

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

Due date	Last edited	Edited by	Status
06/28/2024	06/26/2024	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.	06/26/2024

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	01/01/2023
A5b	Reporting period end date Auto-populated from report dashboard.	12/31/2023
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 CareSource MeridianComplete Health Plan Molina Healthcare, Inc. Upper Peninsula Health 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 Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	MI Health Link Ombudsman
	Michigan Medicare Assistance Program (MMAP)
	Michigan Enrolls

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	3,165,966
BI.2	Statewide Medicaid managed care enrollment Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	3,087,551

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	<p>Data validation entity</p> <p>Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.</p> <p>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.</p>	<p>State Medicaid agency staff</p> <p>Proprietary system(s)</p>
BIII.2	<p>HIPAA compliance of proprietary system(s) for encounter data validation</p> <p>Were the system(s) utilized fully HIPAA compliant? Select one.</p>	<p>Yes</p>

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p>Payment risks between the state and plans</p> <p>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. If no PI activities were performed, enter 'No PI activities were performed during the reporting period' as your response. 'N/A' is not an acceptable response.</p>	<p>ICOs 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. ICOs 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 are also continuous data mining activities conducted by the State, comparing the enrollment to the capitation payments to ensure everything is correct, making payment adjustments as needed.</p>
BX.2	<p>Contract standard for overpayments</p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p>State requires the return of overpayments</p>
BX.3	<p>Location of contract provision stating overpayment standard</p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	<p>4.6.2 and 4.6.3</p>
BX.4	<p>Description of overpayment contract standard</p> <p>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.</p>	<p>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, or recoup and repay payments based on changes to enrollment. The state also does data mining scenarios to identify needed recoupments/adjustments.</p>
BX.5	<p>State overpayment reporting monitoring</p>	<p>This is not currently tracked or monitored.</p>

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 topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

BX.6	<p>Changes in beneficiary circumstances</p> <p>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).</p>	<p>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. The State also pulls monthly reconciliation files to compare the two systems and align the enrollments whenever necessary.</p>
BX.7a	<p>Changes in provider circumstances: Monitoring plans</p> <p>Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.</p>	No
BX.8a	<p>Federal database checks: Excluded person or entities</p> <p>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.</p>	No

BX.9a	Website posting of 5 percent or more ownership control 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).	No
BX.10	Periodic audits 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, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter 'No such audits were conducted during the reporting year' as your response. 'N/A' is not an acceptable response.	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 team works with the plans to reduce data variances. We added the EQRO Encounter Data Validation (EDV) activity in CY23 to enhance oversight.

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C11.1	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.	Effective 9/24/14, re-executed on 11/1/16, 1/1/18, and 1/1/22, 1/1/23
C11.2	Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cms.gov%2Ffiles%2Fdocument%2Fmiccontract.docx&wdOrigin=BR OWSELINK
C11.3	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)
C11.4a	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
C11.4b	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.
C11.5	Program enrollment Enter the average number of individuals enrolled in this managed care program per	42,735

month during the reporting year (i.e., average member months).

C1I.6

Changes to enrollment or benefits

No major changes to population enrolled or benefits provided.

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter 'There were no major changes to the population or benefits during the reporting year' as your response. 'N/A' is not an acceptable response.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>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)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>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.</p> <p>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).</p>	<p>Timeliness of initial data submissions</p> <p>Timeliness of data corrections</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>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.</p>	<p>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.</p>
C1III.4	<p>Financial penalties contract language</p> <p>Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality</p>	<p>2.17. Encounter Reporting; 2.17.1.5.4., 2.17.1.5.5.2., 2.17.1.5.5.8.</p>

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 year. If there were no barriers, please enter 'The state did not experience any barriers to collecting or validating encounter data during the reporting year' as your response. 'N/A' is not an acceptable response.	Identified some plans were sending duplicates due to how encounters are sent to the State. We have worked to resolve this and continue to monitor.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</p> <p>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.</p>	<p>A "Critical Incident" is any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of an enrollee.</p>
C1IV.2	<p>State definition of "timely" resolution for standard appeals</p> <p>Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), 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.</p>	<p>No longer than 30 calendar days from the day the ICO, PIHP or PAHP receives the appeal.</p>
C1IV.3	<p>State definition of "timely" resolution for expedited appeals</p> <p>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.</p>	<p>No longer than 72 hours after the ICO, PIHP or PAHP receives the appeal.</p>
C1IV.4	<p>State definition of "timely" resolution for grievances</p> <p>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</p>	<p>No longer than 90 calendar days from the day the ICO, PIHP or PAHP receives the grievance.</p>

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	<p>Gaps/challenges in network adequacy</p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter 'No challenges were encountered' as your response. 'N/A' is not an acceptable response.</p>	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	<p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	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.



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

Dental, NEMT, Eye
Wear and Eye
Examinations,
Hearing Aids and
Hearing
Examinations.

C2.V.5 Region

Urban, rural, Small
Counties, Large
Counties.

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access, EQRO Network Adequacy Validation, Utilization of Out-of-Network Providers.

C2.V.8 Frequency of oversight methods

Annually



Complete

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

2 / 9

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

Other: Dental, NEMT,
Eye Wear and Eye
Examinations,

C2.V.5 Region

Urban, rural, Small
counties, Large
counties.

C2.V.6 Population

Adult

Hearing Aids and
Hearing
Examinations.

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access, EQRO Network Adequacy Validation, Utilization of Out-of-Network Providers

C2.V.8 Frequency of oversight methods

Annually



Complete

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

3 / 9

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 MDHHS for an exception.

C2.V.3 Standard type

Exception to quantitative standards

C2.V.4 Provider

LTSS - assistive technology; LTSS - personal care assistant, Other: Dental, NEMT, Eye Wear and Eye Examinations, Hearing Aids and Hearing Examinations; LTSS: Chore Services; Environmental Modifications; Expanded Community Living Supports; Non-Medical Transportation; Preventive Nursing Services, Private Duty Nursing, Respite; Adult Day Care; Adaptive

C2.V.5 Region

Urban, Rural, Small Counties, Large Counties

C2.V.6 Population

Adult, MLTSS

Medical Equipment
& Supplies, Fiscal
Intermediary, Home
Delivered Meals,
Medical Supplies,
Personal Emergency
Response System.

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access, EQRO Network Adequacy Validation, Utilization of Out-of-Network Providers

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 4 / 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

LTSS - assistive
technology; LTSS -
personal care
assistant Other:
LTSS: Chore Services;
Environmental
Modifications;
Expanded
Community Living
Supports; Non-
Medical
Transportation;
Preventive Nursing
Services, Private
Duty Nursing,
Respite, Adult Day
Care, Adaptive
Medical Equipment
& Supplies, Fiscal

C2.V.5 Region

Urban, Rural, Small
Counties, Large
Counties

C2.V.6 Population

MLTSS

Intermediary, Home
Delivered Meals,
Medical Supplies,
Personal Emergency
Response System.

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access, EQRO Network Adequacy Validation, Utilization of Out-of-Network Providers

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

LTSS-adult day care;
LTSS-SNF

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, Review of grievances related to access, EQRO Network Adequacy Validation, Utilization of Out-of-Network Providers

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: LTSS-related standard: enrollee travels to the provider 6 / 9

C2.V.2 Measure standard

For services provided in the community, the ICO must assure that 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

LTSS-adult day care,
LTSS-SNF

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, Review of grievances related to access, EQRO Network Adequacy Validation, Utilization of Out-of-Network Providers

C2.V.8 Frequency of oversight methods

Annually



Complete

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

7 / 9

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 a timely appointment

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



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



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

9 / 9

C2.V.2 Measure standard

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	Urban, Rural, Small Counties, Large Counties	Adult
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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(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	1) https://mhlo.org/ 2) https://mmapinc.org/
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) The MI Health Link Ombudsman (MHLO) maintains a website with information on MHL and an email address to which individuals seeking information and assistance can contact the MHLO. A toll-free number is maintained as an ombudsman hotline intake system. Responses to beneficiary concerns and questions are provided through the intake line, the MHLO website, and MHLO email. MHLO has secure and confidential office space for in-person consultation. 2) MMAP maintains a toll-free number, a website through which beneficiaries may seek assistance, and email.
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) The MHLO 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 submits a monthly report of activities to MDHHS and meets monthly with MMHL staff to discuss trends and issues.
C1IX.4	State evaluation of BSS entity performance What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	1) The MHLO program submits monthly and quarterly reports tracking the number of member contacts, complaints, appeals and grievances. 2) MMAP submits a monthly report of activities to MDHHS and meets monthly with MMHL staff to discuss MMAP's performance.

Topic X: Program Integrity

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 Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	Aetna Better Health of Michigan, Inc. 9
		AmeriHealth Caritas VIP Care Plus 3,168
		HAP CareSource 4,638
		MeridianComplete Health Plan 8,749
		Molina Healthcare, Inc. 12,415
		Upper Peninsula Health Plan 4,728
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? <ul style="list-style-type: none"> • 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 0.1%
		HAP CareSource 0.0015%
		MeridianComplete Health Plan 0.3%
		Molina Healthcare, Inc. 0.4%
		Upper Peninsula Health Plan 0.1%

D1I.3

Plan share of any Medicaid managed care

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)

Aetna Better Health of Michigan, Inc.

0.3%

AmeriHealth Caritas VIP Care Plus

0.1%

HAP CareSource

0.0015%

MeridianComplete Health Plan

0.3%

Molina Healthcare, Inc.

