STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

September 14, 2015

Leila Ashkeboussi, Project Officer
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

Dear Ms. Ashkeboussi,

Re: Project Number 11-W-00245/5 – Healthy Michigan Plan

Enclosed is the quarterly report for Healthy Michigan Plan. It covers the third quarter of federal fiscal year 2015. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

Should you have any questions related to the information contained in this report, please contact Jacqueline Coleman. She may be reached by phone at (517) 241-7172, or by e-mail at colemanj@michigan.gov.

Sincerely,

[redacted]

Brian Keisling, Director
Actuarial Division

cc: Ruth Hughes
Angela Garner

Enclosure

Michigan Adult Coverage Demonstration
Section 1115 Quarterly Report

Demonstration Year: 6 (01/01/2015 – 12/31/2015)
Federal Fiscal Quarter: 3 (04/01/2015 – 06/30/2015)

Approval Period: December 30, 2013 through December 31, 2018

Table of Contents

Introduction

In January 2004, the "Adult Benefits Waiver" (ABW) was approved and implemented as a Title XXI funded Section 1115 demonstration. The ABW provided a limited ambulatory benefit package to previously uninsured, low-income non-pregnant childless adults ages 19 through 64 years with incomes at or below 35 percent of the Federal poverty level (FPL) who are not eligible for Medicaid.

In December 2009, Michigan was granted approval by the Centers for Medicare and Medicaid Services (CMS) for a new Medicaid Section 1115 demonstration, entitled "Michigan Medicaid Nonpregnant Childless Adults Waiver (Adult Benefits Waiver)," to allow the continuation of the ABW health coverage program after December 31, 2009 through the use of Title XIX funds. The new ABW demonstration allowed Michigan to continue offering the ABW coverage program through September 30, 2014, under terms and conditions similar to those provided in the original Title XXI demonstration.

In December 2013, CMS approved Michigan's request to amend the Medicaid demonstration, entitled "Healthy Michigan Plan Section 1115 Demonstration (Project No. 11-W-00245/5)," formerly known as the Medicaid Nonpregnant Childless Adults Waiver [Adult Benefits Waiver (ABW)]. On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the FPL. To accompany this expansion, the Michigan ABW was amended and transformed to establish the Healthy Michigan Plan, through which the Michigan Department of Health & Human Services (MDHHS) will test innovative approaches to beneficiary cost sharing and financial responsibility for health care for the new adult eligibility group. Healthy Michigan Plan provides a full health care benefit package as required under the Affordable Care Act including all of the Essential Health Benefits as required by Federal law and regulation. There will not be any limits on the number of individuals who can enroll. Beneficiaries who received coverage under the ABW program transitioned to the Healthy Michigan Plan on April 1, 2014.

The new adult population with incomes above 100 percent of the FPL will be required to make contributions toward the cost of their health care. In addition, all newly eligible adults from 0 to 133 percent of the FPL will be subject to copayments consistent with federal regulations. In October 2014, the MI Health Account was established for individuals enrolled in managed care plans to track beneficiaries' cost-sharing and service utilization. Healthy Michigan Plan beneficiaries will receive quarterly statements that summarize the MI Health Account activity. Beneficiaries will also have opportunities to reduce their cost-sharing amounts by agreeing to address or maintain certain Healthy Behaviors.

To reflect its expanded purpose, the name of the demonstration is changed to Healthy Michigan Plan. The overarching themes used in the benefit design will be:

- Increasing access to quality health care;
- Encouraging the utilization of high-value services; and
- Promoting beneficiary adoption of healthy behaviors and using evidence-based practice initiatives.

Organized service delivery systems will be utilized to improve coherence and overall program efficiency.

MDHHS's goals in amending the demonstration are to:

- Improve access to healthcare for uninsured or underinsured low-income Michigan citizens;
- 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; and
- Study the effects of a demonstration model that infuses market-driven principles into a public healthcare insurance program by examining:
    - The extent to which the increased availability of health insurance reduces the costs of uncompensated care borne by hospitals;
    - The extent to which availability of affordable health insurance results in a reduction in the number of uninsured/underinsured individuals who reside in Michigan;
    - Whether the availability of affordable health insurance, which provides coverage for preventive and health and wellness activities, will increase healthy behaviors and improve health outcomes; and
    - The extent to which beneficiaries feel that the Healthy Michigan Plan has a positive impact on personal health outcomes and financial well-being.

Enrollment and Benefits Information

Enrollment into the Healthy Michigan Plan, beginning April 1, 2014, happened two ways. First, beneficiaries who were enrolled in the ABW were automatically transitioned into the Healthy Michigan Plan effective April 1, 2014. Second, MDHHS began enrolling new beneficiaries into the new program beginning April 1, 2014. Potential enrollees can apply for the program in one of three ways. They can apply via the MDHHS website, call a toll-free number or visit their local MDHHS office. At this time, MDHHS does not anticipate any changes in the population served or the benefits offered. Program enrollment and disenrollment during this quarter has remained similar to that of previous quarters. Michigan continues to see evidence of the high demand for services offered.

Table 1: Healthy Michigan Plan New Enrollments by Month

April 2015	May 2015	June 2015	Total
33,814	28,706	26,779	89,299

Table 2: Healthy Michigan Plan Disenrollments by Month

April 2015	May 2015	June 2015	Total
37,975	27,585	28,487	94,047

Most Healthy Michigan Plan beneficiaries have elected to choose a health plan rather than being automatically assigned to a health plan. As of June 15, 2015, 350,708 or 74 percent of the State's 472,869 Healthy Michigan Plan health plan enrollees selected a health plan. The remaining managed care enrolled beneficiaries were automatically assigned to a health plan. All Medicaid Health Plan members have an opportunity to change their plan within 90 days of enrollment into the plan. During this quarter, 7,852 of all Healthy Michigan Plan health plan enrollees changed health plans. This quarter, 4,047 or 52 percent, of beneficiaries that changed plans were previously automatically assigned to a health plan. The remaining beneficiaries were those that changed plans after selecting a health plan.

Healthy Michigan Plan members have the opportunity to reduce cost-sharing requirements through the completion of Health Risk Assessments and engaging in healthy behaviors. MDHHS has developed a standard Health Risk Assessment form to be completed annually. Health Risk Assessment forms and reports are located on the MDHHS website: http://www.michigan.gov/mdch/0,4612,7-132-2943_66797-325070--,00.html. New members are informed that an annual preventative visit is a covered benefit of the Healthy Michigan Plan. The Health Risk Assessment document is intended to be completed in two parts. The member typically completes the first sections of the form with the assistance of the Healthy Michigan Plan enrollment broker. Members that are automatically assigned to a health plan are not surveyed. The remainder of the form is completed at the initial primary care visit.

The initial assessment questions section of the Health Risk Assessments completed through the MDHHS enrollment broker had a completion rate of 96 percent this quarter. MDHHS is encouraged by the high level of participation by beneficiaries at the initial point of contact.

The following table details that Health Risk Assessment data collected by the enrollment broker:

Table 3: Health Risk Assessment Enrollment Broker Data

Month	Number of Completed HRAs	Percent of Total	Number of Refused HRAs	Percent of Total	Total Enrollment Calls
April 2015	10,698	96%	425	4%	11,123
May 2015	9,653	96%	383	4%	10,036
June 2015	7,229	96%	396	4%	7,625
Total	27,580	96%	1,204	4%	28,784

Completion of the remaining Health Risk Assessment sections (beyond those completed through the State's enrollment broker) requires beneficiaries to schedule an annual appointment, select a Healthy Behavior, and have member results completed by their primary care provider. The primary care provider then securely sends the completed Health Risk Assessment to the appropriate Medicaid Health Plan. This quarter, 13,991 Health Risk Assessments for Healthy Michigan Plan beneficiaries participating in the healthy behaviors incentive program were submitted by Medicaid Health Plans. Of these, health plans have reported that 11,050 of the earned incentives are gift card incentives. Additionally, 2,885 reductions in future contribution requirements have been earned. Reductions earned were first applied to the MI Health Account Statements in November 2014. In this quarter, 4,508 reductions were applied. The remaining contribution reductions earned will be applied when those beneficiaries receive their first quarterly statement. MDHHS is continuing to consider ways to increase the level of participation in the Healthy Michigan Plan's Healthy Behaviors program. Currently, participation is at or above that in programs in other state and commercial settings. The July 2015 Health Risk Assessment Report has been included as an enclosure.

The following table details Health Risk Assessment data collected by the Medicaid Health Plans:

Table 4: Health Risk Assessment Health Plan Data				
	April 2015	May 2015	June 2015	Total
Health Risk Assessments Submitted	4,356	5,218	4,417	13,991
Gift Cards Earned	3,427	4,136	3,487	11,050
Reductions Earned	913	1,068	904	2,885
Reductions Applied	1,259	1,098	2,151	4,508

Enrollment Counts for Quarter and Year to Date

Enrollment counts below are for unique members for identified time periods. The unique enrollee count will differ from the June 2015 count from the Beneficiary Month Reporting section as a result of disenrollment that occurred during the quarter. Disenrollment can occur for a variety of reasons including change in eligibility status, such as an increase in income, or as part of a redetermination cycle, for example.

While Healthy Michigan Plan enrollment continued to demonstrate substantial growth, MDHHS saw a significant number of disenrollments from the plan as reported in the Monthly Enrollment Reports to CMS. Healthy Michigan disenrollments reflected individuals who were disenrolled during a redetermination of eligibility or switched coverage due to eligibility for other Medicaid program benefits. In most cases when beneficiaries were disenrolled from the Healthy Michigan Plan due to eligibility for other Medicaid programs. This can be a result of MDHHS's validation of self-attested information from the beneficiary. After a beneficiary is approved for Healthy Michigan Plan coverage, MDHHS performs authentication processes to determine the beneficiary is in fact eligible as attested in the application for benefits. MDHHS matches beneficiary information provided with that available through State and Federal databases. Movement between Medicaid programs is not uncommon and MDHHS expects that beneficiaries will continue to shift between Healthy Michigan and other Medicaid programs as their eligibility changes.

Table 5: Enrollment Counts for Quarter and Year to Date			
Demonstration Population	Total Number of Demonstration Beneficiaries Quarter Ending – 06/2015	Current Enrollees (year to date)	Disenrolled in Current Quarter
ABW Childless Adults	N/A	N/A	N/A
Healthy Michigan Adults	665,375	731,771	94,047

Outreach/Innovation Activities to Assure Access

On March 20, 2014, Governor Snyder announced to the public that the State would begin taking applications for the new Healthy Michigan Plan effective April 1, 2014. MDHHS developed a Healthy Michigan Program website with information available to both beneficiaries and providers (http://www.michigan.gov/healthymiplan/). The Healthy Michigan Plan website provides the public with information on eligibility, how to apply, services covered, cost sharing requirements, frequently asked questions, Health Risk Assessment completion, and provider information. The site also provides a link for members to make MI Health Account payments. MDHHS also has a mailbox, HealthyMichiganPlan@michigan.gov, for questions or comments about the Healthy Michigan Plan. The May 5, 2015 Medical Care Advisory Council (MCAC) meeting occurred

during the quarter covered by this report. The minutes for this meeting have been included as an enclosure. MCAC meeting agendas and minutes are also available online at: http://michigan.gov/mdch/0,4612,7-132-2943_4860-55742--,00.html.

Collection and Verification of Encounter Data and Enrollment Data

As a mature managed care state, all Medicaid Health Plans submit encounter data to MDHHS for the services provided to Healthy Michigan Plan beneficiaries following the existing MDHHS data submission requirements. MDHHS utilizes encounter data to prepare MI Health Account statements and has experienced a low volume of adjustments. MDHHS works closely with the Medicaid Health Plans in reviewing, monitoring and investigating encounter data anomalies. MDHHS and the Medicaid Health Plans work collaboratively to correct any issues discovered as part of the quality review process. MDHHS has tentatively scheduled site visits with the Medicaid Health Plans as a part of the Encounter Quality Initiative for late 2015 or early 2016. This quarter, MDHHS continued to prepare for the implementation of the MI Health Account garnishment process.

Operational/Policy/Systems/Fiscal Developmental Issues

MDHHS holds bi-monthly meetings with the staff of Medicaid Health Plans to address operational issues, programmatic issues, and policy updates and clarifications. Updates and improvements to the Community Health Automated Medicaid Processing System (CHAMPS), the State's Medicaid Management Information System (MMIS) happen continually, and MDHHS strives to keep the health plans informed and functioning at the highest level. At these meetings, Medicaid policy bulletins and letters that impact the program are discussed, as are other operational issues. Additionally, these operational meetings include a segment of time dedicated to the oversight of the MI Health Account contactor. MDHHS and the health plans receive regular updates regarding MI Health Account activity and functionality.

The following Healthy Michigan Plan related Medicaid Policy Bulletins were issued by the State during the quarter covered by this report:

Table 6: Medicaid Policy Bulletins with Healthy Michigan Plan Impact

Issue Date	Link	Subject
05/01/2015	MSA 15-08	Expansion of Coverage for Pharmacy Administration of Vaccines
06/01/2015	MSA 15-14	Reimbursement for Wheelchair Lift and Medivan Transportation; Medical Needs Form Clarification
06/01/2015	MSA 15-15	Documentation Requirements for Pharmacy Providers
06/01/2015	MSA 15-16	Medicaid Coverage Updates for Tubal Sterilization Devices
06/01/2015	MSA 15-19	Coverage of Pharmacy Claims for Certain Outpatient Physician-Administered Injectable Drugs
06/01/2015	MSA 15-20	Update to the Nursing Facility Certification, Survey & Enforcement Appendix on Nursing Facility Voluntary Closure
06/01/2015	MSA 15-23	Updates to the Medicaid Provider Manual; ICD-10 Project Update; Changes to the Michigan Department of Community Health and the Michigan Department of Human Services

The following Healthy Michigan Plan related Medicaid Provider letters were issued by the State during the quarter covered by this report:

Table 7: Medicaid Provider Letters with Healthy Michigan Plan Impact		
Issue Date	Link	Subject
04/29/2015	L 15-27	Coverage of Physician-Administered Injectable Drugs as a Pharmacy Benefit
06/01/2015	L 15-35	Section 1115 Waiver Amendment Regarding Cost-Sharing Requirements
06/01/2015	L 15-36	Section 1332 Waiver Regarding Cost-Sharing Requirements

Financial/Budget Neutrality Development Issues

CMS approved an increase in the Healthy Michigan Plan per member per month limit on January 13, 2015. MDHHS did not experience budget neutrality issues this quarter. The completed budget neutrality table provided below reflects updates as expenditures are adjusted over time. For the purposes of completing the Healthy Michigan Plan Budget Neutrality Monitoring Table, MDHHS collects Healthy Michigan Plan expenditures from information included in the CMS 64.9VIII files submitted to CMS. Expenditures include those that both occurred and were paid in the same quarter in addition to adjustments to expenditures paid in quarters after the quarter of service. Expenditures for all eligible groups within the Healthy Michigan Plan were included.

