

Healthy Michigan Plan

Second Waiver Implementation

March 20, 2018

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Presentation Overview

- ▶ Healthy Michigan Plan information is posted on the MDHHS website:
 - <http://www.michigan.gov/healthymichiganplan>
- ▶ First Waiver
 - Unique cost-sharing feature
 - MI Health Account
 - Healthy Behaviors
- ▶ Second Waiver for HMP
 - Healthy Behaviors
 - Marketplace Option
 - Timeframe

The Healthy Michigan Plan

- ▶ The Healthy Michigan Plan will celebrate its four year anniversary April 1, 2018
- ▶ Over 665,000 Michigan residents are covered by the Healthy Michigan Plan



Federal and State Laws

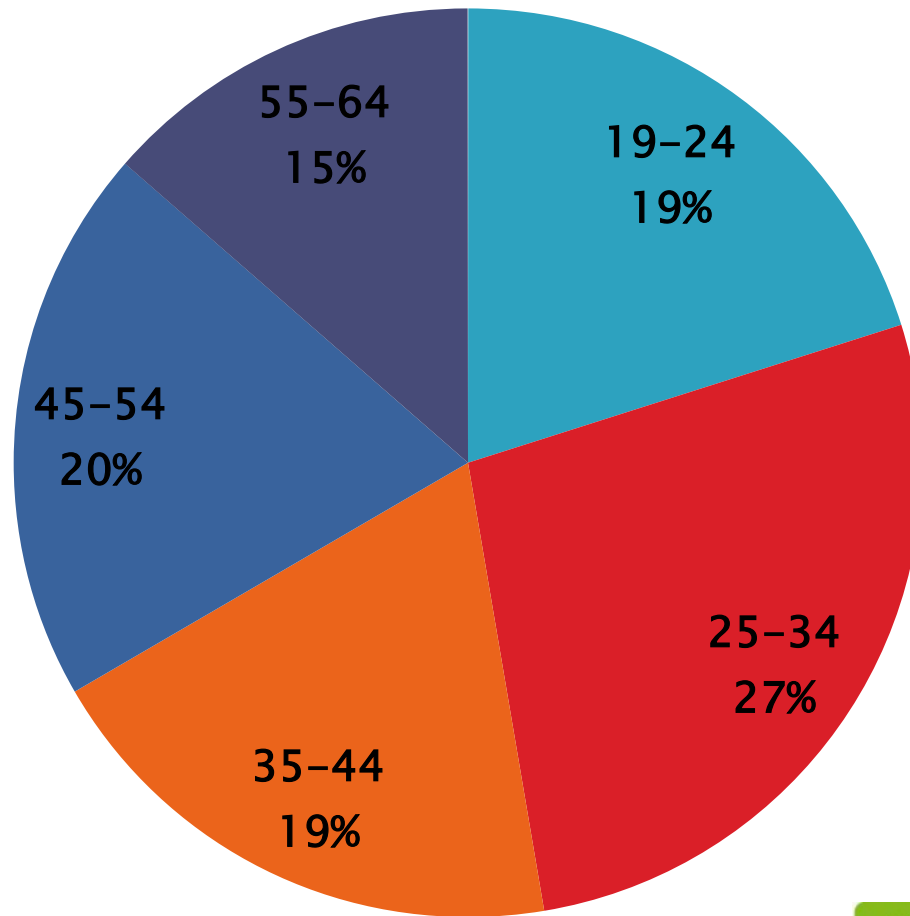
- ▶ Affordable Care Act (ACA) authorization
 - New eligibility category
- ▶ Funding must be appropriated by State
 - Public Act 107 of 2013 was signed into law by Governor Snyder on September 16, 2013.
 - State law requires certain cost-sharing responsibility and health promotion activity
- ▶ Requirement of federal waivers (Section 1115)
 - First Waiver approved December 30, 2013
 - Second Waiver approved December 17, 2015
 - The Healthy Michigan Plan Waiver ends December 30, 2018
 - Submitted renewal request in December 2017.

