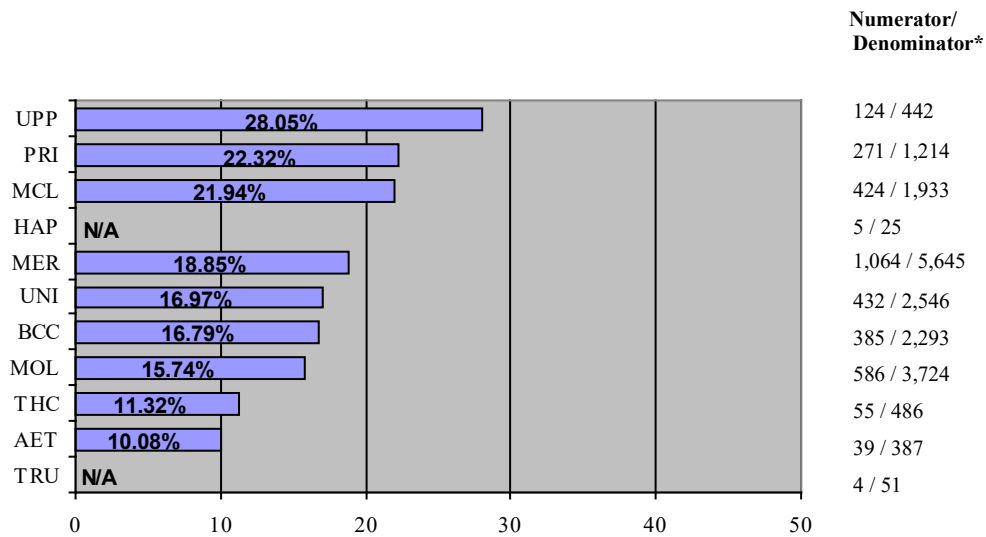
Quarterly

Summary: Results ranged from 10.08% to 28.05%

Table 9: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	5,112	32,922	15.53%
Fee For Service (FFS) only	47	450	10.44%
Managed Care only	3,558	19,712	18.05%
MA-MC	1,944	12,012	16.18%

Figure 10: Preventive Dental Visits in Pregnant Women³



Preventive Dental Visits in Pregnant Women

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

³ Results showing N/A are for plans with a numerator less than 5 and a denominator less than 30.

Restorative Dental Visits in Pregnant Women

Measure

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

Standard

N/A – Informational Only

Measurement Period

October 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

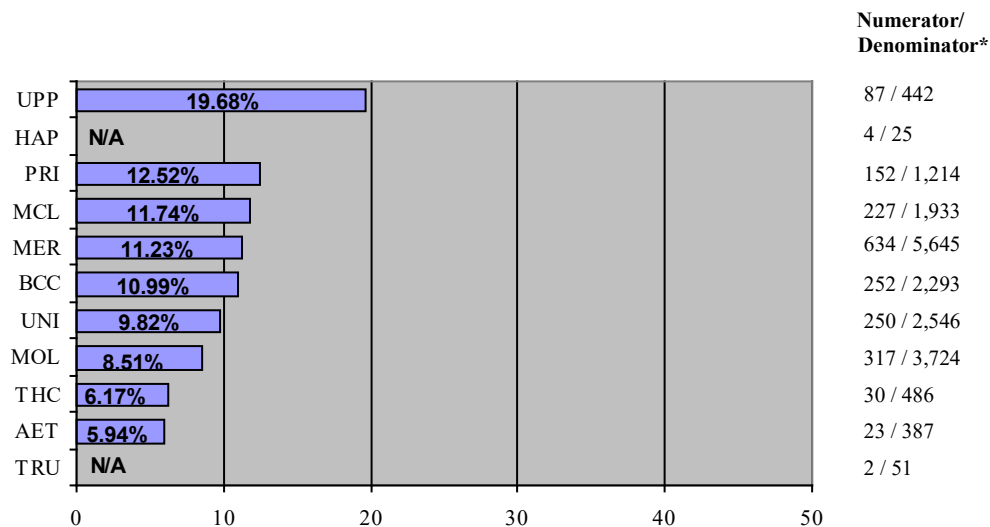
Quarterly

Summary: Results ranged from 5.94% to 19.68%

Table 10: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	2,975	32,922	9.04%
Fee For Service (FFS) only	30	450	6.67%
Managed Care only	2,075	19,712	10.53%
MA-MC	1,138	12,012	9.47%

Figure 11: Restorative Dental Visits in Pregnant Women⁴



Restorative Dental Visits in Pregnant Women

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

⁴ Results showing N/A are for plans with a numerator less than 5 and a denominator less than 30.

Adults: Any Dental Visit

Measure

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

Standard

N/A – Informational Only

Measurement Period

October 2018 – September 2019

Data Source

MDHHS Data Warehouse

Measurement Frequency

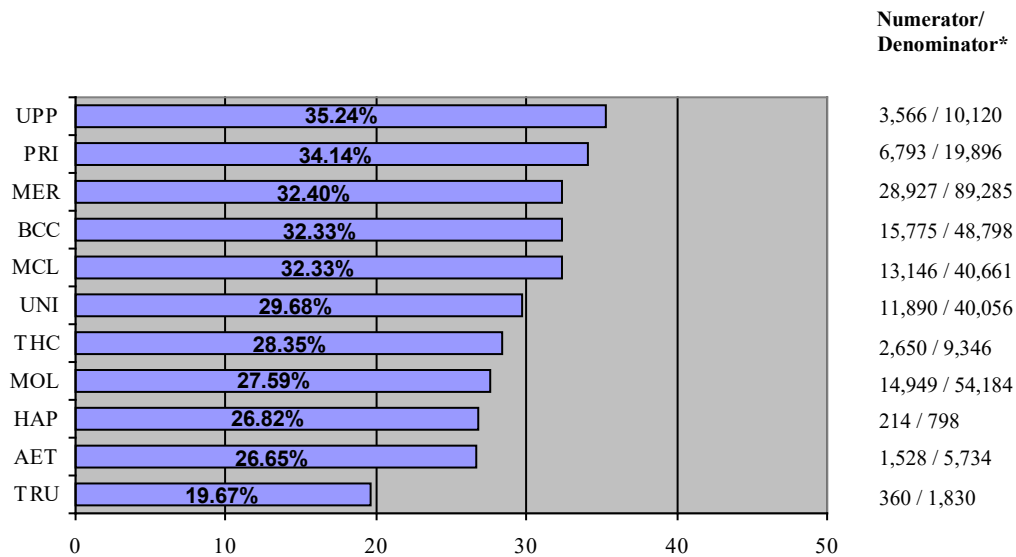
Quarterly

Summary: Results ranged from 19.67% to 35.24%

Table 11: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
HMP Fee For Service (FFS) Only	1,185	5,760	20.57%
HMP Managed Care (MC) Only	102,240	326,889	31.28%

Figure 12: Adults: Any Dental Visit



Adults: Any Dental Visit

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

Appendix A: Three Letter Medicaid Health Plan Codes

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 18 – Jun 19	30%	24.04%	No
	Oct 18 – Sep 19	30%	24.45%	No
Preventive Dental Services	Jul 18 – Jun 19	17%	13.34%	No
	Oct 18 – Sep 19	17%	13.92%	No
Restorative (Dental Fillings) Dental Services	Jul 18 – Jun 19	14%	8.93%	No
	Oct 18 – Sep 19	14%	9.28%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 18 – Jun 19	Informational Only	30.23%	N/A
	Oct 18 – Sep 19	Informational Only	31.42%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 18 – Jun 19	Informational Only	17.05%	N/A
	Oct 18 – Sep 19	Informational Only	17.19%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 18 – Jun 19	Informational Only	10.08%	N/A
	Oct 18 – Sep 19	Informational Only	8.89%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	22.51%	N/A
	Oct 18 – Sep 19	Informational Only	20.16%	N/A
Preventive Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	11.25%	N/A
	Oct 18 – Sep 19	Informational Only	10.08%	N/A
Restorative Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	7.93%	N/A
	Oct 18 – Sep 19	Informational Only	5.94%	N/A
Adults: Any Dental Visit	Jul 18 – Jun 19	Informational Only	26.17%	N/A
	Oct 18 – Sep 19	Informational Only	26.65%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 18 – Jun 19	30%	29.68%	No
	Oct 18 – Sep 19	30%	30.25%	Yes
Preventive Dental Services	Jul 18 – Jun 19	17%	16.60%	No
	Oct 18 – Sep 19	17%	17.17%	Yes
Restorative (Dental Fillings) Dental Services	Jul 18 – Jun 19	14%	12.80%	No
	Oct 18 – Sep 19	14%	13.07%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 18 – Jun 19	Informational Only	31.63%	N/A
	Oct 18 – Sep 19	Informational Only	32.63%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 18 – Jun 19	Informational Only	15.73%	N/A
	Oct 18 – Sep 19	Informational Only	16.47%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 18 – Jun 19	Informational Only	12.91%	N/A
	Oct 18 – Sep 19	Informational Only	13.94%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	30.23%	N/A
	Oct 18 – Sep 19	Informational Only	30.27%	N/A
Preventive Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	16.38%	N/A
	Oct 18 – Sep 19	Informational Only	16.79%	N/A
Restorative Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	10.14%	N/A
	Oct 18 – Sep 19	Informational Only	10.99%	N/A
Adults: Any Dental Visit	Jul 18 – Jun 19	Informational Only	31.70%	N/A
	Oct 18 – Sep 19	Informational Only	32.33%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 18 – Jun 19	30%	24.83%	No
	Oct 18 – Sep 19	30%	25.94%	No

Preventive Dental Services	Jul 18 – Jun 19	17%	15.52%	No
	Oct 18 – Sep 19	17%	15.92%	No

Restorative (Dental Fillings) Dental Services	Jul 18 – Jun 19	14%	11.34%	No
	Oct 18 – Sep 19	14%	9.65%	No

Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 18 – Jun 19	Informational Only	20.37%	N/A
	Oct 18 – Sep 19	Informational Only	31.67%	N/A

Comprehensive Diabetes Care: Preventive Dental Visit	Jul 18 – Jun 19	Informational Only	12.96%	N/A
	Oct 18 – Sep 19	Informational Only	21.67%	N/A

Comprehensive Diabetes Care: Restorative Dental Visit	Jul 18 – Jun 19	Informational Only	N/A	N/A
	Oct 18 – Sep 19	Informational Only	10.00%	N/A

Plan Results with a numerator less than 5 and/or a denominator less than 30 will be represented with N/A.

Diagnostic Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	N/A	N/A
	Oct 18 – Sep 19	Informational Only	N/A	N/A

Plan Results with a numerator less than 5 and/or a denominator less than 30 will be represented with N/A.

Preventive Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	N/A	N/A
	Oct 18 – Sep 19	Informational Only	N/A	N/A

Plan Results with a numerator less than 5 and/or a denominator less than 30 will be represented with N/A.

Restorative Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	N/A	N/A
	Oct 18 – Sep 19	Informational Only	N/A	N/A

Plan Results with a numerator less than 5 and/or a denominator less than 30 will be represented with N/A.

