



Healthy Michigan Plan

Presentation to the House Appropriations—Health and
Human Services Subcommittee

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Healthy Michigan Plan Basics

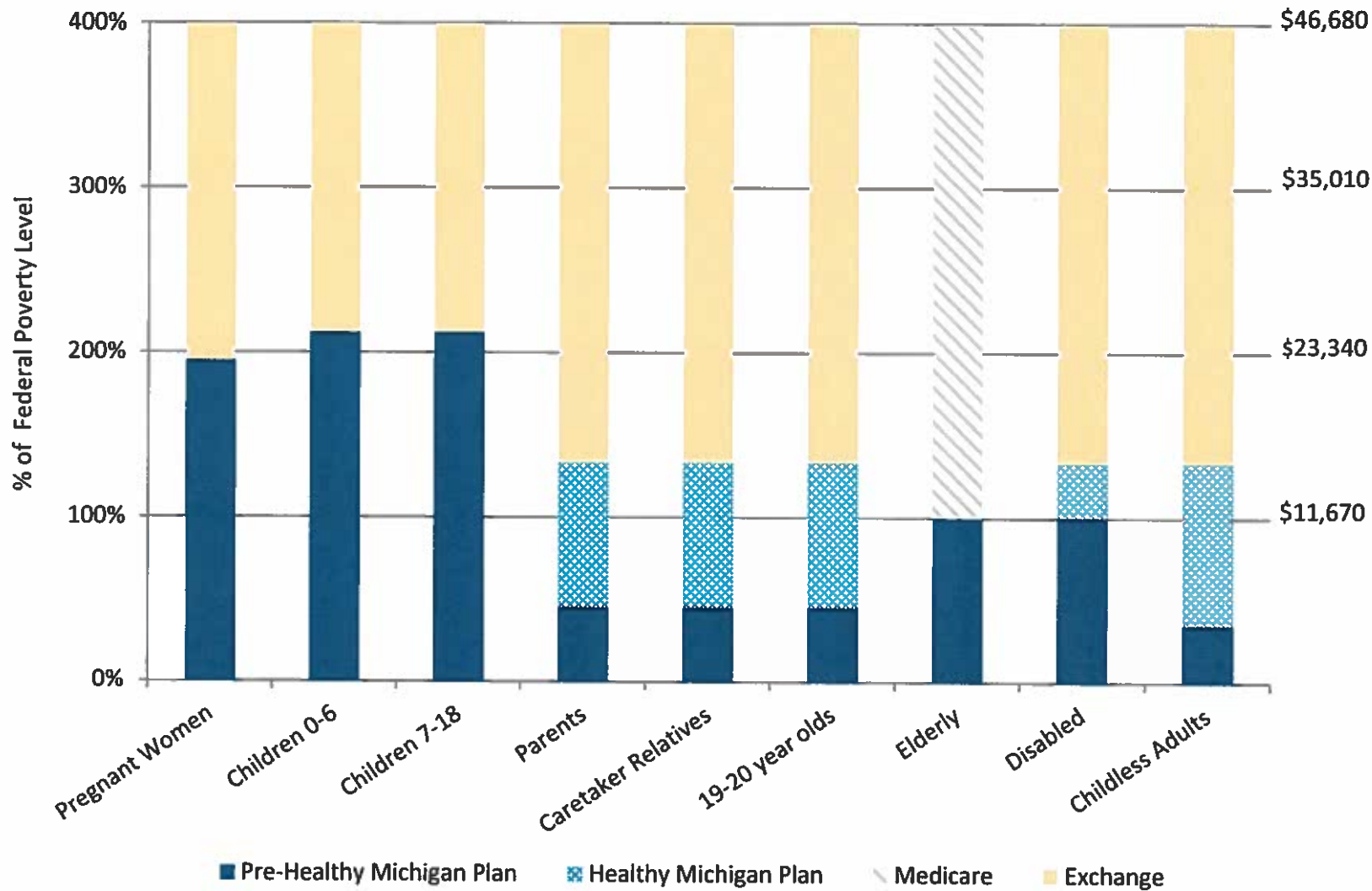
- Program launched in April 2014 after:
 - Passage of PA 107 of 2013, the authorizing state legislation
 - Initial federal waiver approval from the Centers for Medicare and Medicaid Services (CMS), which was received on December 30, 2013
- Extended access to comprehensive health coverage to around 650,000 previously uninsured or underinsured Michigan citizens

Healthy Michigan Plan Goals

- Improve access to healthcare for uninsured or underinsured low-income Michigan residents
- Improve the quality of healthcare services delivered;
- Reduce uncompensated care
- Encourage individuals to seek preventive care and encourage the adoption of healthy behaviors
- Help uninsured or underinsured individuals manage their health care issues
- Encourage quality, continuity, and appropriate medical care
- Study the effects of a demonstration model that infuses market-driven principles into a public healthcare insurance program



Healthy Michigan Plan Eligibility Changes



Annual Income - Individual



Unique Features of Healthy Michigan Plan

- PA 107 of 2013 also included incentives for beneficiaries to encourage personal responsibility
- Beneficiary Cost Sharing Requirements
 - MI Health Account for initial collections
 - Garnishment for failure to pay
- Healthy Behavior Promotion
 - Health Risk Assessment
 - Incentives for beneficiaries agreeing to address or maintain healthy behaviors

Cost-Sharing Requirements

- Two types of cost-sharing required in Healthy Michigan Plan:
 - Co-pays
 - For all beneficiaries regardless of income
 - Fixed amounts based on utilization of health care services
 - No co-pays for services related to chronic conditions
 - Contributions
 - For beneficiaries above 100% of the FPL
 - Based on income and family size
- Individuals who consistently fail to pay billed co-pays or contributions are referred to the Michigan Department of Treasury for collection

