RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

September 12, 2017

Jennifer Kostesich, Project Officer
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

Dear Ms. Kostesich,

Re: Project Number 11-W-00245/5 – Healthy Michigan Plan

Enclosed is the quarterly report for Healthy Michigan Plan. It covers the third quarter of federal fiscal year 2017. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

Should you have any questions related to the information contained in this report, please contact Jacqueline Coleman by phone at (517) 284-1190, or by e-mail at colemanj@michigan.gov.

Sincerely,

Penny L. Rutledge

Penny Rutledge, Director
Actuarial Division

cc: Ruth Hughes
       Angela Garner

Enclosure (6)

Michigan Adult Coverage Demonstration

Section 1115 Quarterly Report

Demonstration Year: 8 (01/01/2017 – 12/31/2017)

Federal Fiscal Quarter: 3 (04/01/2017 – 06/30/2017)

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Introduction

On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the Federal Poverty Level (FPL). To accompany this expansion, the Michigan Adult Benefits Waiver (ABW) was amended and transformed to establish the Healthy Michigan Plan, through which the Michigan Department of Health & Human Services (MDHHS) will test innovative approaches to beneficiary cost sharing and financial responsibility for health care for the new adult eligibility group. Organized service delivery systems will be utilized to improve coherence and overall program efficiency. The overarching themes used in the benefit design are increasing access to quality health care, encouraging the utilization of high-value services, and promoting beneficiary adoption of healthy behaviors and using evidence-based practice initiatives. The Healthy Michigan Plan provides a full health care benefit package as required under the Affordable Care Act including all of the Essential Health Benefits as required by federal law and regulation. The new adult population with incomes above 100 percent of the FPL are required to make contributions toward the cost of their health care. In addition, all newly eligible adults from 0 to 133 percent of the FPL are subject to copayments consistent with federal regulations.

State law requires MDHHS to partner with the Michigan Department of Treasury to garnish state tax returns and lottery winnings for members consistently failing to meet payment obligations associated with the Healthy Michigan Plan. Prior to the initiation of the garnishment process, members are notified in writing of payment obligations and rights to a review. Debts associated with the MI Health Account are not reported to credit reporting agencies. Members non-compliant with cost-sharing requirements do not face loss of eligibility, denial of enrollment in a health plan, or denial of services.

On December 17, 2015, CMS approved the state's request to amend the Healthy Michigan Section 1115 Demonstration to implement requirements of state law (MCL 400.105d (20)). With this approval, non-medically frail individuals above 100 percent of the FPL with 48 cumulative months of Healthy Michigan Plan coverage will have the choice of one of two coverage options:

1. Select a Qualified Health Plan offered on the Federal Marketplace. These individuals will pay premiums but can enroll in the Healthy Michigan Plan when a healthy behavior requirement is met; or

2. Remain in the Healthy Michigan Plan with increased cost-sharing and contribution obligations. These individuals are also required to meet a healthy behavior requirement.

MDHHS's goals in the demonstration are to:

• Improve access to healthcare for uninsured or underinsured low-income Michigan citizens;

• Improve the quality of healthcare services delivered;

• Reduce uncompensated care;

• Encourage individuals to seek preventive care and encourage the adoption of healthy behaviors;

• Help uninsured or underinsured individuals manage their health care issues;

• Encourage quality, continuity, and appropriate medical care; and

- Study the effects of a demonstration model that infuses market-driven principles into a public healthcare insurance program by examining:

  o The extent to which the increased availability of health insurance reduces the costs of uncompensated care borne by hospitals;

  o The extent to which availability of affordable health insurance results in a reduction in the number of uninsured/underinsured individuals who reside in Michigan;

  o Whether the availability of affordable health insurance, which provides coverage for preventive and health and wellness activities, will increase healthy behaviors and improve health outcomes; and

  o The extent to which beneficiaries feel that the Healthy Michigan Plan has a positive impact on personal health outcomes and financial well-being.

Enrollment and Benefits Information

MDHHS began enrolling new beneficiaries into the program beginning April 1, 2014. Beneficiaries who were enrolled in the ABW were automatically transitioned into the Healthy Michigan Plan effective April 1, 2014. Potential enrollees can apply for the program via the MDHHS website, by calling a toll-free number or by visiting their local MDHHS office. At this time, MDHHS does not anticipate any changes in the population served or the benefits offered. The following tables display new enrollment and disenrollment by month:

Table 1: Healthy Michigan Plan New Enrollments by Month			
April 2017	May 2017	June 2017	Total
28,944	28,688	27,543	85,175

Table 2: Healthy Michigan Plan Disenrollments by Month			
April 2017	May 2017	June 2017	Total
27,324	26,031	29,452	82,807

Most Healthy Michigan Plan beneficiaries choose a health plan as opposed to automatic assignment to a health plan. As of June 9, 2017, 389,328 or, 71 percent, of the State's 545,785 Healthy Michigan Plan health plan enrollees selected a health plan. The remaining managed care enrolled beneficiaries were automatically assigned to a health plan. All Medicaid Health Plan members have an opportunity to change their plan within 90 days of enrollment into the plan. During this quarter, 6,529 of all Healthy Michigan Plan health plan enrollees changed health plans. This quarter, 3,239 or approximately 49.6 percent, of beneficiaries that changed plans were previously automatically assigned to a health plan. The remaining beneficiaries were those that changed plans after selecting a health plan.

Healthy Michigan Plan members have the opportunity to reduce cost-sharing requirements through the completion of Health Risk Assessments and engaging in healthy behaviors. MDHHS has developed a standard Health Risk Assessment form to be completed annually. Health Risk Assessment forms and reports are located on the MDHHS website. The Health Risk Assessment document is completed in two parts. The member typically completes the first

section of the form with the assistance of the Healthy Michigan Plan enrollment broker. Members that are automatically assigned to a health plan are not surveyed. The remainder of the form is completed at the member's initial primary care visit. Completion of the remaining Health Risk Assessment sections (beyond those completed through the State's enrollment broker) requires beneficiaries to schedule an annual appointment, select a Healthy Behavior, and have member results completed by their primary care provider. The primary care provider securely sends the completed Health Risk Assessment to the appropriate Medicaid Health Plan.

Healthy Michigan Plan members that successfully complete the Health Risk Assessment process and agree to address or maintain healthy behaviors may qualify for reduction in copayments and/or contributions and gift cards. The following opportunities are available to Healthy Michigan Plan beneficiaries:

- Reduction in copayments: A 50 percent reduction in copayments is available to members that have agreed to address or maintain healthy behaviors and have paid 2 percent of their income in copayments.

- Reduction in contributions: A 50 percent reduction in contributions can be earned by members that have agreed to address or maintain healthy behaviors and have completed a Health Risk Assessment with a Primary Care Practitioner attestation.

- Gift card incentives: A $50.00 gift card is available to beneficiaries at or below 100 percent FPL that have agreed to address or maintain healthy behaviors and have completed a Health Risk Assessment with a Primary Care Practitioner attestation.

