

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

Due date	Last edited	Edited by	Status
06/29/2025	06/27/2025	Brett Allen	Submitted
Indicator	Response		
Exclusion of CHIP from MCPAR	Not Selected		
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.			

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.	Brett Allen
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	allenb19@michigan.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Brett Allen
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	allenb19@michigan.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	06/27/2025

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	01/01/2024
A5b	Reporting period end date Auto-populated from report dashboard.	12/31/2024
A6	Program name Auto-populated from report dashboard.	MI Health Link Financial Alignment Demonstration

Add plans (A.7)

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

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

Add In Lieu of Services and Settings (A.9)



Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** [Guidance on In Lieu of Services on Medicaid.gov](#).

Indicator	Response
ILOS name	

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.	2,587,701
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.	2,512,993

Topic III. Encounter Data Report

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

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<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>ICO's are required to audit 12.5% of their HCBS service providers annually. The audit parameters are described in Appendix C of the approved 1915c waiver application. ICO's are also required to ensure their downstream providers are meeting all contract requirements and have oversight over activities and billing. The CMT began focusing on waiver underutilization to help ICO's identify where they may be underassessing for HCBS services. There is also continuous data mining activities conducted by the state, comparing the enrollment to the capitation payments to ensure everything is correct, making payment adjustments as needed. EVV implementation also began in 2024 to ensure services are provided as authorized.</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>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?</p> <p>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.</p>	<p>This is not currently tracked or monitored. We are currently in the process of working with the Office of Inspector General (OIG) to implement a reporting process to require plan reporting to the state on various overpayment topics.</p>
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>No</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.

BX.8a

**Federal database checks:
Excluded person or entities**

No

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.

BX.9a

**Website posting of 5 percent
or more ownership control**

No

Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.

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

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 our process

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.

which points out variances between the plan reported data and the encounters accepted in the data warehouse. The team then works with the plans to reduce those variances. We added Encounter Data Validation (EDV) activity in CY23 to enhance oversight and are currently reviewing CY24 final documents. Once completed, documents will be posted on our website.

Topic XIII. Prior Authorization



Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026?	Yes
BXIII.1a	<p>Timeframes for standard prior authorization decisions</p> <p>Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and within state-established timeframes. For rating periods that start before January 1, 2026, a state's time frame may not exceed 14 calendar days after receiving the request. For rating periods that start on or after January 1, 2026, a state's time frame may not exceed 7 calendar days after receiving the request. Does the state set timeframes shorter than these maximum timeframes for standard prior authorization requests?</p>	No
BXIII.2a	<p>Timeframes for expedited prior authorization decisions</p> <p>Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and no later than 72 hours after receipt of the request for service. Does the state set timeframes shorter than the maximum timeframe for expedited prior authorization requests?</p>	No

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	Program contract Enter the title of the contract between the state and plans participating in the managed care program.	MI 3-Way Contract - Effective 9/24/14, re-executed on 11/1/16, 1/1/18, 1/1/22, 1/1/23, and 1/1/24
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	01/01/2024
C1I.2	Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cms.gov%2Ffiles%2Fdocument%2Fmiccontract.docx&wdOrigin=BR OWSELINK
C1I.3	Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)

C11.4a	<p>Special program benefits</p> <p>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.</p> <p>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.</p>	<p>Behavioral health</p> <p>Long-term services and supports (LTSS)</p> <p>Dental</p> <p>Transportation</p>
C11.4b	<p>Variation in special benefits</p> <p>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.</p>	<p>All benefits are available to all qualifying beneficiaries. 1915c waiver maximum slot count has not yet been met.</p>
C11.5	<p>Program enrollment</p> <p>Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).</p>	<p>33,927</p>
C11.6	<p>Changes to enrollment or benefits</p> <p>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</p>	<p>There were no major changes to the population or benefits during the reporting year.</p>

the reporting year” as your response. “N/A” is not an acceptable response.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	Uses of encounter data For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting
		Quality/performance measurement
		Monitoring and reporting
		Contract oversight
		Program integrity
		Policy making and decision support
C1III.2	Criteria/measures to evaluate MCP performance What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions
		Timeliness of data corrections
		Use of correct file formats
		Provider ID field complete
		Overall data accuracy (as determined through data validation)
C1III.3	Encounter data performance criteria contract language Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract	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.

section references, not page numbers.

C1III.4	Financial penalties contract language 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 standards. Use contract section references, not page numbers.	2.17. Encounter Reporting; 2.17.1.5.4., 2.17.1.5.5.2., 2.17.1.5.5.8.
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 continue efforts to resolve the issue as well as monitor regularly.

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</p>	<p>No longer than 72 hours after the ICO, PIHP or PAHP receives the appeal.</p>

MCO, PIHP or PAHP receives the appeal.

C1IV.4

State definition of “timely” resolution for grievances

Provide the state’s definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

No longer than 90 calendar days from the day the ICO, PIHP or PAHP receives the grievance.

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>	<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.</p>
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>	<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) MDHHS implemented a policy expanding dental services covered under Medicaid benefit and matching reimbursement rates to the commercial dental insurance rates.</p>

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 / 1

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 ProviderBehavioral health,
Primary Care,
Hospital,**C2.V.5 Region**Urban; Rural; Small
Counties; Large
Counties**C2.V.6 Population**

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	<p>BSS website</p> <p>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.</p>	<p>https://mhlo.org/, https://mmapinc.org/</p>
C1IX.2	<p>BSS auxiliary aids and services</p> <p>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.</p>	<p>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., MMAP maintains a toll free number, a website through which beneficiaries may seek assistance, and email.</p>
C1IX.3	<p>BSS LTSS program data</p> <p>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).</p>	<p>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., MMAP submits a monthly report of activities to MDHHS and meets monthly with MMHL staff to discuss trends and issues.</p>
C1IX.4	<p>State evaluation of BSS entity performance</p>	<p>The MHLO program submits monthly and quarterly reports tracking the number of</p>

What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?

member contacts, complaints, appeals and grievances., 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	<p>Prohibited affiliation disclosure</p> <p>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).</p>	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	<p>Does this program include MCOs?</p> <p>If “Yes”, please complete the following questions.</p>	Yes
C1XII.5	<p>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p>	Yes
C1XII.6	<p>Did the State or MCOs complete the most recent parity analysis(es)?</p>	Other, specify – Unknown
C1XII.7a	<p>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</p> <p>(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)</p>	No
C1XII.8	<p>When was the last parity analysis(es) for this program completed?</p> <p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the</p>	01/01/2018

state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).

C1XII.9	When was the last parity analysis(es) for this program submitted to CMS?	01/01/2018
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States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

C1XII.10a	In the last analysis(es) conducted, were any deficiencies identified?	No
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C1XII.12a	Has the state posted the current parity analysis(es) covering this program on its website?	No
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The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO

enrollees by an entity other than MCO should have a single state summary parity analysis report.

States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.

C1XII.12c	When will the state post the current parity analysis(es) on its State Medicaid website in accordance with 42 CFR § 438.920(b)(1)?	01/01/2018
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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.
		8,164
		AmeriHealth Caritas VIP Care Plus
		2,670
		HAP Empowered Health Plan, Inc.
		3,867
		MeridianComplete Health Plan
		5,709
		Molina Healthcare, Inc.
		9,612
		Upper Peninsula Heath Plan
		4,165
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 Empowered Health Plan, Inc.
		0.2%
		MeridianComplete Health Plan
		0.2%
		Molina Healthcare, Inc.
		0.4%
		Upper Peninsula Heath Plan
		0.2%

D1I.3	Plan share of any Medicaid managed care	Aetna Better Health of Michigan, Inc.
	What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?	0.32%
	• Numerator: Plan enrollment (D1.I.1)	AmeriHealth Caritas VIP Care Plus
	• Denominator: Statewide Medicaid managed care enrollment (B.I.2)	0.11%
		HAP Empowered Health Plan, Inc.
		0.15%
		MeridianComplete Health Plan
		0.23%
		Molina Healthcare, Inc.
		0.38%
		Upper Peninsula Heath Plan
		0.17%

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%
		AmeriHealth Caritas VIP Care Plus
		100%
		HAP Empowered Health Plan, Inc.
		85%
		MeridianComplete Health Plan
		85%
		Molina Healthcare, Inc.
		84%
		Upper Peninsula Heath Plan
		93%
D1II.1b	Level of aggregation What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	Aetna Better Health of Michigan, Inc.
		Other, specify – Used the adjusted MLR for the above percentage
		AmeriHealth Caritas VIP Care Plus
		Other, specify – Used the adjusted MLR for the above percentage
		HAP Empowered Health Plan, Inc.
		Other, specify – Used the adjusted MLR for the above percentage
		MeridianComplete Health Plan
		Other, specify – Used the adjusted MLR for the above percentage

Molina Healthcare, Inc.

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

Upper Peninsula Heath Plan

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

D1II.2**Population specific MLR description**

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 Empowered Health Plan, Inc.

N/A

MeridianComplete Health Plan

N/A

Molina Healthcare, Inc.

N/A

Upper Peninsula Heath Plan

N/A

D1II.3**MLR reporting period discrepancies**

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 Empowered Health Plan, Inc.

Yes

MeridianComplete Health Plan

Yes

Molina Healthcare, Inc.

Yes

Upper Peninsula Heath Plan

Yes

N/A

Enter the start date.

Aetna Better Health of Michigan, Inc.

01/01/2020

AmeriHealth Caritas VIP Care Plus

01/01/2020

HAP Empowered Health Plan, Inc.

01/01/2020

MeridianComplete Health Plan

01/01/2020

Molina Healthcare, Inc.

01/01/2020

Upper Peninsula Heath 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 Empowered Health Plan, Inc.

12/31/2020

MeridianComplete Health Plan

12/31/2020

Molina Healthcare, Inc.