Adults: Any Dental Visit	Jul 18 – Jun 19	Informational Only	26.45%	N/A
	Oct 18 – Sep 19	Informational Only	26.82%	N/A

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

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

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 18 – Jun 19	30%	29.76%	N/A
	Oct 18 – Sep 19	30%	30.16%	Yes
Preventive Dental Services	Jul 18 – Jun 19	17%	20.99%	Yes
	Oct 18 – Sep 19	17%	21.17%	Yes
Restorative (Dental Fillings) Dental Services	Jul 18 – Jun 19	14%	13.27%	No
	Oct 18 – Sep 19	14%	13.20%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 18 – Jun 19	Informational Only	33.16%	N/A
	Oct 18 – Sep 19	Informational Only	34.00%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 18 – Jun 19	Informational Only	22.93%	N/A
	Oct 18 – Sep 19	Informational Only	21.98%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 18 – Jun 19	Informational Only	13.54%	N/A
	Oct 18 – Sep 19	Informational Only	13.66%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	33.47%	N/A
	Oct 18 – Sep 19	Informational Only	32.85%	N/A
Preventive Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	21.49%	N/A
	Oct 18 – Sep 19	Informational Only	21.94%	N/A
Restorative Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	11.56%	N/A
	Oct 18 – Sep 19	Informational Only	11.74%	N/A
Adults: Any Dental Visit	Jul 18 – Jun 19	Informational Only	31.96%	N/A
	Oct 18 – Sep 19	Informational Only	32.33%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 18 – Jun 19	30%	27.76%	No
	Oct 18 – Sep 19	30%	29.98%	No
Preventive Dental Services	Jul 18 – Jun 19	17%	17.95%	Yes
	Oct 18 – Sep 19	17%	19.75%	Yes
Restorative (Dental Fillings) Dental Services	Jul 18 – Jun 19	14%	12.12%	No
	Oct 18 – Sep 19	14%	12.88%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 18 – Jun 19	Informational Only	29.37%	N/A
	Oct 18 – Sep 19	Informational Only	31.53%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 18 – Jun 19	Informational Only	17.07%	N/A
	Oct 18 – Sep 19	Informational Only	19.07%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 18 – Jun 19	Informational Only	11.44%	N/A
	Oct 18 – Sep 19	Informational Only	12.07%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	30.83%	N/A
	Oct 18 – Sep 19	Informational Only	31.89%	N/A
Preventive Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	17.45%	N/A
	Oct 18 – Sep 19	Informational Only	18.85%	N/A
Restorative Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	10.85%	N/A
	Oct 18 – Sep 19	Informational Only	11.23%	N/A
Adults: Any Dental Visit	Jul 18 – Jun 19	Informational Only	31.00%	N/A
	Oct 18 – Sep 19	Informational Only	32.40%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 18 – Jun 19	30%	25.59%	No
	Oct 18 – Sep 19	30%	25.88%	No
Preventive Dental Services	Jul 18 – Jun 19	17%	15.63%	No
	Oct 18 – Sep 19	17%	16.00%	No
Restorative (Dental Fillings) Dental Services	Jul 18 – Jun 19	14%	9.51%	No
	Oct 18 – Sep 19	14%	9.73%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 18 – Jun 19	Informational Only	28.81%	N/A
	Oct 18 – Sep 19	Informational Only	29.00%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 18 – Jun 19	Informational Only	15.63%	N/A
	Oct 18 – Sep 19	Informational Only	15.91%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 18 – Jun 19	Informational Only	9.27%	N/A
	Oct 18 – Sep 19	Informational Only	9.67%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	24.79%	N/A
	Oct 18 – Sep 19	Informational Only	27.39%	N/A
Preventive Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	14.02%	N/A
	Oct 18 – Sep 19	Informational Only	15.74%	N/A
Restorative Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	7.31%	N/A
	Oct 18 – Sep 19	Informational Only	8.51%	N/A
Adults: Any Dental Visit	Jul 18 – Jun 19	Informational Only	27.32%	N/A
	Oct 18 – Sep 19	Informational Only	27.59%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 18 – Jun 19	30%	29.20%	No
	Oct 18 – Sep 19	30%	31.44%	Yes
Preventive Dental Services	Jul 18 – Jun 19	17%	20.78%	Yes
	Oct 18 – Sep 19	17%	22.48%	Yes
Restorative (Dental Fillings) Dental Services	Jul 18 – Jun 19	14%	12.87%	No
	Oct 18 – Sep 19	14%	13.85%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 18 – Jun 19	Informational Only	31.73%	N/A
	Oct 18 – Sep 19	Informational Only	32.78%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 18 – Jun 19	Informational Only	21.96%	N/A
	Oct 18 – Sep 19	Informational Only	22.57%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 18 – Jun 19	Informational Only	14.04%	N/A
	Oct 18 – Sep 19	Informational Only	15.16%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	33.62%	N/A
	Oct 18 – Sep 19	Informational Only	34.27%	N/A
Preventive Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	21.66%	N/A
	Oct 18 – Sep 19	Informational Only	22.32%	N/A
Restorative Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	12.84%	N/A
	Oct 18 – Sep 19	Informational Only	12.52%	N/A
Adults: Any Dental Visit	Jul 18 – Jun 19	Informational Only	32.24%	N/A
	Oct 18 – Sep 19	Informational Only	34.14%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 18 – Jun 19	30%	26.99%	No
	Oct 18 – Sep 19	30%	26.88%	No
Preventive Dental Services	Jul 18 – Jun 19	17%	13.60%	No
	Oct 18 – Sep 19	17%	13.82%	No
Restorative (Dental Fillings) Dental Services	Jul 18 – Jun 19	14%	10.68%	No
	Oct 18 – Sep 19	14%	10.62%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 18 – Jun 19	Informational Only	29.21%	N/A
	Oct 18 – Sep 19	Informational Only	29.98%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 18 – Jun 19	Informational Only	13.77%	N/A
	Oct 18 – Sep 19	Informational Only	13.12%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 18 – Jun 19	Informational Only	10.23%	N/A
	Oct 18 – Sep 19	Informational Only	10.63%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	26.10%	N/A
	Oct 18 – Sep 19	Informational Only	23.25%	N/A
Preventive Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	12.74%	N/A
	Oct 18 – Sep 19	Informational Only	11.32%	N/A
Restorative Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	7.10%	N/A
	Oct 18 – Sep 19	Informational Only	6.17%	N/A
Adults: Any Dental Visit	Jul 18 – Jun 19	Informational Only	28.57%	N/A
	Oct 18 – Sep 19	Informational Only	28.35%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 18 – Jun 19	30%	27.98%	No
	Oct 18 – Sep 19	30%	28.34%	No
Preventive Dental Services	Jul 18 – Jun 19	17%	17.84%	Yes
	Oct 18 – Sep 19	17%	17.96%	Yes
Restorative (Dental Fillings) Dental Services	Jul 18 – Jun 19	14%	11.05%	No
	Oct 18 – Sep 19	14%	11.12%	No
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 18 – Jun 19	Informational Only	29.03%	N/A
	Oct 18 – Sep 19	Informational Only	29.85%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 18 – Jun 19	Informational Only	16.85%	N/A
	Oct 18 – Sep 19	Informational Only	16.80%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 18 – Jun 19	Informational Only	10.71%	N/A
	Oct 18 – Sep 19	Informational Only	10.96%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	29.70%	N/A
	Oct 18 – Sep 19	Informational Only	29.46%	N/A
Preventive Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	16.17%	N/A
	Oct 18 – Sep 19	Informational Only	16.97%	N/A
Restorative Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	9.78%	N/A
	Oct 18 – Sep 19	Informational Only	9.82%	N/A
Adults: Any Dental Visit	Jul 18 – Jun 19	Informational Only	29.30%	N/A
	Oct 18 – Sep 19	Informational Only	29.68%	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

MDHHS DENTAL MEASURES:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Diagnostic Dental Services	Jul 18 – Jun 19	30%	32.44%	Yes
	Oct 18 – Sep 19	30%	32.60%	Yes
Preventive Dental Services	Jul 18 – Jun 19	17%	24.51%	Yes
	Oct 18 – Sep 19	17%	24.80%	Yes
Restorative (Dental Fillings) Dental Services	Jul 18 – Jun 19	14%	15.68%	Yes
	Oct 18 – Sep 19	14%	15.88%	Yes
Comprehensive Diabetes Care: Diagnostic Dental Exam	Jul 18 – Jun 19	Informational Only	33.68%	N/A
	Oct 18 – Sep 19	Informational Only	34.34%	N/A
Comprehensive Diabetes Care: Preventive Dental Visit	Jul 18 – Jun 19	Informational Only	23.03%	N/A
	Oct 18 – Sep 19	Informational Only	23.74%	N/A
Comprehensive Diabetes Care: Restorative Dental Visit	Jul 18 – Jun 19	Informational Only	17.24%	N/A
	Oct 18 – Sep 19	Informational Only	16.26%	N/A
Diagnostic Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	36.05%	N/A
	Oct 18 – Sep 19	Informational Only	38.69%	N/A
Preventive Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	25.62%	N/A
	Oct 18 – Sep 19	Informational Only	28.05%	N/A
Restorative Dental Visits in Pregnant Women	Jul 18 – Jun 19	Informational Only	16.55%	N/A
	Oct 18 – Sep 19	Informational Only	19.68%	N/A
Adults: Any Dental Visit	Jul 18 – Jun 19	Informational Only	34.95%	N/A
	Oct 18 – Sep 19	Informational Only	35.24%	N/A

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

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

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
January-March 2020

Produced by:

Quality Improvement and Program Development - Managed Care Plan Division

Table of Contents

Health Risk Assessment Part 1

Introduction	2
--------------	---

Health Risk Assessment Part 2

Introduction	3
--------------	---

Health Risk Assessment Completion with Attestation	4
--	---

Healthy Behaviors Statement Selection	5
---------------------------------------	---

Selection of Health Risk Behaviors to Address	6
---	---

Healthy Behaviors Goal Progress	8
---------------------------------	---

Additional Healthy Behaviors

Wellness Programs	10
-------------------	----

Preventive Services	12
---------------------	----

Appendix 1	14
------------	----

Introduction

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

Health Risk Assessment Part 1

Health Risk Assessments completion through Michigan ENROLLS

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

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

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

Health Risk Assessment Part 2

Health Risk Assessments completion with Provider Attestation

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

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

The data displayed in Part 2 of this report reflect the healthy behavior goals selected in the final section of the Health Risk Assessment. As shown in Table 13, a total of 11,488 Health Risk Assessments were completed in the January-March 2020 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, 9,784 or 85.2% of beneficiaries agreed to address health risk behaviors. In addition, 1,524 or 13.3% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 98.4% 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 9,784 beneficiaries who agreed to address health risk behaviors, 58.9% 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