The initial assessment questions section of the Health Risk Assessments completed through the MDHHS enrollment broker had a completion rate of 92 percent this quarter. MDHHS is encouraged by the high level of participation by beneficiaries at the initial point of contact. The details of Health Risk Assessment completion can be found in the enclosed June 2017 Health Risk Assessment Report. The following table details the Health Risk Assessment data collected by the enrollment broker for the quarter:

Table 3: Health Risk Assessment Enrollment Broker Data					
Month	Number of Completed HRAs	Percent of Total	Number of Refused HRAs	Percent of Total	Total Enrollment Calls
April 2017	4,901	92%	405	8%	5,306
May 2017	5,103	92%	415	8%	5,518
June 2017	5,548	91%	543	9%	6,091
Total	15,552	92%	1,363	8%	16,915

The following table details Health Risk Assessment data collected by the Medicaid Health Plans for the quarter:

Table 4: Health Risk Assessment Health Plan Data				
	April 2017	May 2017	June 2017	Total
Health Risk Assessments Submitted	2,799	3,542	3,789	10,130
Gift Cards Earned	2,262	2,874	3,059	8,195
Reductions Earned	531	668	730	1,929
Reductions Applied	780	704	692	2,176

Enrollment Counts for Quarter and Year to Date

Healthy Michigan Plan enrollment in this quarter has remained consistent with previous quarters. In addition to stable Healthy Michigan Plan enrollment, MDHHS saw the typical number of disenrollments from the plan as reported in the Monthly Enrollment Reports to CMS. Healthy Michigan disenrollment reflects individuals who were disenrolled during a redetermination of eligibility or switched coverage due to eligibility for other Medicaid program benefits. In most cases beneficiaries disenrolled from the Healthy Michigan Plan due to eligibility for other Medicaid programs. Movement between Medicaid programs is not uncommon and MDHHS expects that beneficiaries will continue to shift between Healthy Michigan and other Medicaid programs as their eligibility changes. Enrollment counts in the table below are for unique members for identified time periods. The unique enrollee count will differ from the June 2017 count from the Beneficiary Month Reporting section as a result of disenrollment that occurred during the quarter.

Table 5: Enrollment Counts for Quarter and Year to Date			
Demonstration Population	Total Number of Demonstration Beneficiaries Quarter Ending – 06/2017	Current Enrollees (year to date)	Disenrolled in Current Quarter
ABW Childless Adults	N/A	N/A	N/A
Healthy Michigan Adults	744,028	814,197	82,807

Outreach/Innovation Activities to Assure Access

MDHHS utilizes the Healthy Michigan Program website to provide information to both beneficiaries and providers. The Healthy Michigan Plan website contains information on eligibility, how to apply, services covered, cost sharing requirements, frequently asked questions, Health Risk Assessment completion, and provider information. The site also provides a link for members to make MI Health Account payments. MDHHS also has a mailbox, healthymichiganplan@michigan.gov, for questions or comments about the Healthy Michigan Plan.

MDHHS continues to work closely with provider groups through meetings, Medicaid provider policy bulletins, and various interactions with community partners and provider trade associations. Progress reports are provided by MDHHS to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings. These meetings provide an opportunity for attendees to provide program comments or suggestions. The June 2017 MCAC meeting occurred during the quarter covered by this report. The minutes for this meeting have been attached as an enclosure. MCAC meeting agendas and minutes are also available on the MDHHS website.

Collection and Verification of Encounter Data and Enrollment Data

As a mature managed care state, all Medicaid Health Plans submit encounter data to MDHHS for the services provided to Healthy Michigan Plan beneficiaries following the existing MDHHS data submission requirements. MDHHS continues to utilize encounter data to prepare MI Health Account statements with a low volume of adjustments. MDHHS works closely with the plans in reviewing, monitoring and investigating encounter data anomalies. MDHHS and the Medicaid

Health Plans work collaboratively to correct any issues discovered as part of the review process.

Operational/Policy/Systems/Fiscal Developmental Issues

MDHHS regularly meets with the staff of Medicaid Health Plans to address operational issues, programmatic issues, and policy updates and clarifications. Updates and improvements to the Community Health Automated Medicaid Processing System (CHAMPS), the State's Medicaid Management Information System (MMIS) happen continually, and MDHHS strives to keep the health plans informed and functioning at the highest level. At these meetings, Medicaid policy bulletins and letters that impact the program are discussed, as are other operational issues. Additionally, these operational meetings include a segment of time dedicated to the oversight of the MI Health Account contactor. MDHHS and the health plans receive regular updates regarding MI Health Account activity and functionality. The following policies with Healthy Michigan Plan impact were issued by MDHHS during the quarter covered by this report:

Table 6: Medicaid Policy Bulletins with Healthy Michigan Plan Impact		
Issue Date	Subject	Link
05/01/2017	Change in Hospital Facility Ownership Billing	MSA 17-14
05/01/2017	Ambulance Fractional Mileage and Pronouncement of Death Changes	MSA 17-15
06/01/2017	Transportation Rate Changes	MSA 17-17
06/01/2017	Changes to Speech Generating Device (SGD) Policy	MSA 17-18
06/01/2017	Updates to the Medicaid Provider Manual; New Coverage of Existing Code	MSA 17-19
06/30/2017	Billing for Free or Reduced Price Care	MSA 17-21
06/30/2017	Delay of Clinic Billing Format Change to Institutional; Policy Clarifications	MSA 17-24

Financial/Budget Neutrality Development Issues

Healthy Michigan Plan expenditures for all plan eligible groups are included in the budget neutrality monitoring table below as reported in the CMS Medicaid and Children's Health Insurance Program Budget and Expenditure System. Expenditures include those that both occurred and were paid in the same quarter in addition to adjustments to expenditures paid in quarters after the quarter of service. The State will continue to update data for each demonstration quarter as it becomes available.

Table 7: Healthy Michigan Plan Budget Neutrality Monitoring Table					
	DY 5 - PMPM	DY 6 - PMPM	DY 7 - PMPM	DY 8 - PMPM	DY 9 - PMPM
Approved HMP PMPM	$667.36	$602.21	$569.80	$598.86	$629.40
Actual HMP PMPM (YTD)	$475.72	$480.41	$492.93	$446.22	-
Total Expenditures (YTD)	$1,776,995,398	$3,492,109,239	$3,824,569,481	$1,839,545,788	-
Total Member Months (YTD)	3,735,411	7,269,012	7,758,811	4,122,536	-

Beneficiary Month Reporting

The beneficiary counts below include information for each of the designated months during the quarter, and include retroactive eligibility through June 30, 2017.

Table 8: Healthy Michigan Plan Beneficiary Month Reporting				
Eligibility Group	April 2017	May 2017	June 2017	Total for Quarter Ending 06/17
Healthy Michigan Adults	688,855	691,512	689,603	2,069,970

Consumer Issues

This quarter, the total number of Healthy Michigan Plan complaints reported to MDHHS was 61. Complaints reported to MDHHS are detailed by category in the table below. Overall, with over 2 member months during the quarter, MDHHS is encouraged by its low rate of contacts related to Healthy Michigan Plan complaints. MDHHS will continue to monitor calls to the Beneficiary Helpline to identify issues and improve member experiences.

