

Report on Contractual Expenses Incurred

(FY2017 Appropriation Act - Public Act 268 of 2016)

December 31, 2016

Sec. 1882. By December 31, 2016, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office, documentation of the expenses incurred during the immediate preceding fiscal year by Medicaid health plans and PIHPs for the purpose of meeting the contractual requirements to join the Michigan Health Information Network Shared Services and incentivizing providers to become members of the Health Information Exchange Qualified Organization. The report should also include an estimation of the expenses to be incurred in the current fiscal year by Medicaid health plans and PIHPs for the same purpose of meeting their contractual obligations.



Michigan Department of
Health & Human Services

RICK SNYDER, GOVERNOR
NICK LYON, DIRECTOR

Michigan Health Information Network Shared Services (MiHIN) Expenses

PA 268 of 2016

Sec. 1882. By December 31, 2016, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office, documentation of the expenses incurred during the immediate preceding fiscal year by Medicaid health plans and Prepaid Inpatient Health Plans (PIHPs) for the purpose of meeting the contractual requirements to join the Michigan Health Information Network Shared Services (MiHIN) and incentivizing providers to become members of the Health Information Exchange Qualified Organization. The report should also include an estimation of the expenses to be incurred in the current fiscal year by Medicaid health plans and PIHPs for the same purpose of meeting their contractual obligations.

	FY16 Costs-Actual	FY17 Costs-Estimated
Medicaid Health Plans	\$0	\$0
Prepaid Inpatient Health Plans	\$1,097.15	\$40,324.00

Notes:

- Costs represent all costs paid directly to MiHIN (participation fees, use case costs, etc.).
- MiHIN offered incentives to early adopter plans which either waived or significantly reduced the cost of participation/meeting their contractual requirements.
- The State Innovation Model Federal funding is being leveraged to cover any remaining MiHIN costs for the Medicaid Health Plans in FY 17. In FY18, the Medicaid Health Plans will be required to implement incentive programs to boost MiHIN participation among the providers with whom they contract.