



Findings from the 2022 Healthy Michigan Plan Interim Evaluation Report

BACKGROUND

The Healthy Michigan Plan (HMP), Michigan's Medicaid expansion program, began providing coverage to adults with incomes up to 133% of the Federal Poverty Level (FPL) on April 1, 2014. Since that time, an interdisciplinary team of researchers at the University of Michigan Institute for Healthcare Policy & Innovation (IHPI) has been conducting the independent evaluation of the Healthy Michigan Plan for the Michigan Department of Health and Human Services (MDHHS) and the Centers for Medicare and Medicaid Services (CMS). The findings from the first five-year waiver period (2014-2018) are summarized in prior reports and peer-reviewed publications. This brief highlights interim evaluation results for the waiver period 2019-2023. More information can be found in the 2022 Healthy Michigan Plan Interim Evaluation Report.

FOCUS OF THE EVALUATION

The Healthy Michigan Plan Interim Evaluation Report focuses on two HMP policies and the four goals of the overall demonstration.

Healthy Behaviors Incentives Program:

Beneficiaries are encouraged to complete an annual Health Risk Assessment (HRA) with their primary care provider (PCP) to assess health behaviors and set goals. They can reduce their cost-sharing obligation by completing an HRA or specified healthy behaviors (e.g., cancer screening, influenza vaccination).

Beneficiary cost-sharing: Some services and medications have copays. Enrollees with incomes above 100% of the FPL also pay a monthly fee of 2% of their household income. Enrollees receive MI Health Account statements which include information about their health care utilization and cost-sharing.



GOAL 1

Reduce uninsurance



GOAL 2

Promote primary care and responsible use of services



GOAL 3

Support financial well-being



GOAL 4

Sustain the safety net and support coordinated strategies to address social determinants of health

DATA SOURCES

Surveys of beneficiaries (Healthy Michigan Voices) • Interviews with beneficiaries, health care providers, MDHHS officials & other key informants • MDHHS Administrative data • American Community Survey • Behavioral Risk Factor Surveillance System • HCUP Fast Stats inpatient discharge data • Medicare cost reports

Healthy Behaviors Incentives Program

Key finding: The HMP demonstration has been partially effective in achieving the objectives of promoting beneficiary engagement in healthy behaviors. However, both beneficiaries and providers have limited understanding of the healthy behavior incentives.

In interviews, some beneficiaries and PCPs described the HRA as an opportunity to identify and set goals for health behavior change.

“Many times, when I go to the doctor, I’m not quite sure how to put into words what I might be feeling. So having the health risk assessment helps me figure out what to say, and that helps steer the conversation so the doctor can help me do better at it.”

– HMP beneficiary

“For me it's been a good talking point... ‘Oh, it says here that you get 30 to 60 minutes of exercise a day, what do you do?’ ... ‘I work at the library, I shelve books.’ Okay, so that's not exercise. So then we have that conversation about what exercise is. So I don't know if [the HRA] itself helps them engage in healthy behaviors but it definitely helps me to engage in more direct talking points during their exam.”

– Health care provider

PCPs noted that the usefulness of the HRA is limited because it is often not integrated into the electronic medical record (EMR), so they cannot easily track progress over time.

“I think it's got potential, but it’s [only] somewhat helpful because you're only doing it on an annual basis. And we really don't revert back to it and say, “Where are we with meeting those goals?” because it's not put directly into [the EMR] so we don't see [the HRA information] in a tangible way.”

– Health care provider

Most PCPs and beneficiaries were not aware of the link between completing the HRA and healthy behavior and reducing cost-sharing obligations.



Many beneficiaries view self-motivation and support from providers as leading them to engage in healthy behaviors, rather than healthy behavior incentives.

“I was going to do it [the HRA] anyway. It [the healthy behavior reward] might motivate other people, but I was going to do it anyway for my own personal health.”

– HMP beneficiary

“I don't have any problem with the health risk assessment, I think it's a good idea. I think that's more important than the—well, the healthy rewards part of it—but with the health risk assessment I do actually have to fill out a form and think about something....And you sit down with the doctor and oh, what will you work on now, or what's next or how you feeling? I've been so proactive with my doctor ever since I've had this.”

