

ATTACHMENT B
Healthy Michigan Plan Healthy Behaviors Incentives Operational Protocol

I. Background

The Michigan Department of Health and Human Services (“Department”), in consultation with stakeholders, developed a Healthy Behaviors Incentives Program specific to the Healthy Michigan Plan managed care population. The purpose of the Healthy Behaviors Incentives Program is to encourage beneficiaries to maintain and implement healthy behaviors as identified in collaboration with their health care provider primarily via a standardized health risk assessment. Uniform standards were developed to ensure that all Healthy Michigan Plan managed care members have the opportunity to earn incentives and that those incentives are applied consistently by the managed care plans or their vendor.

Following evaluation and additional feedback from stakeholders, the Department is updating the Healthy Behaviors Incentives Program to promote greater beneficiary engagement and reward progress towards healthy behaviors over time. These proposed changes are meant to strengthen the program’s capacity to encourage behavior change for both new and existing enrollees. The Department modified the Healthy Michigan Plan Health Risk Assessment and the overall incentive framework in support of these goals, expanding the scope of services and medications deemed exempt from cost-sharing as a way to reduce barriers to needed care, and detailing the impact of certain healthy activities on delivery system options as described below.

II. Health Risk Assessment

Healthy Michigan Plan (HMP) beneficiaries are expected to remain actively engaged with the Healthy Behaviors Incentives Program each year that they are in the Healthy Michigan Plan. The Department has developed a Health Risk Assessment (HRA) that assesses a broad range of health issues and behaviors including, but not limited to, the following:

- Physical activity
- Nutrition
- Alcohol, tobacco, and substance use
- Mental health
- Influenza vaccination

The Health Risk Assessment is available for completion by all Healthy Michigan Plan managed care members. New beneficiaries continue to be informed about the program when they first enroll by the enrollment broker and in the welcome packets they receive from their managed care plan. In order to remain relevant and appropriate for members who have completed multiple annual Health Risk Assessments, the form accounts for consideration of progress on the previous year’s goals for existing members, as attested by the primary care provider. Additional healthy behaviors have been added to the Health Risk Assessment, such as recommended cancer screenings and preventive dental care, to ensure the selection of targeted healthy behaviors is sufficiently diverse for members who have already achieved multiple healthy behavior goals. As some healthy behavior goals may require significant annual effort to maintain (i.e. not regressing into prior tobacco use), an additional goal of maintaining previously achieved healthy behaviors goal(s) has also been added. Existing

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beneficiaries will also be encouraged to make subsequent year healthy behaviors incrementally more challenging, working with their primary care provider to build on the goals of prior years. The revised Health Risk Assessment can be found in Appendix 3.

Assistance with completion of the Health Risk Assessment is available to new and existing beneficiaries. To start the Health Risk Assessment, members can answer the first self-report portion on their own, with the assistance of the enrollment broker or with assistance from their selected managed care plan. Another option which is available is that members can answer the first portion of the Health Risk Assessment online through a secure statewide beneficiary portal called the MyHealthButton. The Health Risk Assessment has also been translated into Spanish and Arabic. The self-report sections include assessment of engagement in healthy behaviors and questions that indicate how much assistance beneficiaries may need to achieve health in regard to particular issues. The final portion of the Health Risk Assessment will be done in the primary care provider's office and includes attestations by the provider that the beneficiary has acknowledged changes in behavior that may need to be made, and the members willingness/ability to address those behaviors.

Successful entry into any health care system includes an initial visit to a primary care provider, especially for beneficiaries who may have unmet health needs. For Healthy Michigan Plan managed care members, this initial appointment can include a conversation about the healthy behaviors identified in the Health Risk Assessment, member concerns about their own health needs, member readiness to change, and provider attestations of members willingness/ability to address health needs. Healthy Michigan Plan beneficiaries are expected to contact their primary care provider within 60 days of enrollment to schedule a well care appointment and complete the Health Risk Assessment, though there is no penalty for beneficiaries who choose not to do so.

An annual preventive visit is a benefit of the Healthy Michigan Plan and existing members are encouraged to complete an annual Health Risk Assessment with their primary care provider. As the program matures, Healthy Michigan Plan members will increasingly be at different stages of behavior change. The revisions to the Health Risk Assessment are designed to keep the program meaningful for both newly enrolled members and those who have begun to make significant lifestyle changes.

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III. Additional Mechanisms to Document Healthy Behavior Activities

To improve the ability of individuals to participate in the Healthy Behaviors Incentives Program, additional mechanisms to document healthy behaviors have been added for individuals who may have completed healthy behavior activities but do not have a submitted Health Risk Assessment for documentation. The documentation includes claims/encounters data and documented participation in wellness and population health management programs, including those submitted by a managed care plan. While HMP beneficiaries are required to complete a healthy behavior annually, new HMP enrollees are initially required to commit to a healthy behavior and must complete the healthy behavior within their first 12 months of coverage.

The Department will use claims and encounter data to document healthy behaviors for managed care plan members who utilize preventive and wellness services that meet the following criteria.

Make and keep an appointment for any of the following:

- Annual preventive visit
- Preventive dental services
- Appropriate cancer screening
- Advisory Committee on Immunization Practices (ACIP) recommended vaccination(s)
- Other preventive screening

The associated codes for the health services listed above can be found in Appendix 4. This mechanism to document healthy behaviors will primarily involve the review of historical claims information (from the preceding 12 months) for the presence of the selected codes. The Department may also consider pre-natal services for pregnant women as meeting the healthy behavior requirements.

In addition, with the introduction of the new managed care contract in January 2016, all managed care plans must ensure its members have access to evidence based/best practices wellness programs to reduce the impact of common risk factors such as obesity or hypertension. These programs can take many forms such as evidence-based tobacco cessation support, health coaching services and free or reduced cost gym memberships. The managed care plans are also required to provide population health management programs which address social determinants of health such as food security or health literacy. These kinds of programs play an important role in helping members achieve their healthy behavior goal(s) and provide important skills and resources so that individuals can self-manage their health. To encourage participation in these valuable programs, members with documented participation in approved managed care plan wellness and population health management programs will also be eligible for Healthy Behaviors Incentives.

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Individuals who participate in the healthy behaviors incentives program through the utilization of preventive and wellness services or the managed care plan wellness programs will also be encouraged to make subsequent year healthy behavior activities incrementally more challenging. Managed care plans will be required to monitor the annual progress of enrollees on these healthy behavior goals and facilitate the adoption of increasingly substantial goals each year. The department will work with the managed care plans to ensure uniform standards are applied for determining annual improvement through these activities.

IV. Healthy Behaviors Incentives

Healthy Michigan Plan managed care members will be rewarded for addressing behaviors necessary for improving health. The Department believes that this approach serves as an innovative model that rewards members for appropriate use of their health care benefits. Appendix 5 graphically describes the eligibility criteria for Healthy Behaviors Incentives. Managed care members who complete a Health Risk Assessment with a primary care provider attestation and agree to address or maintain healthy behaviors will receive an incentive. Existing members must also review their progress on their previous year's goal with their primary care provider, who must attest on the Health Risk Assessment that the individual achieved or made significant progress towards their selected healthy behavior goal(s) over the last year to be eligible for an incentive. All individuals receiving an incentive are eligible for a 50 percent reduction in co-pays for the rest of the year once the enrollee has paid 2 percent of their income in co-pays. Individuals who pay a contribution (those above 100 percent of the Federal Poverty Level) will also be eligible for a reduction in their monthly contribution to 1 percent of income. To encourage consistent multi-year participation in the Healthy Behaviors Incentives Program, individuals who pay a contribution (those above 100 percent of the Federal Poverty Level) will have their monthly contribution waived in its entirety if they complete an annual Health Risk Assessment on time each year over two or more years. Members who complete an assessment and acknowledge that changes are necessary but who have significant physical, mental or social barriers to addressing them at this time (as attested by the primary care provider) are also eligible for the incentives.

Managed care plan members who complete the Health Risk Assessment but decline to engage in healthy behaviors are not eligible for incentives.

Members may complete more than one Health Risk Assessment during a year, but may only receive an incentive once per year. Members who initially decline to address behavior change may become eligible if they return to the provider, complete the assessment, and agree to address one or more behavior changes, as attested to by their primary care provider. Members do NOT have to complete the initial appointment or assessment during a specific window of time to be eligible for the incentive. The clock on the annual incentive begins when the member completes the initial appointment and assessment.

Individuals who do not complete a Health Risk Assessment but are identified as completing a healthy behaviors activity as documented through specific claims/encounter data or

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documented participation in wellness and population health management programs will earn the same contribution and co-pay reductions as individuals who complete the Health Risk Assessment and agree to address or maintain a healthy behavior. Similar to the Health Risk Assessment, existing beneficiaries will review their progress on their previous year's goal with their managed care plan to ensure that only enrollees who exhibit improvement in each subsequent year are eligible for incentives.

Any earned reductions in cost-sharing will be applied through the MI Health Account, as detailed in the MI Health Account Operational Protocol. Consistent with State law, a member who has earned a reduction in cost-sharing but is subsequently found to be in 'consistently fail to pay' status, will lose all or a portion of that reduction for the remainder of the year in which it was earned. All individuals will lose the 50 percent reduction in co-pays. Those individuals who pay a contribution (those above 100 percent of the Federal Poverty Level) will lose eligibility for the reduction in their monthly contribution to 1 percent of income, but their monthly contribution will not exceed 2 percent of income. A member has consistently failed to pay when either of the following has occurred: no payments have been received for 90 consecutive calendar days, or less than 50 percent of total cost-sharing requirements have been met by the end of the year.