Table 9: Healthy Michigan Plan Complaints Reported to MDHHS			
April 2017 – June 2017			
	Obtaining Prescriptions	Other Covered Services	Transportation	Total
Count	40	14	7	61
Percent	66%	23%	11%	

Quality Assurance/Monitoring Activity

MDHHS completes Performance Monitoring Reports (PMR) specific to the Medicaid Health Plans that are licensed and approved to provide coverage to Michigan's Medicaid beneficiaries. These reports are based on data submitted by the health plans. Information specific to the Healthy Michigan Plan are included in these reports. The measures for the Healthy Michigan Plan population mirrors those used for the traditional Medicaid population. MDHHS continues to collect data and assist health plans with deliverables for the purpose of PMR completion. The most recently published Bureau of Medicaid Program Operations & Quality Assurance quarterly PMR with Healthy Michigan Plan specific measures was published in July 2017 and is included as an enclosure.

Managed Care Reporting Requirements

MDHHS has established a variety of reporting requirements for the Medicaid Health Plans, many of which are compiled, analyzed and shared with the plans in the PMRs described in the Quality Assurance/Monitoring Activity section of this report. MDHHS and the Medicaid Health Plans continue to monitor MI Health Account call center and payment activity.

The MI Health Account Call Center handles questions regarding the MI Health Account welcome letters and MI Health Account quarterly statements. MDHHS' Beneficiary Help Line number is listed on all MI Health Account letters. Staff are cross trained to provide assistance on a variety of topics. Commonly asked questions by callers contacting the MI Health Account Call Center relate to general MI Health Account information and payment amounts. Members calling regarding the quarterly statements have asked about amounts owed, requested clarification on the contents of the statement, and reported an inability to pay amounts owed. During this quarter, Healthy Michigan Plan members continued making payments for contributions and copays to the MI Health Account. Detailed MI Health Account activity is included in the attached May 2017 MI Health Account Executive Summary Report.

MDHHS has refined the Managed Care Organization grievance and appeal reporting process to collect Healthy Michigan Plan specific data. Grievances are defined in the MDHHS Medicaid Health Plan Grievance/Appeal Summary Reports as an expression of dissatisfaction about any matter other than an action subject to appeal. Appeals are defined as a request for review of the Health Plan's decision that results in any of the following actions:

- The denial or limited authorization of a requested service, including the type or level of service;

- The reduction, suspension, or termination of a previously authorized service;

- The denial, in whole or in part, of a payment for a properly authorized and covered service;

- The failure to provide services in a timely manner, as defined by the State; or

- The failure of the Health Plan to act within the established timeframes for grievance and appeal disposition.

From April 2017 to June 2017, there were 212 total appeals among all the Medicaid Health Plans. Medicaid Health Plan decisions were upheld in 44 percent of the appeals. From April 2017 to June 2017 there were a total of 1,047 grievances. The greatest number of grievances came from the Access category. Access grievances can include a primary care physician not accepting new patients, limited specialist availability, the refusal of a primary care physician to complete a referral or write a prescription, a lack of services provided by the primary care physician, long wait times for appointments and denied services. Transportation grievances relate to issues with the transportation benefit and often mirror the complaints members directly reported to MDHHS. Grievances related to quality of care pertain to the level of care issues experienced by beneficiaries. Administrative/Service grievances can range from issues with claims, enrollment, eligibility, out-of-network providers and benefits not covered. Issues reported under the Billing category pertain to billing issues. MDHHS will continue to monitor the Medicaid Health Plans Grievance/Appeal Summary Reports to ensure levels of grievances remain low and resolution of grievances is completed in a timely manner. MDHHS has included grievance and appeals data reported by the Medicaid Health Plans from this quarter in the following tables:

Table 10: Managed Care Organization Appeals				
April 2017 – June 2017				
	Decision Upheld	Overturned	Undetermined/ Withdrawn	Total
Count	94	113	5	212
Percent	44%	53%	2%	

Table 11: Managed Care Organization Grievances					
April 2017 – June 2017					
	Access	Transportation	Administrative/ Service	Quality of Care	Billing	Total
Count	426	312	137	104	68	1,047
Percent	41%	30%	13%	10%	6%	

Lessons Learned

MDHHS continues to learn from the experience of launching a program the size and scope of the Healthy Michigan Plan. This quarter, MDHHS presented a product of its lesson learned in its revised Health Risk Assessment protocol and incentives. The goal of the revised Health Risk Assessment is to not only increase member engagement but improve the process for members, health plans, providers, and the department. Through stakeholder feedback MDHHS found that the current Health Risk Assessment process faces document submission barriers. MDHHS is working with its partners to streamline the process for providers to submit the Health Risk Assessment documentation through a single MDHHS portal. Additional mechanisms to document health behaviors are being added for individuals who may have completed healthy behavior activities but have not submitted Health Risk Assessment documentation. MDHHS will be able to verify completion of healthy behaviors through encounter data and Medicaid Health Plan documentation of Wellness and Population Health Management program participation. This new process allows MDHHS to recognize members who are embracing healthy behaviors while reducing the administrative burden on all involved. Additionally, MDHHS is working to establish a telephonic Health Unit to enable future Qualified Health Plan enrollees to complete a Health Risk Assessment. Completion of the Health Risk Assessment for Qualified Health Plan enrollees results in a 50 percent premium reduction for the remainder of the enrollment period and the ability to return to the Healthy Michigan Plan. MDHHS will continue to engage with stakeholders to improve the Healthy Michigan program and reach the goals of the demonstration.

Demonstration Evaluation

MDHHS has commissioned the University of Michigan's Institute for Healthcare Policy and Innovation (IHPI) to serve as the Healthy Michigan Plan independent evaluator. The IHPI has developed a comprehensive plan to address the needs of the State and CMS. Demonstration evaluation activities for the Healthy Michigan Plan are utilizing an interdisciplinary team of researchers from the IHPI. The activities of the evaluation will carry in seven domains over the course of the five year evaluation period:

I.   An analysis of the impact the Healthy Michigan Plan on uncompensated care costs borne by Michigan hospitals;

II.   An analysis of the effect of Healthy Michigan Plan on the number of uninsured in Michigan;

III.   The impact of Healthy Michigan Plan on increasing healthy behaviors and improving health outcomes;

IV.   The viewpoints of beneficiaries and providers of the impact of Healthy Michigan Plan;

V.   The impact of Healthy Michigan Plan's contribution requirements on beneficiary utilization;

VI.   The impact of the MI Health Accounts on beneficiary healthcare utilization, and;

VII.   The cost effectiveness of the Healthy Michigan Marketplace Option.

This quarter, IHPI published a report on the 2016 Healthy Michigan Voices Enrollees Survey. The IHPI report is attached to this quarterly report as an enclosure. Below is a summary of the key activities for the Fiscal Year (FY) 2017 second quarterly report:

Domain I
Domain I will examine the impact of reducing the number of uninsured individuals on uncompensated care costs of Michigan hospitals. This quarter, IHPI completed cleaning the Medicare Cost Report data; it now has usable data covering the period 2011 – 2016. Additionally, IHPI continued to analyze updates to baseline data from Michigan and other states to identify appropriate comparison groups for the cross-state components of the analysis. IHPI requested to obtain patient-level discharge data from the Michigan Hospital Association to complement the analysis using the Cost Reports data. The discharge data will allow IHPI to track the patient payer mix at each hospital in Michigan.