0.4%

Upper Peninsula Health Plan

0.2%

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. Write MLR as a percentage: for example, write 92% rather than 0.92.	Aetna Better Health of Michigan, Inc.
		98.3%
		AmeriHealth Caritas VIP Care Plus
		99.9%
		HAP CareSource
		85%
		MeridianComplete Health Plan
		83.4%
		Molina Healthcare, Inc.
		83.4%
		Upper Peninsula Health Plan
		93.1%
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 CareSource
		Other, specify – Used the adjusted MLR for the above percentage.
		MeridianComplete Health Plan
		Other, specify – Used the adjusted MHL for the above percentage.
		Molina Healthcare, Inc.
		Other, specify – Used the adjusted MLR for the above percentage.

Upper Peninsula Health Plan

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

D1II.2**Population specific MLR description**

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.

Aetna Better Health of Michigan, Inc.

N/A

AmeriHealth Caritas VIP Care Plus

N/A

HAP CareSource

N/A.

MeridianComplete Health Plan

N/A.

Molina Healthcare, Inc.

N/A

Upper Peninsula Health Plan

N/A

D1II.3**MLR reporting period discrepancies**

Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?

Aetna Better Health of Michigan, Inc.

Yes

AmeriHealth Caritas VIP Care Plus

Yes

HAP CareSource

Yes

MeridianComplete Health Plan

Yes

Molina Healthcare, Inc.

Yes

Upper Peninsula Health Plan

N/A	Enter the start date.	Aetna Better Health of Michigan, Inc.
		01/01/2020
		AmeriHealth Caritas VIP Care Plus
		01/01/2020
		HAP CareSource
		01/01/2020
N/A	Enter the end date.	MeridianComplete Health Plan
		01/01/2020
		Molina Healthcare, Inc.
		01/01/2020
		Upper Peninsula Health Plan
		01/01/2020
N/A	Enter the end date.	Aetna Better Health of Michigan, Inc.
		12/31/2020
		AmeriHealth Caritas VIP Care Plus
		12/31/2020
		HAP CareSource
		12/31/2020
N/A	Enter the end date.	MeridianComplete Health Plan
		12/31/2020
		Molina Healthcare, Inc.
		12/31/2020
		Upper Peninsula Health Plan
		12/31/2020

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p>Definition of timely encounter data submissions</p> <p>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.</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>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.</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>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.</p> <p>HAP CareSource</p> <p>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.</p> <p>MeridianComplete Health Plan</p> <p>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.</p> <p>Molina Healthcare, Inc.</p> <p>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.</p> <p>Upper Peninsula Health Plan</p> <p>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.</p>

D1III.2	Share of encounter data submissions that met state's timely submission requirements	Aetna Better Health of Michigan, Inc. 100%
	<p>What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year 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 year.</p>	AmeriHealth Caritas VIP Care Plus 83.3%
		HAP CareSource 100%
		MeridianComplete Health Plan 91.6%
		Molina Healthcare, Inc. 70.8%
		Upper Peninsula Health Plan 95.8%
D1III.3	Share of encounter data submissions that were HIPAA compliant	Aetna Better Health of Michigan, Inc. 100%
	<p>What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when 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 year.</p>	AmeriHealth Caritas VIP Care Plus 100%
		HAP CareSource 100%
		MeridianComplete Health Plan 100%
		Molina Healthcare, Inc. 100%
		Upper Peninsula Health 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 during 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. 721
		AmeriHealth Caritas VIP Care Plus 150
		HAP CareSource 59
		MeridianComplete Health Plan 218
		Molina Healthcare, Inc. 479
		Upper Peninsula Health Plan 155
D1IV.2	Active appeals Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.	Aetna Better Health of Michigan, Inc. 22
		AmeriHealth Caritas VIP Care Plus 94
		HAP CareSource 5
		MeridianComplete Health Plan 0
		Molina Healthcare, Inc. 10
		Upper Peninsula Health Plan 2

D1IV.3	Appeals filed on behalf of LTSS users	Aetna Better Health of Michigan, Inc.
	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).	251
		AmeriHealth Caritas VIP Care Plus
		135
		HAP CareSource
		23
		MeridianComplete Health Plan
		87
		Molina Healthcare, Inc.
		27
		Upper Peninsula Health Plan
		59

D1IV.4	Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal	Aetna Better Health of Michigan, Inc.
	For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year 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". 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	6
		AmeriHealth Caritas VIP Care Plus
		6
		HAP CareSource
		1
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		0
		Upper Peninsula Health Plan
		0

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.

D1IV.5a	Standard appeals for which timely resolution was provided	Aetna Better Health of Michigan, Inc.
		539
	Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.	AmeriHealth Caritas VIP Care Plus
		127
		HAP CareSource
		51
		MeridianComplete Health Plan
		133
		Molina Healthcare, Inc.
		146
		Upper Peninsula Health Plan
		125
D1IV.5b	Expedited appeals for which timely resolution was provided	Aetna Better Health of Michigan, Inc.
		164
	Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.	AmeriHealth Caritas VIP Care Plus
		28
		HAP CareSource
		7

MeridianComplete Health Plan

82

Molina Healthcare, Inc.

184

Upper Peninsula Health Plan

26

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.

227

AmeriHealth Caritas VIP Care Plus

150

HAP CareSource

27

MeridianComplete Health Plan

11

Molina Healthcare, Inc.

264

Upper Peninsula Health Plan

145

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.

96

AmeriHealth Caritas VIP Care Plus

10

HAP CareSource

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

26

Upper Peninsula Health 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.

43

AmeriHealth Caritas VIP Care Plus

75

HAP CareSource

29

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

145

Upper Peninsula Health Plan

7

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

0

HAP CareSource

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Health Plan

0

D1IV.6e**Resolved appeals related to lack of timely plan response to an appeal or grievance**

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.

Aetna Better Health of Michigan, Inc.

15

AmeriHealth Caritas VIP Care Plus

0

HAP CareSource

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

4

Upper Peninsula Health Plan

0

D1IV.6f**Resolved appeals related to plan denial of an enrollee's right to request out-of-network care**

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).

Aetna Better Health of Michigan, Inc.

0

AmeriHealth Caritas VIP Care Plus

1

HAP CareSource

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Health Plan

D1IV.6g	Resolved appeals related to denial of an enrollee's request to dispute financial liability	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 dispute a financial liability.	AmeriHealth Caritas VIP Care Plus
		6
		HAP CareSource
		3
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		0
		Upper Peninsula Health Plan
		0

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.

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. 329
		AmeriHealth Caritas VIP Care Plus 18
		HAP CareSource 11
		MeridianComplete Health Plan 22
		Molina Healthcare, Inc. 128
		Upper Peninsula Health 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. 165
		AmeriHealth Caritas VIP Care Plus 51
		HAP CareSource 16
		MeridianComplete Health Plan 91
		Molina Healthcare, Inc. 168
		Upper Peninsula Health Plan 27

D1IV.7c	Resolved appeals related to inpatient behavioral health services 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".	Aetna Better Health of Michigan, Inc. 0 AmeriHealth Caritas VIP Care Plus 0 HAP CareSource 0 MeridianComplete Health Plan 1 Molina Healthcare, Inc. 0 Upper Peninsula Health Plan 0
D1IV.7d	Resolved appeals related to outpatient behavioral health services 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".	Aetna Better Health of Michigan, Inc. 3 AmeriHealth Caritas VIP Care Plus 0 HAP CareSource 0 MeridianComplete Health Plan 2 Molina Healthcare, Inc. 3 Upper Peninsula Health Plan 0
D1IV.7e	Resolved appeals related to covered outpatient prescription drugs	Aetna Better Health of Michigan, Inc. 238

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".

AmeriHealth Caritas VIP Care Plus

42

HAP CareSource

29

MeridianComplete Health Plan

12

Molina Healthcare, Inc.

23

Upper Peninsula Health Plan

62

D1IV.7f

Resolved appeals related to skilled nursing facility (SNF) services

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.

22

AmeriHealth Caritas VIP Care Plus

4

HAP CareSource

0

MeridianComplete Health Plan

7

Molina Healthcare, Inc.

79

Upper Peninsula Health 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

Aetna Better Health of Michigan, Inc.

14

AmeriHealth Caritas VIP Care Plus

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".

0

HAP CareSource

0

MeridianComplete Health Plan

2

Molina Healthcare, Inc.

24

Upper Peninsula Health Plan

3

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.

21

AmeriHealth Caritas VIP Care Plus

7

HAP CareSource

2

MeridianComplete Health Plan

12

Molina Healthcare, Inc.

78

Upper Peninsula Health Plan

6

D1IV.7i

Resolved appeals related to non-emergency medical transportation (NEMT)

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".

Aetna Better Health of Michigan, Inc.

0

AmeriHealth Caritas VIP Care Plus

0

HAP CareSource

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Health Plan

0

D1IV.7j

Resolved appeals related to other service types

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 paid primarily by Medicaid, enter "N/A".

Aetna Better Health of Michigan, Inc.

491

AmeriHealth Caritas VIP Care Plus

44

HAP CareSource

1

MeridianComplete Health Plan

78

Molina Healthcare, Inc.

55

Upper Peninsula Health Plan

57

State Fair Hearings

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	Aetna Better Health of Michigan, Inc.
		0
		AmeriHealth Caritas VIP Care Plus
		0
		HAP CareSource
		0
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		2
		Upper Peninsula Health Plan
		3
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 CareSource
		0
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		1
		Upper Peninsula Health Plan
		0

D1IV.8c	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	Aetna Better Health of Michigan, Inc. 0 AmeriHealth Caritas VIP Care Plus 0 HAP CareSource 0 MeridianComplete Health Plan 0 Molina Healthcare, Inc. 0 Upper Peninsula Health Plan 3
D1IV.8d	State Fair Hearings retracted prior to reaching a decision 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) during the reporting year prior to reaching a decision.	Aetna Better Health of Michigan, Inc. 0 AmeriHealth Caritas VIP Care Plus 0 HAP CareSource 0 MeridianComplete Health Plan 0 Molina Healthcare, Inc. 0 Upper Peninsula Health Plan 0
D1IV.9a	External Medical Reviews resulting in a favorable decision for the enrollee	Aetna Better Health of Michigan, Inc. 10

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

4

HAP CareSource

0

MeridianComplete Health Plan

1

Molina Healthcare, Inc.

