

**Report on the *Healthy Michigan Voices*  
2016-17 Survey of Individuals No Longer Enrolled  
in the Healthy Michigan Plan**

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## EXECUTIVE SUMMARY

This report presents findings from Domain IV, Beneficiary Views on the Impact of the Healthy Michigan Plan (HMP) of the University of Michigan Institute for Healthcare Policy & Innovation's evaluation of the Healthy Michigan Plan. The focus of this report is the Healthy Michigan Voices survey of individuals who had at least 10 months of HMP enrollment followed by a period of at least 6 months during which they were not enrolled in HMP or another Medicaid program. Survey questions explored individuals' experiences during the period after their HMP coverage ended, including health insurance coverage, access to health services, and unmet health care needs.

### METHODS

Sampling for the survey of individuals no longer enrolled in HMP was performed monthly, from October 2016 to February 2017. The eligible population was defined by applying the following inclusion criteria:

- Any 12-month period between April 2014 and August 2016, with at least 10 of 12 months of HMP enrollment (fee-for-service or managed care) and at least 9 months of HMP-managed care enrollment
- Not enrolled in HMP or any other Medicaid benefit plan for at least 6 months at the time of sampling
- Last enrolled month was HMP-managed care
- Age between 19 years and 64 years 8 months
- Complete address, phone number, and federal poverty level (FPL) fields in the MDHHS Data Warehouse
- Preferred language of English, Arabic, or Spanish
- Not sampled for the 2016 Healthy Michigan Voices survey of current enrollees

Eligibility was determined independently for each month's sample, regardless of eligibility in prior months. A sampling framework was constructed to reflect the regional and income characteristics of the target population of former HMP enrollees, based on the final month of HMP enrollment for the population of individuals who met inclusion criteria in September 2016. The sampling framework was based on four grouped prosperity regions (Northern=Upper Peninsula/North West/North East; Central=West/East Central/East; Southern=South Central/South West/South East; and Detroit Metro) and three income categories (0-35% FPL; 36-99% FPL; ≥100% FPL).

Individuals selected in each month's sample were mailed an introductory packet that contained a letter explaining the project, a brochure about the project, and multiple options to indicate a preferred time/day for interview or refusal to participate. Interviewers placed phone calls to individuals who did not refuse by one of those methods, between the hours of 9 am and 9 pm. Surveys were conducted in English, Arabic or Spanish from October 2016 to March 2017. Interviews were recorded with the permission of the respondents.

Overall, 1,123 individuals completed the survey, resulting in a weighted response rate of 31.4%. The evaluation team generated descriptive statistics for responses to all questions, with

weights calculated and applied to adjust for the probability of selection, nonresponse bias, and other factors. Statistical analyses of bivariate and multivariate relationships were performed.

## RESULTS

- About half (48.9%) of survey respondents were 19-34 years old at the time of the survey; 58.6% were men.
- Income level and region closely mirrored the proportions in the sampling plan, with 63.1% of respondents in the 0-35% FPL category during their last month of HMP enrollment and 42.1% residing in the Detroit Metro region.
- Most respondents (59.1%) described their race/ethnicity as white, non-Hispanic.
- Nearly half of respondents (46.0%) had no more than a high school education; only 15.7% had graduated from college.
- Four in five respondents (80.6%) were employed and 72.4% were not married at the time of the survey.
- More than half of respondents (54.5%) reported having at least one chronic disease, and 18.9% rated themselves as being in fair or poor health.

### **Results Related to Aim IV.1: Describe Healthy Michigan Plan enrollees' consumer behaviors and health insurance literacy, including knowledge and understanding about the Healthy Michigan Plan, their health plan, benefit coverage, and cost-sharing aspects of their plan**

#### ***Reason for Ending HMP Enrollment***

- Overall, 56.4% of respondents reported ending their HMP enrollment for reasons related to an income increase and/or gaining other health insurance coverage. This reflects 28.5% who report both an income increase and other coverage; 22.1% who reported an income increase only; and 5.8% who noted other insurance coverage only.
- Few respondents (2.1%) ended their HMP enrollment because they were dissatisfied with HMP cost or services.
- Overall, 13.8% of respondents reported their HMP enrollment ended due to administrative problems with maintaining enrollment, such as difficulty gathering the required documentation.
- For 7.5% of respondents, ineligibility due to change in residency (e.g., moving out of state) or household composition (e.g., divorce, child leaving home)—not due to an income increase—was the reported reason for ending HMP enrollment.
- Roughly 1 in 7 respondents (15.4%) acknowledged that their HMP ended because they did not complete the necessary action to re-enroll.

#### ***Attitudes about HMP Cost and Features***

- Respondents demonstrated positive attitudes about their costs for HMP participation: about 90% agreed that the amount they paid for HMP was fair and affordable.
- Respondents demonstrated high levels of agreement with HMP's emphasis on primary care: 9 in 10 agreed that people with HMP should always have a primary care provider, and that HMP enrollees should go to their primary care provider first for routine care.

- Respondents varied in their attitudes about HMP cost-sharing features: 87.8% agreed that getting discounts on copays and premiums a reward for healthy behavior is a good idea. However, only 48.2% agreed with the concept that everyone should have to pay something for their health care.

### ***Impact of HMP***

- Respondents described HMP as playing a vital role in bridging their health insurance coverage during vulnerable periods: 89.5% agreed that HMP gave them coverage when they couldn't get insurance through an employer, and 82.9% agreed that HMP helped them stay insured between jobs or between school and a job.
- Roughly two-thirds of respondents (69.4%) agreed that having HMP helped them get healthy enough to work, attend school, or take care of their family.

### ***Health Insurance Coverage after HMP***

- At the time of survey completion, 34.1% of respondents had employer-sponsored coverage, while 10.8% had an individual plan and 7.0% had government-sponsored coverage (e.g., Medicare, VA). Nearly half (48.1%) reported having no insurance.
- For their entire post-HMP time period, 39.6% of respondents had some employer-sponsored coverage; another 12.5% had purchased an individual plan for some months and 7.4% had government-sponsored coverage for some months
- Two in five respondents (40.5%) reported having no insurance at any time post-HMP.
- Only 30.8% of respondents transitioned from HMP to other insurance with no gap in coverage and maintained coverage until the time of the survey.
- Among those with gaps in coverage, common reasons related to navigating employer-sponsored coverage, cost, and changes in employment status.

### ***Characteristics Associated with Health Insurance Coverage after HMP***

- Among respondents who ended their HMP enrollment because their income had increased and/or they expected to obtain other health insurance coverage, 52.0% had employer-sponsored coverage and 14.1% had an individual health insurance plan at the time of the survey; however, 28.0% had no insurance.
- Respondents age 51-64 years were less likely than younger respondents to have employer-sponsored health insurance at the time of the survey.
- College graduates had over twice the rate of employer-sponsored coverage at the time of the survey as respondents with a high school education or less (55.1% vs 24.6%).
- Two in five (39.9%) respondents who were employed at the time of the survey had employer-sponsored insurance, compared to only 10.5% of those who were not employed.
- Nearly half (45.4%) of respondents who were employed at the time of the survey had no insurance.
- Married respondents were more likely than not married respondents to have employer-sponsored coverage (44.0% vs 30.4%). Over half of not married respondents (52.7%) had no insurance.

- Respondents who reported at least one chronic disease were nearly 3 times as likely to have government-sponsored insurance, compared to those with no chronic condition (9.8% vs 3.7%).
- Respondents who reported fair or poor health status were more likely to have government-sponsored insurance (15.7% vs 5.1%) or no insurance (56.6% vs 45.8%), and less likely to have employer-sponsored insurance (21.6% vs 37.1%), than their counterparts with excellent, very good or good health status.

#### ***Knowledge of Post-HMP Insurance Options***

- Respondents demonstrated low knowledge about federal policies designed to assist with insurance coverage: 51.8% said they know *nothing at all* about subsidies for plans available on the Federal health insurance marketplace.
- Only 28.7% had looked for information in the individual marketplace, with few indicating that they found out whether they would qualify for a subsidy.
- Among respondents with no health insurance at the time of the survey, 70.4% thought they would gain coverage in the next 6 months; however, twice as many expected to get Medicaid than employer-sponsored coverage.

#### ***Cost of Health Care Since HMP Ended***

- Over half of respondents reported increased cost for health care after their HMP ended: 40.6% reported their current cost of health care is *a lot more* and 16.1% *a little more* than when they were covered by HMP.
- Overall, 33.7% of respondents reported problems paying medical bills since their HMP coverage ended. Challenges with paying medical bills occurred across all insurance groups, ranging from 26.4% for respondents with employer-sponsored coverage to 39.7% among those with no health insurance.

### **Results Related to Aim IV.3: Understand HMP enrollee decisions about when, where and how to seek care, including decisions about emergency department utilization.**

#### ***Regular Place for Health Care Since HMP Ended***

- Over 80% of respondents with insurance said that since their HMP enrollment ended, they had a regular place for health care, compared to only 58% of respondents with no insurance.
- Most respondents described their post-HMP regular place for care as a primary care setting. However, 17.8% said their regular place for care is an urgent care or walk-in clinic and 13.9% cited the ER as their regular place for care.
- One in three respondents (37.4%) agreed that sometimes they go to the ER because they don't have another place to get care.

#### ***Access to Health Care Since HMP Ended***

- Across different types of services, the proportion of respondents who rated access as better since their HMP coverage ended ranged from 5.7% (mental health) to 16.2%

(dental); the proportion who rated access as worse after HMP ended ranged from 12.9% (mental health) to 32.1% (prescription medication).

- One in five respondents (21.3%) said that since their HMP enrollment ended, there was a time when they didn't get the health care they needed.

## CONCLUSIONS

For more than half of respondents, HMP enrollment ended because their income had increased and/or they expected to obtain other health insurance coverage. In large part, this group represents the desired impact of HMP: to provide health insurance as a bridge to subsequent economic and insurance stability.

However, among respondents who ended their HMP coverage because their income had increased and/or they expected to obtain other health insurance coverage, one third had no health insurance at the time of the survey. Cost of coverage, not working enough hours, and change in employers were examples of factors that led to this situation.

Dissatisfaction with HMP was not a significant factor in ending enrollment. One in seven respondents described challenges with the program (e.g., ID card not working, difficulty finding a specialist), but only 2% said those problems prompted them to end their enrollment.

About 1 in 7 respondents reported their HMP enrollment ended due to administrative difficulties (e.g., challenges collecting required documentation) or confusion about what documents were needed. Administrative challenges and confusion also were found to be barriers to completing program requirements in recent reports evaluating Medicaid expansion programs in Iowa and Indiana.

A key finding in this report is that half of former HMP enrollees have health insurance coverage, 6-20 months after their HMP enrollment ended. Moreover, 45% of respondents either maintained continuous health insurance coverage or had a gap of  $\leq 3$  months.

Neither geographic region nor income level in the last month of HMP enrollment was linked to having health insurance post-HMP. However, those with greater personal resources – such as being married, employed and better educated – were more likely to have insurance.

Expectations about future health insurance did not always match with respondents' post-HMP insurance status: among those who ended their HMP enrollment because their income had increased and/or they expected to obtain other health insurance coverage, 52.0% had employer-sponsored coverage and 14.1% had an individual health insurance plan at the time of the survey; however, 28.0% had no insurance.

Many respondents with post-HMP health insurance coverage experienced challenges. More than half of those with employer-sponsored or individual plan coverage reported paying *a lot more* for their health care than when they had HMP; more than one quarter reported problems paying medical bills.

Two in five respondents had no health insurance coverage at any time after their HMP ended. Although the majority of those with no insurance thought they would get coverage in the next 6 months, twice as many expected their future coverage to be through Medicaid than through employer-sponsored plans.

A likely barrier to post-HMP insurance coverage is a lack of awareness of the full range of options. Only one quarter of respondents sought help getting other coverage; over half said they know *nothing at all* about federal health insurance marketplace and subsidies for purchasing individual coverage. This suggests that mechanisms for disseminating information have had limited impact, particularly with respondents who have not sought assistance.

The impact of not connecting individuals with post-HMP health insurance coverage is apparent in these findings. Compared to their counterparts with employer-sponsored insurance, respondents with no insurance had a substantially higher risk of forgoing needed health care, and of using the emergency room for care due to lack of other options. They reported worse access to all types of care. Two in five had problems paying medical bills.

## INTRODUCTION

The University of Michigan Institute for Healthcare Policy & Innovation (IHPI) is conducting an evaluation of the Healthy Michigan Plan (HMP) as required by the Centers for Medicare & Medicaid Services (CMS) through a contract with the Michigan Department of Health and Human Services (MDHHS). Domain IV of the evaluation, Beneficiary Views on the Impact of HMP, includes a series of surveys called *Healthy Michigan Voices*.

In a prior report, the evaluation team presented findings from the 2016 Domain IV *Healthy Michigan Voices* survey of individuals currently enrolled in HMP. **This report presents findings from a companion survey, the 2016-17 *Healthy Michigan Voices* survey of individuals no longer enrolled in HMP.** The survey was designed to document the experiences of individuals who had sufficient HMP enrollment to experience key features of the program (e.g., access to primary care, opportunity for health risk assessment, cost-sharing), and who had a sufficient period of time after their HMP enrollment ended to report on their post-HMP experiences. Eligible individuals had at least 12 months of HMP enrollment, followed by a period of at least 6 months with no HMP enrollment and no other Medicaid coverage.

From October 2016 to March 2017, the evaluation team completed surveys with 1,123 individuals no longer enrolled in HMP. A follow-up survey is planned for 2018.

## METHODS

### Survey Design

The survey of individuals no longer enrolled in HMP addresses the following Domain IV Aims: **Aim 1: Describe HMP enrollees' consumer behaviors and health insurance literacy**, including knowledge and understanding about the Healthy Michigan Plan, their health plan, benefit coverage, and cost-sharing aspects of their plan.

**Aim 3: Understand HMP enrollee decisions about when, where and how to seek care**, including decisions about emergency department utilization.

To explore these aims, survey items were developed to document reasons for ending HMP enrollment; attitudes about features and impact of HMP; health insurance coverage and access to care post-HMP; and demographic characteristics. Most items were based on national surveys, including the Consumer Engagement in Healthcare Survey<sup>1</sup>, the Health Tracking Household Survey<sup>2</sup>, the National Health Interview Survey<sup>3</sup>, the Behavioral Risk Factor Surveillance System<sup>4</sup>, the Short Form Health Survey<sup>5</sup>, the Consumer Assessment of Healthcare Providers and Systems<sup>6</sup>, and the US Census. Item wording was consistent with the *Healthy*

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<sup>1</sup> [Consumer Engagement in Health Care Survey, Employee Benefit Research Institute](#)

<sup>2</sup> [Health Tracking Household Survey, Center for Studying Health System Change](#)

<sup>3</sup> [National Health Interview Survey, Centers for Disease Control and Prevention](#)

<sup>4</sup> [Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention](#)

<sup>5</sup> [Short Form Health Survey, QualityMetric](#)

<sup>6</sup> [Consumer Assessment of Healthcare Providers and Systems, Agency for Healthcare Research & Quality](#)

Michigan Voices survey of current enrollees. Additional survey items were developed to document the reasons for ending HMP enrollment and attitudes about specific features of HMP.

The survey instrument was pilot tested for timing and clarity in September 2016 with 24 individuals who met inclusion criteria; minor revisions were made to clarify wording. Pilot test responses were not included in the dataset for analysis.

The final survey instrument is found in Appendix A.

**Survey Population and Inclusion Criteria**

To identify the survey population, the following inclusion criteria were applied:

- Any 12-month period between April 2014 and August 2016, with at least 10 of 12 months of HMP enrollment (fee-for-service or managed care) and at least 9 months of HMP-managed care enrollment
- Not enrolled in HMP or any other Medicaid benefit plan for at least 6 months at the time of sampling
- Last enrolled month was HMP-managed care
- Age between 19 years and 64 years 8 months
- Complete address, phone number, and federal poverty level (FPL) fields in the MDHHS Data Warehouse
- Preferred language of English, Arabic, or Spanish
- Not sampled for the 2016 Healthy Michigan Voices survey of current enrollees

**Sample Selection**

A sampling framework was constructed to reflect the regional and income characteristics of the target population of former HMP enrollees, based on the final month of HMP enrollment for the population of individuals who met inclusion criteria in September 2016. Consistent with the *Healthy Michigan Voices* survey of current enrollees, prosperity regions were combined into four groups (Northern=Upper Peninsula/North West/North East; Central=West/East Central/East; Southern=South Central/South West/South East; and Detroit Metro). Income was combined into three FPL categories (0-35%; 36-99%; ≥100%). This sampling framework yielded 12 region-by-FPL cells, as shown below.