V. Cost Sharing Reductions and Eligibility Changes – Post 48 Months Cumulative Enrollment

HMP beneficiaries who are at or below 100 percent of the Federal Poverty Level (FPL) will continue to have eligibility coverage and cost-sharing responsibilities consistent with the process outlined above. No changes post 48 months cumulative enrollment will impact this population.

To maintain eligibility for HMP, individuals enrolled in Medicaid health plans with income between 100 percent and 133 percent of the FPL, who have had 48 months of cumulative HMP eligibility coverage must:

- Complete or actively engage in an annual healthy behavior with effort given to making the healthy behaviors in subsequent years incrementally more challenging; and
- Pay a premium of 5 percent of their income (no co-pays required), not to exceed limits defined in 42 CFR 447.56(f).

After 48 months of cumulative HMP eligibility coverage, beneficiaries will not be eligible for any cost sharing reductions and their MI Health Account will no longer be utilized for cost sharing liabilities.

Loss of Eligibility for Health Care Coverage

Beneficiaries above 100 percent of the FPL who have not met the program's healthy behavior or cost-sharing requirements will lose their coverage under HMP consistent with the

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HMP demonstration extension application amendment as approved by the Centers for Medicare and Medicaid Services (CMS). Beneficiaries will be notified of this action 60 days before the end of their 48th month. Individuals who are exempt from premiums and cost-sharing pursuant to 42 CFR 447.56 will be exempt from the 5 percent premium requirement of the 48 months cumulative enrollment provision. This includes, but is not limited to, pregnant women, Native Americans, and children under 21 years of age. However, beneficiaries exempt from the premiums requirement will still be required to satisfy the healthy behavior requirement to remain on HMP. In the event an individual's exemption status changes (e.g. they turn 21 years old), he or she will be required to maintain compliance with HMP healthy behavior and cost-sharing requirements, assuming other eligibility criteria are met.

To facilitate completion of the healthy behavior requirements by beneficiaries once they are notified of this action, the Department has worked with a vendor to create a telephonic option for Health Risk Assessment completion. This HRA Unit will enable HMP beneficiaries who have been notified to complete the entire Health Risk Assessment telephonically with a health educator or registered nurse. This Health Risk Assessment information will be entered into the state's Medicaid claims processing system (the state's Medicaid Management Information System or MMIS) and securely routed to the beneficiary's managed care plan. It will also be available through the Medicaid claims processing system for review and follow-up by the beneficiary's primary care provider.

Enrollees will be able to have their loss of coverage lifted if they meet the program's healthy behavior and cost-sharing requirements. To meet the healthy behavior requirement, the individual will need to complete the Health Risk Assessment telephonically through the HRA Unit. Once the loss of coverage is lifted, the member's new managed care plan will receive their completed Health Risk Assessment information securely transmitted from the Department and will be responsible for providing the beneficiary with structured ongoing support in their efforts to improve healthy behaviors. The Health Risk Assessment information will also be available through the Medicaid claims processing system to the beneficiary's primary care provider so that the information can be reviewed between the primary care provider and the member at their next appointment.

VI. Structured Interventions to Assist with Identified Healthy Behaviors

Beneficiaries will have access to structured ongoing support in their efforts to improve healthy behaviors as identified through the Healthy Behaviors Incentives Program. All managed care plans are required to have policies in place indicating how they use the Health Risk Assessment data to identify members who have identified healthy behaviors goal(s) and their process for outreach and education to these members. They are also required to report annually on the members reached and provide documentation of the support services, education or other interventions provided by the managed care plan. Examples of these interventions include patient education, health coaching and linkages to community programs. In addition, all managed care plans have robust care management programs to assist their members in obtaining health goals. For example, all managed care plans have a diabetes case management program which includes information on nutrition and physical

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activity. The information gleaned from the Health Risk Assessment can be used by the managed care plans to determine suitability for member enrollment into this type of care management program, or for referral for other covered services that will assist the member in changing unhealthy behaviors or maintaining current healthy activities.

Once a member has been identified as in need of any covered services, managed care plans coordinate care with necessary providers to ensure that timely, appropriate services are rendered. The managed care plans are contractually obligated to cover smoking cessation counseling and treatment in accordance with Treating Tobacco Use and Dependence: 2008 Update, issued by the US Department of Health and Human Services. It includes counseling, telephonic quit line support, over-the-counter and prescription medications, and combination therapy. Annual preventive visits, Advisory Committee on Immunization Practices (ACIP) recommended vaccinations and treatments for alcohol use, substance use disorder and mental health issues are covered services under the Healthy Michigan Plan. Managed care plans also cover maternity care and dental services for Healthy Michigan Plan enrollees. The Department expects managed care plans to adhere to recognized clinical practice guidelines for the treatment of Healthy Michigan Plan members.

VII. Reducing Financial Barriers

Financial barriers to appropriate care can influence the health-seeking behaviors of low-income populations. For this reason, preventive services are exempt from co-pay requirements as outlined in the MI Health Account Operational Protocol. In addition, per the Healthy Michigan Plan legislation (Public Act 107 of 2013), and in an effort to remove barriers to necessary care for Healthy Michigan Plan members, the Department has eliminated co-pays ‘to promote greater access to services that prevent the progression of and complications related to chronic diseases’. The Department believes that by eliminating co-pays for services related to chronic disease and the associated pharmaceuticals, members will be better able to achieve their health goals. An expanded list of these chronic disease and associated codes is attached (Appendix 2).

VIII. Reducing Access Barriers

Access to care for Medicaid members is critical. The Department has and will continue to measure access to necessary providers, especially primary care providers upon whom Healthy Michigan Plan managed care members rely to earn their incentives. With passage of the Healthy Michigan Plan legislation, network adequacy reports were developed for each county in the state based on the potential enrollment of new members into the Healthy Michigan Plan. Departmental estimates of potential enrollment indicated no counties that required an increased network to fall within the Department’s required primary care provider to member ratio of 1:750. Further, on January 1, 2016, Michigan Medicaid implemented a new managed care contract which requires a primary care provider to member ratio of 1:500 to further strengthen network adequacy.

In addition, Healthy Michigan Plan members may receive services, including the initial appointment and completion of the Health Risk Assessment, through Fee-For-Service (FFS)

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before they are enrolled in a managed care plan. Given the short time period (usually one month) that new enrollees are in FFS before enrollment in a managed care plan, the Department expects there to be relatively few instances of a FFS provider completing the initial appointment and the Health Risk Assessment. When it does occur, the managed care plans are responsible for either working directly with the FFS provider to obtain the Health Risk Assessment or assisting the member in getting the necessary Health Risk Assessment information from the provider. Providers have also been instructed to give each beneficiary a copy of their completed assessment at the initial appointment, so the beneficiary can forward a copy of their completed Health Risk Assessment to their health plan after enrollment. Beneficiaries who complete the Health Risk Assessment during the FFS period are eligible for the incentives upon enrollment into a managed care plan.

IX. Education and Outreach Strategy

The Department has developed a four-pronged education strategy that will ensure members hear the same message across different entities and will maximize the potential for member engagement in healthy behaviors and achievement of incentives. At all potential points of contact in the enrollment process (the enrollment broker, the Department, managed care plans, and providers), members will receive information about the Healthy Behaviors Incentives Program including eligibility requirements. To ensure consistency, member engagement scripts with Healthy Behaviors Incentives Program information will be developed and shared with the enrollment broker and the managed care plans.

Language has been included in the Healthy Michigan Plan handbook, brochures and other member communications to inform beneficiaries about potential reductions in their cost-sharing based on their engagement in healthy behaviors. This language will be expanded to inform members about the new opportunities to be eligible for incentives through the Healthy Behaviors Incentives Program. It will also include information about beneficiaries with incomes between 100 percent and 133 percent of the FPL who have had 48 months of cumulative eligibility coverage not being eligible for incentives and losing eligibility from HMP if they fail to complete a healthy behavior or pay cost-sharing obligations. The Department will ensure that updated language is provided at all potential points of contact.

The Department's enrollment broker can facilitate member questions on the Health Risk Assessment, inform beneficiaries about the Healthy Behaviors Incentives, assist them with choosing a primary care provider, and encourage them to schedule and complete their initial appointment. When managed care plans make welcome calls to new Healthy Michigan Plan members, their scripts include information about the Healthy Behaviors Incentives Program. During these calls, managed care plans will assist members in scheduling an initial appointment and can arrange for transportation if necessary. All managed care plans send welcome packets to new members within 10 days of enrollment into the plan. These packets will include written information on the Healthy Behaviors Incentives Program at no higher than a 6.9 grade level. Managed care plans will also include Healthy Behaviors Incentives Program information on their website and in their member newsletters.

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The MI Health Account quarterly statement received by each Healthy Michigan Plan member is intended to be an educational tool that will present information regarding any reductions earned via the Healthy Behaviors Incentives Program. It also includes reminders for members about potential cost-sharing reductions and incentives that may be available for them. The detailed contents of the MI Health Account statement are discussed in the MI Health Account Operational Protocol.

Information about the Healthy Behaviors Incentives Program and how to participate is also included in the mobile application for beneficiaries, the MyHealthButton, which was developed by the Department for beneficiaries in 2015. It includes an online option for starting the Health Risk Assessment, a repository where beneficiaries can see their completed Health Risk Assessment results submitted by their primary care provider, and tools and resources to assist them with achieving their selected healthy behavior goal(s). There has been statewide outreach to inform beneficiaries of this new online option. The Department will continue to develop new education and outreach initiatives on the Healthy Behaviors Incentives Program for the duration of the demonstration.

