



# Integrated Health Quarterly Report

October 2023 – March 2024 (FY24 Q1-Q2)

Prepared by: Chief Population Health Officer & Integrated Care Department

## Table of Contents

<b>Background &amp; Purpose</b>	<b>2</b>
<b>MDHHS Integrated Health Performance Bonus Requirements</b>	<b>2</b>
FY24 PIHP-Only Pay for Performance Measures	2
FY24 MHP/PIHP Joint Metrics	4
<b>Integrated Health Initiatives</b>	<b>6</b>
Certified Community Behavioral Health Clinics (CCBHC)	6
Behavioral Health Homes	7
Opioid Health Homes	7
<b>Other Population Health Initiatives</b>	<b>8</b>
Health Equity & Social Determinants of Health	7
SUD Value Based Purchasing (VBP)	7
<b>Summary &amp; Next Quarter Focus</b>	<b>8</b>
<b>Attachment A: FY24 Performance Bonus Incentive Pool (PBIP) Contractual Requirements &amp; Deliverables</b>	

## Mid-State Health Network

### Background & Purpose

Mid-State Health Network (MSHN) is committed to increasing its understanding of the health needs of individuals within its 21-county service region and finding innovative ways to achieve the goals of better health, better care, better value, better provider systems, and better equity by utilizing informed population health and integrated care strategies. MSHN and its regional partners have a number of specific population health and integrated care initiatives underway during FY24 as detailed in the [MSHN 2020-2022 Population Health and Integrated Care Plan \(midstatehealthnetwork.org\)](#). Of note, the MSHN 2024-2025 Population Health and Integrated Care Plan was revised and updated during FY24Q1 and is currently moving through the regional council and committee review and approval process. It is anticipated to go to the MSHN Board of Directors in May 2024. The primary objectives of this quarterly report are as follows:

1. Monitor adherence to the MSHN Population Health & Integrated Care Plan
2. Report progress toward MDHHS-PIHP contractual integrated health performance requirements
3. Describe other current population health and integrated care initiatives that support MSHN Strategic Priorities of Better Health, Better Care, Better Provider Systems, Better Value, Better Equity
4. Provide additional recommendations as necessary regarding organizational needs in the areas of population health and integrated care

### Michigan Department of Health and Human Services (MDHHS)-Prepaid Inpatient Health Plan (PIHP) Contractual Integrated Health Performance Requirements

#### FY24 PIHP-Only Pay for Performance Measure(s)

Note: Please refer to [Attachment A: FY24 Performance Bonus Incentive Pool \(PBIP\) Contractual Requirements & Deliverables](#)

**P.1. NEW - Implement data driven outcomes measurement to address social determinants of health**  
Q1-Q2 Update: MSHN formed an internal workgroup and project plan to address this new metric in FY24. MSHN IT staff will conduct data analysis of BH TEDS records to establish baseline data about housing status and employment rates of persons served. This data will be shared with regional CMHSP and SUDSP partners during May-June of 2024 to develop a comprehensive regional strategy for increasing housing and employments outcomes for persons served.

**P.2. NEW - Adherence to antipsychotic medications for individuals with schizophrenia (SAA-AD)**

**Mid-State Health Network**

Q1-Q2 Update: MSHN will conduct data analysis to establish baseline data about persons served. This data will be shared with regional CMHSP and SUDSP partners to develop a comprehensive regional strategy for increasing antipsychotic medication adherence for individuals with Schizophrenia. MSHN will work closely with its Regional Medical Directors’ Committee to develop clinical interventions and care pathways specific to condition.

MSHN staff participated in two (2) technical assistance sessions with MDHHS on 1/16/2024 and 4/9/2024. MDHHS provided instructions for conducting data validation activities for the measure. MSHN will submit the completed data validation for the measure by the due date of 5/31/2024.

**P.3. Initiation and Engagement of Alcohol and Other Drug Abuse Dependence Treatment (IET)**

Q1-Q2 Update: During FY23 MSHN participated in a data validation project with MDHHS to ensure PIHP data aligned with MDHHS data for the measure. Efforts during FY24 will focus on reducing racial/ethnic health disparities between the white population and minority populations served, comparing calendar year 2022 with calendar year 2023. MSHN will complete an analysis of racial/ethnic disparities once MDHHS provides final calendar year 2023 data for the measure (not available at the time this report was written).