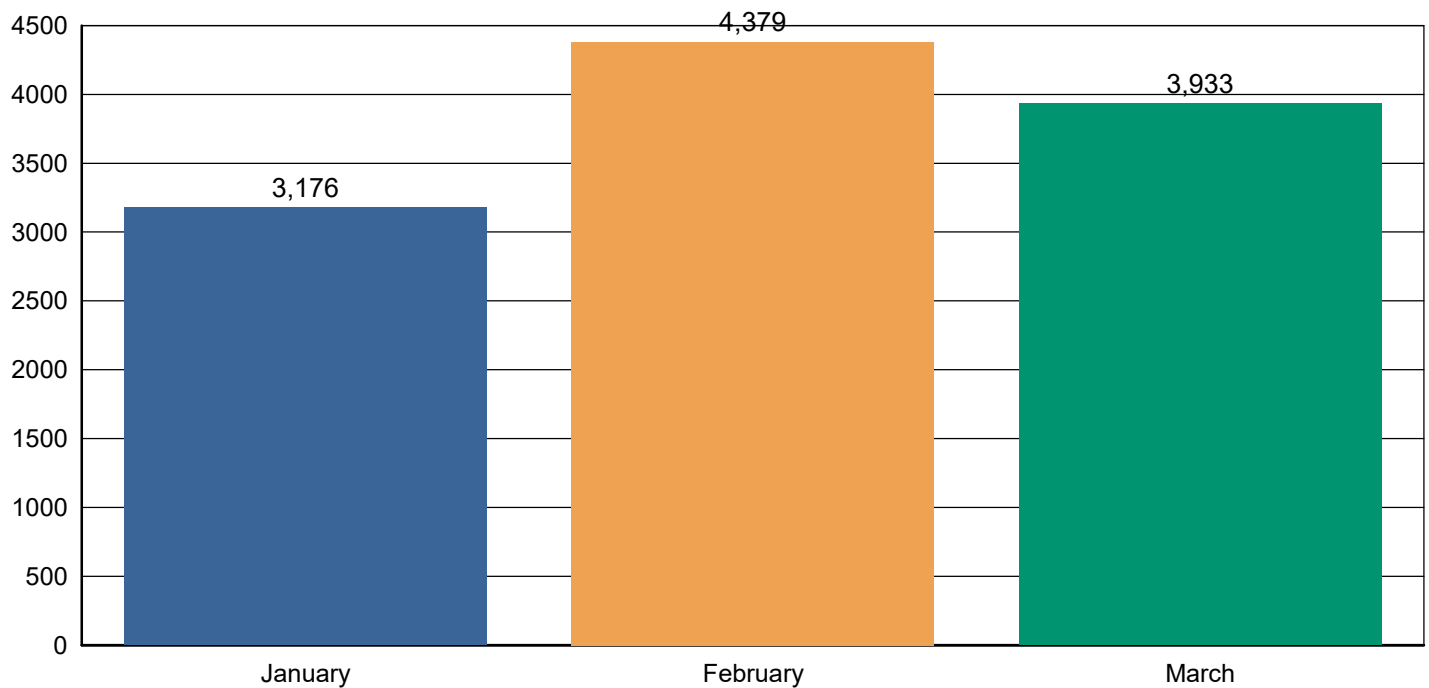
Table 13. Count of Health Risk Assessments (HRA) Completed with Attestation by Month submitted

MONTH	COMPLETE	TOTAL
April 2019	4,003	328,612
May 2019	4,724	333,336
June 2019	3,954	337,290
July 2019	3,473	340,763
August 2019	6,465	347,228
September 2019	4,561	351,789
October 2019	4,540	356,329
November 2019	4,093	360,422
December 2019	3,849	364,271
January 2020	3,176	367,447
February 2020	4,379	371,826
March 2020	3,933	375,759

Table 14. Demographics of Population that Completed HRA with Attestation

January 2020 - March 2020		
AGE GROUP	COMPLETED HRA	
19 - 34	3,903	33.98%
35 - 49	3,385	29.47%
50 +	4,200	36.56%
GENDER		
F	6,661	57.98%
M	4,827	42.02%
FPL		
< 100% FPL	9,055	78.82%
100 - 133% FPL	2,433	21.18%
TOTAL	11,488	100.00%

**Figure 13-1. Health Risk Assessments Completed with Attestation
January - March 2020**



Healthy Behaviors Statement Selection

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

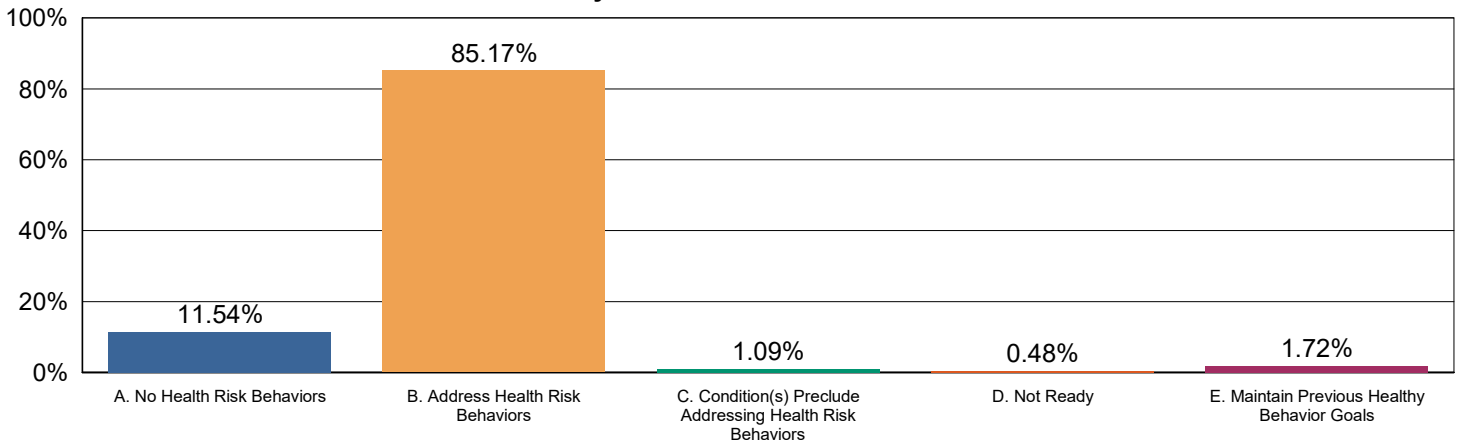
- A. Patient does not have health risk behaviors that need to be addressed at this time.
- B. Patient has identified at least one behavior to address over the next year to improve their health.
- C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing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

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

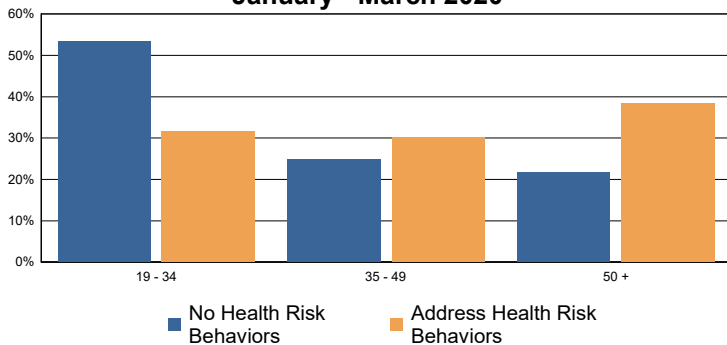
**Table 15. Healthy Behaviors Statement Selection
January - March 2020**

CHECK-UP	TOTAL	PERCENT
A. No Health Risk Behaviors	1,326	11.54%
B. Address Health Risk Behaviors	9,784	85.17%
C. Condition(s) Preclude Addressing Health Risk Behaviors	125	1.09%
D. Not Ready	55	0.48%
E. Maintain Previous Healthy Behavior Goals	198	1.72%
TOTAL	11,488	100.00%

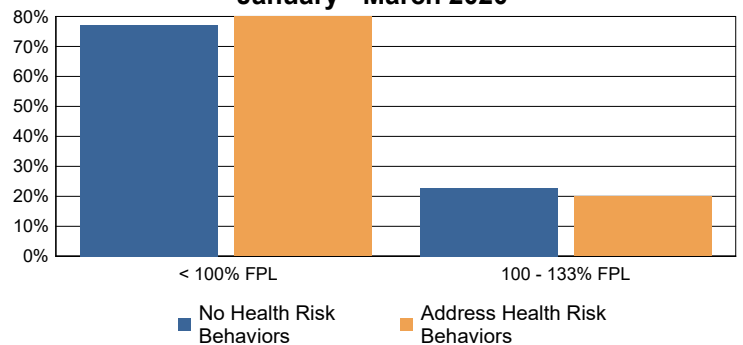
**Figure 15-1. Healthy Behaviors Statement Selection
January - March 2020**



**Figure 15-2. Statement Selection by Age
January - March 2020**



**Figure 15-3. Statement Selection by FPL
January - March 2020**



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 9,784 HRAs submitted through January-March 2020 where the beneficiary chose to address health risk behaviors, 58.87% 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

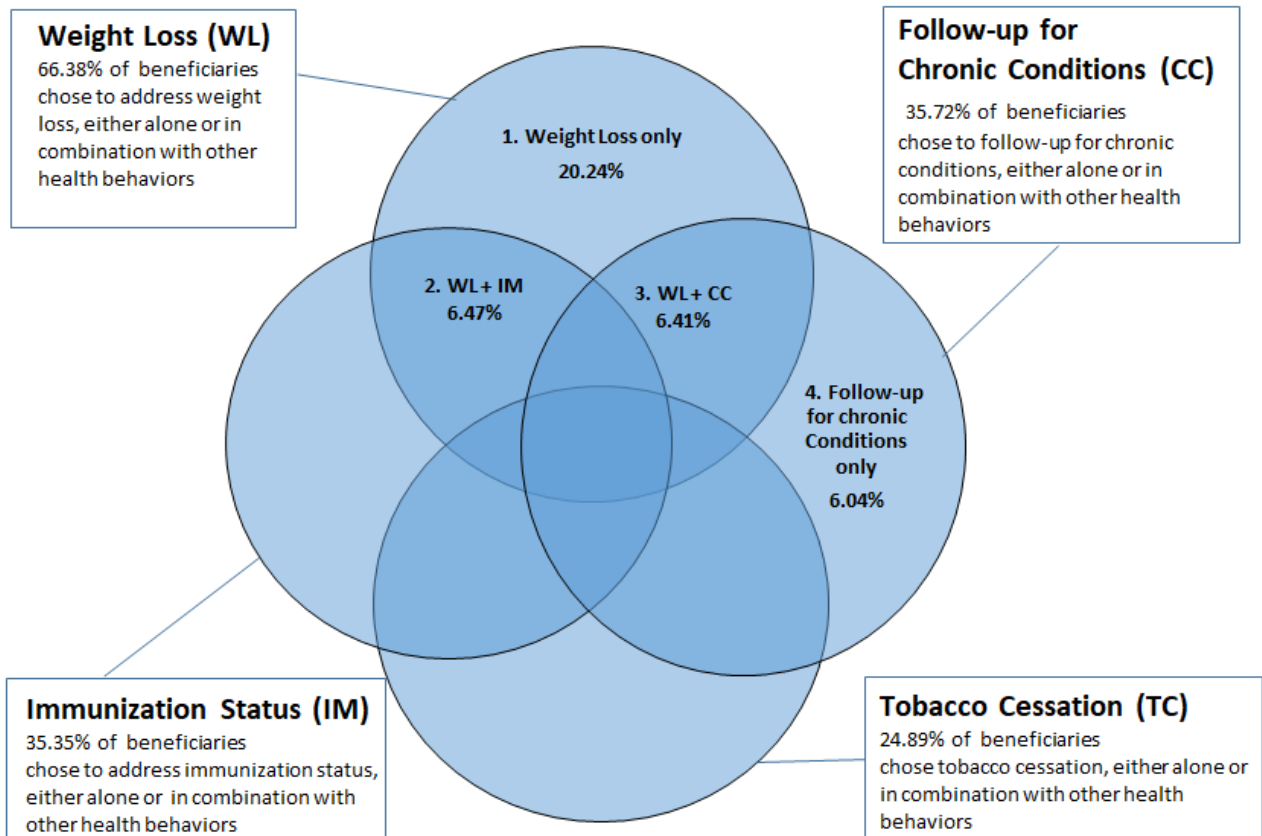
Health Risk Behavior	Chose this behavior and at least one more	Chose ONLY this behavior
Weight Loss	66.38%	20.24%
Tobacco Cessation	24.89%	4.70%
Immunization Status (Annual Flu Vaccine)	35.35%	3.80%
Follow-up for Chronic Conditions	35.72%	6.04%
Addressing Alcohol Abuse	3.80%	0.46%
Addressing Substance Abuse	1.71%	0.29%
Dental visit	9.75%	0.60%
Follow-up appointment for maternity care/reproductive health	1.40%	0.23%
Follow-up appointment for recommended cancer or other preventative screening(s)	15.23%	1.33%
Follow-up appointment for mental health/behavioral health	7.86%	1.95%
Other	4.53%	1.49%