0

Upper Peninsula Health Plan

2

D1IV.9b

External Medical Reviews resulting in an adverse decision for the enrollee

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).

Aetna Better Health of Michigan, Inc.

36

AmeriHealth Caritas VIP Care Plus

26

HAP CareSource

0

MeridianComplete Health Plan

11

Molina Healthcare, Inc.

0

Upper Peninsula Health Plan

19

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.
		461
		AmeriHealth Caritas VIP Care Plus
		686
		HAP CareSource
		903
		MeridianComplete Health Plan
		325
		Molina Healthcare, Inc.
		1,931
		Upper Peninsula Health Plan
		89
D1IV.11	Active grievances Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	Aetna Better Health of Michigan, Inc.
		35
		AmeriHealth Caritas VIP Care Plus
		31
		HAP CareSource
		29
		MeridianComplete Health Plan
		15
		Molina Healthcare, Inc.
		103
		Upper Peninsula Health Plan
		2

D1IV.12	<p>Grievances filed on behalf of LTSS users</p> <p>Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.</p> <p>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.</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>222</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>329</p> <p>HAP CareSource</p> <p>386</p> <p>MeridianComplete Health Plan</p> <p>148</p> <p>Molina Healthcare, Inc.</p> <p>426</p> <p>Upper Peninsula Health Plan</p> <p>29</p>
D1IV.13	<p>Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance</p> <p>For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year 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 for any reason, related to any service received (or desired) by an LTSS user.</p> <p>If the managed care plan does not cover LTSS, the state should</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>10</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>16</p> <p>HAP CareSource</p> <p>14</p> <p>MeridianComplete Health Plan</p> <p>1</p> <p>Molina Healthcare, Inc.</p> <p>1</p> <p>Upper Peninsula Health Plan</p> <p>0</p>

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.

D1IV.14	Number of grievances for which timely resolution was provided	Aetna Better Health of Michigan, Inc.
		447
	Enter the number of grievances for which timely resolution was provided by plan during the reporting year.	AmeriHealth Caritas VIP Care Plus
	See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	686
		HAP CareSource
		895
		MeridianComplete Health Plan
		325
		Molina Healthcare, Inc.
		1,924
		Upper Peninsula Health Plan
		87

Grievances by Service

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

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. 11
		AmeriHealth Caritas VIP Care Plus 75
		HAP CareSource 12
		MeridianComplete Health Plan 1
		Molina Healthcare, Inc. 15
		Upper Peninsula Health 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. 450
		AmeriHealth Caritas VIP Care Plus 49
		HAP CareSource 140
		MeridianComplete Health Plan 4
		Molina Healthcare, Inc. 99
		Upper Peninsula Health Plan 15

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
		N/A
		HAP CareSource
		1
		MeridianComplete Health Plan
		3
		Molina Healthcare, Inc.
		0
		Upper Peninsula Health Plan
		0
<hr/>		
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.
		0
		AmeriHealth Caritas VIP Care Plus
		N/A
		HAP CareSource
		8
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		3
		Upper Peninsula Health Plan
		2
<hr/>		
D1IV.15e	Resolved grievances related to coverage of outpatient prescription drugs	Aetna Better Health of Michigan, Inc.
		16

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".

AmeriHealth Caritas VIP Care Plus

21

HAP CareSource

19

MeridianComplete Health Plan

6

Molina Healthcare, Inc.

79

Upper Peninsula Health Plan

23

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.

5

AmeriHealth Caritas VIP Care Plus

14

HAP CareSource

3

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

5

Upper Peninsula Health Plan

1

D1IV.15g

Resolved grievances related to long-term services and supports (LTSS)

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional

Aetna Better Health of Michigan, Inc.

7

AmeriHealth Caritas VIP Care Plus

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".

22

HAP CareSource

42

MeridianComplete Health Plan

2

Molina Healthcare, Inc.

17

Upper Peninsula Health Plan

3

D1IV.15h

Resolved grievances related to dental services

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".

Aetna Better Health of Michigan, Inc.

14

AmeriHealth Caritas VIP Care Plus

28

HAP CareSource

78

MeridianComplete Health Plan

12

Molina Healthcare, Inc.

85

Upper Peninsula Health Plan

9

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.
		249
		AmeriHealth Caritas VIP Care Plus
		322
		HAP CareSource
		353
		MeridianComplete Health Plan
		195
		Molina Healthcare, Inc.
		330
		Upper Peninsula Health Plan
		14

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 paid primarily by Medicaid, enter "N/A".	Aetna Better Health of Michigan, Inc.
		175
		AmeriHealth Caritas VIP Care Plus
		155
		HAP CareSource
		247
		MeridianComplete Health Plan
		102
		Molina Healthcare, Inc.
		1,303
		Upper Peninsula Health Plan
		17

Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	Resolved grievances related to plan or provider customer service 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.	Aetna Better Health of Michigan, Inc. 198
		AmeriHealth Caritas VIP Care Plus 106
		HAP CareSource 613
		MeridianComplete Health Plan 44
		Molina Healthcare, Inc. 623
		Upper Peninsula Health Plan 27
D1IV.16b	Resolved grievances related to plan or provider care management/case management 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. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	Aetna Better Health of Michigan, Inc. 18
		AmeriHealth Caritas VIP Care Plus 4
		HAP CareSource 12
		MeridianComplete Health Plan 10
		Molina Healthcare, Inc. 128
		Upper Peninsula Health Plan 4

D1IV.16c	<p>Resolved grievances related to access to care/services from plan or provider</p> <p>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.</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>1</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>321</p> <p>HAP CareSource</p> <p>41</p> <p>MeridianComplete Health Plan</p> <p>16</p> <p>Molina Healthcare, Inc.</p> <p>317</p> <p>Upper Peninsula Health Plan</p> <p>24</p>
D1IV.16d	<p>Resolved grievances related to quality of care</p> <p>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.</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>90</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>28</p> <p>HAP CareSource</p> <p>37</p> <p>MeridianComplete Health Plan</p> <p>7</p> <p>Molina Healthcare, Inc.</p> <p>39</p> <p>Upper Peninsula Health Plan</p> <p>17</p>
D1IV.16e	<p>Resolved grievances related to plan communications</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>47</p>

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.

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.

AmeriHealth Caritas VIP Care Plus

2

HAP CareSource

5

MeridianComplete Health Plan

2

Molina Healthcare, Inc.

188

Upper Peninsula Health Plan

1

D1IV.16f

Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

Aetna Better Health of Michigan, Inc.

46

AmeriHealth Caritas VIP Care Plus

40

HAP CareSource

40

MeridianComplete Health Plan

19

Molina Healthcare, Inc.

340

Upper Peninsula Health Plan

7

D1IV.16g

Resolved grievances related to suspected fraud

Enter the total number of grievances resolved by the plan during the reporting year that

Aetna Better Health of Michigan, Inc.

0

AmeriHealth Caritas VIP Care Plus

	<p>were related to suspected fraud.</p> <p>Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated 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.</p>	<p>0</p> <p>HAP CareSource</p> <p>1</p> <p>MeridianComplete Health Plan</p> <p>0</p> <p>Molina Healthcare, Inc.</p> <p>12</p> <p>Upper Peninsula Health Plan</p> <p>0</p>
D1IV.16h	<p>Resolved grievances related to abuse, neglect or exploitation</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.</p> <p>Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>0</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>4</p> <p>HAP CareSource</p> <p>0</p> <p>MeridianComplete Health Plan</p> <p>0</p> <p>Molina Healthcare, Inc.</p> <p>2</p> <p>Upper Peninsula Health Plan</p> <p>0</p>
D1IV.16i	<p>Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>6</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>0</p> <p>HAP CareSource</p>

were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

3

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

55

Upper Peninsula Health Plan

0

D1IV.16j

Resolved grievances related to plan denial of expedited appeal

Enter the total number of grievances resolved by the plan 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.

Aetna Better Health of Michigan, Inc.

0

AmeriHealth Caritas VIP Care Plus

0

HAP CareSource

0

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Health Plan

0

D1IV.16k

Resolved grievances filed for other reasons

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

Aetna Better Health of Michigan, Inc.

59

AmeriHealth Caritas VIP Care Plus

181

HAP CareSource

151

MeridianComplete Health Plan

Molina Healthcare, Inc.

360

Upper Peninsula Health Plan

2

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.



Complete

D2.VII.1 Measure Name: PM#2 Number & percent of enrollees records 1 / 113
that reflect the ICO is making monthly contact (or documenting why contact was 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 contact (or documenting why contact was not made e.g. unable to reach) w/beneficiary for each month of waiver enrollment

Measure results

Aetna Better Health of Michigan, Inc.

96%

AmeriHealth Caritas VIP Care Plus

95%

HAP CareSource

64%

MeridianComplete Health Plan

91%

Molina Healthcare, Inc.

39%



Complete

D2.VII.1 Measure Name: PM#5 Number and percent of IICPs that supported paid services.

2 / 113

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 IICPs that supported paid services.

Measure results

Aetna Better Health of Michigan, Inc.

85%

AmeriHealth Caritas VIP Care Plus

63%

HAP CareSource

70%

MeridianComplete Health Plan

58%

Molina Healthcare, Inc.

