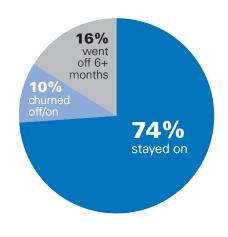
Findings from the 2018 Healthy Michigan Voices Second Follow-Up Survey Report



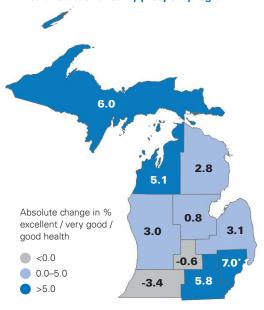




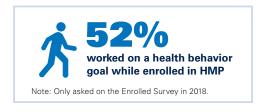
Many respondents **stayed on HMP/Medicaid** from their initial HMP enrollment until the 2018 survey.



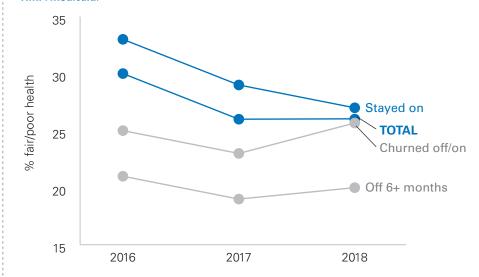
The change from 2016 to 2018 in the proportion of enrollees who reported **excellent/very good/good health status varied by prosperity region**.



*Indicates statistically significant change over time.

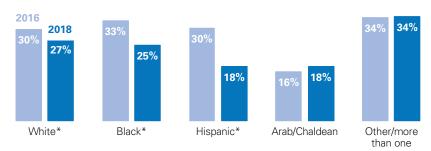


Fewer enrollees reported fair or poor health in 2018 compared to 2016. Based on enrollment pattern, the largest improvement in health was among those who stayed on HMP/Medicaid.



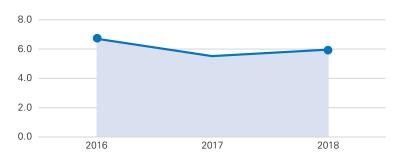
Note: Blue color indicates statistically significant change over time.

Across most racial/ethnic subgroups, fewer enrollees reported fair/poor health in 2018 compared to 2016.



*Indicates statistically significant change over time.

The mean number of days enrollees' physical health was not good in the month prior to survey completion decreased from 2016 to 2018.

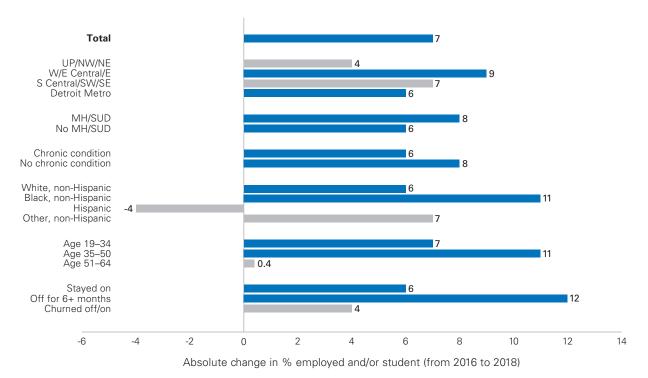


Note: This is a statistically significant change over time.

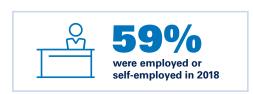
HMP IMPACT ON EMPLOYMENT

A greater percentage of enrollees were employed and/or a student in 2018 compared to 2016

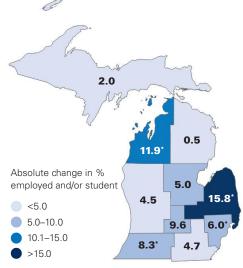
and this was true for almost all subgroups of enrollees.



Note: Blue color indicates statistically significant change over time.

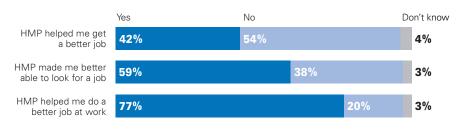


The change from 2016 to 2018 in the proportion of enrollees who were **employed and/or a student varied by prosperity region**.

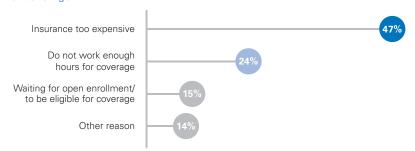


*Indicates statistically significant change over time.

In 2018, enrollees reported that HMP had a **positive impact on their employment and job seeking ability**.



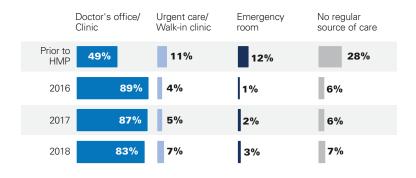
In 2018, enrollees most commonly reported that they did not have health insurance through their job because it was **too expensive** or they **did not work enough hours to be eligible for coverage**.



Notes: Only asked of respondents who completed the Enrolled Survey in 2018, who were employed/self-employed, and whose employer offered health insurance. Respondents were able to provide multiple responses.

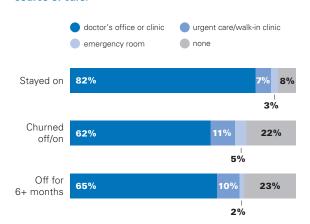
HMP IMPACT ON ACCESS TO & USE OF CARE

In 2016, 2017, and 2018, enrollees were **more likely to report having a regular source of care that was a doctor's office or clinic** and **less likely to report the ER** compared to the 12 months prior to enrollment.