12/31/2020

Upper Peninsula Heath 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.</p> <p>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. For an encounter to be accepted, it must meet minimum volume requirements and include complete encounter data by the 28th of the month.</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. For an encounter to be accepted, it must meet minimum volume requirements and include complete encounter data by the 28th of the month.</p> <p>HAP Empowered Health Plan, 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. For an encounter to be accepted, it must meet minimum volume requirements and include complete encounter data by the 28th of the month.</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. For an encounter to be accepted, it must meet minimum volume</p>

requirements and include complete encounter data by the 28th of the month.

Molina Healthcare, Inc.

MDHHS has a contract requirement for the submission of timely encounters. The requirement is for a minimum monthly submission of encounters to be processed and sent to the State. For an encounter to be accepted, it must meet minimum volume requirements and include complete encounter data by the 28th of the month.

Upper Peninsula Heath Plan

MDHHS has a contract requirement for the submission of timely encounters. The requirement is for a minimum monthly submission of encounters to be processed and sent to the State. For an encounter to be accepted, it must meet minimum volume requirements and include complete encounter data by the 28th of the month.

D1III.2	Share of encounter data submissions that met state's timely submission requirements What percent of the plan's encounter data file submissions (submitted during the reporting 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.	Aetna Better Health of Michigan, Inc.
		95.83%
		AmeriHealth Caritas VIP Care Plus
		100%
		HAP Empowered Health Plan, Inc.
		91.67%
		MeridianComplete Health Plan
		100%
		Molina Healthcare, Inc.
		79.17%
		Upper Peninsula Heath Plan
		100%

D1III.3	Share of encounter data submissions that were HIPAA compliant 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.	Aetna Better Health of Michigan, Inc.
		100%
		AmeriHealth Caritas VIP Care Plus
		100%
		HAP Empowered Health Plan, Inc.
		100%
		MeridianComplete Health Plan
		100%
		Molina Healthcare, Inc.
		100%
		Upper Peninsula Heath Plan
		100%

Topic IV. Appeals, State Fair Hearings & Grievances



Beginning June 2025, Indicators D1.IV.1a-c must be completed. Submission of this data before June 2025 is optional; if you choose not to respond prior to June 2025, enter “N/A”.

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. 507
		AmeriHealth Caritas VIP Care Plus 275
		HAP Empowered Health Plan, Inc. 47
		MeridianComplete Health Plan 101
		Molina Healthcare, Inc. 393
		Upper Peninsula Heath Plan 132
D1IV.1a	Appeals denied Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee. If you choose not to respond prior to June 2025, enter “N/A”.	Aetna Better Health of Michigan, Inc. 195
		AmeriHealth Caritas VIP Care Plus 8
		HAP Empowered Health Plan, Inc. 22
		MeridianComplete Health Plan 2
		Molina Healthcare, Inc. 116
		Upper Peninsula Heath Plan 86

D1IV.1b	Appeals resolved in partial favor of enrollee	Aetna Better Health of Michigan, Inc.
	Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee. If you choose not to respond prior to June 2025, enter "N/A".	2 AmeriHealth Caritas VIP Care Plus 0 HAP Empowered Health Plan, Inc. 2 MeridianComplete Health Plan 1 Molina Healthcare, Inc. 3 Upper Peninsula Heath Plan 2
D1IV.1c	Appeals resolved in favor of enrollee	Aetna Better Health of Michigan, Inc.
	Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee. If you choose not to respond prior to June 2025, enter "N/A".	310 AmeriHealth Caritas VIP Care Plus 70 HAP Empowered Health Plan, Inc. 23 MeridianComplete Health Plan 98 Molina Healthcare, Inc. 274 Upper Peninsula Heath Plan 44
D1IV.2	Active appeals	Aetna Better Health of Michigan, Inc.

Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.

17

AmeriHealth Caritas VIP Care Plus

35

HAP Empowered Health Plan, Inc.

2

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

11

Upper Peninsula Heath Plan

2

D1IV.3

Appeals filed on behalf of LTSS users

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.

An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Aetna Better Health of Michigan, Inc.

111

AmeriHealth Caritas VIP Care Plus

135

HAP Empowered Health Plan, Inc.

37

MeridianComplete Health Plan

57

Molina Healthcare, Inc.

17

Upper Peninsula Heath Plan

25

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an

Aetna Better Health of Michigan, Inc.

0

**LTSS user who previously
filed an appeal**

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 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.

AmeriHealth Caritas VIP Care Plus

1

HAP Empowered Health Plan, Inc.

3

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

0

Upper Peninsula Heath Plan

3

D1IV.5a	Standard appeals for which timely resolution was provided	Aetna Better Health of Michigan, Inc.
	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.	313 AmeriHealth Caritas VIP Care Plus 57 HAP Empowered Health Plan, Inc. 41 MeridianComplete Health Plan 52 Molina Healthcare, Inc. 134 Upper Peninsula Heath Plan 109
D1IV.5b	Expedited appeals for which timely resolution was provided	Aetna Better Health of Michigan, Inc.
	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.	191 AmeriHealth Caritas VIP Care Plus 13 HAP Empowered Health Plan, Inc. 6 MeridianComplete Health Plan 47 Molina Healthcare, Inc. 113 Upper Peninsula Heath Plan 21

D1IV.6a	Resolved appeals related to denial of authorization or limited authorization of a service	Aetna Better Health of Michigan, Inc. 417
		AmeriHealth Caritas VIP Care Plus 68
		HAP Empowered Health Plan, Inc. 23
		MeridianComplete Health Plan 94
		Molina Healthcare, Inc. 22
		Upper Peninsula Heath Plan 128
D1IV.6b	Resolved appeals related to reduction, suspension, or termination of a previously authorized service	Aetna Better Health of Michigan, Inc. 18
		AmeriHealth Caritas VIP Care Plus 0
		HAP Empowered Health Plan, Inc. 21
		MeridianComplete Health Plan 2
		Molina Healthcare, Inc. 33
		Upper Peninsula Heath Plan 3

D1IV.6c	Resolved appeals related to payment denial Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	Aetna Better Health of Michigan, Inc. 72 AmeriHealth Caritas VIP Care Plus 192 HAP Empowered Health Plan, Inc. 3 MeridianComplete Health Plan 3 Molina Healthcare, Inc. 134 Upper Peninsula Heath Plan 1
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 Empowered Health Plan, Inc. 0 MeridianComplete Health Plan 0 Molina Healthcare, Inc. 0 Upper Peninsula Heath Plan 0

D1IV.6e	Resolved appeals related to lack of timely plan response to an appeal or grievance	Aetna Better Health of Michigan, Inc. 0
	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.	AmeriHealth Caritas VIP Care Plus 0 HAP Empowered Health Plan, Inc. 0 MeridianComplete Health Plan 2 Molina Healthcare, Inc. 2 Upper Peninsula Heath Plan 0
D1IV.6f	Resolved appeals related to plan denial of an enrollee's right to request out-of-network care	Aetna Better Health of Michigan, Inc. 0
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).	AmeriHealth Caritas VIP Care Plus 10 HAP Empowered Health Plan, Inc. 0 MeridianComplete Health Plan 0 Molina Healthcare, Inc. 1 Upper Peninsula Heath Plan 0

D1IV.6g	Resolved appeals related to denial of an enrollee's request to dispute financial liability	Aetna Better Health of Michigan, Inc.
		0
		AmeriHealth Caritas VIP Care Plus
		5
		HAP Empowered Health Plan, Inc.
		0
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		1
		Upper Peninsula Heath 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	<p>Resolved appeals related to general inpatient services</p> <p>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.</p> <p>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”.</p>	<p>Aetna Better Health of Michigan, Inc. 58</p> <p>AmeriHealth Caritas VIP Care Plus 13</p> <p>HAP Empowered Health Plan, Inc. 3</p> <p>MeridianComplete Health Plan 4</p> <p>Molina Healthcare, Inc. 70</p> <p>Upper Peninsula Heath Plan 0</p>
D1IV.7b	<p>Resolved appeals related to general outpatient services</p> <p>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”.</p>	<p>Aetna Better Health of Michigan, Inc. 118</p> <p>AmeriHealth Caritas VIP Care Plus 51</p> <p>HAP Empowered Health Plan, Inc. 18</p> <p>MeridianComplete Health Plan 38</p> <p>Molina Healthcare, Inc. 137</p> <p>Upper Peninsula Heath Plan 3</p>

D1IV.7c	<p>Resolved appeals related to inpatient behavioral health services</p> <p>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".</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>0</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>0</p> <p>HAP Empowered Health Plan, Inc.</p> <p>0</p> <p>MeridianComplete Health Plan</p> <p>2</p> <p>Molina Healthcare, Inc.</p> <p>0</p> <p>Upper Peninsula Heath Plan</p> <p>0</p>
D1IV.7d	<p>Resolved appeals related to outpatient behavioral health services</p> <p>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".</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>0</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>0</p> <p>HAP Empowered Health Plan, Inc.</p> <p>0</p> <p>MeridianComplete Health Plan</p> <p>0</p> <p>Molina Healthcare, Inc.</p> <p>4</p> <p>Upper Peninsula Heath Plan</p> <p>0</p>

D1IV.7e	Resolved appeals related to covered outpatient prescription drugs Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".	Aetna Better Health of Michigan, Inc. 329 AmeriHealth Caritas VIP Care Plus 12 HAP Empowered Health Plan, Inc. 4 MeridianComplete Health Plan 18 Molina Healthcare, Inc. 19 Upper Peninsula Heath Plan 116
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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. 4 AmeriHealth Caritas VIP Care Plus 6 HAP Empowered Health Plan, Inc. 1 MeridianComplete Health Plan 1 Molina Healthcare, Inc. 46 Upper Peninsula Heath Plan 0
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D1IV.7g	Resolved appeals related to long-term services and supports (LTSS)	Aetna Better Health of Michigan, Inc.
	Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".	551 AmeriHealth Caritas VIP Care Plus 0 HAP Empowered Health Plan, Inc. 26 MeridianComplete Health Plan 9 Molina Healthcare, Inc. 63 Upper Peninsula Heath Plan 3

