Managed Care Program Annual Report (MCPAR) for Michigan: MI Health Link Financial Alignment Demonstration

Due date	**Last edited**	**Edited by**	**Status**
06/29/2023	06/28/2023	Sean Hancock	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	**State name** Auto-populated from your account profile.	Michigan
A2a	**Contact name** First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Sean Hancock
A2b	**Contact email address** Enter email address. Department or program-wide email addresses ok.	Hancocks1@michigan.gov
A3a	**Submitter name** CMS receives this data upon submission of this MCPAR report.	Sean Hancock
A3b	**Submitter email address** CMS receives this data upon submission of this MCPAR report.	hancocks1@michigan.gov
A4	**Date of report submission** CMS receives this date upon submission of this MCPAR report.	06/28/2023

Reporting Period

Number	Indicator	Response
A5a	**Reporting period start date** Auto-populated from report dashboard.	01/01/2022
A5b	**Reporting period end date** Auto-populated from report dashboard.	12/31/2022
A6	**Program name** Auto-populated from report dashboard.	MI Health Link Financial Alignment Demonstration

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Aetna Better Health of Michigan, Inc.
	AmeriHealth Caritas VIP Care Plus
	HAP Empowered Health Plan, Inc.
	MeridianComplete Health Plan
	Molina Healthcare, Inc.
	Upper Peninsula Heath Plan

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at [42 CFR 438.71](). See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Indepedent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

> Find in the Excel Workbook
> **A_Program_Info**

Indicator	Response
BSS entity name	MI Health Link Ombudsman
	MMAP, Inc.
	MI Enrolls

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	**Statewide Medicaid enrollment** Enter the total number of individuals enrolled in Medicaid as of the first day of the last month of the reporting year. Include all FFS and managed care enrollees, and count each person only once, regardless of the delivery system(s) in which they are enrolled.	3,117,240
BI.2	**Statewide Medicaid managed care enrollment** Enter the total, unduplicated number of individuals enrolled in any type of Medicaid managed care as of the first day of the last month of the reporting year. Include enrollees in all programs, and count each person only once, even if they are enrolled in more than one managed care program or more than one managed care plan.	30,007,277

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	**Data validation entity** Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff Proprietary system(s)
BIII.2	**HIPAA compliance of proprietary system(s) for encounter data validation** Were the system(s) utilized fully HIPAA compliant? Select one.	Yes

Topic X: Program Integrity

Number	Indicator	Response
BX.1	**Payment risks between the state and plans** Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities.	ICO's are required to audit 10% of their HCBS service providers annually. The audit parameters are described in Appendix C of the approved 1915c waiver application. ICO's are also required to ensure their downstream providers are meeting all contract requirements and have oversight over activities and billing. The CMT began focusing on waiver underutilization to help ICO's identify where they may be underassessing for HCBS services.There is also continuous data mining comparing the enrollment to the capitation payments to ensure everything is correct.
BX.2	**Contract standard for overpayments** Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	State requires the return of overpayments
BX.3	**Location of contract provision stating overpayment standard** Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	4.6.2 and 4.6.3
BX.4	**Description of overpayment contract standard** Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.	The plan notifies MDHHS with overpayments if/as they are identified. The state is set up to automatically recoup capitation payments when there is no longer enrollment. The state also does data mining scenarios to identify needed recoupments.
BX.5	**State overpayment reporting monitoring**	This is not currently tracked or monitored.

Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting?

The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment pieces (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

BX.6	**Changes in beneficiary circumstances** Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	The plans are to submit service requests to the state whenever they find an enrollment issue. The plans are responsible for daily reconciliation of enrollment files between the Medicare and Medicaid systems.
BX.7a	**Changes in provider circumstances: Monitoring plans** Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	No
BX.8a	**Federal database checks: Excluded person or entities** During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	No

BX.9a	**Website posting of 5 percent or more ownership control**	No
	Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to §455.104 and required by 42 CFR 438.602(g)(3).	
BX.10	**Periodic audits**	The State did not conduct an audit during the FY22 contract period, but the MDHHS Actuarial encounter data team monitors the submission of encounter files and works with the plans when they have issues getting encounters accepted in CHAMPS. This team also runs reports and monitors encounter submissions, in addition to reviewing encounters at an aggregate level via our Encounter Quality Initiative (EQI) process which points out variances between the plan reported data and the encounters accepted in the data warehouse. The Milliman's DRIVE Tool analyses and oversight, were not fully compliant, so we added the EQRO EDV activity to come into full compliance in CY23. Also, MDHHS OIG performs periodic audits of DHPs and MHPs to ensure that a plan's internal policies and procedures outlined in the yearly program integrity submission are enacted within the organization.
	If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, what is the link(s) to the audit results? Refer to 42 CFR 438.602(e).	

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	**Program contract** Enter the title of the contract between the state and plans participating in the managed care program.	MI 3-Way Contract
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	09/24/2014
C1I.2	**Contract URL** Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MIContract01012018.pdf
C1I.3	**Program type** What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C1I.4a	**Special program benefits** Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health Long-term services and supports (LTSS) Dental Transportation
C1I.4b	**Variation in special benefits** What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	All benefits are available to all qualifying beneficiaries. 1915c waiver maximum slot count has not yet been met.

C1I.5	**Program enrollment**	44,725
	Enter the total number of individuals enrolled in the managed care program as of the first day of the last month of the reporting year.	

C1I.6	**Changes to enrollment or benefits**	In 2022 we re-engaged 25,000 beneficiaries who had previously opted out of the program.
	Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year.	

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	**Uses of encounter data** For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting Quality/performance measurement Monitoring and reporting Contract oversight Program integrity Policy making and decision support
C1III.2	**Criteria/measures to evaluate MCP performance** What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Timeliness of data corrections Use of correct file formats Provider ID field complete Overall data accuracy (as determined through data validation)
C1III.3	**Encounter data performance criteria contract language** Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	2.17. Encounter Reporting; 2.17.1.4.6., 2.17.1.4.8., 2.17.1.4.8.2., 2.17.1.4.8.4. 2.17.1.5.6. Encounter Data Quality Standards; 2.17.1.5.6.1.
C1III.4	**Financial penalties contract language** Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose	2.17. Encounter Reporting; 2.17.1.5.4., 2.17.1.5.5.2., 2.17.1.5.5.8.

	on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	
C1III.5	**Incentives for encounter data quality** Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	Withhold and passive enrollment algorithm.
C1III.6	**Barriers to collecting/validating encounter data** Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting period.	Identified some plans were sending duplicates due to how encounters are sent to the State. We have worked to resolve this. The merging of Meridian and Michigan Complete causing a shift in data changed the expected trends.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	**State's definition of "critical incident," as used for reporting purposes in its MLTSS program** If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.	The MI Health Link program does not have a formal definition for critical incidents. We are looking at adopting one in the future. We have identified twelve incident types required to be reported by ICO's along with the definitions of those categories. 1.Exploitation - An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of an enrollee's property or funds for the benefit of an individual or individuals other than the enrollee. 2. Illegal activity in the home with potential to cause a serious or major negative event – Any illegal activity in the home that puts the enrollee or the providers coming into the home at risk. 3. Neglect - Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law or rules, policies, guidelines, written directives, procedures, or Individual Integrated Care and Supports Plans that cause or contribute to non-serious physical harm or emotional harm, death, or sexual abuse of, serious physical harm to an enrollee, or the intentional, knowing or reckless acts of omission or deprivation of essential needs (including medication management). 4. Physical abuse - The use of unreasonable force on an enrollee with or without apparent harm. 5. Use of Restraints, seclusions or restrictive interventions. Includes unreasonable confinement (physical or chemical restraints, seclusion, and restrictive interventions). 6. Provider no shows - Instances when a provider is scheduled to be at an enrollee's home but does not come and back-up service plan is either not put into effect or fails to get an individual to the enrollee's home in a timely manner. This becomes a critical incident when the enrollee is bed bound or in critical need and is dependent on others. 7. Sexual abuse - (i) Criminal sexual conduct as defined by sections 520b to 520e of 1931 PA 318, MCL 750.520b to MCL 750.520e involving an employee, volunteer, or agent of a provider and an enrollee. a. Any sexual contact or sexual

penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and an enrollee. b. Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and an enrollee for whom the employee, volunteer, or agent provides direct services. "Sexual contact" means the intentional touching of the enrollee's or employee's intimate parts or the touching of the clothing covering the immediate area of the enrollee's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or ratification, done for a sexual purpose, or in a sexual manner for any of the following: 1. Revenge. 2. To inflict humiliation. 3. Out of anger. "Sexual penetration" means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required. 8. Theft - A person intentionally and fraudulently takes personal property of another without permission or consent and with the intent to convert it to the taker's use (including potential sale). 9. Verbal abuse - Intimidation or cruel punishment that causes or is likely to cause mental anguish or emotional harm. 10. Worker consuming drugs or alcohol on the job – Use of any drugs or alcohol that would affect the abilities of the worker to do his or her job. 11. Suspicious or Unexpected Death - That which does not occur as a natural outcome to a chronic condition (e.g., terminal illness) or old age. These incidents are often also reported to law enforcement. 12. Medication errors - Wrong medication, wrong dosage, double dosage, or missed dosage which resulted in death or loss of limb or function or the risk thereof.

| C1IV.2 | **State definition of "timely" resolution for standard appeals**

Provide the state's definition of timely resolution for standard appeals in the managed care program.
Per 42 CFR §438.408(b)(2), | No longer than 30 calendar days from the day the ICO, PIHP or PAHP receives the appeal. |

states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.

C1IV.3	**State definition of "timely" resolution for expedited appeals**	No longer than 72 hours after the ICO, PIHP or PAHP receives the appeal.
	Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.	
C1IV.4	**State definition of "timely" resolution for grievances**	No longer than 90 calendar days from the day the ICO, PIHP or PAHP receives the grievance.
	Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.	

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	**Gaps/challenges in network adequacy** What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting standards.	1) Statewide workforce shortages for direct care workers and nurses. 2) Dental providers' hesitancy to contract and provide services to Medicaid beneficiaries due to low reimbursement rates and limited services offered which can result in long appointment wait times. Especially prevalent in rural areas.
C1V.2	**State response to gaps in network adequacy** How does the state work with MCPs to address gaps in network adequacy?	1) MDHHS implemented a Premium Pay for Direct Care Workers. ICOs work with members to identify informal and community supports while searching for direct care workers. 2) On 4/1/2023, MDHHS implemented a policy expanding dental services covered under Medicaid benefit and matching reimbursement rates to the commercial dental insurance rates.

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.

> Find in the Excel Workbook
> **C2_Program_State**

Access measure total count: 9

✅ **Complete**

C2.V.1 General category: General quantitative availability and accessibility standard   1 / 9

C2.V.2 Measure standard
The ICO must have at least two (2) available providers for each provider type with sufficient capacity to accept enrollees.

C2.V.3 Standard type
Minimum number of network providers

C2.V.4 Provider	**C2.V.5 Region**	**C2.V.6 Population**
Dental, NEMT, Eye Wear and Eye Examinations, Hearing Aids and Hearing Examinations)	Urban; Rural; Small Counties; Large Counties	Adult

C2.V.7 Monitoring Methods
Geomapping, Plan provider roster review, EQRO Network Adequacy Validation; Review of grievances related to access.

C2.V.8 Frequency of oversight methods

Annually

C2.V.1 General category: General quantitative availability and accessibility standard

✔ Complete

C2.V.2 Measure standard

For services provided in the community, the ICO must assure that the Enrollee has a choice of providers, and the Enrollee does not travel more than thirty (30) miles or for more than thirty (30) minutes to receive the service.

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Dental, NEMT, Eye Wear and Eye Examinations, Hearing Aids and Hearing Examinations	Urban; Rural; Small Counties; Large Counties	Adult

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, EQRO Network Adequacy Validation

C2.V.8 Frequency of oversight methods

Annually

C2.V.1 General category: Exception to quantitative standard

✔ Complete

C2.V.2 Measure standard

If the ICO cannot assure choice within the travel time or distance for each Enrollee, after attempting to contract with all available providers, it may make a request of MDHHS for an exception

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
		Adult; MLTSS

LTSS - assistive technology; LTSS - personal care assistant, Dental, NEMT, Eye Wear and Eye Examinations, Hearing Aids and Hearing Examinations; LTSS: Chore Services; Environmental Modifications; Expanded Community Living Supports; Non-Medical Transportation; Personal Care Services, Preventive Nursing Services, Private Duty Nursing, Respite; Adult Day Care, Community Transition Services, Fiscal Intermediary, Home Delivered Meals, Medical Supplies, Personal Emergency Response System.

Urban; Rural; Small Counties; Large Counties

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, EQRO Network Adequacy Validation

C2.V.8 Frequency of oversight methods

Annually

✅ Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

The ICO must have at least two (2) available providers for each provider type with sufficient capacity to accept Enrollees.

C2.V.3 Standard type

Minimum number of network providers

C2.V.4 Provider

LTSS - assistive
technology; LTSS -
personal care
assistant; LTSS:
Chore Services;
Environmental
Modifications;
Expanded
Community Living
Supports; Non-
Medical
Transportation;
Personal Care
Services, Preventive
Nursing Services,
Private Duty Nursing,
Respite; Community
Transition Services,
Fiscal Intermediary,
Home Delivered
Meals, Medical
Supplies, Personal
Emergency
Response System.