X. Provider Strategy

Primary care provider participation plays a key role in healthy behavior change, and collaborative effort between beneficiaries and their health care providers is essential for the success of the Healthy Behaviors Incentives Program. For this reason, the Department developed an outreach strategy for providers which was carried out in 2014 and involved collaboration with the Michigan State Medical Society, the Michigan Osteopathic Association, Michigan Academy of Family Physicians and the Michigan Primary Care Association. The Department also sent a letter to all practitioners, Federally Qualified Health Centers, Tribal Health Centers, Rural Health Centers, and managed care plans on June 13, 2014 and a policy bulletin (14-39) was distributed to all providers on August 28, 2014. Not only did this ensure that providers were adequately informed about the Healthy Behaviors Incentives Program, but they were able to share a consistent message with patients. These same mechanisms will be used to inform providers about updates to the program. The Department has been in discussion with provider organizations regarding these changes and distributed bulletins on these changes to providers in the summer of 2017.

The Department developed a voluntary, web-based training for providers which covered the Healthy Michigan Plan Health Risk Assessment, Healthy Behaviors Incentives, and associated processes. The training is available for completion online and has continuing medical education (CME) units associated with it. The Department regularly updates the course content as necessary and annually evaluates whether the course remains relevant for providers.

Managed care plans provide current information about the Healthy Behaviors Incentives Program to the providers in their networks through provider newsletters and provider portals. Managed care plans are also required to pay an incentive to providers who complete the Health Risk Assessment with their Healthy Michigan Plan members. Details of the provider incentive and payment mechanism are plan-specific and are made available to providers by

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the managed care plans with which they participate. Providers who work with patients to complete the Health Risk Assessment during the FFS period may be eligible for the managed care plan provider incentive once the member has enrolled in the managed care plan.

Currently, the Health Risk Assessment submission process for providers is different for each managed care plan. Based on feedback from providers about the complexity of keeping track of multiple plan-specific methods for secure submission of completed Health Risk Assessments, the Department implemented two secure state-wide submission processes to streamline the process for providers. The Department began working to develop these processes in February 2017 and they were completed in March 2018. These new processes allow providers to submit completed HRAs via a central MDHHS fax line or through a direct data entry option within the state's Medicaid claims processing system via a new HRA Provider Profile. The Department is working in partnership with multiple provider groups and the managed care plans to educate providers about the new submission options. When a provider completes a Health Risk Assessment for a managed care member utilizing either the central MDHHS fax or through direct data entry into the claims processing system, the completed Health Risk Assessment being securely routed to the appropriate managed care plan for application of incentives.

XI. Data Systems and Monitoring Processes

Health Risk Assessment data is put into electronic file formats and securely transferred from the enrollment broker and managed care plans to the State's data warehouse, where it is then stored. The files include member name and ID number, the member's managed care plan, and the name and National Provider Identifier of the primary care provider who completed the Health Risk Assessment so that Health Risk Assessment data can be tracked and monitored at the beneficiary, provider and plan level. Health Risk Assessment data can be cross referenced with care provided to beneficiaries through encounter data. Health Risk Assessment data is monitored monthly and the Department developed a measure of Health Risk Assessment completion which is reported quarterly. This measure was also included in the performance bonus for managed care plans starting in SFY2016.

The healthy behaviors file will now be expanded to include the new Healthy Behaviors Incentives Program data. Managed care plans will generate a list of members who are eligible for incentives because the member participated in approved wellness programs. This information will be submitted to the Department through modification of the healthy behaviors file. The Department will identify the members who are eligible for incentives because the member utilized identified wellness health services documented through claims/encounters. Development of these modifications began in spring 2017 and extensive testing occurred prior to implementation in the fall of 2017. This data will then be stored in the State's data warehouse. Just like the Health Risk Assessment data, it will be possible to query all aspects of the program data and new queries and performance measures will be developed for tracking and monitoring at the beneficiary, provider and plan level.

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Cross-referencing with encounter data also assists with monitoring provider accountability. Managed care plans are required to set standards for accountability for their provider networks. In addition, the Department developed an Access to Care measure specific to the Healthy Michigan Plan managed care population to determine how many new members completed an initial appointment within 150 days of enrollment into the managed care plan. This measure is based on encounter data extracted from the State's data warehouse and is tracked by region, managed care plan, and as a state overall. In SFY2016, this measure was included in the Performance Bonus for the managed care plans as well.

The Department receives the amount of cost-sharing expected and received by each Healthy Michigan Plan member from the MI Health Account vendor. On a quarterly basis, the Department cross references a sample of beneficiaries with records in the State's data warehouse indicating they had earned a reduction with beneficiaries who had reductions processed. A sample of each managed care plan's population is pulled. Results are processed and reported to confirm accurate application of cost-sharing reductions. Plans found to be in non-compliance with processes and procedures related to application of cost-sharing reductions are subject to established remedies and sanctions, per the Medicaid Health Plan contract.

All Healthy Michigan Plan beneficiaries will have the opportunity to contest various facets of the Healthy Behaviors Incentives Program through the Medicaid health plans and the Department, as appropriate.

XII. Ongoing Engagement of Stakeholders and the Public

The Department began planning the Healthy Behaviors Incentives Program in December 2013. During that planning period, the Department held regular meetings with the managed care plans, provider organizations and the Medical Care Advisory Council, which is made up of staff from the Department, managed care plans, local health departments, medical, oral, and mental health providers, various advocacy groups, and Medicaid beneficiaries. Informational presentations were made to stakeholder and advocacy groups, as well as Tribal partners. The Department has continued to elicit feedback from managed care plans, providers and other stakeholders throughout the duration of the Healthy Behaviors Incentives Program. Results from data analysis are discussed annually during both the Clinical Advisory Committee and Medical Care Advisory Council meetings and stakeholder input was considered for these program changes. The Department monitors feedback on the program from the beneficiary helpline, provider helpline, and all advocacy and stakeholder groups. Results from interim reports of surveys and other investigations carried out by the University of Michigan as part of the program evaluation have also been taken into consideration.

The Department will continue to elicit feedback from providers, beneficiaries, managed care plans and other stakeholders about the Healthy Behaviors Incentives Program. Stakeholder input will be considered for any program changes, and feedback will be accepted on an ongoing basis. The Department will continue to monitor the managed care plans' implementation of the incentives program to ensure that adequate outreach and education

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efforts are maintained throughout the demonstration. The Department will report on the Healthy Behaviors Incentives Program each year to stakeholder and advocacy groups. Through the formal evaluation, the department will publish reports on access to care, self-reported health status, and other relevant measures of success and engagement.

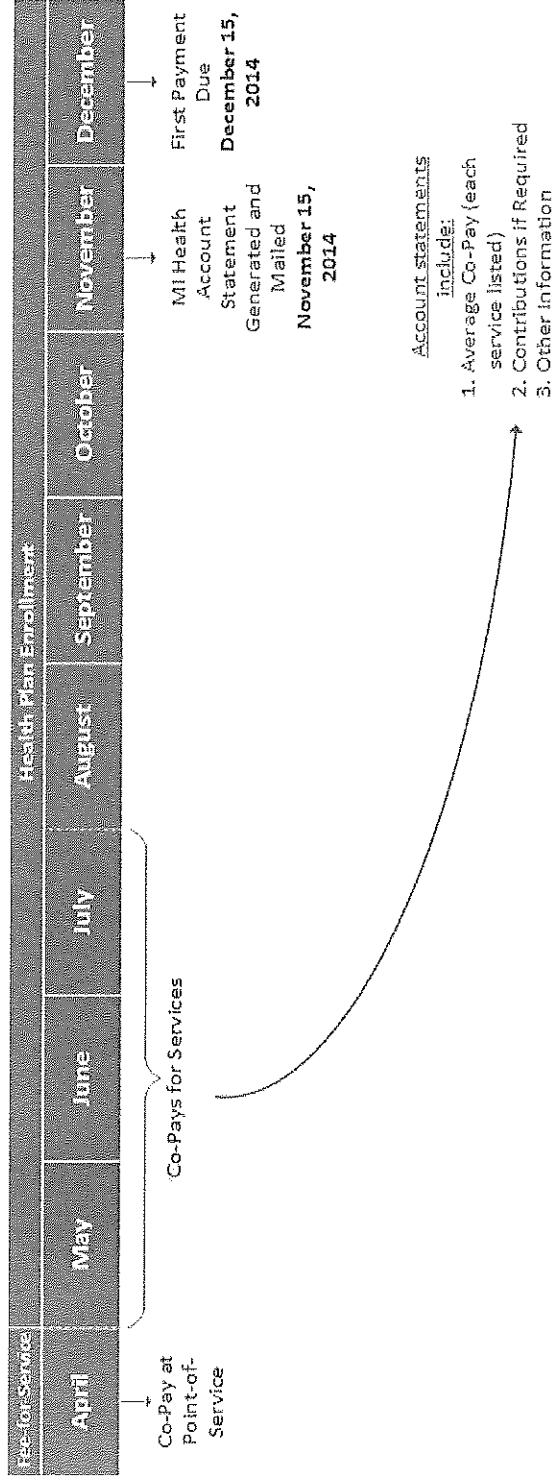
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Appendix 1: MI Health Account Operation Timeline