– HMP beneficiary

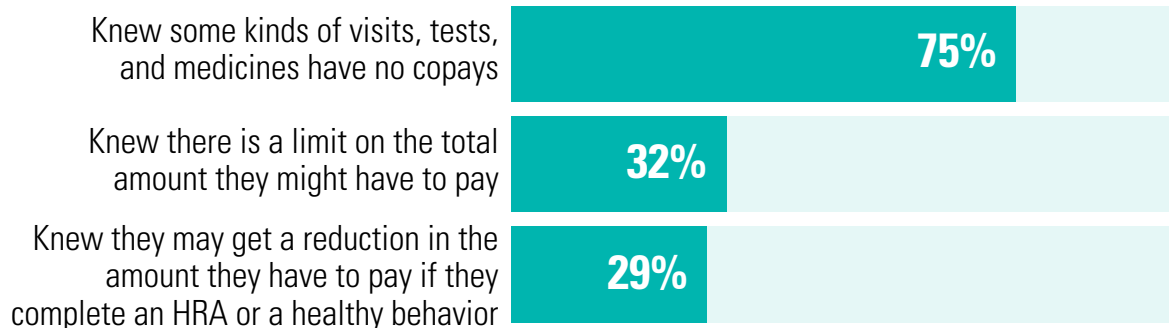
PCPs emphasized that behavior change requires sustained engagement and support beyond annual HRA completion.



Beneficiary cost-sharing

Key finding: Beneficiary understanding of HMP cost-sharing policies is uneven and generally incomplete. Beneficiaries could benefit from additional education about the program's features to more fully achieve the program's objectives of strengthening beneficiary engagement, personal responsibility, and encouraging individuals to make responsible decisions about their healthcare.

Beneficiaries have varying awareness of the consumer-oriented features of HMP.



72%

of beneficiaries recalled getting a MI Health Account statement in the past year

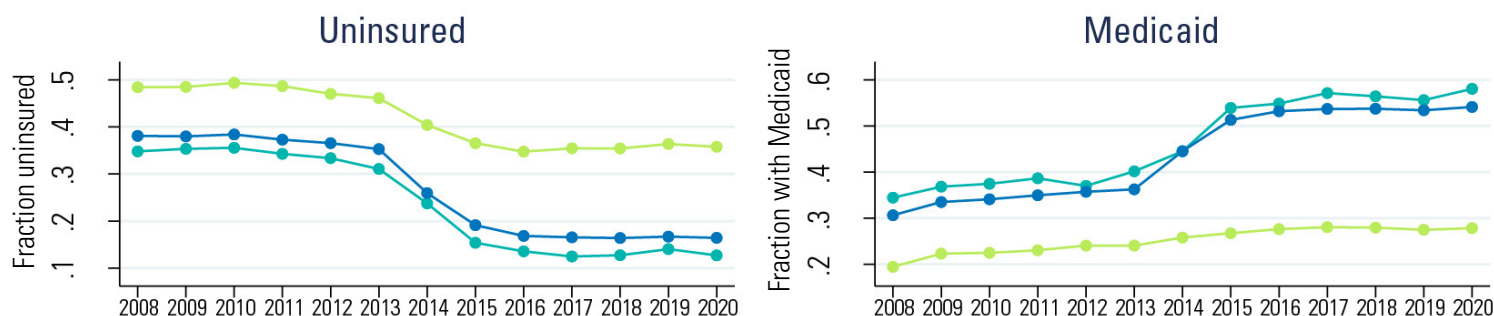
In interviews, beneficiaries said they did not have questions about the statement, but **most beneficiaries did not understand how the amount owed is calculated.** Most simply checked to see what they owed.

Goal 1: Reduce uninsurance

Key finding: The HMP demonstration has been effective in achieving the objective of improving access to health insurance for uninsured or underinsured low-income Michigan residents.

Michigan adults ages 19-64 had substantial reductions in the fraction that was uninsured and gains in Medicaid coverage versus non-expansion states.

—●— Michigan
—●— Traditional Expansion States
—●— Non-Expansion States



Goal 2: Promote primary care and responsible use of services

Key finding: The HMP demonstration has been generally effective in encouraging individuals to seek primary care and preventive services and make responsible decisions about their healthcare.

