

Report for: ██████████ (41) County

People of age at least (months) **19**
 but not yet of age (months) **36**

Gender **All**
 Patient Status **Standard**
 Migrant People **Exclude**

Minimum Doses of DTaP/DT/Td **4**
 Minimum Doses of IPV **3**
 Minimum Doses of MMR **1**
 Minimum Doses of HIB **3**
 Minimum Doses of HepB **3**
 Minimum Doses of Varicella **1**
 Minimum Doses of PCV7 (Prevnar) **4**
 Minimum Doses of HepA **2**
 Minimum Doses of Rotavirus **0**
 Minimum Doses of Influenza **0**
 Minimum Doses of Meningococcal **0**
 Minimum Doses of HPV **0**

*: People may be considered compliant for Hib even if they do not meet minimum number of doses stipulated if they are assessed as complete.

Plan	Total Evaluated		Meeting Criteria		Not Meeting Criteria	
	#	%	#	%	#	%
Kent (41) County Totals	3694	100	2326	63	1368	37
CAPE HEALTH PLAN	0	100	0	0	0	100
COMMUNITY CHOICE MICHIGAN	0	100	0	0	0	100
GREAT LK HLTH PLAN	290	100	179	62	111	38
HEALTH PLAN OF MICHIGAN	835	100	511	61	324	39
HEALTHPLUS PARTNERS INC	0	100	0	0	0	100
BLUECAID	70	100	41	59	29	41
MCLAREN HEALTH PLAN	100	100	50	50	50	50
MIDWEST HEALTH PLAN INC	0	100	0	0	0	100
MOLINA HEALTHCARE OF MICHIGAN	577	100	345	60	232	40
OMNICARE	0	100	0	0	0	100
PHP OF MID MICH FAMILY CARE	0	100	0	0	0	100
PHP OF SOUTHWEST MICHIGAN INC	0	100	0	0	0	100
PRIORITY HLTH GOV PROGRAMS INC	1820	100	1200	66	620	34
TOTAL HEALTH CARE	1	100	0	0	1	100
UPPER PENINSULA HLTH PLAN INC	1	100	0	0	1	100
CARESOURCE MI	0	100	0	0	0	100
PROCARE HEALTH PLAN INC	0	100	0	0	0	100