84%

Upper Peninsula Health Plan

85%



Complete

D2.VII.1 Measure Name: PM#6 Number and percent of New MI Health Link HCBS waiver enrollees who meet the NFLOC criteria prior to the receipt of waiver services. 3 / 113

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 New MI Health Link HCBS waiver enrollees who meet the NFLOC criteria prior to the receipt of waiver services.

Measure results

Aetna Better Health of Michigan, Inc.

100%

AmeriHealth Caritas VIP Care Plus

100%

HAP CareSource

100%

MeridianComplete Health Plan

100%

Molina Healthcare, Inc.

100%



Complete

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

4 / 113

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 CareSource

100%

MeridianComplete Health Plan

100%

Molina Healthcare, Inc.

100%

Upper Peninsula Health Plan



Complete

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

5 / 113

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.**

98%

AmeriHealth Caritas VIP Care Plus

100%

HAP CareSource

97%

MeridianComplete Health Plan

87%

Molina Healthcare, Inc.

98%



Complete

D2.VII.1 Measure Name: PM#14 Number and percent of enrollees whose IICSPs include services and supports which align with their assessed needs.

6 / 113

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 include services and supports which align with their assessed needs.

Measure results**Aetna Better Health of Michigan, Inc.**

98%

AmeriHealth Caritas VIP Care Plus

100%

HAP CareSource

97%

MeridianComplete Health Plan

86%

Molina Healthcare, Inc.

98%

Upper Peninsula Health Plan

100%



Complete

D2.VII.1 Measure Name: PM#15 Number and percent of enrollees with an individualized contingency/back-up plan addressing caregiver absences, severe weather, fire/other emergencies. 7 / 113

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 an individualized contingency/back-up plan addressing caregiver absences, severe weather, fire/other emergencies.

Measure results

Aetna Better Health of Michigan, Inc.

13%

AmeriHealth Caritas VIP Care Plus

57%

HAP CareSource

80%

MeridianComplete Health Plan

1%

Molina Healthcare, Inc.

92%

Upper Peninsula Health Plan

100%



Complete

D2.VII.1 Measure Name: PM#16 Number and percent of enrollees with IICSPs that include at least one individualized personal goal (e.g. losing weight, engaging in a hobby, reducing specific symptoms, seeking out social contact). 8 / 113

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 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.

98%

AmeriHealth Caritas VIP Care Plus

95%

HAP CareSource

91%

MeridianComplete Health Plan

88%

Molina Healthcare, Inc.

98%

Upper Peninsula Health Plan

100%



Complete

D2.VII.1 Measure Name: PM#17 Number and percent of enrollee IICSPs⁹ / 113 that are updated as the enrollee's needs change.

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

50%

HAP CareSource

80%

MeridianComplete Health Plan

27%

Molina Healthcare, Inc.

60%

Upper Peninsula Health Plan



Complete

D2.VII.1 Measure Name: PM#18 Number and percent of enrollee IICSPs that are updated within 12 months of last IICSP. 10 / 113

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.

84%

AmeriHealth Caritas VIP Care Plus

100%

HAP CareSource

63%

MeridianComplete Health Plan

51%

Molina Healthcare, Inc.

81%



Complete

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. 11 / 113

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 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.

71%

AmeriHealth Caritas VIP Care Plus

81%

HAP CareSource

61%

MeridianComplete Health Plan

51%

Molina Healthcare, Inc.

52%



Complete

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

12 / 113

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.**

98%

AmeriHealth Caritas VIP Care Plus

52%

HAP CareSource

97%

MeridianComplete Health Plan

87%

Molina Healthcare, Inc.

86%

Upper Peninsula Health Plan



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. 3 / 113

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.

98%

AmeriHealth Caritas VIP Care Plus

100%

HAP CareSource

97%

MeridianComplete Health Plan

87%

Molina Healthcare, Inc.

86%

Upper Peninsula Health Plan

100%



Complete

D2.VII.1 Measure Name: PM#24 Number and percent of files that show enrollee/family/legal guardians (as appropriate) received information and education on how to report abuse, neglect, exploitation, and other critical incidents within 60 days of waiver enrollment. 4 / 113

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 information and education on how to report abuse, neglect, exploitation, and other critical incidents within 60 days of waiver enrollment.

Measure results

Aetna Better Health of Michigan, Inc.

100%

AmeriHealth Caritas VIP Care Plus

50%

HAP CareSource

33%

MeridianComplete Health Plan

62%

Molina Healthcare, Inc.

100%

Upper Peninsula Health Plan

83%



Complete

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

15 / 113

D2.VII.2 Measure Domain

Primary care access and preventative care

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

2372

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

50.4

AmeriHealth Caritas VIP Care Plus

50.1

HAP CareSource

59.6

MeridianComplete Health Plan

55.9

Molina Healthcare, Inc.

59.2



Complete

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

16 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

50.3

AmeriHealth Caritas VIP Care Plus

45.5

HAP CareSource

57.6

MeridianComplete Health Plan

58.1

Molina Healthcare, Inc.

63.2



Complete

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

17 / 113

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number
0553**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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

%

Measure results**Aetna Better Health of Michigan, Inc.**

93.7

AmeriHealth Caritas VIP Care Plus

95.1

HAP CareSource

61.7

MeridianComplete Health Plan

66.2

Molina Healthcare, Inc.

79.1



Complete

D2.VII.1 Measure Name: COA - Care for Older Adults - Functional Status Assessment 8 / 113**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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

71.5

AmeriHealth Caritas VIP Care Plus

64.5

HAP CareSource

68.6

MeridianComplete Health Plan

35

Molina Healthcare, Inc.

65.7



Complete

D2.VII.1 Measure Name: COA - Care for Older Adults - Pain Assessment 9 / 113**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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

79.3

AmeriHealth Caritas VIP Care Plus

72.5

HAP CareSource

78.6

MeridianComplete Health Plan

65

Molina Healthcare, Inc.

82.2



Complete

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

20 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

19.9

AmeriHealth Caritas VIP Care Plus

20.3

HAP CareSource

29.8

MeridianComplete Health Plan

20.1

Molina Healthcare, Inc.

21.7



Complete

**D2.VII.1 Measure Name: PCE - Pharmacotherapy Management of COPD¹ / 113
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 ProgramsCross-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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

82

AmeriHealth Caritas VIP Care Plus

60

HAP CareSource

74.4

MeridianComplete Health Plan

77.5

Molina Healthcare, Inc.

63.8



Complete

**D2.VII.1 Measure Name: PCE - Pharmacotherapy Management of COPD² / 113
Exacerbation - Bronchodilator**

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0549

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

93.3

AmeriHealth Caritas VIP Care Plus

86.7

HAP CareSource

94.2

MeridianComplete Health Plan

89

Molina Healthcare, Inc.

93.5



Complete

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

23 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

61.6

AmeriHealth Caritas VIP Care Plus

62

HAP CareSource

68.1

MeridianComplete Health Plan

66.4

Molina Healthcare, Inc.

64.5



Complete

D2.VII.1 Measure Name: PBH - Persistence of Beta-Blocker Treatment After a Heart Attack 24 / 113**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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

%

Measure results**Aetna Better Health of Michigan, Inc.**

86.7

AmeriHealth Caritas VIP Care Plus

90

HAP CareSource

100

MeridianComplete Health Plan

90.6

Molina Healthcare, Inc.

91.2



Complete

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

25 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

76.7

AmeriHealth Caritas VIP Care Plus

84.9

HAP CareSource

82.9

MeridianComplete Health Plan

79

Molina Healthcare, Inc.

83.8



Complete

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

26 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

78.1

AmeriHealth Caritas VIP Care Plus

81.2

HAP CareSource

87.4

MeridianComplete Health Plan

81.8

Molina Healthcare, Inc.

75.4



Complete

D2.VII.1 Measure Name: HBD - Hemoglobin A1c Control in Patients with Diabetes - HbA1c Poor Control*~ 7 / 113**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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

%

Measure results**Aetna Better Health of Michigan, Inc.**

78.1

AmeriHealth Caritas VIP Care Plus

81.2

HAP CareSource

87.4

MeridianComplete Health Plan

81.8

Molina Healthcare, Inc.

75.4



Complete

D2.VII.1 Measure Name: HBD - Hemoglobin A1c Control in Patients with Diabetes - HbA1c Control (greater than 8.0) 8 / 113**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number
0575**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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

%

Measure results**Aetna Better Health of Michigan, Inc.**

58.6

AmeriHealth Caritas VIP Care Plus

53.7

HAP CareSource

64.2

MeridianComplete Health Plan

58.9

Molina Healthcare, Inc.

53.5



Complete

D2.VII.1 Measure Name: EED - Eye Exams for Patients with Diabetes~ 29 / 113**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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

59.4

AmeriHealth Caritas VIP Care Plus

56.8

HAP CareSource

66.7

MeridianComplete Health Plan

62

Molina Healthcare, Inc.

64.7



Complete

D2.VII.1 Measure Name: BPD - Blood Pressure Control for Patients with Diabetes 10 / 113**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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

%

Measure results**Aetna Better Health of Michigan, Inc.**

65

AmeriHealth Caritas VIP Care Plus

59.5

HAP CareSource

66.9

MeridianComplete Health Plan

69.8

Molina Healthcare, Inc.

65.5



Complete

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

31 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

73.9

AmeriHealth Caritas VIP Care Plus

77.8

HAP CareSource

78.6

MeridianComplete Health Plan

78.1

Molina Healthcare, Inc.

77.9



Complete

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

32 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

74.5

AmeriHealth Caritas VIP Care Plus

77.5

HAP CareSource

80

MeridianComplete Health Plan

80

Molina Healthcare, Inc.