91%

of beneficiaries reported having a primary care provider (PCP)

80%

of those with a PCP reported a primary care visit in the last 12 months

77%

of those with a PCP reported no barriers to primary care

Many PCPs described practice-based strategies to support HMP beneficiaries in responsible use of health care services:



Adjusting scheduling practices to offer more same-day and after-hours appointments.



Protocols to contact patients after an ED visit, using this opportunity to educate patients about using the primary care practice as the first-choice option in the future.



Utilizing care managers and community health workers to conduct regular outreach to high-need beneficiaries.

However, some beneficiaries still experience barriers to primary care:



Both beneficiaries and PCPs reported challenges with transportation to medical appointments.



Some beneficiaries reported difficulty scheduling primary care appointments, which was exacerbated by COVID-19 constraints on the health care system.

Goal 3: Support financial well-being

Key finding: The HMP demonstration has been effective in supporting beneficiary financial well-being.

Beneficiary and key informant interviews highlighted many examples of HMP having a positive impact on beneficiaries' financial well-being, including:



Minimizing health care costs and worries



Freeing up financial resources for other needs such as food, transportation, and housing

There is also evidence of **positive effects on employment** as the beneficiary survey found that most beneficiaries are employed, and some interviewees stated that they gained access to medical treatments that allowed them to begin or continue working.



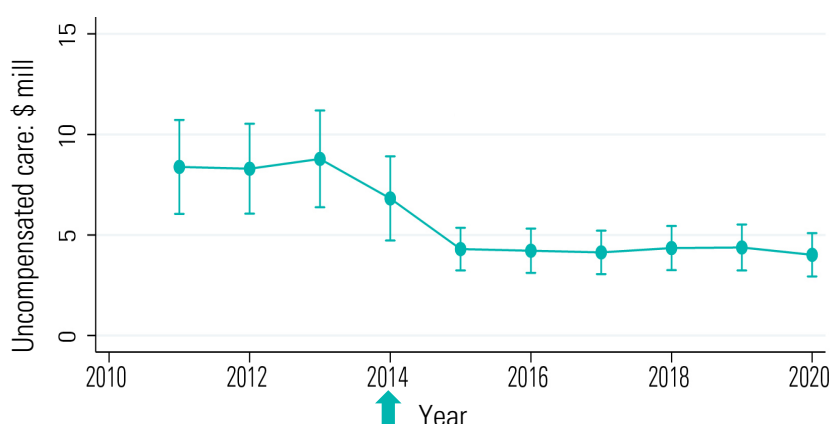
Goal 4: Sustain the safety net and support coordinated strategies to address social determinants of health

Key finding: The HMP demonstration has been effective in reducing uncompensated care and supporting coordinated strategies to address social determinants of health.

Key informant interviews highlighted HMP's role in:

- Supporting financial stability for safety-net providers
- Allowing safety-net providers to expand critical services
- Contributing to the development of strategies to address social determinants of health that can be sustained over time
- Fostering collaboration & coordination among organizations

Hospital uncompensated care in Michigan was reduced by half after HMP implementation.



“Sustainability of innovative change in terms of bolstering new and creative ideas. Nonprofits are much more likely to propose something if they know there’s at least this Healthy Michigan funding stream.”

– MDHHS official

“[The health plans] use community health workers for social determinants of health...that’s how they’re addressing, or at least trying to dig into, what social determinants of health their members are facing and getting them the resources that they need.”

– Health plan/provider organization

Takeaways

These findings provide insights for Michigan and other state Medicaid programs considering features incorporated into HMP.

- Beneficiary engagement in behavior change over time requires significant support.
- Careful consideration should be given to allowing differing processes and structures for health plans such as for the HRA, because managing multiple processes places an added burden on providers.
- Mechanisms should be developed for providers to integrate program tools into EMRs and other practice systems.
- Ongoing communication to beneficiaries and providers about program goals, processes, and incentives is necessary.
- The approach to cost-sharing should be as simple as possible so that beneficiaries can better understand the link between service utilization and cost-sharing obligations.