Table 8: Healthy Michigan Plan Budget Neutrality Monitoring Table					
	DY 5 - PMPM	DY 6 - PMPM	DY 7 - PMPM	DY 8 - PMPM	DY 9 - PMPM
Approved HMP PMPM	$667.36	$542.15	$569.80	$598.86	$629.40
Actual HMP PMPM (YTD)	$441.59	$414.82			
Total Expenditures (YTD)	$1,613,144,731.00	$1,496,287,028.00			
Total Member Months (YTD)	3,653,023	3,607,068			

Beneficiary Month Reporting

The beneficiary counts below include information for each of the designated months during the quarter, and include retroactive eligibility through June 31, 2015.

Table 9: Healthy Michigan Plan Beneficiary Month Reporting				
Eligibility Group	April 2015	May 2015	June 2015	Total for Quarter Ending 06/15
Healthy Michigan Adults	610,297	611,710	611,875	1,833,882

Consumer Issues

This quarter, the total number of Healthy Michigan Plan complaints reported to MDHHS was 44. Issues obtaining prescriptions comprised 59 percent of total complaints received by MDHHS. Beneficiaries experiencing issues obtaining transportation consisted of 18 percent of total complaints reported to MDHHS. In an effort to improve the quality of this benefit, MDHHS is developing an informational quality report examining transportation. This report will be shared with the Medicaid Health Plans and will contain a comparison of traditional Medicaid and Healthy Michigan Plan populations. Complaints related to other covered services consisted of 16 percent of total complaints. Complaints on other issues comprised 7 percent of total

complaints and included dental and behavioral health services. Overall, with over 1.8 million member months during the quarter, MDHHS is encouraged by its low rate of contacts related to Healthy Michigan Plan complaints. MDHHS will continue to monitor calls to the Beneficiary Helpline to identify problems or trends that need to be addressed.

Table 10: Healthy Michigan Plan Complaints Reported to MDHHS					
April 2015 – June 2015					
	Obtaining Prescriptions	Transportation	Other Covered Services	Other Issues	Total
Count	26	8	7	3	44
Percent	59%	18%	16%	7%	

Quality Assurance/Monitoring Activity

MDHHS completes Performance Monitoring Reports (PMR) for the thirteen Medicaid Health Plans that are licensed and approved to provide coverage to Michigan's Medicaid beneficiaries. These reports are based on data submitted by the health plans. Information specific to the Healthy Michigan Plan are included in these report. The measures for the Healthy Michigan Plan population will mirror those used for the traditional Medicaid population. In addition, MDHHS will monitor trends specific to this new population over time.

MDHHS conducted Medicaid Health Plan site visits in June 2015. Site visits contained a review of Healthy Michigan Plan related procedures including but not limited to:

- Initial enrollment including the enrollment/welcome packet and associated materials (member ID card, Health Risk Assessment), and scripts for welcome calls if applicable
- Timely Primary Care Provider assignment
- Assistance with scheduling the initial appointment
- Assistance with scheduling transportation
- Receipt of the Health Risk Assessment from the provider office, processing, data entry, and file submission
- Assistance/Outreach to members who have identified specific health needs

This quarter, the Medicaid Health Plans completed deliverables as a part of the 2015 Healthy Michigan Plan Pay for Performance Project. Under the Cost Sharing and Incentives category, Medicaid Health Plans submitted descriptions of ongoing monitoring of the MI Health Account vendor. Plans were asked to specifically describe required cost sharing reports, member education on cost sharing responsibilities, and investigation of MI Health Account complaints received by the vendor. Under the Access to Care category, MDHHS examined encounter data related to transportation services and primary care physicians with evening and weekend appointment availability. Under the Value Added category, Medicaid Health Plans submitted documentation describing additional efforts beyond expectations in all performance categories.

MDHHS continues to collect data for the purpose of PMR completion. All of the Healthy Michigan Plan measures are informational until standards are set. The latest standards are expected to be published in 2015. The PMR covering this quarter has not yet been published but information for this quarter will be provided in future reports as available.

Managed Care Reporting Requirements

MDHHS has established a variety of reporting requirements for the Medicaid Health Plans, many of which are compiled, analyzed and shared with the plans in the Performance Monitoring Reports described in the Quality Assurance/Monitoring Activity section of this report. This quarter, applicable Healthy Michigan Plan members received MI Health Account quarterly statements. Beneficiaries are able to make payments online and by mail.

The MI Health Account Call Center handles questions regarding the MI Health Account welcome letters and MI Health Account quarterly statements. MDHHS' Beneficiary Help Line number is listed on all MI Health Account letters. Staff are cross trained to provide assistance on a variety of topics. Commonly asked questions for callers contacting the MI Health Account Call Center relate to general MI Health Account information and payment amounts. Members calling regarding the quarterly statements have asked about amounts owed, requested clarification on the contents of the statement, and reported an inability to pay amounts owed.

During this quarter, Healthy Michigan Plan members continued making payments for contributions and copays to the MI Health Account. Members that received a MI Health Account statement in April 2015 have a payment due date of July 15, 2015. For those that received their statement in May 2015, the payment due date is August 15, 2015. June 2015 statements have a payment due date of September 15, 2015.

Table 11 illustrates MI Health Account statement mailing activity for the current quarter. Additionally this table includes copay and contribution amounts owed when the statements were mailed.

Table 11: MI Health Account Statement Mailing

Month Statement Mailed	Statements Mailed	Statements Requiring a Copay Only	Statements Requiring a Contribution Only	Statements Requiring a Copay and Contribution	Total Copay Amount Owed	Total Contribution Amount Owed	Percent of Statements Requiring Payment
April 2015	80,889	17,978	5,258	7,447	$184,135.08	$709,952.92	38%
May 2015	44,567	10,857	3,510	5,010	$114,096.56	$463,685.26	43%
June 2015	69,748	16,568	4,725	7,842	$185,968.11	$679,431.06	42%
Total	195,204	45,403	13,493	20,299	$484,199.75	$1,853,069.24	41%

Table 12 details MI Health Account collection activity including amounts owed and amounts collected to date for the quarter covered in this report. The total amount owed in Table 12 will not equate the total amount owed reported in Table 11 due to fluctuations in beneficiary circumstances that impact amounts owed to the MI Health Account. Table 11 reflects amounts owed when the statements were mailed and Table 12 reflects amounts owed to date. For example, a beneficiary may report a change in income since their statement was mailed that ultimately adjusted their contribution amount.

Table 12: MI Health Account Collection Amount Summary						
Month Statement Mailed	Beneficiaries Required to Pay	Number of Beneficiaries Paid	Percent of Beneficiaries Paid	Total Amount Owed	Amount Collected	Percent Collected
April 2015	38,130	10,184	27%	$768,759.70	$240,882.21	31%
May 2015	24,387	5,750	24%	$502,671.60	$134,023.23	27%
June 2015	36,977	10,152	27%	$865,399.17	$204,807.35	24%
Total	99,494	26,086	26%	$2,136,830.47	$579,712.79	27%

Table 13 displays the total amount collected by enrollment month and quarterly pay cycle since the implementation of the MI Health Account. For example, beneficiaries that enrolled in October 2014 received their first quarter statement in April 2015.

Table 13: MI Health Account Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percent Collected
April 2014	Oct 2014 - Dec 2014	$26,930.70	$12,961.18	48%
	Jan 2015 - Mar 2015	$52,873.65	$22,939.19	43%
	Apr 2015 - Jun 2015	$53,654.30	$18,607.60	35%
May 2014	Nov 2014 - Jan 2015	$43,019.44	$21,882.98	51%
	Feb 2015 - Apr 2015	$34,723.06	$15,912.85	46%
	May 2015 - July 2015	$30,084.99	$12,974.54	43%
June 2014	Dec 2014 - Feb 2015	$531,059.21	$267,802.36	50%
	Mar 2015 - May 2015	$427,810.17	$179,709.97	42%
July 2014	Jan 2015 - Mar 2015	$599,967.44	$246,638.59	41%
	Apr 2015 - Jun 2015	$443,897.55	$145,276.94	33%
August 2014	Feb 2015 - Apr 2015	$246,426.19	$99,213.84	40%
	May 2015 - July 2015	$182,406.07	$51,067.02	28%
September 2014	Mar 2015 - May 2015	$306,726.10	$ 101,934.98	33%
October 2014	Apr 2015 - Jun 2015	$271,207.85	$ 76,997.67	28%
November 2014	May 2015 - July 2015	$290,180.54	$ 69,981.67	24%

Payments can be made to the MI Health Account by mail or online. Table 14 includes the current quarter's MI Health Account payments by payment method.

Table 14: MI Health Account Methods of Payment			
	April 2015	May 2015	June 2015
Percent Paid Online	27%	30%	25%
Percent Paid by Mail	73%	70%	75%

Cost sharing exemptions are applied to specific groups by law, regulation and program policy. The MI Health Account adjustment activity is detailed in Table 15.

Table 15: MI Health Account Adjustment Activities						
	April 2015		June 2015		July 2015	
	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount	Number of Beneficiaries	Total Amount
Beneficiary is Under Age 21	406	$22,472.25	370	$20,216.75	513	$27,137.80
Pregnancy	333	$9,066.38	288	$6,310.27	451	$14,593.53
Hospice	0	$0.00	0	$0.00	0	$0.00
Native American	41	$2,530.50	37	$2,180.00	32	$1,953.00
Five Percent Cost Share Limit Met	35,350	$398,668.91	27,200	$337,590.23	40,685	$500,066.09
FPL No Longer > 100% - Contribution	0	$0.00	0	$0.00	0	$0.00
Healthy Behavior Copay	7	$49.06	60	$350.76	72	$454.82
Healthy Behavior Contribution	1,259	$39,327.26	2,151	$65,867.30	2,160	$68,403.07
Total	37,396	$472,114.36	30,106	$432,515.31	43,913	$612,608.31

Healthy Michigan Plan members that do not meet payment obligations for three consecutive months are deemed “consistently failing to pay.” Consequences for consistently failing to meet payment obligations include loss of the healthy behavior reduction and garnishment of state tax refunds and lottery winnings. Table 16 provides the number of members with past due MI Health Account balances and the number of members that have past due balances that are eligible for collection through the Michigan Department of Treasury for this reporting quarter.

Table 16: MI Health Account Past Due Collection Amounts		
Month	Number of Beneficiaries with Past Due Copays/Contributions	Number of Beneficiaries with Past Due Copays/Contributions that are Collectible Debt
April	11,699	4
May	23,046	116
June	29,073	1,404

MDHHS has refined the Managed Care Organization grievance and appeal reporting process to collect Healthy Michigan Plan specific data. Grievances are defined in the MDHHS Medicaid Health Plan Grievance/Appeal Summary Reports as an expression of dissatisfaction about any matter other than an action subject to appeal. Appeals are defined as a request for review of the Health Plan’s decision that results in any of the following actions:

- The denial or limited authorization of a requested service, including the type or level of service;
- The reduction, suspension, or termination of a previously authorized service;

- The denial, in whole or in part, of a payment for a properly authorized and covered service;
- The failure to provide services in a timely manner, as defined by the State; or
- The failure of the Health Plan to act within the established timeframes for grievance and appeal disposition.

MDHHS has included grievance and appeals data reported by the Medicaid Health Plans from this quarter in the following tables:

Table 17: Managed Care Organization Appeals			
April 2015 – June 2015			
	Decision Upheld	Overturned	Total
Count	23	35	58
Percent	40%	60%	

Table 18: Managed Care Organization Grievances						
April 2015 – June 2015						
	Access	Quality of Care	Administrative/Service	Billing	Transportation	Total
Count	62	71	112	29	175	449
Percent	14%	16%	25%	6%	39%	

From April 2015 to June 2015, there were 58 total appeals among all the Medicaid Health Plans. Medicaid Health Plan decisions were upheld in 40 percent of the appeals. From April 2015 to June 2015 there were a total of 449 grievances. The greatest number of grievances came from the transportation category. Transportation grievances relate to issues with the transportation benefit and often mirror the complaints members directly reported to MDHHS. As mentioned earlier in the Consumer Issues section, MDHHS is developing an informational quality report examining transportation. Access grievances can include a primary care physician not accepting new patients, limited specialist availability, the refusal of a primary care physician to complete a referral or write a prescription, a lack of services provided by the primary care physician, long wait times for appointments and denied services. Grievances related to quality of care pertain to the level of care issues experienced by beneficiaries. Administrative/Service grievances can range from issues with claims, enrollment, eligibility, out-of-network providers and benefits not covered. Issues reported under the Billing category pertain to billing issues. MDHHS will continue to monitor the Medicaid Health Plans Grievance/Appeal Summary Reports to ensure levels of grievances remain low and resolution of grievances is completed in a timely manner.