Appendix 1

MI Health Account Operation Timeline



Beneficiary Cost Sharing Obligations



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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Alzheimer's Disease</i>	H1A	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS	Alzheimer's Disease and Related Disorders or Senile Dementia
	H1C	ALZHEIMER'S THX,NMDA RECEPTOR ANTAG-CHOLINES INHIB	Alzheimer's Disease and Related Disorders or Senile Dementia
	J1B	CHOLINESTERASE INHIBITORS	Alzheimer's Disease and Related Disorders or Senile Dementia
<i>Anemia</i>	C3B	IRON REPLACEMENT	Anemia (Includes Sickle Cell Disease)
	C6E	VITAMIN E PREPARATIONS	Anemia (Includes Sickle Cell Disease)
	C6F	PRENATAL VITAMIN PREPARATIONS	Anemia (Includes Sickle Cell Disease)
	C6L	VITAMIN B12 PREPARATIONS	Anemia (Includes Sickle Cell Disease)
	C6M	FOLIC ACID PREPARATIONS	Anemia (Includes Sickle Cell Disease)
	C6Q	VITAMIN B6 PREPARATIONS	Anemia (Includes Sickle Cell Disease)
	N1B	ERYTHROPOIESIS-STIMULATING AGENTS	Anemia (Includes Sickle Cell Disease)
	N1F	THROMBOPOIETIN RECEPTOR AGONISTS	Anemia (Includes Sickle Cell Disease)
	N1H	SICKLE CELL ANEMIA AGENTS	Anemia (Includes Sickle Cell Disease)
	P1M	LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS	Anemia (Includes Sickle Cell Disease)
	P1P	LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	Anemia (Includes Sickle Cell Disease)
	P5A	GLUCOCORTICIODS	Anemia (Includes Sickle Cell Disease)
	V1I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	Anemia (Includes Sickle Cell Disease)
	V1O	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	Anemia (Includes Sickle Cell Disease)
W7K	ANTISERA	Anemia (Includes Sickle Cell Disease)	
<i>Arthritis</i>	C7A	HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	D6A	DRUGS TO TX CHRONIC INFLAMMATORY DISEASE OF COLON	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	D6A	DRUGS TO TX CHRONIC INFLAMMATORY DISEASE OF COLON	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	D6F	DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	P1E	ADRENOCORTICOTROPHIC HORMONES	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	P5A	GLUCOCORTICIODS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Q5E	TOPICAL ANTI-INFLAMMATORY, NSAIDS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	R1R	URICOSURIC AGENTS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2B	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2C	GOLD SALTS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2I	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2J	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2J	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2K	ANTI-ARTHRITIC AND CHELATING AGENTS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2L	NSAIDS,CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2M	ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2N	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2N	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2P	NSAID,COX INHIBITOR-TYPE AND PROTON PUMP INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2Q	ANTINFLAMMATORY, SEL.COSTIM.MOD.,T-CELL INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2T	NSAIDS(COX NON-SPEC.INHIB)AND PROSTAGLANDIN ANALOG	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2V	ANTI-INFLAMMATORY, INTERLEUKIN-1 BETA BLOCKERS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2X	NSAID AND HISTAMINE H2 RECEPTOR ANTAGONIST COMB.	RA/OA (Rheumatoid Arthritis/Osteoarthritis)

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Arthritis Con't.</i>	S2Z	ANTI-INFLAMMATORY,PHOSPHODIESTERASE-4(PDE4) INHIB.	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	V1B	ANTINEOPLASTIC - ANTIMETABOLITES	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Z2E	IMMUNOSUPPRESSIVES	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Z2U	MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Z2V	INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Z2W	ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Z2Z	JANUS KINASE (JAK) INHIBITORS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
<i>Behavioral Health/Substance Abuse</i>	C0D	Anti Alcoholic Preparations	Alcohol Dependence
	H3T	NARCOTIC ANTAGONISTS	Alcohol Dependence
	H2E	SEDATIVE-HYPNOTICS, NON-BARBITURATE	Alcohol Dependence and Depression
	H2F	ANTI-ANXIETY DRUGS	Alcohol Dependence and Depression
	H2D	BARBITURATES	Anxiety
	H2E	SEDATIVE-HYPNOTICS, NON-BARBITURATE	Bipolar Disorder
	H2F	ANTI-ANXIETY DRUGS	Bipolar Disorder
	H2G	ANTIPSYCHOTICS, PHENOTHIAZINES	Bipolar Disorder
	H2M	BIPOLAR DISORDER DRUGS	Bipolar Disorder
	H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	Bipolar Disorder
	H2U	TRICYCLIC ANTIDEPRESSANTS, REL. NON-SEL. REUPT-INHIB	Bipolar Disorder
	H4B	ANTICONVULSANTS	Bipolar Disorder
	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	Bipolar Disorder
	H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	Bipolar Disorder
	H7T	ANTIPSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGNST	Bipolar Disorder
	H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	Bipolar Disorder
	H7Z	SSRI-ANTIPSYCH, ATYPICAL, DOPAMINE, SEROTONIN ANTAG	Bipolar Disorder
	H8W	ANTIPSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED	Bipolar Disorder
	H2H	MONOAMINE OXIDASE(MAO) INHIBITORS	Depression
	H2M	BIPOLAR DISORDER DRUGS	Depression
	H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	Depression
	H2U	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	Depression
	H2W	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	Depression
	H2X	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	Depression
	H4B	ANTICONVULSANTS	Depression
	H7B	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	Depression
	H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	Depression
	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	Depression
	H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	Depression
	H7J	MAOIS - NON-SELECTIVE & IRREVERSIBLE	Depression
	H7Z	SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG CMB	Depression
	H8P	SSRI & 5HT1A PARTIAL AGONIST ANTIDEPRESSANT	Depression
	H8T	SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT	Depression
	H2G	ANTI-PSYCHOTICS, PHENOTHIAZINES	Schizophrenia
	H7O	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	Schizophrenia
	H7P	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES	Schizophrenia
	H7S	ANTIPSYCHOTICS, DOPAMINE ANTAGONST, DIHYDROINDOLONES	Schizophrenia

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Behavioral Health/Substance Abuse Con't.</i>	H7U	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	Schizophrenia
	H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	Schizophrenia and Depression
	H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED S	Schizophrenia and Depression
	H2G	ANTIPSYCHOTICS, PHENOTHIAZINES	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7O	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7P	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7S	ANTIPSYCHOTICS, DOPAMINE ANTAGONIST, DIHYDROINDOLONES	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7T	ANTIPSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGONIST	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7U	ANTIPSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H8W	ANTIPSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	C0D	ANTI-ALCOHOLIC PREPARATIONS	Substance Use Disorder
	H3W	NARCOTIC WITHDRAWAL THERAPY AGENTS	Substance Use Disorder
	<i>Cancer</i>	C6M	FOLIC ACID PREPARATIONS
C7F		APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.	Cancer - All Inclusive
F1A		ANDROGENIC AGENTS	Cancer - All Inclusive
H2E		SEDATIVE-HYPNOTICS, NON-BARBITURATE	Cancer - All Inclusive
H2F		ANTI-ANXIETY DRUGS	Cancer - All Inclusive
H3A		ANALGESICS, NARCOTICS	Cancer - All Inclusive
H6J		ANTIEMETIC/ANTIVERTIGO AGENTS	Cancer - All Inclusive
H7O		ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	Cancer - All Inclusive
H7T		ANTIPSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGONIST	Cancer - All Inclusive
J9A		INTESTINAL MOTILITY STIMULANTS	Cancer - All Inclusive
N1C		LEUKOCYTE (WBC) STIMULANTS	Cancer - All Inclusive
N1E		PLATELET PROLIFERATION STIMULANTS	Cancer - All Inclusive
P1M		LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS	Cancer - All Inclusive
P4L		BONE RESORPTION INHIBITORS	Cancer - All Inclusive
P5A		GLUCOCORTICOIDS	Cancer - All Inclusive
R2A		FLUORESCENCE CYSTOSCOPY/OPTICAL IMAGING AGENTS	Cancer - All Inclusive
S2N		ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	Cancer - All Inclusive
V1A		ANTINEOPLASTIC - ALKYLATING AGENTS	Cancer - All Inclusive
V1B		ANTINEOPLASTIC - ANTIMETABOLITES	Cancer - All Inclusive
V1C		ANTINEOPLASTIC - VINCA ALKALOIDS	Cancer - All Inclusive
V1D	ANTIBIOTIC ANTINEOPLASTICS	Cancer - All Inclusive	
V1E	STEROID ANTINEOPLASTICS	Cancer - All Inclusive	