C2.V.5 Region

Urban; Rural; Small
Counties; Large
Counties

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, EQRO Network Adequacy
Validation, EVV data analysis

C2.V.8 Frequency of oversight methods

Annually

✅ Complete

**C2.V.1 General category: LTSS-related standard: enrollee travels to the
provider** 5 / 9

C2.V.2 Measure standard

The ICO must have at least two (2) available providers for each provider
type with sufficient capacity to accept Enrollees.

C2.V.3 Standard type

Minimum number of network providers

C2.V.4 Provider	**C2.V.5 Region**	**C2.V.6 Population**
LTSS-adult day care	Urban; Rural; Small Counties; Large Counties	MLTSS

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, EQRO Network Adequacy Validation

C2.V.8 Frequency of oversight methods

Annually

✓ Complete

C2.V.1 General category: LTSS-related standard: enrollee travels to the provider

C2.V.2 Measure standard

For services provided in the community, the ICO must assure that the Enrollee has a choice of providers and the Enrollee does not travel more than thirty (30) miles or for more than thirty (30) minutes to receive the service.

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	**C2.V.5 Region**	**C2.V.6 Population**
LTSS-adult day care	Urban; Rural; Small Counties; Large Counties	MLTSS

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, EQRO Network Adequacy Validation

C2.V.8 Frequency of oversight methods

Annually

✓ Complete

C2.V.1 General category: General quantitative availability and accessibility standard

C2.V.2 Measure standard

Secret Shopper Survey to assess an ease of getting an appointment and appointment wait time for a routine dental appointment for a new patient.

C2.V.3 Standard type

Ease of getting an appointment timely; Appointment wait time.

C2.V.4 Provider

Dental

C2.V.5 Region

Urban; Rural; Small Counties; Large Counties

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Secret shopper calls

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

8 / 9

C2.V.2 Measure standard

Appointment and Timely Access to Care Standard: Emergency Dental Services - Immediately 24 hours/day 7 Days per week; Urgent Dental Care - Within 48 hours; Routine Dental Care - Within twenty-one (21) Business Days of request; Preventive Dental Services - Within six (6) weeks of request; Initial Dental Appointment - Within eight (8) weeks of request

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Dental

C2.V.5 Region

Urban; Rural; Small Counties; Large Counties

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Secret shopper calls

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

9 / 9

C2.V.2 Measure standard

2.7.1.1. The ICO must maintain a Provider Network sufficient to provide all Enrollees with access to the full range of Covered Services, including the appropriate range of preventive, primary care, and specialty services, behavioral health services, other specialty services, and all other services required in 42 C.F.R. §§ 422.112, 423.120, and 438.206, and under this Contract. The ICO must demonstrate annually that its Medicare Provider Network meets the stricter of the following standards. For Medicare medical providers and facilities, time, distance and minimum number standards updated annually on the CMS website (MMP Reference File). For Medicare pharmacy providers, time, distance and minimum number as required in Appendix D, Article II, Section I and 42 C.F.R. § 423.120.

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	**C2.V.5 Region**	**C2.V.6 Population**
Behavioral health, Primary Care, Hospital, Pharmacy	Urban; Rural; Small Counties; Large Counties	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	**BSS website** List the website(s) and/or email address that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	MI Health Link Ombudsman (MHLO): Welcome to the MI Health Link Ombudsman | Michigan Health Link Ombudsman (mhlo.org), MMAP: MMAP Inc. | Let MMAP Be Your Guide
C1IX.2	**BSS auxiliary aids and services** How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2))? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	1) MHLO: MAP maintains a website with information on MHL and an email address to which individuals seeking information and assistance can contact the ombudsman. MAP maintains a toll-free number as an ombudsman hotline intake system and responds to beneficiary concerns and questions through the intake line, the website and email. MAP has secure and confidential office space for in-person consultation. 2) MMAP: MMAP maintains a toll-free number, a website through which beneficiaries may seek assistance, and email. 3) MI Enrolls: Michigan ENROLLS is the enrollment broker for the MI Health Link program. Michigan ENROLLS does all enrollments, disenrollments and requests to opt-out for MI Health Link.
C1IX.3	**BSS LTSS program data** How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	1) MHLO: The ombudsman program submits monthly and quarterly reports tracking the number of member contacts, complaints, appeals and grievance. MHLO, MDHHS and CMS meet monthly to discuss systemic issues identified through the MHLO's activities. MHLO engages with state and federal officials, as well as ICOs, PIHPs, advocates, and outreach staff to address systemic issues identified through their experiences working with the beneficiary community in order to improve the MHL program. 2) MMAP: MMAP submits a monthly report of activities to MDHHS and meets monthly with MMHL staff to discuss trends and issues. 3) MI Enrolls: Michigan ENROLLS provides information and assistance to beneficiaries so that they can make informed decisions concerning enrolling in an ICO.
C1IX.4	**State evaluation of BSS entity performance**	1) MHLO: The ombudsman program submits monthly and quarterly reports tracking the

	What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	number of member contacts, complaints, appeals and grievance. 2) MMAP: MMAP submits a monthly report of activities to MDHHS and meets monthly with MMHL staff to discuss MMAP's performance. 3) MI Enrolls: The State evaluates the quality, effectiveness and efficiency through monitoring: Service Legal Agreements (SLA) and reports. These have data such as numbers of calls, percent abandoned, and average speed of answer. Reports also show the numbers of voluntary versus passively assigned beneficiaries into health plans and reasons beneficiaries called. A desk reference with approved scripting/education for callers is maintained to control the quality and consistency of information given. The enrollment broker is required to record calls for quality assurance purposes, have a quality assurance program and quality assurance monitoring in place. Complaints regarding performance issues are investigated. If new questions come in from callers, the call center and the state work together to update the approved scripting with the information. The state and the enrollment broker also meet regularly to talk about any program changes, call trends, etc.

Topic X: Program Integrity

Find in the Excel Workbook
C1_Program_Set

Number	Indicator	Response
C1X.3	**Prohibited affiliation disclosure** Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	**Plan enrollment** What is the total number of individuals enrolled in each plan as of the first day of the last month of the reporting year?	**Aetna Better Health of Michigan, Inc.** 9,434 **AmeriHealth Caritas VIP Care Plus** 3,327 **HAP Empowered Health Plan, Inc.** 4,796 **MeridianComplete Health Plan** 4,797 **Molina Healthcare, Inc.** 13,129 **Upper Peninsula Heath Plan** 4,786
D1I.2	**Plan share of Medicaid** What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid enrollment (B.I.1)	**Aetna Better Health of Michigan, Inc.** 0.3% **AmeriHealth Caritas VIP Care Plus** 0.11% **HAP Empowered Health Plan, Inc.** 0.15% **MeridianComplete Health Plan** 0.15% **Molina Healthcare, Inc.** 0.42% **Upper Peninsula Heath Plan**

0.15%

| D1I.3 | **Plan share of any Medicaid managed care** | **Aetna Better Health of Michigan, Inc.** |

0.03%

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?
- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid managed care enrollment (B.I.2)

AmeriHealth Caritas VIP Care Plus

0.01%

HAP Empowered Health Plan, Inc.

0.02%

MeridianComplete Health Plan

0.02%

Molina Healthcare, Inc.

0.04%

Upper Peninsula Heath Plan

0.02%

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	**Medical Loss Ratio (MLR)** What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR.	**Aetna Better Health of Michigan, Inc.** 101.8% **AmeriHealth Caritas VIP Care Plus** 111.4% **HAP Empowered Health Plan, Inc.** 84.7% **MeridianComplete Health Plan** 99.5% **Molina Healthcare, Inc.** 87.6% **Upper Peninsula Heath Plan** 97%
D1II.1b	**Level of aggregation** What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	**Aetna Better Health of Michigan, Inc.** Other, specify – Used the adjusted MLR for the above percentage **AmeriHealth Caritas VIP Care Plus** Other, specify – Used the adjusted MLR for the above percentage. **HAP Empowered Health Plan, Inc.** Other, specify – Used the adjusted MLR for the above percentage. **MeridianComplete Health Plan** Other, specify – Used the adjusted MLR for the above percentage. **Molina Healthcare, Inc.**

Other, specify – Used the adjusted MLR for the above percentage.

Upper Peninsula Heath Plan

Other, specify – Used the adjusted MLR for the above percentage.

D1II.2	**Population specific MLR description**	**Aetna Better Health of Michigan, Inc.**
	Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable. See glossary for the regulatory definition of MLR.	N/A
		AmeriHealth Caritas VIP Care Plus N/A
		HAP Empowered Health Plan, Inc. N/A
		MeridianComplete Health Plan N/A
		Molina Healthcare, Inc. N/A
		Upper Peninsula Heath Plan N/A

D1II.3	**MLR reporting period discrepancies**	**Aetna Better Health of Michigan, Inc.**
	Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?	Yes
		AmeriHealth Caritas VIP Care Plus Yes
		HAP Empowered Health Plan, Inc. Yes
		MeridianComplete Health Plan Yes
		Molina Healthcare, Inc. Yes

Upper Peninsula Heath Plan

Yes

N/A	Enter the start date.	
		Aetna Better Health of Michigan, Inc. 01/01/2019
		AmeriHealth Caritas VIP Care Plus 01/01/2019
		HAP Empowered Health Plan, Inc. 01/01/2019
		MeridianComplete Health Plan 01/01/2019
		Molina Healthcare, Inc. 01/01/2019
		Upper Peninsula Heath Plan 01/01/2019
N/A	Enter the end date.	
		Aetna Better Health of Michigan, Inc. 12/31/2019
		AmeriHealth Caritas VIP Care Plus 12/31/2019
		HAP Empowered Health Plan, Inc. 12/31/2019
		MeridianComplete Health Plan 12/31/2019
		Molina Healthcare, Inc. 12/31/2019
		Upper Peninsula Heath Plan

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	**Definition of timely encounter data submissions** Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	**Aetna Better Health of Michigan, Inc.** MDHHS has a contract requirement for the submission of timely encounters. The requirement is for a minimum monthly submission of encounters to be processed and sent to the State. For an encounter to be included in the Timeliness calculation, it must be paid by the plan and be accepted into the CHAMPs data warehouse by the 15th of month following the payment month (i.e. encounters paid in January are due by February 15). There are two timeliness reports for the CHCP program; one for pharmacy and the other for dental, institutional, and professional encounters combined. Required Minimum Volume = State Wide PMPM Average * Plan's Enrollment / 1.5 **AmeriHealth Caritas VIP Care Plus** MDHHS has a contract requirement for the submission of timely encounters. The requirement is for a minimum monthly submission of encounters to be processed and sent to the State. For an encounter to be included in the Timeliness calculation, it must be paid by the plan and be accepted into the CHAMPs data warehouse by the 15th of month following the payment month (i.e. encounters paid in January are due by February 15). There are two timeliness reports for the CHCP program; one for pharmacy and the other for dental, institutional, and professional encounters combined. Required Minimum Volume = State Wide PMPM Average * Plan's Enrollment / 1.5 **HAP Empowered Health Plan, Inc.** MDHHS has a contract requirement for the submission of timely encounters. The requirement is for a minimum monthly submission of encounters to be processed and sent to the State. For an encounter to be included in the Timeliness calculation, it must

be paid by the plan and be accepted into the CHAMPs data warehouse by the 15th of month following the payment month (i.e. encounters paid in January are due by February 15). There are two timeliness reports for the CHCP program; one for pharmacy and the other for dental, institutional, and professional encounters combined. Required Minimum Volume = State Wide PMPM Average * Plan's Enrollment / 1.5

MeridianComplete Health Plan

MDHHS has a contract requirement for the submission of timely encounters. The requirement is for a minimum monthly submission of encounters to be processed and sent to the State. For an encounter to be included in the Timeliness calculation, it must be paid by the plan and be accepted into the CHAMPs data warehouse by the 15th of month following the payment month (i.e. encounters paid in January are due by February 15). There are two timeliness reports for the CHCP program; one for pharmacy and the other for dental, institutional, and professional encounters combined. Required Minimum Volume = State Wide PMPM Average * Plan's Enrollment / 1.5

Molina Healthcare, Inc.

MDHHS has a contract requirement for the submission of timely encounters. The requirement is for a minimum monthly submission of encounters to be processed and sent to the State. For an encounter to be included in the Timeliness calculation, it must be paid by the plan and be accepted into the CHAMPs data warehouse by the 15th of month following the payment month (i.e. encounters paid in January are due by February 15). There are two timeliness reports for the CHCP program; one for pharmacy and the other for dental, institutional, and professional encounters combined. Required Minimum Volume = State Wide PMPM Average * Plan's Enrollment / 1.5

Upper Peninsula Heath Plan

MDHHS has a contract requirement for the submission of timely encounters. The requirement is for a minimum monthly submission of encounters to be processed and sent to the State. For an encounter to be included in the Timeliness calculation, it must be paid by the plan and be accepted into the CHAMPs data warehouse by the 15th of month following the payment month (i.e. encounters paid in January are due by February 15). There are two timeliness reports for the CHCP program; one for pharmacy and the other for dental, institutional, and professional encounters combined. Required Minimum Volume = State Wide PMPM Average * Plan's Enrollment / 1.5

D1III.2	**Share of encounter data submissions that met state's timely submission requirements** What percent of the plan's encounter data file submissions (submitted during the reporting period) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract period when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting period.	**Aetna Better Health of Michigan, Inc.** 96% **AmeriHealth Caritas VIP Care Plus** 100% **HAP Empowered Health Plan, Inc.** 100% **MeridianComplete Health Plan** 58% **Molina Healthcare, Inc.** 75% **Upper Peninsula Heath Plan** 83%
D1III.3	**Share of encounter data submissions that were HIPAA compliant** What percent of the plan's encounter data submissions (submitted during the reporting period) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when	**Aetna Better Health of Michigan, Inc.** 100% **AmeriHealth Caritas VIP Care Plus** 100% **HAP Empowered Health Plan, Inc.**

it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting period.

