



mahp
Michigan Association
of Health Plans



The Michigan Association of Health Plans is a nonprofit corporation established to promote the interests of member health plans.

OUR MISSION: “To provide leadership for the promotion and advocacy of high quality, accessible health care for the citizens of Michigan.”

WE REPRESENT: 11 health plans covering all of Michigan and more than 45 related business and affiliated organizations. Our member health plans employ about 8,000 persons throughout the state.

WE COVER: More than 3 million Michigan citizens – nearly one in every three Michiganders.

OUR DATA: Member health plans collect and use health care data, support the use of “evidence-based medicine”, and facilitate disease management and care coordination in order to provide cost-effective care.

MAHP: Who We Are

The Healthy Michigan Plan

- HB 4714 of 2013, took effect March 14, 2014.
- HMP went live April 1, 2014.
- Legislature directed the State to seek a 1115 waiver (Waiver granted Dec 2013).
- Requires that enrollees must be placed in a contracted Health Plan, enrollees must be given a choice, and enrollees must have access to PCPs and preventive services.
- 2% income contribution for those over 100% FPL
- Various co-pays amounts.
- 5% Cost sharing cap

CORE COMPONENTS:

- 1) Health Savings Accounts
- 2) Cost-Sharing to promote personal responsibility
- 3) Healthy Behavior Incentives
- 4) Sunset if cumulative state costs exceed state and non-federal net savings
- 5) Performance incentives for Health Plans that meet specified population health improvement goals

The Goals of a Non- Traditional Approach

- Provide health insurance coverage for those under 133% FPL.
- Bend the Healthcare spending curve by reducing uncompensated care to hospitals.
- Remove health as a barrier to personal productivity.
- Improve appropriate use of medical services (promote preventive and high-value care).
- Save state taxpayer resources, return federal resources to Michigan.

PROJECTIONS:

- Estimated 470,000 enrolled by 2021.
- Uninsured rate reduction by 46%.
- More than \$20 billion in federal funding back to Michigan by 2023.
- State General Fund savings of \$1.2 billion through 2020.



Progress Report

Monday, February 28, 2022

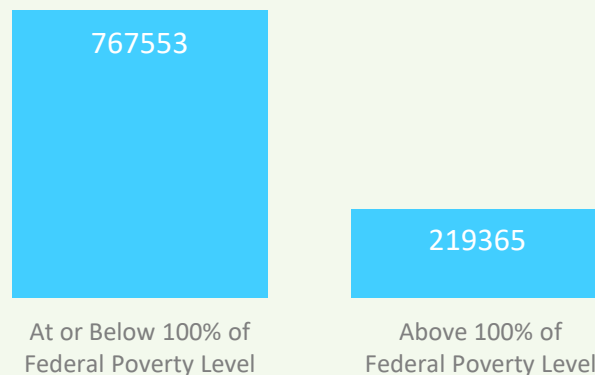
Total Healthy Michigan Plan Beneficiaries

Age	Females	Males	Number Eligible
19-24	85,385	85,034	170,419
25-34	130,198	151,823	282,021
35-44	91,673	108,216	199,889
45-54	83,946	87,116	171,062
55-64	83,460	80,067	163,527
Total	474,662	512,256	986,918
Percentage	48.10%	51.90%	100.0%

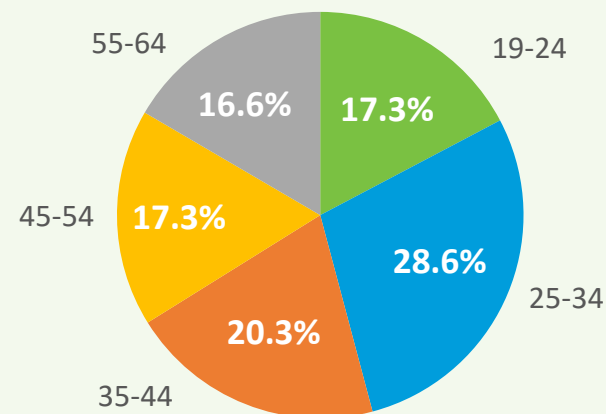
February Healthy Michigan Enrollment by Health Plan