Lessons Learned

MDHHS continues to learn from the experience of launching a program the size and scope of the Healthy Michigan Plan. As the Healthy Michigan Plan has matured, MDHHS has closely monitored levels of enrollment and has observed distinct patterns. Typically in the first week of the month, total program enrollment drops due to redeterminations. Program enrollment then gradually increases throughout the month to roughly original enrollment levels. With retroactive eligibility accounted for, Healthy Michigan Plan enrollment remains steadily at or above 600,000 on a monthly basis. MDHHS has learned to expect this pattern and level of enrollment. The

State will continue to monitor enrollment and report progress on the Healthy Michigan Plan website. Healthy Michigan Plan Enrollment Statistics can be found at the State's Healthy Michigan Plan website: http://www.michigan.gov/mdch/0,4612,7-132-2943_66797---,00.html.

Demonstration Evaluation

MDHHS has commissioned the University of Michigan's Institute for Healthcare Policy and Innovation (IHPI) to serve as the Healthy Michigan Plan independent evaluator. The IHPI has developed a comprehensive plan to address the needs of the State and CMS. In accordance with paragraph 67 of the waiver special terms and conditions, the State submitted a draft of its initial evaluation design to CMS on April 28, 2014 and, after a period of revisions, CMS formally approved the evaluation plan on October 22, 2014.

Demonstration evaluation activities for the Healthy Michigan Plan are utilizing an interdisciplinary team of researchers from the IHPI. The activities of the evaluation will carry in six domains over the course of the 5 year evaluation period:

I. An analysis of the impact the Healthy Michigan Plan on uncompensated care costs borne by Michigan hospitals;

II. An analysis of the effect of Healthy Michigan Plan on the number of uninsured in Michigan;

III. The impact of Healthy Michigan Plan on increasing healthy behaviors and improving health outcomes;

IV. The viewpoints of beneficiaries and providers of the impact of Healthy Michigan Plan;

V. The impact of Healthy Michigan Plan's contribution requirements on beneficiary utilization, and;

VI. The impact of the MI Health Accounts on beneficiary healthcare utilization.

Domain I

Although the interim report for Domain I isn't due until fiscal year (FY) 2018, IHPI has engaged in activities to find and compare baseline uncompensated care results from hospital cost reports and Internal Revenue Service filings to understand the distribution of uncompensated care in Michigan. This quarter's efforts included utilizing the United States' Census Bureau's American Community Survey to compare demographic statistics in Michigan and other states to identify comparable states.

Domain II

Similar to Domain I, the Domain II interim report is not due until FY 2018. IHPI has prepared extracts of Current Population Survey data and will subsequently prepare extracts of American Community Survey data to help ascertain the difference between these two US Census Bureau data sources. This analysis will help to formulate a baseline uninsured rate in Michigan. Akin to Domain I's third quarter activities, efforts centered on analyzing the American Community Survey to identify comparable states with Michigan. In addition, reports from the United States Centers for Disease Control and Prevention were reviewed using the 2014 National Health Interview Survey to estimate the decline in the number of uninsured during 2014.

Domain III

Domain III will look at the impact of Healthy Michigan Plan on healthy behaviors and health outcomes. The interim report is due in FY 2017. IHPI is continuing to analyze early utilization patterns to develop a targeted sample for the Domain IV beneficiary survey and participated in meetings to refine their sampling plan. In addition, codes and reports for previous Michigan Medicaid projects were reviewed to ascertain coding or data issues, including decisions on how to categorize/assess months in which beneficiaries did not have an assigned primary care provider.

Domain IV

Domain IV will examine beneficiary and provider viewpoints of Healthy Michigan Plan through surveys. The interim report is due in FY 2016. Activities for third quarter of FY 2015 have included the following:

Primary Care Practitioner (PCP) Survey

- PCP Survey qualitative interviews were completed
- PCP survey and sample strategy was finalized and data collection began

Beneficiary Survey

- Cognitive interviews are in progress with beneficiaries to inform content of the beneficiary survey (referred to as the Healthy Michigan Voices Survey in the CMS Evaluation)
- Completed informant interviews with health plans, Michigan Department of Corrections, MDHHS Mental and Dental Health, and Community Mental Health Boards to help inform content of beneficiary survey
- Completed sampling strategy for the beneficiary survey
- Developing questions for the beneficiary survey
- Beneficiary interview guide developed
- Beneficiary interview guide for those eligible but not enrolled in the Healthy Michigan Plan developed
- Recruitment materials and plans developed and implemented for recruitment in the previously identified five communities where interviews will occur

Domains V/VI

Domains V and VI entail analyzing data to assess the impact of contributions and the MI Health Account statements on beneficiary utilization of health care services, respectively. The interim reports are due in FY 2017. This quarter's activities have built upon previous activities to further provide input into enrollee survey development and testing for questions related to cost sharing and consumer engagement/behavior. In addition, a new plan was devised for analysis of the comparative effectiveness of financial incentives for Health Risk Assessment completion.

Enclosures/Attachments

1. July 2015 Health Risk Assessment Report

2. May 2015 MCAC Meeting Minutes

State Contacts

If there are any questions about the contents of this report, please contact one of the following people listed below.

Jacqueline Coleman, Waiver Specialist

Phone: (517) 241-7172

Carly Todd, Analyst

Phone: (517) 241-8422

Jason Jorkasky, Federal Regulation & Hospital Reimbursement Section Manager

Phone: (517) 335-0215

Brian Keisling, Actuarial Division Director

Phone: (517) 241-7181

Actuarial Division

Bureau of Medicaid Policy and Health System Innovations

MSA, MDHHS, P.O. Box 30479

Lansing, MI 48909-7979

Fax: (517) 241-5112

Date Submitted to CMS

September 14, 2015

Michigan Department of Health and Human Services

Medical Services Administration

Bureau of Medicaid Care Management and Quality Assurance

Healthy Michigan Plan - Health Risk Assessment Report

July 2015

Produced by:

Quality Improvement and Program Development - Managed Care Plan Divison

Table of Contents

Health Risk Assessment Part 1

Health Risk Assessment Part 2

Introduction

Pursuant to PA 107 of 2013, sections 105d(1)e and 105d(12), a Health Risk Assessment has been developed for the Healthy Michigan Plan (form DCH-1315). It is designed as a two part document, where the beneficiary completes the first three sections and the primary care provider completes the last section. It includes questions on a wide range of health issues, a readiness to change assessment, an annual physical exam and a discussion about behavior change with their primary care provider. The topics in the assessment cover all of the behaviors identified in PA 107 including alcohol use, substance use disorders, tobacco use, obesity and immunizations. It also includes the recommended healthy behaviors identified in the Michigan Health and Wellness 4X4 Plan, which are annual physicals, BMI, blood pressure, cholesterol and blood sugar monitoring, healthy diet, regular physical exercise and tobacco use.

Health Risk Assessment Part 1

Health Risk Assessments completion through Michigan ENROLLS

In February 2014, the enrollment broker for the Michigan Department of Health and Human Services (Michigan ENROLLS) began administering the first section of the Health Risk Assessment to Healthy Michigan Plan beneficiaries who call to enroll in a health plan. In addition to asking new beneficiaries all of the questions in Section 1 of the Health Risk Assessment, call center staff inform beneficiaries that an annual preventive visit, including completion of the last three sections of the Health Risk Assessment, is a covered benefit of the Healthy Michigan Plan.

Completion of the Health Risk Assessment is voluntary; callers may refuse to answer some or all of the questions. Beneficiaries who are auto-assigned into a health plan are not surveyed. Survey results from Michigan ENROLLS are electronically transmitted to the appropriate health plan on a monthly basis to assist with outreach and care management.

The data displayed in Part 1 of this report reflect the responses to questions 1-9 of Section 1 of the Health Risk Assessment completed through Michigan ENROLLS. As shown in Table I, a total of 216,850 Health Risk Assessments were completed through Michigan ENROLLS as of July 2015. This represents a completion rate of 96.02%. Responses are reported in Tables 1 through 9. Beneficiaries who participated in the Health Risk Assessment but refused to answer specific questions are included in the total population and their answers are reported as “Refused”. Responses are also reported by age and gender.

Health Risk Assessment Completion through Michigan ENROLLS

Table I. Count of Health Risk Assessments (HRA) Questions 1-9 Completed with MI Enrolls

MONTH	COMPLETE	DECLINED
August 2014	108,692	3,914 (3.48%)
September 2014	119,558	4,372 (3.53%)
October 2014	131,323	4,974 (3.65%)
November 2014	136,835	5,293 (3.72%)
December 2014	146,161	5,976 (3.93%)
January 2015	158,763	6,531 (3.95%)
February 2015	168,411	6,908 (3.94%)
March 2015	181,510	7,414 (3.92%)
April 2015	192,208	7,839 (3.92%)
May 2015	201,861	8,222 (3.91%)
June 2015	209,090	8,618 (3.96%)
July 2015	216,850	8,996 (3.98%)

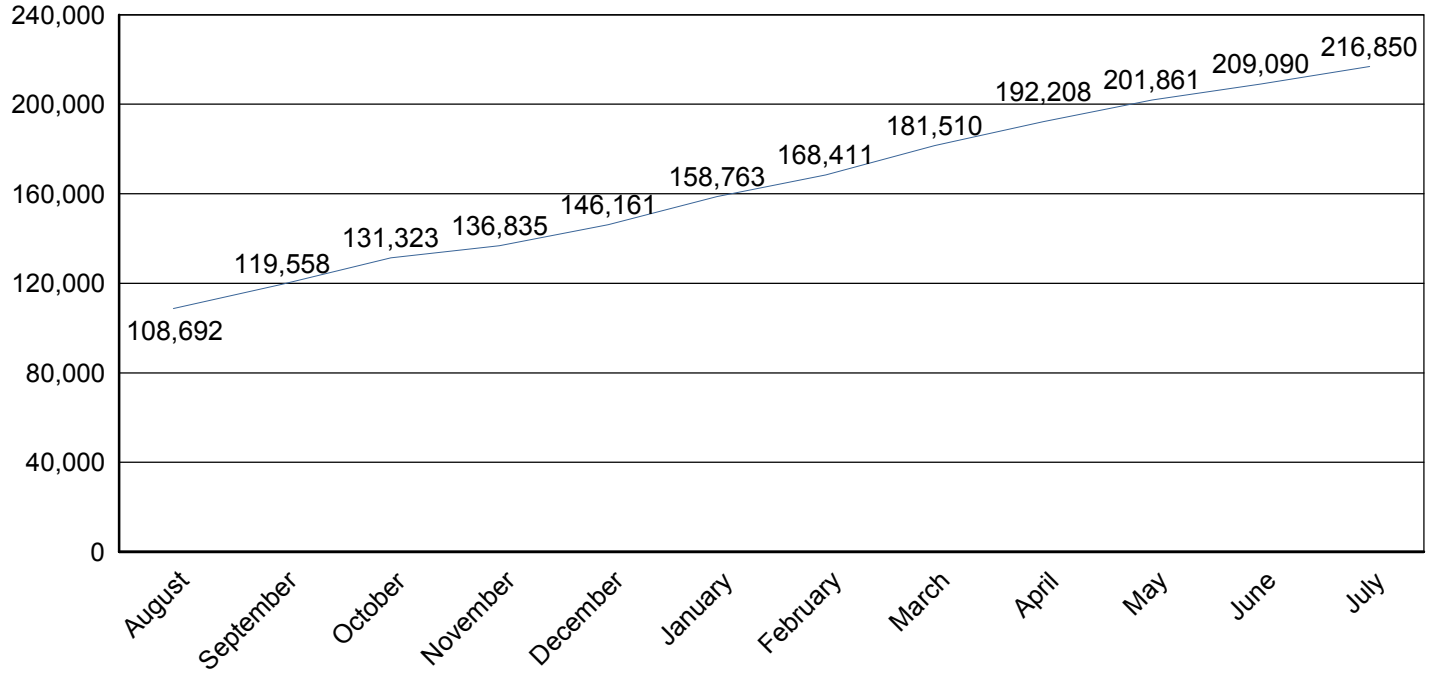
Table II. Demographics of Population that Completed HRA Questions 1-9 with MI ENROLLS

July 2015

AGE GROUP	COMPLETED HRA	
19 - 29	54,348	25.06%
30 - 39	43,954	20.27%
40 - 49	46,960	21.66%
50 - 59	53,694	24.76%
60 +	17,894	8.25%
GENDER		
F	118,356	54.58%
M	98,494	45.42%
FPL		
< 100% FPL	177,544	81.87%
100 - 133% FPL	39,306	18.13%
TOTAL	**216,850**	**100.00%**

Figure I-1. Health Risk Assessments Completed with MI ENROLLS

July 2015



Question 1. General Health Rating

Question 1. In general, how would you rate your health? This question is used to assess self-reported health status. Healthy Michigan Plan enrollees were given the answer options of excellent, very good, good, fair or poor. Table 1 shows the overall answers to this question for July 2015. Among enrollees who completed the survey, this question had a 0.17% refusal rate. Figures 1-1 through 1-3 show the health rating reported for the total population, and by age and gender.