Sampling Framework for Survey of No Longer Enrolled

Federal Poverty Level	Prosperity Region				Total
	UP/NW/NE	W/EC/E	SC/SW/SE	DET	
<b>0-35%</b>	4.0%	16.6%	12.2%	28.5%	<b>61.3%</b>
<b>36-99%</b>	2.3%	6.5%	4.8%	7.1%	<b>20.7%</b>
<b>≥100%</b>	2.1%	5.9%	4.2%	5.8%	<b>18.0%</b>
<i>Total</i>	<b>8.4%</b>	<b>29.0%</b>	<b>21.2%</b>	<b>41.4%</b>	

Sampling for the no-longer-enrolled survey was performed monthly, from October 2016 to February 2017, using Medicaid enrollment files housed in the Michigan Department of Health and Human Services (MDHHS) Data Warehouse. First, the eligible population was defined by applying the inclusion criteria to the full population of cases in the Data Warehouse. Eligibility

was determined independently for each month's sample, regardless of eligibility in prior months. Second, a stratified random sample of individuals was selected to matching the survey's 12-cell sampling framework. Enrollees could be selected only once.

### **Survey Administration**

Individuals selected in each month's sample were mailed an introductory packet that contained a letter explaining the project, a brochure about the project, and a postage-paid postcard that could be used to indicate a preferred time/day for interview or refusal to participate. The letter provided a toll-free number and email address for those who wished to indicate a preferred time/day for interview or refusal to participate.

Interviewers placed phone calls to individuals who did not refuse by one of those methods, between the hours of 9 am and 9 pm. Surveys were conducted in English, Arabic or Spanish from October 2016 to March 2017. Responses were recorded using computer-assisted telephone interview software, programmed with the survey questions. Individuals who completed the survey were mailed a \$25 gift card to compensate them for their time.

At the outset of the survey, interviewers emphasized three pieces of information: that responses would be kept confidential, with only aggregate data reported to the state; that completing the survey was voluntary; and that respondents could skip questions as they wished. Interviewers asked for permission to audiotape the interview, for quality assurance purposes; over 95% of respondents gave approval. In circumstances where respondents raised questions about their eligibility for HMP or had other program-related questions, interviewers offered the number to the Medicaid Beneficiary Helpline.

### **Survey Response Characteristics and Weighting**

Of 4,750 individuals sampled, 578 were determined to be ineligible, including 7 individuals who believed they had maintained continuous HMP enrollment; 624 had a nonworking number and could not be contacted; and 109 had unknown eligibility (i.e., number did not accept voicemail messages and no individual answered). Of the remaining 3,439 individuals, 1,123 completed the survey, resulting in a weighted response rate of 31.4% (unweighted 31.8%) based on response rate formula 3 from the American Association for Public Opinion Research (AAPOR. 2016<sup>7</sup>).

Weights were calculated to adjust for the probability of selection (see Base Selection Weight, below), nonresponse bias (see Nonresponse Adjustment) and other adjustments (Nonworking Number adjustment, Unknown Eligibility adjustment, Known Eligibility adjustment).

*Base Selection Weight:* An independent survey sample was drawn each month from October 2016 to February 2017 using the inclusion criteria and sampling plan outlined on page 7 of this report. In each month, once the eligible population was identified, sampling was done using stratification which combines FPL and prosperity region. A total of 4,750 cases were sampled.

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<sup>7</sup> American Association for Public Opinion Research. 2016. Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 9th edition. AAPOR. Access from [http://www.aapor.org/AAPOR\\_Main/media/publications/Standard-Definitions20169theditionfinal.pdf](http://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf)

To ensure the representation of income and region, the selection weight for a sampled individual  $i$  in the class  $h$  was as follows:

$$ww_{1,hii} = \frac{NN_h}{m_h}$$

where  $NN_h$  is the population size,  $m_h$  is the sample size and  $h = 1, \dots, 12$  representing 12 classes that combines the 4 regions and 3 FPL-based income groups of the sampling plan.

At the completion of data collection, separate adjustments were made for nonworking numbers, ineligible cases, unknown eligibility cases and nonresponse (noncontacts and refusal combined). Adjustments were based on the survey response categories (see Table 1).

**Nonworking Number Adjustment:** Nonworking numbers were considered out of scope and removed from the sample. We used the following adjustment factor,  $ff_{2,hii}$  for this:

$$ff_{2,hii} = \begin{cases} 0, & \text{if } i \text{ is not working number} \\ \frac{\sum_{ii} ww_{1,hii}}{\sum_{ii} II\_WWW_{ii} \times ww_{1,hii}}, & \text{if } i \text{ is a working number} \end{cases}$$

where  $II\_WWW_{ii}$  is a 1/0 indicator for working number status (1: working number, 0: nonworking number). Essentially,  $ff_{2,hii}$  removes the nonworking numbers from the scope and weights up working numbers proportionally within each region-income class. The resulting weight is:

$$ww_{2,hii} = ff_{2,hii} \times ww_{1,hii}$$

**Unknown Eligibility Adjustment:** Besides the nonworking numbers, there were working numbers where contact was never established and eligibility could not be ascertained. Because the eligibility rate may differ systematically across region-income classes, a new adjustment factor was applied to the weight from the previous stage as follows:

$$ff_{3,hii} = \begin{cases} 0, & \text{if eligibility is unknown for } i \\ \frac{\sum_{ii} ww_{2,hii}}{\sum_{ii} II\_UUUU_{ii} \times ww_{2,hii}}, & \text{if eligibility is known for } i \end{cases}$$

where  $II\_UUUU_{ii}$  is a 1/0 indicator for unknown eligibility status (1: known eligibility; 0: unknown eligibility). The resulting weight is:

$$ww_{3,hii} = ff_{3,hii} \times ww_{2,hii}$$

**Known Eligibility Adjustment:** Among those who were contacted, some were not eligible for various reasons related to the eligibility criteria (e.g., living out of state). These cases fell outside of the target population and, hence, were removed through the following:

$$ff_{4,hii} = \begin{cases} 0, & \text{if } i \text{ is ineligible} \\ \frac{\sum_{ii} ww_{3,hii}}{\sum_{ii} II\_UVEE_{ii} \times ww_{3,hii}}, & \text{if } i \text{ is eligible} \end{cases}$$

where  $II\_UVEE_{ii}$  is a 1/0 indicator for eligibility status (1: eligible; 0: ineligible). The resulting weight is:

$$ww_{4,hii} = ff_{4,hii} \times ww_{3,hii}$$

*Nonresponse Adjustment:* For some cases, contact was established at the *number* but direct contact was never made with the sample individual. Others refused or declined participation during recruitment for the survey; these are all considered as nonresponse.

Nonresponse did not occur identically across the population (see Table 2). Response rates were higher among sampled individuals who lived in the Detroit Metro region, had higher income, were older, female, or non-Hispanic Black. Additionally, HMP enrollment history was also related to the response patterns. A longer HMP enrollment duration, a shorter time gap since last HMP enrolled month, and a longer time since initial HMP enrollment were associated with higher response rates.

Nonresponse adjustment was used to compensate for differential nonresponse patterns. A logistic regression predicting response versus nonresponse (Lee and Valliant 2008)<sup>8</sup> was used with the characteristics in Table 2 as predictors. The adjustment factor,  $ff_{5,ii}$ , is the inverse of response propensity predicted from the logistic regression. The resulting weight is:

$$ww_{5,iih} = ww_{4,hii} \times ff_{5,ii}$$

*Post-stratification:* Any gap between the target population of individuals who met inclusion criteria (N=106,708 in September 2016, when the sampling criteria were defined) and the sample weighted by nonresponse adjustment weight ( $ww_{5,iiih}$ ) with respect to characteristics in Table 2, was handled through post-stratification using iterative proportional fitting method (DeVillie et al, 1993)<sup>9</sup>. This process forces the sample to match the population with respect to the controlled characteristics.

Post-stratification may force the weights to be extreme, which can increase the variability of estimates and, in turn, reduce the statistical power. To minimize the effect of extreme weights, these weights are trimmed. We used the Individual and Global Cap Value (IGCV) method (Izrael et al, 2009),<sup>10</sup> where thresholds for minimum and maximum adjustment factors in relations to the individual weights and to all weights globally are set. Specifically, our procedure set the global high cap at 3, the global low cap at 0.3, the individual high cap at 4 and the individual low cap at 0.4. The trimmed weights were normalized to the population total of 106,708. The resulting weight is  $ww_{6,iih}$ . When using the post-stratified weight, the sample matches the target population perfectly on characteristics that were controlled in the post-stratification.

### **Data Management**

Data extraction was performed via a secure Virtual Private Network (VPN) connection by a data analyst with specific approval from MDHHS for this purpose, using existing protocols that require two layers of password protection.

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<sup>8</sup> Lee S, Valliant R. 2008. Weighting telephone samples using propensity scores. *Advances in Telephone Survey Methodology*. 170-183.

<sup>9</sup> Deville JC, Särndal CE, Sautory O. 1993. Generalized raking procedures in survey sampling. *Journal of the American Statistical Association*. 88(423):1013-20.

<sup>10</sup> Izrael D, Battaglia MP, Frankel MR. 2009. Extreme survey weight adjustment as a component of sample balancing (aka raking). In *Proceedings from the Thirty-Fourth Annual SAS Users Group International Conference*.

Survey responses were combined with the file of demographic characteristics from the MDHHS Data Warehouse to create the analytic dataset. Interviewer supervisors reviewed audio recordings to verify the accuracy of coding for fixed-choice variables, review/revise categorization of open-ended questions, and transcribe respondents' description of their experiences during and following their HMP enrollment.

### **Variable Definition**

Several composite variables were created to describe responses:

*Reason for ending HMP enrollment* was analyzed as a composite variable, as many respondents described the circumstances that encompassed multiple categories. Therefore, respondents were assigned to a reason based on the following hierarchy for assignment:

1. income increase/other coverage - the respondent described that they had experienced an increase in their income beyond the HMP threshold and/or they had obtained or expected to obtain health insurance through another source;
2. dissatisfied with HMP cost or services - the respondent did not have an income increase/expectation of other coverage, but did indicate choosing to end their HMP because of their cost to participate, the lack of coverage for needed services, or other dissatisfaction;
3. administrative problems - the respondent did not report an income increase/expectation of other coverage or dissatisfaction with HMP, but did describe administrative problems related to re-enrollment, such as receiving conflicting advice or having difficulty gathering documentation;
4. ineligible to continue HMP - the respondent did not report any of the other reasons, but did report that they had moved out of state, experienced a change in household size, or other non-income change that affected eligibility;
5. did not take action to re-enroll - the respondent did not report any other reasons but did acknowledge their own failure to complete the re-enrollment process; and
6. reason not given - the respondent offered no reason for ending their HMP enrollment.

*Current insurance type* was categorized as employer-sponsored if the respondent reported coverage through the respondent's or a family member's current job, including current military coverage, or a job-related retirement package; individual plan if the respondent reported purchasing a plan on the marketplace or through another mechanism; government-sponsored if the coverage was described as Medicaid, Medicare, VA benefits, or another public plan; and none if the respondent reported having no insurance at the time of the survey. Analyses were performed for each category separately; and for any insurance (employer-sponsored, individual and government-sponsored combined) versus no insurance.

*Insurance type since HMP ended* was based on respondents' report of all health insurance coverage from the time their HMP enrollment ended to the time of the survey. Insurance type since HMP ended was categorized as employer-sponsored if the respondent had any period of job-related coverage; as individual if the respondent had no employer-sponsored coverage but

did purchase an individual plan for some period of time; as government-sponsored if the respondent had at least some period of coverage under Medicaid, Medicare or another public plan and no employer or individual coverage; and none if the respondent indicated no job-related, individual purchase, or government health care coverage since HMP enrollment ended.

A composite *race/ethnicity* variable encompassed the survey's separate race and ethnicity questions. Respondents who reported Hispanic ethnicity were categorized as Hispanic, regardless of other responses; those who reported black race and not Hispanic ethnicity were categorized as black, regardless of other responses; those who reported white race only and not Hispanic ethnicity were categorized as white; and those who reported their race as "other" or who reported multiple race categories were categorized as other.

### **Analysis Plan**

We generated descriptive statistics for responses to all survey items. Weights were applied to the data to adjust for the probability of selection, nonresponse bias, and other adjustments as described above. **The weighted proportions presented in this report reflect how the results we observed would apply to the eligible population of individuals no longer enrolled in HMP** (based on inclusion and exclusion criteria). Raw (unweighted) Ns are shown to provide the actual number of respondents in response categories.

Bivariate analyses were conducted to explore associations between respondents' reason for ending their HMP enrollment, as well as post-HMP health insurance coverage, and demographic characteristics from the MDHHS Data Warehouse, including age at the time of survey sampling, income level (% FPL) during the last month of HMP enrollment, gender, and region during the last month of HMP enrollment. Additional bivariate analyses explored associations between reasons for ending HMP enrollment and attitudes about HMP features, and associations between post-HMP health insurance coverage and access to care.

Multivariate logistic regression was conducted to identify individual-level factors associated with respondents' reasons for ending their HMP enrollment and with respondent' post-HMP health insurance type. Multivariate models included gender, age, income category, prosperity region (grouped), race/ethnicity, education level, employment status, marital status, self-reported chronic disease, and months since HMP ended. Additional models explored factors associated with forgone medical care and use of the ER; these models adjusted for the same individual characteristics, as well as type of insurance at the time of the survey.

In bivariate analyses, income level was categorized with the same groupings used to develop the sampling frame (0-35%, 36-99%, ≥100% FPL). In contrast, multivariate analyses used a different grouping (0%, 1-99%, ≥100% FPL); since over 92% of respondents in the 0-35% FPL category had an FPL of 0% in their last month of HMP enrollment, this alternate income categorization allowed for more specific analysis of that subgroup.

For bivariate and multivariate analyses, the types of analysis, variables included, and tests of statistical significance (p-values, confidence intervals) are included within the tables and/or in table footnotes.

## RESULTS

### ***Respondent Characteristics***

About half (48.9%) of survey respondents were 19-34 years old at the time of the survey; 58.6% were men. Income level and region closely mirrored the proportions in the sampling plan, with 63.1% of respondents in the 0-35% FPL category during their last month of HMP enrollment and 42.1% residing in the Detroit Metro region.

Most respondents (59.1%) described their race/ethnicity as white, non-Hispanic. Nearly half of respondents (46.0%) had no more than a high school education; only 15.7% had graduated from college. Four in five respondents (80.6%) were employed and 72.4% were not married at the time of the survey. Over half (54.5%) reported having at least one chronic disease, and 18.9% rated themselves as being in fair or poor health. The time period since their HMP ended was 6-9 months for 60% of respondents.

### **Results Related to Aim IV.1: Describe Healthy Michigan Plan enrollees' consumer behaviors and health insurance literacy, including knowledge and understanding about the Healthy Michigan Plan, their health plan, benefit coverage, and cost-sharing aspects of their plan**

#### **Reason for Ending HMP Enrollment**

Table 4 presents the reason for ending HMP enrollment for all respondents; Figure 1 portrays these reasons by respondents' income level (% FPL) in their last month of HMP enrollment.

*Income Increase/ Other Coverage* - The most common reasons for HMP enrollment ending, reported by 56.4% of respondents, were because respondents' income had increased and/or they had gained or expected to gain other health insurance coverage. This reflects 28.5% who report both an income increase and other coverage; 22.1% who reported an income increase only; and 5.8% who noted other insurance coverage only. The proportion who ended their HMP enrollment due to income increase/other coverage was higher among respondents whose income level in their final month of HMP enrollment was  $\geq 100\%$  FPL (60.3%) or 1-99% FPL (60.1%), compared to those at 0% FPL (53.8%).

*Dissatisfied with HMP* - Very few respondents (2.1% overall) reported that they ended their HMP enrollment because they were dissatisfied with HMP cost or services. Only 0.9% of respondents whose income level in their final month of HMP enrollment was 0% FPL were dissatisfied with HMP cost or services, which increased to 2.9% for respondents at 1-99% FPL and 5.3% for respondents at  $\geq 100\%$  FPL in their final month of HMP enrollment.