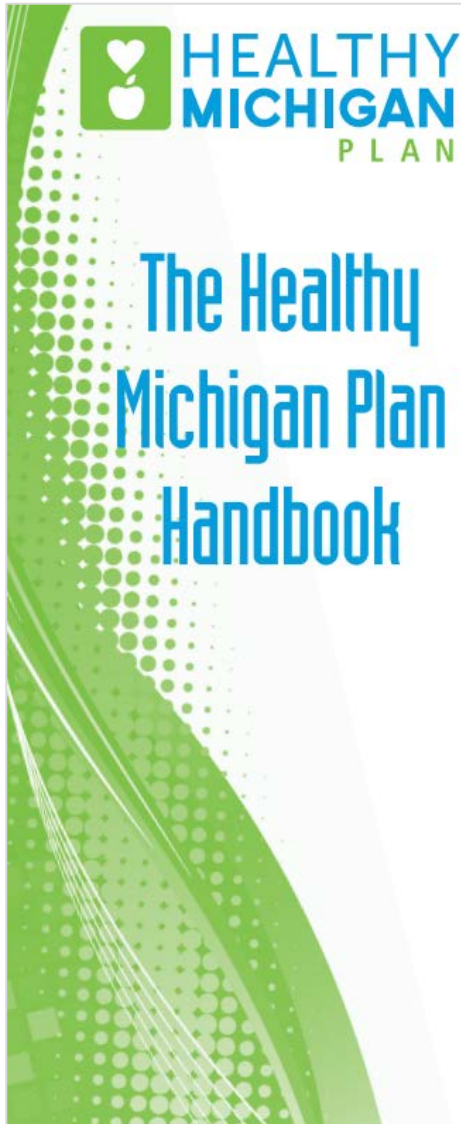
Health Plan	Beneficiaries Enrolled	Percent of Enrollment
Aetna	21,756	2.8%
Blue Cross	139,486	18.2%
HAP Empowered	15,867	2.1%
McLaren	96,809	12.6%
Meridian	178,432	23.3%
Molina	117,698	15.4%
Priority Health	79,925	10.4%
United Health Care	95,798	12.5%
Upper Peninsula	20,368	2.7%
Totals	766,139	100.0%

Eligibility by Federal Poverty Level



Enrollees in Healthy Michigan Plan by Age





What Does HMP Cover?

Ambulatory Patient Services

- PCP, clinical nurse specialist, PA, specialists
- Outpatient hospital visits
- Surgical centers
- Home health care
- Hospice
- Podiatry care
- Chiropractic care

Emergency Services

- Ambulance transport
- Care in an emergency room
- Urgent Care

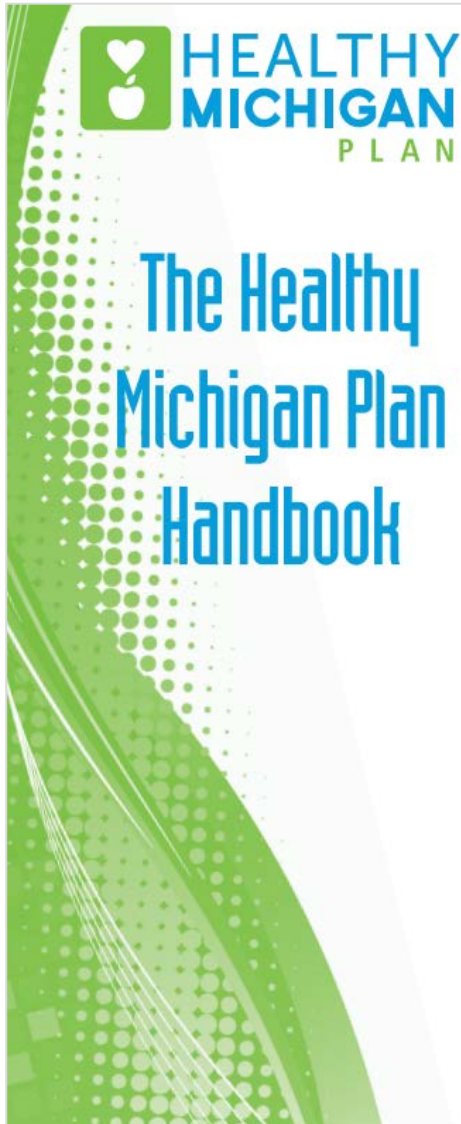
Hospitalization

Maternity Care

Mental Health and Substance Use Disorder Treatment Services

Prescription Drugs

Rehabilitative and Habilitative Services and Devices



What Does HMP Cover?