Table 1. Health Rating for Total Population

July 2015

HEALTH RATING	TOTAL	PERCENT
Excellent	23,108	10.66%
Very Good	54,601	25.18%
Good	77,545	35.76%
Fair	45,906	21.17%
Poor	15,323	7.07%
Refused	367	0.17%
TOTAL	**216,850**	**100.00%**

Figure 1-1. Health Rating for Total Population

July 2015

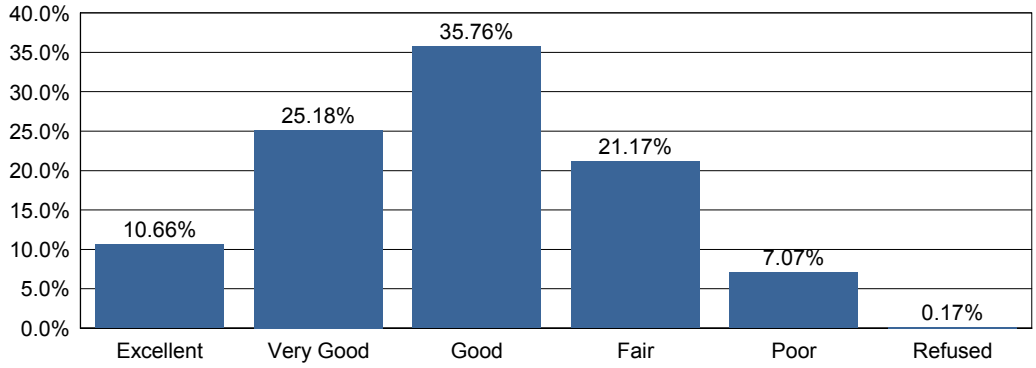


Figure 1-2. Health Rating by Age

July 2015

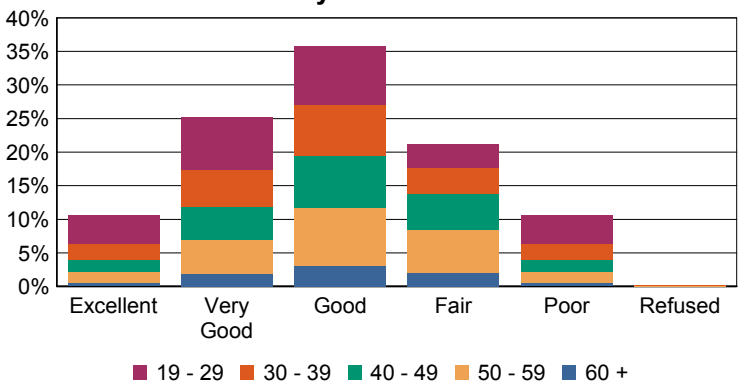
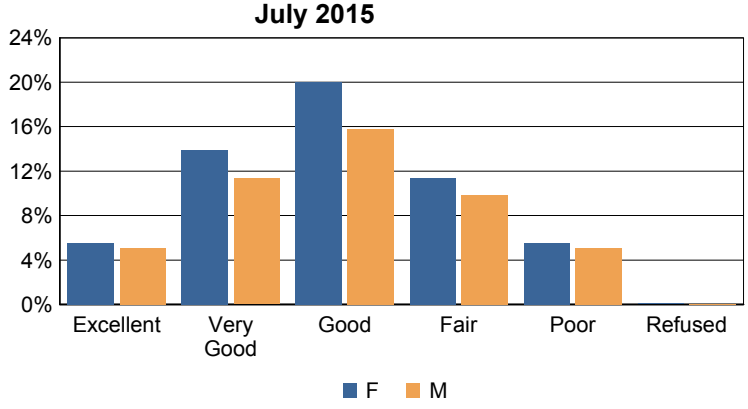


Figure 1-3. Health Rating by Gender

July 2015



Question 2. Exercise

Question 2. In the last 7 days, how often did you exercise for at least 20 minutes a day? This question is used to assess selfreported exercise frequency as an important component of maintaining a healthy weight. Healthy Michigan Plan enrollees were given the answer options of every day, 3-6 days, 1-2 days or 0 days. Table 2 shows the overall answers to this question for July 2015. Among enrollees who participated in the survey, there was a 1.58% refusal rate for this question. Figures 2-1 through 2-3 show the exercise frequency reported for the total population, by age and gender.

Table 2. Exercise Reported for Total Population

July 2015

EXERCISE	TOTAL	PERCENT
Every Day	49,709	22.92%
3-6 Days	62,479	28.81%
1-2 Days	53,481	24.66%
No Days	47,754	22.02%
Refused	3,427	1.58%
TOTAL	**216,850**	**100.00%**

Figure 2-1. Exercise Reported for Total Population

July 2015

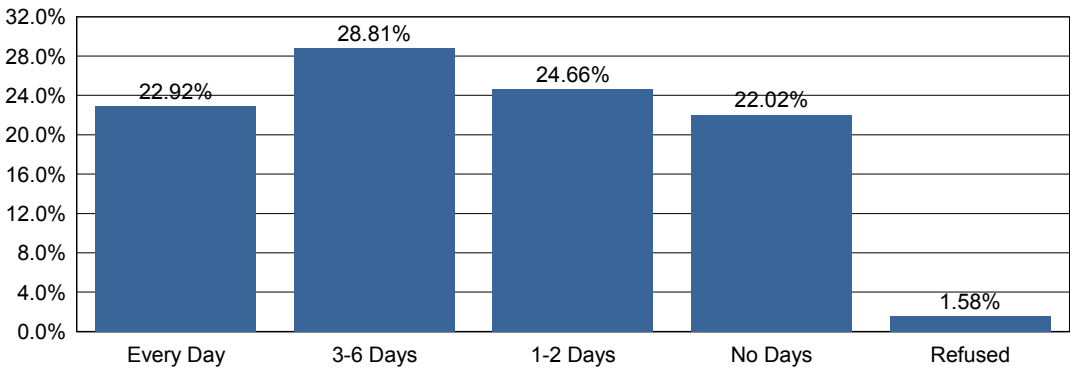


Figure 2-2. Exercise Reported by Age

July 2015

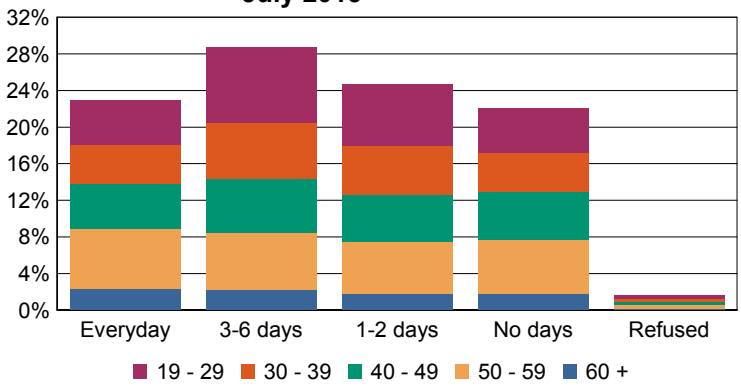
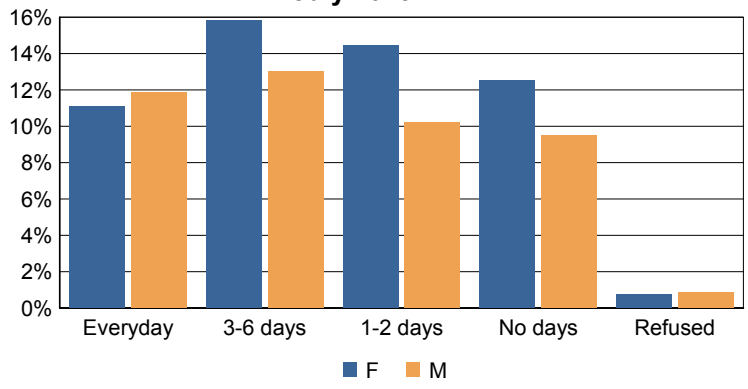


Figure 2-3. Exercise by Gender

July 2015



Question 3. Nutrition (Fruits and Vegetables)

Question 3. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day? This question is used to assess self-reported nutrition as an important component of maintaining a healthy weight. Healthy Michigan Plan enrollees were given the answer options of every day, 3-6 days, 1-2 days or 0 days. Table 3 shows the overall answers to this question for July 2015. Among enrollees who participated in the survey, there was a 1.92% refusal rate for this question. Figures 3-1 through 3-3 show the nutrition reported for the total population, and by age and gender.

Table 3. Nutrition Reported for Total Population

July 2015

NUTRITION	TOTAL	PERCENT
Every Day	73,106	33.71%
3-6 Days	74,817	34.50%
1-2 Days	49,590	22.87%
No Days	15,165	6.99%
Refused	4,172	1.92%
TOTAL	**216,850**	**100.00%**

Figure 3-1. Nutrition Reported for Total Population
July 2015

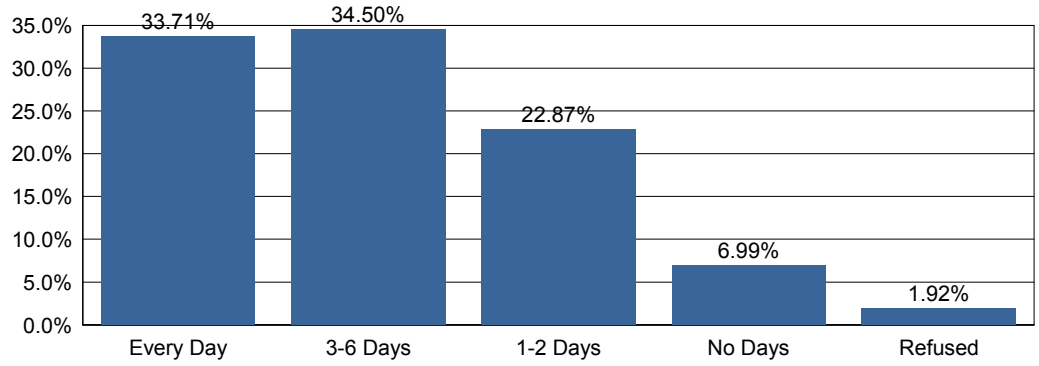


Figure 3-2. Nutrition Reported by Age
July 2015

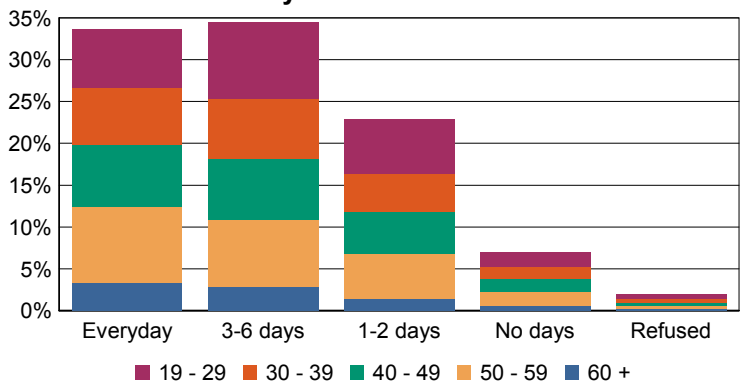
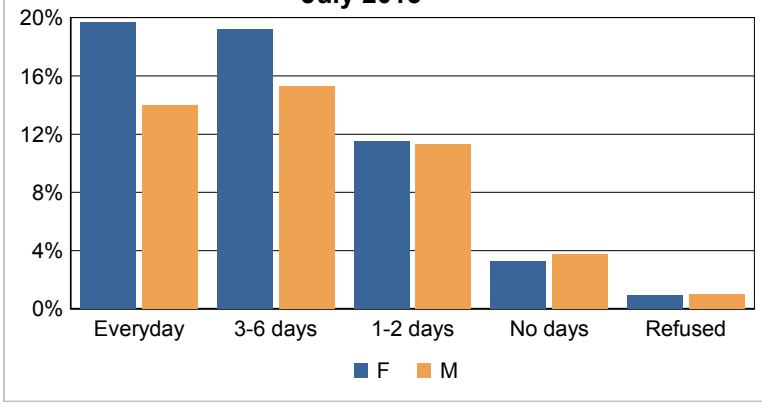


Figure 3-3. Nutrition by Gender
July 2015



Question 4. Binge Alcohol Use

Question 4. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time?
This question is used to assess self-reported binge alcohol use. Healthy Michigan Plan enrollees were given the answer options of never, once a week, 2-3 a week and more than 3 times during the week. Table 4 shows the combined overall answers to these questions for July 2015. Among enrollees who participated in the survey, there was a 0.82% refusal rate for this question. Figures 4-1 through 4-3 show binge alcohol use status reported for the total population, and by age and gender.

Table 4. Binge Alcohol Use Reported for Total Population

July 2015

ALCOHOL	TOTAL	PERCENT
Never	179,299	82.68%
Once a Week	24,000	11.07%
2-3 times a Week	9,509	4.39%
More than 3	2,274	1.05%
Refused	1,768	0.82%
TOTAL	**216,850**	**100.00%**

Figure 4-1. Binge Alcohol Use Reported for Total Population

July 2015

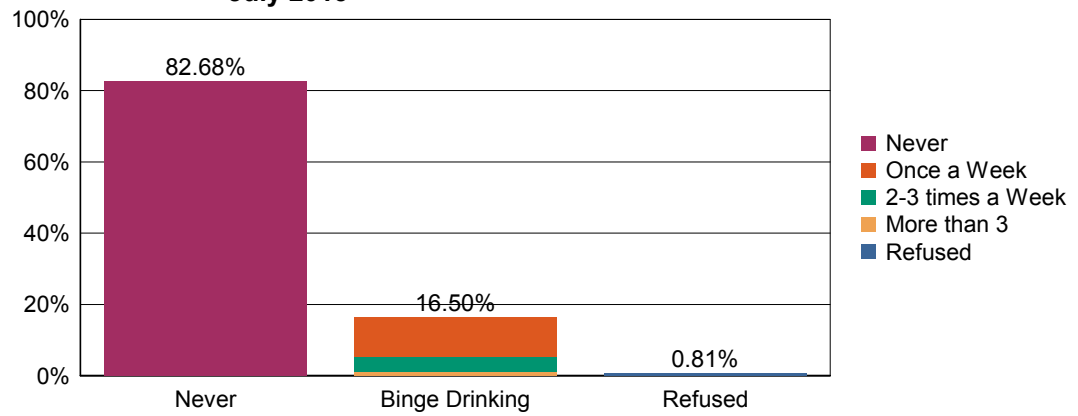


Figure 4-2. Binge Alcohol Use Reported by Age

July 2015

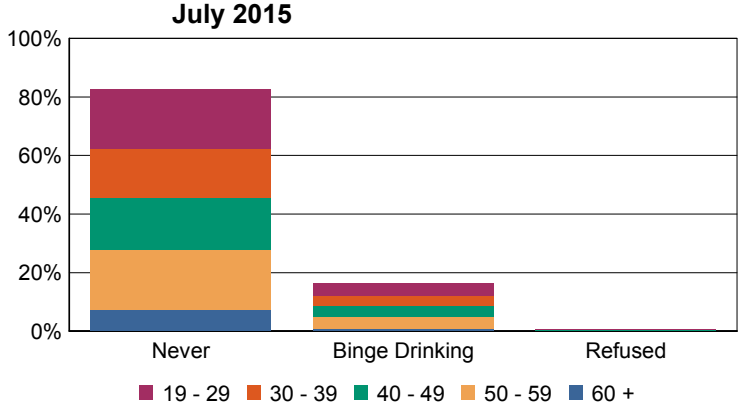
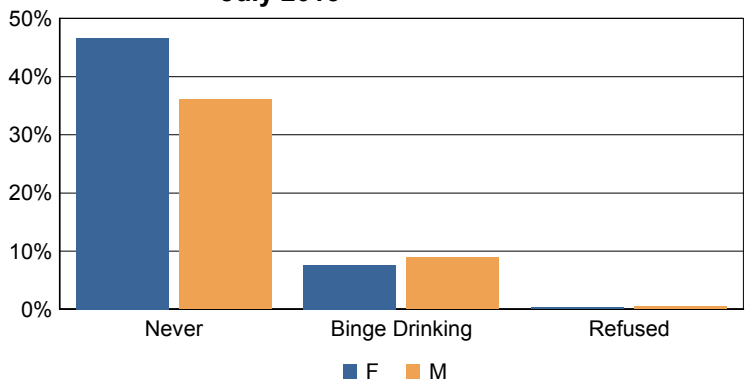