Respondents who ended their HMP enrollment due to dissatisfaction were only a subset of those who reported temporary difficulties engaging with HMP coverage (13.5% overall). These included problems finding a provider, problems making payments, and logistical issues like their Medicaid ID card not working. Only 1 in 6 respondents who reported difficulties cited their dissatisfaction with HMP as the reason for ending their HMP enrollment.

*Administrative Problems* - Overall, 13.8% of respondents reported ending HMP enrollment due to administrative problems, such as difficulty gathering the required documentation for recertification. Administrative problems that resulted in ending HMP enrollment were reported slightly more often by respondents whose income level in their final month of HMP enrollment was 0% FPL (14.3%) compared to those at 1-99% FPL (13.1%) or at  $\geq 100\%$  FPL (12.7%).

*Ineligible to Continue HMP* – For 7.5% of respondents, ineligibility due to change in residency or household composition—not due to an income increase—was the reported reason for ending HMP enrollment. These situations typically involved moving out of Michigan or experiencing a change in household size due to divorce, a child moving away, or a death in the family. Ineligibility as the reason for ending HMP enrollment was reported slightly more often among respondents whose income level in their final month of HMP enrollment was 0% FPL (7.9%) and 1-99% FPL (7.7%) compared to those at  $\geq 100\%$  FPL (6.2%).

*Did Not Take Action to Re-Enroll* - Roughly 1 in 7 respondents (15.4%) acknowledged that their HMP ended because they did not take the necessary action to re-enroll. This was slightly more common among respondents whose income level in their final month of HMP enrollment was 0% FPL (16.6%) compared to those at 1-99% FPL (13.5%) or at  $\geq 100\%$  FPL (14.2%).

*Reason Not Given* - Finally, 4.8% did not give any reason for ending their HMP enrollment. More respondents whose income level in their final month of HMP enrollment was 0% FPL (6.6%) compared to those at 1-99% FPL (3.0%) or at  $\geq 100\%$  FPL (1.2%) did not articulate a clear reason that their HMP enrollment ended.

*Associations with Reason for Ending Enrollment:* Additional bivariate analyses explore the association between reason for ending HMP enrollment and demographic characteristics (see Table 5), while results from multivariate models are presented in Table 6.

*Income Increase/ Other Coverage* - College graduates (vs high school education or less), married (vs not married), women (vs men), employed (vs not employed) and White non-Hispanic (vs Other race/ethnicity) respondents were more likely to report their HMP enrollment ended because their income had increased and/or they expected to obtain other insurance coverage.

*Dissatisfaction with HMP* - Respondents whose income in their last month of HMP was  $\geq 100\%$  FPL (vs 0%), not married (vs married), and with no (vs  $\geq 1$ ) chronic diseases were more likely to report dissatisfaction with HMP costs or services as the reason their enrollment ended.

*Did Not Take Action to Re-Enroll* - Respondents 19-34 years (vs older respondents), with only a high school education (vs at least some college), and not married (vs married) and other race/ethnicity (vs White non-Hispanic) were more likely to report that their HMP enrollment ended because they did not take action to re-enroll.

There were no overall regional differences in reason for ending HMP enrollment.

### **Attitudes about HMP Cost, Features, and Impact**

*Cost of HMP coverage:* Respondents demonstrated positive attitudes about their costs related to HMP participation: 87.7% agreed that the amount they paid for HMP was fair, and 91.9% agreed that the amount they paid for HMP was affordable (see Table 7). With regard to cost-sharing features, 87.8% agreed that getting discounts on copays and premiums a reward for healthy behavior is a good idea. However, only 48.2% agreed with the concept that everyone should have to pay something for their health care (see Table 7).

Among respondents who ended their HMP enrollment because they got other coverage or had an income increase, over 90% agreed that the amount they paid for HMP was fair and affordable. In contrast, respondents who ended their HMP enrollment due to dissatisfaction with HMP cost or services were less likely to agree – and more likely to disagree – that the amount they paid for HMP was fair and affordable (see Table 8).

*Primary Care Emphasis:* Respondents demonstrated high levels of agreement with HMP’s emphasis on primary care: 90.2% agreed that people with HMP should always have a primary care provider, and 87.2% agreed that HMP enrollees should go to their primary care provider first for routine care (see Table 9).

*Impact of HMP Coverage:* Respondents described HMP as playing a vital role in bridging their health insurance coverage during vulnerable periods: 89.5% agreed that HMP gave them coverage when they couldn’t get insurance through an employer, and 82.9% agreed that HMP helped them stay insured between jobs or between school and a job. Roughly two-thirds of respondents (69.4%) agreed that having HMP helped them get healthy enough to work, attend school, or take care of their family (see Table 9).

Respondents also described concerns about not having health insurance: 80.6% agreed that they would have gone without insurance if they hadn’t been covered by HMP, while nearly half (48.7%) agreed that they worry about something bad happening to their health since their HMP enrollment ended (see Table 9).

### **Health Insurance Coverage after HMP**

Table 10 presents respondents’ detailed descriptions of their health insurance coverage during the period after their HMP enrollment ended.

*Health Insurance at the Time of Survey:* At the time of survey completion, 34.1% had employer-sponsored coverage, while 10.8% had an individual plan and 7.0% had government-sponsored coverage (e.g., Medicare, VA); 48.1% reported having no insurance.

*Health Insurance throughout the Post-HMP Period:* Across the entire time between the end of their HMP enrollment and survey participation, 39.6% of respondents had some period of employer-sponsored coverage (with or without another type of coverage); 12.5% had purchased an individual plan for some months, but had not obtained employer-sponsored coverage at any point since their HMP ended; and 7.4% had government-sponsored coverage

for some or all post-HMP months, with no employer-sponsored insurance. Two in five respondents (40.5%) reported having no insurance at any time since their HMP ended.

*Gaps in Health Insurance Coverage:* One in three respondents (30.8%) transitioned from HMP to other insurance with no gap in coverage throughout their post-HMP period; 13.4% had a brief gap of 1-3 months and 6.9% had a gap of 4-6 months before securing other insurance. About half (49.0%) had gone  $\geq 7$  months without health insurance, including those who with no insurance at any time post-HMP. Common reasons described by respondents for gaps in insurance coverage related to navigating employer-sponsored coverage, cost, and changes in employment status.

### **Characteristics Associated with Post-HMP Health Insurance**

*Reason for Ending HMP Enrollment:* Among respondents who ended their HMP enrollment because their income had increased and/or they expected to obtain other health insurance coverage, 52.0% had employer-sponsored coverage and 14.1% had an individual health insurance plan at the time of the survey; however, 28.0% had no insurance (see Table 11).

In contrast, among respondents reporting all other reasons for ending HMP enrollment, more than sixty percent had no insurance at the time of the survey.

*Demographic Characteristics:* Table 12 presents bivariate analyses exploring associations between respondents' demographic characteristics and their type of insurance coverage at the time of the survey. Significant differences in post-HMP health insurance were seen by respondent age, educational level, employment status, marital status, and health status.

*Age* - Respondents age 51-64 years were less likely to have employer-sponsored coverage at the time of the survey, and more likely to have individual or government-sponsored coverage, compared to younger respondents.

*Education* - College graduates had over twice the rate of employer-sponsored coverage at the time of the survey as respondents with a high school education or less (55.1% vs 24.6%). Conversely, the percentage with no health insurance at the time of the survey was significantly higher among respondents with only a high school education (57.4%) compared to college graduates (25.9%).

*Employment* - Two in five (39.9%) respondents who were employed at the time of the survey had employer-sponsored insurance, compared to only 10.5% of those who were not employed. Still, 45.4% of employed respondents had no insurance.

*Marital status* - Married respondents were more likely than not married respondents to have employer-sponsored coverage (44.0% vs 30.4%). Over half of not married respondents had no insurance – significantly higher than married respondents (52.7% vs 35.8%).

*Health status* - Respondents who reported at least one chronic disease were nearly 3 times as likely to have government-sponsored insurance, compared to those with no chronic condition (9.8% vs 3.7%).

Respondents who reported fair or poor health status were more likely than their counterparts with excellent, very good or good health status to have government-sponsored insurance (15.7% vs 5.1%) or no insurance (56.6% vs 45.8%), and less likely to have employer-sponsored (21.6% vs 37.1%) or individual coverage (6.1% vs 12.0%).

There were no regional differences in post-HMP health insurance coverage.

Multivariate models of having any health insurance coverage at the time of the survey, and having employer-sponsored coverage at the time of the survey, are presented in Table 13.

*Any health insurance* - Education, employment and marital status were associated with having any health insurance coverage at the time of the survey. College graduates and respondents with at least some college (vs high school education or less) and married (vs not married) respondents were more likely to have coverage. Respondents who were not employed at the time of the survey were less likely to have coverage.

*Employer-sponsored coverage* - Age, education, employment and marital status were associated with having employer-sponsored coverage. Respondents 51-64 years (vs younger), college graduates and respondents with at least some college (vs high school education or less), and married (vs not married) respondents were more likely to have coverage; those not employed were less likely to have employer-sponsored coverage.

#### *Knowledge about Post-HMP Insurance Options*

Respondents' knowledge about their post-HMP insurance options are presented in Table 14.

When their HMP enrollment ended, 27.4% of respondents said they looked for help getting another kind of insurance; 59.5% did not look for help, while 12.4% said they did not need any help. Among respondents who looked for help, two-thirds said they got the help they needed, which typically consisted of information on plan options, and less frequently, information on cost, application processes, and/or general information.

Respondents demonstrated low knowledge about federal policies designed to assist with insurance coverage. Among respondents who were not on an individual plan at the time of the survey, only 7.0% said they know *a lot* about subsidies to help pay for premiums and out-of-pocket costs on the individual marketplace, while 41.0% know *some* or *a little*; 51.8% said they know *nothing at all* about subsidies. Only 28.7% had looked for information in the individual marketplace, with few indicating that they found out whether they would qualify for a subsidy.

Among respondents with no health insurance coverage at the time of the survey, 70.4% thought they would get health insurance within the next 6 months. However, nearly half

thought that insurance would be Medicaid (46.9%) and only 19.4% thought they would get employer-sponsored coverage. Respondents who thought they would not get health insurance in the next 6 months usually cited cost as the reason.

### **Cost of Post-HMP Health Care and Health Insurance**

*Cost of Health Care:* Over half of respondents reported increased cost for health care after their HMP ended: 40.6% reported their current cost for health care is *a lot more* and 16.1% *a little more* than when they were covered by HMP (see Table 15). Challenges with the cost of health care were not uncommon, as 33.7% of respondents reported problems paying medical bills since their HMP coverage ended.

Over half of respondents with employer-sponsored or individual coverage at the time of the survey described their current cost for health care as *a lot more* than with HMP. In contrast, about one quarter of those with government-sponsored coverage or no insurance described their health care costs as *about the same* as with HMP (see Table 16).

Challenges with paying medical bills occurred across all insurance groups, ranging from 26.4% for respondents with employer-sponsored coverage to 39.7% among those with no health insurance at the time of the survey.

*Cost of Health Insurance:* Among respondents with health insurance coverage at the time of the survey, 60.1% agreed that the amount they pay now for health insurance seems fair and 64.1% agreed that the amount they pay now is affordable.

Respondents with government-sponsored health insurance were most likely, and those with individual plans least likely, to agree that the amount they pay for insurance seems fair and is affordable.

### **Results Related to Aim IV.3: Understand HMP enrollee decisions about when, where and how to seek care, including decisions about emergency department utilization.**

#### **Access to Health Services after HMP**

Three quarters of respondents (73.0%) said that since their HMP enrollment ended, they had a regular place for health care – a place they usually go when they need a check-up, feel sick, or want advice about their health (see Table 17). Having a regular place for care was associated with respondents' type of health insurance at the time of the survey: 58.6% of respondents with no health insurance reported having a regular place for care, compared to over 80% of respondents with insurance coverage. Among those who indicated they had a regular place for care, 64.5% said that place was a doctor's office or clinic; 17.8% an urgent care or walk-in clinic; and 13.9% an emergency room.

One in five respondents (21.3%) said that since their HMP enrollment ended, there was a time when they didn't get the health care they needed, while 37.4% agreed that sometimes they go to the ER because they don't have another place to get care (see Table 17).

Respondents with no health insurance at the time of the survey had increased odds of forgone care and ER use due to lack of other options (see Table 18). Respondents with government-sponsored insurance and those with at least one chronic disease had increased odds of forgone care, while males had lower odds of reporting forgone care since their HMP ended. All non-white race/ethnicity groups had higher odds of reporting ER use due to lack of other care options; college graduates had lower odds of ER use.

Table 19 presents respondents' rating of their current access to health services compared to when they had HMP coverage, with choices of better, worse, about the same, or unsure / not applicable. Across types of services, the proportion of respondents who rated access as better since their HMP coverage ended ranged from 5.7% (mental health) to 16.2% (dental); the proportion who rated access as worse after HMP ended ranged from 12.9% (mental health) to 32.1% (prescription medication).

Across all categories, respondents with no health insurance at the time of the survey were more likely than other insurance groups to say their access was worse post-HMP, and less likely to say it was better (see Table 20). For access to specialist, dental, and vision care, twice as many respondents with employer-sponsored coverage as other types of coverage rated their access as better since their HMP coverage ended. One in five respondents with individual plans rated their access to primary care as worse since their HMP coverage ended.

In multivariate analysis (see Table 21), respondents with individual plans and those with no health insurance had increased odds of having worse primary care access since their HMP ended, as did college graduates and respondents age 35-50. Increased odds of reporting worse access to prescription medication was observed for respondents with no insurance, those residing in all but the Northern region, those with any higher education, married respondents, and those with a chronic disease.

## LIMITATIONS

As with any survey, HMP responses may be biased by social desirability. The evaluation team worked to minimize this bias by emphasizing in the pre-survey introduction the voluntary nature of the survey, the guarantee that individuals would not be identified in any reports or presentations, and that their comments – positive or negative – would be helpful in conducting a fair evaluation of HMP.

Findings are based on respondent self-report; current and prior health insurance coverage could not be independently verified. Results reflect a single point in time; longitudinal follow-up

surveys will be conducted in 2017-18, to provide additional descriptions of respondents' experiences for a longer period of time after their initial HMP enrollment ended.

The length of time from the last month of HMP enrollment to the time of survey completion varied from 6 to 20 months; as a result, respondents' comparative assessments of their experiences (e.g., how their current cost and access to health care compares to their previous HMP coverage) may be differentially affected by the variable length of time since HMP ended. To address this potential limitation, months since last HMP enrollment was included in multivariate models; it was not a significant factor in any analysis.

The response rate of 31.4% is lower than the response rate for the 2016 HMV survey of current enrollees (53.7%). This may reflect demographic differences in the sampling frames for the two surveys (see Appendix B) and the need to use contact information that was 6-20 months old. However, the response rate compares favorably to the response rate for Michigan Medicaid's recent CAHPS® surveys for the HMP population (31.4% in 2017<sup>11</sup>; 33.0% in 2016<sup>12</sup>), and substantially higher than the 4.8% response rate for a telephone survey of enrollees conducted for the evaluation of Indiana's Medicaid expansion program<sup>13</sup>. In addition, there are demographic differences in survey response rates, with higher response rates from respondents who are older and higher-income. The evaluation incorporated the use of weighted data to minimize the effects of non-response.

## LESSONS LEARNED

The evaluation team learned several lessons in the process of conducting the HMV survey of individuals no longer enrolled in HMP.

During pilot testing, it became apparent that responses pertaining to health insurance coverage were often lengthy, particularly for individuals who had experienced multiple changes in employment and/or insurance coverage. Similarly, responses pertaining to the reason for ending HMP enrollment were lengthy and multi-faceted for many pilot test participants. The evaluation team implemented a system to ask respondents at the outset of the survey for permission to audio-record the conversation; over 95% agreed. The evaluation team reviewed every recording to verify or correct survey responses, with particular attention to categorizing insurance type and reason for ending HMP enrollment. Review of recordings was also an important tool for interviewer training and quality control.