D1IV.7h	Resolved appeals related to dental services	Aetna Better Health of Michigan, Inc.
	Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	11 AmeriHealth Caritas VIP Care Plus 1 HAP Empowered Health Plan, Inc. 0 MeridianComplete Health Plan 3 Molina Healthcare, Inc. 61 Upper Peninsula Heath Plan 1

D1IV.7i	Resolved appeals related to non-emergency medical transportation (NEMT)	Aetna Better Health of Michigan, Inc.
	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".	0 AmeriHealth Caritas VIP Care Plus 0 HAP Empowered Health Plan, Inc. 0 MeridianComplete Health Plan 2 Molina Healthcare, Inc. 1 Upper Peninsula Heath Plan 0
D1IV.7j	Resolved appeals related to other service types	Aetna Better Health of Michigan, Inc.
	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".	0 AmeriHealth Caritas VIP Care Plus 3 HAP Empowered Health Plan, Inc. 0 MeridianComplete Health Plan 28 Molina Healthcare, Inc. 40 Upper Peninsula Heath Plan 9

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

D1IV.8c	State Fair Hearings resulting in an adverse decision for the enrollee 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 Empowered Health Plan, Inc. 0 MeridianComplete Health Plan 0 Molina Healthcare, Inc. 1 Upper Peninsula Heath Plan 0
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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 Empowered Health Plan, Inc. 0 MeridianComplete Health Plan 0 Molina Healthcare, Inc. 0 Upper Peninsula Heath Plan 0
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D1IV.9a	External Medical Reviews resulting in a favorable decision for the enrollee	Aetna Better Health of Michigan, Inc.
		2
	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
		2
		HAP Empowered Health Plan, Inc.
		0
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		0
		Upper Peninsula Heath Plan
		1
D1IV.9b	External Medical Reviews resulting in an adverse decision for the enrollee	Aetna Better Health of Michigan, Inc.
		26
	If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	AmeriHealth Caritas VIP Care Plus
		8
		HAP Empowered Health Plan, Inc.
		0
		MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		2
		Upper Peninsula Heath Plan
		15

Grievances Overview

Number	Indicator	Response
D1IV.10	Grievances resolved Enter the total number of grievances resolved by the plan during the reporting year. A grievance is “resolved” when it has reached completion and been closed by the plan.	Aetna Better Health of Michigan, Inc.
		529
		AmeriHealth Caritas VIP Care Plus
		493
		HAP Empowered Health Plan, Inc.
		828
		MeridianComplete Health Plan
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.	181
		Molina Healthcare, Inc.
		2,216
		Upper Peninsula Heath Plan
		122
		Aetna Better Health of Michigan, Inc.
		0
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.	AmeriHealth Caritas VIP Care Plus
		22
		HAP Empowered Health Plan, Inc.
		61
		MeridianComplete Health Plan
		3
		Molina Healthcare, Inc.
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.	22
		Upper Peninsula Heath Plan
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.	7

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>410</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>270</p> <p>HAP Empowered Health Plan, Inc.</p> <p>182</p> <p>MeridianComplete Health Plan</p> <p>109</p> <p>Molina Healthcare, Inc.</p> <p>51</p> <p>Upper Peninsula Heath Plan</p> <p>16</p>
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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</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>5</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>16</p> <p>HAP Empowered Health Plan, Inc.</p> <p>8</p> <p>MeridianComplete Health Plan</p> <p>0</p> <p>Molina Healthcare, Inc.</p> <p>0</p> <p>Upper Peninsula Heath Plan</p> <p>0</p>
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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.

If the managed care plan does not cover LTSS, the state should enter “N/A” in this field.

Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter “N/A” in this field.

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

D1IV.14

Number of grievances for which timely resolution was provided

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

Aetna Better Health of Michigan, Inc.

463

AmeriHealth Caritas VIP Care Plus

493

HAP Empowered Health Plan, Inc.

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

822

MeridianComplete Health Plan

179

Molina Healthcare, Inc.

2,214

Upper Peninsula Heath Plan

124

Grievances by Service

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

Number	Indicator	Response
D1IV.15a	<p>Resolved grievances related to general inpatient services</p> <p>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”.</p>	<p>Aetna Better Health of Michigan, Inc. 5</p> <p>AmeriHealth Caritas VIP Care Plus 43</p> <p>HAP Empowered Health Plan, Inc. 23</p> <p>MeridianComplete Health Plan 8</p> <p>Molina Healthcare, Inc. 13</p> <p>Upper Peninsula Heath Plan 3</p>
D1IV.15b	<p>Resolved grievances related to general outpatient services</p> <p>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”.</p>	<p>Aetna Better Health of Michigan, Inc. 480</p> <p>AmeriHealth Caritas VIP Care Plus 42</p> <p>HAP Empowered Health Plan, Inc. 445</p> <p>MeridianComplete Health Plan 24</p> <p>Molina Healthcare, Inc. 63</p> <p>Upper Peninsula Heath Plan 33</p>

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. 1 AmeriHealth Caritas VIP Care Plus 0 HAP Empowered Health Plan, Inc. 0 MeridianComplete Health Plan 0 Molina Healthcare, Inc. 0 Upper Peninsula Heath Plan 0
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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 0 HAP Empowered Health Plan, Inc. 8 MeridianComplete Health Plan 1 Molina Healthcare, Inc. 6 Upper Peninsula Heath Plan 1
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D1IV.15e	Resolved grievances related to coverage of outpatient prescription drugs Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".	Aetna Better Health of Michigan, Inc. 8 AmeriHealth Caritas VIP Care Plus 19 HAP Empowered Health Plan, Inc. 53 MeridianComplete Health Plan 6 Molina Healthcare, Inc. 72 Upper Peninsula Heath Plan 44
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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. 4 AmeriHealth Caritas VIP Care Plus 6 HAP Empowered Health Plan, Inc. 0 MeridianComplete Health Plan 6 Molina Healthcare, Inc. 3 Upper Peninsula Heath Plan 2
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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 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".	Aetna Better Health of Michigan, Inc. 9 AmeriHealth Caritas VIP Care Plus 6 HAP Empowered Health Plan, Inc. 8 MeridianComplete Health Plan 8 Molina Healthcare, Inc. 107 Upper Peninsula Heath Plan 1
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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. 26 AmeriHealth Caritas VIP Care Plus 26 HAP Empowered Health Plan, Inc. 2 MeridianComplete Health Plan 7 Molina Healthcare, Inc. 70 Upper Peninsula Heath Plan 11
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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. 221 AmeriHealth Caritas VIP Care Plus 264 HAP Empowered Health Plan, Inc. 124 MeridianComplete Health Plan 95 Molina Healthcare, Inc. 224 Upper Peninsula Heath Plan 20
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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. 184 AmeriHealth Caritas VIP Care Plus 87 HAP Empowered Health Plan, Inc. 227 MeridianComplete Health Plan 26 Molina Healthcare, Inc. 1,661 Upper Peninsula Heath Plan 19
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Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	<p>Resolved grievances related to plan or provider customer service</p> <p>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.</p>	<p>Aetna Better Health of Michigan, Inc. 410</p> <p>AmeriHealth Caritas VIP Care Plus 60</p> <p>HAP Empowered Health Plan, Inc. 322</p> <p>MeridianComplete Health Plan 35</p> <p>Molina Healthcare, Inc. 1,454</p> <p>Upper Peninsula Heath Plan 59</p>

D1IV.16b	<p>Resolved grievances related to plan or provider care management/case management</p> <p>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.</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>27</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>6</p> <p>HAP Empowered Health Plan, Inc.</p> <p>32</p> <p>MeridianComplete Health Plan</p> <p>11</p> <p>Molina Healthcare, Inc.</p> <p>200</p> <p>Upper Peninsula Heath Plan</p> <p>5</p>
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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>7</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>290</p> <p>HAP Empowered Health Plan, Inc.</p> <p>58</p> <p>MeridianComplete Health Plan</p> <p>20</p> <p>Molina Healthcare, Inc.</p> <p>156</p> <p>Upper Peninsula Heath Plan</p> <p>10</p>
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D1IV.16d	Resolved grievances related to quality of care	Aetna Better Health of Michigan, Inc.
	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.	47
		AmeriHealth Caritas VIP Care Plus
		6
		HAP Empowered Health Plan, Inc.
		16
		MeridianComplete Health Plan
		37
		Molina Healthcare, Inc.
		30
		Upper Peninsula Heath Plan
		30

D1IV.16e	Resolved grievances related to plan communications	Aetna Better Health of Michigan, Inc.
	Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. 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.	26
		AmeriHealth Caritas VIP Care Plus
		2
		HAP Empowered Health Plan, Inc.
		96
		MeridianComplete Health Plan
		5
		Molina Healthcare, Inc.
		235
		Upper Peninsula Heath Plan
		9

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 38 HAP Empowered Health Plan, Inc. 324 MeridianComplete Health Plan 30 Molina Healthcare, Inc. 423 Upper Peninsula Heath Plan 2
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D1IV.16g	Resolved grievances related to suspected fraud Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. 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.	Aetna Better Health of Michigan, Inc. 0 AmeriHealth Caritas VIP Care Plus 1 HAP Empowered Health Plan, Inc. 1 MeridianComplete Health Plan 0 Molina Healthcare, Inc. 20 Upper Peninsula Heath Plan 0
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D1IV.16h	Resolved grievances related to abuse, neglect or exploitation	Aetna Better Health of Michigan, Inc.
		0
		AmeriHealth Caritas VIP Care Plus
		1
		HAP Empowered Health Plan, Inc.
		0
	Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.	MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		3
		Upper Peninsula Heath Plan
		0

D1IV.16i	Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)	Aetna Better Health of Michigan, Inc.
		4
		AmeriHealth Caritas VIP Care Plus
		0
		HAP Empowered Health Plan, Inc.
		0
	Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).	MeridianComplete Health Plan
		0
		Molina Healthcare, Inc.
		40
		Upper Peninsula Heath Plan
		1

D1IV.16j	<p>Resolved grievances related to plan denial of expedited appeal</p> <p>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.</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>0</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>0</p> <p>HAP Empowered Health Plan, Inc.</p> <p>0</p> <p>MeridianComplete Health Plan</p> <p>0</p> <p>Molina Healthcare, Inc.</p> <p>0</p> <p>Upper Peninsula Heath Plan</p> <p>0</p>
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D1IV.16k	Resolved grievances filed for other reasons	Aetna Better Health of Michigan, Inc.
	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.	9
		AmeriHealth Caritas VIP Care Plus
		89
		HAP Empowered Health Plan, Inc.
		122
		MeridianComplete Health Plan
		43
		Molina Healthcare, Inc.
		106
		Upper Peninsula Heath Plan
		21

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.