The tables below depict baseline data for calendar year 2022 for Initiation (IET14) and Engagement (IET34).

INITIATION (IET14)	
Race/Ethnicity	Rate
African American/Black	35.16%
White	38.89 %
Hispanic	34.54%
Native American/Alaska Native	34.80%

ENGAGEMENT (IET34)	
Race/Ethnicity	Rate
African American/Black	10.30%
White	15.32 %
Hispanic	13.50%
Native American/Alaska Native	10.80%

**P.4. PA 107 of 2013 Sec. 105d (18): Increased participation in patient-centered medical homes**

Q1-Q2 Update: The FY24 report is due 11/15/2024. The FY23 report is available on the MSHN website: [MSHN Region 5 FY23 PBIP Narrative Report Final.pdf \(midstatehealthnetwork.org\)](https://www.midstatehealthnetwork.org/MSHN_Regions/Region_5_FY23_PBIP_Narrative_Report_Final.pdf)

## FY24 Medicaid Health Plan (MHP)/PIHP Joint Metrics

### J.1. Implementation of Joint Care Management processes

Q1-Q2 Update: MSHN participates in monthly care management meetings with each of the 8 MHPs in the region for coordinated service planning and care management activities for shared members who meet established risk criteria. The following stratified risk criteria are used for the selection of persons who would benefit from care coordination between the MHPs and PIHPs:

- Number of emergency department visits in previous 12 months
- No visits to a primary care physician within the last year
- Number of chronic conditions (physical health and behavioral health)
- Number of psychiatric/physical health hospitalizations within the last 12 months
- Social Determinant of Health (SDOH) factors such as homelessness

New for FY24, PIHPs and MHPs are required to develop and implement a process for identifying minors with appropriate severity and risk factors and provide care coordination to the population. MSHN is chairing a focused workgroup comprised of representatives from MHPs and PIHPs to develop risk criteria and care coordination processes for children and youth, including those involved with the foster care system. The workgroup met twice in FY24 Q1 (October and November 2023) and provided a set of recommendations to MDHHS in FY24 Q2 (January 2024). MSHN will begin to implement the new risk criteria and care coordination processes for children and youth pending final approval from MDHHS of the MHP/PIHP workgroup recommendations.

### J.2. Follow-Up After Hospitalization for Mental Illness within 30 days (FUH)

Q1-Q2 Update: The FY24 performance bonus for FUH is based on the time period of January 1, 2023-December 31, 2023 (calendar year 2023). At the time of the writing of this report, MDHHS has provided data for the time period of 1/1/2023 – 9/30/2023. Finalized data for the full 2023 calendar year will be provided by MDHHS in FY24 Q3 and final FUH performance calculations will be shared by MSHN with its regional partners at that time. Current performance through 9/30/23 is summarized below :

- As a region, MSHN had a rate of 69.76% follow up for adults, exceeding the MDHHS required performance benchmark of 58%
- As a region, MSHN had a rate of 84.69% follow up for children, exceeding the MDHHS required performance benchmark of 70%
- There were no racial disparities between the White population and Hispanic or American Indian populations, however there was a racial disparity between the White population and African American/Black population.

**J.3. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)**

Q1-Q2 Update: The FY24 performance bonus for FUA is based on the time period of January 1, 2023- December 31, 2023 (calendar year 2023). At the time of the writing of this report, MDHHS has provided data for the time period of 1/1/2023 – 9/30/2023. Finalized data for the full 2023 calendar year will be provided by MDHHS in FY24 Q3 and final FUA performance calculations will be shared by MSHN with its regional partners at that time. Current performance through 9/30/23 is summarized below :

- During 2022 there was a racial disparity between the White population and African American/Black population, even though there was significant improvement in the rates of follow up between both groups.
- Current YTD performance through 9/30/2023 indicates that a disparity still persists in the rate of follow up between the White population and African American/Black population.