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<sup>11</sup> 2017 Michigan Department of Health and Human Services. Healthy Michigan Plan CAHPS® Report. Health Services Advisory Group. October 2017. Available at:

[https://www.michigan.gov/documents/mdhhs/2017\\_MI\\_CAHPH\\_HMP\\_Report\\_Final\\_608678\\_7.pdf](https://www.michigan.gov/documents/mdhhs/2017_MI_CAHPH_HMP_Report_Final_608678_7.pdf)

<sup>12</sup> 2016 Michigan Department of Health and Human Services. Healthy Michigan Plan CAHPS® Report. Health Services Advisory Group. February 2017. Available at:

[https://www.michigan.gov/documents/mdhhs/2016\\_MI\\_CAHPH\\_HMP\\_Report\\_Final\\_557746\\_7.pdf](https://www.michigan.gov/documents/mdhhs/2016_MI_CAHPH_HMP_Report_Final_557746_7.pdf)

<sup>13</sup> Healthy Indiana Plan 2.0: POWER Account Contribution Assessment. The Lewin Group, Inc. March 31, 2017.

<https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>

Prior to initiating recruitment, the evaluation team cross-checked the list of sampled individuals with the MDHHS data warehouse to identify those who were reported as deceased.

The evaluation team maintained its strategy of reviewing the list of sampled individuals to identify names that suggest Arabic or Hispanic heritage so that bilingual interviewers could place those calls. This continued to be well-received by respondents.

## CONCLUSIONS

Findings from this survey of adults who had been enrolled in the Healthy Michigan Plan for at least 10 months, followed by at least 6 months with no HMP or other Medicaid enrollment, illuminate reasons for ending HMP enrollment, as well as their post-HMP experiences with health insurance and accessing health care services.

For more than half of respondents, HMP enrollment ended because their income had increased and/or they had obtained or expected to obtain other health insurance coverage. This reason was reported more often by women, married, college graduates, and/or employed at the time of the survey. In large part, this group represents the desired impact of HMP: to provide health insurance as a bridge to subsequent economic and insurance stability.

Among respondents whose incomes were  $\geq 100\%$  FPL in their final month of HMP enrollment, 60% reported ending enrollment because their income had increased and/or they expected to obtain other health insurance coverage. This compares very favorably to a recent evaluation report about Indiana's Medicaid expansion program<sup>14</sup> in which only one quarter of those who were disenrolled due to missing required payments reported an income increase and/or getting other coverage.

However, among respondents who ended their HMP coverage because their income had increased and/or they expected to obtain other health insurance coverage, one third had no health insurance at the time of the survey. Cost of coverage, not working enough hours, and change in employers were examples mentioned during survey data collection. This finding is consistent with recent data from the Kaiser Family Foundation that less than a third of individuals working minimum-wage jobs had an offer of health coverage through their employer.<sup>15</sup>

Dissatisfaction with HMP was not a significant factor in ending enrollment. One in seven respondents described challenges with the program, ranging from minor inconveniences (e.g.,

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<sup>14</sup> Healthy Indiana Plan 2.0: POWER Account Contribution Assessment. The Lewin Group, Inc. March 31, 2017. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>

<sup>15</sup> Kaiser Family Foundation. Medicaid and Work Requirements: New Guidance, State Waiver Details and Key Issues. January 2018.

ID card not working) to more substantial problems (e.g., difficulty finding a specialist). Still, only 2% said those problems prompted them to end their enrollment.

Respondents' views on the core parameters of HMP provide additional confirmation of overall satisfaction. About 9 in 10 respondents agreed with the emphasis on primary care and rewards for healthy behavior. Moreover, 9 in 10 respondents agreed that their cost for HMP was fair and affordable; even among those who ended their enrollment due to dissatisfaction, more than three quarters of respondents agreed.

About 1 in 7 respondents reported that their HMP enrollment ended due to administrative difficulties. These respondents mentioned challenges collecting required documentation, particularly from previous employers; some noted confusion about what documents were needed. Administrative challenges and confusion were found to be barriers to completing program requirements in recent reports evaluating Medicaid expansion programs in Iowa<sup>16</sup> and Indiana<sup>17</sup>. After this survey was completed, Michigan instituted changes to the HMP redetermination process, along with other enhancements around enrollee assistance. Future HMV surveys will be better positioned to examine whether these efforts will decrease HMP disenrollment related to administrative difficulty.

A key finding in this report is that half of former HMP enrollees have health insurance coverage, 6-20 months after their HMP enrollment ended. Moreover, 45% of respondents either maintained continuous health insurance coverage or had a gap of  $\leq 3$  months.

Neither geographic region nor income level in the last month of HMP enrollment was linked to having health insurance post-HMP. However, the presence of personal resources – such as being married, employed and better educated – was associated with a greater likelihood of having insurance.

It should be noted that many respondents who had post-HMP health insurance coverage experienced challenges. More than half of those with employer-sponsored or individual plan coverage reported paying *a lot more* for their health care than when they had HMP; more than one quarter reported problems paying medical bills.

On the other end of the scale, 41% of respondents had no health insurance coverage at any time after their HMP ended. Although the majority of those with no insurance thought they would get coverage in the next 6 months, twice as many expected their future coverage to be through Medicaid than through employer-sponsored plans.

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<sup>16</sup> Iowa's Medicaid Expansion Program Promoted Healthy Behaviors but Was Challenging to Implement and Attracted Few Participants. NM Askelson, B Wright, S Bentler, ET Momany, P Daminao. *Health Affairs* 2017; 36(5):799-807.

<sup>17</sup> Healthy Indiana Plan 2.0: POWER Account Contribution Assessment. The Lewin Group, Inc. March 31, 2017. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>

A likely barrier to post-HMP insurance coverage is a lack of awareness of the full range of options. Only one quarter of respondents reported that they sought help getting other coverage; over half said they know *nothing at all* about federal health insurance marketplace and subsidies for purchasing individual coverage. This suggests that mechanisms for disseminating information have had limited impact, particularly with respondents who have not sought assistance.

The impact of not connecting individuals with post-HMP coverage is apparent in these findings. Compared to their counterparts with employer-sponsored insurance, respondents with no insurance had a substantially higher risk of forgoing needed health care, and of using the emergency room for care due to lack of other options. They reported worse access to all types of care. Two in five had problems paying medical bills.

**Table 1. Response Categories for Sampled Individuals**

<b>Response code</b>	<b>n</b>
<b>Completed full survey</b>	1,119
<b>Complete – partial responses</b>	4
<b>Refusal</b>	305
<b>Noncontact, Other Nonresponse</b>	2,011
<b>Ineligible</b>	578
Out of State	73
Wrong number	459
Deceased, Non-Community Setting, Other	36
Non-HMV language	3
On HMP	7
<b>Unknown eligibility (number unable to accept voicemail)</b>	109
<b>Nonworking number</b>	624
<b>Total Sampled</b>	4,750

**Table 2. Response Rates among Eligible Individuals by Sample Characteristics**

<b>Characteristics</b>	<b>n</b>	<b>Resp. Rate</b>
<b>Region<sup>†</sup></b>		
Northern	606	32.7%
Central	1,045	29.7%
Southern	688	32.3%
Detroit Metro	1,100	35.7%
<b>Income<sup>‡</sup></b>		
0-35% FPL	1,295	31.3%
36-99% FPL	1,219	33.4%
≥100% FPL	925	33.6%
<b>Age<sup>‡</sup></b>		
19-35 yrs	1,793	27.9%
36-49 yrs	829	34.9%
50-64 yrs	817	40.8%
<b>Gender</b>		
Female	1,601	37.9%
Male	1,838	28.1%
<b>Race/Ethnicity</b>		
White, Non-Hispanic	2,217	31.3%
Black, Non-Hispanic	557	39.9%
Hispanic	117	30.8%
Other	548	31.0%
<b>Total Months Enrolled in HMP<sup>‡</sup></b>		
10-11 mos	221	24.9%
12 mos	1,353	29.9%
13-17 mos	1,070	33.8%
≥18 mos	795	38.0%
<b>Total Months Since Last HMP Enrollment<sup>‡</sup></b>		
6 mos	475	36.0%
7 mos	593	34.1%
8-12 mos	1,291	31.8%
≥13 mos	1,080	31.4%
<b>Total Months Since Initial HMP Enrollment<sup>‡</sup></b>		
<20 mos	655	28.7%
20-24 mos	857	30.0%
24-28 mos	782	33.6%
≥29 mos	1,145	36.2%

<sup>†</sup>at time of sampling; <sup>‡</sup>as of last month of HMP enrollment

**Table 3. Demographic Characteristics of Survey Respondents**

	N	Weighted Proportion	95% CI
<b>Age*±</b>			
19-34	467	48.9	[45.2,52.7]
35-50	339	29.7	[26.4,33.2]
51-64	317	21.4	[18.7,24.3]
<b>Gender*</b>			
Women	607	41.4	[37.9,45.0]
Men	516	58.6	[55.0,62.1]
<b>Income level*¥</b>			
0-35% FPL	404	63.1	[62.0,64.2]
36-99% FPL	405	19.6	[18.8,20.4]
≥100% FPL	314	17.3	[16.4,18.2]
<b>Region*¥</b>			
Northern	200	8.6	[8.1,9.2]
Central	308	28.6	[27.4,29.7]
Southern	222	20.8	[19.8,21.7]
Detroit Metro	393	42.1	[41.0,43.1]
<b>Race/Ethnicity#</b>			
White, Non-Hispanic	696	59.1	[55.5,62.6]
Black, Non-Hispanic	253	27.6	[24.3,31.1]
Hispanic	51	5.1	[3.7,7.1]
Other	85	8.2	[6.4,10.5]
<b>Education#</b>			
HS or less	479	46.0	[42.3,49.8]
Some College	431	38.3	[34.7,42.0]
College/grad	207	15.7	[13.3,18.5]
<b>Employed#</b>			
Yes	907	80.6	[77.5,83.5]
No	210	19.4	[16.5,22.5]
<b>Marital Status#</b>			
Not married	768	72.4	[69.0,75.4]
Married/partnered	351	27.6	[24.6,31.0]
<b>Chronic Disease#</b>			
None	486	45.5	[41.8,49.3]
1 or more	637	54.5	[50.7,58.2]
<b>Health Status#</b>			
Excellent/very good/good	916	81.1	[78.0,83.9]
Fair/poor	202	18.9	[16.1,22.0]
<b>Months since HMP Ended*±</b>			
6-9	572	60.0	[56.4,63.6]
10-14	321	23.7	[20.8,26.9]
15-20	230	16.2	[13.8,19.0]

\*drawn from MDHHS Data Warehouse; #self-reported during survey

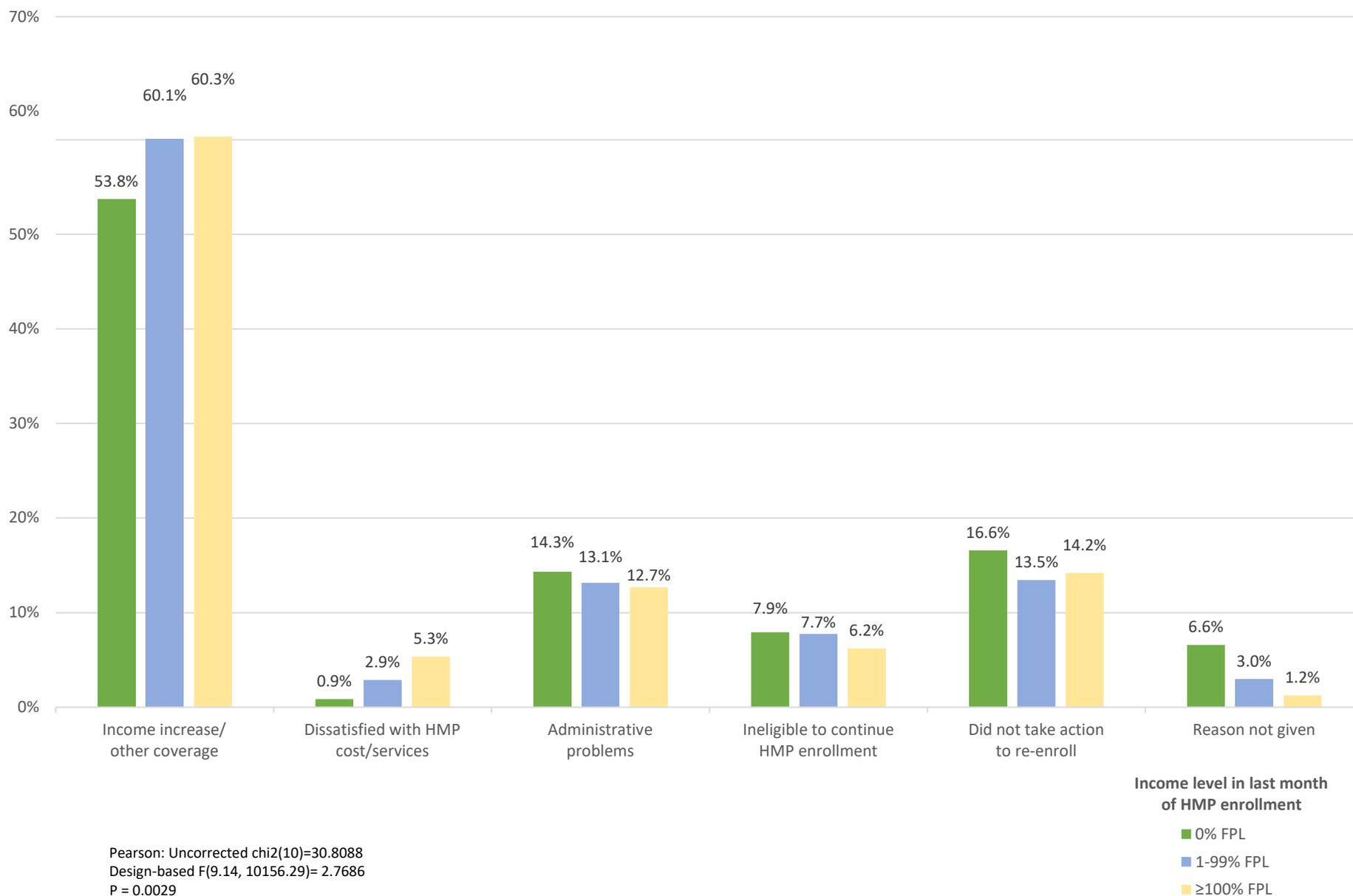
±at time of sampling; ¥as of last month of HMP enrollment

Some items do not sum to 100.0%, due to rounding.