Domain II
Domain II will examine the hypothesis that, when affordable health insurance is available and the applicable for insurance is simplified, the uninsured population will decrease significantly. This quarter, IHPI prepared updates to data from the U.S. Census American Community and the Current Population Surveys to investigate and understand any differences in the estimated insurance coverage rates that each survey produces. IHPI continued to analyze updated data to determine which states offer the most relevant comparison to Michigan's experience and identify appropriate comparison groups for the cross-state components of the analysis. Also, IHPI continued to track the growing academic literature on the effects of the Affordable Care Act on health insurance status. In this quarter, IHPI also began to compare estimates based on different statistical models and different approaches to defining the comparison group for evaluating coverage changes in Michigan.

Domain III
Domain III will assess health behaviors, utilization and health outcomes for individuals enrolled in the Healthy Michigan Plan. This quarter, IHPI completed analysis of emergency utilization, healthy behaviors/preventive health services, and hospital admissions and is preparing to submit the Interim Report. Also, IHPI continued to process measures for the first two years of enrollment for HMP beneficiaries who enrolled from April 1, 2014 to March 31, 2015. Algorithms were refined for identifying chronic conditions. Further, IHPI re-pulled and tested the Michigan Care Improvement Registry vaccine data to assess data completeness. Therefore, flu vaccine measures were re-run for 2014-2015 and 2015-2016.

Domain IV
Domain IV will examine beneficiary and provider viewpoints of the Healthy Michigan Plan through survey data. This quarter, IHPI continued to analyze the 2016 Healthy Michigan Voices (HMV) Beneficiary Survey of current enrollees. A report with subgroup analyses, analyses of relationships and multivariate analyses was approved by MDHHS and shared with CMS. Additional analyses, including those that incorporate data from the MDHHS Data Warehouse, are ongoing and findings will be summarized in a future report. The Child Health Evaluation and Research (CHEAR) Team continued to query and aggregate claims from the MDHHS Data Warehouse to support the analyses of the 2016 survey data, including flags from Health Risk Assessment (HRA) completion and eligibility for health incentive rewards. Data from the 2016 HMV Survey of those who were disenrollled was reviewed for accuracy and prepared for analysis. Moreover, IHPI conducted the 2017 HMV Survey which included those who are enrolled and disenrolled and completed the majority of the data collection. The CHEAR Team continued to pull samples for the 2017 HMV Surveys. The follow-up survey of beneficiaries who

completed the initial HMV Survey in 2016 remained in the field with over 1,000 completed surveys, as of June 30, 2017. The survey of beneficiaries newly enrolled in HMP was pilot tested and implementation began. Lastly, recruitment and conducting of interviews for those Eligible But Unenrolled in HMP also began. As of June 30, 2017, 17 interviews were completed and the development and testing of a codebook for analysis began.

Domains V/VI
Domains V and VI entail analyzing data to assess the impact of contributions and the MI Health Account statements on beneficiary utilization of health care services, respectively. This quarter, IHPI completed analysis of MDHHS administrative data, including impact on cost-sharing requirements and the HMV survey data related specifically to Domain V/VI.

Domain VII
Domain VII will evaluate the cost effectiveness of the Healthy Michigan Marketplace Option. The Marketplace Option will not be implemented until April 2018. IHPI worked on modifications to the evaluation plan to include geo-mapping components based on CMS feedback. Additionally, IHPI began preparations for the Secret Shopper Study and analyses of quality measures by examining trends in data. IHPI has been meeting with MDHHS staff regarding the implementation of the Marketplace Option and cost data that can be utilized for the purposes of this analysis.

Enclosures/Attachments

1. June 2017 Health Risk Assessment Report

2. June 2017 MCAC Minutes

3. July 2017 Performance Monitoring Report

4. May 2017 MI Health Account Executive Summary

5. Report on the 2016 Healthy Michigan Voices Enrollee Survey

State Contacts

If there are any questions about the contents of this report, please contact one of the following people listed below.

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Date Submitted to CMS

September 12, 2017

Michigan Department of Health and Human Services

Medical Services Administration

Bureau of Medicaid Care Management and Quality Assurance

Healthy Michigan Plan - Health Risk Assessment Report

June 2017

Produced by:

Quality Improvement and Program Development - Managed Care Plan Divison

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Introduction

Pursuant to PA 107 of 2013, sections 105d(1)e and 105d(12), a Health Risk Assessment has been developed for the Healthy Michigan Plan (form DCH-1315). It is designed as a two part document, where the beneficiary completes the first three sections and the primary care provider completes the last section. It includes questions on a wide range of health issues, a readiness to change assessment, an annual physical exam and a discussion about behavior change with their primary care provider. The topics in the assessment cover all of the behaviors identified in PA 107 including alcohol use, substance use disorders, tobacco use, obesity and immunizations. It also includes the recommended healthy behaviors identified in the Michigan Health and Wellness 4X4 Plan, which are annual physicals, BMI, blood pressure, cholesterol and blood sugar monitoring, healthy diet, regular physical exercise and tobacco use.

Health Risk Assessment Part 1

Health Risk Assessments completion through Michigan ENROLLS

In February 2014, the enrollment broker for the Michigan Department of Health and Human Services (Michigan ENROLLS) began administering the first section of the Health Risk Assessment to Healthy Michigan Plan beneficiaries who call to enroll in a health plan. In addition to asking new beneficiaries all of the questions in Section 1 of the Health Risk Assessment, call center staff inform beneficiaries that an annual preventive visit, including completion of the last three sections of the Health Risk Assessment, is a covered benefit of the Healthy Michigan Plan.

Completion of the Health Risk Assessment is voluntary; callers may refuse to answer some or all of the questions. Beneficiaries who are auto-assigned into a health plan are not surveyed. Survey results from Michigan ENROLLS are electronically transmitted to the appropriate health plan on a monthly basis to assist with outreach and care management.

The data displayed in Part 1 of this report reflect the responses to questions 1-9 of Section 1 of the Health Risk Assessment completed through Michigan ENROLLS. As shown in Table I, a total of 329,843 Health Risk Assessments were completed through Michigan ENROLLS as of June 2017. This represents a completion rate of 95.29%. Responses are reported in Tables 1 through 9. Beneficiaries who participated in the Health Risk Assessment but refused to answer specific questions are included in the total population and their answers are reported as "Refused". Responses are also reported by age and gender.