Eligibility Requirements

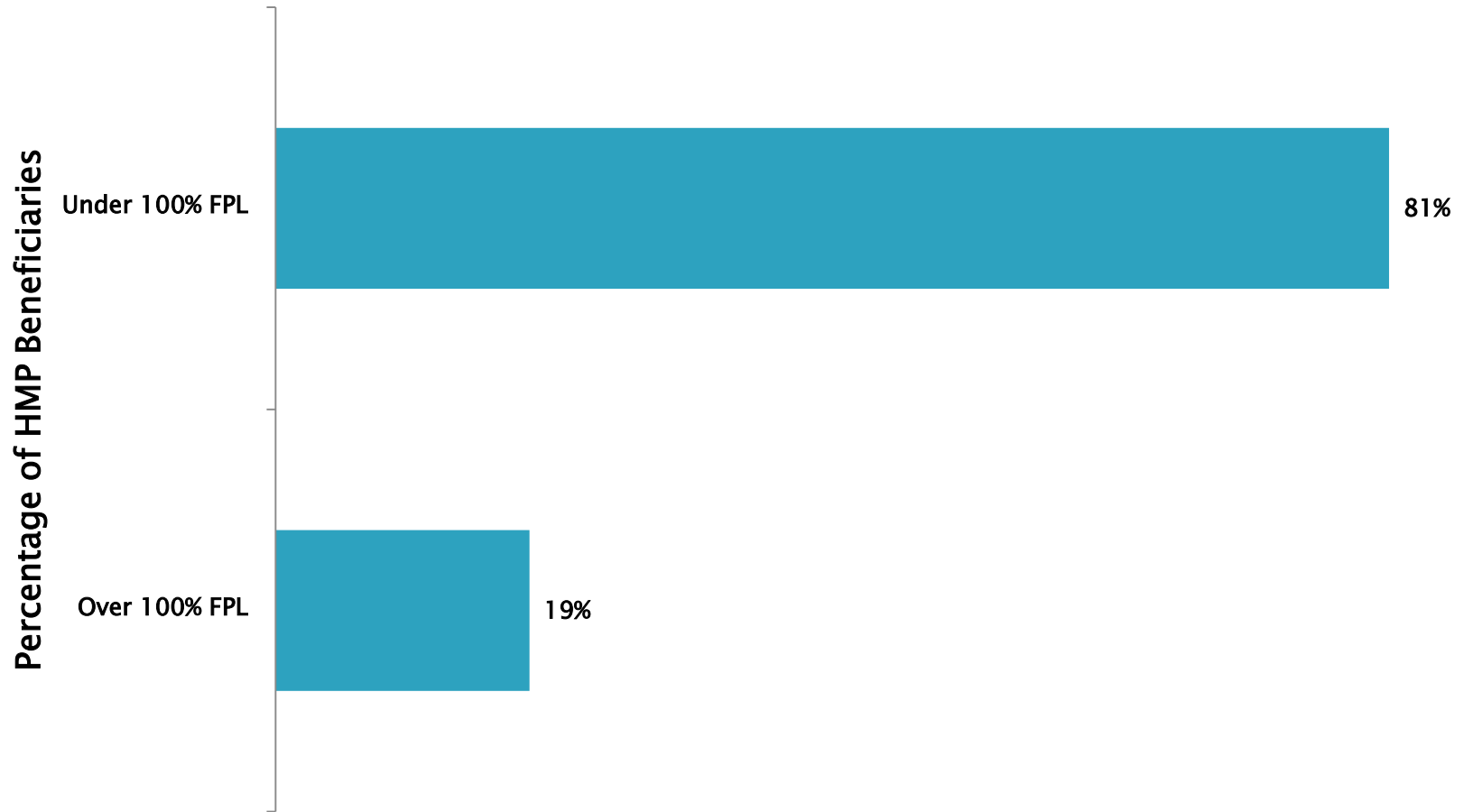
Michigan residents who:

- Are ages 19–64
- Are not receiving or eligible for Medicare benefits
- Are not eligible for other Medicaid programs
- Are not pregnant at the time of application
- Have income at or below 133% of the Federal Poverty Level (FPL)
 - Note – 5% disregard = 138%
- Must meet other federal requirements

Enrollment by Age



Enrollment by Federal Poverty Level



MI Health Account

- ▶ Mechanism to facilitate beneficiary education and responsibility of health care service utilization
 - Required by Public Act 107 of 2013
- ▶ Begins six months after individual enrolls in a Medicaid Health Plan
- ▶ MI Health Account Quarterly Statement
 - Itemization of health services received
 - Cost of services for the beneficiary and the Medicaid Health Plan
 - Co-pays and/or contributions owed by the beneficiary
 - Reductions in cost-sharing
 - Payment coupons

Cost-Sharing Requirements



- ▶ Two types of cost-sharing to be paid on a monthly basis
 - Average monthly co-pays
 - Based on past beneficiary service utilization
 - Contributions
 - Limited to beneficiaries above 100% of the FPL
 - Total annual amounts may be up to 2% of income
- ▶ Efforts to align cost-sharing requirements with high-value services
- ▶ Many factors determine cost-sharing responsibilities

Cost-Sharing Requirements – Co-pays

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	\$ 1	\$ 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 preferred \$ 3 non-preferred	\$ 4 preferred \$ 8 non-preferred
Chiropractic Visits	\$ 1	\$ 3
Dental Visits	\$ 3	\$ 4
Hearing Aids	\$ 3 per aid	\$ 3 per aid
Podiatric Visits	\$ 2	\$ 4
Vision Visits	\$ 2	\$ 2

Co-pay 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 www.michigan.gov/healthymichiganplan >> Healthy Michigan Plan Provider Information