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Cancer Cont.</i>	V1F	ANTINEOPLASTICS,MISCELLANEOUS	Cancer - All Inclusive
	V1G	RADIOACTIVE THERAPEUTIC AGENTS	Cancer - All Inclusive
	V1I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	Cancer - All Inclusive
	V1J	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	Cancer - All Inclusive
	V1O	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	Cancer - All Inclusive
	V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	Cancer - All Inclusive
	V1R	PHOTOACTIVATED, ANTINEOPLASTIC AGENTS (SYSTEMIC)	Cancer - All Inclusive
	V1T	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)	Cancer - All Inclusive
	V1W	ANTINEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY	Cancer - All Inclusive
	V1X	ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY	Cancer - All Inclusive
	V2A	NEOPLASM MONOCLONAL DIAGNOSTIC AGENTS	Cancer - All Inclusive
	V3C	ANTINEOPLASTIC - MTOR KINASE INHIBITORS	Cancer - All Inclusive
	V3E	ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS	Cancer - All Inclusive
	V3F	ANTINEOPLASTIC - AROMATASE INHIBITORS	Cancer - All Inclusive
	V3N	ANTINEOPLASTIC - VEGF-A,B AND PLGF INHIBITORS	Cancer - All Inclusive
	V3P	ANTINEOPLASTIC - VEGFR ANTAGONIST	Cancer - All Inclusive
	V3R	ANTINEOPLASTIC,ANTI-PROGRAMMED DEATH-1 (PD-1) MAB	Cancer - All Inclusive
	V3Y	ANTI-PROGRAMMED CELL DEATH-LIGAND 1 (PD-L1) MAB	Cancer - All Inclusive
	W7B	VIRAL/TUMORIGENIC VACCINES	Cancer - All Inclusive
	Z2G	IMMUNOMODULATORS	Cancer - All Inclusive
Z8B	PORPHYRINS AND PORPHYRIN DERIVATIVE AGENTS	Cancer - All Inclusive	
<i>Chronic Cardiovascular Disease</i>	A1A	DIGITALIS GLYCOSIDES	Atrial Fibrillation
	A2A	ANTIARRHYTHMICS	Atrial Fibrillation
	A9A	CALCIUM CHANNEL BLOCKING AGENTS	Atrial Fibrillation
	J7A	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	Atrial Fibrillation
	J7C	BETA-ADRENERGIC BLOCKING AGENTS	Atrial Fibrillation
	M9L	ANTICOAGULANTS,COUMARIN TYPE	Atrial Fibrillation
	M9T	THROMBIN INHIBITORS, SELECTIVE, DIRECT, REVERSIBLE	Atrial Fibrillation
	M9V	DIRECT FACTOR XA INHIBITORS	Atrial Fibrillation
	M9V	DIRECT FACTOR XA INHIBITORS	DVT
	M9E	THROMBIN INHIBITORS,SEL.,DIRECT,&REV.-HIRUDIN TYPE	DVT and Ischemic Heart Disease
	M9K	HEPARIN AND RELATED PREPARATIONS	DVT and Ischemic Heart Disease
	M9L	ANTICOAGULANTS,COUMARIN TYPE	DVT and Ischemic Heart Disease
	M9T	THROMBIN INHIBITORS,SELECTIVE,DIRECT, & REVERSIBLE	DVT and Ischemic Heart Disease
	M9F	THROMBOLYTIC ENZYMES	DVT and Stroke/Transient Ischemic Attack
	A7B	VASODILATORS,CORONARY Ischemic	Heart Disease and Heart Failure
	A1A	DIGITALIS GLYCOSIDES	Heart Failure
	A1C	INOTROPIC DRUGS	Heart Failure
	A7J	VASODILATORS, COMBINATION	Heart Failure
	J7C	BETA-ADRENERGIC BLOCKING AGENTS	Heart Failure and Ischemic Heart Disease
	C6N	NIACIN PREPARATIONS	Hyperlipidemia
	D7L	BILE SALT SEQUESTRANTS	Hyperlipidemia
	M4D	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	Hyperlipidemia and Ischemic Heart Disease
	M4E	LIPOTROPICS	Hyperlipidemia and Ischemic Heart Disease

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated	
<i>Chronic Cardiovascular Disease Con't.</i>	M4L	ANTIHYPERLIPIDEMIC-HMG COA REDUCTASE INHIB.&NIACIN	Hyperlipidemia and Ischemic Heart Disease	
	M4M	ANTIHYPERLIP.HMG COA REDUCT INHIB&CHOLEST.AB.INHIB	Hyperlipidemia and Ischemic Heart Disease	
	M4I	ANTIHYPERLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB	Hyperlipidemia, Hypertension, Ischemic Heart Disease	
	A4A	ANTIHYPERTENSIVES, VASODILATORS	Hypertension	
	A4B	ANTIHYPERTENSIVES, SYMPATHOLYTIC	Hypertension	
	A4C	ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS	Hypertension	
	A4K	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	Hypertension	
	A4T	RENIN INHIBITOR, DIRECT	Hypertension	
	A4U	RENIN INHIBITOR,DIRECT AND THIAZIDE DIURETIC COMB	Hypertension	
	A4V	ANGIOTEN.RECEPTR ANTAG./CAL.CHANL BLKR/THIAZIDE CB	Hypertension	
	A4W	RENIN INHIBITOR,DIRECT & ANGIOTENSIN RECEPT ANTAG.	Hypertension	
	A4X	RENIN INHIBITOR, DIRECT & CALCIUM CHANNEL BLOCKER	Hypertension	
	A4Y	ANTIHYPERTENSIVES, MISCELLANEOUS	Hypertension	
	A4Z	RENIN INHIB, DIRECT& CALC.CHANNEL BLKR & THIAZIDE	Hypertension	
	J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	Hypertension	
	J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	Hypertension	
	J7E	ALPHA-ADRENERGIC BLOCKING AGENT/THIAZIDE COMB	Hypertension	
	J7H	BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED	Hypertension	
	A7H	VASOACTIVE NATRIURETIC PEPTIDES	Hypertension and Heart Failure	
	J7A	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	Hypertension and Heart Failure	
	R1E	CARBONIC ANHYDRASE INHIBITORS	Hypertension and Heart Failure	
	R1F	THIAZIDE AND RELATED DIURETICS	Hypertension and Heart Failure	
	R1H	POTASSIUM SPARING DIURETICS	Hypertension and Heart Failure	
	R1L	POTASSIUM SPARING DIURETICS IN COMBINATION	Hypertension and Heart Failure	
	R1M	LOOP DIURETICS	Hypertension and Heart Failure	
	A4F	ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	Hypertension, Ischemic Heart Disease and Heart Failure	
	A4H	ANGIOTENSIN RECEPTOR ANTGNST & CALC.CHANNEL BLOCKR	Hypertension, Ischemic Heart Disease and Heart Failure	
	A4I	ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	Hypertension, Ischemic Heart Disease and Heart Failure	
	A4J	ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	Hypertension, Ischemic Heart Disease and Heart Failure	
	A9A	CALCIUM CHANNEL BLOCKING AGENTS	Hypertension, Ischemic Heart Disease and Heart Failure	
	A2C	ANTIANGINAL & ANTI-ISCHEMIC AGENTS,NON-HEMODYNAMIC	Ischemic Heart Disease	
	C4A	ANTIHYPERGLY.DPP-4 INHIBITORS &HMG COA RI(STATINS)	Ischemic Heart Disease	
	M4E	LIPOTROPICS	Ischemic Heart Disease	
	M9D	ANTIFIBRINOLYTIC AGENTS	Ischemic Heart Disease	
	A4D	ANTIHYPERTENSIVES, ACE INHIBITORS Hypertension,	Ischemic Heart Disease and Heart Failure	
	A7C	VASODILATORS,PERIPHERAL	Ischemic Heart Disease and Stroke/Transient Ischemic Attack	
	M9P	PLATELET AGGREGATION INHIBITORS	Ischemic Heart Disease and Stroke/Transient Ischemic Attack	
	<i>Chronic Kidney Disease</i>	A4A	HYPOTENSIVES, VASODILATORS	Chronic Kidney Disease
		A4B	HYPOTENSIVES, SYMPATHOLYTIC	Chronic Kidney Disease
		A4C	HYPOTENSIVES, GANGLIONIC BLOCKERS	Chronic Kidney Disease
A4D		HYPOTENSIVES, ACE BLOCKING TYPE	Chronic Kidney Disease	
A4F		HYPOTENSIVES-ANGIO RECEPTOR ANTAG	Chronic Kidney Disease	
A4H		ANGITNS RCPT ANTGST & CA.CHNL BLCKR	Chronic Kidney Disease	
A4I		ANG REC ANT/THZ & THZ-REL DIU COMBS	Chronic Kidney Disease	

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Chronic Kidney Disease Con't.</i>	A4J	ACE INH/THZ & THZ-LIKE DIURET COMBS	Chronic Kidney Disease
	A4K	ACE INHIBITOR/CCB COMBINATION	Chronic Kidney Disease
	A4N	ARB-BB COMBINATION	Chronic Kidney Disease
	A4T	RENIN INHIBITOR, DIRECT	Chronic Kidney Disease
	A4U	RENIN INHB, DIRCT/THIAZD DIURET CMB	Chronic Kidney Disease
	A4V	ANGTN.RCPT ANT/CA.CHANL BLK/THZD CB	Chronic Kidney Disease
	A4W	RENIN INHBT,DRCT & ANGTN RCPT ANTAG	Chronic Kidney Disease
	A4X	RENIN INHBTR, DRCT & CA CHNNL BLCKR	Chronic Kidney Disease
	A4Y	HYPOTENSIVES, MISCELLANEOUS	Chronic Kidney Disease
	A4Z	RENIN INHB,DRCT/CA CHNL BLK/THZD CB	Chronic Kidney Disease
	A7J	VASODILATORS,COMBINATION	Chronic Kidney Disease
	C1A	ELECTROLYTE DEPLETERS	Chronic Kidney Disease
	C1F	CALCIUM REPLACEMENT	Chronic Kidney Disease
	C3B	IRON REPLACEMENT	Chronic Kidney Disease
	C4A	ANTIHYPERGLY DPP4 INHB & HMG COA RI	Chronic Kidney Disease
	C4B	ANTIHYPERGLY-Glucocort Recpt BI	Chronic Kidney Disease
	C4C	ANTIHYPERGLY,DPP-4 INH&THIAZOL	Chronic Kidney Disease
	C4D	Antihyperglycemic SGLT2	Chronic Kidney Disease
	C4E	SGLT2 INHIB-BIGUANIDE CMB	Chronic Kidney Disease
	C4F	ANTIHYPERGLY,(DPP-4) INHI & BIG CMB	Chronic Kidney Disease
	C4G	INSULINS	Chronic Kidney Disease
	C4H	ANTIHYPERGLY,AMYLIN ANALOG TYPE	Chronic Kidney Disease
	C4I	ANTIHYPERGLY,INCRETIN MIMETIC	Chronic Kidney Disease
	C4J	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	Chronic Kidney Disease
	C4K	ORAL HYPOGLYCEMICS, SULFONYLUREAS	Chronic Kidney Disease
	C4L	ORAL HYPOGLYC., NON-SULFONYLUREAS	Chronic Kidney Disease
	C4M	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE	Chronic Kidney Disease
	C4N	HYPOGLYCEMICS, INSULIN-RESPONSE	Chronic Kidney Disease
	C4R	HYPOG,INSUL-RESPON & INSUL RELEA CB	Chronic Kidney Disease
	C4S	HYPOGLY,INSUL-REL STIM & BIGUAN CMB	Chronic Kidney Disease
	C4T	HYPOGLY,INSUL-RESP ENHAN & BIGU CMB	Chronic Kidney Disease
	C4V	ANTHYPERGLYCEMIC-DOPAM RCPTR AGONST	Chronic Kidney Disease
	C4W	SGLT-2/DPP-4 CMB	Chronic Kidney Disease
	C4X	INSULIN, LONG ACT-GLP1 REC.AG	Chronic Kidney Disease
	C6D	VITAMIN D PREPARATIONS	Chronic Kidney Disease
	D7L	BILE SALT SEQUESTRANTS	Chronic Kidney Disease
	J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	Chronic Kidney Disease
	M4D	ANTIHYPERLIPD-HMG COA REDUCT INHB	Chronic Kidney Disease
	M4E	LIPOTROPICS	Chronic Kidney Disease
	M4J	ANTHYPRILPD-HMG COA & PL AG INH CMB	Chronic Kidney Disease
	M4L	ANTIHYPERLIPD-HMG COA & NIACIN COMB	Chronic Kidney Disease
	M4M	ANTHYPRLPD-HMG COA & CHL AB INH CMB	Chronic Kidney Disease
	M9K	HEPARIN AND RELATED PREPARATIONS	Chronic Kidney Disease
	N1B	ERYTHROPOIESIS-STIMULATING AGENTS	Chronic Kidney Disease
	P4D	HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE	Chronic Kidney Disease