78.7



Complete

D2.VII.1 Measure Name: OMW - Osteoporosis Management in Women Who Had a Fracture ^{33 / 113}**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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

%

Measure results**Aetna Better Health of Michigan, Inc.**

12.5

AmeriHealth Caritas VIP Care Plus

0

HAP CareSource

20

MeridianComplete Health Plan

6.3

Molina Healthcare, Inc.

13.8



Complete

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

34 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

71.2

AmeriHealth Caritas VIP Care Plus

78.1

HAP CareSource

74.2

MeridianComplete Health Plan

72.9

Molina Healthcare, Inc.

71.4



Complete

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

35 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

54.2

AmeriHealth Caritas VIP Care Plus

59.4

HAP CareSource

60.7

MeridianComplete Health Plan

59.3

Molina Healthcare, Inc.

53.4



Complete

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

36 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

29.6

AmeriHealth Caritas VIP Care Plus

24.6

HAP CareSource

20.9

MeridianComplete Health Plan

34

Molina Healthcare, Inc.

37.4



Complete

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

37 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

54

AmeriHealth Caritas VIP Care Plus

49.1

HAP CareSource

52.2

MeridianComplete Health Plan

58

Molina Healthcare, Inc.

62.6



Complete

D2.VII.1 Measure Name: FUM - Follow-Up After Emergency Department Visit for Mental Illness - 7 Days 8 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

48.6

AmeriHealth Caritas VIP Care Plus

11.4

HAP CareSource

34.6

MeridianComplete Health Plan

35.7

Molina Healthcare, Inc.

22.9



Complete

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

19 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

68.2

AmeriHealth Caritas VIP Care Plus

34.3

HAP CareSource

50.9

MeridianComplete Health Plan

56.3

Molina Healthcare, Inc.

47



Complete

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

40 / 113

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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

%

Measure results**Aetna Better Health of Michigan, Inc.**

67.9

AmeriHealth Caritas VIP Care Plus

58.2

HAP CareSource

42.1

MeridianComplete Health Plan

38.7

Molina Healthcare, Inc.

28.7



Complete

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

41 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

1.2

AmeriHealth Caritas VIP Care Plus

25.3

HAP CareSource

15.6

MeridianComplete Health Plan

25.8

Molina Healthcare, Inc.

2.9



Complete

D2.VII.1 Measure Name: TRC - Transitions of Care - Receipt of Discharge Information 2 / 113**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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

2.2

AmeriHealth Caritas VIP Care Plus

16.8

HAP CareSource

16.6

MeridianComplete Health Plan

27.7

Molina Healthcare, Inc.

4.1



Complete

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

18 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

71.5

AmeriHealth Caritas VIP Care Plus

71.7

HAP CareSource

79.3

MeridianComplete Health Plan

77.6

Molina Healthcare, Inc.

78.8



Complete

D2.VII.1 Measure Name: PSA - Non-Recommended PSA-Based Screening of Older Men 4 / 113**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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

23

AmeriHealth Caritas VIP Care Plus

22.2

HAP CareSource

28

MeridianComplete Health Plan

21.8

Molina Healthcare, Inc.

35.5



Complete

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

45 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

36.8

AmeriHealth Caritas VIP Care Plus

26.2

HAP CareSource

35.3

MeridianComplete Health Plan

30.6

Molina Healthcare, Inc.

31.4



Complete

D2.VII.1 Measure Name: DAE - Use of High-Risk Medications in Older Adults - High Risk Medications to Avoid 46 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

5.4

AmeriHealth Caritas VIP Care Plus

4.2

HAP CareSource

4.6

MeridianComplete Health Plan

5

Molina Healthcare, Inc.

4.2



Complete

D2.VII.1 Measure Name: DAE - Use of High-Risk Medications in Older Adults - High-Risk Medications to Avoid Except for Appropriate Diagnosis 47 / 113**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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

21.5

AmeriHealth Caritas VIP Care Plus

14.2

HAP CareSource

25.8

MeridianComplete Health Plan

18.8

Molina Healthcare, Inc.

22.2

Upper Peninsula Health Plan



Complete

D2.VII.1 Measure Name: DAE - Use of High-Risk Medications in Older Adults - Total 48 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.
21.5

AmeriHealth Caritas VIP Care Plus
14.2

HAP CareSource
25.8

MeridianComplete Health Plan
18.8

Molina Healthcare, Inc.
22.2



Complete

D2.VII.1 Measure Name: FRM - Falls Risk Management - Discussing Falls Risk 9 / 113**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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

%

Measure results**Aetna Better Health of Michigan, Inc.**

32.2

AmeriHealth Caritas VIP Care Plus

26.2

HAP CareSource

27.1

MeridianComplete Health Plan

31.9

Molina Healthcare, Inc.

28.7



Complete

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

50 / 113

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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

%

Measure results**Aetna Better Health of Michigan, Inc.**

53.2

AmeriHealth Caritas VIP Care Plus

50

HAP CareSource

45.9

MeridianComplete Health Plan

40.3

Molina Healthcare, Inc.

46.6



Complete

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

51 / 113

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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

%

Measure results**Aetna Better Health of Michigan, Inc.**

52.4

AmeriHealth Caritas VIP Care Plus

47.3

HAP CareSource

42.5

MeridianComplete Health Plan

41

Molina Healthcare, Inc.

45.3



Complete

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

52 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

81.3

AmeriHealth Caritas VIP Care Plus

82.3

HAP CareSource

84.1

MeridianComplete Health Plan

81.8

Molina Healthcare, Inc.

88.4



Complete

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

53 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

92.7

AmeriHealth Caritas VIP Care Plus

90.1

HAP CareSource

94.5

MeridianComplete Health Plan

91.9

Molina Healthcare, Inc.

96.1



Complete

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

54 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

90.2

AmeriHealth Caritas VIP Care Plus

86.3

HAP CareSource

91.4

MeridianComplete Health Plan

90.4

Molina Healthcare, Inc.

94



Complete

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

55 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results**Aetna Better Health of Michigan, Inc.**

89.1

AmeriHealth Caritas VIP Care Plus

96.7

HAP CareSource

91.1

MeridianComplete Health Plan

89.1

Molina Healthcare, Inc.

93.8



Complete

D2.VII.1 Measure Name: IET - Initiation of Substance Use Disorder Treatment

56 / 113

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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

%

Measure results**Aetna Better Health of Michigan, Inc.**

N/A

AmeriHealth Caritas VIP Care Plus

N/A

HAP CareSource

N/A

MeridianComplete Health Plan

N/A

Molina Healthcare, Inc.

N/A



Complete

D2.VII.1 Measure Name: IET - Engagement of Substance Use Disorder Treatment 57 / 113

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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

N/A

AmeriHealth Caritas VIP Care Plus

N/A

HAP CareSource

N/A

MeridianComplete Health Plan

N/A

Molina Healthcare, Inc.

N/A



Complete

D2.VII.1 Measure Name: PCR - Plan All-Cause Readmissions - Observed to-Expected Ratio (Ages 18-64) 58 / 113**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, 01/01/2022 - 12/31/2022**D2.VII.8 Measure Description**

Not a %

Measure results**Aetna Better Health of Michigan, Inc.**

1.4

AmeriHealth Caritas VIP Care Plus

0.95

HAP CareSource

1

MeridianComplete Health Plan

1.03

Molina Healthcare, Inc.

1.11



Complete

D2.VII.1 Measure Name: PCR - Plan All-Cause Readmissions - Observed to-Expected Ratio (Ages 65+) 59 / 113**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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

Not a %

Measure results**Aetna Better Health of Michigan, Inc.**

1.51

AmeriHealth Caritas VIP Care Plus

1.66

HAP CareSource

0.99

MeridianComplete Health Plan

1.02

Molina Healthcare, Inc.

1.17



Complete

D2.VII.1 Measure Name: Getting Needed Care

60 / 113

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 ProgramsCross-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

Not a %

Measure results**Aetna Better Health of Michigan, Inc.**

3.4

AmeriHealth Caritas VIP Care Plus

3.47

HAP CareSource

3.51

MeridianComplete Health Plan

3.32

Molina Healthcare, Inc.

3.48



Complete

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

61 / 113

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

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

3.31

AmeriHealth Caritas VIP Care Plus

3.37

HAP CareSource

3.47

MeridianComplete Health Plan

3.29

Molina Healthcare, Inc.

3.33



Complete

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

62 / 113

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 ProgramsCross-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

Not a %

Measure results**Aetna Better Health of Michigan, Inc.**

8.4

AmeriHealth Caritas VIP Care Plus

8.4

HAP CareSource

8.8

MeridianComplete Health Plan

8.5

Molina Healthcare, Inc.

8.7



Complete

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

63 / 113

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

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

8.5

AmeriHealth Caritas VIP Care Plus

8.9

HAP CareSource

9

MeridianComplete Health Plan

8.7

Molina Healthcare, Inc.

8.7



Complete

D2.VII.1 Measure Name: Care Coordination

64 / 113

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

Not a %

Measure results**Aetna Better Health of Michigan, Inc.**

3.54

AmeriHealth Caritas VIP Care Plus

N/A

HAP CareSource

3.62

MeridianComplete Health Plan

N/A

Molina Healthcare, Inc.

3.59



Complete

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

65 / 113

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

Not a %

Measure results**Aetna Better Health of Michigan, Inc.**

3.71

AmeriHealth Caritas VIP Care Plus

3.71

HAP CareSource

3.74

MeridianComplete Health Plan

3.71

Molina Healthcare, Inc.

3.77



Complete

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

66 / 113

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

Not a %

Measure results**Aetna Better Health of Michigan, Inc.**

8.7

AmeriHealth Caritas VIP Care Plus

9.1

HAP CareSource

9.1

MeridianComplete Health Plan

8.7

Molina Healthcare, Inc.