D2.VII.1 Measure Name: PM#2 Number & percent of enrollees records 1 / 112
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.
90

AmeriHealth Caritas VIP Care Plus
71

HAP Empowered Health Plan, Inc.
30

MeridianComplete Health Plan

73

Molina Healthcare, Inc.

8

Upper Peninsula Health Plan

95



Complete

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

2 / 112

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.

67

AmeriHealth Caritas VIP Care Plus

78

HAP Empowered Health Plan, Inc.

74

MeridianComplete Health Plan

36

Molina Healthcare, Inc.

90

Upper Peninsula Heath Plan

75



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 / 112

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 Empowered Health Plan, Inc.

100

MeridianComplete Health Plan

100

Molina Healthcare, Inc.

100

Upper Peninsula Heath Plan

100



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

4 / 112

D2.VII.2 Measure Domain

Long-term services and supports

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

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

D2.VII.6 Measure Set
State-specific

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

D2.VII.8 Measure Description

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

Measure results

Aetna Better Health of Michigan, Inc.
100

AmeriHealth Caritas VIP Care Plus
100

HAP Empowered Health Plan, Inc.
100

MeridianComplete Health Plan
99

Molina Healthcare, Inc.
100

Upper Peninsula Heath Plan



Complete

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

5 / 112

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.

92

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

98

MeridianComplete Health Plan

83

Molina Healthcare, Inc.

99

Upper Peninsula Health Plan

100



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 / 112

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.

92

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

98

MeridianComplete Health Plan

87

Molina Healthcare, Inc.

100

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 / 112

D2.VII.2 Measure Domain

Long-term services and supports

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

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

N/A

D2.VII.6 Measure Set

State-specific

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

Yes

D2.VII.8 Measure Description

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.

23

AmeriHealth Caritas VIP Care Plus

71

HAP Empowered Health Plan, Inc.

90

MeridianComplete Health Plan

28

Molina Healthcare, Inc.

100

Upper Peninsula Heath Plan

95



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).

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.

92

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

95

MeridianComplete Health Plan

87

Molina Healthcare, Inc.

99

Upper Peninsula Health Plan

91



Complete

D2.VII.1 Measure Name: PM#17 Number and percent of enrollee IICSPs⁹ / 112 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.

43

AmeriHealth Caritas VIP Care Plus

50

HAP Empowered Health Plan, Inc.

98

MeridianComplete Health Plan

32

Molina Healthcare, Inc.

100

Upper Peninsula Heath Plan

100



Complete

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

50 / 112

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.

75

AmeriHealth Caritas VIP Care Plus

90

HAP Empowered Health Plan, Inc.

90

MeridianComplete Health Plan

48

Molina Healthcare, Inc.

82

Upper Peninsula Heath Plan

100



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 / 112

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.

60

AmeriHealth Caritas VIP Care Plus

91

HAP Empowered Health Plan, Inc.

95

MeridianComplete Health Plan

71

Molina Healthcare, Inc.

29



Complete

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

12 / 112

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.

90

AmeriHealth Caritas VIP Care Plus

67

HAP Empowered Health Plan, Inc.

17

MeridianComplete Health Plan

87

Molina Healthcare, Inc.

98

Upper Peninsula Health Plan

100



Complete

D2.VII.1 Measure Name: PM#21 Number and percent of enrollees with IICSP containing documented discussion of their rights and choices for providers. 13 / 112

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.

92

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

86

MeridianComplete Health Plan

85

Molina Healthcare, Inc.

98

Upper Peninsula Heath Plan

86



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 / 112

D2.VII.2 Measure Domain

Long-term services and supports

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

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

N/A

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.

72

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

54

MeridianComplete Health Plan

46

Molina Healthcare, Inc.

100

Upper Peninsula Heath Plan

100



Complete

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

15 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

53.1

AmeriHealth Caritas VIP Care Plus

58.4

HAP Empowered Health Plan, Inc.

59.2

MeridianComplete Health Plan

54.6

Molina Healthcare, Inc.

62.7

Upper Peninsula Heath Plan

66.6



Complete

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

16 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

54.6

AmeriHealth Caritas VIP Care Plus

52.9

HAP Empowered Health Plan, Inc.

60.5

MeridianComplete Health Plan

60.1

Molina Healthcare, Inc.

66.1

Upper Peninsula Heath Plan

65.8



Complete

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

17 / 112

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: COA - Care for Older Adults - Medication Review

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

100

AmeriHealth Caritas VIP Care Plus

97.3

HAP Empowered Health Plan, Inc.

73.5

MeridianComplete Health Plan

92

Molina Healthcare, Inc.

87

Upper Peninsula Heath Plan

94.7



Complete

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

18 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

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

66.4

AmeriHealth Caritas VIP Care Plus

76.7

HAP Empowered Health Plan, Inc.

70.4

MeridianComplete Health Plan

58.6

Molina Healthcare, Inc.

75

Upper Peninsula Heath Plan

79.3



D2.VII.1 Measure Name: COA - Care for Older Adults - Pain Assessment9 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

78.1

AmeriHealth Caritas VIP Care Plus

78.1

HAP Empowered Health Plan, Inc.

82.4

MeridianComplete Health Plan

79.1

Molina Healthcare, Inc.

88

Upper Peninsula Health Plan

93.9



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

20 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

19.2

AmeriHealth Caritas VIP Care Plus

22.2

HAP Empowered Health Plan, Inc.

26.2

MeridianComplete Health Plan

19.8

Molina Healthcare, Inc.

27.1

Upper Peninsula Health Plan

22.5



Complete

D2.VII.1 Measure Name: PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid 1 / 112

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

2856

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

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

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

85.5

AmeriHealth Caritas VIP Care Plus

77.1

HAP Empowered Health Plan, Inc.

72.9

MeridianComplete Health Plan

78.5

Molina Healthcare, Inc.

56.9

Upper Peninsula Heath Plan

87.3



Complete

D2.VII.1 Measure Name: PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator D2 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

90.5

AmeriHealth Caritas VIP Care Plus

88.6

HAP Empowered Health Plan, Inc.

89.6

MeridianComplete Health Plan

89

Molina Healthcare, Inc.

80.9

Upper Peninsula Heath Plan

87.3



Complete

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

23 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

64.5

AmeriHealth Caritas VIP Care Plus

61.9

HAP Empowered Health Plan, Inc.

74.7

MeridianComplete Health Plan

66.4

Molina Healthcare, Inc.

68.2

Upper Peninsula Heath Plan

81.5



D2.VII.1 Measure Name: PBH - Persistence of Beta-Blocker Treatment 24 / 112 After a Heart Attack

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0071

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

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

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

66.7

AmeriHealth Caritas VIP Care Plus

50

HAP Empowered Health Plan, Inc.

60

MeridianComplete Health Plan

33.3

Molina Healthcare, Inc.

66.7

Upper Peninsula Health Plan

50



Complete

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

25 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

83.8

AmeriHealth Caritas VIP Care Plus

87.6

HAP Empowered Health Plan, Inc.

84.3

MeridianComplete Health Plan

86.9

Molina Healthcare, Inc.

84.1

Upper Peninsula Heath Plan

85.7



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

26 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

77.7

AmeriHealth Caritas VIP Care Plus

84.9

HAP Empowered Health Plan, Inc.

83.5

MeridianComplete Health Plan

82.4

Molina Healthcare, Inc.

80.3

Upper Peninsula Heath Plan

85.9



Complete

D2.VII.1 Measure Name: HBD - Hemoglobin A1c Control in Patients with Diabetes - HbA1c Poor Control*~ 7 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

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

32.6

AmeriHealth Caritas VIP Care Plus

40

HAP Empowered Health Plan, Inc.

27.4

MeridianComplete Health Plan

23.8

Molina Healthcare, Inc.

32.4

Upper Peninsula Heath Plan

16.8



Complete

D2.VII.1 Measure Name: HBD - Hemoglobin A1c Control in Patients with Diabetes - HbA1c Control (<8.0%)~

8 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.
58.6

AmeriHealth Caritas VIP Care Plus
53.4

HAP Empowered Health Plan, Inc.
62.6

MeridianComplete Health Plan
70.1

Molina Healthcare, Inc.

61.5

Upper Peninsula Health Plan

74.9



Complete

D2.VII.1 Measure Name: EED - Eye Exams for Patients with Diabetes~ 29 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

64.7

AmeriHealth Caritas VIP Care Plus

55.9

HAP Empowered Health Plan, Inc.

64

MeridianComplete Health Plan

67.4

Molina Healthcare, Inc.

67.8

Upper Peninsula Heath Plan

63.8



D2.VII.1 Measure Name: BPD - Blood Pressure Control for Patients with Diabetes~

10 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

68.9

AmeriHealth Caritas VIP Care Plus

57.1

HAP Empowered Health Plan, Inc.

72.4

MeridianComplete Health Plan

71.5

Molina Healthcare, Inc.

67.8

Upper Peninsula Health Plan

88.1



Complete

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

31 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

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

77.1

AmeriHealth Caritas VIP Care Plus

79.6

HAP Empowered Health Plan, Inc.

80.7

MeridianComplete Health Plan

75.1

Molina Healthcare, Inc.

77.3

Upper Peninsula Heath Plan

73.4



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

32 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

78.1

AmeriHealth Caritas VIP Care Plus

79.6

HAP Empowered Health Plan, Inc.