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Michigan Department of Health and Human Services
Healthy Michigan Plan
CHRONIC CONDITION CO-PAY EXEMPTION DRUG CLASSES

Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Chronic Kidney Disease Con't.</i>	P4M	CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER	Chronic Kidney Disease
	R1M	LOOP DIURETICS	Chronic Kidney Disease
<i>Chronic Pulmonary Disease</i>	Z2F	MAST CELL STABILIZERS	Asthma
	Z4B	LEUKOTRIENE RECEPTOR ANTAGONISTS	Asthma
	A1B	XANTHINES	Asthma and COPD
	A1D	GENERAL BRONCHODILATOR AGENTS	Asthma and COPD
	B6M	GLUCOCORTICIODS, ORALLY INHALED	Asthma and COPD
	J5A	ADRENERGIC AGENTS,CATECHOLAMINES	Asthma and COPD
	J5D	BETA-ADRENERGIC AGENTS	Asthma and COPD
	J5G	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	Asthma and COPD
	J5J	BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	COPD
	Z2X	PHOSPHODIESTERASE-4 (PDE4) INHIBITORS	COPD
	B0B	CYSTIC FIB-TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR	Cystic Fibrosis
	B0F	CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.	Cystic Fibrosis
	B3A	MUCOLYTICS	Cystic Fibrosis
	C6E	VITAMIN E PREPARATIONS	Cystic Fibrosis
	W1A	PENICILLINS	Cystic Fibrosis
	W1F	AMINOGLYCOSIDES	Cystic Fibrosis
	W1N	POLYMYXIN AND DERIVATIVES	Cystic Fibrosis
	W1P	BETALACTAMS	Cystic Fibrosis
	W1Q	QUINOLONES	Cystic Fibrosis
	W1S	CARBAPENEMS (THIENAMYCINS)	Cystic Fibrosis
W1Y	CEPHALOSPORINS - 3RD GENERATION	Cystic Fibrosis	
W1Z	CEPHALOSPORINS - 4TH GENERATION	Cystic Fibrosis	
<i>Diabetes</i>	C4B	ANTIHYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER	Diabetes Mellitus
	C4C	ANTIHYPERGLY,DPP-4 ENZYME INHIB & THIAZOLIDINEDIONE	Diabetes Mellitus
	C4D	ANTIHYPERGLYCEMC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB	Diabetes Mellitus
	C4F	ANTIHYPERGLYCEMIC,DPP-4 INHIBITOR & BIGUANIDE COMB	Diabetes Mellitus
	C4G	INSULINS	Diabetes Mellitus
	C4H	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	Diabetes Mellitus
	C4I	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	Diabetes Mellitus
	C4J	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	Diabetes Mellitus
	C4K	ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE	Diabetes Mellitus
	C4L	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	Diabetes Mellitus
	C4M	ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIBITORS	Diabetes Mellitus
	C4N	ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE(PPARG AGONIST)	Diabetes Mellitus
	C4R	ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE & SULFONYLUREA	Diabetes Mellitus
	C4S	ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB	Diabetes Mellitus
	C4T	ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE & BIGUANIDE	Diabetes Mellitus
	C4V	ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS	Diabetes Mellitus

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Glaucoma</i>	Q2G	OPHTHALMIC ANTIFIBROTIC AGENTS	Glaucoma
	Q6G	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	Glaucoma
	Q6J	MYDRIATICS	Glaucoma
	R1B	OSMOTIC DIURETICS	Glaucoma
	R1E	CARBONIC ANHYDRASE INHIBITORS	Glaucoma
<i>Hemophilia</i>	M0E	ANTIHEMOPHILIC FACTORS	Hemophilia
	M0F	FACTOR IX PREPARATIONS	Hemophilia
	M0I	FACTOR IX COMPLEX (PCC) PREPARATIONS	Hemophilia
	M0K	FACTOR X PREPARATIONS	Hemophilia
	M9D	ANTIFIBRINOLYTIC AGENTS	Hemophilia
<i>HIV</i>	W5C	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	HIV
	W5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	HIV
	W5J	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	HIV
	W5K	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	HIV
	W5L	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	HIV
	W5M	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	HIV
	W5N	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	HIV
	W5O	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	HIV
	W5P	ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	HIV
	W5Q	ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI	HIV
	W5T	ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.	HIV
	W5U	ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR	HIV
	W5X	ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR	HIV
<i>Lead Exposure</i>	C8A	METALLIC POISON,AGENTS TO TREAT	Lead Exposure
	C8C	LEAD POISONING, AGENTS TO TREAT (CHELATING-TYPE)	Lead Exposure
<i>Liver Disease</i>	D7A	BILE SALTS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	D7E	FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	D7U	BILIARY DIAGNOSTICS,RADIOPAQUE	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	D9A	AMMONIA INHIBITORS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	M0B	PLASMA PROTEINS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	M0G	ANTIPORPHYRIA FACTORS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	M9U	THROMBOLYTIC - NUCLEOTIDE TYPE	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	P5A	GLUCOCORTICOIDS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	R1H	POTASSIUM SPARING DIURETICS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	R1L	POTASSIUM SPARING DIURETICS IN COMBINATION	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Liver Disease Con't.</i>	R1M	LOOP DIURETICS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	V1B	ANTINEOPLASTIC - ANTIMETABOLITES	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	V1D	ANTIBIOTIC ANTINEOPLASTICS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	W1F	AMINOGLYCOSIDES	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	W4C	AMEBICIDES	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	W9C	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	N1F	THROMBOPOIETIN RECEPTOR AGONISTS	Viral Hepatitis
	P5A	GLUCOCORTICOIDS	Viral Hepatitis
	W0A	HEPATITIS C VIRUS - NS5A REPLICATION COMPLEX INHIB	Viral Hepatitis
	W0B	HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO.	Viral Hepatitis
	W0D	HEPATITIS C VIRUS - NS5A, NS3/4A, NS5B INHIB CMB.	Viral Hepatitis
	W0E	HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB	Viral Hepatitis
	W5A	ANTIVIRALS, GENERAL	Viral Hepatitis
	W5F	HEPATITIS B TREATMENT AGENTS	Viral Hepatitis
	W5G	HEPATITIS C TREATMENT AGENTS	Viral Hepatitis
	W5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	Viral Hepatitis
	W5V	HEPATITIS C VIRUS NS3/4A SERINE PROTEASE INHIB.	Viral Hepatitis
	W5Y	HEP C VIRUS,NUCLEOTIDE ANALOG NS5B POLYMERASE INH	Viral Hepatitis
	W7B	VIRAL/TUMORIGENIC VACCINES	Viral Hepatitis
	W7K	ANTISERA	Viral Hepatitis
	Z2E	IMMUNOSUPPRESSIVES	Viral Hepatitis
	Z2G	IMMUNOMODULATORS	Viral Hepatitis
	<i>Medical Supplies</i>	X2A	NEEDLES/NEEDLELESS DEVICES
X2B		SYRINGES AND ACCESSORIES	Medical Supplies
X5B		BANDAGES AND RELATED SUPPLIES	Medical Supplies
Y7A		RESPIRATORY AIDS,DEVICES,EQUIPMENT	Medical Supplies
Y9A		DIABETIC SUPPLIES	Medical Supplies
<i>Obesity</i>	D5A	FAT ABSORPTION DECREASING AGENTS	Obesity
	J5B	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	Obesity
	J8A	ANTI-OBESITY - ANOREXIC AGENTS	Obesity
	J8C	ANTI-OBESITY SEROTONIN 2C RECEPTOR AGONISTS	Obesity
<i>Osteoporosis</i>	C1F	CALCIUM REPLACEMENT	Osteoporosis
	C6D	VITAMIN D PREPARATIONS	Osteoporosis
	F1A	ANDROGENIC AGENTS	Osteoporosis
	G1A	ESTROGENIC AGENTS	Osteoporosis
	G1D	ESTROGEN-PROGESTIN WITH ANTIMINERALOCORTICOID COMB	Osteoporosis
	G1G	ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MOD(SERM)COMB	Osteoporosis