100%

MeridianComplete Health Plan

100%

Molina Healthcare, Inc.

100%

Upper Peninsula Heath Plan

100%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	**Appeals resolved (at the plan level)** Enter the total number of appeals resolved as of the first day of the last month of the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	**Aetna Better Health of Michigan, Inc.** 563 **AmeriHealth Caritas VIP Care Plus** 175 **HAP Empowered Health Plan, Inc.** 55 **MeridianComplete Health Plan** 145 **Molina Healthcare, Inc.** 272 **Upper Peninsula Heath Plan** 114
D1IV.2	**Active appeals** Enter the total number of appeals still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.	**Aetna Better Health of Michigan, Inc.** 77 **AmeriHealth Caritas VIP Care Plus** 52 **HAP Empowered Health Plan, Inc.** 5 **MeridianComplete Health Plan** 22 **Molina Healthcare, Inc.** 40

Upper Peninsula Heath Plan

0

D1IV.3

Appeals filed on behalf of LTSS users

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.
An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Aetna Better Health of Michigan, Inc.

153

AmeriHealth Caritas VIP Care Plus

124

HAP Empowered Health Plan, Inc.

14

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

66

Upper Peninsula Heath Plan

28

D1IV.4

Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".
Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".

Aetna Better Health of Michigan, Inc.

6

AmeriHealth Caritas VIP Care Plus

2

HAP Empowered Health Plan, Inc.

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

1

Upper Peninsula Heath Plan

The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.	0

D1IV.5a

Standard appeals for which timely resolution was provided

Enter the total number of standard appeals for which timely resolution was provided by plan during the reporting period.
See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

Aetna Better Health of Michigan, Inc.

327

AmeriHealth Caritas VIP Care Plus

156

HAP Empowered Health Plan, Inc.

50

MeridianComplete Health Plan

81

Molina Healthcare, Inc.

138

Upper Peninsula Heath Plan

96

D1IV.5b

Expedited appeals for which timely resolution was provided

Enter the total number of expedited appeals for which timely resolution was provided by plan during the reporting period.

Aetna Better Health of Michigan, Inc.

157

AmeriHealth Caritas VIP Care Plus

31

See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

HAP Empowered Health Plan, Inc.

4

MeridianComplete Health Plan

86

Molina Healthcare, Inc.

97

Upper Peninsula Heath Plan

17

D1IV.6a	**Resolved appeals related to denial of authorization or limited authorization of a service**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.
(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Aetna Better Health of Michigan, Inc.

335

AmeriHealth Caritas VIP Care Plus

175

HAP Empowered Health Plan, Inc.

2

MeridianComplete Health Plan

165

Molina Healthcare, Inc.

125

Upper Peninsula Heath Plan

98

D1IV.6b	**Resolved appeals related to reduction, suspension, or termination of a previously authorized service**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

Aetna Better Health of Michigan, Inc.

43

AmeriHealth Caritas VIP Care Plus

3

HAP Empowered Health Plan, Inc.

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Heath Plan

3

D1IV.6c | **Resolved appeals related to payment denial**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.

Aetna Better Health of Michigan, Inc.

72

AmeriHealth Caritas VIP Care Plus

117

HAP Empowered Health Plan, Inc.

36

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

73

Upper Peninsula Heath Plan

13

D1IV.6d | **Resolved appeals related to service timeliness**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

Aetna Better Health of Michigan, Inc.

0

AmeriHealth Caritas VIP Care Plus

2

HAP Empowered Health Plan, Inc.

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Heath Plan

0

D1IV.6e	**Resolved appeals related to lack of timely plan response to an appeal or grievance**	**Aetna Better Health of Michigan, Inc.**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

88

AmeriHealth Caritas VIP Care Plus

2

HAP Empowered Health Plan, Inc.

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Heath Plan

0

D1IV.6f	**Resolved appeals related to plan denial of an enrollee's right to request out-of-network care**	**Aetna Better Health of Michigan, Inc.**

0

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

AmeriHealth Caritas VIP Care Plus

2

HAP Empowered Health Plan, Inc.

0

MeridianComplete Health Plan

2

Molina Healthcare, Inc.

0

Upper Peninsula Heath Plan

0

D1IV.6g

Resolved appeals related to denial of an enrollee's request to dispute financial liability

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

Aetna Better Health of Michigan, Inc.

0

AmeriHealth Caritas VIP Care Plus

10

HAP Empowered Health Plan, Inc.

17

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Heath Plan

0

D1IV.6g

Resolved appeals related to denial of an enrollee's request to dispute financial liability

Aetna Better Health of Michigan, Inc.

Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

📊 Find in the Excel Workbook
D1_Plan_Set

Number	Indicator	Response
D1IV.7a	**Resolved appeals related to general inpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".	**Aetna Better Health of Michigan, Inc.** 206 **AmeriHealth Caritas VIP Care Plus** 49 **HAP Empowered Health Plan, Inc.** 6 **MeridianComplete Health Plan** 19 **Molina Healthcare, Inc.** 22 **Upper Peninsula Heath Plan** 0
D1IV.7b	**Resolved appeals related to general outpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".	**Aetna Better Health of Michigan, Inc.** 42 **AmeriHealth Caritas VIP Care Plus** 46 **HAP Empowered Health Plan, Inc.** 20 **MeridianComplete Health Plan**

64

Molina Healthcare, Inc.

215

Upper Peninsula Heath Plan

24

D1IV.7c	**Resolved appeals related to inpatient behavioral health services**	**Aetna Better Health of Michigan, Inc.**
	Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".	0
		AmeriHealth Caritas VIP Care Plus
		0
		HAP Empowered Health Plan, Inc.
		1
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		0
		Upper Peninsula Heath Plan
		0

D1IV.7d	**Resolved appeals related to outpatient behavioral health services**	**Aetna Better Health of Michigan, Inc.**
	Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".	0
		AmeriHealth Caritas VIP Care Plus
		0
		HAP Empowered Health Plan, Inc.
		1
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.

3

Upper Peninsula Heath Plan

1

D1IV.7e	**Resolved appeals related to covered outpatient prescription drugs**	Aetna Better Health of Michigan, Inc.

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

Aetna Better Health of Michigan, Inc.

201

AmeriHealth Caritas VIP Care Plus

42

HAP Empowered Health Plan, Inc.

19

MeridianComplete Health Plan

33

Molina Healthcare, Inc.

11

Upper Peninsula Heath Plan

79

D1IV.7f	**Resolved appeals related to skilled nursing facility (SNF) services**	Aetna Better Health of Michigan, Inc.

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

Aetna Better Health of Michigan, Inc.

35

AmeriHealth Caritas VIP Care Plus

2

HAP Empowered Health Plan, Inc.

8

MeridianComplete Health Plan

2

Molina Healthcare, Inc.

15

Upper Peninsula Heath Plan

0

D1IV.7g	**Resolved appeals related to long-term services and supports (LTSS)** Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".	**Aetna Better Health of Michigan, Inc.** 2 **AmeriHealth Caritas VIP Care Plus** 1 **HAP Empowered Health Plan, Inc.** 0 **MeridianComplete Health Plan** 0 **Molina Healthcare, Inc.** 26 **Upper Peninsula Heath Plan** 4
D1IV.7h	**Resolved appeals related to dental services** Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	**Aetna Better Health of Michigan, Inc.** 13 **AmeriHealth Caritas VIP Care Plus** 6 **HAP Empowered Health Plan, Inc.** 0 **MeridianComplete Health Plan** 6 **Molina Healthcare, Inc.** 16 **Upper Peninsula Heath Plan** 6

D1IV.7i	**Resolved appeals related to non-emergency medical transportation (NEMT)**	**Aetna Better Health of Michigan, Inc.**
		0
	Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".	**AmeriHealth Caritas VIP Care Plus**
		1
		HAP Empowered Health Plan, Inc.
		0
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		1
		Upper Peninsula Heath Plan
		0
D1IV.7j	**Resolved appeals related to other service types**	**Aetna Better Health of Michigan, Inc.**
		145
	Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i, enter "N/A".	**AmeriHealth Caritas VIP Care Plus**
		41
		HAP Empowered Health Plan, Inc.
		0
		MeridianComplete Health Plan
		43
		Molina Healthcare, Inc.
		0
		Upper Peninsula Heath Plan
		0

State Fair Hearings

Number	Indicator	Response
D1IV.8a	**State Fair Hearing requests** Enter the total number of requests for a State Fair Hearing filed during the reporting year by plan that issued the adverse benefit determination.	**Aetna Better Health of Michigan, Inc.** 2 **AmeriHealth Caritas VIP Care Plus** 0 **HAP Empowered Health Plan, Inc.** 0 **MeridianComplete Health Plan** 0 **Molina Healthcare, Inc.** 1 **Upper Peninsula Heath Plan** 1
D1IV.8b	**State Fair Hearings resulting in a favorable decision for the enrollee** Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	**Aetna Better Health of Michigan, Inc.** 0 **AmeriHealth Caritas VIP Care Plus** 0 **HAP Empowered Health Plan, Inc.** 0 **MeridianComplete Health Plan** 0 **Molina Healthcare, Inc.** 0

		Upper Peninsula Heath Plan
		0

D1IV.8c	**State Fair Hearings resulting in an adverse decision for the enrollee**	**Aetna Better Health of Michigan, Inc.**
		0
	Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	**AmeriHealth Caritas VIP Care Plus**
		0
		HAP Empowered Health Plan, Inc.
		0
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		1
		Upper Peninsula Heath Plan
		0

D1IV.8d	**State Fair Hearings retracted prior to reaching a decision**	**Aetna Better Health of Michigan, Inc.**
		0
	Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) prior to reaching a decision.	**AmeriHealth Caritas VIP Care Plus**
		0
		HAP Empowered Health Plan, Inc.
		0
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		0
		Upper Peninsula Heath Plan

| D1IV.9a | **External Medical Reviews resulting in a favorable decision for the enrollee** | **Aetna Better Health of Michigan, Inc.** |
| | | 50 |

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

AmeriHealth Caritas VIP Care Plus

19

HAP Empowered Health Plan, Inc.

1

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Heath Plan

2

| D1IV.9b | **External Medical Reviews resulting in an adverse decision for the enrollee** | **Aetna Better Health of Michigan, Inc.** |
| | | 75 |

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".
External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

AmeriHealth Caritas VIP Care Plus

33

HAP Empowered Health Plan, Inc.

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Heath Plan

13

Grievances Overview

Number	Indicator	Response
D1IV.10	**Grievances resolved** Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan.	**Aetna Better Health of Michigan, Inc.** 414 **AmeriHealth Caritas VIP Care Plus** 590 **HAP Empowered Health Plan, Inc.** 682 **MeridianComplete Health Plan** 178 **Molina Healthcare, Inc.** 2,653 **Upper Peninsula Heath Plan** 95
D1IV.11	**Active grievances** Enter the total number of grievances still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.	**Aetna Better Health of Michigan, Inc.** 43 **AmeriHealth Caritas VIP Care Plus** 55 **HAP Empowered Health Plan, Inc.** 31 **MeridianComplete Health Plan** 14 **Molina Healthcare, Inc.** 187

Upper Peninsula Heath Plan

11

D1IV.12 | **Grievances filed on behalf of LTSS users**

Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.
An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

Aetna Better Health of Michigan, Inc.

0

AmeriHealth Caritas VIP Care Plus

271

HAP Empowered Health Plan, Inc.

437

MeridianComplete Health Plan

55

Molina Healthcare, Inc.

10

Upper Peninsula Heath Plan

35

D1IV.13 | **Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed

Aetna Better Health of Michigan, Inc.

6

AmeriHealth Caritas VIP Care Plus

18

HAP Empowered Health Plan, Inc.

1

MeridianComplete Health Plan

1

Molina Healthcare, Inc.

0

Upper Peninsula Heath Plan

for any reason, related to any service received (or desired) by an LTSS user.

If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

0

D1IV.14

Number of grievances for which timely resolution was provided

Enter the number of grievances for which timely resolution was provided by plan during the reporting period.

See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Aetna Better Health of Michigan, Inc.

413

AmeriHealth Caritas VIP Care Plus

580

HAP Empowered Health Plan, Inc.

665

MeridianComplete Health Plan

178

Molina Healthcare, Inc.

2,638

Upper Peninsula Heath Plan

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

📊 Find in the Excel Workbook
D1_Plan_Set

Number	Indicator	Response
D1IV.15a	**Resolved grievances related to general inpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	**Aetna Better Health of Michigan, Inc.** 0 **AmeriHealth Caritas VIP Care Plus** 3 **HAP Empowered Health Plan, Inc.** 13 **MeridianComplete Health Plan** 3 **Molina Healthcare, Inc.** 0 **Upper Peninsula Heath Plan** 0
D1IV.15b	**Resolved grievances related to general outpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".	**Aetna Better Health of Michigan, Inc.** 16 **AmeriHealth Caritas VIP Care Plus** 0 **HAP Empowered Health Plan, Inc.** 88 **MeridianComplete Health Plan** 3

Molina Healthcare, Inc.

