Healthy Michigan Plan: Updated Health Risk Assessment



Healthy Michigan Plan (HMP) Health Risk Assessment:

A key feature of the Healthy Michigan Plan (HMP) is the Healthy Behaviors Incentives Program which encourages HMP managed care members to maintain and implement healthy behaviors.

- Beneficiaries work in collaboration with their health care provider to complete a standardized HMP Health Risk Assessment (HRA) and identify healthy behavior goals.
- Beneficiaries are expected to remain actively engaged in their health by establishing at least one healthy behaviors goal *each year* they are in the Healthy Michigan Plan.

You can learn more about the HMP Health Risk Assessment and Healthy Behaviors Incentives Program at <u>www.michigan.gov/healthymichiganplan.</u>

NEW: 2018 Health Risk Assessment (HRA) Updates

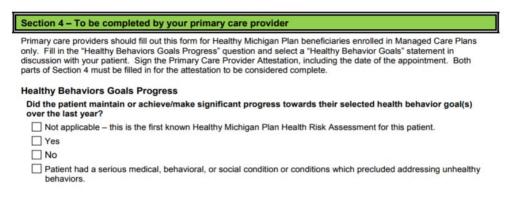
The Healthy Michigan Plan HRA has been updated to take into account beneficiary progress on the previous year's healthy behavior goals, as attested by the primary care provider. The revised Health Risk Assessment can be found <u>here</u>.

Note: The biometric portion of the HRA has been removed. Relevant biometric data should be considered when selecting healthy behavior goals, but lab results no longer need to be documented on the HRA to improve ease of use.

Completing the Health Risk Assessment Form

The first three sections of the health risk assessment are self-report questions to be completed by HMP members. The primary care provider **ONLY** needs to complete **Section 4** of the HRA for HMP beneficiaries enrolled in a Managed Care Plan. The HMP HRA form is considered to be "complete" when the provider completes the following **Section 4** HRA components:

1. Check the "Healthy Behaviors Goals Progress" question and select a "Healthy Behavior Goals" statement with the beneficiary. The updated HRA form now includes a goal of maintaining previously achieved healthy behaviors goal(s).



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2. In collaboration with the beneficiary, select a healthy behavior. Additional healthy behaviors were added to the HRA form to ensure the selection of healthy behaviors is sufficiently diverse for members who have already achieved multiple healthy behavior goals.

2. Patient has identified at least one behavior to address over the next year to improve their health (choose one or more below);					
Increase physical activity, learn more about nutrition and improve diet, and/or weight loss		Reduce/quit alcohol consumption			
Reduce/quit tobacco use		Treatment for substance use disorder			
Annual influenza vaccine		Dental visit			
Follow-up appointment for screening or management (if necessary) of hypertension, cholesterol and/or diabetes		Follow-up appointment for maternity care/reproductive health			
Follow-up appointment for recommended cancer or other preventative screening(s)		Follow-up appointment for mental health/behavioral health			
Other: explain					
Other: explain					
3. Patient has a serious medical, behavioral or social condition at this time.	(s) w	hich precludes addressing unhealthy behavio			

- 5. Patient has committed to maintain their previously achieved Healthy Behavior Goal(s).
- 3. **Complete the Attestation portion of the form.** The Attestation must be signed for the beneficiary to be eligible for the Healthy Behaviors Incentive Program.

Primary Care Provider Attestation

I certify that I have examined the patient named above and the information is complete and accurate to the best of my knowledge. I have provided a copy of this Health Risk Assessment to the member listed above.					
Provider Last Name	Provider First Name	National Provider Identifier (NPI)			

Provider Telephone Number		Date of Appointment
Signature		Date

4. **Submit the completed form** by fax at 517-763-0200 or providers can add the new HRA Provider Profile to their CHAMPS username. The new HRA Provider Profile will allow providers to view shared beneficiary HRA data, attest online to a beneficiary's HRA, or see historical HRA data.

How can you help Healthy Michigan Plan Beneficiaries?

Complete *Section 4* of the Health Risk Assessment including the "Healthy Behaviors Goals Progress" question and select a "Healthy Behavior Goals" statement in discussion with your patient.

- Explain the importance of achieving and maintaining healthy behavioral goals.
- Be sure to sign the "Primary Care Provider Attestation," including the date of the appointment.
- Both parts of Section 4 must be filled in for the attestation to be considered complete.
- Submit the form by fax or the CHAMPS system via the new HRA Provider Profile.