Rehabilitative and Habilitative Services and Devices

PT, OT, ST, Prosthetics, Orthotics, Medical Equipment, Medical supplies

Preventive and Wellness Services and Chronic Disease Management

- Choice of PCP or assignment by Health Plan within 60 days of enrollment in Plan
- Yearly check-ups
- Immunizations
- Mammograms
- Hearing check-ups

Dental Services

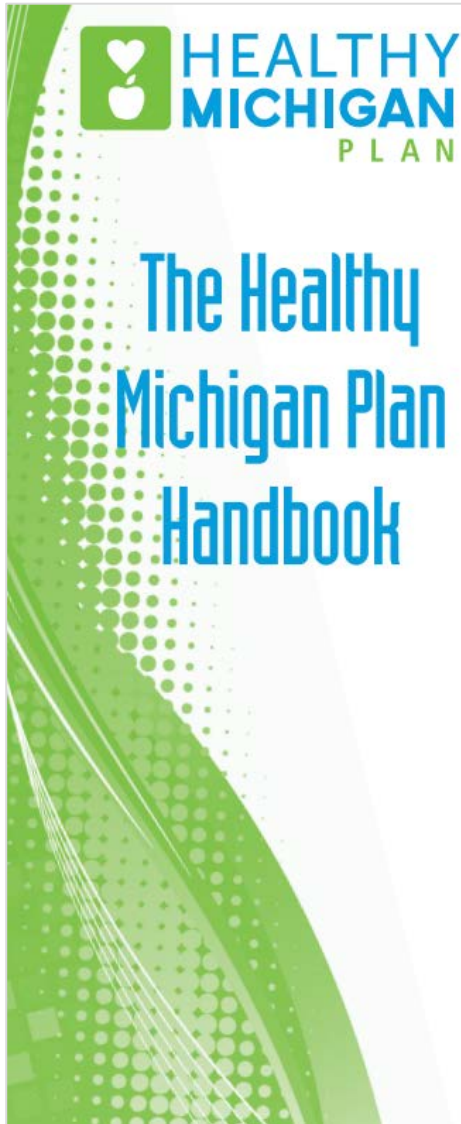
Vision Services

Non-Emergency Medical Transportation Services

Family Planning Services

Smoking Cessation Programs

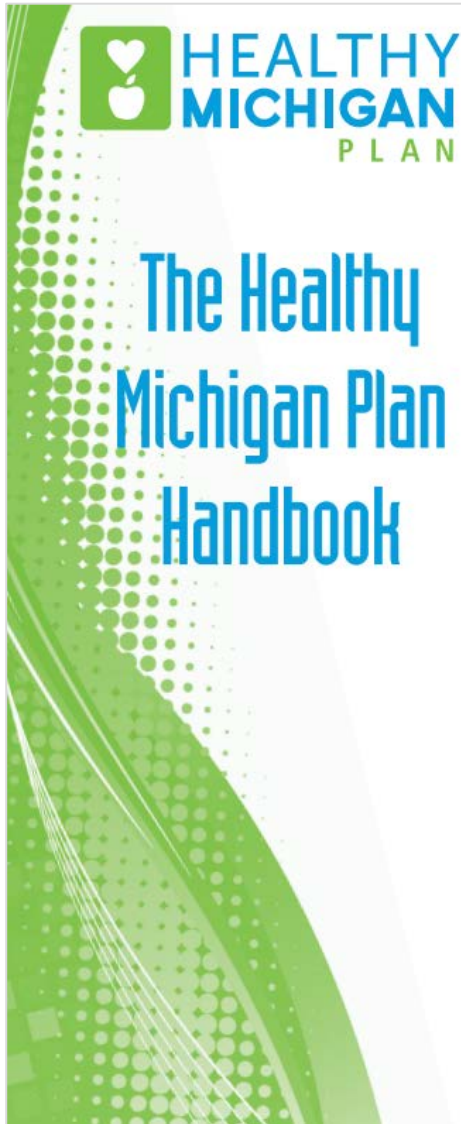
Long-Term Care Services



What Does It Cost?

Members above 100% FPL are required to contribute 2% of their annual income into their [MI Health Account \(MIHA\)](#). MIHA fees and co-pays can be reduced by voluntary participation in health behavior activities. Once enrolled in Health Plan, most co-pays are paid through the MIHA.