82.3

MeridianComplete Health Plan

80.5

Molina Healthcare, Inc.

80.7

Upper Peninsula Heath Plan

84.1



Complete

D2.VII.1 Measure Name: OMW - Osteoporosis Management in Women 33 / 112
Who Had a Fracture

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0053

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

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

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

7.7

AmeriHealth Caritas VIP Care Plus

28.6

HAP Empowered Health Plan, Inc.

27.3

MeridianComplete Health Plan

23.5

Molina Healthcare, Inc.

18.8

Upper Peninsula Heath Plan

30



Complete

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

34 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

67.1

AmeriHealth Caritas VIP Care Plus

67.3

HAP Empowered Health Plan, Inc.

75.6

MeridianComplete Health Plan

67

Molina Healthcare, Inc.

72.2

Upper Peninsula Heath Plan

77.9



Complete

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

35 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

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

51.7

AmeriHealth Caritas VIP Care Plus

53.9

HAP Empowered Health Plan, Inc.

61.1

MeridianComplete Health Plan

46.7

Molina Healthcare, Inc.

57.4

Upper Peninsula Heath Plan

56.8



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

36 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

21.9

AmeriHealth Caritas VIP Care Plus

14

HAP Empowered Health Plan, Inc.

22.9

MeridianComplete Health Plan

39.6

Molina Healthcare, Inc.

Upper Peninsula Health Plan

44.8



Complete

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

37 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

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

53.6

AmeriHealth Caritas VIP Care Plus

35.1

HAP Empowered Health Plan, Inc.

58.6

MeridianComplete Health Plan

60.4

Molina Healthcare, Inc.

60.3

Upper Peninsula Heath Plan

77.6



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

38 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

41.8

AmeriHealth Caritas VIP Care Plus

33.3

HAP Empowered Health Plan, Inc.

22.5

MeridianComplete Health Plan

32.6

Molina Healthcare, Inc.

22.8

Upper Peninsula Health Plan

22.2



Complete

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

39 / 112

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

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

59

AmeriHealth Caritas VIP Care Plus

46.7

HAP Empowered Health Plan, Inc.

51

MeridianComplete Health Plan

46

Molina Healthcare, Inc.

40.8

Upper Peninsula Heath Plan

49.2



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

40 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

79.1

AmeriHealth Caritas VIP Care Plus

60.1

HAP Empowered Health Plan, Inc.

58.9

MeridianComplete Health Plan

43.3

Molina Healthcare, Inc.

Upper Peninsula Heath Plan

75.2



Complete

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

41 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

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

17.3

AmeriHealth Caritas VIP Care Plus

26

HAP Empowered Health Plan, Inc.

39.9

MeridianComplete Health Plan

25.6

Molina Healthcare, Inc.

11.9

Upper Peninsula Heath Plan

52.1



Complete

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

12 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

15.1

AmeriHealth Caritas VIP Care Plus

13.4

HAP Empowered Health Plan, Inc.

27

MeridianComplete Health Plan

23.1

Molina Healthcare, Inc.

9.7

Upper Peninsula Heath Plan

42.6



Complete

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

48 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

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

77.9

AmeriHealth Caritas VIP Care Plus

74.2

HAP Empowered Health Plan, Inc.

80.1

MeridianComplete Health Plan

78.6

Molina Healthcare, Inc.

79.1

Upper Peninsula Heath Plan

90.3



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

4 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

24.7

AmeriHealth Caritas VIP Care Plus

22.3

HAP Empowered Health Plan, Inc.

32.6

MeridianComplete Health Plan

24.7

Molina Healthcare, Inc.

34.2

Upper Peninsula Heath Plan

23.2



Complete

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

45 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

37.9

AmeriHealth Caritas VIP Care Plus

30.1

HAP Empowered Health Plan, Inc.

32.1

MeridianComplete Health Plan

27.2

Molina Healthcare, Inc.

32

Upper Peninsula Heath Plan

43.2



Complete

D2.VII.1 Measure Name: DAE - Use of High-Risk Medications in Older Adults - High Risk Medications to Avoid 46 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

17.4

AmeriHealth Caritas VIP Care Plus

10.1

HAP Empowered Health Plan, Inc.

20.7

MeridianComplete Health Plan

13.4

Molina Healthcare, Inc.

19.3

Upper Peninsula Heath Plan

22



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 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

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

4.5

AmeriHealth Caritas VIP Care Plus

4.7

HAP Empowered Health Plan, Inc.

4.9

MeridianComplete Health Plan

5.2

Molina Healthcare, Inc.

4.1

Upper Peninsula Heath Plan

8.2



D2.VII.1 Measure Name: DAE - Use of High-Risk Medications in Older Adults - Total 48 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

20.9

AmeriHealth Caritas VIP Care Plus

13.8

HAP Empowered Health Plan, Inc.

23.4

MeridianComplete Health Plan

17.3

Molina Healthcare, Inc.

Upper Peninsula Heath Plan

27.7



Complete

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

49 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

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

30.3

AmeriHealth Caritas VIP Care Plus

29

HAP Empowered Health Plan, Inc.

34.4

MeridianComplete Health Plan

35

Molina Healthcare, Inc.

25.3

Upper Peninsula Heath Plan

30.7



Complete

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

50 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

54.9

AmeriHealth Caritas VIP Care Plus

49.8

HAP Empowered Health Plan, Inc.

54.8

MeridianComplete Health Plan

44

Molina Healthcare, Inc.

53.9

Upper Peninsula Heath Plan

49.2



Complete

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

51 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

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

50.7

AmeriHealth Caritas VIP Care Plus

50.2

HAP Empowered Health Plan, Inc.

50

MeridianComplete Health Plan

45.1

Molina Healthcare, Inc.

48.5

Upper Peninsula Heath Plan

40.9



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

52 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

83.4

AmeriHealth Caritas VIP Care Plus

78.5

HAP Empowered Health Plan, Inc.

84.6

MeridianComplete Health Plan

82.4

Molina Healthcare, Inc.

89.9

Upper Peninsula Heath Plan

90.4



Complete

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

53 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

92.6

AmeriHealth Caritas VIP Care Plus

90.8

HAP Empowered Health Plan, Inc.

92.8

MeridianComplete Health Plan

92.1

Molina Healthcare, Inc.

96.1

Upper Peninsula Heath Plan

95.2



Complete

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

54 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

90.5

AmeriHealth Caritas VIP Care Plus

87.8

HAP Empowered Health Plan, Inc.

91.1

MeridianComplete Health Plan

89.7

Molina Healthcare, Inc.

93.9

Upper Peninsula Heath Plan

95.5



Complete

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

55 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

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

89.7

AmeriHealth Caritas VIP Care Plus

87

HAP Empowered Health Plan, Inc.

90.6

MeridianComplete Health Plan

89

Molina Healthcare, Inc.

93.9

Upper Peninsula Heath Plan

94.5



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

56 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

37.3

AmeriHealth Caritas VIP Care Plus

42.6

HAP Empowered Health Plan, Inc.

37.1

MeridianComplete Health Plan

27.5

Molina Healthcare, Inc.

40.8

Upper Peninsula Heath Plan

29



Complete

D2.VII.1 Measure Name: IET - Engagement of Substance Use Disorder Treatment 57 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

5.8

AmeriHealth Caritas VIP Care Plus

2.8

HAP Empowered Health Plan, Inc.

2.9

MeridianComplete Health Plan

3.3

Molina Healthcare, Inc.

3.1

Upper Peninsula Heath Plan

9.5



Complete

D2.VII.1 Measure Name: PCR - Plan All-Cause Readmissions - Observed to-Expected Ratio (Ages 18-64) 58 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

1.53

AmeriHealth Caritas VIP Care Plus

1.25

HAP Empowered Health Plan, Inc.

.86

MeridianComplete Health Plan

1.1

Molina Healthcare, Inc.

.89

Upper Peninsula Heath Plan

1.01



Complete

D2.VII.1 Measure Name: PCR - Plan All-Cause Readmissions - Observed to-Expected Ratio (Ages 65+) 59 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Not a %

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

1.47

AmeriHealth Caritas VIP Care Plus

1.33

HAP Empowered Health Plan, Inc.

1.25

MeridianComplete Health Plan

.97

Molina Healthcare, Inc.

1.22

Upper Peninsula Heath Plan

.99



D2.VII.1 Measure Name: Getting Needed Care

60 / 112

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.

3.37

AmeriHealth Caritas VIP Care Plus

3.43

HAP Empowered Health Plan, Inc.

3.42

MeridianComplete Health Plan

3.47

Molina Healthcare, Inc.

3.34

Upper Peninsula Heath Plan

3.52



Complete

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

61 / 112

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.

3.5

AmeriHealth Caritas VIP Care Plus

3.52

HAP Empowered Health Plan, Inc.

3.54

MeridianComplete Health Plan

3.58

Molina Healthcare, Inc.

3.43

Upper Peninsula Heath Plan

3.64



Complete

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

62 / 112

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.

8.2

AmeriHealth Caritas VIP Care Plus

8.5

HAP Empowered Health Plan, Inc.

8.7

MeridianComplete Health Plan

N/A

Molina Healthcare, Inc.

8.5

Upper Peninsula Heath Plan

8.8



Complete

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

63 / 112

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.

8.4

AmeriHealth Caritas VIP Care Plus

8.6

HAP Empowered Health Plan, Inc.

8.9

MeridianComplete Health Plan

8.4

Molina Healthcare, Inc.

8.5

Upper Peninsula Heath Plan

9



Complete

D2.VII.1 Measure Name: Care Coordination

64 / 112

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.

3.58

AmeriHealth Caritas VIP Care Plus

3.6

HAP Empowered Health Plan, Inc.

N/A

MeridianComplete Health Plan

N/A

Molina Healthcare, Inc.

N/A

Upper Peninsula Heath Plan

3.66



Complete

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

65 / 112

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.

3.65

AmeriHealth Caritas VIP Care Plus

3.73

HAP Empowered Health Plan, Inc.