Table 17. Top 10 Most Selected Health Risk Behavior Combinations

Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	1,980	20.24%
2. Weight Loss, Immunization Status	633	6.47%
3. Weight Loss, Follow-up for Chronic Conditions	627	6.41%
4. Follow-up for Chronic Conditions	591	6.04%
5. Tobacco Cessation ONLY	460	4.70%
6. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	408	4.17%
7. Immunization Status (Annual Flu Vaccine)	372	3.80%
8. Weight Loss, Tobacco Cessation	366	3.74%
9. Weight Loss, Immunization Status, Follow-up for Chronic Conditions, Cancer Screening	224	2.29%
10. Follow-up for Behavioral Health	191	1.95%
Total for Top 10	5,852	59.81%
Total for All Other Combinations	3,932	40.19%
Total	9,784	100.00%

Figure 5-1. Health Risk Assessment Completion with Provider Attestation

Representation of the overlapping nature of health risk behavior selections greater than 5% of Total for Jan-Mar 2020



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.

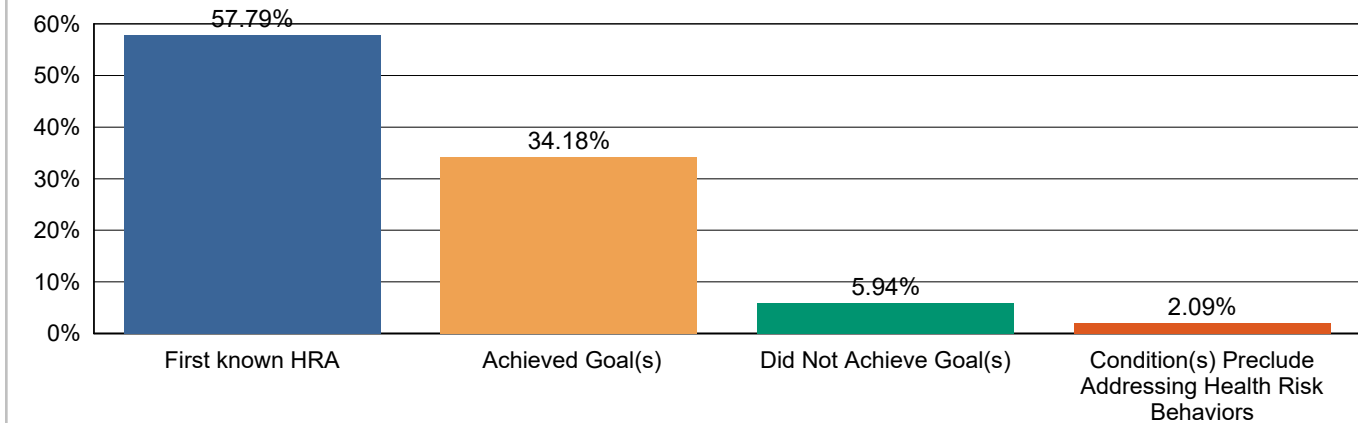
710 Health Risk Assessments were submitted during this quarter where this question was not available because the Healthy Behavior Goals Progress question was not available on the original form of the Health Risk Assessment.

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

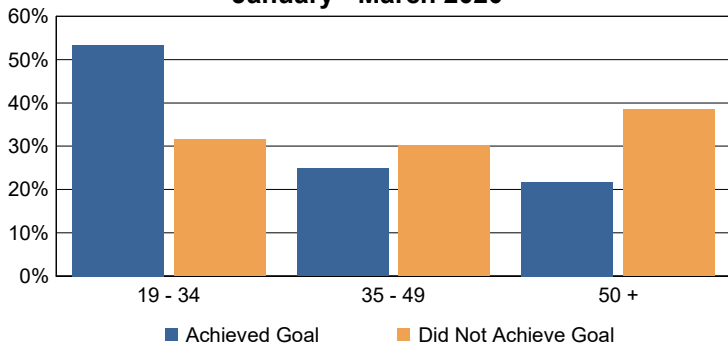
**Table 18. Healthy Behaviors Goals Progress
January - March 2020**

GOALS PROGRESS	TOTAL	PERCENT
A. First known HRA	6,229	57.79%
B. Achieved Goal(s)	3,684	34.18%
C. Did Not Achieve Goal(s)	640	5.94%
D. Condition(s) Preclude Addressing Health Risk Behaviors	225	2.09%
TOTAL	10,778	100.00%

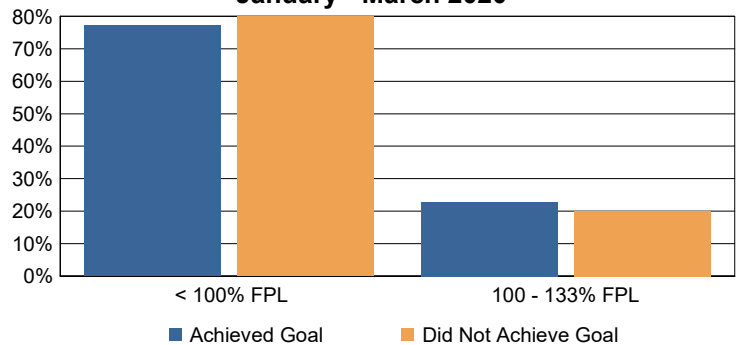
**Figure 18-1. Healthy Behaviors Goals Progress
January - March 2020**



**Figure 15-2. Statement Selection by Age
January - March 2020**



**Figure 15-3. Statement Selection by FPL
January - March 2020**



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 21,329 wellness programs were completed in the January-March 2020 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 332,843 Preventive Services were completed in the January-March 2020 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

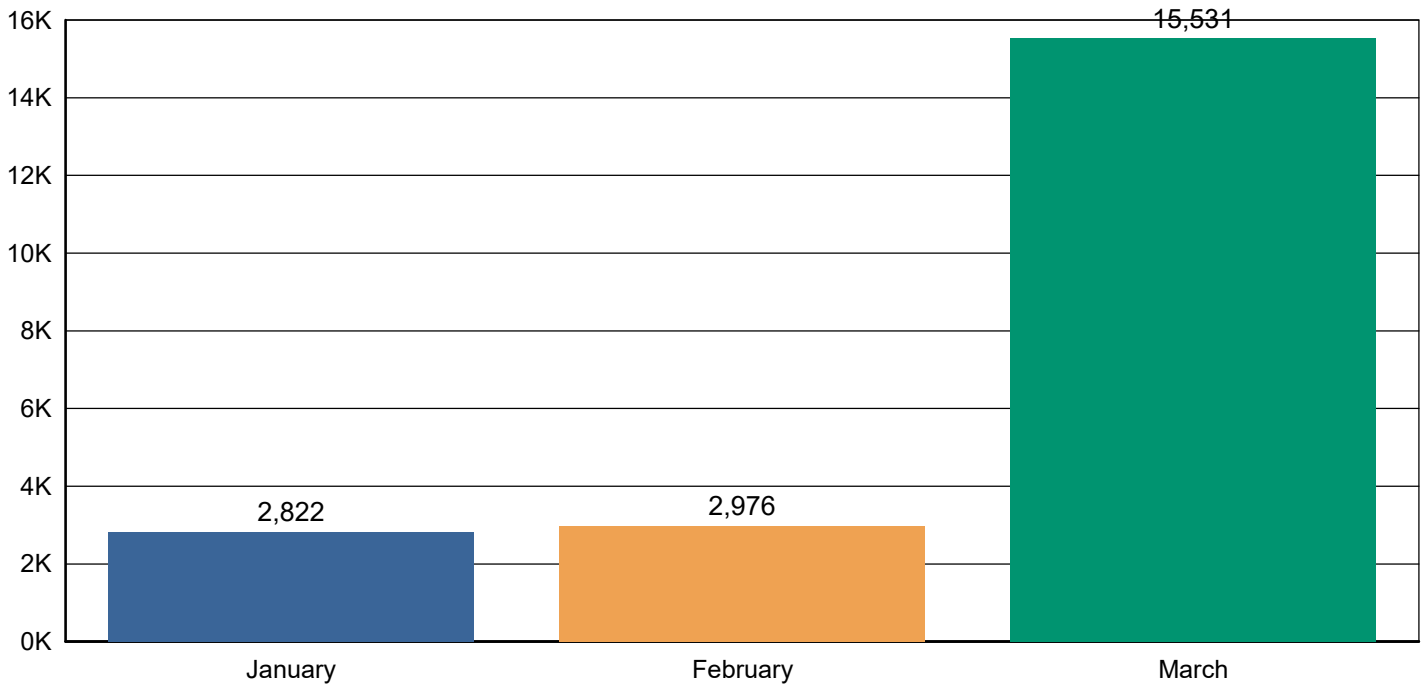
Table 19. Count of Wellness Programs Reported for Total population by Month submitted

MONTH	COMPLETE	TOTAL
April 2019	1,302	29,512
May 2019	1,570	31,082
June 2019	4,711	35,793
July 2019	2,592	38,385
August 2019	1,960	40,345
September 2019	3,046	43,391
October 2019	2,587	45,978
November 2019	6,269	52,247
December 2019	3,241	55,488
January 2020	2,822	58,310
February 2020	2,976	61,286
March 2020	15,531	76,817

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

January 2020 - March 2020		
AGE GROUP	COMPLETED	
19 - 34	6,688	31.36%
35 - 49	7,396	34.68%
50 +	7,245	33.97%
GENDER		
F	9,948	46.64%
M	11,381	53.36%
FPL		
< 100% FPL	18,079	84.76%
100 - 133% FPL	3,250	15.24%
TOTAL	21,329	100.00%