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

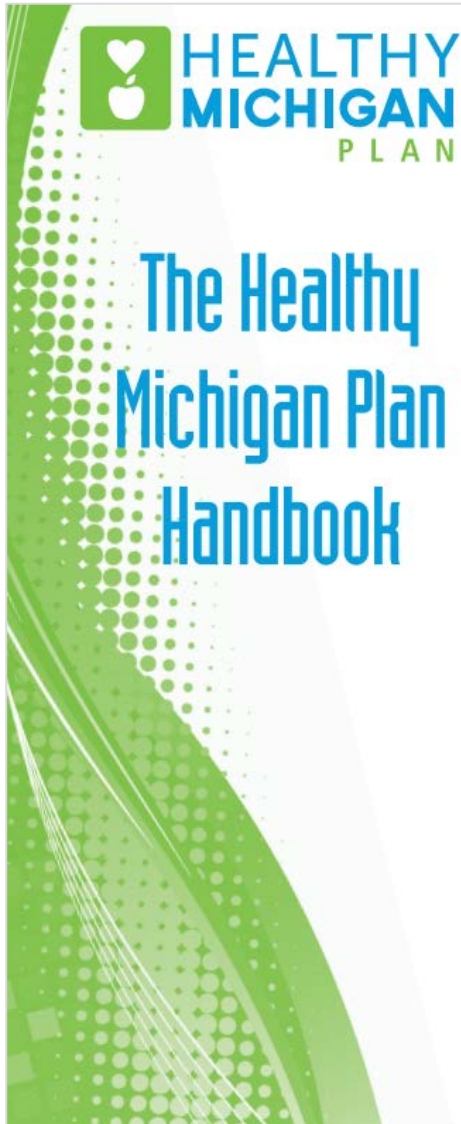


What Does It Cost?

Healthy Michigan Plan Co-Payment Exemptions

Groups Exempt from Co-Pay Requirements	Services Exempt from Co-Pay Requirements
<ul style="list-style-type: none"> • Beneficiaries under age 21 • Individuals residing in a nursing facility • Individuals receiving hospice care • Native American Indians and Alaskan Natives consistent with Federal regulations at 42 CFR 447.56(a)(1)(x) • Beneficiaries dually eligible for Healthy Michigan Plan and Children's Special Health Care Services 	<ul style="list-style-type: none"> • Emergency services • Family planning services • Pregnancy-related services • Preventive services • Federally Qualified Health Center, Rural Health Clinics, or Tribal Health Center services • Mental health specialty services and supports provided/paid through the Prepaid Inpatient Health Plan / Community Mental Health Services Program • Mental health services provided through state psychiatric hospitals, the state Developmental Disabilities Center, and the Center for Forensic Psychiatry • Services related to program-specific chronic conditions *

* A list of program-specific chronic conditions can be found online at <http://www.michigan.gov/healthymichiganplan> >> Healthy Michigan Plan Provider Information



Cost Sharing Limit and Statement

Cost sharing (Co-Pays + MIHA Fees) are limited by household based on income level. Limit set at 5% of household income during a 3-month period. Department keeps track of limit and cost-sharing charged.

MI Health Account Statement April 15, 2015

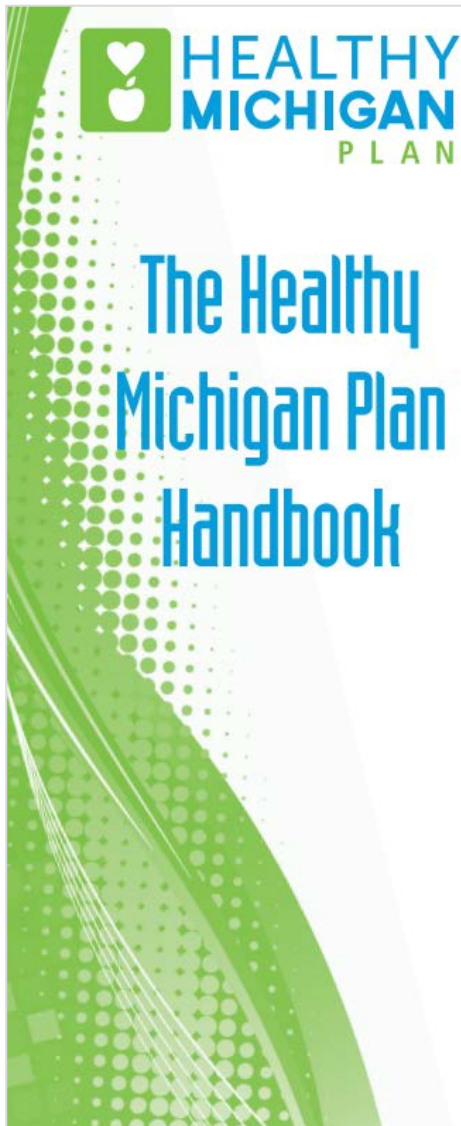


Services and Co-Pays

This section tells you what health services you received and how much they cost—for both you and your health plan. To protect your privacy, confidential services are not listed on your statement.