51

Upper Peninsula Heath Plan

18

D1IV.15c | **Resolved grievances related to inpatient behavioral health services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Michigan, Inc.

0

AmeriHealth Caritas VIP Care Plus

0

HAP Empowered Health Plan, Inc.

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Heath Plan

0

D1IV.15d | **Resolved grievances related to outpatient behavioral health services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Michigan, Inc.

1

AmeriHealth Caritas VIP Care Plus

0

HAP Empowered Health Plan, Inc.

1

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

3

Upper Peninsula Heath Plan

2

| D1IV.15e | **Resolved grievances related to coverage of outpatient prescription drugs** | **Aetna Better Health of Michigan, Inc.** |

Resolved grievances related to coverage of outpatient prescription drugs

D1IV.15e

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Michigan, Inc.

9

AmeriHealth Caritas VIP Care Plus

17

HAP Empowered Health Plan, Inc.

12

MeridianComplete Health Plan

4

Molina Healthcare, Inc.

107

Upper Peninsula Heath Plan

22

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Michigan, Inc.

0

AmeriHealth Caritas VIP Care Plus

5

HAP Empowered Health Plan, Inc.

3

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

3

Upper Peninsula Heath Plan

0

D1IV.15g	**Resolved grievances related to long-term services and supports (LTSS)**	**Aetna Better Health of Michigan, Inc.**
	Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".	0
		AmeriHealth Caritas VIP Care Plus
		11
		HAP Empowered Health Plan, Inc.
		35
		MeridianComplete Health Plan
		3
		Molina Healthcare, Inc.
		80
		Upper Peninsula Heath Plan
		1

D1IV.15h	**Resolved grievances related to dental services**	**Aetna Better Health of Michigan, Inc.**
	Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".	14
		AmeriHealth Caritas VIP Care Plus
		11
		HAP Empowered Health Plan, Inc.
		77
		MeridianComplete Health Plan
		8
		Molina Healthcare, Inc.
		106
		Upper Peninsula Heath Plan
		20

D1IV.15i	**Resolved grievances related to non-emergency medical transportation (NEMT)** Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".	**Aetna Better Health of Michigan, Inc.** 200 **AmeriHealth Caritas VIP Care Plus** 258 **HAP Empowered Health Plan, Inc.** 360 **MeridianComplete Health Plan** 120 **Molina Healthcare, Inc.** 402 **Upper Peninsula Heath Plan** 13
D1IV.15j	**Resolved grievances related to other service types** Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i, enter "N/A".	**Aetna Better Health of Michigan, Inc.** 174 **AmeriHealth Caritas VIP Care Plus** 285 **HAP Empowered Health Plan, Inc.** 94 **MeridianComplete Health Plan** 37 **Molina Healthcare, Inc.** 1,901 **Upper Peninsula Heath Plan** 19
D1IV.15i		

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

📊 Find in the Excel Workbook
D1_Plan_Set

Number	Indicator	Response
D1IV.16a	**Resolved grievances related to plan or provider customer service**	**Aetna Better Health of Michigan, Inc.**
		181
	Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	**AmeriHealth Caritas VIP Care Plus**
		70
		HAP Empowered Health Plan, Inc.
		223
		MeridianComplete Health Plan
		22
		Molina Healthcare, Inc.
		1,124
		Upper Peninsula Heath Plan
		24
D1IV.16b	**Resolved grievances related to plan or provider care management/case management**	**Aetna Better Health of Michigan, Inc.**
		25
	Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management.	**AmeriHealth Caritas VIP Care Plus**
		18
		HAP Empowered Health Plan, Inc.
		29
	Care management/case management grievances include complaints about the timeliness of an assessment or	**MeridianComplete Health Plan**
		4

complaints about the plan or provider care or case management process.

Molina Healthcare, Inc.

171

Upper Peninsula Heath Plan

3

D1IV.16c

Resolved grievances related to access to care/services from plan or provider

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

Aetna Better Health of Michigan, Inc.

3

AmeriHealth Caritas VIP Care Plus

325

HAP Empowered Health Plan, Inc.

295

MeridianComplete Health Plan

7

Molina Healthcare, Inc.

512

Upper Peninsula Heath Plan

28

D1IV.16d

Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

Aetna Better Health of Michigan, Inc.

52

AmeriHealth Caritas VIP Care Plus

21

HAP Empowered Health Plan, Inc.

38

MeridianComplete Health Plan

5

Molina Healthcare, Inc.

23

D1IV.16e	**Resolved grievances related to plan communications**	**Aetna Better Health of Michigan, Inc.**
	Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.	62
		AmeriHealth Caritas VIP Care Plus
		0
	Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.	**HAP Empowered Health Plan, Inc.**
		58
		MeridianComplete Health Plan
		5
		Molina Healthcare, Inc.
		1
		Upper Peninsula Heath Plan
		0

D1IV.16f	**Resolved grievances related to payment or billing issues**	**Aetna Better Health of Michigan, Inc.**
	Enter the total number of grievances resolved during the reporting period that were filed for a reason related to payment or billing issues.	35
		AmeriHealth Caritas VIP Care Plus
		97
		HAP Empowered Health Plan, Inc.
		28
		MeridianComplete Health Plan
		4
		Molina Healthcare, Inc.
		257
		Upper Peninsula Heath Plan

D1IV.16g	**Resolved grievances related to suspected fraud**	**Aetna Better Health of Michigan, Inc.**
		2
	Enter the total number of grievances resolved during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.	**AmeriHealth Caritas VIP Care Plus**
		0
		HAP Empowered Health Plan, Inc.
		2
		MeridianComplete Health Plan
		1
		Molina Healthcare, Inc.
		0
		Upper Peninsula Heath Plan
		1
D1IV.16h	**Resolved grievances related to abuse, neglect or exploitation**	**Aetna Better Health of Michigan, Inc.**
		3
	Enter the total number of grievances resolved during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.	**AmeriHealth Caritas VIP Care Plus**
		2
		HAP Empowered Health Plan, Inc.
		0
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		0
		Upper Peninsula Heath Plan
		0

D1IV.16i	Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)	Aetna Better Health of Michigan, Inc.
		0
		AmeriHealth Caritas VIP Care Plus
		0
	Enter the total number of grievances resolved during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).	HAP Empowered Health Plan, Inc.
		6
		MeridianComplete Health Plan
		2
		Molina Healthcare, Inc.
		0
		Upper Peninsula Heath Plan
		0
D1IV.16j	Resolved grievances related to plan denial of expedited appeal	Aetna Better Health of Michigan, Inc.
		0
	Enter the total number of grievances resolved during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.	AmeriHealth Caritas VIP Care Plus
		0
		HAP Empowered Health Plan, Inc.
		0
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		0
		Upper Peninsula Heath Plan
		0
D1IV.16k	Resolved grievances filed for other reasons	Aetna Better Health of Michigan, Inc.
		51

Enter the total number of grievances resolved during the reporting period that were filed for a reason other than the reasons listed above.

AmeriHealth Caritas VIP Care Plus

57

HAP Empowered Health Plan, Inc.

3

MeridianComplete Health Plan

128

Molina Healthcare, Inc.

565

Upper Peninsula Heath Plan

18

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.

> **Find in the Excel Workbook**
> **D2_Plan_Measures**

Quality & performance measure total count: 116

✅ **Complete**

D2.VII.1 Measure Name: BCS - Breast Cancer Screening   1 / 116

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
2372	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

47.2

AmeriHealth Caritas VIP Care Plus

46.8

HAP Empowered Health Plan, Inc.

56.9

MeridianComplete Health Plan

52.5

Molina Healthcare, Inc.

54.7

Upper Peninsula Heath Plan

62.9

✅ Complete

D2.VII.1 Measure Name: COL - Colorectal Cancer Screening

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0034

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

50.10

AmeriHealth Caritas VIP Care Plus

49.20

HAP Empowered Health Plan, Inc.

63.00

MeridianComplete Health Plan

56.50

Molina Healthcare, Inc.

60.30

Upper Peninsula Heath Plan

65.90

D2.VII.1 Measure Name: COA - Care for Older Adults - Advance Care Planning

✓ Complete

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0326

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

29.90

AmeriHealth Caritas VIP Care Plus

30.40

HAP Empowered Health Plan, Inc.

55.30

MeridianComplete Health Plan

27.70

Molina Healthcare, Inc.

44.50

Upper Peninsula Heath Plan

78.40

✓ Complete

D2.VII.1 Measure Name: COA - Care for Older Adults - Medication Review

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
0553	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

58.60

AmeriHealth Caritas VIP Care Plus

85.90

HAP Empowered Health Plan, Inc.

59.20

MeridianComplete Health Plan

77.10

Molina Healthcare, Inc.

77.60

Upper Peninsula Heath Plan

92.50

✓ Complete

D2.VII.1 Measure Name: COA - Care for Older Adults - Functional Status Assessment

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

78.10

AmeriHealth Caritas VIP Care Plus

60.80

HAP Empowered Health Plan, Inc.

63.90

MeridianComplete Health Plan

28.50

Molina Healthcare, Inc.

53.00

Upper Peninsula Heath Plan

84.40

✓ Complete

D2.VII.1 Measure Name: COA - Care for Older Adults - Pain Assessment

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

81.80

AmeriHealth Caritas VIP Care Plus

74.50

HAP Empowered Health Plan, Inc.

75.20

MeridianComplete Health Plan

74.20

Molina Healthcare, Inc.

78.10

Upper Peninsula Heath Plan

92.20

✓ Complete

D2.VII.1 Measure Name: SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0577

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

21.40

AmeriHealth Caritas VIP Care Plus

17.20

HAP Empowered Health Plan, Inc.

25.30

MeridianComplete Health Plan

22.20

Molina Healthcare, Inc.

27.60

Upper Peninsula Heath Plan

19.60

✓ Complete

D2.VII.1 Measure Name: PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

2856

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

78.40

AmeriHealth Caritas VIP Care Plus

55.10

HAP Empowered Health Plan, Inc.

61.60

MeridianComplete Health Plan

42.70

Molina Healthcare, Inc.

71.30

Upper Peninsula Heath Plan

87.80

✅ Complete

D2.VII.1 Measure Name: PCE - Pharmacotherapy Management of COPD
Exacerbation - Bronchodilator

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
0549	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

88.70

AmeriHealth Caritas VIP Care Plus

91.80

HAP Empowered Health Plan, Inc.

88.90

MeridianComplete Health Plan

87.30

Molina Healthcare, Inc.

91.60

Upper Peninsula Heath Plan

91.90

D2.VII.1 Measure Name: CBP - Controlling High Blood Pressure

✓ Complete

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0018

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

55.00

AmeriHealth Caritas VIP Care Plus

60.80

HAP Empowered Health Plan, Inc.

61.30

MeridianComplete Health Plan

66.20

Molina Healthcare, Inc.

57.90

Upper Peninsula Heath Plan

84.90

 Complete

D2.VII.1 Measure Name: PBH - Persistence of Beta-Blocker Treatment 11 / 116
After a Heart Attack

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0071

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

100.00

AmeriHealth Caritas VIP Care Plus

100.00

HAP Empowered Health Plan, Inc.

91.70

MeridianComplete Health Plan

100.00

Molina Healthcare, Inc.

97.10

Upper Peninsula Heath Plan

88.90

✅ Complete

D2.VII.1 Measure Name: SPC - Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

78.90

AmeriHealth Caritas VIP Care Plus

84.90

HAP Empowered Health Plan, Inc.

79.40

MeridianComplete Health Plan

79.70

Molina Healthcare, Inc.

82.00

Upper Peninsula Heath Plan

89.90

 Complete

D2.VII.1 Measure Name: SPC - Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
N/A	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

76.00

AmeriHealth Caritas VIP Care Plus

85.10

HAP Empowered Health Plan, Inc.

82.30

MeridianComplete Health Plan

77.40

Molina Healthcare, Inc.

95.40

Upper Peninsula Heath Plan

84.20

✓ Complete

D2.VII.1 Measure Name: CDC - Comprehensive Diabetes Care - HbA1c Testing

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0057

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

84.40

AmeriHealth Caritas VIP Care Plus

87.10

HAP Empowered Health Plan, Inc.

84.20

MeridianComplete Health Plan

91.70

Molina Healthcare, Inc.

89.10

Upper Peninsula Heath Plan

93.70

✅ Complete

D2.VII.1 Measure Name: CDC - Comprehensive Diabetes Care - Poor HbA1c Control

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

44.80

AmeriHealth Caritas VIP Care Plus

38.40

HAP Empowered Health Plan, Inc.

50.40

MeridianComplete Health Plan

37.20

Molina Healthcare, Inc.

43.60

Upper Peninsula Heath Plan

25.80

✅ Complete

D2.VII.1 Measure Name: CDC - Comprehensive Diabetes Care - HbA1c
Control (<8.0%)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
0575	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

48.40

AmeriHealth Caritas VIP Care Plus

54.30

HAP Empowered Health Plan, Inc.