Integrated Health Initiatives

Certified Community Behavioral Health Centers (CCBHC) and Health Homes

The Certified Community Behavioral Health Center (CCBHC) statewide demonstration pilot launched on October 1, 2021. Three CMHSPs in the MSHN region participated in the first cohort of the CCBHC demonstration pilot - CEI CMH, Saginaw CMH, and The Right Door. LifeWays joined the CCBHC demonstration pilot on 10/1/2023. The table below depicts total regional enrollment of CCBHC beneficiaries through the end of FY24 Q2:

CCBHC Site	Medicaid Enrolled	% Medicaid (Total Enrollment)	Non-Medicaid Enrolled	% Non-Medicaid (Total Enrollment)	Total Enrolled
CEI CMH	7,761	77%	2,375	23%	10,136
Saginaw CMH	3,988	91%	401	9%	4,389
The Right Door	1,441	68%	671	32%	2,112
LifeWays	333	87%	48	13%	381
<b>Total Region</b>	<b>13,523</b>	<b>79%</b>	<b>3,495</b>	<b>21%</b>	<b>17,018</b>

MDHHS has not provided any guidance for the ratio of Medicaid to Non-Medicaid enrollment for CCBHC services, however statewide across all CCBHC demonstration sites the ratio averages 18% Non-Medicaid to 82% Medicaid. Non-Medicaid enrollment within the MSHN region varies significantly between CCBHC sites, ranging from 9% to 32%. MSHN and its CCBHC partners should evaluate the ratio of Medicaid to Non-Medicaid enrollment given that one of the primary objectives of CCBHCs is to expand access to services for uninsured or underinsured individuals.

### Mid-State Health Network

CCBHCs will participate in a re-certification process with MDHHS during FY24 Q3 to demonstrate compliance with new SAMHSA CCBHC Requirements. MSHN and its regional CCBHC partners will participate in ongoing CCBHC Technical Assistance sessions with MDHHS to ensure CCBHCs are prepared to implement new CCBHC requirements.

### Behavioral Health Homes

The Behavioral Health Home (BHH) initiative launched in the MSHN region beginning on May 1, 2023. Six CMHSPs are currently participating in the Behavioral Health Home initiative including Saginaw CMH, Newaygo CMH, Montcalm Care Network, Shiawassee Health & Wellness, CMH for Central MI, and Gratiot Integrated Health Network. CMHSPs in the MSHN region may choose to join the BHH initiative at any time. MSHN has established a BHH Certification Process to ensure that new BHH providers meet the Health Home Partner Standards established by MDHHS. The table below depicts total regional enrollment of BHH beneficiaries through the end of FY24 Q2:

BHH Site	Total Enrolled End of FY24 Q2 (3/31/2024)
Saginaw CMH	425
Newaygo CMH	0*
Montcalm Care Network	80
Shiawassee Health & Wellness	35
CMH for Central MI	60
Gratiot Integrated Health Network	2
<b>Total Region</b>	<b>602</b>

*\*Newaygo CMH has not begun enrolling individuals in BHH at this time. They are finalizing elements of the BHH program prior to beginning to serve beneficiaries. It is estimated that Newaygo CMH will begin serving beneficiaries during FY24 Q3.*

Additionally, Bay-Arenac Behavioral Health and Huron Behavioral Health have expressed interest in potentially joining the BHH initiative in FY24-FY25 and have begun participating in regional BHH meetings to prepare for future implementation.

### Opioid Health Homes

The Opioid Health Home (OHH) initiative launched in the MSHN region beginning on October 1, 2022 with Victory Clinical Services in Saginaw as the sole OHH provider in the MSHN region during FY23.

MSHN held an OHH informational meeting on 10/27/23 to begin planning for additional OHH locations during FY24. The focus of the informational meeting was to provide an overview of the OHH initiative

**Mid-State Health Network**

and information regarding requirements to become a Health Home Partner. Following the informational meeting, MSHN began hosting regular monthly OHH implementation planning meetings with providers who expressed interest in becoming a Health Home Partner. To date, three (3) new OHH locations received initial approval and certification from MSHN and MDHHS during FY24 Q2:

- Victory Clinical Services in Jackson
- Victory Clinical Services in Lansing
- Recovery Pathways in Essexville

Additionally, two (2) Federally Qualified Health Centers (FQHC) are currently working with MSHN to meet OHH certification requirements, with anticipated implementation in FY24 Q3-Q4. MSHN maintains an open SUD provider panel and will consider contracting with interested OHH partners that meet the minimum requirements.