3.72

MeridianComplete Health Plan

3.64

Molina Healthcare, Inc.

3.69

Upper Peninsula Health Plan

3.79



Complete

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

66 / 112

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.

8.6

AmeriHealth Caritas VIP Care Plus

8.7

HAP Empowered Health Plan, Inc.

8.9

MeridianComplete Health Plan

8.8

Molina Healthcare, Inc.

8.8

Upper Peninsula Heath Plan

9.1



Complete

D2.VII.1 Measure Name: Customer Service

67 / 112

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.

3.68

AmeriHealth Caritas VIP Care Plus

3.75

HAP Empowered Health Plan, Inc.

3.7

MeridianComplete Health Plan

3.7

Molina Healthcare, Inc.

3.6

Upper Peninsula Health Plan

3.77



Complete

D2.VII.1 Measure Name: Annual Flu Vaccine

68 / 112

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

0039

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

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

D2.VII.6 Measure Set

CAHPS - Medicare

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

Yes

D2.VII.8 Measure Description

%

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

59

AmeriHealth Caritas VIP Care Plus

59

HAP Empowered Health Plan, Inc.

61

MeridianComplete Health Plan

52

Molina Healthcare, Inc.

57

Upper Peninsula Heath Plan

59



D2.VII.1 Measure Name: Pneumonia Vaccine

69 / 112

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

0043

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

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

D2.VII.6 Measure Set

CAHPS - Medicare

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

Yes

D2.VII.8 Measure Description

%

Measure results

Aetna Better Health of Michigan, Inc.

48

AmeriHealth Caritas VIP Care Plus

47

HAP Empowered Health Plan, Inc.

55

MeridianComplete Health Plan

45

Molina Healthcare, Inc.

53

Upper Peninsula Heath Plan

60



Complete

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

70 / 112

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/A

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

Cross-program rate: MI Choice

D2.VII.6 Measure Set

CAHPS - HCBS

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

Yes

D2.VII.8 Measure Description

Not A %

Measure results

Aetna Better Health of Michigan, Inc.

83.44

AmeriHealth Caritas VIP Care Plus

60.78

HAP Empowered Health Plan, Inc.

95.1

MeridianComplete Health Plan

86.06

Molina Healthcare, Inc.

78.25

Upper Peninsula Health Plan

87.5



Complete

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

71 / 112

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.

89.1

AmeriHealth Caritas VIP Care Plus

49.43

HAP Empowered Health Plan, Inc.

96.45

MeridianComplete Health Plan

90.91

Molina Healthcare, Inc.

86.32

Upper Peninsula Heath Plan

83.33



Complete

D2.VII.1 Measure Name: Helpful Case Manager

72 / 112

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/A

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

Cross-program rate: MI Choice

D2.VII.6 Measure Set

CAHPS - HCBS

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

Yes

D2.VII.8 Measure Description

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

95.47

AmeriHealth Caritas VIP Care Plus

90

HAP Empowered Health Plan, Inc.

97.5

MeridianComplete Health Plan

97.82

Molina Healthcare, Inc.

94.52

Upper Peninsula Heath Plan

97.22



Complete

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

73 / 112

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.

71.9

AmeriHealth Caritas VIP Care Plus

65.63

HAP Empowered Health Plan, Inc.

83.87

MeridianComplete Health Plan

82.47

Molina Healthcare, Inc.

80.11

Upper Peninsula Heath Plan

75.44



Complete

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

74 / 112

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/A

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

Cross-program rate: MI Choice

D2.VII.6 Measure Set

CAHPS - HCBS

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

Yes

D2.VII.8 Measure Description

Not a %

Measure results

Aetna Better Health of Michigan, Inc.

76.62

AmeriHealth Caritas VIP Care Plus

59.88

HAP Empowered Health Plan, Inc.

74.24

MeridianComplete Health Plan

79.38

Molina Healthcare, Inc.

81.85

Upper Peninsula Health Plan

89.68



Complete

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

75 / 112

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.

96.84

AmeriHealth Caritas VIP Care Plus

95.96

HAP Empowered Health Plan, Inc.

96.68

MeridianComplete Health Plan

96.05

Molina Healthcare, Inc.

98.41

Upper Peninsula Heath Plan

98.33



Complete

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

76 / 112

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.

63.38

AmeriHealth Caritas VIP Care Plus

67.85

HAP Empowered Health Plan, Inc.

62.42

MeridianComplete Health Plan

61.54

Molina Healthcare, Inc.

67.29

Upper Peninsula Heath Plan

68.95



Complete

D2.VII.1 Measure Name: Core 2.1 Members with an assessment completed within 90 days of enrollment CY 2024

77 / 112

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.**

98.7

AmeriHealth Caritas VIP Care Plus

98.9

HAP Empowered Health Plan, Inc.

96.9

MeridianComplete Health Plan

100

Molina Healthcare, Inc.

99.3

Upper Peninsula Heath Plan

96.2

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 2024

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.

26.1

AmeriHealth Caritas VIP Care Plus

21.5

HAP Empowered Health Plan, Inc.

18.3

MeridianComplete Health Plan

28.7

Molina Healthcare, Inc.

6.6

Upper Peninsula Health Plan

12



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 2024 79 / 112

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.

24.8

AmeriHealth Caritas VIP Care Plus

17.4

HAP Empowered Health Plan, Inc.

39.9

MeridianComplete Health Plan

27.7

Molina Healthcare, Inc.

23.6

Upper Peninsula Heath Plan

14.8



Complete

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

80 / 112

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 Empowered Health Plan, Inc.

78.3

MeridianComplete Health Plan

76.4

Molina Healthcare, Inc.

81

Upper Peninsula Heath Plan

72.7



Complete

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

81 / 112

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 Empowered Health Plan, Inc.

50.1

MeridianComplete Health Plan

62.3

Molina Healthcare, Inc.

72.4

Upper Peninsula Health Plan

61.5



Complete

D2.VII.1 Measure Name: Core 3.2 Members with a care plan completed within 90 days of enrollment CY 2024 12 / 112

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.

97.6

AmeriHealth Caritas VIP Care Plus

95.6

HAP Empowered Health Plan, Inc.

89.9

MeridianComplete Health Plan

96.3

Molina Healthcare, Inc.

95.9

Upper Peninsula Heath Plan

94.9



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 2024

83 / 112

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.

21.9

AmeriHealth Caritas VIP Care Plus

21.5

HAP Empowered Health Plan, Inc.

18.3

MeridianComplete Health Plan

29.3

Molina Healthcare, Inc.

6.6

Upper Peninsula Heath Plan

30.6



Complete

**D2.VII.1 Measure Name: Core 3.2 Number of members the MMP was 84 / 112
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 2024**

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.

24.2

AmeriHealth Caritas VIP Care Plus

17.4

HAP Empowered Health Plan, Inc.

43.1

MeridianComplete Health Plan

27.7

Molina Healthcare, Inc.

23.6

Upper Peninsula Heath Plan

**D2.VII.1 Measure Name: Core 5.1 Care Coordinator to Member Ratio - 85 / 112
CY 2023****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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

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

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

121.66

AmeriHealth Caritas VIP Care Plus

76.88

HAP Empowered Health Plan, Inc.

124.71

MeridianComplete Health Plan

91.76

Molina Healthcare, Inc.

152.58

Upper Peninsula Health Plan

131.62



Complete

D2.VII.1 Measure Name: Core 5.1 Care Coordinator to Member Ratio - 86 / 112
Total number of FTE care coordinators that left the MMP during the reporting period CY 2023

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, 01/01/2023 - 12/31/2023

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.

40.9

AmeriHealth Caritas VIP Care Plus

2.6

HAP Empowered Health Plan, Inc.

34.6

MeridianComplete Health Plan

22.3

Molina Healthcare, Inc.

9.9

Upper Peninsula Heath Plan

24.4



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 / 112}

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

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

Measure results

Aetna Better Health of Michigan, Inc.

2

AmeriHealth Caritas VIP Care Plus

2

HAP Empowered Health Plan, Inc.

1

MeridianComplete Health Plan

1

Molina Healthcare, Inc.

1

Upper Peninsula Heath Plan

1



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

88 / 112

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, 01/01/2023 - 12/31/2023

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 Empowered Health Plan, Inc.
8.12

MeridianComplete Health Plan
32.09

Molina Healthcare, Inc.
31.24

Upper Peninsula Heath Plan

**D2.VII.1 Measure Name: Core 9.2 Nursing Facility (NF) Diversion CY 2023** 89 / 112**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, 01/01/2023 - 12/31/2023

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 Empowered Health Plan, Inc.

98.3

MeridianComplete Health Plan

99.6

Molina Healthcare, Inc.

97.2

Upper Peninsula Heath Plan

96.1



Complete

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

90 / 112

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, 01/01/2023 - 12/31/2023

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

.75

HAP Empowered Health Plan, Inc.

1.87

MeridianComplete Health Plan

1.59

Molina Healthcare, Inc.

1.51

Upper Peninsula Heath Plan

1.52



Complete

D2.VII.1 Measure Name: MI2.2 Members with Individual Integrated Care and Supports Plans (IICSPs) completed. CY 2024 91 / 112

D2.VII.2 Measure Domain

MI Specific Measure

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

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

N/A

D2.VII.6 Measure Set

State-specific

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

Yes

D2.VII.8 Measure Description

Percentage of Members 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.

69.3

AmeriHealth Caritas VIP Care Plus

78.1

HAP Empowered Health Plan, Inc.

72.3

MeridianComplete Health Plan

71

Molina Healthcare, Inc.

83.4

Upper Peninsula Heath Plan

74.3



D2.VII.1 Measure Name: MI2.3 Members with documented discussions of care goals CY 2024

92 / 112

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.

100

AmeriHealth Caritas VIP Care Plus

100

HAP Empowered Health Plan, Inc.

100

MeridianComplete Health Plan

100

Molina Healthcare, Inc.