**Table 4. Reason for Ending HMP Enrollment**

	<b>N</b>	<b>Weighted Proportion</b>	<b>95% CI</b>
<b>Income Increase and/or Other Coverage</b>	675	56.4	[52.6,60.1]
<b>Income increase</b>	269	22.1	[19.3,25.2]
<b>Other coverage</b>	73	5.8	[4.2,7.8]
<b>Both income increase and other coverage</b>	333	28.5	[25.2,32.0]
<b>Dissatisfied with HMP cost/services</b>	34	2.1	[1.4,3.2]
<b>Administrative problems</b>	134	13.8	[11.3,16.7]
<b>Ineligible to continue HMP</b>	93	7.5	[5.8,9.7]
<b>Did not take action to re-enroll</b>	146	15.4	[12.8,18.4]
<b>Reason not given</b>	41	4.8	[3.3,6.9]

**Figure 1. Main Reason for Ending HMP Enrollment by Income Level in Last Month of HMP Enrollment**



**Table 5. Respondent Characteristics by Reason for Ending HMP Enrollment**

	N	Income Increase/ Other Coverage N=675		Dissatisfied with HMP Cost or Services N=34		Administrative Problems N=134		Did Not Take Action to Re-Enroll N=146	
		Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI
<b>Age<sup>‡</sup></b>									
19-34	410	62.9	[56.9,68.5]	2.5	[1.3,4.8]	13.1	[9.4,17.8]	21.6	[17.0,27.0]
35-50	299	63.3	[55.8,70.2]	1.5	[0.8,2.9]	18.5	[13.2,25.3]	16.8	[11.8,23.4]
51-64	280	69.0	[61.5,75.7]	3.6	[1.7,7.3]	17.8	[12.4,24.9]	9.6	[6.0,15.1]
Pearson: Uncorrected chi2(6) = 19.5359      Design-based F(5.52, 5389.11) = 2.3049      Pr = 0.036									
<b>Gender</b>									
Women	534	72.3	[66.9,77.1]	3.0	[1.6,5.7]	12.2	[8.9,16.5]	12.5	[9.1,16.9]
Men	455	58.5	[52.9,63.9]	2.0	[1.2,3.4]	18.2	[14.2,23.1]	21.3	[17.0,26.3]
Pearson: Uncorrected chi2(3) = 24.1707      Design-based F(2.92, 2853.30) = 5.5333      Pr = 0.001									
<b>Income level<sup>‡</sup></b>									
0-35% FPL	319	62.9	[57.8,68.6]	1.0	[0.3,3.3]	16.7	[12.6,22.0]	19.4	[14.9,24.7]
36-99% FPL	381	67.1	[61.1,72.6]	3.2	[1.7,5.8]	14.7	[10.7,19.9]	15.0	[11.2,19.9]
≥100% FPL	289	65.2	[58.6,71.3]	5.7	[3.3,9.9]	13.7	[9.7,18.9]	15.4	[10.9,21.2]
Pearson: Uncorrected chi2(6) = 17.5202      Design-based F(5.51, 5387.50) = 2.3851      Pr = 0.031									
<b>Region<sup>‡</sup></b>									
Northern	176	72.1	[63.9,79.1]	3.6	[1.7,7.6]	10.6	[6.3,17.1]	13.7	[8.8,20.9]
Central	275	66.6	[59.5,73.0]	1.3	[0.4,3.8]	12.9	[8.7,18.6]	19.3	[14.0,25.9]
Southern	192	64.3	[55.6,72.2]	3.6	[1.7,7.6]	13.6	[8.5,21.2]	18.5	[12.7,26.0]
Detroit Metro	346	61.1	[54.3,67.6]	2.4	[1.2,4.8]	19.7	[14.8,25.8]	16.8	[12.2,22.6]
Pearson: Uncorrected chi2(9) = 13.9793      Design-based F(7.85, 7669.34) = 1.2152      Pr = 0.286									
<b>Race/Ethnicity</b>									
White, Non-Hispanic	629	69.9	[64.9,74.5]	2.6	[1.5,4.6]	12.2	[9.2,16.0]	15.2	[11.7,19.6]
Black, Non-Hispanic	219	58.8	[50.4,66.8]	2.0	[1.0,3.8]	21.5	[15.1,29.5]	17.8	[12.4,24.8]
Hispanic	43	53.5	[34.9,71.1]	7.7	[2.4,22.3]	17.2	[6.1,40.1]	21.6	[10.3,40.0]
Other	69	56.1	[41.7,69.5]	0.0	--	19.4	[10.8,18.8]	24.5	[14.3,38.8]
Pearson: Uncorrected chi2(9) = 27.5740      Design-based F(8.32, 7888.66) = 1.9935      Pr = 0.041									

Some items do not sum to 100.0%, due to rounding.

<sup>‡</sup>at time of sampling; <sup>‡</sup>as of last month of HMP enrollment

**Table 5. Respondent Characteristics by Reason for Ending HMP Enrollment (continued from previous page)**

	N	Income Increase/ Other Coverage N=675		Dissatisfied with HMP Cost or Services N=34		Administrative Problems N=134		Did Not Take Action to Re-Enroll N=146	
		Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI
<b>Education</b>									
HS or less	426	56.5	[50.3,62.4]	2.0	[1.1,3.5]	18.3	[13.8,23.8]	23.3	[18.5,28.9]
Some college	369	68.5	[62.1,74.2]	2.6	[1.3,5.1]	16.0	[11.7,21.4]	13.0	[9.1,18.2]
College/grad	189	76.4	[67.4,83.6]	3.5	[1.3,9.3]	8.1	[4.3,14.5]	12.0	[6.8,20.3]
Pearson: Uncorrected chi2(6) = 34.1807      Design-based F(5.80, 5641.47) = 3.7721      Pr = 0.001									
<b>Employed</b>									
Yes	799	66.5	[62.1,70.6]	2.3	[1.5,3.5]	14.4	[11.4,18.0]	16.8	[13.7,20.5]
No	185	54.7	[45.4,63.8]	3.1	[1.0,8.8]	21.2	[14.4,30.2]	21.0	[13.9,30.3]
Pearson: Uncorrected chi2(3) = 9.7584      Design-based F(2.98, 2893.91) = 1.8318      Pr = 0.140									
<b>Marital Status</b>									
Not married	667	58.0	[53.1,62.7]	3.0	[1.9,4.7]	18.1	[14.5,22.3]	20.9	[17.2,25.2]
Married/partnered	319	79.9	[73.7,85.0]	1.0	[0.4,2.6]	9.6	[6.2,14.6]	9.5	[6.0, 14.6]
Pearson: Uncorrected chi2(3) = 42.3124      Design-based F(2.77, 2700.39) = 11.0657      Pr = 0.000									
<b>Chronic Disease</b>									
None	422	65.5	[59.6,71.0]	3.3	[1.8,6.2]	12.2	[8.8,16.7]	18.9	[14.7,24.1]
1 or more	567	63.4	[58.0,68.4]	1.7	[1.0,2.7]	18.5	[14.5,23.3]	16.5	[12.7,21.2]
Pearson: Uncorrected chi2(3) = 9.8313      Design-based F(2.82, 2756.38) = 2.2431      Pr = 0.085									
<b>Health Status</b>									
Excellent/very good/good	811	67.4	[63.0,71.4]	2.6	[1.6,4.1]	13.0	[10.3,16.4]	17.0	[13.9,20.8]
Fair/poor	173	51.6	[42.2,60.9]	1.8	[0.8,4.2]	26.4	[18.6,36.1]	20.2	[13.4,29.3]
Pearson: Uncorrected chi2(3) = 24.0448      Design-based F(2.66, 2587.81) = 5.5559      Pr = 0.001									

Some items do not sum to 100.0%, due to rounding.

**Table 6. Multivariate Model: Reasons for Ending HMP Enrollment**

	Income Increase/ Other Coverage		Dissatisfied with HMP Cost or Services	
	aOR	95% CI	aOR	95% CI
<b>Gender</b>				
Women	Reference	--	Reference	--
Men	0.64**	[0.46,0.89]	0.79	[0.34,1.85]
<b>Age</b>				
19-34	Reference	--	Reference	--
35-50	1.12	[0.76,1.66]	1.03	[0.43,2.50]
51-64	1.19	[0.78,1.82]	2.50	[0.92,6.78]
<b>Income level</b>				
0% FPL	0.92	[0.65,1.31]	0.23*	[0.07,0.71]
1-99% FPL	Reference	--	Reference	--
≥100% FPL	0.98	[0.67,1.42]	1.41	[0.65,3.06]
<b>Region</b>				
Northern	Reference	--	Reference	--
Central	1.12	[0.70,1.80]	0.43	[0.14,1.30]
Southern	0.86	[0.52,1.44]	1.02	[0.38,2.74]
Detroit Metro	0.97	[0.58,1.61]	0.76	[0.27,2.08]
<b>Race/Ethnicity</b>				
White, Non-Hispanic	Reference	--	Reference	--
Black, Non-Hispanic	0.74	[0.48,1.14]	0.57	[0.22,1.48]
Hispanic	0.54	[0.25,1.18]	2.42	[0.83,7.02]
Other	0.48*	[0.27,0.85]	--	--
<b>Education level</b>				
HS or less	Reference	----	Reference	--
Some College	1.39	[0.97,1.99]	1.44	[0.65,3.16]
College/grad	2.30**	[1.39,3.82]	1.92	[0.66,5.57]
<b>Employed</b>				
Yes	Reference	--	Reference	--
No	0.64*	[0.42,0.97]	2.23	[0.70,7.06]
<b>Married or partnered</b>				
Not married	Reference	--	Reference	--
Married/partnered	2.23***	[1.52,3.29]	0.27**	[0.10,0.72]
<b>Chronic disease</b>				
None	Reference	--	Reference	--
1 or more	0.97	[0.69,1.37]	0.38*	[0.17,0.86]

Weighted logistic regression analysis with adjusted odds ratios; 95% confidence intervals in brackets. Each column is a separate model, adjusted for gender, age at time of sampling, income category in last month of HMP enrollment, region in last month of HMP enrollment, race/ethnicity, education level, employment status, marital status, self-reported chronic disease, and the number of months since the respondent's HMP enrollment ended.

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

**Table 6. Multivariate Model: Reasons for Ending HMP Enrollment (continued from previous page)**

	Administrative Problems		Did Not Take Action to Re-Enroll	
	aOR	95% CI	aOR	95% CI
<b>Gender</b>				
Women	Reference	--	Reference	--
Men	1.14	[0.75,1.73]	1.46	[1.00,2.15]
<b>Age</b>				
19-34	Reference	--	Reference	--
35-50	1.33	[0.83,2.13]	0.64*	[0.41,0.99]
51-64	1.45	[0.85,2.47]	0.45**	[0.27,0.75]
<b>FPL category</b>				
0%	0.87	[0.56,1.35]	1.05	[0.71,1.56]
1-99%	Reference	--	Reference	--
≥100%	1.00	[0.62,1.60]	1.14	[0.74,1.75]
<b>Region</b>				
Northern	Reference	--	Reference	--
Central	0.96	[0.52,1.79]	1.25	[0.72,2.17]
Southern	1.13	[0.59,2.19]	1.30	[0.71,2.37]
Detroit Metro	1.54	[0.82,2.90]	1.11	[0.61,2.03]
<b>Race/Ethnicity</b>				
White, Non-Hispanic	Reference	--	Reference	--
Black, Non-Hispanic	1.16	[0.67,2.00]	1.15	[0.71,1.87]
Hispanic	0.79	[0.27,2.30]	1.18	[0.51,2.76]
Other	1.22	[0.60,2.48]	1.98*	[1.09,3.62]
<b>Education level</b>				
HS or less	Reference	--	Reference	--
Some College	0.88	[0.57,1.36]	0.62*	[0.42,0.94]
College/grad	0.71	[0.40,1.28]	0.52*	[0.29,0.92]
<b>Employed</b>				
Yes	Reference	--	Reference	--
No	1.43	[0.86,2.37]	1.24	[0.77,2.01]
<b>Married or partnered</b>				
Not married	Reference	--	Reference	--
Married/partnered	0.74	[0.47,1.17]	0.47**	[0.29,0.75]
<b>Chronic disease</b>				
None	Reference	--	Reference	--
1 or more	1.50	[0.97,2.32]	1.07	[0.73,1.58]

Weighted logistic regression analysis with adjusted odds ratios; 95% confidence intervals in brackets. Each column is a separate model, adjusted for gender, age at time of sampling, income category in last month of HMP enrollment, region in last month of HMP enrollment, race/ethnicity, education level, employment status, marital status, self-reported chronic disease, and the number of months since the respondent's HMP enrollment ended.

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

**Table 7. Attitudes about HMP Cost**

	N	Weighted Proportion	95% CI
<b><i>The amount I had to pay overall for HMP seemed fair.</i></b>			
Agree	991	87.7	[85.0,90.0]
Neutral	56	5.2	[3.8,7.2]
Disagree	57	5.2	[3.8,7.1]
Unsure	14	1.8	[1.0,3.3]
<b><i>The amount I paid for HMP was affordable.</i></b>			
Agree	1,025	91.9	[89.6,93.7]
Neutral	33	2.9	[1.9,4.5]
Disagree	50	4.4	[3.2,6.2]
Unsure	9	0.7	[0.3,1.7]
<b><i>Getting discounts on copays and premiums as a reward for healthy behavior is a good idea.</i></b>			
Agree	967	87.8	[85.2,89.9]
Neutral	69	5.7	[4.3,7.5]
Disagree	68	5.3	[3.9,7.2]
Unsure	13	1.3	[0.6,2.5]
<b><i>Everyone should have to pay something for their health care.</i></b>			
Agree	541	48.2	[44.4,51.9]
Neutral	180	16.3	[13.7,19.3]
Disagree	388	34.8	[31.3,38.5]
Unsure	8	0.7	[0.3,1.6]

**Table 8. Attitudes about HMP Cost by Reason for Ending HMP Enrollment**

	N	Income Increase/ Other Coverage N=675		Dissatisfied with HMP Cost or Services N=34		Administrative Problems N=134		Did Not Take Action to Re-Enroll N=146	
		Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI
<b><i>The amount I had to pay overall for HMP seemed fair.</i></b>									
Agree	884	91.7	[88.4,94.1]	75.2	[52.2,89.4]	89.1	[80.5,94.2]	87.5	[79.2,92.8]
Neutral	44	4.9	[3.0,7.9]	10.9	[2.9,33.2]	4.4	[1.8,10.1]	4.1	[1.6,10.1]
Disagree	47	3.4	[2.1,5.5]	13.9	[4.2,37.3]	6.6	[2.7,15.1]	8.4	[4.2,16.2]
Pearson: Uncorrected chi2(6) = 14.7338      Design-based F(5.81, 5598.03) = 1.5801      Pr = 0.151									
<b><i>The amount I paid for HMP was affordable.</i></b>									
Agree	911	95.6	[93.1,97.2]	80.4	[60.7,91.6]	89.5	[80.0,94.8]	88.6	[80.7,93.5]
Neutral	27	2.2	[1.1,4.4]	9.4	[2.2,32.3]	4.9	[1.8,12.9]	2.9	[0.9,9.0]
Disagree	41	2.3	[1.3,4.0]	10.2	[3.9,24.2]	5.7	[2.1,14.3]	8.5	[4.4,15.7]
Pearson: Uncorrected chi2(6) = 24.4423      Design-based F(5.46, 5275.43) = 2.6277      Pr = 0.019									

**Table 9. Attitudes about HMP Features and Impact**

	N	Weighted Proportion	95% CI
<b><i>People with HMP should always have a primary care provider.</i></b>			
Agree	1,006	90.2	[87.8,92.2]
Neutral	68	6.1	[4.6,8.1]
Disagree	32	2.8	[1.8,4.4]
Unsure	11	0.1	[0.4,1.8]
<b><i>Everyone with HMP should go to a primary care provider first for routine and preventive care.</i></b>			
Agree	982	87.2	[84.4,89.5]
Neutral	68	6.9	[5.2,9.2]
Disagree	54	4.7	[3.4,6.5]
Unsure	14	1.3	[0.1,2.6]
<b><i>If I hadn't been covered by HMP, I would have gone without insurance</i></b>			
Agree	907	80.6	[77.4,83.4]
Disagree	156	14.8	[12.3,17.7]
Does not apply	10	0.7	[0.3,1.5]
Unsure	45	3.9	[2.7,5.6]
<b><i>HMP gave me insurance when I couldn't get insurance through an employer.</i></b>			
Agree	1,015	89.5	[87.0,91.6]
Disagree	58	5.9	[4.3,8.0]
Does not apply	27	3.0	[1.9,4.5]
Unsure	17	1.7	[0.9,2.9]
<b><i>HMP helped me stay insured in between school and a job or in between jobs.</i></b>			
Agree	922	82.9	[80.0,85.5]
Disagree	63	5.0	[3.6,6.8]
Does not apply	99	8.4	[6.6,10.6]
Unsure	33	3.8	[2.5,5.7]
<b><i>Having HMP helped me get healthy enough to work, attend school, or take care of my family.</i></b>			
Agree	760	69.4	[65.9,72.7]
Disagree	121	11.0	[8.9,13.7]
Does not apply	204	16.3	[13.8,19.1]
Unsure	32	3.3	[2.1,5.0]
<b><i>I worry about something bad happening to my health since my HMP ended.</i></b>			
Agree	530	48.7	[45.0,52.5]
Neutral	124	10.5	[8.5,13.0]
Disagree	453	40.2	[36.6,43.9]
Unsure	9	0.6	[0.2,1.4]

Some items do not sum to 100.0%, due to rounding.

**Table 10. Post-HMP Health Insurance**

	<b>N</b>	<b>Weighted Proportion</b>	<b>95% CI</b>
<b>Type of Health Insurance at Time of Survey Completion</b>			
Employer-sponsored	411	34.1	[30.7,37.7]
Individual	137	10.8	[8.8,13.3]
Government-sponsored	83	7.0	[5.4,9.1]
None	492	48.1	[44.3,51.8]
<b>Type of Health Insurance since HMP Ended</b>			
Employer-sponsored (any)	464	39.6	[36.0,43.3]
Individual	160	12.5	[10.4,15.1]
Government-sponsored only	89	7.4	[5.7,9.5]
None at any time	410	40.5	[36.8,44.3]
<b>Gap in Health Insurance since HMP Ended</b>			
No gap	364	30.8	[27.4,34.3]
≤3 months	165	13.4	[11.1,16.0]
4-6 months	76	6.9	[5.2,9.0]
≥7 months/No insurance at any time	501	49.0	[45.3,52.8]

Some items do not sum to 100.0%, due to rounding.