The table below depicts total regional enrollment of OHH beneficiaries through the end of FY24 Q2. Please note, new OHH providers that were recently certified do not have any enrolled beneficiaries yet, however it is anticipated that new enrollments will occur during FY24 Q3.

OHH Site	Total Enrolled End of FY24 Q2 (3/31/2024)
Victory Clinical Services – Saginaw	201
<b>Total Region</b>	<b>201</b>

Other Population Health and Integrated Care Initiatives

SUD Value Based Purchasing (VBP)

MSHN seeks to increase both the total number of Project ASSERT encounters that occur in hospital Emergency Departments (ED) and the overall rate of follow-up contacts after a person has been to the hospital ED for a drug or alcohol-related concern. The VBP pilot will explore innovative payment strategies that incentivize Project ASSERT providers to increase the rate of follow-up care for individuals who have experienced an ED visit for alcohol or other drugs.

During FY24 Q1-Q2 MSHN and Project ASSERT providers collected baseline data about number of individuals served, follow-up contacts, and percent of individuals who were connected to treatment or other community resources following the ED visit. MSHN and Project ASSERT providers used baseline data to set performance benchmarks for improvement. Project ASSERT providers will have the opportunity to earn bonus incentives beginning in FY24 Q3-Q4 for achieving established performance benchmarks as follows:



## Mid-State Health Network

- **Increase in the % of individuals who are referred to SUD Treatment:** The percentage of individuals who received a Project ASSERT screening during the quarter and the screening disposition was “Referred to SUD Treatment”.
- **Increase in the % of individuals who are admitted to SUD Treatment:** The percentage of individuals who received a Project ASSERT screening during the quarter and the screening disposition was “Referred to SUD Treatment” and the individual was admitted to MSHN-funded SUD treatment services within 30 days following the date of the Project ASSERT screening.

## Summary & Next Quarter Focus:

Highlights for FY24 Q1-Q2 included:

- Increased beneficiary enrollment in all integrated care initiatives – CCBHC, OHH, BHH
- Added one additional CCBHC (LifeWays) to the statewide CCBHC Demonstration Project
- Added one additional certified BHH site (Gratiot Integrated Health Network)
- Added three additional certified OHH sites (Victory Clinical Services Jackson, Victory Clinical Services Lansing, Recovery Pathways Essexville)
- Implemented a new health home care plan monitoring process with BHH and OHH providers during FY24 Q2
- Developed and implemented quality performance metrics for the SUD Project ASSERT Value Based Purchasing Pilot Project

Next Quarter Focus:

- Conduct internal planning activities for SUD Health Home expansion in FY25.
- Increase beneficiary enrollment in all initiatives – CCBHC, BHH, OHH
- Continue to build robust quality improvement practices in all aspects of CCBHC, BHH, and OHH programs

## FY24 PIHP Performance Bonus Incentive Program

### 1. Contractor-only Pay for Performance (P4P) Measures (45% of total withhold)

Measure	Description	Deliverables
P.1. Implement data driven outcomes measurement to address social determinants of health (40 points)	Analyze and monitor BHTEDS records to improve housing and employment outcomes for persons served. Measurement period is prior fiscal year. Use most recent update or discharge BH-TEDS record during the measurement period, look back to most recent prior update or admission record. MDHHS specifications published at <a href="https://www.michigan.gov/ReportingRequirements">Reporting Requirements (michigan.gov)</a>	Contractor will conduct an analysis and submit a narrative report of findings and project plans aimed at improving outcomes, no longer than two pages, by July 31. Narrative (based on guidance provided by MDHHS during FY24) must address beneficiary changes in employment and housing and actions taken to improve housing and employment outcomes. 20 points awarded for Employment and 20 points awarded for Housing.
P.2. Adherence to antipsychotic medications for individuals with schizophrenia (SAA-AD) (10 points)	Percentage of Adults Age 18 and Older with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period	The Contractor must participate in DHHS-planned and DHHS provided data validation activities and mtgs. PIHPs will be provided SAA-AD data and validation template by January 31, and within 120 calendar days, return the data validation templated, completed, to DHHS.
P.3. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) (50 points)	<p>The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ol style="list-style-type: none"> <li>1. Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis.</li> <li>2. Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.</li> </ol>	Data will be stratified by the State by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2022 with Calendar year 2023. The points will be awarded based on Contractor performance measure rates. Points will be divided evenly between Initiation and Engagement measures.
P.4. PA 107 of 2013 Sec. 105d (18): Increased participation in patient-centered medical homes (25% of total withhold)	<p>Narrative report summarizing participation in patient-centered medical homes (or characteristics thereof). Points for Narrative Reports will be awarded on a pass/fail basis, with full credit awarded for submitted narrative reports, without regard to the substantive information provided. The State will provide consultation draft review response to the Contractor by January 15th. The Contractor will have until January 31st to reply to the State with information.</p>	<p>The Contractor must submit a narrative report of no more than 10 pages by November 15th summarizing prior FY efforts, activities, and achievements of the Contractor (and component CMHSPs if applicable) to increase participation in patient-centered medical homes. The specific information to be addressed in the narrative is below:</p> <ol style="list-style-type: none"> <li>1. Comprehensive Care</li> <li>2. Patient-Centered</li> <li>3. Coordinated Care</li> <li>4. Accessible Services</li> <li>5. Quality &amp; Safety</li> </ol>