Health Services in this statement

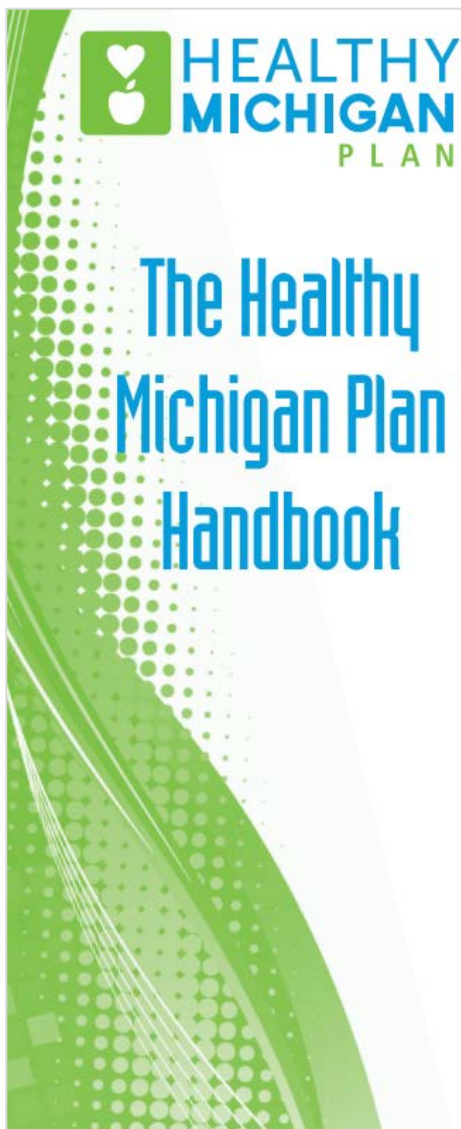
Date	Service	Provider	Paid by health plan	Co-pay
01/05/2015	Outpatient Clinic Visit	MI Healthcare	\$ 150.00	\$ 1.00
01/12/2015	Physician Visit	Dr. Johnson	\$ 98.00	\$ 0.00
01/12/2015	Laboratory Service	MI Healthcare	\$ 18.50	\$ 0.00
01/30/2015	Prescription	Anytime Pharmacy	\$ 31.00	\$ 1.00
02/05/2015	Chiropractor	Chiropractic MI	\$ 88.50	\$ 1.00
03/11/2015	Dental	Smiles Dental Service	\$ 102.75	\$ 3.00
Sub Total				\$ 6.00
Healthy behavior reward				\$ 0.00
Total			\$488.75	\$ 6.00



Cost Sharing Limit and Statement

Chart 2: Copays & Contributions Paid

Copays					
Statement Month	Amount of copays owed	Amount of copays paid	Percentage of copays paid	Number of beneficiaries who owed copays	Number of beneficiaries who paid copays
Jan-21	\$242,863.15	\$69,701.13	29%	31,254	10,627
Feb-21	\$211,409.32	\$58,831.28	28%	27,474	8,933
Mar-21	\$244,591.25	\$62,290.63	25%	31,489	9,049
Calendar YTD	\$698,863.72	\$190,823.04	27%	90,217	28,609
Program Total	\$19,794,315.41	\$8,283,251.46	42%	2,271,155	1,166,588
Contributions					
Statement Month	Amount of contributions owed	Amount of contributions paid	Percentage of contributions paid	Number of beneficiaries who owed contributions	Number of beneficiaries who paid contributions
Jan-21	\$1,943,824.41	\$146,093.44	8%	28,495	7,443
Feb-21	\$1,772,375.06	\$135,255.93	8%	25,928	6,411
Mar-21	\$1,981,069.67	\$135,701.38	7%	29,076	5,724
Calendar YTD	\$5,697,269.14	\$417,050.75	7%	83,499	19,578
Program Total	\$96,038,637.45	\$24,168,499.64	25%	1,523,588	702,197