**Figure 19-1. Wellness Program Reported for Total Population
January - March 2020**

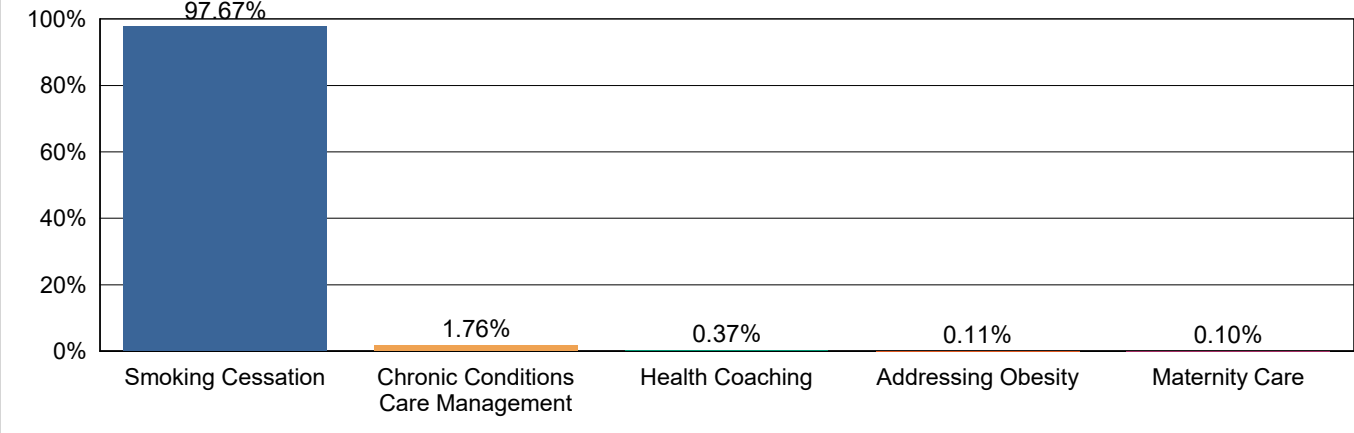


Wellness Programs: The Managed Care Plans offer a range of wellness and population health management programs to their members as part of the Healthy Behaviors Incentives Program. All Managed Care Plans offer a tobacco cessation program which follows standardized criteria. For this reason, 97.67% of wellness programs reported are tobacco cessation programs. Completed wellness programs by program type are displayed in Table 21 for the quarter January-March 2020.

**Table 21. Wellness Program Completion by Type of Wellness Program
January - March 2020**

Wellness Programs	TOTAL	PERCENT
Smoking Cessation	20,831	97.67%
Chronic Conditions Care Management	375	1.76%
Health Coaching	78	0.37%
Addressing Obesity	23	0.11%
Maternity Care	22	0.10%
TOTAL	21,329	100.00%

**Figure 21-1. Wellness Program Completion by Type of Wellness Program
January - March 2020**



Preventive Services

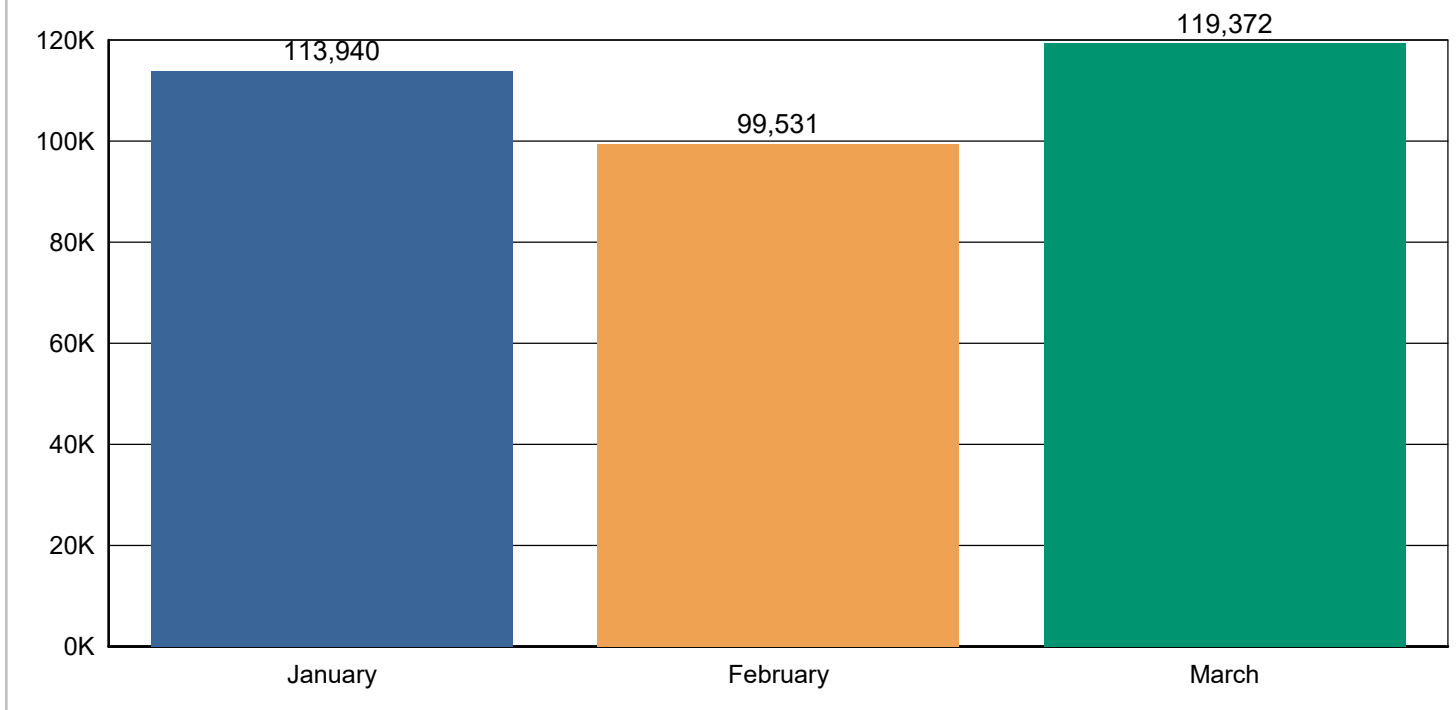
Table 22. Count of Preventive Services Reported for Total population by Month submitted

MONTH	COMPLETE	TOTAL
April 2019	85,822	2,322,119
May 2019	95,477	2,417,596
June 2019	91,448	2,509,044
July 2019	81,310	2,590,354
August 2019	120,505	2,710,859
September 2019	96,320	2,807,179
October 2019	125,455	2,932,634
November 2019	124,704	3,057,338
December 2019	98,976	3,156,314
January 2020	113,940	3,270,254
February 2020	99,531	3,369,785
March 2020	119,372	3,489,157

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

January 2020 - March 2020		
AGE GROUP	COMPLETED	
19 - 34	152,157	45.71%
35 - 49	85,969	25.83%
50 +	94,717	28.46%
GENDER		
F	238,777	71.74%
M	94,066	28.26%
FPL		
< 100% FPL	261,564	78.59%
100 - 133% FPL	71,279	21.42%
TOTAL	332,843	100.00%

**Figure 22-1. Preventive Services Reported for Total Population
January - March 2020**

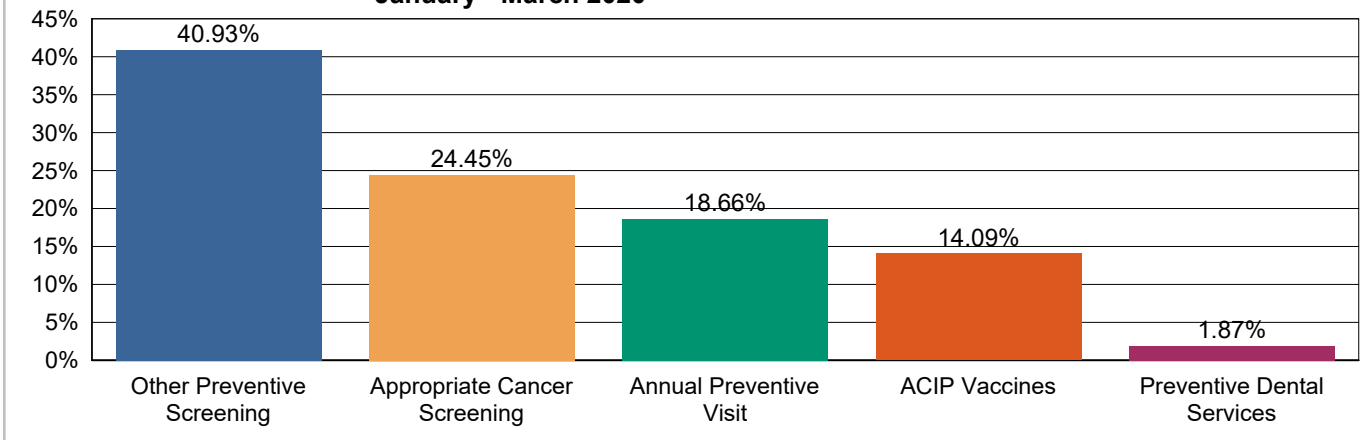


Preventive Services Reported: All Healthy Michigan Plan Enrollees can participate in the Healthy Behaviors Incentives Program by utilizing select preventive services. Utilization of these services are identified through claims/encounter review. The preventive services utilized and their percentage of total preventive services reported are displayed in Table 24 for the quarter January-March 2020. The associated codes for the selected preventive services can be found in Appendix 1.

**Table 24. Preventive Services Completion by Type of Preventive Service
January - March 2020**

Preventive Services	TOTAL	PERCENT
Other Preventive Screening	136,238	40.93%
Appropriate Cancer Screening	81,375	24.45%
Annual Preventive Visit	62,098	18.66%
ACIP Vaccines	46,903	14.09%
Preventive Dental Services	6,229	1.87%
TOTAL	332,843	100.00%

**Figure 24-1. Preventive Services Completion by Type of Preventive Service
January - March 2020**



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

Bulletin Number: MSA 20-10

Distribution: All Providers, Bridges Eligibility Manual (BEM) and Bridges Administrative Manual (BAM) Holders

Issued: April 28, 2020

Subject: Rescinding Work Requirements for the Healthy Michigan Plan

Effective: March 4, 2020

Programs Affected: Healthy Michigan Plan

The purpose of this policy is to rescind the work requirements described in Bulletin MSA 19-35, issued December 2, 2019. Bulletin MSA 19-35 describes work requirements that were implemented for Medicaid beneficiaries who have Healthy Michigan Plan (HMP) health care coverage. Pursuant to the court order from the United States District Court for the District of Columbia in *Young et al. v. Azar et al.*, the Michigan Department of Health and Human Services (MDHHS) is stopping the implementation of work requirements.