**Table 11. Reason for Ending HMP Enrollment by Type of Insurance at Time of Survey**

	N	Employer-Sponsored N=411		Individual Plan N=137		Government Sponsored N=83		No Health Insurance N=492	
		Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI
<b>Reason</b>									
Income increase/other coverage	675	52.0	[47.2,56.9]	14.1	[11.1,17.7]	5.9	[4.1,8.4]	28.0	[23.8,32.7]
Dissatisfied with HMP cost/services	34	5.3	[1.1,21.9]	25.2	[0.1, 50.5]	4.6	[1.1,17.2]	64.9	[42.2,82.4]
Administrative problems	134	4.1	[2.1,8.0]	6.8	[3.2,13.8]	9.9	[4.7,19.6]	79.2	[69.4,86.5]
Ineligible to continue HMP	93	19.7	[11.4,31.8]	8.5	[3.4,19.7]	8.6	[4.1,17.0]	63.2	[50.0,74.7]
Did not take action to re-enroll	146	12.9	[7.5,21.1]	1.8	[0.8,4.2]	7.8	[4.0, 14.6]	77.5	[68.5,84.5]
No reason	41	12.2	[3.6,34.0]	10.5	[3.1,30.0]	8.5	[2.6,24.3]	68.9	[48.9,83.6]
Pearson: Uncorrected chi2(15) = 297.4563									
Design-based F(13.07, 14515.84) = 13.6843 P = 0.000									

Some items do not sum to 100.0%, due to rounding.

**Table 12. Respondent Characteristics by Type of Health Insurance at the Time of the Survey**

	N	Employer-Sponsored N=411		Individual Plan N=137		Government-Sponsored N=83		No Health Insurance N=492	
		Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI
<b>Age<sup>±</sup></b>									
19-34	467	37.4	[32.3,42.9]	9.9	[7.1,13.7]	4.1	[2.3,6.9]	48.6	[43.0,54.2]
35-50	339	37.2	[30.8,44.0]	6.2	[3.7,10.4]	6.8	[4.1,11.1]	49.8	[42.9,56.7]
51-64	317	22.1	[16.8,28.5]	19.3	[14.4,25.4]	14.1	[9.7,19.9]	44.5	[37.6,51.7]
Pearson: Uncorrected chi2(6) = 60.3805 Design-based F(5.94, 6598.98) = 6.5720 Pr = 0.000									
<b>Gender</b>									
Women	607	38.5	[33.7,43.5]	10.8	[8.3,13.9]	6.2	[4.2,9.0]	44.6	[39.4,49.9]
Men	516	31.0	[26.3,36.0]	10.8	[8.0,14.5]	7.6	[5.3,10.8]	50.6	[45.3,55.8]
Pearson: Uncorrected chi2(3) = 7.3376 Design-based F(2.98, 3313.77) = 1.7078 Pr = 0.164									
<b>Income level<sup>¥</sup></b>									
0-35% FPL	404	31.7	[26.9,37.0]	10.5	[7.7,14.2]	7.6	[5.3,10.9]	50.2	[44.7,55.6]
36-99% FPL	405	37.7	[32.6,43.0]	10.1	[7.4,13.6]	6.2	[4.2,9.1]	46.1	[40.8,51.5]
≥100% FPL	314	38.7	[32.9,44.8]	12.8	[9.3,17.5]	5.7	[3.6,8.8]	42.8	[36.6,49.2]
Pearson: Uncorrected chi2(6) = 7.1596 Design-based F(5.51, 6120.16) = 1.2928 Pr = 0.260									
<b>Region<sup>¥</sup></b>									
Northern	200	33.5	[26.6,41.1]	15.9	[11.2,22.1]	6.4	[3.4,11.6]	44.2	[36.6,52.1]
Central	308	37.3	[31.3,43.7]	9.8	[6.8,13.9]	8.4	[5.6,12.6]	44.5	[38.1,51.1]
Southern	222	31.3	[24.3,39.3]	11.7	[7.5,17.8]	3.1	[1.7,5.8]	53.8	[45.7,61.8]
Detroit Metro	393	33.4	[27.7,39.6]	10.0	[6.8,14.6]	8.1	[5.2,12.4]	48.5	[42.1,54.9]
Pearson: Uncorrected chi2(9) = 14.2864 Design-based F(7.88, 8758.55) = 1.3006 Pr = 0.239									
<b>Race/Ethnicity</b>									
White, Non-Hispanic	696	36.6	[32.1,41.2]	12.8	[10.1,16.1]	6.2	[4.4,8.6]	44.4	[39.7,49.2]
Black, Non-Hispanic	253	32.5	[25.7,40.2]	6.8	[3.7,12.2]	11.1	[7.0,17.1]	49.6	[41.8,57.4]
Hispanic	51	31.4	[18.2,48.4]	17.6	[7.7,35.1]	0.0	--	51.1	[34.4,67.5]
Other	85	32.9	[22.0,46.0]	7.4	[2.5,19.9]	6.7	[2.5,16.8]	53.0	[40.0,65.6]
Pearson: Uncorrected chi2(9) = 24.6208 Design-based F(8.86, 9509.96) = 1.6006 Pr = 0.110									

Some items do not sum to 100.0%, due to rounding.

<sup>±</sup>at time of sampling; <sup>¥</sup>as of last month of HMP enrollment

**Table 12. Respondent Characteristics by Type of Health Insurance at the Time of the Survey (continued from previous page)**

	N	Employer-Sponsored N=411		Individual Plan N=137		Government-Sponsored N=83		No Health Insurance N=492	
		Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI
<b>Education</b>									
HS or less	479	24.6	[20.1,29.8]	9.8	[7.0,13.6]	8.1	[5.5,11.8]	57.4	[51.7,63.0]
Some College	431	37.1	[31.5,43.0]	10.3	[7.2,14.5]	7.1	[4.7,10.5]	45.6	[39.7,51.6]
College/grad	207	55.1	[46.4,63.5]	15.0	[10.0,21.8]	4.0	[1.8,8.6]	25.9	[18.9,34.4]
Pearson: Uncorrected chi2(6) = 71.6294 Design-based F(5.92, 6547.01) = 8.1477 Pr = 0.000									
<b>Employed</b>									
Yes	907	39.9	[35.9,44.0]	10.3	[8.1,13.1]	4.4	[3.0,6.5]	45.4	[41.3,49.6]
No	210	10.5	[6.3,16.8]	12.9	[8.5,19.2]	18.1	[12.7,25.2]	58.5	[50.0,66.5]
Pearson: Uncorrected chi2(3) = 98.1333 Design-based F(2.99, 3305.90) = 21.3465 Pr = 0.000									
<b>Marital Status</b>									
Not married	768	30.4	[26.5,34.6]	10.1	[7.7,13.2]	6.8	[4.9,9.3]	52.7	[48.2,57.2]
Married/partnered	351	44.0	[37.4,50.8]	12.5	[9.0,17.0]	7.8	[4.8,12.2]	35.8	[29.6,42.5]
Pearson: Uncorrected chi2(3) = 26.9751 Design-based F(2.99, 3306.00) = 6.1669 Pr = 0.000									
<b>Chronic Disease</b>									
None	486	36.2	[31.0,41.8]	10.8	[7.7,14.9]	3.7	[2.1,6.7]	49.3	[43.6,54.9]
1 or more	637	32.3	[27.9,37.0]	10.9	[8.3,14.0]	9.8	[7.3,13.0]	47.1	[42.1,52.1]
Pearson: Uncorrected chi2(3) = 15.9968 Design-based F(3.00, 3327.47) = 3.2692 Pr = 0.020									
<b>Health Status</b>									
Excellent/very good/good	916	37.1	[33.2,41.2]	12.0	[9.6,14.9]	5.1	[3.6,7.1]	45.8	[41.7,50.0]
Fair/poor	202	21.6	[15.5,29.3]	6.1	[3.3,11.1]	15.7	[10.4,22.9]	56.6	[47.9,64.9]
Pearson: Uncorrected chi2(3) = 48.8633 Design-based F(2.98, 3297.52) = 10.7811 Pr = 0.000									

Some items do not sum to 100.0%, due to rounding.

**Table 13. Multivariate Model: Health Insurance at Time of the Survey (N=1,085)**

	Any coverage (employer, individual, government)		Employer-sponsored coverage	
	aOR	95% CI	aOR	95% CI
<b>Gender</b>				
Women	Reference		Reference	
Men	1.00	[0.72,1.39]	0.84	[0.59,1.20]
<b>Age</b>				
19-34	Reference		Reference	
35-50	1.00	[0.68,1.48]	1.09	[0.73,1.64]
51-64	1.24	[0.81,1.89]	0.49**	[0.30,0.80]
<b>FPL category</b>				
0%	1.05	[0.75,1.48]	0.96	[0.67,1.38]
1-99%	Reference		Reference	
≥100%	1.30	[0.90,1.89]	1.04	[0.71,1.54]
<b>Region</b>				
Northern	Reference		Reference	
Central	1.30	[0.83,2.02]	1.40	[0.86,2.29]
Southern	0.75	[0.46,1.23]	0.92	[0.53,1.59]
Detroit Metro	1.16	[0.72,1.86]	1.15	[0.68,1.96]
<b>Race/Ethnicity</b>				
White, Non-Hispanic	Reference		Reference	
Black, Non-Hispanic	0.99	[0.65,1.51]	0.93	[0.58,1.48]
Hispanic	0.90	[0.42,1.90]	0.78	[0.37,1.64]
Other	0.61	[0.34,1.10]	0.69	[0.37,1.31]
<b>Education level</b>				
HS or less	Reference		Reference	
Some College	1.74**	[1.22,2.48]	1.75**	[1.18,2.61]
College/grad	4.24***	[2.56,7.04]	3.61***	[2.27,5.74]
<b>Employed</b>				
Yes	Reference		Reference	
No	0.58*	[0.39,0.89]	0.17***	[0.09,0.31]
<b>Married or partnered</b>				
Not married	Reference		Reference	
Married/partnered	2.02***	[1.38,2.95]	2.03***	[1.37,3.00]
<b>Chronic disease</b>				
None	Reference		Reference	
1 or more	1.21	[0.87,1.70]	1.05	[0.73,1.49]
<b>Months since HMP ended</b>				
6-9 months	Reference		Reference	
10-14 months	1.26	[0.87,1.85]	1.46	[1.00,2.15]
15-20 months	0.99	[0.65,1.51]	1.56	[0.99,2.45]

Weighted logistic regression analysis with adjusted odds ratios; 95% confidence intervals in brackets. Each column is a separate model, adjusted for gender, age at time of sampling, income category in last month of HMP enrollment, region in last month of HMP enrollment, race/ethnicity, education level, employment status, marital status, self-reported chronic disease, and the number of months since the respondent's HMP enrollment ended.

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

**Table 14. Knowledge about Post-HMP Insurance Options**

	N	Weighted Proportion	95% CI
<b>Looked for help getting other insurance</b>			
Yes	238	27.4	[23.8,31.5]
No	476	59.5	[55.2,63.8]
Didn't need help	101	12.4	[9.8,15.6]
Unsure	3	0.4	[0.1,1.7]
<b>How much do you know about subsidies?*</b>			
A lot	32	7.0	[4.5,10.8]
Some	62	13.6	[10.0,18.2]
Only a little	112	27.4	[22.3,33.2]
Nothing at all	213	51.8	[45.8,57.8]
<b>Have you looked for information on health insurance plans in the Federal health insurance marketplace?*</b>			
Yes	139	28.7	[23.6,34.3]
No	277	70.1	[64.4,75.2]
Unsure	5	1.2	[0.4,3.7]
<b>Do you think you will get health insurance coverage within the next 6 months?#</b>			
Yes	315	70.4	[65.3,75.0]
No	86	16.9	[13.1,21.5]
Unsure	74	12.5	[9.5,16.1]
<b>[if YES] What type of health insurance? #</b>			
Employer-sponsored	53	19.4	[14.3,25.8]
Medicaid	150	46.9	[40.0,53.9]
Medicare	4	8.2	[0.2,30.3]
Other	66	19.6	[14.7,25.7]
Unsure	42	13.3	[9.3,18.5]

\*among those who did not have post-HMP coverage through an individual plan

#among those with no health insurance at the time of the survey

Some items do not sum to 100.0%, due to rounding.

**Table 15. Cost of Health Care Since HMP Ended**

	<b>N</b>	<b>Weighted Proportion</b>	<b>95% CI</b>
<b>Current cost compared to HMP</b>			
About the same	271	27.3	[24.1,30.9]
Less than HMP	108	9.6	[7.6,12.1]
A little more	190	16.1	[13.5,19.0]
A lot more	487	40.6	[36.9,44.3]
Unsure	60	6.4	[4.8,8.7]
<b>Problems paying medical bills since HMP</b>			
Yes	408	33.7	[30.4,37.3]
No	705	65.7	[62.1,69.1]
Unsure	7	0.6	[0.2,1.6]
<b><i>The amount I pay now for my insurance seems fair.*</i></b>			
Agree	359	60.1	[55.2,64.9]
Neutral	67	10.0	[7.4,13.4]
Disagree	200	29.4	[25.2,34.1]
Unsure	2	0.5	[0.1,1.9]
<b><i>The amount I pay now for my insurance is affordable.*</i></b>			
Agree	374	64.1	[59.3,68.6]
Neutral	71	9.1	[6.8,12.1]
Disagree	183	26.7	[22.6,31.3]
Unsure	1	0.1	[0.1,0.5]

\*among those currently insured

Some items do not sum to 100.0%, due to rounding.

**Table 16. Cost of Health Care Since HMP Ended by Type of Insurance at Time of Survey**

	N	Employer-Sponsored N=411		Individual Plan N=137		Government Sponsored N=83		No Health Insurance N=492	
		Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI
<b>Current cost compared to HMP</b>									
About the same	271	11.2	[7.6,16.3]	17.7	[10.6,28.1]	50.9	[37.5,64.1]	37.5	[32.3,43.1]
Less than HMP	108	6.1	[3.7,9.7]	4.6	[1.9,10.7]	5.2	[2.4,10.9]	13.9	[10.4,18.4]
A little more	190	24.4	[19.5,30.2]	17.2	[10.3,27.2]	14.0	[7.1,25.7]	10.2	[7.3,14.1]
A lot more	487	55.6	[49.3,61.7]	59.8	[48.7,70.0]	25.9	[15.9,39.3]	27.6	[23.0,32.8]
Unsure	60	2.7	[1.3,5.3]	0.7	[0.2,3.1]	1.6	[1.6,10.0]	10.8	[7.6,15.0]
Pearson: Uncorrected chi2(12) = 214.2339 Design-based F(10.95, 12084.21) = 3.6103 P = 0.0000									
<b>Problems paying medical bills since HMP</b>									
Yes	408	26.4	[21.5,31.9]	31.3	[22.6,41.7]	35.8	[24.1,49.4]	39.7	[34.4,45.2]
No	705	73.6	[68.1,78.5]	68.7	[58.3,77.4]	64.2	[50.6,75.9]	60.3	[54.8,65.6]
Pearson: Uncorrected chi2(3) = 17.9692 Design-based F(2.99, 3295.07)=4.0859 P = 0.0067									
<b><i>The amount I pay now for my insurance seems fair.*</i></b>									
Agree	359	60.0	[53.7,65.9]	53.8	[42.9,64.4]	74.0	[60.5,84.1]	--	--
Neutral	67	11.2	[7.9,15.7]	5.4	[2.0,13.8]	11.2	[5.4,21.9]	--	--
Disagree	200	28.9	[23.6,34.7]	40.8	[30.7,51.7]	14.8	[7.3,27.7]	--	--
Pearson: Uncorrected chi2(6) = 20.0152 Design-based F(5.11, 3138.82)= 2.7003 P = 0.0184									
<b><i>The amount I pay now for my insurance is affordable.*</i></b>									
Agree	374	65.0	[59.0,70.6]	55.7	[44.9,66.1]	73.8	[61.3,83.4]	--	--
Neutral	71	8.3	[5.6,11.9]	11.5	[6.1,20.6]	8.9	[4.9,15.7]	--	--
Disagree	183	26.7	[21.7,32.4]	32.8	[23.6,43.5]	17.2	[9.3,29.8]	--	--
Pearson: Uncorrected chi2(6) = 10.1899 Design-based F(5.02, 3090.52)= 1.5650 P = 0.1663									

\*among those currently insured

Some items do not sum to 100.0%, due to rounding.