2. MHP/Contractor Joint Metrics (30% of total withhold)

Joint Metrics for the Integration of Behavioral Health and Physical Health Services

To ensure collaboration and integration between Medicaid Health Plans (MHPs) and the Contractor, the State has developed the following joint expectations for both entities. There are 100 points possible for this initiative. The reporting process for these metrics is identified in the grid below. Care coordination activities are to be conducted in accordance with applicable State and federal privacy rules.

For J.2.2 and J.3.2 listed below, the PIHP metric scoring will be aggregate of/for all their MHPs combined, not each individual MHP-PIHP dyad.

Category	Description	Deliverables
J.1. Implementation of Joint Care Management Processes (35 points)	Collaboration between entities for the ongoing coordination and integration of services.	Each MHP and Contractor will continue to document joint care plans in CC360 for beneficiaries with appropriate severity/risk, who have been identified as receiving services from both entities. Risk stratification criteria is determined in writing by the PIHP/MHP Collaboration Work Group in consultation with the State. Plans will submit an unscored narrative (no more than three pages) describing the process in place for identifying minors with appropriate severity/risk and providing care coordination of the population. Due August 1, 2024.
J.2 Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days using HEDIS descriptions (40 points)	The percentage of discharges for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days.	<p>1. The Contractor must meet set standards for follow-up within 30 Days for each rate (ages 6-17 and ages 18 and older. The Contractor will be measured against an adult minimum standard of 58% and a child minimum standard of 70%. Measurement period will be calendar year 2023. The points will be awarded based on MHP/Contractor combination performance measure rates. (20 points)</p> <p>2. Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2022 with calendar year 2023. The points will be awarded based on Contractor performance measure rates. (20 points)</p> <p>The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given PIHP.</p> <p>See MDHHS reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, at <a href="https://www.michigan.gov/mdhhs/0,4570,7-323_7-324_7-325_7-326_7-327_7-328_7-329_7-330_7-331_7-332_7-333_7-334_7-335_7-336_7-337_7-338_7-339_7-340_7-341_7-342_7-343_7-344_7-345_7-346_7-347_7-348_7-349_7-350_7-351_7-352_7-353_7-354_7-355_7-356_7-357_7-358_7-359_7-360_7-361_7-362_7-363_7-364_7-365_7-366_7-367_7-368_7-369_7-370_7-371_7-372_7-373_7-374_7-375_7-376_7-377_7-378_7-379_7-380_7-381_7-382_7-383_7-384_7-385_7-386_7-387_7-388_7-389_7-390_7-