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Michigan Department of Health and Human Services
Healthy Michigan Plan
CHRONIC CONDITION CO-PAY EXEMPTION DRUG CLASSES

Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
	P4B	BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	Osteoporosis
	P4L	BONE RESORPTION INHIBITORS	Osteoporosis
	P4N	BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.	Osteoporosis
	P4O	BONE RESORPTION INHIBITOR AND CALCIUM COMBINATIONS	Osteoporosis
<i>Smoking Cessation</i>	J3A	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	Tobacco Use Disorder
	J3C	SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST	Tobacco Use Disorder
<i>Stroke</i>	C4A	ANTIHYPERGLY. DPP-4 INHIBITORS-HMG COA RI(STATINS)	Stroke/Transient Ischemic Attack
	H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES	Stroke/Transient Ischemic Attack
	M4D	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	Stroke/Transient Ischemic Attack
	M4L	ANTIHYPERLIPIDEMIC-HMG COA REDUCTASE INHIB.-NIACIN	Stroke/Transient Ischemic Attack
	M9K	HEPARIN AND RELATED PREPARATIONS	Stroke/Transient Ischemic Attack
	M9P	PLATELET AGGREGATION INHIBITORS	Stroke/Transient Ischemic Attack

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Health Risk Assessment

INSTRUCTIONS

The Healthy Michigan Plan is very interested in helping you get healthy and stay healthy. We want to ask you a few questions about your current health. Your doctor and your health plan will use this information to better meet your health needs. The information you provide in this form is personal health information protected by federal and state law and will be kept confidential. It CANNOT be used to deny health care coverage.

We also encourage you to see your doctor for a check-up as soon as possible after you enroll with a health plan, and at least once a year after that. An annual check-up appointment is a covered benefit of the Healthy Michigan Plan. Contact your health plan if you need transportation assistance to get to and from this appointment.

If you need assistance with completing this form, contact your health plan. You can also call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656 if you have questions.

You can also learn more at this website: www.healthymichiganplan.org.

Instructions for completing this Health Risk Assessment for Healthy Michigan Plan:

- Answer the questions in sections 1-3 as best you can. You are not required to answer all of the questions.
- Call your doctor's office to schedule an annual check-up appointment. Take this form with you to your appointment.
- Your doctor or other primary care provider will complete section 4. He or she will send your results to your health plan.
- There is a Healthy Behavior Reward for agreeing to address or maintain healthy behaviors on your health risk assessment. This reward can be a gift card or a reduction in monthly MI Health Account payments, depending on your income.
- Don't forget to complete a new health risk assessment each year.

After your appointment, keep a copy or printout of this form that has your doctor's signature on it. This is your record that you completed your annual Health Risk Assessment.

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

Health Risk Assessment

First Name, Middle Name, Last Name, and Suffix				Date of Birth (mm/dd/yyyy)	
Mailing Address			Apartment or Lot Number	mihealth Card Number	
City		State	Zip Code	Phone Number	Other Phone Number

SECTION 1 - Initial assessment questions (check one for each question)


1. In general, how would you rate your health? Excellent Very Good Good Fair Poor

2. Has a doctor told you that you have hearing loss or are deaf? Yes No

3. (For women only) Are you currently pregnant? Yes No Not applicable (men only)


4. In the last 7 days, how often did you exercise for at least 20 minutes in a day?

Every day 3-6 days 1-2 days 0 days


 Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.

5. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day?

Every day 3-6 days 1-2 days 0 days

 Each time you ate a fruit or vegetable counts as one serving. It can be fresh, frozen, canned, cooked or mixed with other foods.

6. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time? Never Once a week 2-3 times a week More than 3 times during the week

 1 drink is 1 beer, 1 glass of wine, or 1 shot.

7. In the last 30 days have you smoked or used tobacco? Yes No

If YES, Do you want to quit smoking or using tobacco?

Yes I am working on quitting or cutting back right now No


8. How often is stress a problem for you in handling everyday things such as your health, money, work, or relationships with family and friends?

Almost every day Sometimes Rarely Never

Health Risk Assessment

First Name, Middle Name, Last Name, and Suffix	mihealth Card Number
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9. Do you use drugs or medications (other than exactly as prescribed for you) which affect your mood or help you to relax? Almost every day Sometimes Rarely Never

 *This includes illegal or street drugs and medications from a doctor or drug store if you are taking them differently than exactly how your doctor told you to take them.*


10. Have you had a flu shot in the last year? Yes No

11. How long has it been since you last visited a dentist or dental clinic for any reason?


Never Within the last year Between 1-2 years Between 3-5 years More than 5 years

12. Do you have access to transportation for medical appointments?

Yes No Sometimes, but it is not reliable

 *Transportation could be your own car, a friend who drives you, a bus pass, or taxi. Your health plan can help you with a ride to and from medical appointments.*

13. Do you need help with food, clothing, utilities, or housing? Yes No

 *This could be trouble paying your heating bill, no working refrigerator, or no permanent place to live.*


14. A checkup is a visit to a doctor's office that is NOT for a specific problem. How long has it been since your last checkup? Within the last year Between 1-3 years More than 3 years

SECTION 2 - Annual appointment

A routine checkup is an important part of taking care of your health. An annual check-up appointment is a covered benefit of the Healthy Michigan Plan and your health plan can help you with a ride to and from this appointment.

Date of appointment: _____
(mm/dd/yyyy)

At my appointment, I would most like to talk with my doctor about:

 *An annual appointment gives you a chance to talk to your doctor and ask any questions you may have about your health including questions about medications or tests you might need.*

Take this form to your check-up and complete the rest of the form with your doctor at this appointment.

Health Risk Assessment

First Name, Middle Name, Last Name, and Suffix	mihealth Card Number
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Section 3 - Readiness to change

Your Healthy Behavior

Small everyday changes can have a big impact on your health. Think about the changes you would be most interested in making over the next year. It is also important to get any health screenings recommended by your doctor.

Now that you have thought about your healthy behavior, answer questions 1 - 3. For each question, use the scale provided and pick a number from 0 through 5.

- | | | | | | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|
| <p>1. Thinking about your healthy behavior, do you want to make some small lifestyle changes in this area to improve your health?</p> | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | <input type="checkbox"/>
4 | <input type="checkbox"/>
5 | <p>I don't want to make changes now</p> <p>I want to learn more about changes I can make</p> <p>Yes, I know the changes I want to start making</p> |
| <p>2. How much support do you think you would get from family or friends if they knew you were trying to make some changes?</p> | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | <input type="checkbox"/>
4 | <input type="checkbox"/>
5 | <p>I don't think family or friends would help me</p> <p>I think I have some support</p> <p>Yes, I think family or friends would help me</p> |
| <p>3. How much support would you like from your doctor or your health plan to make these changes?</p> | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | <input type="checkbox"/>
4 | <input type="checkbox"/>
5 | <p>I do not want to be contacted</p> <p>I want to learn more about programs that can help me</p> <p>Yes, I am interested in signing up for programs that can help me</p> |

Section 4 – To be completed by your primary care provider

Primary care providers should fill out this form for Healthy Michigan Plan beneficiaries enrolled in Managed Care Plans only. Fill in the “Healthy Behaviors Goals Progress” question and select a “Healthy Behavior Goals” statement in discussion with your patient. 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.

Healthy Behaviors Goals Progress

Did the patient maintain or achieve/make significant progress towards their selected health behavior goal(s) over the last year?

- Not applicable – this is the first known Healthy Michigan Plan Health Risk Assessment for this patient.
- Yes
- No
- Patient had a serious medical, behavioral, or social condition or conditions which precluded addressing unhealthy behaviors.

Health Risk Assessment

First Name, Middle Name, Last Name, and Suffix	mihealth Card Number
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Healthy Behavior Goals

Choose one of the following for the next year:

- 1. Patient does not have health risk behaviors that need to be addressed at this time.
- 2. Patient has identified at least one behavior to address over the next year to improve their health (choose one or more below):

<input type="checkbox"/> <i>Increase physical activity, learn more about nutrition and improve diet, and/or weight loss</i>	<input type="checkbox"/> <i>Reduce/quit alcohol consumption</i>
<input type="checkbox"/> <i>Reduce/quit tobacco use</i>	<input type="checkbox"/> <i>Treatment for substance use disorder</i>
<input type="checkbox"/> <i>Annual influenza vaccine</i>	<input type="checkbox"/> <i>Dental visit</i>
<input type="checkbox"/> <i>Follow-up appointment for screening or management (if necessary) of hypertension, cholesterol and/or diabetes</i>	<input type="checkbox"/> <i>Follow-up appointment for maternity care/reproductive health</i>
<input type="checkbox"/> <i>Follow-up appointment for recommended cancer or other preventative screening(s)</i>	<input type="checkbox"/> <i>Follow-up appointment for mental health/behavioral health</i>
<input type="checkbox"/> <i>Other: explain _____</i>	
- 3. Patient has a serious medical, behavioral or social condition(s) which precludes addressing unhealthy behaviors at this time.
- 4. Unhealthy behaviors have been identified, patient’s readiness to change has been assessed, and patient is not ready to make changes at this time.
- 5. Patient has committed to maintain their previously achieved Healthy Behavior Goal(s).