Figure 4-3. Binge Alcohol Use by Gender

July 2015



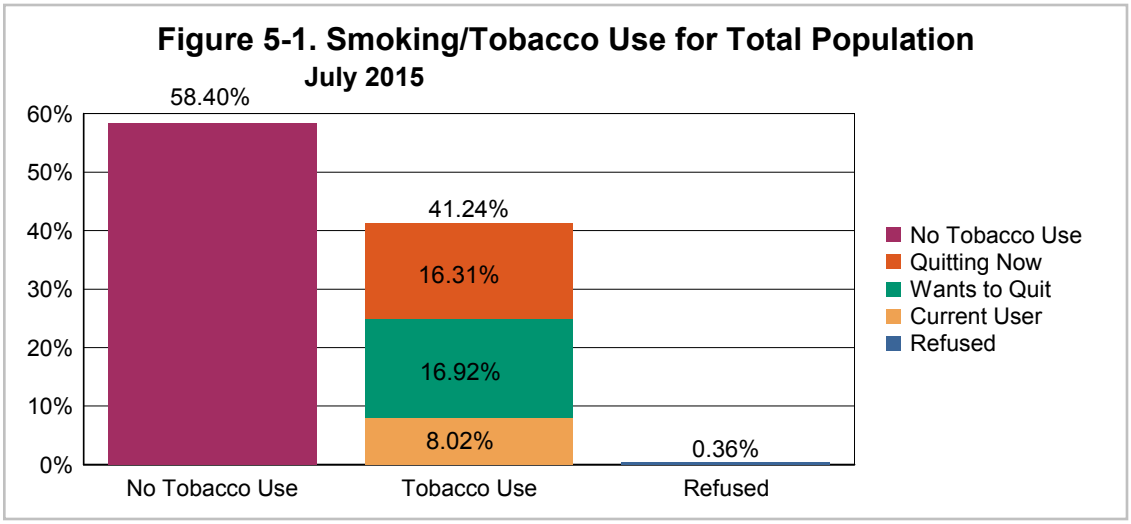
Question 5. Smoking/Tobacco Use

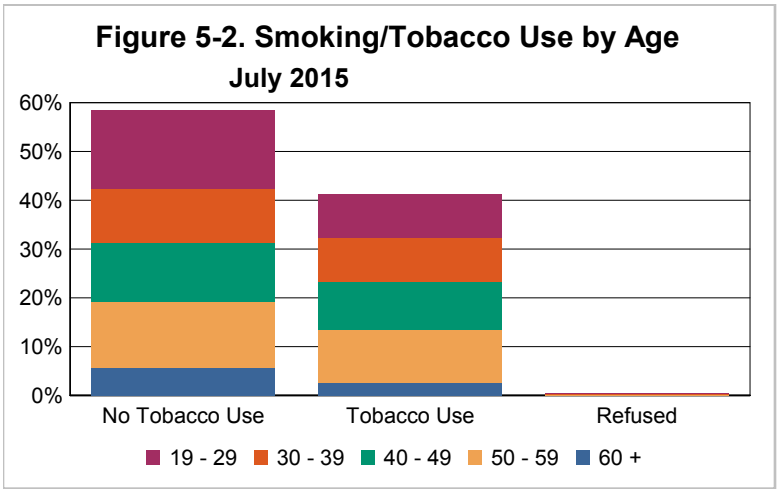
Question 5. In the last 30 days, have you smoked or used tobacco? This question is used to assess self-reported smoking/tobacco use. Healthy Michigan Plan enrollees were given the answer options of yes or no. Enrollees who answered yes, were asked a follow-up question: If YES, do you want to quit smoking or using tobacco? For this follow-up question, enrollees were given the answer options of yes, I am working on quitting or cutting back right now and no. Table 5 shows the combined overall answers to these questions for July 2015. Question 5 had a 0.36% refusal rate. Figures 5-1 through 5-3 show smoking/tobacco use reported for the total population, and by age and gender.

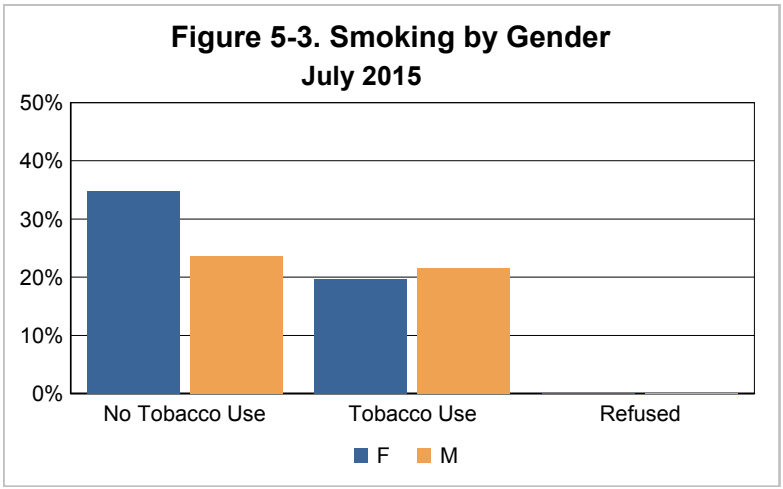
Table 5. Smoking/Tobacco Use Reported for Total Population

July 2015

TOBACCO USE	TOTAL	PERCENT
No Tobacco Use	126,641	58.40%
Quitting Now	35,363	16.31%
Wants to Quit	36,680	16.92%
Current User	17,389	8.02%
Refused	777	0.36%
TOTAL	**216,850**	**100.00%**







Question 6. Anxiety and Depression

Question 6. In the last 30 days, how often have you felt tense, anxious or depressed? This question is used to assess selfreported mental health status. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 6 shows the overall answers to this question for July 2015. Among enrollees who participated in the survey, there was a 13.35% refusal rate for this question. Figures 6-1 through 6-3 show anxiety and depression reported for the total population, and by age and gender.

Table 6. Anxiety and Depression Reported for Total Population

July 2015

DEPRESSION	TOTAL	PERCENT
Almost Every day	47,077	21.71%
Sometimes	57,170	26.36%
Rarely	45,911	21.17%
Never	37,736	17.40%
Refused	28,956	13.35%
TOTAL	**216,850**	**100.00%**

Figure 6-1. Anxiety and Depression Reported for Total Population
July 2015

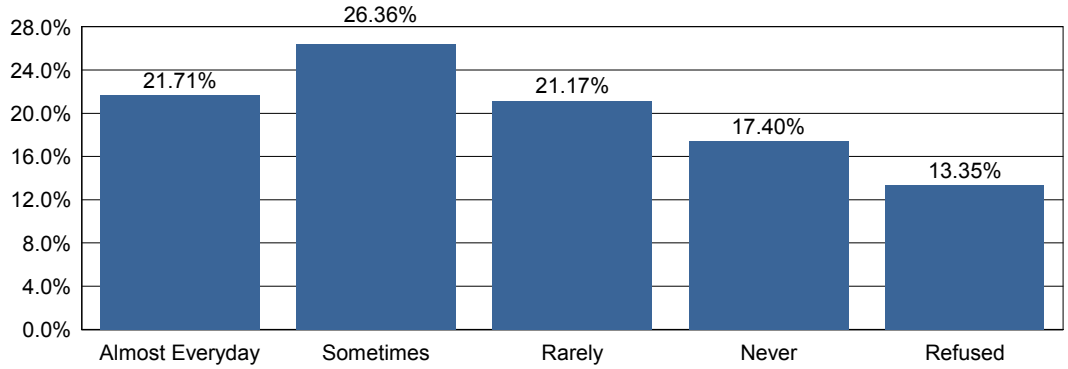


Figure 6-2. Anxiety and Depression Reported by Age
July 2015

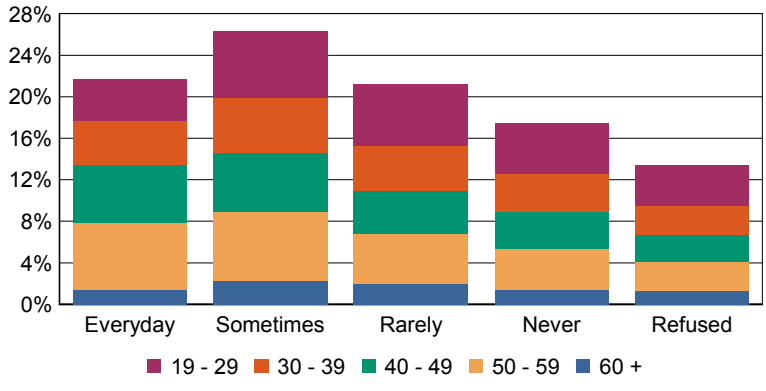
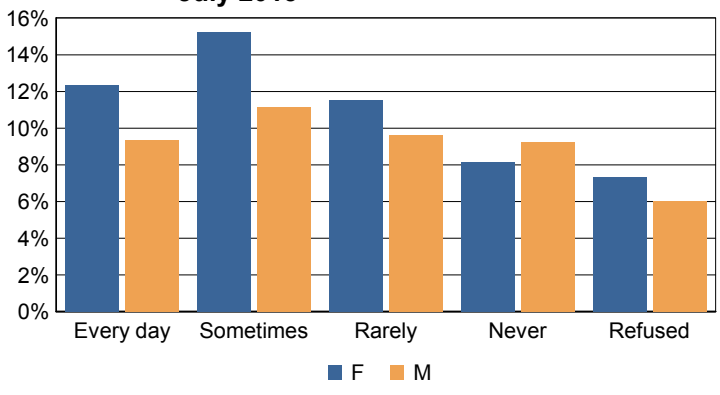


Figure 6-3. Anxiety and Depression by Gender
July 2015



Question 7. Drugs and Substance Use

Question 7. Do you use drugs or medications (other than exactly as prescribed for you) which affect your mood or help you to relax? This question is used to assess self-reported substance use. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 7 shows the overall answers to this question for July 2015. Among enrollees who participated in the survey, there was a 0.70% refusal rate for this question. Figures 7-1 through 7-3 show substance use reported for the total population, and by age and gender.

Table 7. Binge Alcohol Use Reported for Total Population

July 2015

SUBSTANCE USE	TOTAL	PERCENT
Almost Every Day	4,193	1.93%
Sometimes	5,487	2.53%
Rarely	5,115	2.36%
Never	200,543	92.48%
Refused	1,512	0.70%
TOTAL	**216,850**	**100.00%**

Figure 7-1. Substance Use Reported for Total Population

July 2015

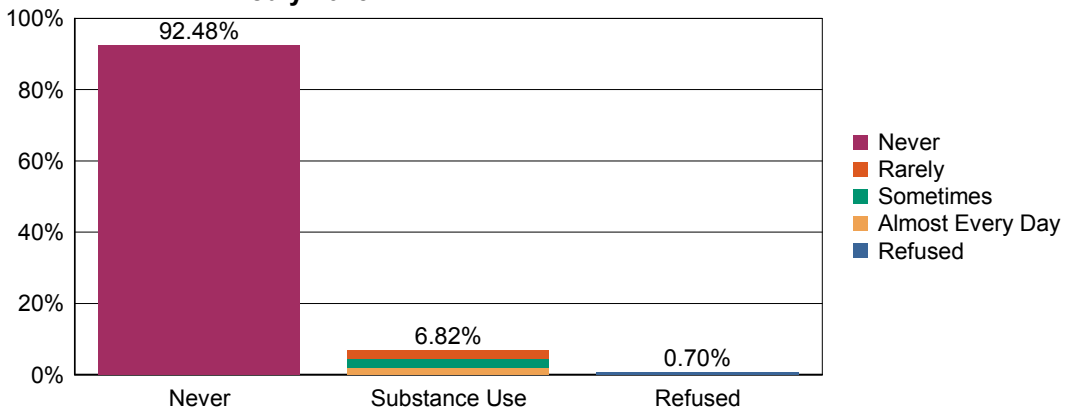


Figure 7-2. Substance Use Reported by Age

July 2015

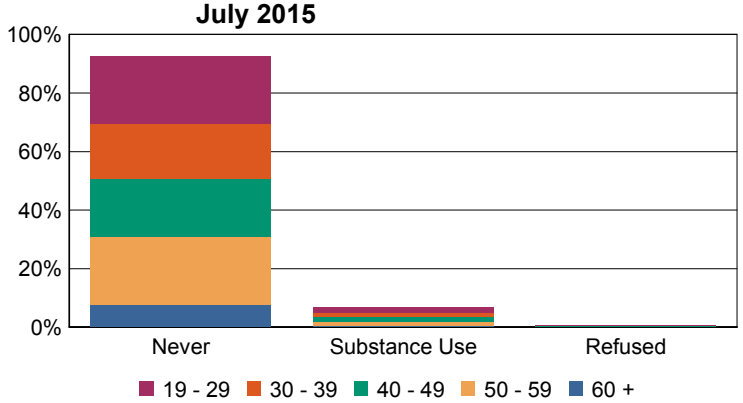
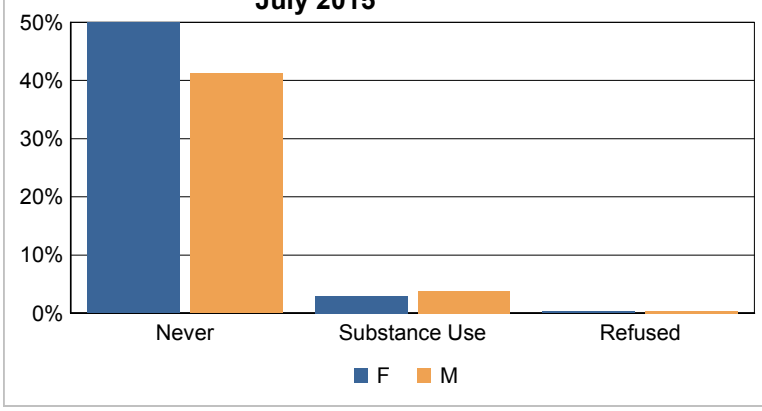