**Table 17. Place for Care Since HMP Ended**

	<b>N</b>	<b>Weighted Proportion</b>	<b>95% CI</b>
<b>Regular Place for of Care</b>			
Yes	837	73.0	[69.5,76.3]
No	200	18.7	[15.9,21.8]
Unsure/not applicable	82	8.3	[6.4,10.7]
<b>Regular Place for Care, by Insurance Type at Time of Survey</b>			
Employer-Sponsored	411	87.1	[82.3,90.7]
Individual	137	82.4	[71.6,89.7]
Government-Sponsored	83	89.0	[80.3,94.2]
None	492	58.6	[53.0,64.0]
<b>Location of Regular Place for of Care*</b>			
Doctor's office or clinic	594	64.5	[ 57.5,72.0]
Urgent care or walk-in clinic	123	17.8	[13.3,23.8 ]
Emergency room	86	13.9	[11.0,17.4]
Unsure	33	3.7	[2.5,5.6]
<b>Forgone Medical Care</b>			
Had forgone care	255	21.3	[18.5,24.5]
No forgone care	856	77.9	[74.7,80.8]
Unsure	8	0.8	[0.3,1.8]
<b><i>Sometimes I go to the ER because I don't have another place to get care.</i></b>			
Agree	388	37.4	[33.8,41.1]
Neutral	95	9.1	[7.1,11.5]
Disagree	613	52.0	[48.3,55.7]
Unsure	22	1.6	[0.9,2.7]

\*Among those who reported a regular place for care  
Some items do not sum to 100.0%, due to rounding.

**Table 18. Multivariate Model: Forgone Medical Care and ER Use Due to Lack of Other Options**

	Any Forgone Care (N=1,078)		ER Use Due to Lack of Options (N=1,084)	
	aOR	95% CI	aOR	95% CI
<b>Insurance at Time of Survey</b>				
Employer-Sponsored	Reference		Reference	
Individual	1.70	[0.79,3.66]	1.04	[0.55,1.95]
Government-Sponsored	2.69*	[1.26,5.72]	1.17	[0.55,2.47]
None	4.61***	[2.85,7.48]	2.60***	[1.76,3.82]
<b>Gender</b>				
Women	Reference		Reference	
Men	0.61*	[0.41,0.90]	1.06	[0.75,1.51]
<b>Age</b>				
19-34	Reference		Reference	
35-50	1.20	[0.76,1.89]	0.94	[0.64,1.39]
51-64	1.23	[0.74,2.04]	0.65	[0.42,1.00]
<b>FPL category</b>				
0%	0.94	[0.63,1.42]	0.88	[0.61,1.29]
1-99%	Reference		Reference	
≥100%	0.84	[0.53,1.35]	0.80	[0.53,1.22]
<b>Region</b>				
Northern	Reference		Reference	
Central	1.51	[0.90,2.52]	1.25	[0.76,2.05]
Southern	1.25	[0.70,2.21]	1.10	[0.62,1.93]
Detroit Metro	1.02	[0.57,1.82]	0.69	[0.41,1.16]
<b>Race/ ethnicity</b>				
White, non-Hispanic	Reference		Reference	
Black, non-Hispanic	0.91	[0.53,1.58]	2.22***	[1.41,3.51]
Hispanic	0.58	[0.19,1.73]	2.04*	[1.01,4.12]
Other	1.03	[0.50,2.13]	1.92*	[1.01,3.64]
<b>Education level</b>				
HS or less	Reference		Reference	
Some College	1.72*	[1.13,2.62]	0.72	[0.49,1.05]
College/grad	1.54	[0.89,2.66]	0.36***	[0.22,0.59]
<b>Employed</b>				
Yes	Reference		Reference	
No	0.77	[0.47,1.25]	1.12	[0.71,1.75]
<b>Married or partnered</b>				
Not married	Reference		Reference	
Married/partnered	1.13	[0.74,1.73]	0.80	[0.55,1.17]
<b>Chronic disease</b>				
None	Reference		Reference	
1 or more	1.21	[0.87,1.70]	1.05	[0.73,1.49]
<b>Months since HMP ended</b>				
6-9 months	Reference		Reference	
10-14 months	0.98	[0.61,1.57]	1.08	[0.73,1.61]
15-20 months	1.25	[0.78,1.99]	0.78	[0.50,1.21]

Weighted logistic regression analysis with adjusted odds ratios; 95% confidence intervals in brackets. Each column is a separate model, adjusted for type of insurance at time of the survey, gender, age at time of sampling, income category in last month of HMP enrollment, region in last month of HMP enrollment, race/ethnicity, education level, employment status, marital status, self-reported chronic disease, and the number of months since the respondent's HMP enrollment ended.

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

**Table 19. Access to Care Since HMP Ended**

	<b>N</b>	<b>Weighted Proportion</b>	<b>95% CI</b>
<b>Access to Primary Care</b>			
Better	111	9.8	[7.8,12.3]
Worse	274	23.8	[20.8,27.1]
Same	617	55.3	[51.5,59.0]
Unsure/not applicable	119	11.1	[9.0,13.7]
<b>Access to Specialist Care</b>			
Better	128	10.7	[8.6,13.2]
Worse	281	22.4	[19.5,25.5]
Same	359	33.3	[29.8,37.0]
Unsure/not applicable	353	33.7	[30.2,37.4]
<b>Access to Dental Care</b>			
Better	175	16.2	[13.6,19.2]
Worse	325	27.8	[24.6,31.2]
Same	398	36.0	[32.4,39.6]
Unsure/not applicable	223	20.1	[17.2,23.3]
<b>Access to Vision Care</b>			
Better	153	13.7	[11.3,16.6]
Worse	265	21.8	[19.0,25.0]
Same	411	36.8	[33.2,40.5]
Unsure/not applicable	292	27.7	[24.4,31.2]
<b>Access to Mental Health Care</b>			
Better	62	5.7	[4.1,7.7]
Worse	140	12.9	[10.6,15.6]
Same	267	25.6	[22.4,29.1]
Unsure/not applicable	352	55.9	[52.1,59.6]
<b>Access to Prescription Medication</b>			
Better	120	10.8	[8.6,13.5]
Worse	377	32.1	[28.8,35.7]
Same	402	36.0	[32.4,39.7]
Unsure/not applicable	222	21.1	[18.2,24.4]

Some items do not sum to 100.0%, due to rounding.

**Table 20. Access to Care Since HMP Ended by Type of Insurance at the Time of Survey**

	N	Employer-Sponsored N=411		Individual Plan N=137		Government-Sponsored N=83		No Health Insurance N=492	
		Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI
<b>Access to Primary Care</b>									
Better	111	15.7	[11.7,20.8]	17.3	[10.2,27.8]	11.0	[4.7,23.6]	3.6	[2.0,6.7]
Worse	274	8.4	[5.7,12.2]	21.3	[13.7,31.5]	8.3	[3.5,18.4]	37.7	[32.5,43.1]
Same	617	70.0	[64.1,75.2]	56.1	[45.1,66.5]	68.9	[54.4,80.5]	42.6	[37.2,48.2]
Unsure/not applicable	119	5.9	[3.7,9.3]	5.3	[2.6,10.5]	11.8	[4.7,28.8]	16.1	[12.5,20.5]
Pearson: Uncorrected chi2(9) = 189.9004 Design-based F(8.58, 9509.72) = 13.6795 P = 0.0000									
<b>Access to Specialist Care</b>									
Better	128	20.5	[15.9,26.0]	10.4	[5.8,17.8]	9.1	[3.5,21.4]	3.9	[2.2,6.9]
Worse	281	9.2	[6.5,12.7]	19.2	[12.2,28.9]	11.5	[5.9,21.1]	34.1	[29.1,39.5]
Same	359	37.1	[31.3,43.4]	29.9	[20.8,41.0]	55.8	[42.2,68.4]	28.0	[23.1,33.5]
Unsure/not applicable	353	33.2	[27.5,39.5]	40.5	[30.3,51.5]	23.7	[13.9,37.4]	34.0	[29.0,39.4]
Pearson: Uncorrected chi2(9) = 148.5366 Design-based F(8.77, 9724.19) = 11.0120 P = 0.0000									
<b>Access to Dental Care</b>									
Better	175	30.3	[24.8,36.5]	12.4	[6.9,21.1]	12.0	[5.1,25.6]	7.6	[4.9,11.4]
Worse	325	15.1	[11.2,20.1]	28.0	[19.7,38.2]	32.3	[20.8,46.3]	36.2	[31.1,41.6]
Same	398	37.2	[31.4,43.3]	26.9	[18.3,37.6]	32.5	[21.7,45.5]	37.7	[32.4,43.3]
Unsure/not applicable	223	17.4	[13.1,22.8]	32.8	[23.2,44.1]	23.3	[13.4,37.4]	18.6	[14.7,23.2]
Pearson: Uncorrected chi2(9) = 126.2504 Design-based F(8.89, 9854.93) = 8.7240 P = 0.0000									
<b>Access to Vision Care</b>									
Better	153	26.8	[21.6,32.7]	10.8	[5.6,19.6]	12.4	[5.2,27.0]	5.3	[3.2,8.6]
Worse	265	11.5	[8.3,15.5]	19.7	[13.0,28.7]	11.7	[5.7,22.5]	31.3	[26.4,36.6]
Same	411	32.5	[26.9,38.6]	30.5	[21.7,41.0]	42.6	[30.0,56.1]	40.4	[35.0,46.0]
Unsure/not applicable	292	29.3	[23.7,35.5]	39.0	[28.8,50.4]	33.4	[21.8,47.4]	23.1	[18.8,28.0]
Pearson: Uncorrected chi2(9) = 138.1537 Design-based F(8.78, 9737.41) = 9.7958 P = 0.0000									

Some items do not sum to 100.0%, due to rounding.

**Table 20. Access to Care Since HMP Ended by Type of Insurance at the Time of Survey (continued from previous page)**

	N	Employer-Sponsored N=411		Individual Plan N=137		Government-Sponsored N=83		No Health Insurance N=492	
		Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI	Weighted Proportion	95% CI
<b>Access to Mental Health Care</b>									
Better	62	7.4	[4.7,11.4]	5.8	[2.2,14.4]	5.9	[1.7,18.5]	4.3	[2.5,7.4]
Worse	140	4.7	[2.7,8.0]	6.3	[2.7,14.2]	4.2	[1.0,16.0]	21.5	[17.3,26.4]
Same	267	22.1	[17.3,27.7]	23.8	[15.8,34.2]	41.5	[28.9,55.3]	26.2	[21.4,31.5]
Unsure/not applicable	352	65.9	[59.7,71.6]	64.2	[53.2,73.9]	48.4	[35.2,61.9]	48.0	[42.5,53.6]
Pearson: Uncorrected chi2(9) = 88.1152 Design-based F(8.93, 9908.27) = 5.9276 P = 0.0000									
<b>Access to Prescription Medication</b>									
Better	120	17.0	[12.6,22.6]	17.2	[9.7,28.7]	10.3	[4.7,21.2]	5.0	[3.0,8.1]
Worse	377	29.0	[23.8,34.9]	28.4	[20.0,38.5]	26.4	[16.2,39.9]	36.1	[31.0,41.5]
Same	402	39.8	[33.9,46.1]	38.9	[29.0,49.8]	48.2	[35.0,61.6]	30.7	[25.7,36.2]
Unsure/not applicable	222	14.2	[10.2,19.3]	15.6	[9.3,24.9]	15.1	[6.8,30.2]	28.2	[23.5,33.4]
Pearson: Uncorrected chi2(9) = 74.1839 Design-based F(8.81, 9774.78) = 5.0427 P = 0.0000									

Some items do not sum to 100.0%, due to rounding.

**Table 21. Multivariate Model: Worse Access to Primary Care and Prescription Medication (N=1,085)**

	Worse Access to Primary Care		Worse Access to Prescription Medication	
	aOR	95% CI	aOR	95% CI
<b>Insurance at Time of Survey</b>				
Employer-Sponsored	Reference		Reference	
Individual	3.43**	[1.63,7.22]	1.00	[0.55,1.82]
Government-Sponsored	1.24	[0.44,3.54]	0.80	[0.42,1.54]
None	8.75***	[5.02,15.27]	1.77**	[1.16,2.71]
<b>Gender</b>				
Women	Reference		Reference	
Men	0.80	[0.53,1.18]	0.69*	[0.49,0.96]
<b>Age</b>				
19-34	Reference		Reference	
35-50	1.87**	[1.18,2.95]	1.02	[0.69,1.51]
51-64	1.24	[0.74,2.09]	1.02	[0.67,1.56]
<b>FPL category</b>				
0%	0.85	[0.56,1.28]	0.85	[0.60,1.22]
1-99%	Reference		Reference	
≥100%	1.14	[0.73,1.77]	0.99	[0.67,1.46]
<b>Region</b>				
Northern	Reference		Reference	
Central	1.25	[0.74,2.13]	1.81*	[1.14,2.86]
Southern	1.70	[0.98,2.93]	1.77*	[1.08,2.90]
Detroit Metro	1.03	[0.58,1.81]	1.67*	[1.02,2.75]
<b>Race/ Ethnicity</b>				
White, Non-Hispanic	Reference		Reference	
Black, Non-Hispanic	0.75	[0.43,1.30]	0.63	[0.39,1.00]
Hispanic	0.41*	[0.18,0.94]	0.47	[0.19,1.13]
Other	1.30	[0.64,2.64]	1.22	[0.65,2.30]
<b>Education level</b>				
HS or less	Reference		Reference	
Some College	1.39	[0.90,2.14]	1.88**	[1.28,2.79]
College/grad	1.90*	[1.07,3.39]	1.85*	[1.14,2.99]
<b>Employed</b>				
Yes	Reference		Reference	
No	0.76	[0.47,1.23]	1.42	[0.93,2.19]
<b>Married or partnered</b>				
Not married	Reference		Reference	
Married/partnered	0.80	[0.51,1.25]	1.58*	[1.10,2.29]
<b>Chronic disease</b>				
None	Reference		Reference	
1 or more	1.49	[0.99,2.25]	1.77**	[1.25,2.50]
<b>Months since HMP ended</b>				
6-9 months	Reference		Reference	
10-14 months	0.72	[0.45,1.15]	1.17	[0.79,1.74]
15-20 months	0.82	[0.50,1.36]	0.74	[0.48,1.16]

Weighted logistic regression analysis with adjusted odds ratios; 95% confidence intervals in brackets. Each column is a separate model, adjusted for type of insurance at time of the survey, gender, age at time of sampling, income category in last month of HMP enrollment, region in last month of HMP enrollment, race/ethnicity, education level, employment status, marital status, self-reported chronic disease, and the number of months since the respondent's HMP enrollment ended.

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

**Appendix A. Survey Instrument**  
**Healthy Michigan Voices Survey-No Longer Enrolled**

**1** While you were enrolled, did you have any questions or difficulties using your Healthy Michigan Plan insurance? Yes/ No

If YES: What kind of questions or difficulties did you have? (open ended; check all that apply)

- Difficulty/inability finding a provider
- Needed a service that wasn't covered
- Could not find out what services are covered
- Payment issues (making payments, charged incorrectly, did not know how/how much to pay, etc.)
- Other [TEXT BOX]: \_\_\_\_\_

*So now I have a few questions about the end of your Healthy Michigan Plan insurance coverage.*

**2** Was it your choice to end your Healthy Michigan Plan enrollment?

If YES: Why did you decide to end your Healthy Michigan Plan enrollment? Was it...