391_7-392_7-393_7-394_7-395_7-396_7-397_7-398_7-399_7-400_7-401_7-402_7-403_7-404_7-405_7-406_7-407_7-408_7-409_7-410_7-411_7-412_7-413_7-414_7-415_7-416_7-417_7-418_7-419_7-420_7-421_7-422_7-423_7-424_7-425_7-426_7-427_7-428_7-429_7-430_7-431_7-432_7-433_7-434_7-435_7-436_7-437_7-438_7-439_7-440_7-441_7-442_7-443_7-444_7-445_7-446_7-447_7-448_7-449_7-450_7-451_7-452_7-453_7-454_7-455_7-456_7-457_7-458_7-459_7-460_7-461_7-462_7-463_7-464_7-465_7-466_7-467_7-468_7-469_7-470_7-471_7-472_7-473_7-474_7-475_7-476_7-477_7-478_7-479_7-480_7-481_7-482_7-483_7-484_7-485_7-486_7-487_7-488_7-489_7-490_7-491_7-492_7-493_7-494_7-495_7-496_7-497_7-498_7-499_7-500_7-501_7-502_7-503_7-504_7-505_7-506_7-507_7-508_7-509_7-510_7-511_7-512_7-513_7-514_7-515_7-516_7-517_7-518_7-519_7-520_7-521_7-522_7-523_7-524_7-525_7-526_7-527_7-528_7-529_7-530_7-531_7-532_7-533_7-534_7-535_7-536_7-537_7-538_7-539_7-540_7-541_7-542_7-543_7-544_7-545_7-546_7-547_7-548_7-549_7-550_7-551_7-552_7-553_7-554_7-555_7-556_7-557_7-558_7-559_7-560_7-561_7-562_7-563_7-564_7-565_7-566_7-567_7-568_7-569_7-570_7-571_7-572_7-573_7-574_7-575_7-576_7-577_7-578_7-579_7-580_7-581_7-582_7-583_7-584_7-585_7-586_7-587_7-588_7-589_7-590_7-591_7-592_7-593_7-594_7-595_7-596_7-597_7-598_7-599_7-600_7-601_7-602_7-603_7-604_7-605_7-606_7-607_7-608_7-609_7-610_7-611_7-612_7-613_7-614_7-615_7-616_7-617_7-618_7-619_7-620_7-621_7-622_7-623_7-624_7-625_7-626_7-627_7-628_7-629_7-630_7-631_7-632_7-633_7-634_7-635_7-636_7-637_7-638_7-639_7-640_7-641_7-642_7-643_7-644_7-645_7-646_7-647_7-648_7-649_7-650_7-651_7-652_7-653_7-654_7-655_7-656_7-657_7-658_7-659_7-660_7-661_7-662_7-663_7-664_7-665_7-666_7-667_7-668_7-669_7-670_7-671_7-672_7-673_7-674_7-675_7-676_7-677_7-678_7-679_7-680_7-681_7-682_7-683_7-684_7-685_7-686_7-687_7-688_7-689_7-690_7-691_7-692_7-693_7-694_7-695_7-696_7-697_7-698_7-699_7-700_7-701_7-702_7-703_7-704_7-705_7-706_7-707_7-708_7-709_7-710_7-711_7-712_7-713_7-714_7-715_7-716_7-717_7-718_7-719_7-720_7-721_7-722_7-723_7-724_7-725_7-726_7-727_7-728_7-729_7-730_7-731_7-732_7-733_7-734_7-735_7-736_7-737_7-738_7-739_7-740_7-741_7-742_7-743_7-744_7-745_7-746_7-747_7-748_7-749_7-750_7-751_7-752_7-753_7-754_7-755_7-756_7-757_7-758_7-759_7-760_7-761_7-762_7-763_7-764_7-765_7-766_7-767_7-768_7-769_7-770_7-771_7-772_7-773_7-774_7-775_7-776_7-777_7-778_7-779_7-780_7-781_7-782_7-783_7-784_7-785_7-786_7-787_7-788_7-789_7-790_7-791_7-792_7-793_7-794_7-795_7-796_7-797_7-798_7-799_7-800_7-801_7-802_7-803_7-804_7-805_7-806_7-807_7-808_7-809_7-810_7-811_7-812_7-813_7-814_7-815_7-816_7-817_7-818_7-819_7-820_7-821_7-822_7-823_7-824_7-825_7-826_7-827_7-828_7-829_7-830_7-831_7-832_7-833_7-834_7-835_7-836_7-837_7-838_7-839_7-840_7-841_7-842_7-843_7-844_7-845_7-846_7-847_7-848_7-849_7-850_7-851_7-852_7-853_7-854_7-855_7