44.30

MeridianComplete Health Plan

54.30

Molina Healthcare, Inc.

47.90

Upper Peninsula Heath Plan

65.20

○ Complete

D2.VII.1 Measure Name: CDC - Comprehensive Diabetes Care - Eye Exams

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0055

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

52.80

AmeriHealth Caritas VIP Care Plus

52.60

HAP Empowered Health Plan, Inc.

60.30

MeridianComplete Health Plan

61.10

Molina Healthcare, Inc.

58.60

Upper Peninsula Heath Plan

69.80

✓ **Complete**

D2.VII.1 Measure Name: CDC - Comprehensive Diabetes Care - Medical Attention for Diabetic Nephropathy

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
0062	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

88.60

AmeriHealth Caritas VIP Care Plus

90.50

HAP Empowered Health Plan, Inc.

90.80

MeridianComplete Health Plan

89.80

Molina Healthcare, Inc.

90.50

Upper Peninsula Heath Plan

92.50

✅ Complete

D2.VII.1 Measure Name: CDC - Comprehensive Diabetes Care - Blood Pressure Cont. <140/90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0061

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

52.80

AmeriHealth Caritas VIP Care Plus

54.50

HAP Empowered Health Plan, Inc.

60.60

MeridianComplete Health Plan

66.20

Molina Healthcare, Inc.

62.30

Upper Peninsula Heath Plan

85.20

D2.VII.1 Measure Name: SPD - Statin Therapy for Patients with Diabetes - Received Statin Therapy

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

74.40

AmeriHealth Caritas VIP Care Plus

78.50

HAP Empowered Health Plan, Inc.

79.50

MeridianComplete Health Plan

80.70

Molina Healthcare, Inc.

76.60

Upper Peninsula Heath Plan

73.60

✅ Complete

D2.VII.1 Measure Name: SPD - Statin Therapy for Patients with Diabetes - Statin Adherence 80%

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0541

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

75.90

AmeriHealth Caritas VIP Care Plus

72.20

HAP Empowered Health Plan, Inc.

81.90

MeridianComplete Health Plan

80.40

Molina Healthcare, Inc.

90.80

Upper Peninsula Heath Plan

81.10

✅ Complete

D2.VII.1 Measure Name: OMW - Osteoporosis Management in Women Who Had a Fracture

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0053

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

5.90

AmeriHealth Caritas VIP Care Plus

40.00

HAP Empowered Health Plan, Inc.

14.30

MeridianComplete Health Plan

0.00

Molina Healthcare, Inc.

26.10

Upper Peninsula Heath Plan

23.10

✓ Complete

D2.VII.1 Measure Name: AMM - Antidepressant Medication Management- Effect Acute Phase Treatment

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

69.20

AmeriHealth Caritas VIP Care Plus

79.20

HAP Empowered Health Plan, Inc.

70.50

MeridianComplete Health Plan

72.50

Molina Healthcare, Inc.

84.70

Upper Peninsula Heath Plan

67.60

✓ Complete

D2.VII.1 Measure Name: AMM - Antidepressant Medication Management- Effect Continuation Phase Treatment

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

52.50

AmeriHealth Caritas VIP Care Plus

59.70

HAP Empowered Health Plan, Inc.

56.30

MeridianComplete Health Plan

53.90

Molina Healthcare, Inc.

75.10

Upper Peninsula Heath Plan

53.30

✓ Complete

D2.VII.1 Measure Name: FUH - Follow-Up After Hospitalization for Mental Illness- 7 Days

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's), Bureau of Specialty Behavioral Health Services (SBHS)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

21.00

AmeriHealth Caritas VIP Care Plus

17.10

HAP Empowered Health Plan, Inc.

16.30

MeridianComplete Health Plan

26.30

Molina Healthcare, Inc.

28.90

Upper Peninsula Heath Plan

39.40

✓ Complete

D2.VII.1 Measure Name: FUH - Follow-Up After Hospitalization for Mental Illness- 30 Days

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's), Bureau of Specialty Behavioral Health Services (SBHS)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

48.00

AmeriHealth Caritas VIP Care Plus

31.70

HAP Empowered Health Plan, Inc.

37.50

MeridianComplete Health Plan

42.10

Molina Healthcare, Inc.

59.10

Upper Peninsula Heath Plan

65.20

✓ Complete

D2.VII.1 Measure Name: FUM - Follow-Up After Emergency Department Visit for Mental Illness - 7 Days

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's), Bureau of Specialty Behavioral Health Services (SBHS)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

43.90

AmeriHealth Caritas VIP Care Plus

22.20

HAP Empowered Health Plan, Inc.

12.90

MeridianComplete Health Plan

47.60

Molina Healthcare, Inc.

28.90

Upper Peninsula Heath Plan

48.80

✅ Complete

D2.VII.1 Measure Name: FUM - Follow-Up After Emergency Department Visit for Mental Illness - 30 Days

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's), Bureau of Specialty Behavioral Health Services (SBHS)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

58.90

AmeriHealth Caritas VIP Care Plus

40.70

HAP Empowered Health Plan, Inc.

38.70

MeridianComplete Health Plan

65.50

Molina Healthcare, Inc.

43.60

Upper Peninsula Heath Plan

65.90

✅ Complete

D2.VII.1 Measure Name: FUM - Follow-Up After Emergency Department Visit for Mental Illness - 30 Days

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's), Bureau of Specialty Behavioral Health Services (SBHS)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

58.90

AmeriHealth Caritas VIP Care Plus

40.70

HAP Empowered Health Plan, Inc.

38.70

MeridianComplete Health Plan

65.50

Molina Healthcare, Inc.

43.60

Upper Peninsula Heath Plan

65.90

D2.VII.1 Measure Name: TRC - Transitions of Care - Medication Reconciliation Post-Discharge

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0097

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

38.70

AmeriHealth Caritas VIP Care Plus

64.50

HAP Empowered Health Plan, Inc.

39.20

MeridianComplete Health Plan

62.30

Molina Healthcare, Inc.

28.70

Upper Peninsula Heath Plan

79.60

✓ Complete

D2.VII.1 Measure Name: TRC - Transitions of Care - Notification of Inpatient Admission

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

0.50

AmeriHealth Caritas VIP Care Plus

2.20

HAP Empowered Health Plan, Inc.

16.60

MeridianComplete Health Plan

29.70

Molina Healthcare, Inc.

6.60

Upper Peninsula Heath Plan

48.70

✓ Complete

D2.VII.1 Measure Name: TRC - Transitions of Care - Receipt of Discharge Information

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

2.20

AmeriHealth Caritas VIP Care Plus

2.70

HAP Empowered Health Plan, Inc.

14.80

MeridianComplete Health Plan

29.20

Molina Healthcare, Inc.

7.10

Upper Peninsula Heath Plan

42.10

✓ Complete

D2.VII.1 Measure Name: TRC - Transitions of Care - Patient Engagement After Inpatient Discharge

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
N/A	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

74.70

AmeriHealth Caritas VIP Care Plus

74.70

HAP Empowered Health Plan, Inc.

75.70

MeridianComplete Health Plan

84.70

Molina Healthcare, Inc.

66.70

Upper Peninsula Heath Plan

89.50

✓ Complete

D2.VII.1 Measure Name: PSA - Non-Recommended PSA-Based Screening of Older Men

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

18.30

AmeriHealth Caritas VIP Care Plus

18.80

HAP Empowered Health Plan, Inc.

24.60

MeridianComplete Health Plan

20.70

Molina Healthcare, Inc.

31.90

Upper Peninsula Heath Plan

23.10

D2.VII.1 Measure Name: DDE - Potentially Harmful Drug-Disease Interactions in the Elderly

✔ Complete

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

34.80

AmeriHealth Caritas VIP Care Plus

27.20

HAP Empowered Health Plan, Inc.

31.50

MeridianComplete Health Plan

30.70

Molina Healthcare, Inc.

30.20

Upper Peninsula Heath Plan

41.30

✅ Complete

D2.VII.1 Measure Name: DAE - Use of High-Risk Medications in Older Adults - High Risk Medications to Avoid

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
0022	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

17.10

AmeriHealth Caritas VIP Care Plus

11.50

HAP Empowered Health Plan, Inc.

22.20

MeridianComplete Health Plan

18.60

Molina Healthcare, Inc.

19.60

Upper Peninsula Heath Plan

20.40

✓ Complete

D2.VII.1 Measure Name: DAE - Use of High-Risk Medications in Older Adults - High-Risk Medications to Avoid Except for Appropriate Diagnosis

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0022

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

5.90

AmeriHealth Caritas VIP Care Plus

4.10

HAP Empowered Health Plan, Inc.

5.00

MeridianComplete Health Plan

5.90

Molina Healthcare, Inc.

4.20

Upper Peninsula Heath Plan

9.80

✅ Complete

D2.VII.1 Measure Name: DAE - Use of High-Risk Medications in Older Adults - Total

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0022

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

21.40

AmeriHealth Caritas VIP Care Plus

14.60

HAP Empowered Health Plan, Inc.

25.40

MeridianComplete Health Plan

22.50

Molina Healthcare, Inc.

22.30

Upper Peninsula Heath Plan

27.00

✅ Complete

D2.VII.1 Measure Name: FRM - Falls Risk Management - Discussing Falls Risk

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0035

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

26.70

AmeriHealth Caritas VIP Care Plus

25.10

HAP Empowered Health Plan, Inc.

28.30

MeridianComplete Health Plan

33.50

Molina Healthcare, Inc.

24.40

Upper Peninsula Heath Plan

23.60

✅ Complete

D2.VII.1 Measure Name: PAO - Physical Activity in Older Adults - Discussing Physical Activity

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
0029	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

44.00

AmeriHealth Caritas VIP Care Plus

47.70

HAP Empowered Health Plan, Inc.

49.40

MeridianComplete Health Plan

51.90

Molina Healthcare, Inc.

46.20

Upper Peninsula Heath Plan

46.10

✔ Complete

D2.VII.1 Measure Name: PAO - Physical Activity in Older Adults - Advising Physical Activity

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0029

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

51.10

AmeriHealth Caritas VIP Care Plus

42.70

HAP Empowered Health Plan, Inc.

54.70

MeridianComplete Health Plan

48.80

Molina Healthcare, Inc.

51.20

Upper Peninsula Heath Plan

41.90

✓ Complete

D2.VII.1 Measure Name: AAP - Adults' Access to Preventative/Ambulatory Health Services - 20-44 Years

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
N/A	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

81.40

AmeriHealth Caritas VIP Care Plus

78.60

HAP Empowered Health Plan, Inc.

84.70

MeridianComplete Health Plan

84.70

Molina Healthcare, Inc.

87.90

Upper Peninsula Heath Plan

89.30

D2.VII.1 Measure Name: AAP - Adults' Access to Preventative/Ambulatory Health Services - 45-64 Years

✓ Complete

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
N/A	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

92.50

AmeriHealth Caritas VIP Care Plus

90.60

HAP Empowered Health Plan, Inc.

93.20

MeridianComplete Health Plan

93.70

Molina Healthcare, Inc.

95.40

Upper Peninsula Heath Plan

95.90

✓ Complete

D2.VII.1 Measure Name: AAP - Adults' Access to Preventative/Ambulatory Health Services - 65 and Older

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
N/A	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

90.20

AmeriHealth Caritas VIP Care Plus

87.30

HAP Empowered Health Plan, Inc.

89.50

MeridianComplete Health Plan

93.30

Molina Healthcare, Inc.

93.10

Upper Peninsula Heath Plan

95.80

✅ Complete

D2.VII.1 Measure Name: AAP - Adults' Access to Preventative/Ambulatory Health Services - Total

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

89.10

AmeriHealth Caritas VIP Care Plus

86.80

HAP Empowered Health Plan, Inc.

89.80

MeridianComplete Health Plan

91.60

Molina Healthcare, Inc.

93.00

Upper Peninsula Heath Plan

94.70

✓ Complete

D2.VII.1 Measure Name: IET - Initiation of Alcohol and Other Drug Dependence Treatment

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

34.70

AmeriHealth Caritas VIP Care Plus

40.40

HAP Empowered Health Plan, Inc.

53.60

MeridianComplete Health Plan

81.80

Molina Healthcare, Inc.

44.20

Upper Peninsula Heath Plan

22.40

✅ Complete

D2.VII.1 Measure Name: IET - Engagement of Alcohol and Other Drug Dependence Treatment

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
0004	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

6.90

AmeriHealth Caritas VIP Care Plus

4.10

HAP Empowered Health Plan, Inc.

7.20

MeridianComplete Health Plan

11.40

Molina Healthcare, Inc.

4.00

Upper Peninsula Heath Plan

3.20

✅ Complete

D2.VII.1 Measure Name: PCR - Plan All-Cause Readmissions - Observed-to-Expected Ratio (Ages 18-64)

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
1768	Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
HEDIS	No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

Ratio

Measure results

Aetna Better Health of Michigan, Inc.

1.24

AmeriHealth Caritas VIP Care Plus

1.80

HAP Empowered Health Plan, Inc.

1.02

MeridianComplete Health Plan

1.27

Molina Healthcare, Inc.

0.98

Upper Peninsula Heath Plan

1.10

✅ **Complete**

D2.VII.1 Measure Name: PCR - Plan All-Cause Readmissions - Observed-to-Expected Ratio (Ages 65+)

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

Ratio

Measure results

Aetna Better Health of Michigan, Inc.