Health Risk Assessment Completion through Michigan ENROLLS

Table I. Count of Health Risk Assessments (HRA) Questions 1-9 Completed with MI Enrolls

MONTH	COMPLETE	DECLINED
July 2016	287,641	12,896 (4.29%)
August 2016	289,929	13,019 (4.30%)
September 2016	292,862	13,187 (4.31%)
October 2016	295,511	13,314 (4.31%)
November 2016	298,264	13,575 (4.35%)
December 2016	301,746	13,879 (4.40%)
January 2017	304,748	14,138 (4.43%)
February 2017	309,044	14,473 (4.47%)
March 2017	314,291	14,935 (4.54%)
April 2017	319,192	15,340 (4.59%)
May 2017	324,295	15,755 (4.63%)
June 2017	329,843	16,298 (4.71%)

Table 11. Demographics of Population that Completed HRA Questions 1-9 with MI ENROLLS

January 2014 - June 2017

AGE GROUP	COMPLETED HRA	
19 - 29	76,319	23.14%
30 - 39	71,218	21.59%
40 - 49	66,433	20.14%
50 - 59	79,352	24.06%
60 +	36,521	11.07%
GENDER		
F	177,273	53.75%
M	152,570	46.26%
FPL		
< 100% FPL	274,713	83.29%
100 - 133% FPL	55,130	16.71%
TOTAL	**329,843**	**100.00%**

Figure I-1. Health Risk Assessments Completed with MI ENROLLS

June 2017
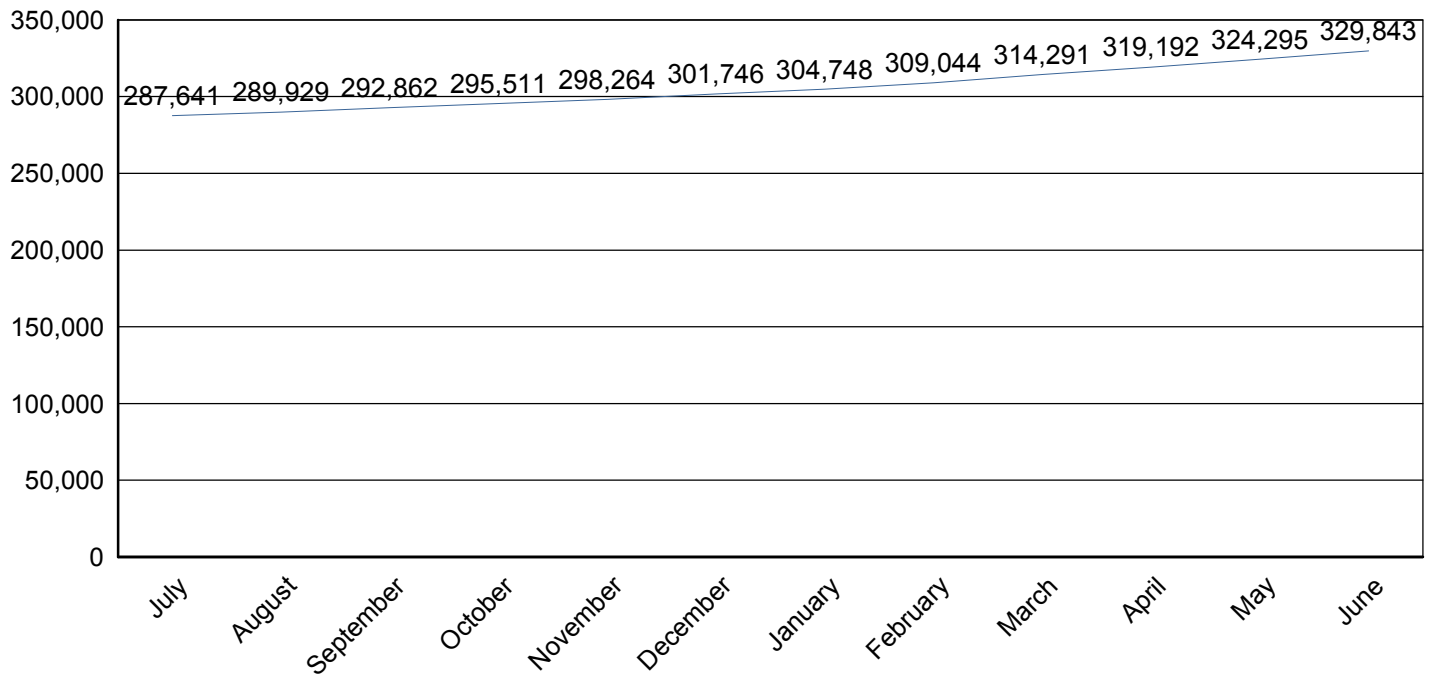
Question 1. General Health Rating

<u>Question 1. In general, how would you rate your health?</u> This question is used to assess self-reported health status. Healthy Michigan Plan enrollees were given the answer options of excellent, very good, good, fair or poor. Table 1 shows the overall answers to this question for June 2017. Among enrollees who completed the survey, this question had a 0.16% refusal rate. Figures 1-1 through 1-3 show the health rating reported for the total population, and by age and gender.

Table 1. Health Rating for Total Population

June 2017

HEALTH RATING	TOTAL	PERCENT
Excellent	37,692	11.43%
Very Good	85,983	26.07%
Good	117,846	35.73%
Fair	66,357	20.12%
Poor	21,434	6.50%
Refused	531	0.16%
TOTAL	**329,843**	**100.00%**

Figure 1-1. Health Rating for Total Population
June 2017

Excellent	Very Good	Good	Fair	Poor	Refused
11.43%	26.07%	35.73%	20.12%	6.50%	0.16%