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

Submit form by fax or via CHAMPS:

Fax to: 517-763-0200

CHAMPS: The Health Risk Assessment form can be submitted and viewed in the CHAMPS system via the Health Risk Assessment Questionnaire Web Page.

The Michigan Department of Health and Human Services does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

AUTHORITY: MCL 400.105(d)(1)(e)

COMPLETION: Is voluntary, but required for participation in certain Healthy Michigan Plan programs.

PREVENTIVE DENTAL SERVICES	
PROCEDURE CODE	DIAGNOSIS CODE
D0120	Z0120, Z0121, Z1384
D0191	Z0120, Z0121, Z1384
D1110	Z0120, Z0121, Z1384
D1354	Z0120, Z0121

ACIP VACCINES	
PROCEDURE CODE	DIAGNOSIS CODE
90620	NA
90621	NA
90630	NA
90632	NA
90636	NA
90649	NA
90650	NA
90651	NA
90654	NA
90656	NA
90658	NA
90661	NA
90670	NA
90673	NA
90674	NA
90686	NA
90688	NA
90707	NA
90714	NA
90715	NA
90716	NA
90732	NA
90733	NA
90734	NA
90736	NA
90740	NA
90744	NA
90746	NA
90747	NA
G0008	NA
G0009	NA
G0010	NA
Q2034	NA
Q2035	NA
Q2036	NA
Q2037	NA
Q2038	NA
Q2039	NA

ANNUAL PREVENTIVE VISIT	
PROCEDURE CODE	DIAGNOSIS CODE
99385	NA
99386	NA
99395	NA
99396	NA
99401	NA
99402	NA

CANCER SCREENING: BREAST	
PROCEDURE CODE	DIAGNOSIS CODE
77063	NA
77067	NA
G0202	NA

CANCER SCREENING: CERVICAL/VAGINAL	
PROCEDURE CODE	DIAGNOSIS CODE
87623	NA
87624	NA
87625	NA
88141	NA
88142	NA
88143	NA
88147	NA
88148	NA
88155	NA
88164	NA
88165	NA
88166	NA
88167	NA
88174	NA
88175	NA
G0101	NA
G0476	NA
Q0091	NA

CANCER SCREENING: COLORECTAL	
PROCEDURE CODE	DIAGNOSIS CODE
45330	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45331	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45333	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45338	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45346	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45378	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45380	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45384	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45385	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45388	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
81528	NA
82270	NA
82274	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
G0104	NA
G0105	NA
G0121	NA
G0328	NA

CANCER SCREENING: LUNG	
PROCEDURE CODE	DIAGNOSIS CODE
71250	F172, Z122, Z720, Z87891
G0297	NA

CANCER SCREENING: PROSTATE	
PROCEDURE CODE	DIAGNOSIS CODE
84152	Z125, Z8042
84153	Z125, Z8042
84154	Z125, Z8042
G0102	NA
G0103	NA

HEP C VIRUS INFECTION SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
86803	NA
G0472	NA

HIV SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
86689	Z114
86701	Z114
86702	Z114
86703	Z114
87389	Z114
87390	Z114
87391	Z114
87534	Z114
87535	Z114
87536	Z114
87537	Z114
87538	Z114
87539	Z114
87806	Z114
G0432	NA
G0433	NA
G0435	NA

OSTEOPOROSIS SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
76977	Z13820, Z8262
77078	Z13820, Z8262
77080	Z13820, Z8262
77081	Z13820, Z8262

STI SCREENING: CHLAMYDIA	
PROCEDURE CODE	DIAGNOSIS CODE
87110	NA
87270	NA
87320	NA
87490	NA
87491	NA
87492	NA
87810	NA

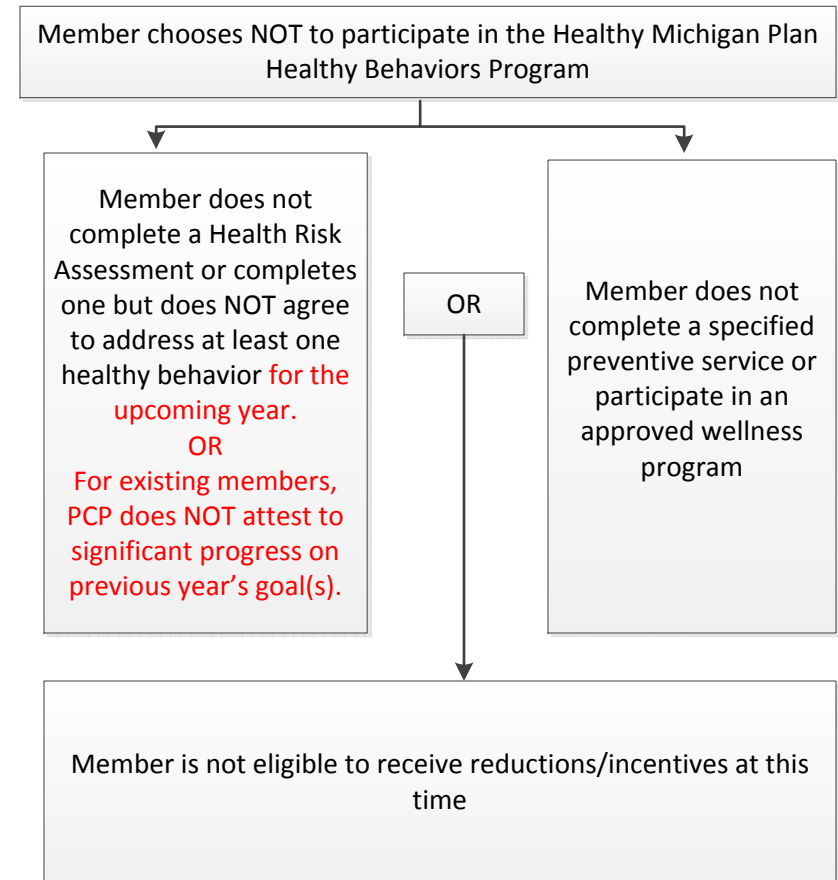
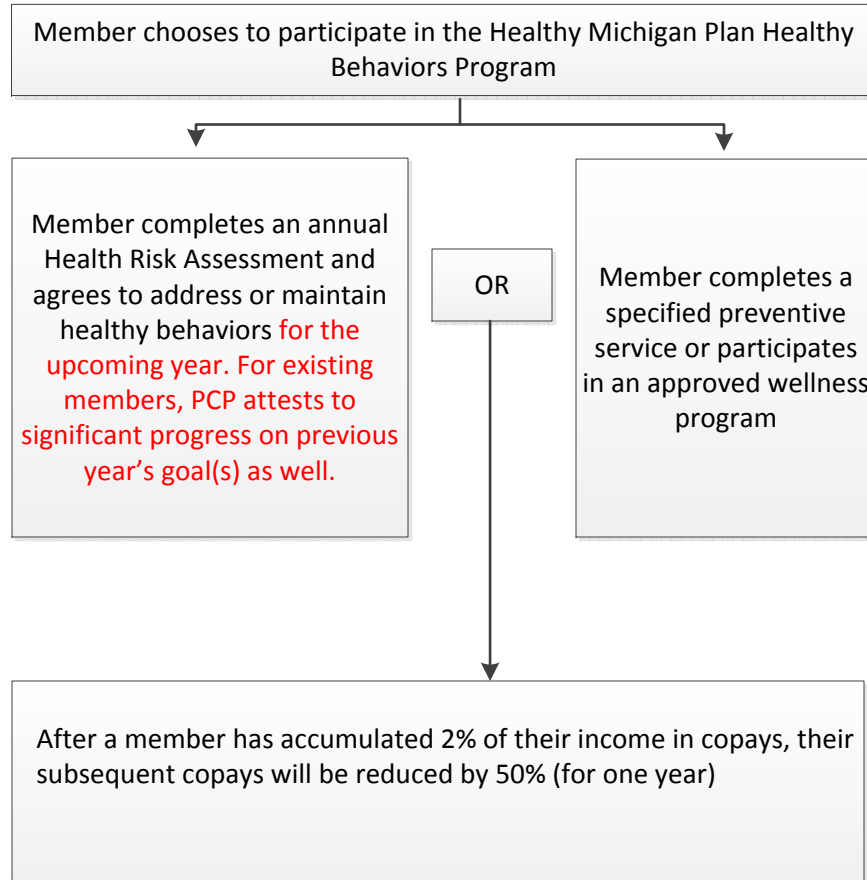
STI SCREENING: GONORRHEA	
PROCEDURE CODE	DIAGNOSIS CODE
87590	NA
87591	NA
87592	NA
87850	NA

STI SCREENING: HEP B (NONPREGNANT)	
PROCEDURE CODE	DIAGNOSIS CODE
86704	NA
86705	NA
86706	NA
87340	NA
G0499	NA

STI SCREENING: SYPHILIS (NONPREGNANT)	
PROCEDURE CODE	DIAGNOSIS CODE
86592	NA
86593	NA

TUBERCULOSIS SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
86480	Z111, Z201
86481	Z111, Z201
86580	Z111, Z201
87116	Z111, Z201

Healthy Michigan Plan Healthy Behaviors Incentives Eligibility and Distribution
Income ≤ 100% FPL



Note: Members may complete a Healthy Behavior at any time during the year to become eligible for the incentives program.

Note: Reductions in monthly contributions or copays are not effective until payments begin to be made, after 6 months of enrollment.

Note: Members who complete an HRA and acknowledge that changes are necessary but who have significant physical, mental or social barriers to addressing them at this time (as attested by the primary care provider) are also eligible for the incentives.

Healthy Michigan Plan Healthy Behaviors Incentives Eligibility and Distribution
Income > 100% FPL