8.9



Complete

D2.VII.1 Measure Name: Customer Service

67 / 113

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

Not a %

Measure results**Aetna Better Health of Michigan, Inc.**

3.71

AmeriHealth Caritas VIP Care Plus

3.76

HAP CareSource

3.8

MeridianComplete Health Plan

N/A

Molina Healthcare, Inc.

3.75



Complete

D2.VII.1 Measure Name: Annual Flu Vaccine

68 / 113

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 ProgramsCross-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.**

61

AmeriHealth Caritas VIP Care Plus

62

HAP CareSource

63

MeridianComplete Health Plan

63

Molina Healthcare, Inc.

60



Complete

D2.VII.1 Measure Name: Pneumonia Vaccine

69 / 113

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 ProgramsCross-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.**

45

AmeriHealth Caritas VIP Care Plus

50

HAP CareSource

53

MeridianComplete Health Plan

54

Molina Healthcare, Inc.

52



Complete

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

70 / 113

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

MI Choice

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.**

83.12

AmeriHealth Caritas VIP Care Plus

91.67

HAP CareSource

84.58

MeridianComplete Health Plan

86.8

Molina Healthcare, Inc.

90.62



Complete

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

71 / 113

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.

86.2

AmeriHealth Caritas VIP Care Plus

95.96

HAP CareSource

89.3

MeridianComplete Health Plan

90.02

Molina Healthcare, Inc.

90.5



Complete

D2.VII.1 Measure Name: Helpful Case Manager

72 / 113

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.

97.98

AmeriHealth Caritas VIP Care Plus

100

HAP CareSource

97.78

MeridianComplete Health Plan

92.95

Molina Healthcare, Inc.

97.86

Upper Peninsula Health Plan

94.89



Complete

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

73 / 113

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.

78.72

AmeriHealth Caritas VIP Care Plus

71.92

HAP CareSource

87.07

MeridianComplete Health Plan

82.91

Molina Healthcare, Inc.

84.02

Upper Peninsula Health Plan

81.72



Complete

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

74 / 113

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.

81.23

AmeriHealth Caritas VIP Care Plus

75.64

HAP CareSource

75.86

MeridianComplete Health Plan

76.78

Molina Healthcare, Inc.

77.21

Upper Peninsula Health Plan

90.94



Complete

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

75 / 113

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.

98.25

AmeriHealth Caritas VIP Care Plus

94.87

HAP CareSource

94.92

MeridianComplete Health Plan

95.47

Molina Healthcare, Inc.

96.24



Complete

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

76 / 113

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.

65.77

AmeriHealth Caritas VIP Care Plus

52.4

HAP CareSource

66.32

MeridianComplete Health Plan

61.51

Molina Healthcare, Inc.

62.96



Complete

D2.VII.1 Measure Name: Core 2.1 Members with an assessment completed within 90 days of enrollment CY 2023

77 / 113

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.**

98.3

AmeriHealth Caritas VIP Care Plus

93.4

HAP CareSource

100

MeridianComplete Health Plan

97.7

Molina Healthcare, Inc.

99.1

Upper Peninsula Health Plan



Complete

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 2023

78 / 113

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.

31.1

AmeriHealth Caritas VIP Care Plus

22.9

HAP CareSource

23.1

MeridianComplete Health Plan

26.9

Molina Healthcare, Inc.

10.4



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 2023 79 / 113

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.

19.7

AmeriHealth Caritas VIP Care Plus

21.1

HAP CareSource

31.5

MeridianComplete Health Plan

26.3

Molina Healthcare, Inc.

23.3



Complete

D2.VII.1 Measure Name: Core 2.3 Members with an annual reassessment CY 2023

80 / 113

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.**

74.5

AmeriHealth Caritas VIP Care Plus

89.9

HAP CareSource

78.3

MeridianComplete Health Plan

76.4

Molina Healthcare, Inc.

81



Complete

D2.VII.1 Measure Name: Core 2.3 Members with an annual reassessment CY 2023

81 / 113

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.**

66.5

AmeriHealth Caritas VIP Care Plus

76.4

HAP CareSource

50.1

MeridianComplete Health Plan

62.3

Molina Healthcare, Inc.

74.4



Complete

D2.VII.1 Measure Name: Core 3.2 Members with a care plan completed within 90 days of enrollment CY 2023 12 / 113**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.**

94.1

AmeriHealth Caritas VIP Care Plus

90

HAP CareSource

100

MeridianComplete Health Plan

96.6

Molina Healthcare, Inc.

97.2

Upper Peninsula Health Plan



Complete

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 2023 83 / 113

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.

29.5

AmeriHealth Caritas VIP Care Plus

22.9

HAP CareSource

23.1

MeridianComplete Health Plan

26.9

Molina Healthcare, Inc.

10.4

Upper Peninsula Health Plan



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 2023 84 / 113

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.

19.4

AmeriHealth Caritas VIP Care Plus

22

HAP CareSource

31.5

MeridianComplete Health Plan

26.3

Molina Healthcare, Inc.

23.3



Complete

**D2.VII.1 Measure Name: Core 5.1 Care Coordinator to Member Ratio - 85 / 113
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**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

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

Measure results**Aetna Better Health of Michigan, Inc.**

121.63

AmeriHealth Caritas VIP Care Plus

76.59

HAP CareSource

124.79

MeridianComplete Health Plan

91.7

Molina Healthcare, Inc.

152.55



Complete

D2.VII.1 Measure Name: Core 5.1 Care Coordinator to Member Ratio - 86 / 113**Total number of FTE care coordinators that left the MMP during the reporting period 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 FTE care coordinators that left the MMP during the reporting period

Measure results**Aetna Better Health of Michigan, Inc.**

47

AmeriHealth Caritas VIP Care Plus

1

HAP CareSource

18

MeridianComplete Health Plan

23

Molina Healthcare, Inc.

8



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 CY2023^{87 / 113}

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.

8

AmeriHealth Caritas VIP Care Plus

3

HAP CareSource

4

MeridianComplete Health Plan

4

Molina Healthcare, Inc.

4



Complete

D2.VII.1 Measure Name: Core 9.1 Emergency department (ED) behavioral health services utilization CY 2023

88 / 113

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.**

41.56

AmeriHealth Caritas VIP Care Plus

25.91

HAP CareSource

8.12

MeridianComplete Health Plan

32.09

Molina Healthcare, Inc.

31.24

Upper Peninsula Health Plan



Complete

D2.VII.1 Measure Name: Core 9.2 Nursing Facility (NF) Diversion CY 2023 89 / 113**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.**

91.4

AmeriHealth Caritas VIP Care Plus

97.6

HAP CareSource

98.3

MeridianComplete Health Plan

99.6

Molina Healthcare, Inc.

97.2



Complete

D2.VII.1 Measure Name: Core 9.3 Minimizing Institutional Length of Stay CY 2023 90 / 113**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.**

1.04

AmeriHealth Caritas VIP Care Plus

0.75

HAP CareSource

1.87

MeridianComplete Health Plan

1.59

Molina Healthcare, Inc.

1.51



Complete

D2.VII.1 Measure Name: MI2.2 Members with Individual Integrated Care and Supports Plans (IICSPs) completed. CY 2023 91 / 113**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.**

68.6

AmeriHealth Caritas VIP Care Plus

79.5

HAP CareSource

62.6

MeridianComplete Health Plan

66.6

Molina Healthcare, Inc.

80.5

Upper Peninsula Health Plan



Complete

D2.VII.1 Measure Name: MI2.3 Members with documented discussions of care goals CY 2023 92 / 113

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 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.

99.6

AmeriHealth Caritas VIP Care Plus

99

HAP CareSource

97.2

MeridianComplete Health Plan

100

Molina Healthcare, Inc.

100



Complete

D2.VII.1 Measure Name: MI2.3 Members with documented discussions of care goals CY 2023 93 / 113**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.**

99.9

AmeriHealth Caritas VIP Care Plus

97.6

HAP CareSource

99.8

MeridianComplete Health Plan

100

Molina Healthcare, Inc.

100

Upper Peninsula Health Plan



Complete

D2.VII.1 Measure Name: MI2.5 Members with first follow-up visit within 30 days of hospital discharge CY 2023

94 / 113

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.

72.1

AmeriHealth Caritas VIP Care Plus

64.1

HAP CareSource

64.6

MeridianComplete Health Plan

80.5

Molina Healthcare, Inc.

80.8



Complete

D2.VII.1 Measure Name: MI2.6 Timely transmission of care transition record to health care professional CY 2023 95 / 113**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

No, 01/01/2022 - 12/31/2022

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.**

20.7

AmeriHealth Caritas VIP Care Plus

22.6

HAP CareSource

35.2

MeridianComplete Health Plan

23.1

Molina Healthcare, Inc.

34.5

Upper Peninsula Health Plan

70.1



Complete

D2.VII.1 Measure Name: MI3.1 The number of critical incident and abuse reports for members receiving LTSS CY 2023

96 / 113

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.

4.17

AmeriHealth Caritas VIP Care Plus

4.51

HAP CareSource

1.54

MeridianComplete Health Plan

1.41

Molina Healthcare, Inc.

3.75



Complete

D2.VII.1 Measure Name: MI4.2 Care coordinator training for supporting self-direction under the demonstration CY 2023 7 / 113**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

AmeriHealth Caritas VIP Care Plus

100

HAP CareSource

100

MeridianComplete Health Plan

100

Molina Healthcare, Inc.

98.8

Upper Peninsula Health Plan



Complete

D2.VII.1 Measure Name: MI5.1 Ambulatory care-sensitive condition hospital admission CY 2023 98 / 113

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 Age 21 Years and Older at the Time of Discharge per 100,000 Members

Measure results

Aetna Better Health of Michigan, Inc.