1.40

AmeriHealth Caritas VIP Care Plus

1.44

HAP Empowered Health Plan, Inc.

1.11

MeridianComplete Health Plan

1.31

Molina Healthcare, Inc.

1.14

Upper Peninsula Heath Plan

0.93

✓ Complete

D2.VII.1 Measure Name: Getting Needed Care

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0006

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

CAHPS - Medicare

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Ratio

Measure results

Aetna Better Health of Michigan, Inc.

3.46

AmeriHealth Caritas VIP Care Plus

3.44

HAP Empowered Health Plan, Inc.

3.43

MeridianComplete Health Plan

3.47

Molina Healthcare, Inc.

3.35

Upper Peninsula Heath Plan

3.47

✅ Complete

D2.VII.1 Measure Name: Getting Appointments and Care Quickly

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0006

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

CAHPS - Medicare

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Ratio

Measure results

Aetna Better Health of Michigan, Inc.

3.27

AmeriHealth Caritas VIP Care Plus

3.35

HAP Empowered Health Plan, Inc.

3.41

MeridianComplete Health Plan

3.37

Molina Healthcare, Inc.

3.24

Upper Peninsula Heath Plan

3.63

✅ Complete

D2.VII.1 Measure Name: Getting Appointments and Care Quickly

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0006

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

CAHPS - Medicare

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Ratio

Measure results

Aetna Better Health of Michigan, Inc.

3.27

AmeriHealth Caritas VIP Care Plus

3.35

HAP Empowered Health Plan, Inc.

3.41

MeridianComplete Health Plan

3.37

Molina Healthcare, Inc.

3.24

Upper Peninsula Heath Plan

3.63

D2.VII.1 Measure Name: Rating of Health Care Quality

✅ Complete

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0006

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

CAHPS - Medicare

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Ratio

Measure results

Aetna Better Health of Michigan, Inc.

8.30

AmeriHealth Caritas VIP Care Plus

8.20

HAP Empowered Health Plan, Inc.

8.40

MeridianComplete Health Plan

N/A

Molina Healthcare, Inc.

N/A

Upper Peninsula Heath Plan

8.80

D2.VII.1 Measure Name: Rating of Health Plan

✓ Complete

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0006

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

CAHPS - Medicare

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Ratio

Measure results

Aetna Better Health of Michigan, Inc.

8.50

AmeriHealth Caritas VIP Care Plus

8.80

HAP Empowered Health Plan, Inc.

8.90

MeridianComplete Health Plan

8.60

Molina Healthcare, Inc.

8.30

Upper Peninsula Heath Plan

9.00

✅ Complete

D2.VII.1 Measure Name: Care Coordination

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

CAHPS - Medicare

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Ratio

Measure results

Aetna Better Health of Michigan, Inc.

3.55

AmeriHealth Caritas VIP Care Plus

3.53

HAP Empowered Health Plan, Inc.

N/A

MeridianComplete Health Plan

N/A

Molina Healthcare, Inc.

N/A

Upper Peninsula Heath Plan

3.61

✅ Complete

D2.VII.1 Measure Name: Getting Needed Prescription Drugs

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

CAHPS - Medicare

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Ratio

Measure results

Aetna Better Health of Michigan, Inc.

3.73

AmeriHealth Caritas VIP Care Plus

3.69

HAP Empowered Health Plan, Inc.

3.80

MeridianComplete Health Plan

3.76

Molina Healthcare, Inc.

3.65

Upper Peninsula Heath Plan

3.78

✓ Complete

D2.VII.1 Measure Name: Rating of Drug Plan

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

CAHPS - Medicare

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Ratio

Measure results

Aetna Better Health of Michigan, Inc.

8.70

AmeriHealth Caritas VIP Care Plus

8.80

HAP Empowered Health Plan, Inc.

9.00

MeridianComplete Health Plan

8.60

Molina Healthcare, Inc.

8.70

Upper Peninsula Heath Plan

9.10

✅ Complete

D2.VII.1 Measure Name: Customer Service

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0006

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

CAHPS - Medicare

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Ratio

Measure results

Aetna Better Health of Michigan, Inc.

3.74

AmeriHealth Caritas VIP Care Plus

3.79

HAP Empowered Health Plan, Inc.

3.76

MeridianComplete Health Plan

3.70

Molina Healthcare, Inc.

3.65

Upper Peninsula Heath Plan

3.84

✅ Complete

D2.VII.1 Measure Name: Annual Flu Vaccine

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0039

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

CAHPS - Medicare

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

59

AmeriHealth Caritas VIP Care Plus

68

HAP Empowered Health Plan, Inc.

67

MeridianComplete Health Plan

65

Molina Healthcare, Inc.

59

Upper Peninsula Heath Plan

63

✅ Complete

D2.VII.1 Measure Name: Pneumonia Vaccine

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0043

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Comprehensive Healthcare Programs (CHCP's)

D2.VII.6 Measure Set

CAHPS - Medicare

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

48

AmeriHealth Caritas VIP Care Plus

52

HAP Empowered Health Plan, Inc.

60

MeridianComplete Health Plan

55

Molina Healthcare, Inc.

48

Upper Peninsula Heath Plan

57

D2.VII.1 Measure Name: Reliable and Helpful Staff

✅ Complete

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: MI Choice

D2.VII.6 Measure Set

CAHPS - HCBS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

83.80

AmeriHealth Caritas VIP Care Plus

89.40

HAP Empowered Health Plan, Inc.

91.00

MeridianComplete Health Plan

88.00

Molina Healthcare, Inc.

86.80

Upper Peninsula Heath Plan

88.00

✓ Complete

D2.VII.1 Measure Name: Staff Listen and Communicate Well

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: MI Choice

D2.VII.6 Measure Set

CAHPS - HCBS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

86.70

AmeriHealth Caritas VIP Care Plus

93.80

HAP Empowered Health Plan, Inc.

93.00

MeridianComplete Health Plan

87.80

Molina Healthcare, Inc.

90.30

Upper Peninsula Heath Plan

93.10

✅ Complete

D2.VII.1 Measure Name: Helpful Case Manager   63 / 116

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: MI Choice

D2.VII.6 Measure Set

CAHPS - HCBS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

100

AmeriHealth Caritas VIP Care Plus

92.50

HAP Empowered Health Plan, Inc.

93.80

MeridianComplete Health Plan

83.70

Molina Healthcare, Inc.

95.40

Upper Peninsula Heath Plan

97.00

D2.VII.1 Measure Name: Choosing the Services that Matter to You

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: MI Choice

D2.VII.6 Measure Set

CAHPS -HCBS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

76.70

AmeriHealth Caritas VIP Care Plus

90.80

HAP Empowered Health Plan, Inc.

93.60

MeridianComplete Health Plan

90.00

Molina Healthcare, Inc.

93.00

Upper Peninsula Heath Plan

89.70

✅ Complete

D2.VII.1 Measure Name: Transportation to Medical Appointments

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: MI Choice

D2.VII.6 Measure Set

CAHPS - HCBS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

95.60

AmeriHealth Caritas VIP Care Plus

88.50

HAP Empowered Health Plan, Inc.

87.30

MeridianComplete Health Plan

82.90

Molina Healthcare, Inc.

88.20

Upper Peninsula Heath Plan

94.70

✅ Complete

D2.VII.1 Measure Name: Personal Safety and Respect

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: MI Choice

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

88.90

AmeriHealth Caritas VIP Care Plus

95.50

HAP Empowered Health Plan, Inc.

93.90

MeridianComplete Health Plan

94.50

Molina Healthcare, Inc.

93.50

Upper Peninsula Heath Plan

97.80

D2.VII.1 Measure Name: Planning Your Time and Activities

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: MI Choice

D2.VII.6 Measure Set

CAHPS - HCBS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

70.30

AmeriHealth Caritas VIP Care Plus

69.50

HAP Empowered Health Plan, Inc.

74.00

MeridianComplete Health Plan

72.30

Molina Healthcare, Inc.

74.30

Upper Peninsula Heath Plan

76.70

D2.VII.1 Measure Name: Core 2.1 Members with an assessment completed within 90 days of enrollment CY 2022

✓ Complete

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Members Who Were Willing to Participate and Who Could be Reached Who Had an Assessment Completed within 90 Days of Enrollment

Measure results

Aetna Better Health of Michigan, Inc.

99

AmeriHealth Caritas VIP Care Plus

99

HAP Empowered Health Plan, Inc.

96

MeridianComplete Health Plan

99

Molina Healthcare, Inc.

96

Upper Peninsula Heath Plan

97

D2.VII.1 Measure Name: Core 2.1 Number of members who were documented as unwilling to participate in the assessment and who never had an assessment completed within 90 days of enrollment CY 2022

Complete

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of members who were documented as unwilling to participate in the assessment and who never had an assessment completed within 90 days of enrollment.

Measure results

Aetna Better Health of Michigan, Inc.

24.40

AmeriHealth Caritas VIP Care Plus

25.90

HAP Empowered Health Plan, Inc.

26.90

MeridianComplete Health Plan

29.30

Molina Healthcare, Inc.

12.70

Upper Peninsula Heath Plan

28.40

✓ Complete

D2.VII.1 Measure Name: Core 2.1 Number of members the MMP was unable to reach, following five documented outreach attempts, to participate in the assessment and who never had an assessment completed within 90 days of enrollment CY 2022

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of members the MMP was unable to reach, following five documented outreach attempts, to participate in the assessment and who never had an assessment completed within 90 days of enrollment.

Measure results

Aetna Better Health of Michigan, Inc.

47.70

AmeriHealth Caritas VIP Care Plus

25.90

HAP Empowered Health Plan, Inc.

46.00

MeridianComplete Health Plan

45.00

Molina Healthcare, Inc.

38.30

Upper Peninsula Heath Plan

17.40

✓ Complete

D2.VII.1 Measure Name: Core 2.3 Members with an annual reassessment CY 2022

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of members Who Had an Assessment Completed during the Previous Reporting Period Who Had a Reassessment Completed during the Current Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

76.60

AmeriHealth Caritas VIP Care Plus

80.60

HAP Empowered Health Plan, Inc.

72.30

MeridianComplete Health Plan

77.80

Molina Healthcare, Inc.

81.50

Upper Peninsula Heath Plan

81.80

✅ Complete

D2.VII.1 Measure Name: Core 2.3 Members with an annual reassessment CY 2022

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of members that had a reassessment completed during the current reporting period that was within 365 days of the most recent assessment completed during the previous reporting period.

Measure results

Aetna Better Health of Michigan, Inc.

68.80

AmeriHealth Caritas VIP Care Plus

58.20

HAP Empowered Health Plan, Inc.

46.70

MeridianComplete Health Plan

67.80

Molina Healthcare, Inc.

73.70

Upper Peninsula Heath Plan

69.90

✓ Complete

D2.VII.1 Measure Name: Core 3.2 Members with a care plan completed within 90 days of enrollment CY 2022 73 / 116

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Members Who Were Willing to Participate and Who Could Be Reached Who Had a Care Plan Completed within 90 Days of Enrollment.

Measure results

Aetna Better Health of Michigan, Inc.

26.30

AmeriHealth Caritas VIP Care Plus

45.30

HAP Empowered Health Plan, Inc.

25.30

MeridianComplete Health Plan

25.00

Molina Healthcare, Inc.

43.30

Upper Peninsula Heath Plan

38.50

D2.VII.1 Measure Name: Core 3.2 Number of members who were documented as unwilling to complete a care plan and who never had a care plan completed within 90 days of enrollment CY 2022.

✓ Complete

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of members who were documented as unwilling to participate in the care plan and who never had a care plan completed within 90 days of enrollment.

Measure results

Aetna Better Health of Michigan, Inc.

23.30

AmeriHealth Caritas VIP Care Plus

26.50

HAP Empowered Health Plan, Inc.

26.70

MeridianComplete Health Plan

29.40

Molina Healthcare, Inc.

12.70

Upper Peninsula Heath Plan

41.10

✓ Complete

D2.VII.1 Measure Name: Core 3.2 Number of members the MMP was unable to reach, following three documented outreach attempts, to complete a care plan and who never had a care plan completed within 90 days of enrollment CY 2022

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of members the MMP was unable to reach, following five documented outreach attempts, to participate in the care plan and who never had a care plan completed within 90 days of enrollment.

Measure results

Aetna Better Health of Michigan, Inc.

47.80

AmeriHealth Caritas VIP Care Plus

25.50

HAP Empowered Health Plan, Inc.

46.00

MeridianComplete Health Plan

45.00

Molina Healthcare, Inc.

38.40

Upper Peninsula Heath Plan

17.40

✅ Complete

D2.VII.1 Measure Name: Core 5.1 Care Coordinator to Member Ratio - 76 / 116
CY 2021

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number of Members per FTE (full time equivalent) Care Coordinator

Measure results

Aetna Better Health of Michigan, Inc.

129.26

AmeriHealth Caritas VIP Care Plus

98.24

HAP Empowered Health Plan, Inc.

84.21

MeridianComplete Health Plan

90.53

Molina Healthcare, Inc.

162.47

Upper Peninsula Heath Plan

165.30

✓ Complete

D2.VII.1 Measure Name: Core 5.1 Care Coordinator to Member Ratio - **Total number of FTE care coordinators that left the MMP during the reporting period CY 2021**

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Total number of FTE care coordinators that left the MMP during the reporting period

Measure results

Aetna Better Health of Michigan, Inc.