HMP changes described in Section I (subsections A-C) and Section IV of Bulletin MSA 19-35 are rescinded. HMP changes described in Section II (subsections A-B) and Section III of Bulletin MSA 19-35 remain in effect. HMP changes described in the following attachments to Bulletin MSA 19-35 also remain in effect:

- Attachment I: Policy and Operational Process Document: Healthy Behavior Requirements
- Attachment II: Policy and Operational Process Document: MI Health Account Co-Pays and Fees for HMP Beneficiaries

MDHHS is also amending Attachment III: “Policy and Operational Process Document: Identification of Medically Frail Beneficiaries” of Bulletin MSA 19-35 in accordance with the court order. Because MDHHS is stopping the implementation of work requirements, MDHHS will no longer use the medically frail identification process to exempt beneficiaries from the work requirements. However, MDHHS will still use this process to exempt beneficiaries who are medically frail from cost-sharing for the HMP program. MDHHS will also still allow beneficiaries to self-report that they are medically frail through several methods, which are described in the “Policy and Operational Process Document: Identification of Medically Frail Beneficiaries.”

MDHHS is implementing this bulletin effective March 4, 2020, the date of the court order from the United States District Court for the District of Columbia.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the changes noted in this bulletin. Any interested party wishing to comment on the changes may do so by submitting comments to KurdunowiczP@michigan.gov. Please include "Rescinding Work Requirements for the Healthy Michigan Plan" in the subject line.

Comments received will be considered for revisions to the changes implemented by this bulletin.

Manual Maintenance

Providers should retain this bulletin until applicable information has been incorporated into the Bridges Administration Manual (<http://www.mfia.state.mi.us/olmweb/ex/html/>) and the Bridges Eligibility Manual (<http://www.mfia.state.mi.us/olmweb/ex/html/>).

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Kate Massey, Director
Medical Services Administration

Policy and Operational Process Document: Identification of Medically Frail Beneficiaries

BACKGROUND

Healthy Michigan Plan (HMP) beneficiaries who are considered medically frail in accordance with 42 CFR 440.315(f) are exempt from cost sharing obligations for the HMP program. Beneficiaries who are medically frail may have any of the following:

- A physical, mental, or emotional health condition that limits a daily activity (like bathing, dressing, daily chores, etc.)
- A physical, intellectual, or developmental disability that impairs the ability to perform one or more activities of daily living
- A physical, mental, or emotional health condition that requires frequent monitoring
- A disability determination based on Social Security criteria (SSDI)
- A chronic substance use disorder
- A serious and complex medical conditions or special medical needs
- Is in a nursing home, hospice, or is receiving home help services
- Is homeless
- Is a survivor of domestic violence

Beneficiaries identified as medically frail will remain exempt for 12 months from the reported date or until their next health care coverage redetermination date, whichever comes first. Based upon the results of the redetermination, the exemptions may either be extended or will end. Medically frail beneficiaries will be identified by the following methods:

Self-Identification

Individuals may report and self-attest to their medically frail status through any of the medical assistance program applications: Application for Health Coverage & Help Paying Costs (DCH-1426), the all programs Assistance Application (MDHHS-1171), and the online MI Bridges Application. A telephone option for application is also available.

Application processes include questions that allow individuals to report and attest that they have physical, mental, or emotional health conditions that limit their daily activities, such as bathing, dressing, or daily chores; or limit their ability to work, attend school, or take care of daily needs. Additionally, questions will allow the individual to report they reside in a medical or nursing facility.

If beneficiaries become medically frail during a period of eligibility, they may update their application information. In addition to the paper and online applications, beneficiaries may also call the Beneficiary Help Line (telephone option) to report and attest to the medically frail exemption at any time. Beneficiaries should also notify their specialist within 10 days of any changes in their circumstances which may affect their eligibility for assistance.

Retrospective Claims Analysis

When available, MDHHS will review health care claims data available within the Community Health Automated Medicaid Processing System (CHAMPS) from the preceding 12 months for the presence of select diagnosis codes to identify beneficiaries considered medically frail. The list of codes is included as Appendix A. MDHHS may pursue updates to this list on an annual basis. The claims data to be reviewed include the following:

- a. ICD-10 diagnosis codes (over 350 codes selected) that identify:
 - Individuals with disabling mental disorders;
 - Individuals with serious and complex medical conditions; and
 - Individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living.
- b. Whether a beneficiary is in a nursing home or hospice or is receiving services through the Adult Home Help program or Children's Special Health Care Services program.
- c. Whether a beneficiary is homeless.
- d. Whether a beneficiary is a survivor of domestic violence.

Appendix A: Medically Frail Diagnosis Codes

CODE	DESCRIPTION
A170	TUBERCULOUS MENINGITIS
A171	MENINGEAL TUBERCULOMA
A1781	TUBERCULOMA OF BRAIN AND SPINAL CORD
A1782	TUBERCULOUS MENINGOENCEPHALITIS
A1783	TUBERCULOUS NEURITIS
A1789	OTHER TUBERCULOSIS OF NERVOUS SYSTEM
A179	TUBERCULOSIS OF NERVOUS SYSTEM UNSPECIFIED
A1801	TUBERCULOSIS OF SPINE
A1802	TUBERCULOUS ARTHRITIS OF OTHER JOINTS
A1803	TUBERCULOSIS OF OTHER BONES
A1809	OTHER MUSCULOSKELETAL TUBERCULOSIS
A1810	TUBERCULOSIS OF GENITOURINARY SYSTEM UNSPECIFIED
A1811	TUBERCULOSIS OF KIDNEY AND URETER
A1812	TUBERCULOSIS OF BLADDER
A1813	TUBERCULOSIS OF OTHER URINARY ORGANS
A1814	TUBERCULOSIS OF PROSTATE
A1815	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS
A1816	TUBERCULOSIS OF CERVIX
A1817	TUBERCULOUS FEMALE PELVIC INFLAMMATORY DISEASE
A1818	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS
A182	TUBERCULOUS PERIPHERAL LYMPHADENOPATHY
A1831	TUBERCULOUS PERITONITIS
A1832	TUBERCULOUS ENTERITIS
A1839	RETROPERITONEAL TUBERCULOSIS
A184	TUBERCULOSIS OF SKIN AND SUBCUTANEOUS TISSUE
A1850	TUBERCULOSIS OF EYE UNSPECIFIED

CODE	DESCRIPTION
A1851	TUBERCULOUS EPISCLERITIS
A1852	TUBERCULOUS KERATITIS
A1853	TUBERCULOUS CHORIORETINITIS
A1854	TUBERCULOUS IRIDOCYCLITIS
A1859	OTHER TUBERCULOSIS OF EYE
A186	TUBERCULOSIS OF INNER MIDDLE EAR
A187	TUBERCULOSIS OF ADRENAL GLANDS
A1881	TUBERCULOSIS OF THYROID GLAND
A1882	TUBERCULOSIS OF OTHER ENDOCRINE GLANDS
A1883	TUBERCULOSIS OF DIGESTIVE TRACT ORGANS NEC
A1884	TUBERCULOSIS OF HEART
A1885	TUBERCULOSIS OF SPLEEN
A1889	TUBERCULOSIS OF OTHER SITES
B20	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE
B900	SEQUELAE OF CENTRAL NERVOUS SYSTEM TUBERCULOSIS
B901	SEQUELAE OF GENITOURINARY TUBERCULOSIS
B902	SEQUELAE OF TUBERCULOSIS OF BONES AND JOINTS
B908	SEQUELAE OF TUBERCULOSIS OF OTHER ORGANS
D5700	HB-SS DISEASE WITH CRISIS, UNSPECIFIED
D5701	HB-SS DISEASE WITH ACUTE CHEST SYNDROME
D5702	HB-SS DISEASE WITH SPLENIC SEQUESTRATION
D571	SICKLE-CELL DISEASE WITHOUT CRISIS
D5720	SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS
D57211	SICKLE-CELL/HB-C DISEASE WITH ACUTE CHEST SYNDROME
D57212	SICKLE-CELL/HB-C DISEASE WITH SPLENIC SEQUESTRATION
D57219	SICKLE-CELL/HB-C DISEASE WITH CRISIS, UNSPECIFIED
D5740	SICKLE-CELL THALASSEMIA WITHOUT CRISIS
D57411	SICKLE-CELL THALASSEMIA WITH ACUTE CHEST SYNDROME
D57412	SICKLE-CELL THALASSEMIA WITH SPLENIC SEQUESTRATION
D57419	SICKLE-CELL THALASSEMIA WITH CRISIS, UNSPECIFIED
D5780	OTHER SICKLE-CELL DISORDERS WITHOUT CRISIS
D57811	OTHER SICKLE-CELL DISORDERS WITH ACUTE CHEST SYNDROME
D57812	OTHER SICKLE-CELL DISORDERS WITH SPLENIC SEQUESTRATION
D57819	OTHER SICKLE-CELL DISORDERS WITH CRISIS, UNSPECIFIED
D808	OTHER IMMUNODEF W/PREDOMINANTLY ANTIBODY DEFECTS
D809	IMMUNODEF W/PREDOMINANTLY ANTIBODY DEFECTS UNS
D810	SEVERE COMBINED IMMUNODEF W/RETICULAR DYSGENESIS
D811	SEVERE COMBINED IMMUNODEF LOW T & B-CELL NUMBERS
D812	SEVERE COMBINED IMMUNODEF W/NORMAL B-CELL NUMBRS
D8130	ADENOSINE DEAMINASE DEFICIENCY, UNSPECIFIED
D8131	SEVERE COMBINED IMMUNODEF DUE TO ADENOSINE DEAMINASE DEFIC
D8132	ADENOSINE DEAMINASE 2 DEFICIENCY
D8139	OTHER ADENOSINE DEAMINASE DEFICIENCY
D814	NEZELOFS SYNDROME

CODE	DESCRIPTION
D815	PURINE NUCLEOSIDE PHOSPHORYLASE DEFICIENCY
D816	MAJ HISTOCOMPATIBILITY COMPLX CLASS I DEFICIENCY
D817	MAJ HISTOCOMPATIBILTY COMPLX CLASS II DEFICIENCY
D81810	BIOTINIDASE DEFICIENCY
D81818	OTHER BIOTIN-DEPENDENT CARBOXYLASE DEFICIENCY
D81819	BIOTIN-DEPENDENT CARBOXYLASE DEFICIENCY UNS
D8189	OTHER COMBINED IMMUNODEFICIENCIES
D819	COMBINED IMMUNODEFICIENCY UNSPECIFIED
D820	WISKOTT-ALDRICH SYNDROME
D821	DI GEORGES SYNDROME
D823	IMMUNODEFIC FLW HEREDITARY DEFECT RESPONS TO EBV
D828	IMMUNODEFIC ASSOCIATED W/OTH SPEC MAJOR DEFECT
D829	IMMUNODEFICIENCY ASSOCIATED W/MAJOR DEFECTS UNS
D830	CVI W/PREDOMINANT ABN OF B-CELL NUMBERS & FUNCT
D831	CVI W/PREDOMINANT IMMUNOREGULATORY T-CELL D/O
D832	CVI WITH AUTOANTIBODIES TO B- OR T-CELLS
E701	OTHER HYPERPHENYLALANINEMIAS
E7502	TAY-SACHS DISEASE
E7521	FABRY-ANDERSON DISEASE
E7522	GAUCHER DISEASE
E7523	KRABBE DISEASE
E75240	NIEMANN-PICK DISEASE TYPE A
E75241	NIEMANN-PICK DISEASE TYPE B
E75242	NIEMANN-PICK DISEASE TYPE C
E75243	NIEMANN-PICK DISEASE TYPE D
E75248	OTHER NIEMANN-PICK DISEASE
E75249	NIEMANN-PICK DISEASE UNSPECIFIED
E7525	METACHROMATIC LEUKODYSTROPHY
E7529	OTHER SPHINGOLIPIDOSIS
E840	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS
E8419	CYSTIC FIBROSIS W/OTH INTESTINAL MANIFESTATIONS
E848	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS
E849	CYSTIC FIBROSIS UNSPECIFIED
E8840	MITOCHONDRIAL METABOLISM DISORDER UNSPECIFIED
F0150	VASCULAR DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE
F0151	VASCULAR DEMENTIA WITH BEHAVIORAL DISTURBANCE
F0280	DEMENTIA OTH DZ CLASS ELSW W/O BEHAVRL DISTURB
F0281	DEMENTIA OTH DISEAS CLASS W/BEHAVIORAL DISTURB
F0390	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE
F0391	UNSPECIFIED DEMENTIA WITH BEHAVIORAL DISTURBANCE
F04	AMNESTIC DISORDER DUE KNOWN PHYSIOLOGICAL COND
F060	PSYCHOTIC DISORDER W HALLUCIN DUE TO KNOWN PHYSIOL CONDITION
F061	CATATONIC DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION
F062	PSYCHOTIC DISORDER W DELUSIONS DUE TO KNOWN PHYSIOL COND