1786.45

AmeriHealth Caritas VIP Care Plus

4721.75

HAP CareSource

4595.74

MeridianComplete Health Plan

4376.31

Molina Healthcare, Inc.

7244.51



Complete

D2.VII.1 Measure Name: MI5.4 Nursing Facility Residents Experiencing One or More Falls with a Major Injury CY 2022 ^{99 / 113}

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

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

Measure results

Aetna Better Health of Michigan, Inc.

8

AmeriHealth Caritas VIP Care Plus

2

HAP CareSource

1

MeridianComplete Health Plan

3

Molina Healthcare, Inc.

3



Complete

D2.VII.1 Measure Name: MI5.6 Care for Adults – Medication Review CY00 / 113 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

No, 01/01/2022 - 12/31/2022

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.

87.8

AmeriHealth Caritas VIP Care Plus

96.8

HAP CareSource

66

MeridianComplete Health Plan

68.4

Molina Healthcare, Inc.

80.5

Upper Peninsula Health Plan



Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 101 / 113

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.

14.9

AmeriHealth Caritas VIP Care Plus

15.1

HAP CareSource

13

MeridianComplete Health Plan

14

Molina Healthcare, Inc.

14.2

Upper Peninsula Health Plan

14.7



D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 102 / 113

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.

17.8

AmeriHealth Caritas VIP Care Plus

16.4

HAP CareSource

16

MeridianComplete Health Plan

18.2

Molina Healthcare, Inc.

17.3

Upper Peninsula Health Plan

18.2



D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 103 / 113

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.

6.1

AmeriHealth Caritas VIP Care Plus

7.1

HAP CareSource

6.9

MeridianComplete Health Plan

7.3

Molina Healthcare, Inc.

7.5

Upper Peninsula Health Plan

8.3



D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 104 / 113

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.

13.4

AmeriHealth Caritas VIP Care Plus

14.1

HAP CareSource

14.7

MeridianComplete Health Plan

15

Molina Healthcare, Inc.

13.5

Upper Peninsula Health Plan

14



D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY2023 105 / 113

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.

10.5

AmeriHealth Caritas VIP Care Plus

9.2

HAP CareSource

9.9

MeridianComplete Health Plan

10.9

Molina Healthcare, Inc.

10.5

Upper Peninsula Health Plan

14.7



D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 106 / 113

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.

0.047

AmeriHealth Caritas VIP Care Plus

.047

HAP CareSource

.054

MeridianComplete Health Plan

.05

Molina Healthcare, Inc.

.046

Upper Peninsula Health Plan

.048



D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2022 107 / 113

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

No, 01/01/2022 - 12/31/2022

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.

.012

AmeriHealth Caritas VIP Care Plus

.014

HAP CareSource

.01

MeridianComplete Health Plan

.015

Molina Healthcare, Inc.

.011

Upper Peninsula Health Plan

.011



D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 108 / 113

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.

.004

AmeriHealth Caritas VIP Care Plus

.003

HAP CareSource

.003

MeridianComplete Health Plan

.004

Molina Healthcare, Inc.

.003

Upper Peninsula Health Plan

.003



Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 109 / 113

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.

.308

AmeriHealth Caritas VIP Care Plus

.317

HAP CareSource

.329

MeridianComplete Health Plan

.277

Molina Healthcare, Inc.

.309

Upper Peninsula Health Plan

.239



Complete

D2.VII.1 Measure Name: MI7.2 Unduplicated members receiving HCBS and unduplicated members receiving nursing facility services. 10 / 113

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.**

.308

AmeriHealth Caritas VIP Care Plus

.317

HAP CareSource

.329

MeridianComplete Health Plan

.277

Molina Healthcare, Inc.

.309

Upper Peninsula Health Plan

.239



Complete

D2.VII.1 Measure Name: MI7.2 Unduplicated members receiving HCBS^{11 / 113} and unduplicated members receiving nursing facility services. CY2023**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.

.038

AmeriHealth Caritas VIP Care Plus

0.05

HAP CareSource

.119

MeridianComplete Health Plan

.108

Molina Healthcare, Inc.

.063

Upper Peninsula Health Plan

.029



Complete

D2.VII.1 Measure Name: MI7.3 Annual Dental Visit CY 2022

112 / 113

D2.VII.2 Measure Domain

Dental and oral health services

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

No, 01/01/2022 - 12/31/2022

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.

25.1

AmeriHealth Caritas VIP Care Plus

16.1

HAP CareSource

29.1

MeridianComplete Health Plan

25.4

Molina Healthcare, Inc.

24.7

Upper Peninsula Health Plan

34.3



Complete

D2.VII.1 Measure Name: MI7.2 Unduplicated members receiving HCBS^{13 / 113} and unduplicated members receiving nursing facility services. CY2023

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.**

.088

AmeriHealth Caritas VIP Care Plus

.073

HAP CareSource

.074

MeridianComplete Health Plan

.059

Molina Healthcare, Inc.

.044

Upper Peninsula Health Plan

.108

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.



Complete

D3.VIII.1 Intervention type: Compliance letter

1 / 31

D3.VIII.2 Intervention topicFailure to make timely
payments to providers**D3.VIII.3 Plan name**

Aetna Better Health of Michigan, Inc.

D3.VIII.4 Reason for intervention

Failure to make timely payments to providers

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/16/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Compliance letter

2 / 31

D3.VIII.2 Intervention topicCall Center Monitoring -
Timeliness Study -
Quarter 1 2023**D3.VIII.3 Plan name**

Aetna Better Health of Michigan, Inc.

D3.VIII.4 Reason for intervention

Average Hold Time and Disconnect Rate

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

06/23/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

3 / 31

D3.VIII.2 Intervention topic

Call Center Monitoring -
Timeliness Study -
Quarter 3 2022

D3.VIII.3 Plan name

Aetna Better Health of Michigan, Inc.

D3.VIII.4 Reason for intervention

Average Hold Time and Disconnect Rate

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

01/25/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Warning Letter without Business Plan

4 / 31

D3.VIII.2 Intervention topic

Call Center Monitoring -
2023 Accuracy and
Accessibility Study - TTY
Functionality

D3.VIII.3 Plan name

Upper Peninsula Health Plan

D3.VIII.4 Reason for intervention

Interpreter Availability TTY Functionality and Accuracy

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/28/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Notice of Non-Compliance

5 / 31

D3.VIII.2 Intervention topic

Call Center Monitoring –
2023 Accuracy and
Accessibility Study –
Interpreter Availability

D3.VIII.3 Plan name

Upper Peninsula Health Plan

D3.VIII.4 Reason for intervention

Interpreter Availability TTY Functionality and Accuracy

Sanction details**D3.VIII.5 Instances of non-compliance**

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/28/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

6 / 31

D3.VIII.2 Intervention topic

2023 MMP Medicare
Provider Network
Submission Results

D3.VIII.3 Plan name

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

Failed to close the coverage gaps in Physiatry, Rehabilitative Medicine,
Urology, Occupational Therapy

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

12/18/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Notice of Non-Compliance

7 / 31

D3.VIII.2 Intervention topic

Failure to make timely payments to providers

D3.VIII.3 Plan name

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

Failure to make timely payments to providers

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/16/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

8 / 31

D3.VIII.2 Intervention topic

Encounter Submission Errors

D3.VIII.3 Plan name

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/19/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 03/21/2023

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

9 / 31

D3.VIII.2 Intervention topicEncounter Submission
Errors**D3.VIII.3 Plan name**

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

Duplicate Nursing Facility Encounters

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/08/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/30/2023

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

10 / 31

D3.VIII.2 Intervention topicEncounter Submission
Errors**D3.VIII.3 Plan name**

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

Dental Encounters submitted on the Wrong File

Sanction details**D3.VIII.5 Instances of non-compliance**

4

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

11/13/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

11 / 31

D3.VIII.2 Intervention topic

Encounter Submissions
Errors

D3.VIII.3 Plan name

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

Fiscal Intermediary (FI) Encounter Errors

Sanction details**D3.VIII.5 Instances of non-compliance**

4

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

11/28/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Notice of Non-Compliance

12 / 31

D3.VIII.2 Intervention topic**D3.VIII.3 Plan name**

AmeriHealth Caritas VIP Care Plus

D3.VIII.4 Reason for intervention

Part C Disconnect Percentage Rate Q2 2023

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

12/15/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

13 / 31

D3.VIII.2 Intervention topic

Call Center Timeliness
Study

D3.VIII.3 Plan name

Molina Healthcare, Inc.

D3.VIII.4 Reason for intervention

Pharmacy Disconnect Percentage Rate Q3 2023

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

01/26/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



D3.VIII.1 Intervention type: EQRO Dental Secret Shopper Survey

14 / 31

Complete

D3.VIII.2 Intervention topic

EQRO Dental Secret
Shopper Survey

D3.VIII.3 Plan name

Aetna Better Health of Michigan, Inc.

D3.VIII.4 Reason for intervention

Gaps in access to dental services

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/17/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 10/18/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

15 / 31

D3.VIII.2 Intervention topic

EQRO Dental Secret
Shopper Survey

D3.VIII.3 Plan name

AmeriHealth Caritas VIP Care Plus

D3.VIII.4 Reason for intervention

Gaps in access to dental services

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/17/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 10/18/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

16 / 31

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

EQRO Dental Secret HAP CareSource
Shopper Survey

D3.VIII.4 Reason for intervention

Gaps in access to dental services

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/17/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 10/18/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

17 / 31

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

EQRO Dental Secret MeridianComplete Health Plan
Shopper Survey

D3.VIII.4 Reason for intervention

Gaps in access to dental services

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/17/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 10/18/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

18 / 31

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

EQRO Dental Secret Molina Healthcare, Inc.
Shopper Survey

D3.VIII.4 Reason for intervention

Gaps in access to dental services

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/17/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 10/18/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

19 / 31

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

EQRO Dental Secret Upper Peninsula Health Plan
Shopper Survey

D3.VIII.4 Reason for intervention

Gaps in access to dental services

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/17/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 10/18/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

20 / 31

D3.VIII.2 Intervention topic

EQRO Compliance
Review of Standards VIII-
XIV (Provider Selection,
Confidentiality,
Grievance and Appeal
Systems, Sub-
contractual
Relationships and
Delegation, Practice
Guidelines, Health
Information Systems,
QAPI Program.