Chronic Conditions Exempt from Cost-Sharing

- ▶ Anemia
- ▶ Alcohol Use Disorder
- ▶ Alzheimer's
- ▶ Asthma
- ▶ Atrial Fibrillation
- ▶ Bipolar Disorder
- ▶ Cancer Diagnoses
- ▶ Cataract
- ▶ Chronic Kidney Disease
- ▶ Chronic Obstructive Pulmonary Disease and Bronchiectasis
- ▶ Cystic Fibrosis
- ▶ DVT (while on anticoagulation)/PE (chronic anticoagulation)
- ▶ Depression
- ▶ Diabetes
- ▶ Glaucoma
- ▶ Heart Failure
- ▶ Hemophilia
- ▶ HIV
- ▶ Hyperlipidemia
- ▶ Hypertension
- ▶ Ischemic Heart Disease
- ▶ Lead Exposure
- ▶ Liver Disease
- ▶ Obesity
- ▶ Osteoporosis
- ▶ Rheumatoid Arthritis Osteoarthritis
- ▶ Schizophrenia
- ▶ Stroke/Transient Ischemic Attack
- ▶ Substance Use Disorder
- ▶ Tobacco Use Disorder
- ▶ Viral Hepatitis
- ▶ Other

Health Risk Assessment

- ▶ Health Risk Assessment form
 - Phone survey at time of health plan enrollment
 - Primary Care Provider's office
- ▶ HRA covers the following health domains:
 - General health status rating
 - Exercise frequency
 - Nutrition
 - Alcohol use
 - Anxiety and depression
 - Smoking/tobacco/drug and substance use
 - Flu vaccinations
 - Chronic conditions



Health Risk Assessment

- ▶ Beneficiaries who complete a Health Risk Assessment and agree to address or maintain a healthy behavior may be eligible to receive financial incentives:
 - A 50% reduction in their required monthly co-pay amounts (after 2% of income has already been paid in co-pays), **AND**
 - A 50% reduction in required contributions or a comparably valued gift card from their health plan if they are not required to pay contributions.
- ▶ Primary care provider attestation is required.

Healthy Behavior Initiatives

- ▶ All health plans have an incentive for primary care providers who complete and return the Health Risk Assessment form for their Healthy Michigan Plan patients.
- ▶ Each health plan designed their own provider incentives, which thus far vary by plan.

HMP Second Waiver

- » Healthy Behaviors
Marketplace Option
Timeline

Healthy Michigan Plan

Second Waiver – Affected Population

- Beginning **April 1, 2018**, targets all beneficiaries who have incomes above 100% of the FPL level.
 - ❖ Does not apply to people who are below 100% of the FPL.
- Medically Frail (medical exemption), Native Americans, pregnant women and under 21 years are exempt.
- Will need to obtain coverage from a Marketplace issuer.



Healthy Michigan Plan Second Waiver Details

- Affected beneficiaries will choose between two delivery system options:
 - The “traditional” Healthy Michigan Plan, available with the completion of a healthy behavior, **OR**
 - The Marketplace Option, whereby beneficiaries receive coverage through a Marketplace issuer.
 - Will receive essential health benefits
 - MI Marketplace Option health plans do not cover dental, vision, or other non-EHB services
- NOTE: Beneficiaries newly enrolled after April 1, 2018, may have one year enrollment in the traditional HMP to allow for completion of healthy behaviors.



Diagrams

Healthy Behaviors Update

Healthy Michigan Plan

Three ways to document healthy behaviors:

1. Health Risk Assessment

- Agree to address or maintain a healthy behavior
- Removing biometrics
- Adding attestation on previous goals achieved
- Creating a single state-wide fax line for submission

2. Completion of approved wellness programs

3. Claims for specific wellness services

- Annual preventive visit
- Preventive dental services
- Appropriate cancer screening
- Tobacco cessation
- ACIP recommended vaccination(s)
- Other preventive screening

Healthy Behaviors Update

Healthy Michigan Plan

Healthy Behaviors Incentives

➤ Health Risk Assessment

- A 50% reduction in their required monthly co-pay amounts (after 2%/3% of income is paid in co-pays), **AND**
- Reduction in required contributions or a gift card
 - 1 annual HRA: Pay 1% of income in monthly contributions
 - 2+ annual HRAs: monthly contributions waived in its entirety

➤ Completion of approved wellness programs and Claims for specific wellness services

- Same contribution and copay reduction incentives only.
- Individuals at or below 100 percent of the Federal Poverty Level can still earn the gift card incentive through completion of a Health Risk Assessment.

Healthy Behaviors Update Marketplace Option

- ▶ Health Risk Assessment
 - Same HRA form
 - Can be completed telephonically including Healthy Behaviors goal selection and attestation
- ▶ Incentives
 - 50% premium reduction
 - Transition back to the Healthy Michigan Plan at the end of their Marketplace Option Plan enrollment period

Questions?

 **HEALTHY MICHIGAN**
PLAN



More people are getting healthy
with the Healthy Michigan Plan.

I have health care coverage now