CODE	DESCRIPTION
F0631	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W DEPRESSV FEATURES
F0632	MOOD DISORD D/T PHYSIOL COND W MAJOR DEPRESSIVE-LIKE EPSD
F0633	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W MANIC FEATURES
F0634	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W MIXED FEATURES
F064	ANXIETY DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION
F200	PARANOID SCHIZOPHRENIA
F201	DISORGANIZED SCHIZOPHRENIA
F202	CATATONIC SCHIZOPHRENIA
F203	UNDIFFERENTIATED SCHIZOPHRENIA
F205	RESIDUAL SCHIZOPHRENIA
F2081	SCHIZOPHRENIFORM DISORDER
F2089	OTHER SCHIZOPHRENIA
F209	SCHIZOPHRENIA UNSPECIFIED
F21	SCHIZOTYPAL DISORDER
F22	DELUSIONAL DISORDERS
F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER
F250	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE
F251	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE
F258	OTHER SCHIZOAFFECTIVE DISORDERS
F259	SCHIZOAFFECTIVE DISORDER UNSPECIFIED
F28	OTH PSYCHOT D/O NOT DUE SUBSTANCE/PHYSIOLOG COND
F29	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND
F3012	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS, MODERATE
F3013	MANIC EPISODE, SEVERE, WITHOUT PSYCHOTIC SYMPTOMS
F302	MANIC EPISODE, SEVERE WITH PSYCHOTIC SYMPTOMS
F3112	BIPOLAR DISORD, CRNT EPISODE MANIC W/O PSYCH FEATURES, MOD
F3113	BIPOLAR DISORD, CRNT EPSD MANIC W/O PSYCH FEATURES, SEVERE
F312	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES
F3132	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE
F314	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES
F315	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEVERE, W PSYCH FEATURES
F3162	BIPOLAR DISORDER, CURRENT EPISODE MIXED, MODERATE
F3163	BIPOLAR DISORD, CRNT EPSD MIXED, SEVERE, W/O PSYCH FEATURES
F3164	BIPOLAR DISORD, CRNT EPISODE MIXED, SEVERE, W PSYCH FEATURES
F321	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE
F322	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES
F323	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEVERE W PSYCH FEATURES
F331	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE
F332	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES
F333	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS
F4001	AGORAPHOBIA WITH PANIC DISORDER
F410	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]
F4311	POST-TRAUMATIC STRESS DISORDER, ACUTE

CODE	DESCRIPTION
F4312	POST-TRAUMATIC STRESS DISORDER, CHRONIC
F440	DISSOCIATIVE AMNESIA
F441	DISSOCIATIVE FUGUE
F444	CONVERSION DISORDER WITH MOTOR SYMPTOM OR DEFICIT
F445	CONVERSION DISORDER WITH SEIZURES OR CONVULSIONS
F446	CONVERSION DISORDER WITH SENSORY SYMPTOM OR DEFICIT
F447	CONVERSION DISORDER WITH MIXED SYMPTOM PRESENTATION
F4481	DISSOCIATIVE IDENTITY DISORDER
F4522	BODY DYSMORPHIC DISORDER
F481	DEPERSONALIZATION-DEREALIZATION SYNDROME
F600	PARANOID PERSONALITY DISORDER
F601	SCHIZOID PERSONALITY DISORDER
F71	MODERATE INTELLECTUAL DISABILITIES
F72	SEVERE INTELLECTUAL DISABILITIES
F73	PROFOUND INTELLECTUAL DISABILITIES
F801	EXPRESSIVE LANGUAGE DISORDER
F840	AUTISTIC DISORDER
F845	ASPERGERS SYNDROME
F848	OTHER PERVASIVE DEVELOPMENTAL DISORDERS
F849	PERVASIVE DEVELOPMENTAL DISORDER UNSPECIFIED
F952	TOURETTES DISORDER
G041	TROPICAL SPASTIC PARAPLEGIA
G114	HEREDITARY SPASTIC PARAPLEGIA
G1221	AMYOTROPHIC LATERAL SCLEROSIS
G130	PARANEOPLASTIC NEUROMYOPATHY AND NEUROPATHY
G131	OTH SYSTEM ATROPHY PRIM AFFECT CNS NEOPLASTIC DZ
G231	PROGRESSIVE SUPRANUCLEAR OPHTHALMOPLEGIA
G300	ALZHEIMERS DISEASE WITH EARLY ONSET
G301	ALZHEIMERS DISEASE WITH LATE ONSET
G308	OTHER ALZHEIMERS DISEASE
G309	ALZHEIMERS DISEASE UNSPECIFIED
G3109	OTHER FRONTOTEMPORAL DEMENTIA
G3183	DEMENTIA WITH LEWY BODIES
G35	MULTIPLE SCLEROSIS
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME HEMISPHERIC
G452	MULTIPLE & BILATERAL PRECEREBRAL ARTERY SYND
G453	AMAUROSIS FUGAX
G454	TRANSIENT GLOBAL AMNESIA
G458	OTH TRANSIENT CERBRAL ISCHEMIC ATTACKS & REL SYND
G459	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED
G460	MIDDLE CEREBRAL ARTERY SYNDROME
G461	ANTERIOR CEREBRAL ARTERY SYNDROME
G462	POSTERIOR CEREBRAL ARTERY SYNDROME

CODE	DESCRIPTION
G7100	MUSCULAR DYSTROPHY, UNSPECIFIED
G7101	DUCHENNE OR BECKER MUSCULAR DYSTROPHY
G7102	FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY
G7109	OTHER SPECIFIED MUSCULAR DYSTROPHIES
G731	LAMBERT-EATON SYNDROME IN NEOPLASTIC DISEASE
G800	SPASTIC QUADRIPLEGIC CEREBRAL PALSY
G801	SPASTIC DIPLEGIC CEREBRAL PALSY
G802	SPASTIC HEMIPLEGIC CEREBRAL PALSY
G803	ATHETOID CEREBRAL PALSY
G804	ATAXIC CEREBRAL PALSY
G808	OTHER CEREBRAL PALSY
G809	CEREBRAL PALSY UNSPECIFIED
G8100	FLACCID HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8101	FLACCID HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8102	FLACCID HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8103	FLACCID HEMIPLEGIA AFFECTING RT NONDOMINANT SIDE
G8104	FLACCID HEMIPLEGIA AFFECTING LT NONDOMINANT SIDE
G8110	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8111	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8112	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8113	SPASTIC HEMIPLEGIA AFFECTING RT NONDOMINANT SIDE
G8114	SPASTIC HEMIPLEGIA AFFECTING LT NONDOMINANT SIDE
G8190	HEMIPLEGIA UNS AFFECTING UNSPECIFIED SIDE
G8191	HEMIPLEGIA UNS AFFECTING RIGHT DOMINANT SIDE
G8192	HEMIPLEGIA UNS AFFECTING LEFT DOMINANT SIDE
G8193	HEMIPLEGIA UNS AFFECTING RIGHT NONDOMINANT SIDE
G8194	HEMIPLEGIA UNS AFFECTING LEFT NONDOMINANT SIDE
G8220	PARAPLEGIA UNSPECIFIED
G8221	PARAPLEGIA COMPLETE
G8222	PARAPLEGIA INCOMPLETE
G8250	QUADRIPLEGIA UNSPECIFIED
G8251	QUADRIPLEGIA C1-C4 COMPLETE
G8252	QUADRIPLEGIA C1-C4 INCOMPLETE
G8253	QUADRIPLEGIA C5-C7 COMPLETE
G8254	QUADRIPLEGIA C5-C7 INCOMPLETE
G830	DIPLEGIA OF UPPER LIMBS
G8310	MONOPLÉGIA LOWER LIMB AFFECTING UNSPECIFIED SIDE
G8311	MONOPLÉGIA LOWER LIMB RIGHT DOMINANT SIDE
G8312	MONOPLÉGIA LOWER LIMB LEFT DOMINANT SIDE
G8313	MONOPLÉGIA LOWER LIMB RIGHT NONDOMINANT SIDE
G8314	MONOPLÉGIA LOWER LIMB LEFT NONDOMINANT SIDE
G8320	MONOPLÉGIA UPPER LIMB AFFECTING UNSPECIFIED SIDE
G8321	MONOPLÉGIA UPPER LIMB RIGHT DOMINANT SIDE
G8322	MONOPLÉGIA UPPER LIMB LEFT DOMINANT SIDE