-856_7-857_7-858_7-859_7-860_7-861_7-862_7-863_7-864_7-865_7-866_7-867_7-868_7-869_7-870_7-871_7-872_7-873_7-874_7-875_7-876_7-877_7-878_7-879_7-880_7-881_7-882_7-883_7-884_7-885_7-886_7-887_7-888_7-889_7-890_7-891_7-892_7-893_7-894_7-895_7-896_7-897_7-898_7-899_7-900_7-901_7-902_7-903_7-904_7-905_7-906_7-907_7-908_7-909_7-910_7-911_7-912_7-913_7-914_7-915_7-916_7-917_7-918_7-919_7-920_7-921_7-922_7-923_7-924_7-925_7-926_7-927_7-928_7-929_7-930_7-931_7-932_7-933_7-934_7-935_7-936_7-937_7-938_7-939_7-940_7-941_7-942_7-943_7-944_7-945_7-946_7-947_7-948_7-949_7-950_7-951_7-952_7-953_7-954_7-955_7-956_7-957_7-958_7-959_7-960_7-961_7-962_7-963_7-964_7-965_7-966_7-967_7-968_7-969_7-970_7-971_7-972_7-973_7-974_7-975_7-976_7-977_7-978_7-979_7-980_7-981_7-982_7-983_7-984_7-985_7-986_7-987_7-988_7-989_7-990_7-991_7-992_7-993_7-994_7-995_7-996_7-997_7-998_7-999_1000">MDHHS - Reporting Requirements (michigan.gov)</a></p>
J.3. Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence (25 points)	Beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days.	<p>Data will be stratified by the State by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2022 with Calendar year 2023. The points will be awarded based on Contractor performance measure rates.</p> <p>The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given PIHP.</p> <p>See MDHHS reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, at <a href="https://www.michigan.gov/mdhhs/0,4570,7-323_7-324_7-325_7-326_7-327_7-328_7-329_7-330_7-331_7-332_7-333_7-334_7-335_7-336_7-337_7-338_7-339_7-340_7-341_7-342_7-343_7-344_7-345_7-346_7-347_7-348_7-349_7-350_7-351_7-352_7-353_7-354_7-355_7-356_7-357_7-358_7-359_7-360_7-361_7-362_7-363_7-364_7-365_7-366_7-367_7-368_7-369_7-370_7-371_7-372_7-373_7-374_7-375_7-376_7-377_7-378_7-379_7-380_7-381_7-382_7-383_7-384_7-385_7-386_7-387_7-388_7-389_7-390_7-391_7-392_7-393_7-394_7-395_7-396_7-397_7-398_7-399_7-400_7-401_7-402_7-403_7-404_7-405_7-406_7-407_7-408_7-409_7-410_7-411_7-412_7-413_7-414_7-415_7-416_7-417_7-418_7-419_7-420_7-421_7-422_7-423_7-424_7-425_7-426_7-427_7-428_7-429_7-430_7-431_7-432_7-433_7-434_7-435_7-436_7-437_7-438_7-439_7-440_7-441_7-442_7-443_7-444_7-445_7-446_7-447_7-448_7-449_7-450_7-451_7-452_7-453_7-454_7-455_7-456_7-457_7-458_7-459_7-460_7-461_7-462_7-463_7-464_7-465_7-466_7-467_7-468_7-469_7-470_7-471_7-472_7-473_7-474_7-475_7-476_7-477_7-478_7-479_7-480_7-481_7-482_7-483_7-484_7-485_7-486_7-487_7-488_7-489_7-490_7-491_7-492_7-493_7-494_7-495_7-496_7-497_7-498_7-499_7-500_7-501_7-502_7-503_7-504_7-505_7-506_7-507_7-508_7-509_7-510_7-511_7-512_7-513_7-514_7-515_7-516_7-517_7-518_7-519_7-520_7-521_7-522_7-523_7-524_7-525_7-526_7-527_7-528_7-529_7-530_7-531_7-532_7-533_7-534_7-535_7-536_7-537_7-538_7-539_7-540_7-541_7-542_7-543_7-544_7