Figure 7-3. Substance Use by Gender

July 2015



Question 8. Immunization Status (Annual Flu Vaccine)

Question 8. The flu vaccine can be a shot in the arm or a spray in the nose. Have you had a flu shot or flu spray in the last year? This question is used to assess self-reported annual flu vaccine as an indicator of immunization status. Healthy Michigan Plan enrollees were given the answer options of yes or no. Table 8 shows the overall answers to this question for July 2015. Among enrollees who participated in the survey, there was a 1.69% refusal rate for this question. Figures 8-1 through 8-3 show immunization status reported for the total population, and by age and gender.

Table 8. Immunization Status Reported for Total Population

July 2015

IMMUNIZATION	TOTAL	PERCENT
Yes	48,030	22.15%
No	165,165	76.17%
Refused	3,655	1.69%
TOTAL	**216,850**	**100.00%**

Figure 8-1. Immunization Status Reported for Total Population

July 2015

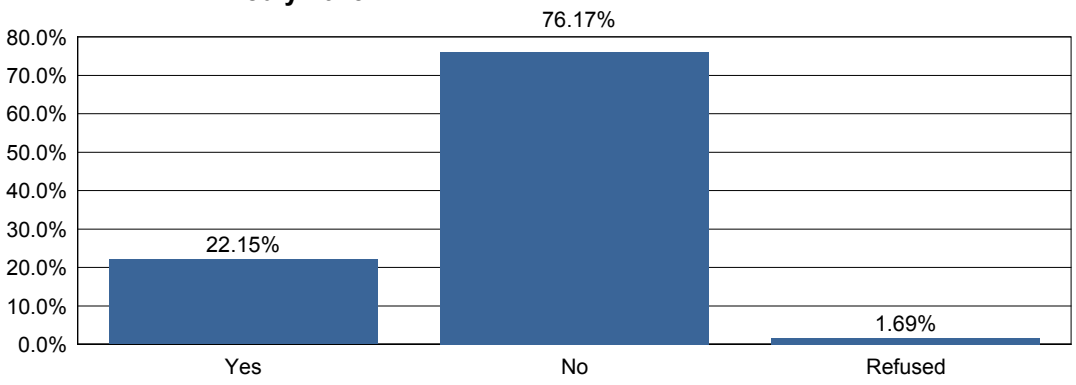


Figure 8-2. Immunization Status Reported by Age

July 2015

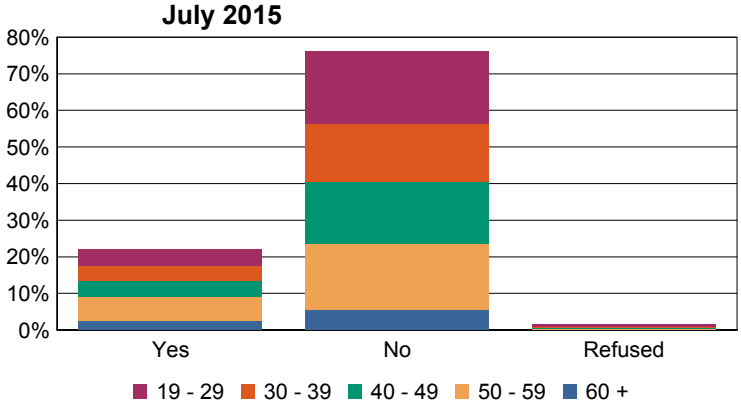
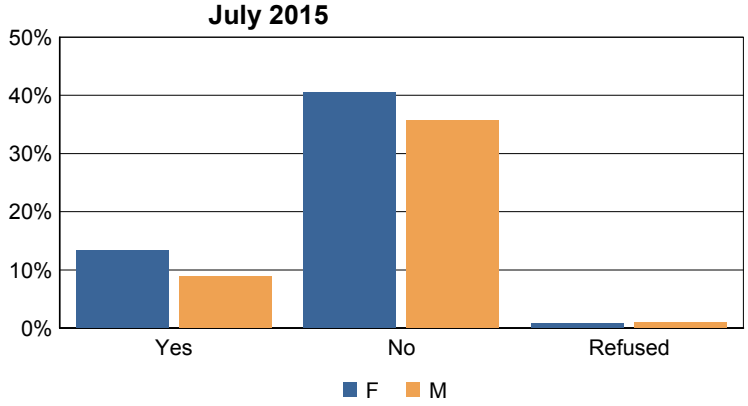


Figure 8-3. Immunization Status by Gender

July 2015



Question 9. Well Check Visit

Question 9. A checkup is a visit to a doctor's office that is NOT for a specific problem. How long has it been since your last check-up? This question is used to assess self-reported well check visit. Healthy Michigan Plan enrollees were given the answer options of within the last year, between 1-3 years and more than 3 years. Table 9 shows the overall answers to this question for July 2015. Among enrollees who participated in the survey, there was a 3.27% refusal rate for this question. Figures 9-1 through 9-3 show well check visit reported for the total population, and by age and gender.

Table 9. Well Check Visit Reported for Total Population

July 2015

CHECK-UP	TOTAL	PERCENT
Within the last year	108,429	50.00%
Between 1 & 3 years	54,161	24.98%
More than 3 years	47,165	21.75%
Refused	7,095	3.27%
TOTAL	**216,850**	**100.00%**

Figure 9-1. Well Check Visit Reported for Total Population

July 2015

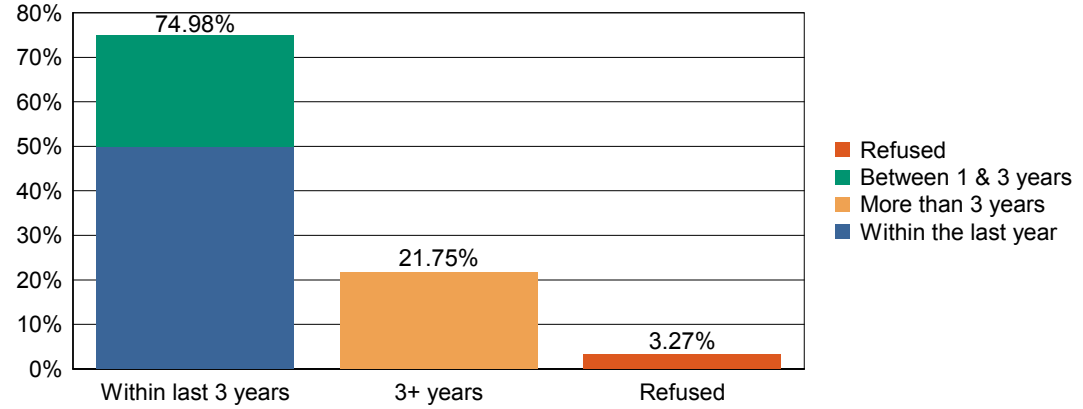


Figure 9-2. Well Check Visit Reported by Age

July 2015

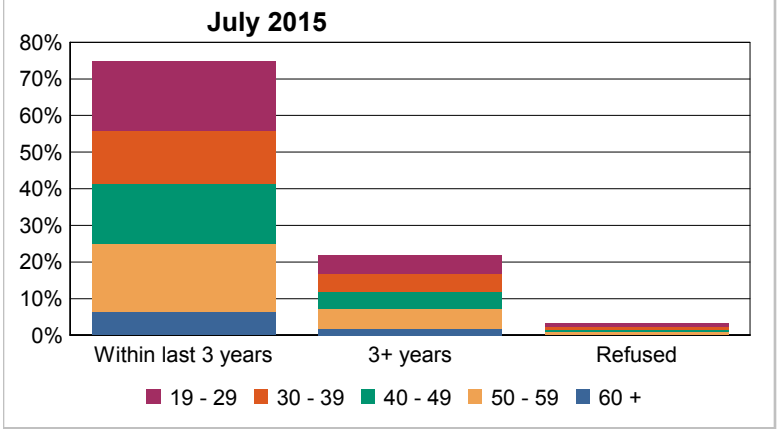
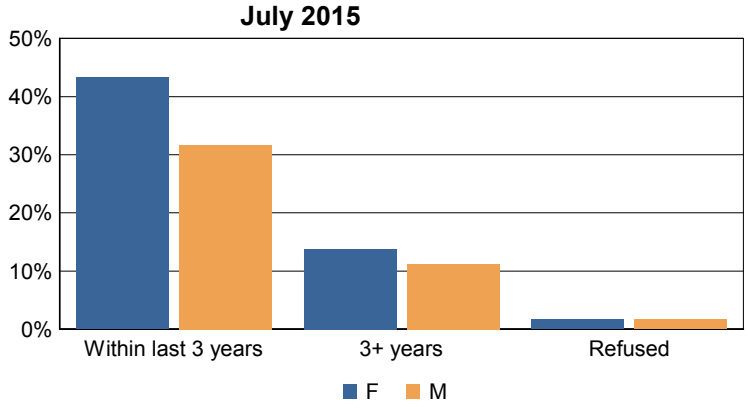


Figure 9-3. Well Check Visit by Gender

July 2015



Health Risk Assessment Part 2

Health Risk Assessments completion with Primary Care Provider

In April 2014, the Healthy Michigan Plan was launched, and an initial preventive health visit to a primary care provider was promoted for all new beneficiaries. Beneficiaries were also encouraged to complete the last section of the Health Risk Assessment at this initial appointment. This final section of the Health Risk Assessment is completed jointly by beneficiaries and their primary care provider. It is designed as a tool for identifying annual health behavior goals.

Completion of this section of the Health Risk Assessment is also voluntary. Healthy Michigan Plan Beneficiaries who complete a Health Risk Assessment with a primary care provider attestation and agree to maintain or address healthy behaviors are eligible for an incentive.

The data displayed in Part 2 of this report reflect the healthy behavior goals selected jointly by Healthy Michigan Plan beneficiaries and their primary care provider in the final section of the Health Risk Assessment. As shown in Table 10, a total of 68,903 Health Risk Assessments were completed with primary care providers as of July 2015. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 11.

Among beneficiaries who completed the Health Risk Assessment, 58,961 or 85.6% of beneficiaries agreed to address health risk behaviors. In addition, 9,192 or 13.3% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 98.9% of beneficiaries are choosing to address or maintain healthy behaviors. The healthy behaviors goal statements selected are reported in Table 12. Healthy behavior goal statements are also reported by age and gender in Figures 10-3 and 10-4.

Of the 58,961 beneficiaries who agreed to address health risk behaviors, 61.4% chose to address more than one healthy behavior. Tables 13 and 14 report the most frequently selected health risk behaviors to address, alone and in combination. Figure 10-5 is a Venn diagram representing the overlapping nature of the multiple healthy behaviors selected.

Health Risk Assessment Completion with Primary Care Provider

Table 10. Count of Health Risk Assessments (HRA) Completed with Primary Care Provider by Attestation

MONTH	COMPLETE	TOTAL
August 2014	5,876	23,034
September 2014	4,871	27,918
October 2014	4,790	32,719
November 2014	3,609	36,343
December 2014	3,935	40,292
January 2015	3,956	44,260
February 2015	4,099	48,376
March 2015	4,887	53,286
April 2015*	4,818	58,121
May 2015*	4,316	62,481
June 2015*	4,439	66,945
July 2015*	1,954	68,903

* Many completed HRAs for these months have not yet been submitted.