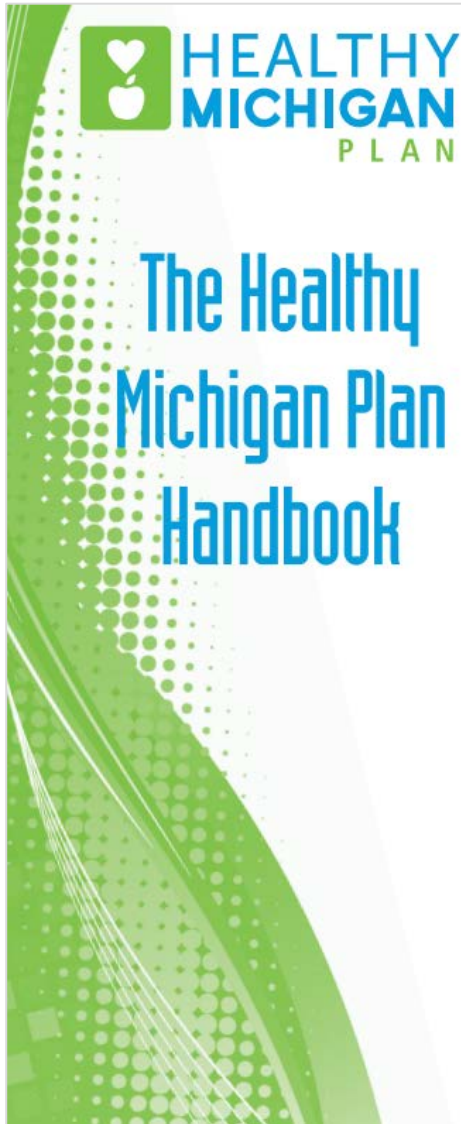
Healthy Behavior Incentives

Beneficiaries can qualify for reductions to co-pays and/or contributions through incentives that **reward healthy behaviors and personal responsibility**. Enrollees must complete a Health Risk Assessment (HRA) and attest to **address** or **maintain** health behaviors.

Enrollees can receive a 50% reduction in co-pays once they have paid 2% of their income in co-pays if they agree to address or maintain healthy behaviors.

Enrollees above 100% FPL can receive 50% reduction in contributions if they complete a healthy behavior. Monthly contribution waived if they complete an annual healthy behavior on time each year over 2+ years.

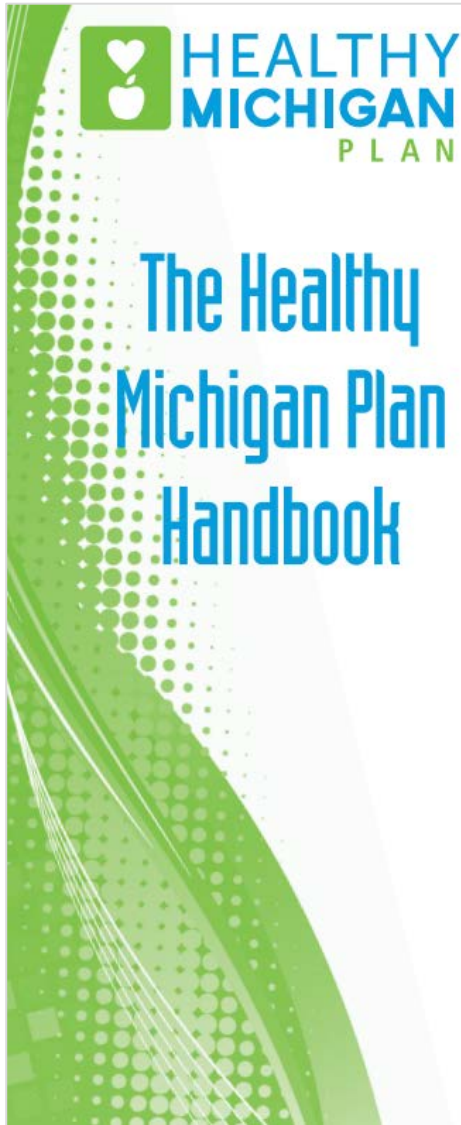
\$50 gift card is available to beneficiaries at or below 100% FPL that have agreed to address or maintain healthy behaviors and completed a HRA with a PCP.



Healthy Behavior Incentives

Chart 5B: Healthy Behaviors						
	Jan-21		Feb-21		Mar-21	
	#	Total \$	#	Total \$	#	Total \$
Co-pay	3,018	\$12,251.84	2,641	\$10,686.32	3,039	\$12,439.20
Contribution	8,840	\$381,126.00	8,253	\$353,105.50	9,470	\$401,813.50
TOTAL	11,858	\$393,377.84	10,894	\$363,791.82	12,509	\$414,252.70
	Jan 21 to Mar 21		Calendar YTD		Program YTD	
	#	Total \$	#	Total \$	#	Total \$
Co-pay	8,698	\$35,377.36	8,698	\$35,377.36	175,752	\$911,889.28
Contribution	26,563	\$1,136,045.00	26,563	\$1,136,045.00	365,980	\$14,224,076.27
TOTAL	35,261	\$1,171,422.36	35,261	\$1,171,422.36	541,732	\$15,135,965.55

Chart 6: Waived Copays for High Value Services		
Month	# of Beneficiaries with Copays Waived	Total Dollar Amount Waived
Jan-21	80,679	\$838,763
Feb-21	72,256	\$731,021
Mar-21	82,605	\$852,926
Calendar YTD	235,540	\$2,422,710
Program Total	3,362,772	\$34,483,014



Consistently Failing to Pay (CFP)

Beneficiaries who do not pay three consecutive months when they have been billed co-pays or contributions – OR – have not paid at least 50% of the total billed amount in the past 12 months.