Figure 1-2. Health Rating by Age
June 2017

Legend: 19 - 29, 30 - 39, 40 - 49, 50 - 59, 60 +

Figure 1-3. Health Rating by Gender
June 2017

Legend: F, M
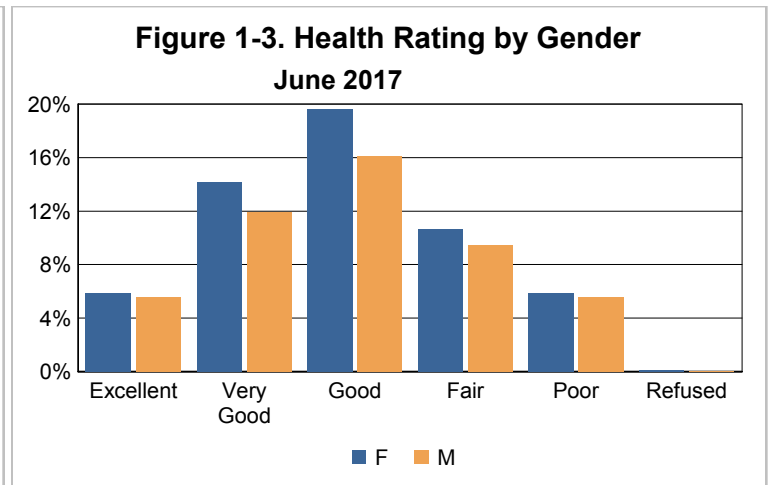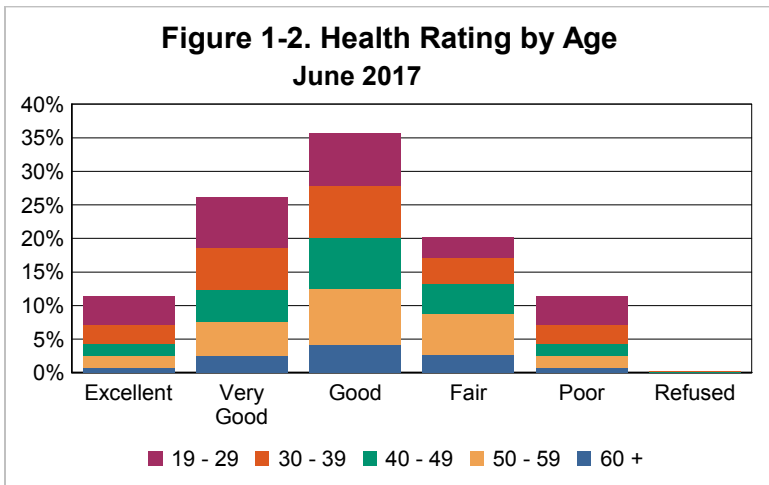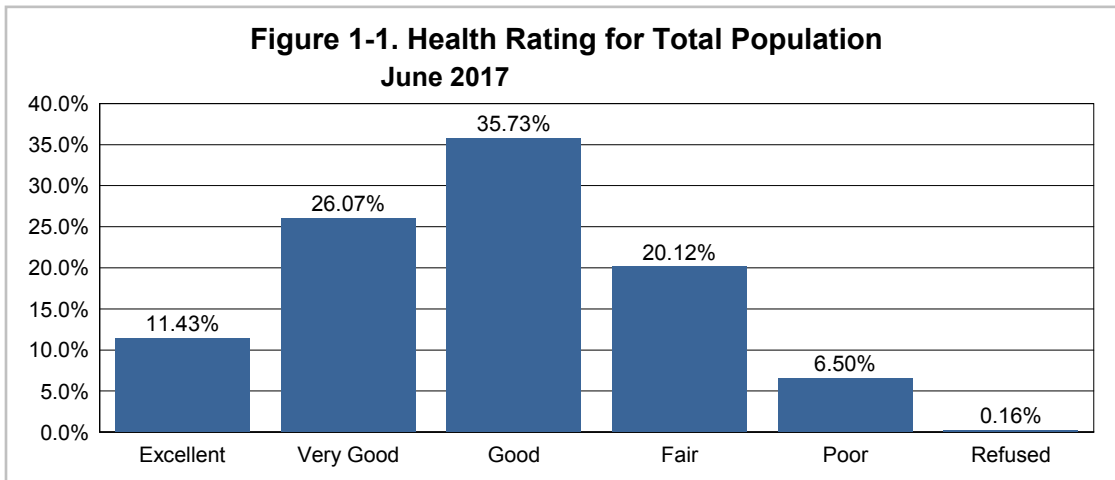
Question 2. Exercise

<u>Question 2. In the last 7 days, how often did you exercise for at least 20 minutes a day?</u> This question is used to assess selfreported exercise frequency as an important component of maintaining a healthy weight. Healthy Michigan Plan enrollees were given the answer options of every day, 3-6 days, 1-2 days or 0 days. Table 2 shows the overall answers to this question for June 2017. Among enrollees who participated in the survey, there was a 1.50% refusal rate for this question. Figures 2-1 through 2-3 show the exercise frequency reported for the total population, by age and gender.

Table 2. Exercise Reported for Total Population

June 2017

EXERCISE	TOTAL	PERCENT
Every Day	75,637	22.93%
3-6 Days	96,746	29.33%
1-2 Days	81,510	24.71%
No Days	70,992	21.52%
Refused	4,958	1.50%
TOTAL	**329,843**	**100.00%**

Figure 2-1. Exercise Reported for Total Population
June 2017

Figure 2-2. Exercise Reported by Age
June 2017

Figure 2-3. Exercise by Gender
June 2017
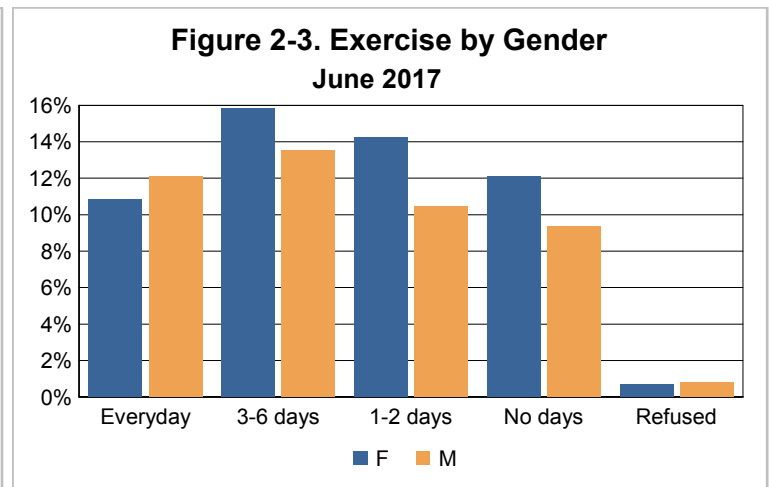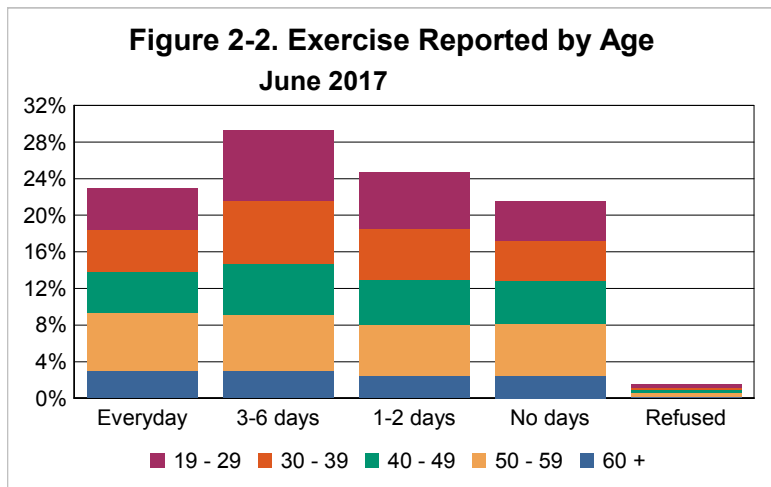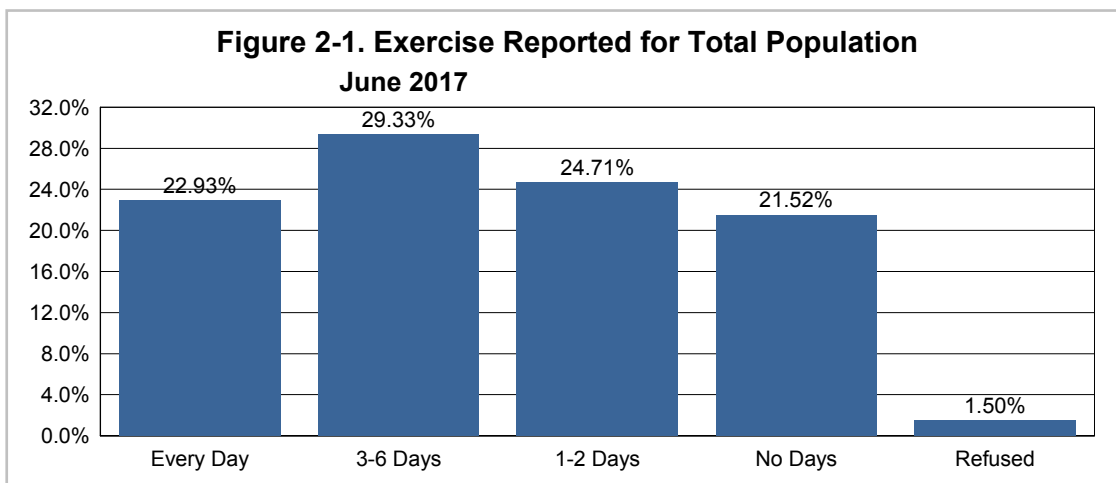
Question 3. Nutrition (Fruits and Vegetables)