D3.VIII.3 Plan name

Aetna Better Health of Michigan, Inc.

D3.VIII.4 Reason for intervention

Non-compliance with a number of elements under the following standards:
Provider Selection, Grievances and Appeals System, Subcontractual
Relationships and Delegation, Health Information Systems, and QAPI
Program.

Sanction details

D3.VIII.5 Instances of non-compliance

16

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/13/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

21 / 31

D3.VIII.2 Intervention topic

EQRO Compliance
Review of Standards VIII-
XIV (Provider Selection,
Confidentiality,
Grievance and Appeal
Systems, Subcontractual
Relationships and

D3.VIII.3 Plan name

AmeriHealth Caritas VIP Care Plus

Delegation, Practice
Guidelines, Health
Information Systems,
QAPI Program.

D3.VIII.4 Reason for intervention

Non-compliance with a number of elements under the following standards:
Provider Selection, Confidentiality, Grievances and Appeals System,
Subcontractual Relationships and Delegation, and QAPI Program.

Sanction details

D3.VIII.5 Instances of non-compliance

21

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/15/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

22 / 31

D3.VIII.2 Intervention topic

EQRO Compliance
Review of Standards VIII-
XIV (Provider Selection,
Confidentiality,
Grievance and Appeal
Systems, Subcontractual
Relationships and
Delegation, Practice
Guidelines, Health
Information Systems,
QAPI Program.

D3.VIII.3 Plan name

HAP CareSource

D3.VIII.4 Reason for intervention

Non-compliance with a number of elements under the following standards:
Provider Selection, Grievances and Appeals System, Subcontractual
Relationships and Delegation, and QAPI Program.

Sanction details

D3.VIII.5 Instances of non-compliance

17

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/16/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

23 / 31

D3.VIII.2 Intervention topic

EQRO Compliance Review of Standards VIII-XIV (Provider Selection, Confidentiality, Grievance and Appeal Systems, Subcontractual Relationships and Delegation, Practice Guidelines, Health Information Systems, QAPI Program.

D3.VIII.3 Plan name

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

Non-compliance with a number of elements under the following standards: Provider Selection, Confidentiality, Grievances and Appeals System, Practice Guidelines Subcontractual Relationships and Delegation, and QAPI Program

Sanction details

D3.VIII.5 Instances of non-compliance

17

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/20/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

24 / 31

D3.VIII.2 Intervention topic

EQRO Compliance
Review of Standards VIII-
XIV (Provider Selection,
Confidentiality,
Grievance and Appeal
Systems, Subcontractual
Relationships and
Delegation, Practice
Guidelines, Health
Information Systems,
QAPI Program.

D3.VIII.3 Plan name

Molina Healthcare, Inc.

D3.VIII.4 Reason for intervention

Non-compliance with a number of elements under the following standards:
Provider Selection, Grievances and Appeals System, Subcontractual
Relationships and Delegation, and QAPI Program

Sanction details

D3.VIII.5 Instances of non-compliance

21

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/22/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

25 / 31

D3.VIII.2 Intervention topic

EQRO Compliance
Review of Standards VIII-
XIV (Provider Selection,
Confidentiality,
Grievance and Appeal
Systems, Subcontractual
Relationships and
Delegation, Practice
Guidelines, Health

D3.VIII.3 Plan name

Upper Peninsula Health Plan

Information Systems,
QAPI Program.

D3.VIII.4 Reason for intervention

Non-compliance with a number of elements under the following standards:
Provider Selection, Confidentiality, Grievances and Appeals System,
Subcontractual Relationships and Delegation, Practice Guidelines, and QAPI
Program

Sanction details

D3.VIII.5 Instances of non-compliance

21

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

09/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/23/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

26 / 31

D3.VIII.2 Intervention topic

Performance
improvement

D3.VIII.3 Plan name

Aetna Better Health of Michigan, Inc.

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2023)

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

03/28/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

27 / 31

D3.VIII.2 Intervention topic

Performance
improvement

D3.VIII.3 Plan name

AmeriHealth Caritas VIP Care Plus

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2023)

Sanction details

D3.VIII.5 Instances of non-compliance

6

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

03/19/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

28 / 31

D3.VIII.2 Intervention topic

Performance
improvement

D3.VIII.3 Plan name

HAP CareSource

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2023)

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/05/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

29 / 31

D3.VIII.2 Intervention topic

Performance
improvement

D3.VIII.3 Plan name

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2023)

Sanction details

D3.VIII.5 Instances of non-compliance

6

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

03/18/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

30 / 31

D3.VIII.2 Intervention topic

Performance
improvement

D3.VIII.3 Plan name

Molina Healthcare, Inc.

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2023)

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/03/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Intervention topic	D3.VIII.3 Plan name
Performance improvement	Upper Peninsula Health Plan

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2023)

Sanction details

D3.VIII.5 Instances of non-compliance	D3.VIII.6 Sanction amount
2	\$0
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
03/14/2024	Remediation in progress
D3.VIII.9 Corrective action plan	
Yes	

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. 1
		AmeriHealth Caritas VIP Care Plus 7
		HAP CareSource 4.5
		MeridianComplete Health Plan 5
		Molina Healthcare, Inc. 5
		Upper Peninsula Health Plan 3.5
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	Aetna Better Health of Michigan, Inc. 23
		AmeriHealth Caritas VIP Care Plus 16
		HAP CareSource 1
		MeridianComplete Health Plan 6
		Molina Healthcare, Inc. 6
		Upper Peninsula Health Plan 29

D1X.3	Ratio of opened program integrity investigations to enrollees What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	Aetna Better Health of Michigan, Inc. 2.55:1,000
		AmeriHealth Caritas VIP Care Plus 5.05:1,000
		HAP CareSource 0.22:1,000
		MeridianComplete Health Plan 0.69:1,000
		Molina Healthcare, Inc. 0.48:1,000
		Upper Peninsula Health Plan 6.13:1,000
D1X.4	Count of resolved program integrity investigations How many program integrity investigations were resolved by the plan during the reporting year?	Aetna Better Health of Michigan, Inc. 48
		AmeriHealth Caritas VIP Care Plus 12
		HAP CareSource 1
		MeridianComplete Health Plan 8
		Molina Healthcare, Inc. 2
		Upper Peninsula Health Plan 18
D1X.5	Ratio of resolved program integrity investigations to enrollees	Aetna Better Health of Michigan, Inc. 5.31:1,000

What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

AmeriHealth Caritas VIP Care Plus

3.79:1,000

HAP CareSource

0.22:1,000

MeridianComplete Health Plan

0.91:1,000

Molina Healthcare, Inc.

0.16:1,000

Upper Peninsula Health Plan

3.81:1,000

D1X.6

Referral path for program integrity referrals to the state

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

Aetna Better Health of Michigan, Inc.

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

AmeriHealth Caritas VIP Care Plus

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

HAP CareSource

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

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 Health Plan

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

D1X.7	Count of program integrity referrals to the state Enter the total number of program integrity referrals made during the reporting year.	Aetna Better Health of Michigan, Inc.
		0
		AmeriHealth Caritas VIP Care Plus
		0
		HAP CareSource
		1
		MeridianComplete Health Plan
		4
		Molina Healthcare, Inc.
		1
		Upper Peninsula Health Plan
		0
D1X.8	Ratio of program integrity referral to the state What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.	Aetna Better Health of Michigan, Inc.
		0:1,000
		AmeriHealth Caritas VIP Care Plus
		0:1,000
		HAP CareSource
		0.22:1,000
		MeridianComplete Health Plan
		0.46:1,000
		Molina Healthcare, Inc.
		0.08:1,000
		Upper Peninsula Health 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, at minimum, 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 42 CFR 438.8(f)(2).

The plan's currently do not have a standard overpayment recovery report that they send into the state. The state does payment reconciliations including recoupments.

AmeriHealth Caritas VIP Care Plus

The plan's currently do not have a standard overpayment recovery report that they send into the state. The state does payment reconciliations including recoupments.

HAP CareSource

The plan's currently do not have a standard overpayment recovery report that they send into the state. The state does payment reconciliations including recoupments.

MeridianComplete Health Plan

The plan's currently do not have a standard overpayment recovery report that they send into the state. The state does payment reconciliations including recoupments.

Molina Healthcare, Inc.

The plan's currently do not have a standard overpayment recovery report that they send into the state. The state does payment reconciliations including recoupments.

Upper Peninsula Health Plan

The plan's currently do not have a standard overpayment recovery report that they send into the state. The state does payment reconciliations including recoupments.

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 CareSource

Monthly

MeridianComplete Health Plan

Monthly

Molina Healthcare, Inc.

Monthly

Upper Peninsula Health 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.

Number	Indicator	Response
EIX.1	BSS entity type What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	MI Health Link Ombudsman Ombudsman Program
		Michigan Medicare Assistance Program (MMAP) State Health Insurance Assistance Program (SHIP)
		Michigan Enrolls 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
		Michigan Medicare Assistance Program (MMAP) Enrollment Broker/Choice Counseling
		Michigan Enrolls Enrollment Broker/Choice Counseling