Note: Among those who stayed on HMP/Medicaid and completed the Enrolled Survey in 2018.

In 2018, those who stayed on HMP/Medicaid were more likely than those who did not stay on **to have a regular source of care**.



The proportion of enrollees who reported an ER visit in the past 12 months decreased from 2016 to 2018.



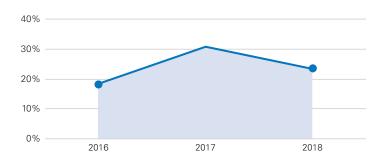
Note: Among those who stayed on HMP/Medicaid and completed the Enrolled Survey in 2018. This is a statistically significant change over time.

In 2018, those who were **uninsured** were much more likely than those with insurance to report **forgone health care**.



% reporting forgone health care

The proportion of enrollees who had a claim for at least one preventive dental visit in the past 12 months increased from 2016 to 2018.



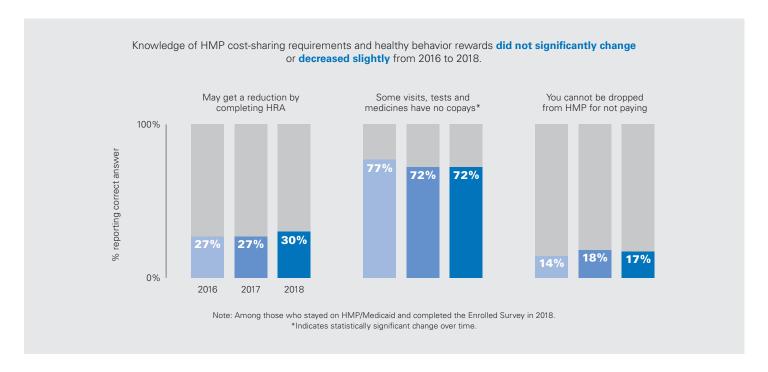
Note: Among those who stayed on HMP/Medicaid and completed the Enrolled Survey in 2018. This is a statistically significant change over time.

In 2018, those who were **uninsured** were much more likely than those with insurance to report **forgone dental care**.

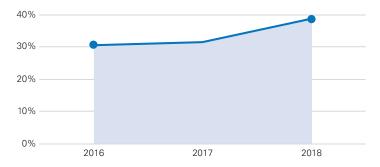


% reporting forgone dental care

KNOWLEDGE OF HMP COVERED BENEFITS & FEATURES



Enrollees were more likely in 2018 than in 2016 to strongly agree or agree that MI Health Account statements led them to change their health care decisions.



Note: Among those who stayed on HMP/Medicaid, completed the Enrolled Survey in 2018, and reported receiving a MI Health Account statement. This is a statistically significant change over time.

The proportion of enrollees who knew that routine dental care, eyeglasses, and mental health counseling were covered by HMP increased from 2016 to 2018.



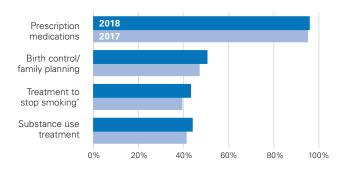
Note: Among those who stayed on HMP/Medicaid and completed the Enrolled Survey in 2018. This is a statistically significant change over time.

Fewer enrollees had questions or problems using their HMP coverage in 2018 compared to 2016.



Note: Among those who stayed on HMP/Medicaid and completed the Enrolled Survey in 2018. This is a statistically significant change over time.

The proportion of enrollees who **knew that treatment to stop smoking was covered by HMP increased from 2017 to 2018**, while there was no change in knowledge of other HMP covered services.



Note: Among those who stayed on HMP/Medicaid and completed the Enrolled Survey in 2018. *Indicates statistically significant change over time.

REASONS FOR DISENROLLMENT & POST HMP INSURANCE COVERAGE

In 2018, the most common reasons enrollees provided for why their HMP coverage ended was an income increase or because they got other insurance coverage.

Income increased

Got other insurance coverage

27%

Declared ineligible but do not know reason

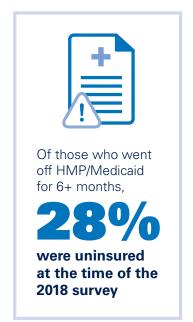
Did not take action to re-enroll

5%

Moved out of state

5%

Note: Among those whose HMP/Medicaid coverage ended since the 2017 survey. Respondents were able to provide multiple responses.



2018 Healthy Michigan Voices Second Follow-Up Survey

The University of Michigan Institute for Healthcare Policy and Innovation is partnering with the Michigan Department of Health and Human Services (MDHHS) to conduct a long-term evaluation of the Healthy Michigan Plan (HMP), Michigan's Medicaid expansion program. Domain IV of the evaluation includes a series of surveys called Healthy Michigan Voices (HMV).

The 2018 HMV Second Follow-Up Survey was conducted by telephone June 2018—January 2019. Individuals who completed the 2016 HMV Survey and the 2017 HMV Follow-Up Survey and consented to be contacted for follow-up were the target population for the 2018 HMV Second Follow-Up Survey; 2,608 individuals from the HMV longitudinal panel completed this third annual survey.

52% of the respondents were women; 74% were between 19 and 50 years old; 60% identified as white, 27% as black or African American, 9% other, and 4% more than one race.



