

Current Medicaid Profile for MOLINA HEALTHCARE OF MICHIGAN

Report Date: August 18, 2016

Immunization Schedule Specified for Clients

People of age at least (months)	19
but not yet of age (months)	36
Minimum Doses of DTaP/DT/Td/Tdap	<u>4</u>
Minimum Doses of IPV	<u>3</u>
Minimum Doses of MMR	<u>1</u>
Minimum Doses of HIB	<u>3</u>
Minimum Doses of HepB	<u>3</u>
Minimum Doses of Varicella	<u>1</u>
Minimum Doses of PCV7/13 (Prevnar)	<u>4</u>
Minimum Doses of HepA	<u>2</u>
Minimum Doses of Rotavirus	<u>0</u>
Minimum Doses of Influenza	<u>0</u>
Minimum Doses of Meningococcal	<u>0</u>
Minimum Doses of HPV	<u>0</u>
Gender	<u>All</u>
Patient Status	<u>Standard</u>
Migrant People	<u>Exclude</u>

*: People may be considered compliant for Hib and PCV7 even if they do not meet minimum number of doses stipulated if they are assessed as complete.

HEATH PLAN SUMMARY

	Number	Percent
Clients That Meet Above Criteria	6202	53
Clients Not Meeting Above Criteria	5556	47
Total Number of Clients Evaluated	11758	100