100

Upper Peninsula Health Plan

100



Complete

D2.VII.1 Measure Name: MI2.3 Members with documented discussions of care goals CY 2024 93 / 112

D2.VII.2 Measure Domain

MI Specific Measure

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

State-specific

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

Yes

D2.VII.8 Measure Description

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

Measure results

Aetna Better Health of Michigan, Inc.

100

AmeriHealth Caritas VIP Care Plus

98.5

HAP Empowered Health Plan, Inc.

100

MeridianComplete Health Plan

100

Molina Healthcare, Inc.

100

Upper Peninsula Heath Plan

100



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

94 / 112

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, 01/01/2023 - 12/31/2023

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 Empowered Health Plan, Inc.

64.6

MeridianComplete Health Plan

80.5

Molina Healthcare, Inc.

80.8

Upper Peninsula Heath Plan

84.9



D2.VII.1 Measure Name: MI2.6 Timely transmission of care transition record to health care professional CY 2023 95 / 112

D2.VII.2 Measure Domain

MI Specific Measure

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

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

N/A

D2.VII.6 Measure Set

State-specific

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

No, 01/01/2023 - 12/31/2023

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.

35

AmeriHealth Caritas VIP Care Plus

36.7

HAP Empowered Health Plan, Inc.

25.8

MeridianComplete Health Plan

49.1

Molina Healthcare, Inc.

49.4

Upper Peninsula Health Plan



Complete

D2.VII.1 Measure Name: MI3.1 The number of critical incident and abuse reports for members receiving LTSS CY 2024

96 / 112

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.

2.02

AmeriHealth Caritas VIP Care Plus

9.04

HAP Empowered Health Plan, Inc.

5.74

MeridianComplete Health Plan

0

Molina Healthcare, Inc.

2.36

Upper Peninsula Health Plan

3.75



D2.VII.1 Measure Name: MI5.1 Ambulatory care-sensitive condition hospital admission CY 2023 97 / 112

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, 01/01/2023 - 12/31/2023

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 Empowered Health Plan, Inc.

4595.74

MeridianComplete Health Plan

4376.31

Molina Healthcare, Inc.

7244.51

Upper Peninsula Heath Plan

2804.95



Complete

D2.VII.1 Measure Name: MI5.4 Nursing Facility Residents Experiencing One or More Falls with a Major Injury CY 2022 98 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Nursing facility residents experiencing one or more falls with a major injury

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

35

AmeriHealth Caritas VIP Care Plus

8

HAP Empowered Health Plan, Inc.

16

MeridianComplete Health Plan

20

Molina Healthcare, Inc.

23

Upper Peninsula Heath Plan

23



D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 99 / 112

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, 01/01/2023 - 12/31/2023

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 Empowered Health Plan, Inc.

13

MeridianComplete Health Plan

14

Molina Healthcare, Inc.

14.2

Upper Peninsula Health Plan

14.7



Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 100 / 112

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, 01/01/2023 - 12/31/2023

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 Empowered Health Plan, Inc.

16

MeridianComplete Health Plan

18.2

Molina Healthcare, Inc.

17.3

Upper Peninsula Heath Plan

18.2



D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 101 / 112

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, 01/01/2023 - 12/31/2023

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 Empowered Health Plan, Inc.

6.9

MeridianComplete Health Plan

7.3

Molina Healthcare, Inc.

7.5

Upper Peninsula Heath Plan

8.3



Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 102 / 112

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, 01/01/2023 - 12/31/2023

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.**

13.6

AmeriHealth Caritas VIP Care Plus

14.1

HAP Empowered Health Plan, Inc.

14.7

MeridianComplete Health Plan

15

Molina Healthcare, Inc.

13.5

Upper Peninsula Heath Plan

14



D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY2023 103 / 112

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, 01/01/2023 - 12/31/2023

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 Empowered Health Plan, Inc.

9.9

MeridianComplete Health Plan

10.9

Molina Healthcare, Inc.

10.5

Upper Peninsula Health Plan

14.7



Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 104 / 112

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, 01/01/2023 - 12/31/2023

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.

4.7

AmeriHealth Caritas VIP Care Plus

4.7

HAP Empowered Health Plan, Inc.

5.4

MeridianComplete Health Plan

5

Molina Healthcare, Inc.

4.6

Upper Peninsula Health Plan

4.8



Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2022 105 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

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

Measure results

Aetna Better Health of Michigan, Inc.

1.2

AmeriHealth Caritas VIP Care Plus

1.4

HAP Empowered Health Plan, Inc.

1

MeridianComplete Health Plan

1.5

Molina Healthcare, Inc.

1.1

Upper Peninsula Heath Plan

1.1



Complete

D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 106 / 112

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, 01/01/2023 - 12/31/2023

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.

.4

AmeriHealth Caritas VIP Care Plus

.3

HAP Empowered Health Plan, Inc.

.3

MeridianComplete Health Plan

.4

Molina Healthcare, Inc.

.3

Upper Peninsula Heath Plan

.3



D2.VII.1 Measure Name: MI7.1 Emergency department (ED) visits for ambulatory care-sensitive conditions CY 2023 107 / 112

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of ED Visits That Were Unclassified during the Reporting Period

Measure results

Aetna Better Health of Michigan, Inc.

30.8

AmeriHealth Caritas VIP Care Plus

31.7

HAP Empowered Health Plan, Inc.

32.9

MeridianComplete Health Plan

27.7

Molina Healthcare, Inc.

30.9

Upper Peninsula Health Plan

23.9



Complete

D2.VII.1 Measure Name: MI7.2 Unduplicated members receiving HCBS^{08 / 112} 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

No, 01/01/2023 - 12/31/2023

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.

3.8

AmeriHealth Caritas VIP Care Plus

5

HAP Empowered Health Plan, Inc.

11.9

MeridianComplete Health Plan

10.8

Molina Healthcare, Inc.

6.3

Upper Peninsula Heath Plan

2.9



Complete

D2.VII.1 Measure Name: MI7.2 Unduplicated members receiving HCBS^{09 / 112} 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

No, 01/01/2023 - 12/31/2023

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.

8.8

AmeriHealth Caritas VIP Care Plus

7.3

HAP Empowered Health Plan, Inc.

7.4

MeridianComplete Health Plan

5.9

Molina Healthcare, Inc.

4.4

Upper Peninsula Health Plan

10.8



Complete

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

110 / 112

D2.VII.2 Measure Domain

Dental and oral health services

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

State-specific

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

No, 01/01/2023 - 12/31/2023

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.**

26.9

AmeriHealth Caritas VIP Care Plus

18.9

HAP Empowered Health Plan, Inc.

31.5

MeridianComplete Health Plan

23.4

Molina Healthcare, Inc.

28.7

Upper Peninsula Health Plan

32.8



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

1 / 112

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 Empowered Health Plan, Inc.

100

MeridianComplete Health Plan

100

Molina Healthcare, Inc.

98.8

Upper Peninsula Health Plan

100



Complete

D2.VII.1 Measure Name: MI5.6 Care for Adults – Medication Review CY12 / 112 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, 01/01/2023 - 12/31/2023

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.

100

AmeriHealth Caritas VIP Care Plus

95.4

HAP Empowered Health Plan, Inc.

71.3

MeridianComplete Health Plan

91.7

Molina Healthcare, Inc.

82

Upper Peninsula Heath Plan

93.7

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 / 21

D3.VIII.2 Plan performance issue

Timely access

D3.VIII.3 Plan name

Aetna Better Health of Michigan, Inc.

D3.VIII.4 Reason for intervention

2023 Timeliness S1Q4 NONC

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

06/03/2024

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

Yes, remediated 06/03/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Other (Enforcement Action)

2 / 21

D3.VIII.2 Plan performance issue

Other (Access to Services)

D3.VIII.3 Plan name

Aetna Better Health of Michigan, Inc.

D3.VIII.4 Reason for intervention

Sponsor delayed/denied access to Part C medical services

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

06/11/2024

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

Yes, remediated 06/11/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

3 / 21

D3.VIII.2 Plan performance issue

Timely access

D3.VIII.3 Plan name

Aetna Better Health of Michigan, Inc.

D3.VIII.4 Reason for intervention

2024 CCM SI Q1 NONC

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/20/2024

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

Yes, remediated 08/20/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

4 / 21

D3.VIII.2 Plan performance issue

Other (Bid submission)

D3.VIII.3 Plan name

AmeriHealth Caritas VIP Care Plus

D3.VIII.4 Reason for intervention

Did not submit P&T Committee and PA/ST attestations by 2024 deadline

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

01/23/2024

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

Yes, remediated 01/23/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

5 / 21

D3.VIII.2 Plan performance issue

Other (Transition Policy)

D3.VIII.3 Plan name

AmeriHealth Caritas VIP Care Plus

D3.VIII.4 Reason for intervention

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.7 Date assessed

01/18/2024

D3.VIII.9 Corrective action plan

No

D3.VIII.6 Sanction amount

N/A

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

Yes, remediated 01/18/2024



Complete

D3.VIII.1 Intervention type: Compliance letter

6 / 21

D3.VIII.2 Plan performance issue

Other (Formulary)

D3.VIII.3 Plan name

AmeriHealth Caritas VIP Care Plus

D3.VIII.4 Reason for intervention

Missing protected class drug(s) during monthly formulary file submission window

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.7 Date assessed

11/14/2024

D3.VIII.6 Sanction amount

N/A

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

Yes, remediated 11/14/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

7 / 21

D3.VIII.2 Plan performance issue

Other (Formulary)

D3.VIII.3 Plan name

HAP Empowered Health Plan, Inc.

D3.VIII.4 Reason for intervention

Failure to Meet CY 2024 Formulary Requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

01/10/2024

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

Yes, remediated 01/10/2024

D3.VIII.9 Corrective action plan

No



Complete

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

8 / 21

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

HAP Empowered Health Plan, Inc.