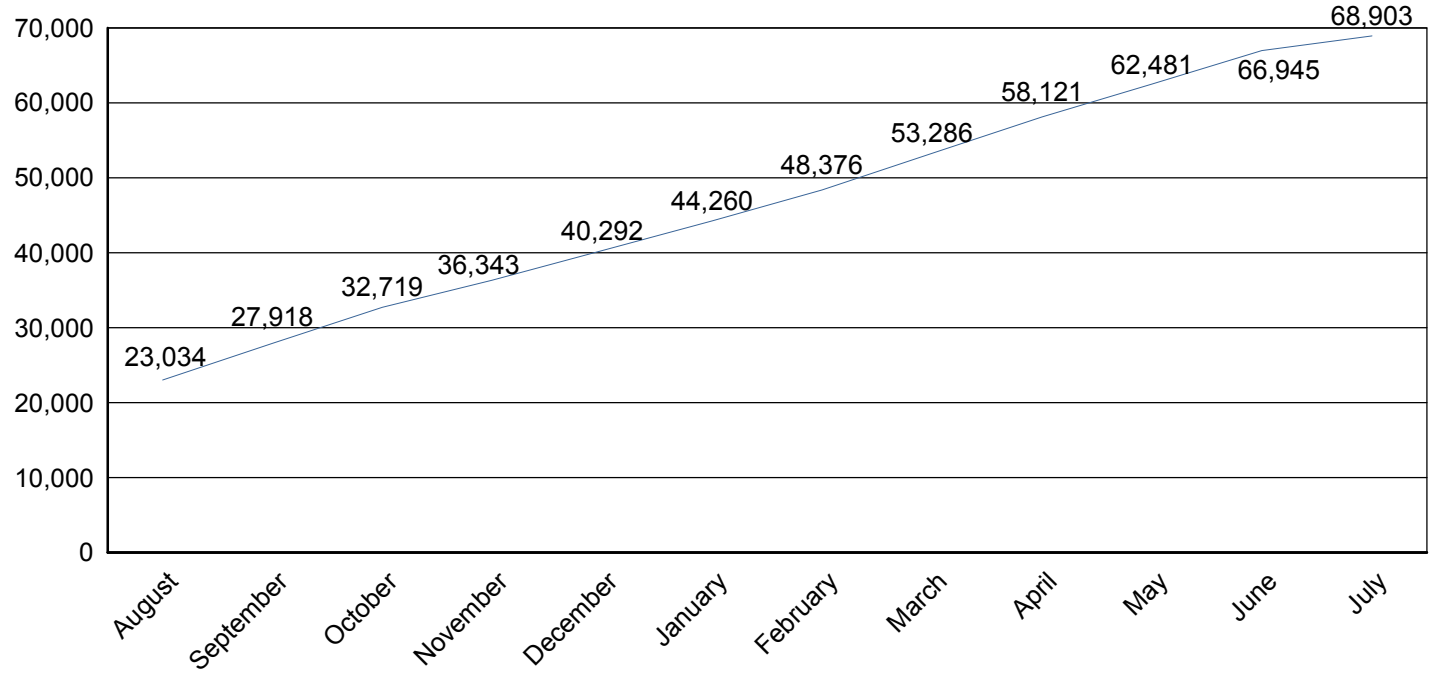
Table 11. Demographics of Population that Completed HRA with Primary Care Provider

September 2014 - July 2015

AGE GROUP	COMPLETED HRA	
19 - 29	13,676	19.85%
30 - 39	11,711	17.00%
40 - 49	14,349	20.83%
50 - 59	20,749	30.11%
60 +	8,418	12.22%
GENDER		
F	39,558	57.41%
M	29,345	42.59%
FPL		
< 100% FPL	55,534	80.60%
100 - 133% FPL	13,369	19.40%
TOTAL	**68,903**	**100.00%**

Figure 10-1. Health Risk Assessments Completed with Primary Care Provider

July 2015



Healthy Behaviors Statement Selection

Section 4. Healthy Behaviors: In discussion with the beneficiary, primary care providers choose between 4 statements to attest to the healthy behaviors goals that the beneficiary will strive for this year. The 4 statements are:

A. Patient does not have health risk behaviors that need to be addressed at this times

B. Patient has identified at least one behavior to address over the next year to improve their health

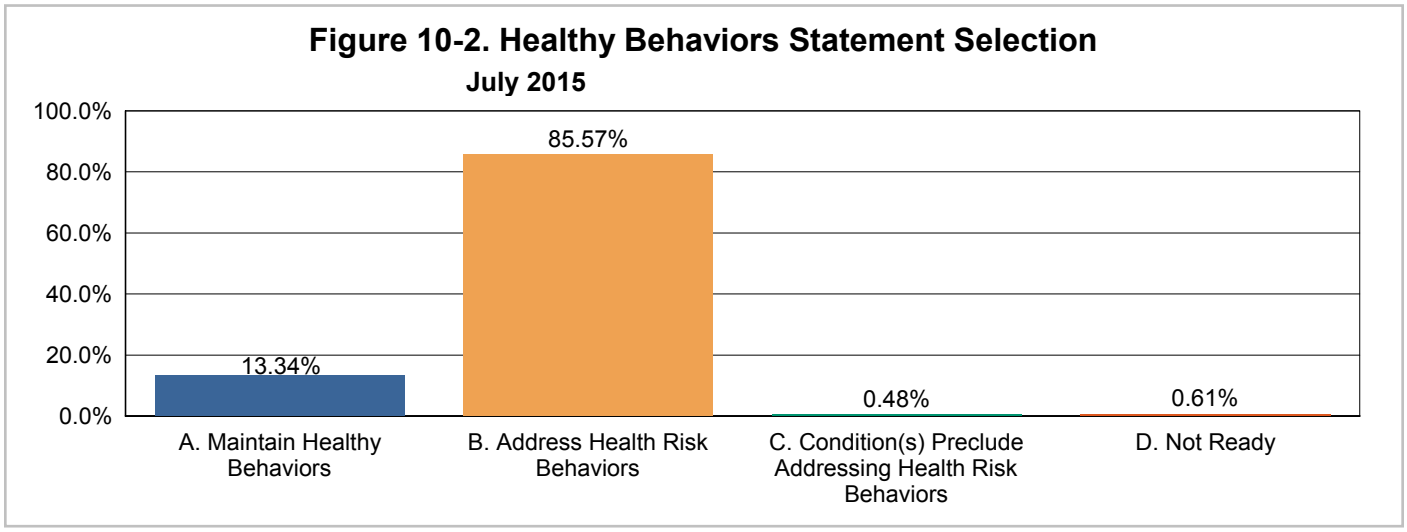
C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing unhealthy behaviors at this time.

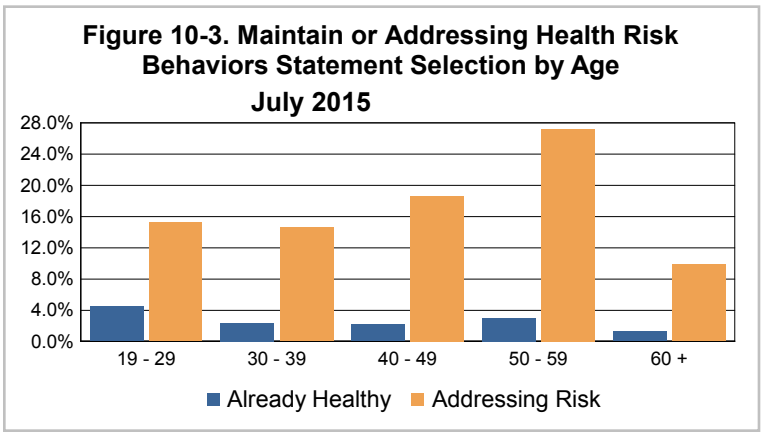
D. Unhealthy behaviors have been identified, patient's readiness to change has been assessed, and patient is not ready to make changes at this time.

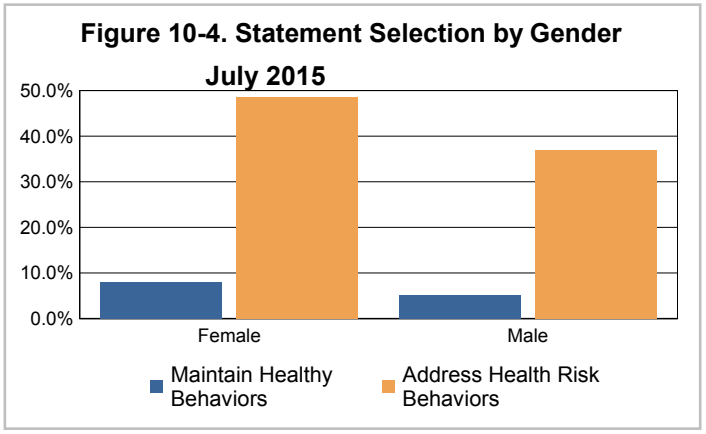
Figures 10-2 through 10-4 show Healthy Behaviors Statement Selections for the total population, and by age and gender.

Table 12. Healthy Behaviors Statement Selection
July 2015

CHECK-UP	TOTAL	PERCENT
A. Maintain Healthy Behaviors	9,192	13.34%
B. Address Health Risk Behaviors	58,961	85.57%
C. Condition(s) Preclude Addressing Health Risk Behaviors	332	0.48%
D. Not Ready	418	0.61%
TOTAL	**68,903**	**100.00%**







Selection of Health Risk Behaviors to Address

Section 4. Healthy Behaviors: In discussion with the beneficiary, when Statement B, "Patient has identified at least one behavior they intend to address over the next year to improve their health" is selected, providers choose one or more of the following 7 statements to identify the healthy behaviors the beneficiary has chosen to address for the year:

1. Increase physical activity, Learn more about nutrition and improve diet, and/or weight loss
2. Reduce/quit tobacco use
3. Annual Influenza vaccine
4. Agrees to follow-up appointment for screening or management (if necessary) of hypertension, cholesterol and/or diabetes
5. Reduce/quit alcohol consumption
6. Treatment for Substance Use Disorder
7. Other: explain _____

Of the 58,961 HRAs submitted through July 2015 where the beneficiary chose to address health risk behaviors, 61.38% of beneficiaries chose more than one healthy behavior to address. The top 7 most selected behavior combinations and the rate that each behavior was selected in combination and alone are presented in the tables below:

Table 13. Top 7 Most Selected Health Risk Behavior Combinations

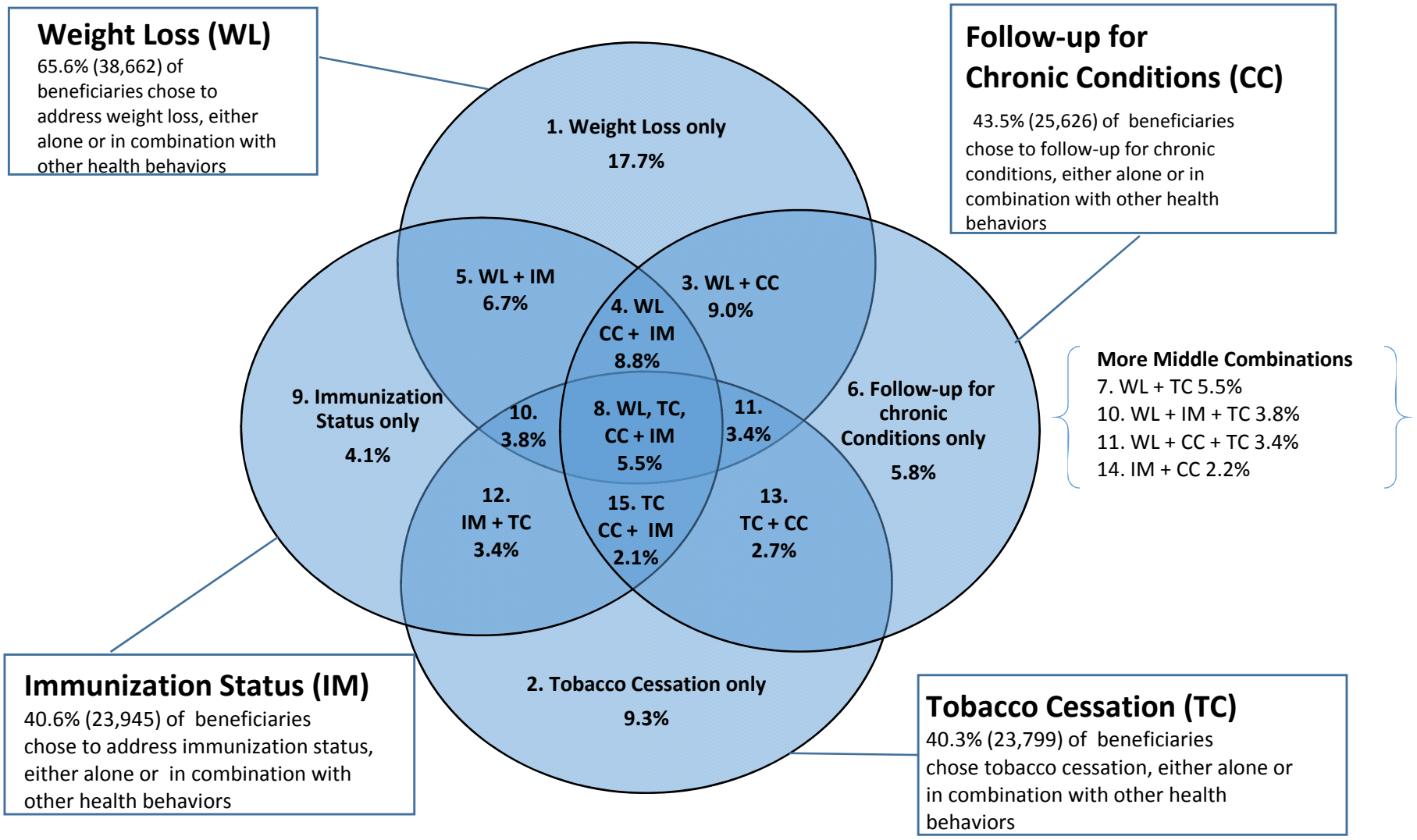
Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	10,440	17.71%
2. Tobacco Cessation ONLY	5,479	9.29%
3. Weight Loss, Follow-up for Chronic Conditions	5,315	9.01%
4. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	5,171	8.77%
5. Weight Loss, Immunization Status	3,944	6.69%
6. Follow-up for Chronic Conditions	3,419	5.80%
7. Weight Loss, Tobacco Cessation	3,261	5.53%
Total for Top 7	37,029	62.80%
Total for All Other Combinations	21,932	37.20%
Total	**58,961**	**100.00%**

Table 14. Health Risk Behaviors Selected in Combination and Alone

Health Risk Behavior	Chose this behavior and at least one more	Chose ONLY this behavior
Weight Loss	65.57%	17.71%
Tobacco Cessation	40.36%	9.29%
Immunization Status (Annual Flu Vaccine)	40.60%	4.05%
Follow-up for Chronic Conditions	43.46%	5.80%
Addressing Alcohol Abuse	5.04%	0.43%
Addressing Substance Abuse	1.30%	0.10%
Other	4.49%	1.24%

Health Risk Assessment Completion with Primary Care Provider

Representation of the overlapping nature of top 15 health risk behavior selections July 2015



Medical Services Administration

Medical Care Advisory Council

Minutes

Date: Tuesday, May 5, 2015

Time: 1:00 pm – 4:30 pm

Where: Michigan Health and Hospital Association Headquarters
2112 University Park Dr.
Okemos, MI

Attendees: **Council Members:** Jan Hudson, Michael Vizena, Marilyn Litka-Klein, Cheryl Bupp, Kimberly Singh, Alison Hirschel, David Herbel, Priscilla Cheever, Amy Zaagman, Linda Vail, Robin Reynolds, Marion Owen, Barry Cargill, Warren White, Rebecca Blake, Kim Sibilsky

Staff: Steve Fitton, Tim Becker, Dick Miles, Kathy Stiffler, Jackie Prokop, Susan Yontz, Marie LaPres, Cindy Linn, Pam Diebolt, Eric Kurtz, Elizabeth Hertel, Christina Severin, Leslie Asman, Sarah Slocum, Farah Hanley

Other Attendees: Tori Johnson

Welcome and Introductions

Jan opened the meeting and introductions were made. Steve Fitton also announced that he will be retiring from his position as director of the Medical Services Administration in June 2015.