24.00

AmeriHealth Caritas VIP Care Plus

10.50

HAP Empowered Health Plan, Inc.

19.70

MeridianComplete Health Plan

9.60

Molina Healthcare, Inc.

17.30

Upper Peninsula Heath Plan

12.10

✓ Complete

D2.VII.1 Measure Name: Core 5.3 Establishment of consumer advisory board or inclusion of consumers on a preexisting governance board consistent with contractual requirements CY2022

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number of Consumer Advisory Board Meetings per Quarter with Beneficiaries or Family Caregivers in Attendance

Measure results

Aetna Better Health of Michigan, Inc.

2

AmeriHealth Caritas VIP Care Plus

1

HAP Empowered Health Plan, Inc.

1

MeridianComplete Health Plan

1

Molina Healthcare, Inc.

1

Upper Peninsula Heath Plan

1

✔ Complete

D2.VII.1 Measure Name: Core 9.1 Emergency department (ED) behavioral health services utilization CY 2022

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Total Number of ED Visits with a Principal Diagnosis Related to Behavioral Health per 10,000 Member Months during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

42.16

AmeriHealth Caritas VIP Care Plus

21.01

HAP Empowered Health Plan, Inc.

35.24

MeridianComplete Health Plan

30.44

Molina Healthcare, Inc.

22.29

Upper Peninsula Heath Plan

27.72

D2.VII.1 Measure Name: Core 9.2 Nursing Facility (NF) Diversion CY 2022

✓ Complete

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Members Classified as Nursing Home Certifiable for More Than 100 Continuous Days during the Previous Reporting Period Who Did Not Reside in a NF for More Than 100 Continuous Days during the Previous Reporting Period and Who Did Not Reside in a NF for More Than 100 Continuous Days during the Current Reporting Period.

Measure results

Aetna Better Health of Michigan, Inc.

91.70

AmeriHealth Caritas VIP Care Plus

97.00

HAP Empowered Health Plan, Inc.

98.90

MeridianComplete Health Plan

99.40

Molina Healthcare, Inc.

96.60

Upper Peninsula Heath Plan

95.50

✓ Complete

D2.VII.1 Measure Name: Core 9.3 Minimizing Institutional Length of Stay CY 2022

D2.VII.2 Measure Domain

Core Measure

D2.VII.3 National Quality Forum (NQF) number

3457

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CMS Core Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Ratio of Observed Discharge Rates (Institutional Facility Admissions That Resulted in Discharge to the Community within 100 Days or Less of Admission) to Expected Discharge Rates (Institutional Facility Admissions That Were Expected to Result in Discharge to the Community within 100 Days or Less of Admission)

Measure results

Aetna Better Health of Michigan, Inc.

1.07

AmeriHealth Caritas VIP Care Plus

0.51

HAP Empowered Health Plan, Inc.

1.35

MeridianComplete Health Plan

1.56

Molina Healthcare, Inc.

1.07

Upper Peninsula Heath Plan

1.85

✓ Complete

D2.VII.1 Measure Name: MI2.2 Members with Individual Integrated Care and Supports Plans (IICSPs) completed. CY 2022

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Members Enrolled for 90 Days or Longer Who Had an Initial IICSP Completed as of the End of the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

61.00

AmeriHealth Caritas VIP Care Plus

69.40

HAP Empowered Health Plan, Inc.

56.30

MeridianComplete Health Plan

68.70

Molina Healthcare, Inc.

75.10

Upper Peninsula Heath Plan

76.30

D2.VII.1 Measure Name: MI2.3 Members with documented discussions 33 / 116
of care goals CY 2022

D2.VII.2 Measure Domain
MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

N/A

D2.VII.6 Measure Set
State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
Yes

D2.VII.8 Measure Description
Percentage of Members with an Initial IICSP Completed during the Reporting Period Who Had at Least One Documented Discussion of Care Goals in the Initial IICSP

Measure results

Aetna Better Health of Michigan, Inc.
100.00

AmeriHealth Caritas VIP Care Plus
98.80

HAP Empowered Health Plan, Inc.
100.00

MeridianComplete Health Plan
100.00

Molina Healthcare, Inc.
99.10

Upper Peninsula Heath Plan

100.00

✅ Complete

D2.VII.1 Measure Name: MI2.3 Members with documented discussions of care goals CY 2022 84 / 116

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Existing IICSPs Revised during the Reporting Period That Had at Least One Documented Discussion of New or Existing Care

Measure results

Aetna Better Health of Michigan, Inc.

100.00

AmeriHealth Caritas VIP Care Plus

99.00

HAP Empowered Health Plan, Inc.

100.00

MeridianComplete Health Plan

100.00

Molina Healthcare, Inc.

99.70

Upper Peninsula Heath Plan

100.00

D2.VII.1 Measure Name: MI2.5 Members with first follow-up visit within 30 days of hospital discharge CY 2022

✓ Complete

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Acute Inpatient Hospital Discharges That Resulted in an Ambulatory Care Follow-up Visit Within 30 Days of the Discharge from the Inpatient Hospital Stay

Measure results

Aetna Better Health of Michigan, Inc.

73.80

AmeriHealth Caritas VIP Care Plus

62.80

HAP Empowered Health Plan, Inc.

69.20

MeridianComplete Health Plan

89.60

Molina Healthcare, Inc.

81.10

Upper Peninsula Heath Plan

83.70

✓ Complete

D2.VII.1 Measure Name: MI2.6 Timely transmission of care transition record to health care professional CY 2021

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Members, Regardless of Age, Discharged from an Inpatient Facility (e.g., Hospital Inpatient, Skilled Nursing Facility, or Rehabilitation Facility) to Home/Self-Care or Any Other Site of Care for Whom a Transition Record was Transmitted to the Facility or Primary Physician or Other Health Care Professional Designated for Follow-Up Care on the Day of Discharge through Two Days after Discharge

Measure results

Aetna Better Health of Michigan, Inc.

13.60

AmeriHealth Caritas VIP Care Plus

5.20

HAP Empowered Health Plan, Inc.

16.70

MeridianComplete Health Plan

54.70

Molina Healthcare, Inc.

16.20

Upper Peninsula Heath Plan

52.40

✅ Complete

D2.VII.1 Measure Name: MI3.1 The number of critical incident and abuse reports for members receiving LTSS CY 2022

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number of critical incident and abuse reports per 1,000 members receiving LTSS during the reporting period (per quarter)

Measure results

Aetna Better Health of Michigan, Inc.

3.09

AmeriHealth Caritas VIP Care Plus

5.63

HAP Empowered Health Plan, Inc.

1.18

MeridianComplete Health Plan

1.41

Molina Healthcare, Inc.

4.84

Upper Peninsula Heath Plan

5.12

✓ Complete

D2.VII.1 Measure Name: MI4.2 Care coordinator training for supporting self-direction under the demonstration CY 2022

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Full-Time and Part-Time Care Coordinators Who Have Undergone Training for Supporting Self-Direction

Measure results

Aetna Better Health of Michigan, Inc.

100.00

AmeriHealth Caritas VIP Care Plus

100.00

HAP Empowered Health Plan, Inc.

100.00

MeridianComplete Health Plan

100.00

Molina Healthcare, Inc.

98.80

Upper Peninsula Heath Plan

100.00

D2.VII.1 Measure Name: MI5.1 Ambulatory care-sensitive condition hospital admission CY 2022

✓ Complete

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number of Ambulatory Care-Sensitive Condition Hospital Admissions for Members Aged 21 Years and Older at the Time of Discharge per 100,000 Members

Measure results

Aetna Better Health of Michigan, Inc.

2890.76

AmeriHealth Caritas VIP Care Plus

4936.59

HAP Empowered Health Plan, Inc.

4707.87

MeridianComplete Health Plan

2989.93

Molina Healthcare, Inc.

5342.99

Upper Peninsula Heath Plan

2325.58

✅ Complete

D2.VII.1 Measure Name: MI5.4 Nursing Facility Residents Experiencing One or More Falls with a Major Injury CY 2021

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of nursing facility residents experiencing one or more falls with a major injury.

Measure results

Aetna Better Health of Michigan, Inc.

.90

AmeriHealth Caritas VIP Care Plus

.97

HAP Empowered Health Plan, Inc.

.66

MeridianComplete Health Plan

.29

Molina Healthcare, Inc.

.74

Upper Peninsula Heath Plan

1.07

Complete

D2.VII.1 Measure Name: MI5.6 Care for Adults – Medication Review CY 2021

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Members Who Had a Medication Review Completed during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

49.60

AmeriHealth Caritas VIP Care Plus

94.16

HAP Empowered Health Plan, Inc.

62.50

MeridianComplete Health Plan

80.50

Molina Healthcare, Inc.

85.90

Upper Peninsula Heath Plan

92.00

✅ Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2022 92 / 116

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Non-Emergent ED Visits during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

13.9

AmeriHealth Caritas VIP Care Plus

13.1

HAP Empowered Health Plan, Inc.

12.2

MeridianComplete Health Plan

13.5

Molina Healthcare, Inc.

13.7

Upper Peninsula Heath Plan

14.4

✅ Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2022   93 / 116

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Emergent/Primary Care Treatable ED Visits during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

17.9

AmeriHealth Caritas VIP Care Plus

17.2

HAP Empowered Health Plan, Inc.

14.7

MeridianComplete Health Plan

18.2

Molina Healthcare, Inc.

17.2

Upper Peninsula Heath Plan

18.9

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2022

Complete

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Emergent Preventable/ Avoidable ED Visits during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

5.5

AmeriHealth Caritas VIP Care Plus

6.8

HAP Empowered Health Plan, Inc.

6.6

MeridianComplete Health Plan

7.0

Molina Healthcare, Inc.

7.0

Upper Peninsula Heath Plan

8.2

✓ Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2022   95 / 116

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Emergent Not Preventable /Avoidable ED Visits during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

14.0

AmeriHealth Caritas VIP Care Plus

16.8

HAP Empowered Health Plan, Inc.

13.5

MeridianComplete Health Plan

15.8

Molina Healthcare, Inc.

14.5

Upper Peninsula Heath Plan

14.4

✔ Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY2022

D2.VII.2 Measure Domain
MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
Yes

D2.VII.8 Measure Description
Percentage of ED Visits with an Injury Principal Diagnosis during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.
10.3

AmeriHealth Caritas VIP Care Plus
9.5

HAP Empowered Health Plan, Inc.
9.8

MeridianComplete Health Plan
11.3

Molina Healthcare, Inc.
10.6

Upper Peninsula Heath Plan

15.5

✅ Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2022   97 / 116

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of ED Visits with a Mental Health Principal Diagnosis during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

5.8

AmeriHealth Caritas VIP Care Plus

5.5

HAP Empowered Health Plan, Inc.

5.5

MeridianComplete Health Plan

4.5

Molina Healthcare, Inc.

4.4

Upper Peninsula Heath Plan

3.9

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2021

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of ED Visits with an Alcohol-Related Principal Diagnosis during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

1.0

AmeriHealth Caritas VIP Care Plus

0.7

HAP Empowered Health Plan, Inc.

1.6

MeridianComplete Health Plan

1.5

Molina Healthcare, Inc.

1.1

Upper Peninsula Heath Plan

1.7

✅ Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2022   99 / 116

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of ED Visits with a Drug-Related Health Principal Diagnosis during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

0.5

AmeriHealth Caritas VIP Care Plus

0.2

HAP Empowered Health Plan, Inc.

0.1

MeridianComplete Health Plan

0.4

Molina Healthcare, Inc.

0.3

Upper Peninsula Heath Plan

0.4

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for 100 / 116
ambulatory care-sensitive conditions CY 2022

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of ED Visits That Were Unclassified during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

31.0

AmeriHealth Caritas VIP Care Plus

30.2

HAP Empowered Health Plan, Inc.

36.0

MeridianComplete Health Plan

27.7

Molina Healthcare, Inc.

31.3

Upper Peninsula Heath Plan

22.6

D2.VII.1 Measure Name: MI7.2 Unduplicated members receiving HCBS and unduplicated members receiving nursing facility services. CY2022

✅ Complete

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Members Who Received HCBS during the Reporting Period Who Did Not Receive Nursing Facility Services during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

12.8

AmeriHealth Caritas VIP Care Plus

5.3

HAP Empowered Health Plan, Inc.

13.4

MeridianComplete Health Plan

10.5

Molina Healthcare, Inc.

5.6

Upper Peninsula Heath Plan

2.7

D2.VII.1 Measure Name: MI7.2 Unduplicated members receiving HCBS and unduplicated members receiving nursing facility services. CY2022

Complete

D2.VII.2 Measure Domain

MI Specific Measure

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of Members Who Received Nursing Facility Services during the Reporting Period Who Did Not Receive HCBS during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

6.4

AmeriHealth Caritas VIP Care Plus

6.4

HAP Empowered Health Plan, Inc.

6.9

MeridianComplete Health Plan

3.5

Molina Healthcare, Inc.

4.3

Upper Peninsula Heath Plan

9.9

D2.VII.1 Measure Name: MI7.3 Annual Dental Visit CY 2021

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

Percentage of Members Who Had One or More Dental Visits with a Dental Practitioner during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

21.4

AmeriHealth Caritas VIP Care Plus

8.8

HAP Empowered Health Plan, Inc.