Question 3. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day? This question is used to assess self-reported nutrition as an important component of maintaining a healthy weight. Healthy Michigan Plan enrollees were given the answer options of every day, 3-6 days, 1-2 days or 0 days. Table 3 shows the overall answers to this question for June 2017. Among enrollees who participated in the survey, there was a 1.85% refusal rate for this question. Figures 3-1 through 3-3 show the nutrition reported for the total population, and by age and gender.

Table 3. Nutrition Reported for Total Population

June 2017

NUTRITION	TOTAL	PERCENT
Every Day	111,832	33.91%
3-6 Days	114,612	34.75%
1-2 Days	75,011	22.74%
No Days	22,280	6.76%
Refused	6,108	1.85%
TOTAL	**329,843**	**100.00%**

Figure 3-1. Nutrition Reported for Total Population
June 2017

Figure 3-2. Nutrition Reported by Age
June 2017

Figure 3-3. Nutrition by Gender
June 2017
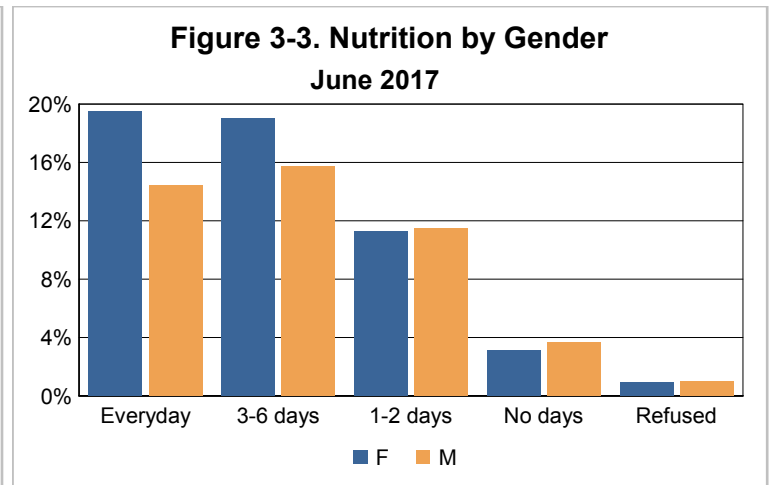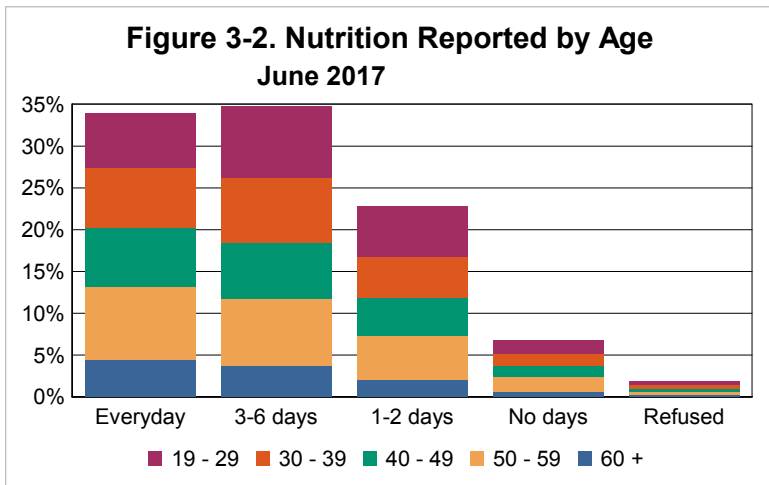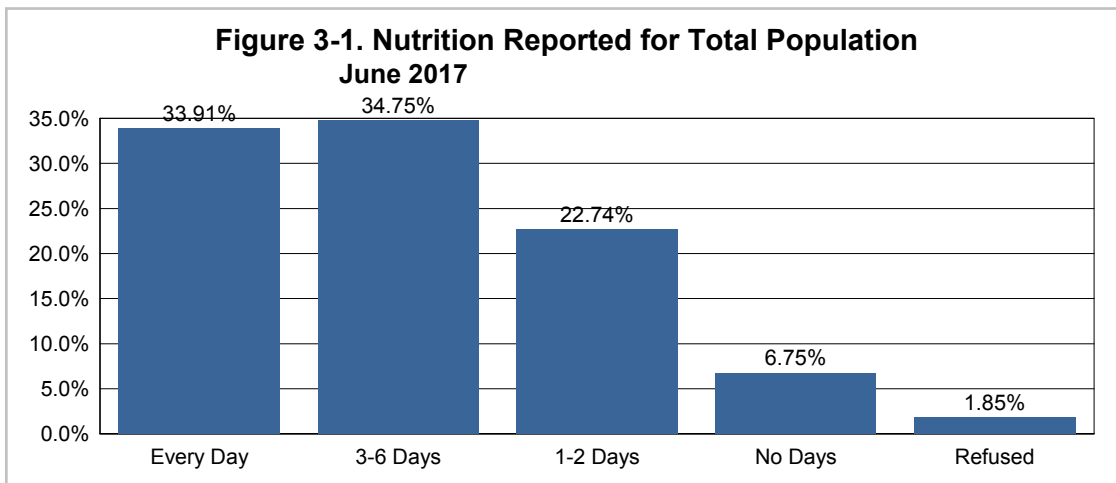
Question 4. Binge Alcohol Use

Question 4. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time? This question is used to assess self-reported binge alcohol use. Healthy Michigan Plan enrollees were given the answer options of never, once a week, 2-3 a week and more than 3 times during the week. Table 4 shows the combined overall answers to these questions for June 2017. Among enrollees who participated in the survey, there was a 0.82% refusal rate for this question. Figures 4-1 through 4-3 show binge alcohol use status reported for the total population, and by age and gender.