-545_7-546_7-547_7-548_7-549_7-550_7-551_7-552_7-553_7-554_7-555_7-556_7-557_7-558_7-559_7-560_7-561_7-562_7-563_7-564_7-565_7-566_7-567_7-568_7-569_7-570_7-571_7-572_7-573_7-574_7-575_7-576_7-577_7-578_7-579_7-580_7-581_7-582_7-583_7-584_7-585_7-586_7-587_7-588_7-589_7-590_7-591_7-592_7-593_7-594_7-595_7-596_7-597_7-598_7-599_7-600_7-601_7-602_7-603_7-604_7-605_7-606_7-607_7-608_7-609_7-610_7-611_7-612_7-613_7-614_7-615_7-616_7-617_7-618_7-619_7-620_7-621_7-622_7-623_7-624_7-625_7-626_7-627_7-628_7-629_7-630_7-631_7-632_7-633_7-634_7-635_7-636_7-637_7-638_7-639_7-640_7-641_7-642_7-643_7-644_7-645_7-646_7-647_7-648_7-649_7-650_7-651_7-652_7-653_7-654_7-655_7-656_7-657_7-658_7-659_7-660_7-661_7-662_7-663_7-664_7-665_7-666_7-667_7-668_7-669_7-670_7-671_7-672_7-673_7-674_7-675_7-676_7-677_7-678_7-679_7-680_7-681_7-682_7-683_7-684_7-685_7-686_7-687_7-688_7-689_7-690_7-691_7-692_7-693_7-694_7-695_7-696_7-697_7-698_7-699_7-700_7-701_7-702_7-703_7-704_7-705_7-706_7-707_7-708_7-709_7-710_7-711_7-712_7-713_7-714_7-715_7-716_7-717_7-718_7-719_7-720_7-721_7-722_7-723_7-724_7-725_7-726_7-727_7-728_7-729_7-730_7-731_7-732_7-733_7-734_7-735_7-736_7-737_7-738_7-739_7-740_7-741_7-742_7-743_7-744_7-745_7-746_7-747_7-748_7-749_7-750_7-751_7-752_7-753_7-754_7-755_7-756_7-757_7-758_7-759_7-760_7-761_7-762_7-763_7-764_7-765_7-766_7-767_7-768_7-769_7-770_7-771_7-772_7-773_7-774_7-775_7-776_7-777_7-778_7-779_7-780_7-781_7-782_7-783_7-784_7-785_7-786_7-787_7-788_7-789_7-790_7-791_7-792_7-793_7-794_7-795_7-796_7-797_7-798_7-799_7-800_7-801_7-802_7-803_7-804_7-805_7-806_7-807_7-808_7-809_7-810_7-811_7-812_7-813_7-814_7-815_7-816_7-817_7-818_7-819_7-820_7-821_7-822_7-823_7-824_7-825_7-826_7-827_7-828_7-829_7-830_7-831_7-832_7-833_7-834_7-835_7-836_7-837_7-838_7-839_7-840_7-841_7-842_7-843_7-844_7-845_7-846_7-847_7-848_7-849_7-850_7-851_7-852_7-853_7-854_7-855_7-856_7-857_7-858_7-859_7-860_7-861_7-862_7-863_7-864_7-865_7-866_7-867_7-868_7-869_7-870_7-871_7-872_7-873_7-874_7-875_7-876_7-877_7-878_7-879_7-880_7-881_7-882_7-883_7-884_7-885_7-886_7-887_7-888_7-889_7-890_7-891_7-892_7-893_7-894_7-895_7-896_7-897_7-898_7-899_7-900_7-901_7-902_7-903_7-904_7-905_7-906_7-907_7-908_7-909_7-910_7-911_7-912_7-913_7-914_7-915_7-916_7-917_7-918_7-919_7-920_7-921_7-922_7-923_7-924_7-925_7-926_7-927_7-928_7-929_7-930_7-931_7-932_7-933_7-934_7-935_7-936_7-937_7-938_7-939_7-940_7-941_7-942_7-943_7-944_7-945_7-946_7-947_7-948_7-949_7-950_7-951_7-952_7-953_7-954_7-955_7-956_7-957_7-958_7-959_7-960_7-961_7-962_7-963_7-964_7-965_7-966_7-967_7-968_7-969_7-970_7-971_7-972_7-973_7-974_7-975_7-976_7-977_7-978_7-979_7-980_7-981_7-982_7-983_7-984_7-985_7-986_7-987_7-988_7-989_7-990_7-991_7-992_7-993_7-994_7-995_7-996_7-997_7-998_7-999_1000">MDHHS - Reporting Requirements (michigan.gov)</a></p>