28.8

MeridianComplete Health Plan

25.1

Molina Healthcare, Inc.

27.8

Upper Peninsula Heath Plan

34.3

✓ Complete

D2.VII.1 Measure Name: PM#2 Number & percent of beneficiary records that reflect the ICO is making monthly contact (or documenting why contact not made e.g. unable to reach) w/ beneficiary for each month of waiver enrollment.

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number & percent of beneficiary records that reflect the ICO is making monthly contact (or documenting why contact not made e.g. unable to reach)w/ beneficiary for each month of waiver enrollment

Measure results

Aetna Better Health of Michigan, Inc.

100

AmeriHealth Caritas VIP Care Plus

59

HAP Empowered Health Plan, Inc.

65

MeridianComplete Health Plan

86

Molina Healthcare, Inc.

69

Upper Peninsula Heath Plan

100

D2.VII.1 Measure Name: PM#5 Number and percent of appropriate LOC determinations found after MDHHS review

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number and percent of appropriate LOC determinations found after MDHHS review

Measure results

Aetna Better Health of Michigan, Inc.

91

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

94

MeridianComplete Health Plan

89

Molina Healthcare, Inc.

98

Upper Peninsula Heath Plan

100

D2.VII.1 Measure Name: PM#7 Number and percent of level of care determinations made by a qualified evaluator.

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number and percent of level of care determinations made by a qualified evaluator.

Measure results

Aetna Better Health of Michigan, Inc.

100

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

100

MeridianComplete Health Plan

100

Molina Healthcare, Inc.

100

Upper Peninsula Heath Plan

100

Complete

D2.VII.1 Measure Name: PM#13 Number and percent of enrollees whose IICSP addressed their assessed health and safety risks.

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number and percent of enrollees whose IICSP addressed their assessed health and safety risks.

Measure results

Aetna Better Health of Michigan, Inc.

100

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

100

MeridianComplete Health Plan

92

Molina Healthcare, Inc.

99

Upper Peninsula Heath Plan

100

Complete

D2.VII.1 Measure Name: PM#14 Number and percent of enrollees whose IICSP includes services and supports that align with their assessed needs.

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number and percent of enrollees whose IICSP includes services and supports that align with their assessed needs.

Measure results

Aetna Better Health of Michigan, Inc.

100

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

100

MeridianComplete Health Plan

94

Molina Healthcare, Inc.

100

Upper Peninsula Heath Plan

100

✓ Complete

D2.VII.1 Measure Name: PM#15 Number & percent of enrollees with an individualized contingency/back-up plan addressing caregiver absences, severe weather, fire/other emergencies

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number & percent of enrollees with an individualized contingency/back-up plan addressing caregiver absences, severe weather, fire/other emergencies

Measure results

Aetna Better Health of Michigan, Inc.

31

AmeriHealth Caritas VIP Care Plus

46

HAP Empowered Health Plan, Inc.

73

MeridianComplete Health Plan

28

Molina Healthcare, Inc.

84

Upper Peninsula Heath Plan

100

D2.VII.1 Measure Name: PM#16 Number & percent of enrollees w/IICSPs that include at least one individualized personal goal (e.g. losing weight, engaging in a hobby, reducing specific symptoms, seeking out social contact)

✅ Complete

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number & percent of enrollees w/IICSPs that include at least one individualized personal goal (e.g. losing weight, engaging in a hobby, reducing specific symptoms, seeking out social contact)

Measure results

Aetna Better Health of Michigan, Inc.

100

AmeriHealth Caritas VIP Care Plus

86

HAP Empowered Health Plan, Inc.

100

MeridianComplete Health Plan

95

Molina Healthcare, Inc.

99

Upper Peninsula Heath Plan

100

D2.VII.1 Measure Name: PM#17 Number and percent of enrollee IICSPs that are updated as the enrollee's needs change

✓ Complete

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number and percent of enrollee IICSPs that are updated as the enrollee's needs change

Measure results

Aetna Better Health of Michigan, Inc.

0

AmeriHealth Caritas VIP Care Plus

0

HAP Empowered Health Plan, Inc.

95

MeridianComplete Health Plan

31

Molina Healthcare, Inc.

50

Upper Peninsula Heath Plan

100

D2.VII.1 Measure Name: PM#18 Number and percent of enrollee IICSPs that are updated within 12 months of last IICSP

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number and percent of enrollee IICSPs that are updated within 12 months of last IICSP

Measure results

Aetna Better Health of Michigan, Inc.

92

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

93

MeridianComplete Health Plan

77

Molina Healthcare, Inc.

94

Upper Peninsula Heath Plan

100

D2.VII.1 Measure Name: PM#19 Number and percent of enrollees who had IICSPs in which services and supports are provided as specified in the IICSP, including type, scope, amount, duration, and frequency.

✅ Complete

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

PM#19 Number and percent of enrollees who had IICSPs in which services and supports are provided as specified in the IICSP, including type, scope, amount, duration, and frequency

Measure results

Aetna Better Health of Michigan, Inc.

89

AmeriHealth Caritas VIP Care Plus

91

HAP Empowered Health Plan, Inc.

78

MeridianComplete Health Plan

45

Molina Healthcare, Inc.

69

Upper Peninsula Heath Plan

100

D2.VII.1 Measure Name: PM#20 Number and percent of enrollees whose IICSPs document choice was offered among waiver services

✓ Complete

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number and percent of enrollees whose IICSPs document choice was offered among waiver services

Measure results

Aetna Better Health of Michigan, Inc.

100

AmeriHealth Caritas VIP Care Plus

18

HAP Empowered Health Plan, Inc.

100

MeridianComplete Health Plan

92

Molina Healthcare, Inc.

84

Upper Peninsula Heath Plan

100

✅ Complete

D2.VII.1 Measure Name: PM#21 Number and percent of enrollees with IICSP containing documented discussion of their rights and choices for providers

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number and percent of enrollees with IICSP containing documented discussion of their rights and choices for providers

Measure results

Aetna Better Health of Michigan, Inc.

100

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

100

MeridianComplete Health Plan

88

Molina Healthcare, Inc.

96

Upper Peninsula Heath Plan

100

✓ Complete

D2.VII.1 Measure Name: PM#24 Number and percent of files that show enrollee/family/legal guardians (as appropriate) received info & education on how to report abuse, neglect, exploitation & other critical incidents w/in 60 days of waiver enrollment

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number and percent of files that show enrollee/family/legal guardians (as appropriate) received info & education on how to report abuse, neglect, exploitation & other critical incidents w/in 60 days of waiver enrollment

Measure results

Aetna Better Health of Michigan, Inc.

100

AmeriHealth Caritas VIP Care Plus

N/A

HAP Empowered Health Plan, Inc.

100

MeridianComplete Health Plan

4

Molina Healthcare, Inc.

100

Upper Peninsula Heath Plan

100

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

> Find in the Excel Workbook
> **D3_Plan_Sanctions**

Sanction total count:

0 - No sanctions entered

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	**Dedicated program integrity staff** Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	**Aetna Better Health of Michigan, Inc.** 2.24 **AmeriHealth Caritas VIP Care Plus** 16 **HAP Empowered Health Plan, Inc.** 5 **MeridianComplete Health Plan** 5 **Molina Healthcare, Inc.** 5 **Upper Peninsula Heath Plan** 2
D1X.2	**Count of opened program integrity investigations** How many program integrity investigations have been opened by the plan in the past year?	**Aetna Better Health of Michigan, Inc.** 15 **AmeriHealth Caritas VIP Care Plus** 13 **HAP Empowered Health Plan, Inc.** 8 **MeridianComplete Health Plan** 320 **Molina Healthcare, Inc.** 16 **Upper Peninsula Heath Plan**

D1X.3	**Ratio of opened program integrity investigations to enrollees**	**Aetna Better Health of Michigan, Inc.**
		1.57:1,000
	What is the ratio of program integrity investigations opened by the plan in the past year per 1,000 beneficiaries enrolled in the plan on the first day of the last month of the reporting year?	**AmeriHealth Caritas VIP Care Plus**
		3.9:1,000
		HAP Empowered Health Plan, Inc.
		0.0016:1,000
		MeridianComplete Health Plan
		0.56:1,000
		Molina Healthcare, Inc.
		1.21:1,000
		Upper Peninsula Heath Plan
		3.5:1,000
D1X.4	**Count of resolved program integrity investigations**	**Aetna Better Health of Michigan, Inc.**
		30
	How many program integrity investigations have been resolved by the plan in the past year?	**AmeriHealth Caritas VIP Care Plus**
		8
		HAP Empowered Health Plan, Inc.
		0
		MeridianComplete Health Plan
		227
		Molina Healthcare, Inc.
		14
		Upper Peninsula Heath Plan
		13

D1X.5	**Ratio of resolved program integrity investigations to enrollees**	**Aetna Better Health of Michigan, Inc.**
		3.14:1,000
	What is the ratio of program integrity investigations resolved by the plan in the past year per 1,000 beneficiaries enrolled in the plan at the beginning of the reporting year?	**AmeriHealth Caritas VIP Care Plus**
		2.76:1,000
		HAP Empowered Health Plan, Inc.
		0:1,000
		MeridianComplete Health Plan
		0.4:1,000
		Molina Healthcare, Inc.
		1.06:1,000
		Upper Peninsula Heath Plan
		2.7:1,000

D1X.6	**Referral path for program integrity referrals to the state**	**Aetna Better Health of Michigan, Inc.**
		Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently
	What is the referral path that the plan uses to make program integrity referrals to the state? Select one.	**AmeriHealth Caritas VIP Care Plus**
		Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently
		HAP Empowered Health Plan, Inc.
		Makes some referrals to the SMA and others directly to the MFCU
		MeridianComplete Health Plan
		Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently
		Molina Healthcare, Inc.
		Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently
		Upper Peninsula Heath Plan

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

D1X.7	Count of program integrity referrals to the state	Aetna Better Health of Michigan, Inc.
	Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals	7
		AmeriHealth Caritas VIP Care Plus
		1
		HAP Empowered Health Plan, Inc.
		Not applicable
		MeridianComplete Health Plan
		19
		Molina Healthcare, Inc.
		0
		Upper Peninsula Heath Plan
		0

D1X.7	Count of program integrity referrals to the state	Aetna Better Health of Michigan, Inc.
	Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made to the SMA and the MFCU in aggregate.	Not applicable
		AmeriHealth Caritas VIP Care Plus
		Not applicable
		HAP Empowered Health Plan, Inc.
		0
		MeridianComplete Health Plan
		Not applicable
		Molina Healthcare, Inc.
		Not applicable
		Upper Peninsula Heath Plan
		Not applicable

D1X.8	**Ratio of program integrity referral to the state**	**Aetna Better Health of Michigan, Inc.**
	What is the ratio of program integrity referral listed in the previous indicator made to the state in the past year per 1,000 beneficiaries, using the plan's total enrollment as of the first day of the last month of the reporting year (reported in indicator D1.I.1) as the denominator.	0.74:1,000
		AmeriHealth Caritas VIP Care Plus
		0.3:1,000
		HAP Empowered Health Plan, Inc.
		0:1,000
		MeridianComplete Health Plan
		3.96:1,000
		Molina Healthcare, Inc.
		0:1,000
		Upper Peninsula Heath Plan
		0:1,000

D1X.9	**Plan overpayment reporting to the state**	**Aetna Better Health of Michigan, Inc.**
	Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3). Include, for example, the following information: • The date of the report (rating period or calendar year). • The dollar amount of overpayments recovered. • The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 438.8(f)(2).	The plan's currently do not have a set overpayment recovery report that they send to the state.
		AmeriHealth Caritas VIP Care Plus
		The plans currently do not have a set overpayment recovery report that they send to the State.
		HAP Empowered Health Plan, Inc.
		The plans currently do not have a set overpayment recovery report that they send to the State.
		MeridianComplete Health Plan
		The plans currently do not have a set overpayment recovery report that they send to the State.
		Molina Healthcare, Inc.
		The plans currently do not have a set overpayment recovery report that they send to

the State.

Upper Peninsula Heath Plan

The plans currently do not have a set overpayment recovery report that they send to the State.

D1X.10	**Changes in beneficiary circumstances**	
	Select the frequency the plan reports changes in beneficiary circumstances to the state.	**Aetna Better Health of Michigan, Inc.** Monthly
		AmeriHealth Caritas VIP Care Plus Monthly
		HAP Empowered Health Plan, Inc. Monthly
		MeridianComplete Health Plan Monthly
		Molina Healthcare, Inc. Monthly
		Upper Peninsula Heath Plan Monthly

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Find in the Excel Workbook
E_BSS_Entities

Number	Indicator	Response
EIX.1	**BSS entity type** What type of entity was contracted to perform each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	**MI Health Link Ombudsman** Ombudsman Program Legal Assistance Organization **MMAP, Inc.** State Health Insurance Assistance Program (SHIP) **MI Enrolls** Subcontractor Enrollment Broker
EIX.2	**BSS entity role** What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	**MI Health Link Ombudsman** LTSS Grievance/Appeals Education LTSS Grievance/Appeals Assistance Other, specify – Assist in grievances and appeals with all program areas. **MMAP, Inc.** Enrollment Broker/Choice Counseling Beneficiary Outreach **MI Enrolls** Enrollment Broker/Choice Counseling