- Because you got other insurance coverage? Yes/No
- Because you were not satisfied with the Healthy Michigan Plan? Yes/No
- If YES: What were you dissatisfied with? [TEXT BOX]
- Because of some other reason? Yes/No [TEXT BOX if yes]

If NO: Why did your Healthy Michigan Plan insurance end? [check all mentioned]

- No longer eligible
- Didn't send in re-enrollment materials
- Don't know why
- Other [TEXT BOX]

**3** Did you apply to stay enrolled in the Healthy Michigan Plan? [check all mentioned]

If YES: And what happened?...

- Told I wasn't eligible
- Told my application was incomplete
- Tried but couldn't get an answer
- Other [TEXT BOX if yes]

If NO: Why did you not apply to stay enrolled? [check all mentioned]

- Knew I wasn't eligible
- Did not get application materials/didn't know I needed to re-apply
- Dissatisfied with HMP [TEXT BOX if yes]
- Owed money
- It was too expensive
- Tax return garnishment
- Paperwork confusing/too much hassle
- Don't need health insurance
- Other [TEXT BOX if yes]

4 Are you currently covered by any kind of health insurance or health care plan? Yes/No

[Interviewer, only read if needed: INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized] \*

If NO: SKIP to 4A

If YES: What type of health insurance do you have?...

- Insurance provided through a job or union  
If YES: Whose job is it? (respondent; family member)
- Insurance purchased by you or someone else  
If YES:  
Who purchased it? (respondent; family member)  
Was this insurance purchased through the marketplace known as healthcare.gov? Yes/No  
If YES: Did [you/they] receive a subsidy? Yes/No  
*[A subsidy is a benefit from the government that can lower your monthly health insurance payments according to your income]*
- Veterans Administration or VA care
- Other type of insurance
  - CHAMPUS, TRICARE
  - Medicare
  - County health plan
  - Other: [TEXT BOX]

Was there any time since your Healthy Michigan Plan insurance ended that you didn't have any health insurance? Yes/No

If YES: How long were you uninsured? [offer categories if needed]

- Three months or less
- Four months to six months
- Seven months to 11 months
- Don't know

What was the main reason you were without health insurance for that time? [open-ended; check all mentioned]

- Didn't need insurance
- Didn't get around to it
- Was waiting to get insurance through a job
- Had problems with applying
- It was too expensive
- Other [TEXT BOX]
- Don't know

*Back to the health insurance you currently have...*

[If more than ONE plan: please respond regarding your MAIN health insurance plan]

Is your current health insurance plan in your name or someone else's? In my name/Someone else's name

If SOMEONE ELSE’S: What is your relationship to that person? Spouse/Former spouse/ Other family member/ Don't know

How much does [auto-fill policy holder] currently spend for health insurance premiums? Give the dollar amount and how often you pay. Please include anything taken out of your [or another’s] paycheck for premiums. *Include cost covered by anyone on your behalf EXCEPT an employer.*

<p>[TEXT BOX \$____]</p> <p>\$0/ \$1-\$99/ \$99+/ Don't know</p>	<p>Every week/ Every 2 weeks/bi-monthly Once a month/ Quarterly (every 3 months)/ Twice a year Once a year/ N/A - Don't pay anything for my health insurance Don't know Other [TEXT BOX]</p>
--	--

[Ask ONLY for those who currently have private coverage and insurance in respondent’s name]

Who is covered under your current health insurance plan?

- Just me
- Me and at least one other family member
- Don't know

A deductible is the amount of money you yourself have to pay for health care services before your health insurance will start paying. Does this health plan have a deductible? Yes/No/Don't know

(NOTE sometimes there are services covered before the deductible is met)  
(IF RESPONDENT CONFUSES DEDUCTIBLE AND CO-PAY)

A co-pay is payment for a doctor visit or other medical service and a deductible is the amount you pay before your insurance plan will start paying any part of your medical bills.

Is the annual deductible for medical care for this plan:

<p><i>If individual plan:</i> less than \$1,300/ between \$1,300 and \$2,600 or more than \$2,600?</p>	<p><i>[If 2+ persons covered by this plan:]</i> less than \$2,600, between \$2,600 and \$5,200 or more than \$5,200?</p>
--	--

If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

**[If Q4=NO, NOT currently covered by health insurance]**

A. What is the MAIN reason you currently do not have health insurance? [open-ended; check all mentioned]

- I don't need insurance
- I didn't get around to it
- I am waiting to get insurance through a job
- I had problems with applying
- It is too expensive
- Other [TEXT BOX]
- Don't know

B. Did you have health insurance at any time since your Healthy Michigan Plan insurance ended? Yes/No

If NO: Skip to Do you think you will get health insurance...

If YES:

What type of health insurance did you have? [open-ended; check all mentioned]

- Insurance provided through a job or union  
If YES: Whose job was it? (respondent; family member)
- Insurance purchased by you or someone else  
If YES:  
Who purchased it? (respondent; family member)  
Was this insurance purchased through the marketplace known as healthcare.gov? Yes/No  
Did you/they receive a subsidy? Yes/No
- Veterans Administration or VA care
- Some other type of insurance
- CHAMPUS, TRICARE
- Medicare
- County health plan
- Other: Record info \_\_\_\_\_

Why did that insurance coverage end?

- Lost job/employer coverage
- Too expensive
- Other [TEXT BOX]

C. Since your Healthy Michigan Plan insurance ended, for how many months were you uninsured? [record response; offer categories if needed]

- Three months or less
- Four months to six months
- Seven months to 11 months
- Don't know
- Other [TEXT BOX]

- D. Do you think you will get insurance within the next 6 months? Yes/No/Only if I get sick  
If YES: What type of health insurance? Employer/Medicaid/Medicare/Other  
If NO: Why not? Don't need it/Too expensive/Other [TEXT BOX]

**[5-7 IF YES to any health insurance since HMP, and NO healthcare.gov purchase  
or if NO health insurance since HMP]**

- 5 Some people are able to get subsidies to help pay for premiums and out-of-pocket health care costs in the federal health insurance marketplace.  
A. How much, if anything, have you heard about these subsidies?  
Would you say: A lot/Some/Only a little/Nothing at all  
*[A subsidy is a benefit from the government that can lower your health insurance payments according to your income]*  
B. Do you think you are eligible to get a subsidy? Yes/No/Don't Know
- 6 The Affordable Care Act established health insurance marketplaces where people can shop for insurance, sometimes called Healthcare.gov. This is where platinum, gold, silver, and bronze plans are available for purchase.
- 7 Since your Healthy Michigan Plan insurance ended, have you looked for information on health insurance plans in the Federal health insurance marketplace? Yes/No

If YES: Did you find out whether you would qualify for a subsidy? Yes/No

IF YES: Did you apply for health insurance coverage? Yes/ No

**[Ask ALL]**

- 8 People who file a federal income tax return are required to report health insurance coverage status for themselves and their spouse and dependents. How much, if anything, have you heard about this requirement? Would you say: A lot /Some /Only a little /Nothing at all

*These next questions are about your health and health care.*

- 9 Has a doctor or other health professional ever told you that you had any of the following?
- a) Hypertension, also called high blood pressure? Yes/No
  - b) A heart condition or heart disease? Yes/No
  - c) Diabetes or sugar diabetes (other than during pregnancy)? Yes/No
  - d) Cancer, other than skin cancer? Yes/No
  - e) A mood disorder, (For example, depression, anxiety, bipolar disorder)? Yes/No
  - f) A stroke? Yes/No
  - g) Asthma? Yes/No
  - h) Chronic lung disease, such as chronic bronchitis, COPD or emphysema? Yes/No
  - i) A substance use disorder? Yes/No
  - j) Any other ongoing health condition? Yes/No
- If YES: What is the condition? \_\_\_\_\_

**10 Since your Healthy Michigan Plan insurance ended**, so that would be after [autofill month/year of last enrollment], is there a place you usually go when you need a checkup, feel sick, or want advice about your health? Yes/ No/Don't know/NA – haven't gotten care

If YES: What kind of a place is it? a clinic, doctor's office, urgent care/walk-in clinic, emergency room, other: \_\_\_\_\_

If CLINIC or DOCTOR'S OFFICE: Is this your primary care provider? Yes/No

**11 Since your Healthy Michigan Plan insurance ended**, so that would be since [autofill month/year of last enrollment], did you go to a hospital emergency room about your own health (whether or not you were admitted overnight)? Yes/No

If YES: Thinking about the last time you were at the emergency room, did you try to contact your usual provider's office before going to the emergency room? Yes/No/No usual provider

**12 I'm going to ask about different categories of health care. Tell me if your ability to get that type of care now is better, worse, or about the same, compared to when you had Healthy Michigan Plan. You can also say if you don't know, or if that type of care doesn't apply to you. The first one is primary care. Would you say that your ability to get primary care now that your Healthy Michigan Plan insurance ended is better, worse, or about the same compared to when you did not have HMP?**

- a) Primary care: Better/Worse/About the same
- b) Specialist care: Better/Worse/About the same
- c) Dental care: Better/Worse/About the same
- d) Vision care: Better/Worse/About the same
- e) Mental health care: Better/Worse/About the same
- f) Substance use treatment services: Better/Worse/About the same
- g) Prescription medications: Better/Worse/About the same
- h) Cancer screening: Better/Worse/About the same
- i) Help with staying healthy or preventing health problems: Better/Worse/About the same
- j) Birth control/ Family planning service: Better/Worse/About the same

**13 Since your Healthy Michigan Plan insurance ended**, have you had to change any of your providers for the types of care mentioned above?

If YES: Which providers? [TEXT BOX]\_\_\_\_\_

**14 Since your Healthy Michigan Plan insurance ended**, was there any time when you didn't get the health care you needed? Yes/No

If YES: What type of care? [TEXT BOX]

If YES: Why didn't you get the care you needed? [open-ended; mark all mentioned]

- Cost
- No insurance coverage
- The doctor or hospital wouldn't accept your health insurance/didn't have health insurance
- Your health plan wouldn't pay for the treatment
- You couldn't get an appointment soon enough
- You didn't have transportation
- Other \_\_\_\_\_

- 15** Think about what you currently pay for medical and dental services – things like co-pays for office visits or prescription medications. Do not include monthly insurance premiums, that is, the amount you pay to HAVE insurance coverage. How does the amount you currently pay in a typical month compare to what you were paying with your Healthy Michigan Plan insurance? Would you say: About the same/Less /A Little More /A lot more

*(Prompt as needed: (1) Your best estimate is fine. This includes anything paid for prescription drugs, co-payments, and deductibles. Do not include anything paid by your health insurance.)*

- 16** Since your Healthy Michigan Plan insurance ended, have you had problems paying medical bills?  
Yes/No  
IF YES: Since your Healthy Michigan insurance ended, have your problems paying medical bills  
Gotten worse/Stayed the same/Gotten better?

*These next few questions ask for your opinions about the Healthy Michigan Plan.*

- 17** Tell me if you: Strongly agree/Agree/Are neutral/Disagree/Strongly disagree
- The amount I had to pay overall for the Healthy Michigan Plan seemed fair.
  - The amount I paid for the Healthy Michigan Plan was affordable.
  - People with Healthy Michigan Plan insurance should always have a primary care provider.
  - Everyone with Healthy Michigan Plan insurance should go to a primary care provider first for routine and preventive care.
  - I worry more about something bad happening to my health since my Healthy Michigan Plan insurance ended.

*Now these questions are about other types of insurance.*

- 18** Tell me if you: Strongly agree/Agree/Are neutral/Disagree/Strongly disagree
- If CURRENTLY INSURED: The amount I pay now for my health insurance seems fair.
  - If CURRENTLY INSURED: The amount I pay now for my health insurance is affordable.
  - Getting discounts on copays and premiums as a reward for healthy behavior is a good idea.
  - Everyone should have to pay something for their health care.
  - It is very important to me personally to have health insurance.
  - People without health insurance need to worry a lot about being wiped out financially.

*These next questions are general opinions about getting health care.*

- 19** Some people avoid visiting their doctors even when they suspect they should go. Would you say this statement is true for you or not true for you? True/Not True/Don't know
- 20** For the next statements, please tell me if you: Strongly agree/Agree/Are neutral/Disagree/Strongly disagree
- I'm often embarrassed to go see a doctor.
  - Getting regular check-ups is not very important when you are healthy.
  - Going to public or free clinics is just fine with me.
  - Sometimes I go to the ER because I know they can't turn me away.

- e) Many people are treated poorly when they apply for Medicaid.
- f) Doctors treat people on Medicaid the same as people with private insurance.
- g) Medicaid helps people get a “leg-up” when they really need it.
- h) Many people on Medicaid do not want other people to know.
- i) A lot of people in this country don’t respect those on Medicaid.
- j) There should be a limit on how long someone can be covered by Medicaid.

**21** For the next questions please tell me if you: Agree/Disagree/NA/Don’t know

- a) If I hadn’t been covered by Healthy Michigan Plan, I would have gone without insurance.
- b) The Healthy Michigan Plan gave me insurance when I couldn’t get insurance through an employer.
- c) Having the Healthy Michigan Plan helped me stay insured in between school and a job or in between jobs.
- d) Having Healthy Michigan Plan helped me get healthy enough to work, attend school or take care of my family.

*Next we have just a few questions about you.*

**22** Are you currently...

In school? Yes/No

If YES, Are you a full-time or part-time student? Full-time/Part-time

Are you currently employed or self employed? Yes/No

If YES, are you working full time or part time? Full-time/Part-time

If NO: Are you out of work, unable to work, or retired? Yes (Specify)/No

If YES, How long have you been out of work, unable to work, or retired?

Do you spend most of your time taking care of others? Yes/No

**23** What is the highest grade of school you have completed, or the highest degree you have received?

[open-ended / mark correct category]

- Less than high school
- High school graduate (or equivalent)
- Some college (1-4 years, no degree)
- Associate’s degree (including occupational or academic degrees)
- Bachelor’s degree (BA, BS, AB, etc.)
- A post graduate degree (MS, MSW, MPH, MD, JD, etc.)

**24** How often do you need to have someone help you read instructions, pamphlets, or other written material from a doctor, pharmacy or health plan? Never/Rarely/Sometimes/Often/Always

**25** What race or races do you consider yourself to be? [open question, check all that they mention]

- White
- Black or African American
- American Indian or Alaska Native
- Asian: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian
- Pacific Islander: Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander

Are you Hispanic or Latino? Yes/No

Are you of Arab or Chaldean or Middle Eastern descent? Yes/No

**26** Are you:

- Married
- Partnered
- Divorced
- Widowed
- Separated
- Never Married

**27** Would you like to add anything else about your experiences with the Healthy Michigan Plan?  
[TEXT BOX]

**End of Survey/Contact Information:**

That's the end of the survey. Can you please confirm your address so we can send your gift card?  
[AUTOFILL address]

You should receive the gift card in 1-3 weeks at that address.

We may be conducting a follow-up survey. Would you be willing to have us recontact you for that?

We're just asking for contact information – you can decide at that time if you'd like to participate.

Yes/No

If YES: Is this the best phone number to call you? Yes/Better number: \_\_\_\_\_

Thanks so much for talking with me today! Look for your gift card in 1-3 weeks.

**Appendix B. Sampling Characteristics for Eligible Population: HMV Survey of No Longer Enrolled vs Survey of Current Enrollees**

<i>Survey of No Longer Enrolled in HMP</i> September 2016 Eligible Population=68,906							<i>Survey of Current Enrollees</i> September 2016 Eligible Population=234,428				
<b>FPL</b>	<i>Region (grouped)</i>						<i>Region (grouped)</i>				
	<b>Northern</b>	<b>Central</b>	<b>Southern</b>	<b>Detroit Metro</b>	<b>Total</b>		<b>Northern</b>	<b>Central</b>	<b>Southern</b>	<b>Detroit Metro</b>	<b>Total</b>
<b>0-35%</b>	4.0%	16.6%	12.2%	28.5%	61.3%		3.5%	13.4%	8.7%	25.6%	51.1%
<b>36-99%</b>	2.3%	6.5%	4.8%	7.1%	20.7%		3.2%	8.5%	5.3%	11.6%	28.7%
<b>≥100%</b>	2.1%	5.9%	4.2%	5.8%	18.0%		2.6%	6.5%	4.0%	7.1%	20.2%
<b>Total</b>	8.4%	29.0%	21.2%	41.4%	100.0%		9.3%	28.4%	18.1%	44.3%	100.0%

\*FPL and Region reflect last month of HMP enrollment for Survey of No Longer Enrolled in HMP, and reflect the month of sampling for Survey of Current Enrollees