Medicaid Standards of Promptness
Report 1

(FY2016 Appropriation Act - Public Act 84 of 2015)

May 1, 2016

Sec. 620. *(1) The department shall make a determination of Medicaid eligibility not later than 90 days if disability is an eligibility factor. For all other Medicaid applicants, including patients of a nursing home, the department shall make a determination of Medicaid eligibility within 45 days of application.*

(2) The department shall report on May 1 and November 1 of the current fiscal year to the senate and house appropriations subcommittees on the department budget, the senate and house standing committees on families and human services, and the senate and house fiscal agencies and policy offices on the average Medicaid eligibility standard of promptness for each of the required standards of promptness under subsection (1) and for medical review team reviews achieved statewide and at each local office.

Michigan Department of
Health & Human Services

RICK SNYDER, GOVERNOR
NICK LYON, DIRECTOR

Section 620(2) of Public Act 84 of 2015 Report #1 (October 1, 2015 – March 31, 2016) Medicaid Standard of Promptness	
Average Medicaid eligibility standard of promptness when disability is an eligibility factor	**94.18%**
Average Medicaid eligibility standard of promptness for all other Medicaid applications	**96.96%**

Section 620(2) of Public Act 84 of 2015 Report #1 (October 1, 2015 – March 31, 2016 Medical Review Team Reviews Processing Time	
Average processing time for medical review team reviews **Statewide***	**70.42 days**
Average processing time for medical review team reviews **Central Service Area (Lansing office)**	**62.20 days**
Average processing time for medical review team reviews **Detroit Service Area (Detroit office)**	**59.67 days**
Average processing time for medical review team reviews **Northern Service Area (Traverse City office)**	**90.91 days**
Average processing time for medical review team reviews **Southwest Service Area (Kalamazoo office)**	**86.54 days**

*The statewide average is a weighted average based on the caseload of each DDS office.