Healthy Michigan Plan

Eligibility Issues and Fixes – Schedule for Fixes

The Department has implemented two of the first three planned releases in Bridges to correct systems problems related to Healthy Michigan Plan eligibility. The third release is scheduled to begin June 20, 2015, and will address the issue of parents being denied Healthy Michigan Plan coverage when they do not include dependent children on their application who already have coverage, problems with shifting beneficiaries into the Transitional Medical Assistance (TMA) program when their eligibility ends for Family Independence Program payments, and the incorrect denials of retroactive coverage for new Healthy Michigan Plan beneficiaries at the time of enrollment. The release will be issued in multiple parts, with the goal of being completed within 6-8 weeks. The first two releases in R6 primarily included Bridges, Modified Adjusted Gross Income (MAGI) and HUB system updates related to technical changes, system fixes addressing previous work around issues, account transfers, and security enhancements.

The next release is planned for September 2015, and will focus on a long-term fix for Presumptive Eligibility (PE). Since it was last discussed at the February Medical Care Advisory Council (MCAC) meeting, MDHHS has received approval from the Centers for Medicare and Medicaid Services (CMS) to offer PE to beneficiaries through the end of the month if they are subsequently found to be ineligible for coverage based on the submission of a full MAGI application. MDHHS has also received CMS approval to make changes to the eligibility criteria for the Freedom to Work program, and the needed systems changes should be included in a release in Bridges no later than September 2015.

Second Waiver Development

Public Act 107 of 2013 requires MDHHS to submit a second waiver to CMS by September 1, 2015, with approval by December 30, 2015, in order to continue to provide benefits under the Healthy Michigan Plan. As discussed at the February MCAC meeting, the second waiver would require that beneficiaries who have had Healthy Michigan Plan coverage for 48 cumulative months and have incomes over 100% of the FPL to:

- Purchase insurance from the Federally Facilitated Marketplace (FFM) and receive a subsidy, or
- Remain on the Healthy Michigan Plan and contribute a higher rate for cost-sharing.

Contribution responsibilities for beneficiaries who choose to remain in the Healthy Michigan Plan would increase from 2% of income to 3.5%, and the total cap on cost-sharing would be increased from 5% of income to 7%. In order to implement these changes, the Department has been researching several different types of waivers to use, including a Section 1115 Demonstration waiver amendment, a 1916(f) cost-sharing waiver, and a Section 1332 waiver. The Section 1332 waiver is typically tied to the health care exchanges established by the Affordable Care Act (ACA), and MDHHS is exploring its potential applications for the Healthy Michigan Plan. MDHHS staff discussed details related to the 1115 waiver amendment and the requirements of the 1332 waiver, and how they apply to the Healthy Michigan Plan. The Department has been discussing the state-mandated waiver requirements with CMS and other stakeholders, and is working toward developing waivers that can be approved. MDHHS staff once again stressed the importance of educating lawmakers on the successes of the Healthy Michigan Plan, and noted that only a very small percentage of Healthy Michigan Plan beneficiaries would be affected by the cost-sharing requirements in the second waiver, and under current law, the program would be discontinued for all enrollees if the waiver is not approved, not just those with incomes above 100% FPL. Steve also noted that no one can meet the 48 months criteria until April 1, 2018 – two years after the program would be terminated if the waiver is not approved or the Healthy Michigan Plan law is not changed.

MIHealth Account Payments

To date, 250,000 MIHealth account statements have been mailed to Healthy Michigan Plan beneficiaries who have enrolled in a health plan. MDHHS is working with Maximus to compile an executive report to simplify data from these statements, and the report is expected to be available for distribution to the MCAC soon. The Department is also working with the University of Michigan to interview beneficiaries who have received a MIHealth account statement in order to assess the need for future changes.

High Utilizer Report

The Emergency Room (ER) High Utilizer report that was discussed at the February MCAC meeting is now available on the MDHHS website at www.michigan.gov/medicaidproviders >> High Utilizers. The report details 11 recommendations to the legislature for addressing the needs of high utilizer patients in Michigan, and implementation discussions have begun.

Integrated Care for Dual Eligibles (MI Health Link)

MI Health Link has now been implemented in each of the first four demonstration regions (Upper Peninsula, Southwest Michigan, Macomb County and Wayne County). Voluntary enrollment across all four regions totaled 1,144 beneficiaries as of May 4, 2015, while approximately 8,500 beneficiaries have been passively enrolled in the Upper Peninsula and Southwest Michigan as of May 1, 2015. Approximately 18,000 individuals have opted out of MI Health Link enrollment since February. MDHHS currently has contracts in place with seven health plans to provide benefits under the MI Health Link Program, including the Upper Peninsula Health Plan (UPHP), Meridian Health Plan, Aetna Better Health of Michigan, AmeriHealth Michigan, Fidelis SecureCare of Michigan, Molina Healthcare, and HAP Midwest Health Plan.

MDHHS has engaged in numerous outreach activities to promote the MI Health Link program, including provider webinars, conferences, informational forums, and beneficiary letters to provide information about MI Health Link to individuals who may not have other opportunities to learn about the program. Many third-party organizations and the health plans are also engaging in outreach on behalf of the Department. Attendees were invited to email integratedcare@michigan.gov with any comments or questions related to the MI Health Link program, and also visit www.michigan.gov/mihealthlink for additional information.

In addition to implementing MI Health Link, MDHHS has also opened new Program of All-Inclusive Care for the Elderly (PACE) organizations in Saginaw and Lansing, with several more planned in the near future.

Managed Care Rebid

Kathy Stiffler gave an update on the Managed Care rebid, announcing that the Request for Proposal (RFP) is on track to be released by May 8, 2015, with bids to be due in early August. Two bid meetings are planned following the release of the RFP, and questions and answers from these meetings will become an official part of the bid. Additionally, the council was provided with a progress report on the following items that were discussed at the February MCAC meeting:

- The conversion of MIChild, Michigan's Children's Health Insurance Program (CHIP), from a stand-alone program to a Medicaid expansion program is planned for January 1, 2016, but could possibly be delayed pending CMS approval of a Section 1115 waiver and systems changes in CHAMPS and Bridges.
- Pharmacy benefits will remain part of the Medicaid Health Plan (MHP) benefit package, but all MHPs will be required to use a common formulary and the same administrative rules for pharmacy services.
- In order to improve access and to provide more comprehensive care for all Medicaid Fee-for-Service and MHP beneficiaries, MDHHS plans to issue a separate RFP specific to dental benefits to provide improved access to all Medicaid beneficiaries, not just those enrolled in a health plan.

FY 2016 Budget

Discussions for both the Michigan Department of Community Health (MDCH) and Department of Human Services (DHS) budgets are now in the conference workgroup negotiation stage, and meetings among MDHHS staff, the State Budget Office, and legislators are scheduled for the week of May 11, 2015 to discuss Medicaid funding and caseload projections. The Revenue Estimating Conference is scheduled to take place on Friday, May 15, 2015. Projected revenue to fund the FY 2016 department budgets will be agreed upon as will the caseloads to be funded.

MDHHS staff noted several spending reductions in the legislature's version of the budget, including a $14 million reduction in General Fund (GF) appropriation for the Mental Health and Wellness Commission, to be replaced with money from the Michigan Health Endowment Fund, $3 million in GF reduction for MDHHS administration associated with the merger of MDCH and DHS, and several county office closures. Staff also reported that the proposed increase in the Health Insurance Claims Assessment (HICA) tax from 0.75% to 1.3% that was included in the Executive Budget Recommendation did not receive approval from the legislature, which created a budget shortfall of approximately $180 million in State GF or $540 million in program expenditures when federal funds are included.

The legislature also approved increases in funding for certain program areas, including an increase in actuarial soundness for the Prepaid Inpatient Health Plans (PIHPs) of 1.5% and a 2% increase for the MHPs, and an increase of $20 million for Community Mental Health (CMH) non-Medicaid services. The primary care rate adjustment that was implemented on January 1, 2015 was annualized, and was also approved by both chambers. The House of Representatives approved funding for an expansion of ***Healthy Kids Dental*** into Kent County, Oakland County, and Wayne County for children up to the age of 9, while the Senate proposal offered coverage to all children with an effective date of July 1, 2016. The House and Senate also offered different proposals for improving access to Medicaid adult dental coverage in the fourth quarter of FY 2016. The legislature rejected the proposed changes and reductions in hospital financing related to graduate medical education, small and rural hospital adjustor and the OB/GYN special payment to rural hospitals.

Approximately $100 million gross in managed care savings was identified among three program areas, including $54.5 million in savings by implementing a common formulary for pharmacy benefits, $15 million in savings from the new Medicaid RFP for three quarters, and $31.8 million in savings assumed by moving all MHP laboratory rates to Medicaid Fee-for-Service rates. Significant savings were also realized through a projected decline in Medicaid caseloads in FY 2015 and continued in FY 2016.

CHIP Extension

Steve Fitton reported that CHIP funding was extended with a federal match rate of approximately 98% in FY 2016, but the primary care rate increase for CHIP was not approved.

Merger of MDCH and DHS – Michigan Department of Health and Human Services

On April 10, 2015, Executive Order 2015-4 became effective to create MDHHS by merging MDCH and DHS. A revised budget proposal was submitted to the legislature to combine the MDCH and DHS budgets following the merger, totaling approximately $24 billion, nearly 46% of the state budget. No additional staffing reductions or other savings were proposed as a direct result of the creation of MDHHS; staff indicated that a main goal of the merger is to facilitate a more efficient delivery of services to Michigan citizens.

Eight guiding principles for the new department were also outlined, including treating a person as a whole person, delivering services in a smarter way with less fragmentation, supporting dignity in all stages of life, improving outcomes through integration and coordination, interrupting generational poverty and supporting self-sufficiency of those who are able, ensuring the safety, well-being and permanence of children in the State's care, ensuring the safety and wellness of vulnerable adults and the elderly, and improving the health of Michigan citizens in a cost-effective manner. A handout of the new organization chart for MDHHS was provided to meeting attendees, and several areas were discussed.

Council members expressed concern about issues related to non-emergency medical transportation. Tim Becker requested specific examples of transportation issues.

Jan Hudson invited meeting attendees to share any problems they encounter related to services being combined in MDHHS, as well as any proposed solutions, with herself or Tim Becker. If emailing Tim Becker, attendees were reminded to also copy his assistant, Patricia Ray.

State Implementation Model (SIM) Grant Implementation

MDHHS has started the assessments for both the Accountable Systems of Care capacity, which closed on May 4, 2015, and the Community Health Innovation Region Assessment, which will close on May 11, 2015. Once all assessments have closed, the Department will begin identifying which responses are possible to follow up on and begin scheduling site visits with respondents. The results from the assessments will be used to make decisions about where to start piloting the SIM Grant in Michigan. The State has received $70 million from the federal government for SIM Grant implementation over the next 4 years. The FY 2016 recommendation includes $20 million for the project. The current focus includes: payers, doctors and hospitals; who can/will become Accountable Care Organizations; and high users of services.

Consolidation of 1915B&C Waivers to 1115 Waiver

The Medicaid Managed Specialty Service System covers persons with substance use disorders, severe mental illnesses, intellectual and developmental disabilities, and children with serious emotional disturbances. The program operates under five different waivers, including three 1915(c) waivers for the habilitation support for persons with developmental disabilities, the Serious Emotional Disturbances Waiver (SEDW) and Children's Waiver Program, a 1915(i) autism waiver, and a 1915(b) waiver. MDHHS is exploring several options for consolidating these waivers, including using a section 1115 waiver or a combination of a section 1115 and 1915(i) waiver. Moving the system onto a single Section 1115 waiver would allow the system to maintain the Managed Care delivery system that is currently offered. CMS encouraged the use of a 1915(i) waiver, but it would impose an income limitation of 150% of the FPL for beneficiaries in the waiver program. All of the current waivers for the Behavioral Health and Developmental Disabilities Medicaid Managed Specialty Service System are tied together under the 1915(b) waiver, which will expire on December 31, 2015.

Policy Updates

A policy bulletin update handout was distributed to meeting attendees, and several bulletins were highlighted.

Medicaid Enactment 50th Anniversary July 30, 2015

Jan Hudson reviewed the list of individuals who volunteered in February to serve on a committee to plan events commemorating the 50th anniversary of Medicaid enactment, and also invited others present to participate.

4:30 – Adjourn

Next Meeting: August 12, 2015