Chart 8: Delinquent Copay and Contribution Amounts by Aging Category						
Days	0-30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days	TOTAL
Amount Due	\$813,691.63	\$750,568.88	\$716,327.60	\$693,752.95	\$16,169,878.47	\$19,144,219.53
Number of Beneficiaries That Owe	73,730	66,758	63,323	60,256	282,250	312,743

Returns on Taxpayer Investments in Healthcare

UNCOMPENSATED CARE

Baseline 2013: uncompensated hospital care was roughly 5% of hospital expenditures (\$8 million for an average MI Hospital)

2017: 2% (\$3.7 million for an average MI Hospital)

2019: 2.5% (\$4.9 million for an average MI Hospital)

UNINSURED RATE (NON-ELDERLY ADULTS)

[2013 PA107 Report 2021 748782 7.pdf \(michigan.gov\)](#)

Baseline 2013: 16.2%

2017: 7.3%

2019: 8.7%

UNINSURED USE OF HOSPITALS

Baseline 2013: 3% of all adults admitted to hospitals were uninsured

2017: Just under 1% of all adults admitted to hospitals were uninsured

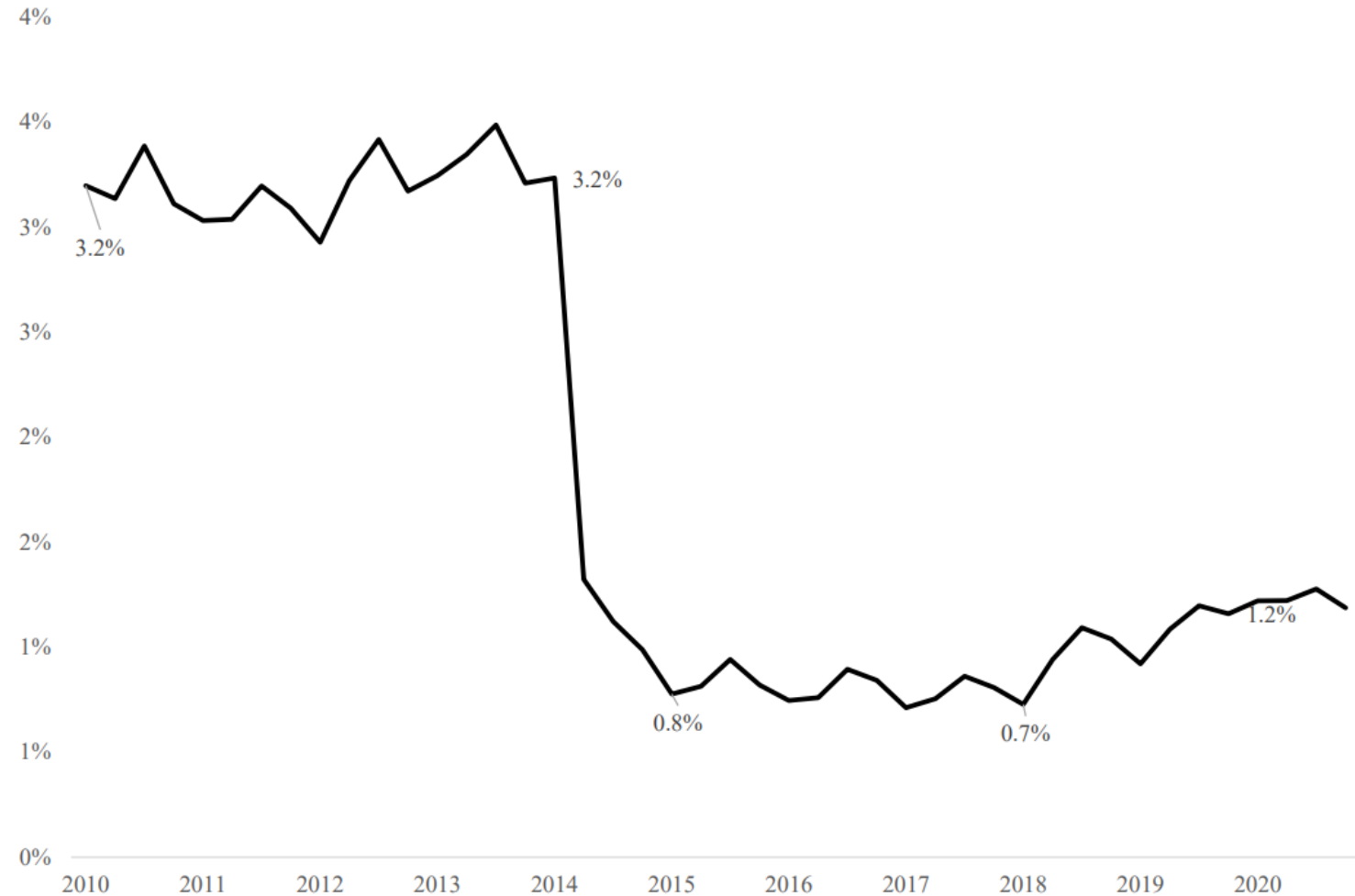
2019: 1.1% of all adults admitted to hospitals were uninsured