CODE	DESCRIPTION
G8323	MONOPLÉGIA UPPER LIMB RIGHT NONDOMINANT SIDE
G8324	MONOPLÉGIA UPPER LIMB LEFT NONDOMINANT SIDE
G8330	MONOPLÉGIA UNS AFFECTING UNSPECIFIED SIDE
G8331	MONOPLÉGIA UNS AFFECTING RIGHT DOMINANT SIDE
G8332	MONOPLÉGIA UNS AFFECTING LEFT DOMINANT SIDE
G8333	MONOPLÉGIA UNS AFFECTING RIGHT NONDOMINANT SIDE
G8334	MONOPLÉGIA UNS AFFECTING LEFT NONDOMINANT SIDE
H4930	TOTAL EXTERNAL OPHTHALMOPLÉGIA UNSPECIFIED EYE
H4931	TOTAL EXTERNAL OPHTHALMOPLÉGIA RIGHT EYE
H4932	TOTAL EXTERNAL OPHTHALMOPLÉGIA LEFT EYE
H4933	TOTAL EXTERNAL OPHTHALMOPLÉGIA BILATERAL
H4940	PROGRESSIVE EXTERNAL OPHTHALMOPLÉGIA UNS EYE
H4941	PROGRESSIVE EXTERNAL OPHTHALMOPLÉGIA RIGHT EYE
H4942	PROGRESSIVE EXTERNAL OPHTHALMOPLÉGIA LEFT EYE
H4943	PROGRESSIVE EXTERNAL OPHTHALMOPLÉGIA BILATERAL
H5120	INTERNUCLEAR OPHTHALMOPLÉGIA UNSPECIFIED EYE
H5121	INTERNUCLEAR OPHTHALMOPLÉGIA RIGHT EYE
H5122	INTERNUCLEAR OPHTHALMOPLÉGIA LEFT EYE
H5123	INTERNUCLEAR OPHTHALMOPLÉGIA BILATERAL
H52511	INTERNAL OPHTHALMOPLÉGIA COMPLETE TOTAL RT EYE
H52512	INTERNAL OPHTHALMOPLÉGIA COMPLETE TOTAL LT EYE
H52513	INTERNAL OPHTHALMOPLÉGIA COMPLETE TOTAL BILAT
H52519	INTERNAL OPHTHALMOPLÉGIA COMPLETE TOTAL UNS EYE
I120	HYPERTENSIVE CKD W/STAGE 5 CKD OR ESRD
I1311	HTN HEART & CKD W/O HF W/STAGE 5 CKD OR ESRD
I132	HTN HEART & CKD W/HF W/STAGE 5 CKD OR ESRD
I69351	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT DOM SIDE
I69352	HEMIPLEGIA FLW CEREBRAL INFARCT AFF LT DOM SIDE
I69353	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT NON-DOM
I69354	HEMIPLEGIA FLW CEREBRAL INFARCT AFF LT NON-DOM
I69359	HEMIPLEGIA FLW CEREBRAL INFARCT AFFCT UNS SIDE
M623	IMMOBILITY SYNDROME PARAPLEGIC
N184	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE
N185	CHRONIC KIDNEY DISEASE STAGE 5
N186	END STAGE RENAL DISEASE
Q050	CERVICAL SPINA BIFIDA WITH HYDROCEPHALUS
Q051	THORACIC SPINA BIFIDA WITH HYDROCEPHALUS
Q052	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS
Q053	SACRAL SPINA BIFIDA WITH HYDROCEPHALUS
Q054	UNSPECIFIED SPINA BIFIDA WITH HYDROCEPHALUS
Q055	CERVICAL SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q056	THORACIC SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q057	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q058	SACRAL SPINA BIFIDA WITHOUT HYDROCEPHALUS

CODE	DESCRIPTION
Q059	SPINA BIFIDA UNSPECIFIED
Q900	TRISOMY 21, NONMOSAICISM (MEIOTIC NONDISJUNCTION)
Q901	TRISOMY 21, MOSAICISM (MITOTIC NONDISJUNCTION)
Q902	TRISOMY 21, TRANSLOCATION
Q909	DOWN SYNDROME, UNSPECIFIED
Q910	TRISOMY 18, NONMOSAICISM (MEIOTIC NONDISJUNCTION)
Q911	TRISOMY 18, MOSAICISM (MITOTIC NONDISJUNCTION)
Q912	TRISOMY 18, TRANSLOCATION
Q913	TRISOMY 18, UNSPECIFIED
Q914	TRISOMY 13, NONMOSAICISM (MEIOTIC NONDISJUNCTION)
Q915	TRISOMY 13, MOSAICISM (MITOTIC NONDISJUNCTION)
Q916	TRISOMY 13, TRANSLOCATION
Q917	TRISOMY 13, UNSPECIFIED
Q920	WHOLE CHROMOSOME TRISOMY, NONMOSAICISM (MEIOTIC NONDISJUNCTION)
Q921	WHOLE CHROMOSOME TRISOMY, MOSAICISM (MITOTIC NONDISJUNCTION)
Q922	PARTIAL TRISOMY
Q925	DUPLICATIONS WITH OTHER COMPLEX REARRANGEMENTS
Q9261	MARKER CHROMOSOMES IN NORMAL INDIVIDUAL
Q9262	MARKER CHROMOSOMES IN ABNORMAL INDIVIDUAL
Q927	TRIPLOIDY AND POLYPLOIDY
Q928	OTHER SPECIFIED TRISOMIES AND PARTIAL TRISOMIES OF AUTOSOMES
Q929	TRISOMY AND PARTIAL TRISOMY OF AUTOSOMES, UNSPECIFIED
Q930	WHOLE CHROMOSOME MONOSOMY, NONMOSAICISM (MEIOTIC NONDISJUNCTION)
Q931	WHOLE CHROMOSOME MONOSOMY, MOSAICISM (MITOTIC NONDISJUNCTION)
Q932	CHROMOSOME REPLACED WITH RING, DICENTRIC OR ISOCHROMOSOME
Q937	DELETIONS WITH OTHER COMPLEX REARRANGEMENTS
Q9381	VELO-CARDIO-FACIAL SYNDROME
Q9388	OTHER MICRODELETIONS
Q9389	OTHER DELETIONS FROM THE AUTOSOMES
Q939	DELETION FROM AUTOSOMES, UNSPECIFIED
Q952	BALANCED AUTOSOMAL REARRANGEMENT IN ABNORMAL INDIVIDUAL
Q953	BALANCED SEX/AUTOSOMAL REARRANGEMENT IN ABNORMAL INDIVIDUAL
Q992	FRAGILE X CHROMOSOME
R4181	AGE-RELATED COGNITIVE DECLINE
R532	FUNCTIONAL QUADRIPLEGIA
R54	AGE-RELATED PHYSICAL DEBILITY
T7411XA	ADULT PHYSICAL ABUSE, CONFIRMED, INITIAL ENCOUNTER
T7411XD	ADULT PHYSICAL ABUSE, CONFIRMED, SUBSEQUENT ENCOUNTER
T7411XS	ADULT PHYSICAL ABUSE, CONFIRMED, SEQUELA
T7421XA	ADULT SEXUAL ABUSE, CONFIRMED, INITIAL ENCOUNTER
T7421XD	ADULT SEXUAL ABUSE, CONFIRMED, SUBSEQUENT ENCOUNTER
T7421XS	ADULT SEXUAL ABUSE, CONFIRMED, SEQUELA

CODE	DESCRIPTION
T7431XA	ADULT PSYCHOLOGICAL ABUSE, CONFIRMED, INITIAL ENCOUNTER
T7431XD	ADULT PSYCHOLOGICAL ABUSE, CONFIRMED, SUBSEQUENT ENCOUNTER
T7431XS	ADULT PSYCHOLOGICAL ABUSE, CONFIRMED, SEQUELA
T7451XA	ADULT FORCED SEXUAL EXPLOITATION, CONFIRMED, INIT
T7451XD	ADULT FORCED SEXUAL EXPLOITATION, CONFIRMED, SUBS
T7451XS	ADULT FORCED SEXUAL EXPLOITATION, CONFIRMED, SEQUELA
T7611XA	ADULT PHYSICAL ABUSE, SUSPECTED, INITIAL ENCOUNTER
T7611XD	ADULT PHYSICAL ABUSE, SUSPECTED, SUBSEQUENT ENCOUNTER
T7611XS	ADULT PHYSICAL ABUSE, SUSPECTED, SEQUELA
T7621XA	ADULT SEXUAL ABUSE, SUSPECTED, INITIAL ENCOUNTER
T7621XD	ADULT SEXUAL ABUSE, SUSPECTED, SUBSEQUENT ENCOUNTER
T7621XS	ADULT SEXUAL ABUSE, SUSPECTED, SEQUELA
T7631XA	ADULT PSYCHOLOGICAL ABUSE, SUSPECTED, INITIAL ENCOUNTER
T7631XD	ADULT PSYCHOLOGICAL ABUSE, SUSPECTED, SUBSEQUENT ENCOUNTER
T7631XS	ADULT PSYCHOLOGICAL ABUSE, SUSPECTED, SEQUELA
T7651XA	ADULT FORCED SEXUAL EXPLOITATION, SUSPECTED, INIT
T7651XD	ADULT FORCED SEXUAL EXPLOITATION, SUSPECTED, SUBS
T7651XS	ADULT FORCED SEXUAL EXPLOITATION, SUSPECTED, SEQUELA
Z510	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY
Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
Z5112	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY
Z590	HOMELESSNESS
Z6911	ENCNTR FOR MNLT HLTH SERV FOR VICTIM OF SPOUS OR PRTRN ABUSE
Z6981	ENCOUNTER FOR MENTAL HEALTH SERVICES FOR VICTIM OF OTH ABUSE
Z7682	AWAITING ORGAN TRANSPLANT STATUS

Michigan Department of Health and Human Services
PO Box 30809
Lansing MI 48909



Important!

<First Name> < Last Name>
<Address Line 1>
<Address Line 2>
<City> <State> <Zip Code> <Zip Plus 4>

Healthy Michigan Plan work requirements are stopped. Read this letter.



Date: <Month><Day>, <Year>

Name: <First name> <Last name>

Beneficiary ID: <Beneficiary ID>

Dear <First name> <Last name>,

You have health care coverage through the Healthy Michigan Plan (HMP), a Michigan Medicaid program through the Michigan Department of Health and Human Services (MDHHS).

A recent court decision means that HMP work requirements are stopped.

You do not have to tell us about 80 hours of work or other activities anymore. You will **not** lose your HMP health care coverage if you don't tell us about work or other activities.

What happens next?

- Be sure to read all letters from MDHHS.
- It is possible work requirements could be restarted because of a future court decision. We will tell you if this happens.
- If you are required to report work activities for other MDHHS programs, such as food or cash assistance, keep following those program reporting requirements. If you have questions on your reporting requirements for other programs, contact your local MDHHS office.
- For all programs, you must continue to report changes to your local MDHHS office. These changes could include an address change, birth of a child, death, marriage or divorce, or change in income.

Continued on the back ►



Learn more online at
HealthyMichiganPlan.org



More questions?
Call us at 1-833-895-4355
(TTY 1-866-501-5656)

What if I still have questions?

To learn more, go to HealthyMichiganPlan.org. If you still have questions, call the HMP Work Requirements and Exemption Reporting Line at **1-833-895-4355** (TTY: 1-866-501-5656). You can call Monday through Friday, 8 a.m. to 7 p.m.

Thank you,

Medical Services Administration

Michigan Department of Health and Human Services



Learn more online at
HealthyMichiganPlan.org



More questions?
Call us at **1-833-895-4355**
(TTY 1-866-501-5656)

Nondiscrimination

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

- **In person or mail:**

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
P.O. Box 30195
Lansing, MI 48909

- **Phone: 517-284-1018** (Main), TTY users call 711
- **Fax:** 517-335-6146
- **Email:** MDHHS-ComplianceOffice@michigan.gov

You can also file a civil rights complaint with the responsible federal agency.

<p>If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:</p> <p>U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD)</p> <p>Complaint forms are available at https://bit.ly/2IKsHMS.</p>	<p>If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:</p> <p>Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all of the information requested in the form.</p> <p>To request a copy of the complaint form, call 866-632-9992.</p> <p>Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p>Fax: 202-690-7442; or Email: program.intake@usda.gov</p>
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MDHHS is an equal opportunity provider.