Cost-Sharing Requirements – Co-pays

Covered Services	Co-Pay	
	Income less than or equal to 100% FPL	Income more than 100% FPL
Physician Office Visits (including Free-Standing Urgent Care Centers)	\$ 2	\$ 4
Outpatient Hospital Clinic Visit	\$ 1	\$ 4
Emergency Room Visit for Non-Emergency Services <ul style="list-style-type: none"> • Co-payment ONLY applies to non-emergency services • There is no co-payment for true emergency services 	\$ 3	\$ 8
Inpatient Hospital Stay (with the exception of emergent admissions)	\$ 50	\$ 100
Pharmacy	\$ 1 preferred \$ 3 non-preferred	\$ 4 preferred \$ 8 non-preferred
Chiropractic Visits	\$ 1	\$ 3
Dental Visits	\$ 3	\$ 4
Hearing Aids	\$ 3 per aid	\$ 3 per aid
Podiatric Visits	\$ 2	\$ 4
Vision Visits	\$ 2	\$ 2

MI Health Account

- Mechanism to facilitate beneficiary education and responsibility of health care service utilization
- Beneficiaries begin receiving a Quarterly MI Health Account Statement 6 months after enrollment in a Medicaid Health Plan
- Statements include:
 - Itemization of health services received
 - Cost of services for the beneficiary and the Health Plan
 - Co-pays and/or contributions owed by the beneficiary
 - Any past due amount owed
 - Reductions in cost sharing
 - Payment instructions
 - Health messages

MI Health Account Payments

- Payments can be made:
 - Online using a bank account
 - By mail via check or money order
- Through September 2017, nearly \$13 million total has been collected from approximately 400,000 Healthy Michigan Plan beneficiaries.

Health Risk Assessment

- Beneficiaries who complete a Health Risk Assessment and agree to address or maintain a healthy behavior may be eligible to receive financial incentives:
 - A 50% reduction in their required monthly co-pay amounts (after a set percentage of income has already been paid in co-pays), AND
 - A 50% reduction in required contributions or a comparably valued gift card from their health plan if they are not required to pay contributions.

Health Risk Assessment

Results as of September 2017:

- A total of 210,258 Health Risk Assessments were completed with primary care providers.
- 99.1% of the beneficiaries who have completed this process chose to either address or maintain healthy behaviors.
- 60% of beneficiaries chose more than one healthy behavior to address.

Impact of Healthy Michigan Plan

On beneficiaries:

- 80% of enrollees are now receiving an annual primary or preventive care visit
- The number of enrollees utilizing the Emergency Department as their regular source of care dropped from 16% to 1.7% after enrolling in HMP

On providers:

- Over 50% providers reported an increase in new patients and the majority of practices reporting hiring additional clinicians and/or staff
- The cost of uncompensated care provided by Michigan hospitals has decreased by nearly 50 percent

On the state's economy:

- Generates more than 30,000 new jobs every year, yielding ~\$2.3 billion more in personal spending power each year for Michigan residents
- Generates ~\$150 million in income and sales tax revenue annually for the state

Healthy Michigan Plan-Second Waiver

- Pursuant to PA 107 of 2013, MDHHS was required to obtain a second waiver in order to maintain coverage for all beneficiaries enrolled in the Healthy Michigan Plan
- In accordance with this statutory requirement, MDHHS submitted a second waiver request to CMS on September 1, 2015
- This waiver was approved on December 17, 2015

Healthy Michigan Plan-Second Waiver

- Effective April 1, 2018, all individuals above 100% FPL, except those who are medically frail or newly enrolled, will choose between two delivery system options:
 1. Healthy Michigan Plan, available with the completion of a healthy behavior, **OR**
 2. MI Marketplace Option, whereby beneficiaries receive coverage through a product on the individual market
- Newly enrolled individuals will have a 12-month grace period in which they can choose to attest to a healthy behavior and remain in Healthy Michigan Plan

Healthy Michigan Plan- Second Waiver Healthy Behaviors Protocol

- Healthy Behaviors can be documented in any of the following ways:
 1. Completion of Health Risk Assessment with agreement to address or maintain healthy behaviors
 2. Participation in an approved wellness programs offered through a Medicaid Health Plan
 3. Claims for specific wellness services
 - Annual preventive visit
 - Preventive dental services
 - Appropriate cancer screening
 - Tobacco cessation
 - Advisory Committee on Immunization Practices (ACIP) recommended vaccination(s)
 - Other preventive screening

Healthy Michigan Plan-Second Waiver Next Steps

Month	Activities
September-Ongoing	<ul style="list-style-type: none"> • Monthly Operations Meetings with Marketplace issuers • System design and implementation
September	<ul style="list-style-type: none"> • Operational protocols submitted to CMS for approval
October	<ul style="list-style-type: none"> • Educational webinar hosted by MDHHS • Medicaid Health Plans approved to begin targeted outreach for individuals who have not completed the Healthy Behaviors protocol
November	<ul style="list-style-type: none"> • Formal MDHHS notice sent to all Healthy Michigan Plan enrollees (except medically frail)
February	<ul style="list-style-type: none"> • Transition letter sent from MDHHS to those who will be sent to MI Marketplace Option
April	<ul style="list-style-type: none"> • Transition process begins

MDHHS Contact Info and Useful Information

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Healthy Michigan Plan Website:

www.michigan.gov/healthymichiganplan

Website includes:

- Operational Protocols
- MI Health Account Executive Report
- Health Risk Assessment Report