TAXPAYER SAVINGS

FY 21: Reported net savings of \$273.8 million

Evidence of Successful Policy Interventions

Figure 1. Self-Pay/No Charge Patients as a Percentage of All Hospital Inpatients, Michigan 2010 to 2020





HEALTHY MICHIGAN PLAN

Calculation Of Annual State And Other Non-Federal Net Savings (Thousands)



Type		State Budget Adjustment	FY 2021 FINAL
1	COST	HMP Services - State GF/GP Share	\$273,551.9
2	COST	HMP Administration - State GF/GP Share	\$6,665.5
3	COST	HMP IPA Actuarial Soundness Costs	\$15,449.4
SUBTOTAL: HMP COSTS			\$295,666.7
4	SAVINGS	Community Mental Health Non-Medicaid Services	(\$192,473.9)
5	SAVINGS	Adult Benefits Waiver - Physical Health (GF/GP)	(\$21,993.3)
6	SAVINGS	Adult Benefits Waiver - Mental Health (GF/GP)	(\$10,202.2)
7	SAVINGS	MDOC Offender Health Care Services	(\$22,966.6)
8	SAVINGS	Plan First! Medicaid Family Planning Waiver	(\$1,069.0)
9	SAVINGS	Medicaid Graduate Medical Education Fund Shift	(\$6,182.2)
10	SAVINGS	HMP - Enrollee Maternity	(\$8,813.6)
11	SAVINGS	HMP - Hospital Provider Assessment Retainer (GF/GP Offset)	(\$118,420.5)
12	SAVINGS	Insurance Provider Assessment (IPA)	(\$141,000.0)
SUBTOTAL: HMP SAVINGS			(\$523,121.3)

Type		Local Budget Impact	FY 2021 FINAL
13	SAVINGS	Local Match for CMH Non-Medicaid Mental Health	(\$10,276.3)
14	SAVINGS	Adult Benefits Waiver - Wayne County Tobacco Tax	(\$4,665.7)
15	SAVINGS	Indigent Care Agreements - Plan B Local Contributions	(\$31,470.2)
NET IMPACT OF HMP TO NON-FEDERAL COSTS FY 2019			(\$46,412.2)

SUBTOTAL	TOTAL HMP COSTS	\$295,666.7
SUBTOTAL	STATE / NON-FEDERAL HMP SAVINGS	(\$569,533.5)
TOTAL NET COSTS/(SAVINGS)		(\$273,866.8)

Improvements Achieved

COST

- **Net savings** to state Taxpayers (\$273.8 million in FY 21)
- **Reduction** in uncompensated care to Hospitals

QUALITY

- Enrollees with one chronic condition who agreed to address at least one healthy behavior had **lower inpatient rates** than those who did not complete a Health Risk Assessment.

ACCESS

- Adult uninsured rate **cut in half**.
- **710,000** with access to coverage pre-pandemic. **987,000** as of today with enrollment freeze.

HEALTH AS A BARRIER TO EMPLOYMENT

2016 survey found:

- **69%** who were employed reported HMP helped them do a better job at work.
- **55%** who were out of work agreed that HMP made them better able to seek a job.
- **37%** who were employed and changed jobs in the past 12 months agreed that having HMP helped them get a better job.
- PCPs surveyed reported **improved detection and management** of chronic conditions in patients who gained coverage. Better adherence to treatment.

[HMP Eval Final Evaluation Report 3.12.20 684780 7.pdf \(michigan.gov\)](#)



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