Other (Payments to
Providers)

D3.VIII.4 Reason for intervention

Failure to Incorporate Pharmacy Price Concessions at Point of Scale

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/04/2024

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

Yes, remediated 09/04/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

9 / 21

D3.VIII.2 Plan performance issue

Other (Access to
Services)

D3.VIII.3 Plan name

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

Failure to notify timely fo provider terminations and (2) failure to notify beneficiaries of provider termination in writing

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

02/08/2024

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

Yes, remediated 02/08/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

10 / 21

D3.VIII.2 Plan performance issue

Timely access

D3.VIII.3 Plan name

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

2024 CCM SI Q1 NONC

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/20/2024

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

Yes, remediated 08/20/2024

D3.VIII.9 Corrective action plan

No



D3.VIII.1 Intervention type: Compliance letter

11 / 21

Complete

D3.VIII.2 Plan performance issue

Other (Network Access)

D3.VIII.3 Plan name

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

2024 MMP Medicare Network Submission Results

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

12/13/2024

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

Yes, remediated 12/13/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Other (Enforcement Action)

12 / 21

D3.VIII.2 Plan performance issue

Financial issues

D3.VIII.3 Plan name

Molina Healthcare, Inc.

D3.VIII.4 Reason for intervention

Sponsor processed claims with incorrect cost sharing amounts

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

05/13/2024

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: Other (Enforcement Action)

13 / 21

D3.VIII.2 Plan performance issue

Other (Appeals and Grievances)

D3.VIII.3 Plan name

Molina Healthcare, Inc.

D3.VIII.4 Reason for intervention

Delay or denial of Part C medical services

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

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/03/2024

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

Yes, remediated 09/03/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

14 / 21

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Upper Peninsula Heath Plan

Other (Marketing)

D3.VIII.4 Reason for intervention

Failing to ensure enrollees receive the ANOC for CY 2024 timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

02/26/2024

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

Yes, remediated 02/26/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Other (Enforcement Action)

15 / 21

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Upper Peninsula Heath Plan

Other (Access to services)

D3.VIII.4 Reason for intervention

Delay or denial of Part C medical services and Part D medications

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/17/2024

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

Yes, remediated 09/17/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Corrective action plan

16 / 21

D3.VIII.2 Plan performance issue

Performance improvement

D3.VIII.3 Plan name

Aetna Better Health of Michigan, Inc.

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2024)

Sanction details

D3.VIII.5 Instances of non-compliance

6

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/25/2025

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

17 / 21

D3.VIII.2 Plan performance issue

Performance improvement

D3.VIII.3 Plan name

AmeriHealth Caritas VIP Care Plus

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2024)

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/25/2025

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

18 / 21

D3.VIII.2 Plan performance issue

Performance improvement

D3.VIII.3 Plan name

HAP Empowered Health Plan, Inc.

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2024)

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/25/2025

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

19 / 21

D3.VIII.2 Plan performance issue

Performance improvement

D3.VIII.3 Plan name

MeridianComplete Health Plan

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2024)

Sanction details

D3.VIII.5 Instances of non-compliance

9

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/25/2025

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

20 / 21

D3.VIII.2 Plan performance issue

Performance improvement

D3.VIII.3 Plan name

Molina Healthcare, Inc.

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2024)

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/25/2025

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

21 / 21

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Upper Peninsula Heath Plan

Performance
improvement

D3.VIII.4 Reason for intervention

1915 C Waiver Audit (WY 2024)

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.7 Date assessed

04/25/2025

D3.VIII.9 Corrective action plan

Yes

D3.VIII.6 Sanction amount

N/A

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

Remediation in progress

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 Empowered Health Plan, Inc.
		8.87
		MeridianComplete Health Plan
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	5
		Molina Healthcare, Inc.
		5
		Upper Peninsula Heath Plan
		3.5
		Aetna Better Health of Michigan, Inc.
		98
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	AmeriHealth Caritas VIP Care Plus
		17
		HAP Empowered Health Plan, Inc.
		30
		MeridianComplete Health Plan
		13
		Molina Healthcare, Inc.
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	74
		Upper Peninsula Heath Plan
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	36

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. 12:1,000
		AmeriHealth Caritas VIP Care Plus 6.37:1,000
		HAP Empowered Health Plan, Inc. 7.76:1,000
		MeridianComplete Health Plan 2.28:1,000
		Molina Healthcare, Inc. 7.7:1,000
		Upper Peninsula Heath Plan 8.64:1,000
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. 50
		AmeriHealth Caritas VIP Care Plus 14
		HAP Empowered Health Plan, Inc. 11
		MeridianComplete Health Plan 13
		Molina Healthcare, Inc. 53
		Upper Peninsula Heath Plan 32

D1X.5	Ratio of resolved program integrity investigations to enrollees 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.	Aetna Better Health of Michigan, Inc. 6.12:1,000
		AmeriHealth Caritas VIP Care Plus 5.24:1,000
		HAP Empowered Health Plan, Inc. 2.84:1,000
		MeridianComplete Health Plan 2.28:1,000
		Molina Healthcare, Inc. 5.51:1,000
		Upper Peninsula Heath Plan 7.68:1,000

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 SMA and MFCU concurrently
		AmeriHealth Caritas VIP Care Plus Makes referrals to the SMA and MFCU concurrently
		HAP Empowered Health Plan, Inc. Makes referrals to the SMA and MFCU concurrently
		MeridianComplete Health Plan Makes referrals to the SMA and MFCU concurrently
		Molina Healthcare, Inc.

Makes referrals to the SMA and MFCU
concurrently

Upper Peninsula Heath Plan

Makes referrals to the SMA and MFCU
concurrently

D1X.7

**Count of program integrity
referrals to the state**

Enter the count of program
integrity referrals that the plan
made to the state in the past
year. Enter the count of
unduplicated referrals.

Aetna Better Health of Michigan, Inc.

3

AmeriHealth Caritas VIP Care Plus

0

HAP Empowered Health Plan, Inc.

0

MeridianComplete Health Plan

10

Molina Healthcare, Inc.

1

Upper Peninsula Heath Plan

1

D1X.8	Ratio of program integrity referral to the state	Aetna Better Health of Michigan, Inc.
	<p>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.</p>	<p>0.37:1,000</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>0:1,000</p> <p>HAP Empowered Health Plan, Inc.</p> <p>0:1,000</p> <p>MeridianComplete Health Plan</p> <p>1.75:1,000</p> <p>Molina Healthcare, Inc.</p> <p>0.1:1,000</p> <p>Upper Peninsula Heath Plan</p> <p>0.24:1,000</p>
D1X.9a:	Plan overpayment reporting to the state: Start Date	Aetna Better Health of Michigan, Inc.
	<p>What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?</p>	<p>01/01/1900</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>01/01/1900</p> <p>HAP Empowered Health Plan, Inc.</p> <p>01/01/1900</p> <p>MeridianComplete Health Plan</p> <p>01/01/1900</p> <p>Molina Healthcare, Inc.</p> <p>01/01/1900</p> <p>Upper Peninsula Heath Plan</p> <p>01/01/1900</p>

D1X.9b:	Plan overpayment reporting to the state: End Date What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?	Aetna Better Health of Michigan, Inc.
		01/01/1900
		AmeriHealth Caritas VIP Care Plus
		01/01/1900
		HAP Empowered Health Plan, Inc.
		01/01/1900
		MeridianComplete Health Plan
		01/01/1900
		Molina Healthcare, Inc.
		01/01/1900
		Upper Peninsula Heath Plan
		01/01/1900

D1X.9c:	Plan overpayment reporting to the state: Dollar amount From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?	Aetna Better Health of Michigan, Inc.
		N/A
		AmeriHealth Caritas VIP Care Plus
		N/A
		HAP Empowered Health Plan, Inc.
		N/A
		MeridianComplete Health Plan
		N/A
		Molina Healthcare, Inc.
		N/A
		Upper Peninsula Heath Plan
		N/A

D1X.9d:	<p>Plan overpayment reporting to the state: Corresponding premium revenue</p> <p>What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>N/A</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>N/A</p> <p>HAP Empowered Health Plan, Inc.</p> <p>N/A</p> <p>MeridianComplete Health Plan</p> <p>N/A</p> <p>Molina Healthcare, Inc.</p> <p>N/A</p> <p>Upper Peninsula Heath Plan</p> <p>N/A</p>
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D1X.10	<p>Changes in beneficiary circumstances</p> <p>Select the frequency the plan reports changes in beneficiary circumstances to the state.</p>	<p>Aetna Better Health of Michigan, Inc.</p> <p>Promptly when plan receives information about the change</p> <p>AmeriHealth Caritas VIP Care Plus</p> <p>Promptly when plan receives information about the change</p> <p>HAP Empowered Health Plan, Inc.</p> <p>Promptly when plan receives information about the change</p> <p>MeridianComplete Health Plan</p> <p>Promptly when plan receives information about the change</p> <p>Molina Healthcare, Inc.</p>
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Promptly when plan receives information about the change

Upper Peninsula Heath Plan

Promptly when plan receives information about the change

Topic XI: ILOS



Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
D4XI.1	ILOSs offered by plan Indicate whether this plan offered any ILOS to their enrollees.	Aetna Better Health of Michigan, Inc. No ILOSs were offered by this plan
		AmeriHealth Caritas VIP Care Plus No ILOSs were offered by this plan
		HAP Empowered Health Plan, Inc. No ILOSs were offered by this plan
		MeridianComplete Health Plan No ILOSs were offered by this plan
		Molina Healthcare, Inc. No ILOSs were offered by this plan
		Upper Peninsula Heath Plan No ILOSs were offered by this plan

Topic XIII. Prior Authorization



Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	<p>Are you reporting data prior to June 2026?</p> <p>If “Yes”, please complete the following questions under each plan.</p>	Not reporting data

Topic XIV. Patient Access API Usage



Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	<p>Are you reporting data prior to June 2026?</p> <p>If “Yes”, please complete the following questions under each plan.</p>	Yes

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
		MMAP, Inc. State Health Insurance Assistance Program (SHIP)
		MI 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
		MMAP, Inc. Other, specify – Enrollment Broker/Choice Counseling; Beneficiary Outreach
		MI Enrolls Other, specify – Enrollment Broker/Choice Counseling