Table 4. Binge Alcohol Use Reported for Total Population

June 2017

ALCOHOL	TOTAL	PERCENT
Never	273,171	82.82%
Once a Week	36,604	11.10%
2-3 times a Week	14,061	4.26%
More than 3	3,299	1.00%
Refused	2,708	0.82%
TOTAL	**329,843**	**100.00%**

Figure 4-1. Binge Alcohol Use Reported for Total Population
June 2017

Figure 4-2. Binge Alcohol Use Reported by Age
June 2017

Figure 4-3. Binge Alcohol Use by Gender
June 2017
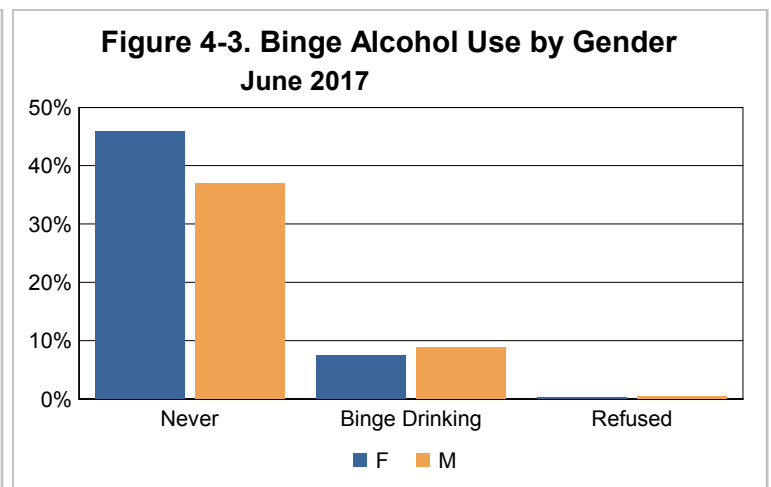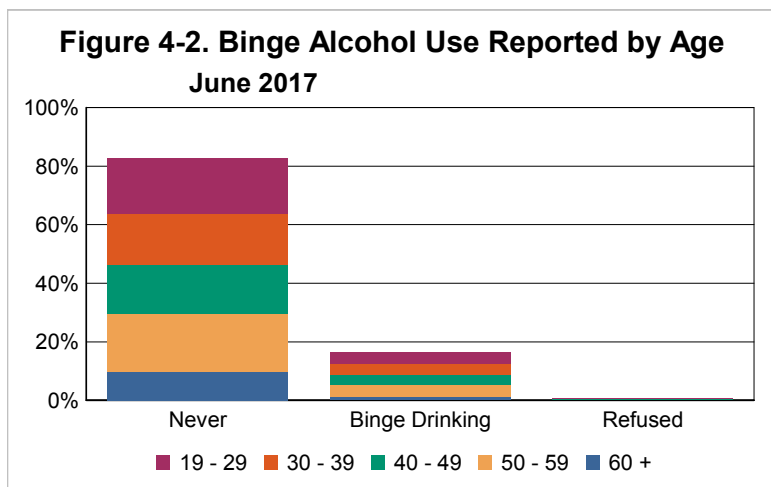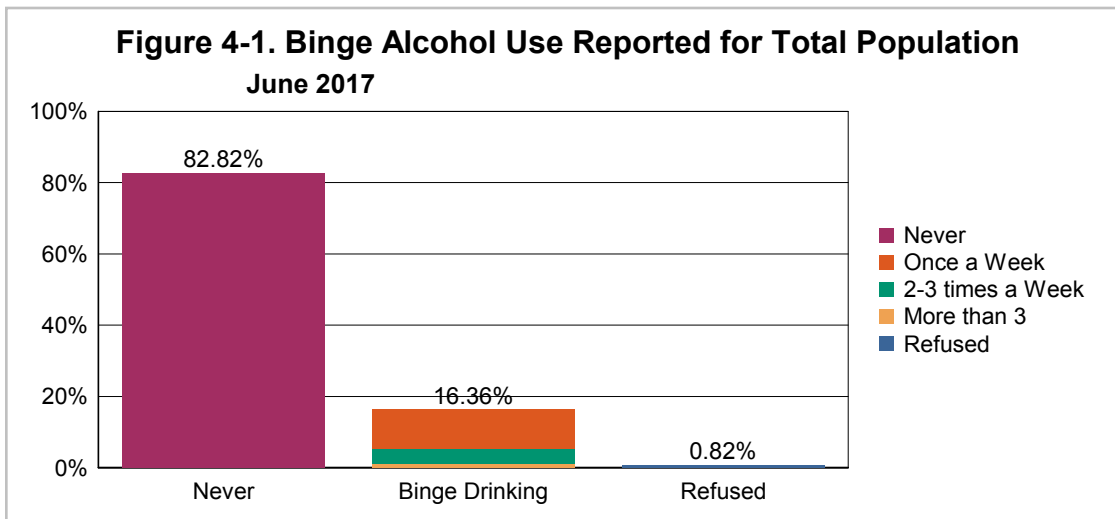
Question 5. Smoking/Tobacco Use

Question 5. In the last 30 days, have you smoked or used tobacco? This question is used to assess self-reported smoking/tobacco use. Healthy Michigan Plan enrollees were given the answer options of yes or no. Enrollees who answered yes, were asked a follow-up question: If YES, do you want to quit smoking or using tobacco? For this follow-up question, enrollees were given the answer options of yes, I am working on quitting or cutting back right now and no. Table 5 shows the combined overall answers to these questions for June 2017. Question 5 had a 0.41% refusal rate. Figures 5-1 through 5-3 show smoking/tobacco use reported for the total population, and by age and gender.

Table 5. Smoking/Tobacco Use Reported for Total Population

June 2017

TOBACCO USE	TOTAL	PERCENT
No Tobacco Use	196,787	59.66%
Quitting Now	52,471	15.91%
Wants to Quit	52,718	15.98%
Current User	26,506	8.04%
Refused	1,361	0.41%
TOTAL	**329,843**	**100.00%**

Figure 5-1. Smoking/Tobacco Use for Total Population
June 2017

Figure 5-2. Smoking/Tobacco Use by Age
June 2017

Figure 5-3. Smoking by Gender
June 2017
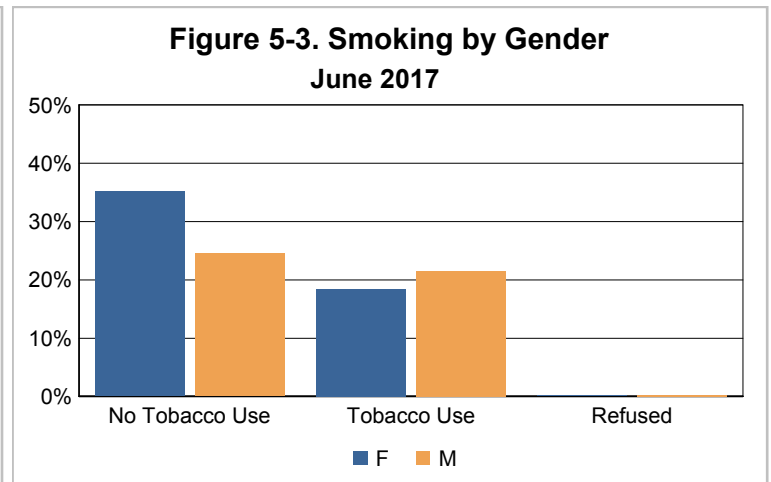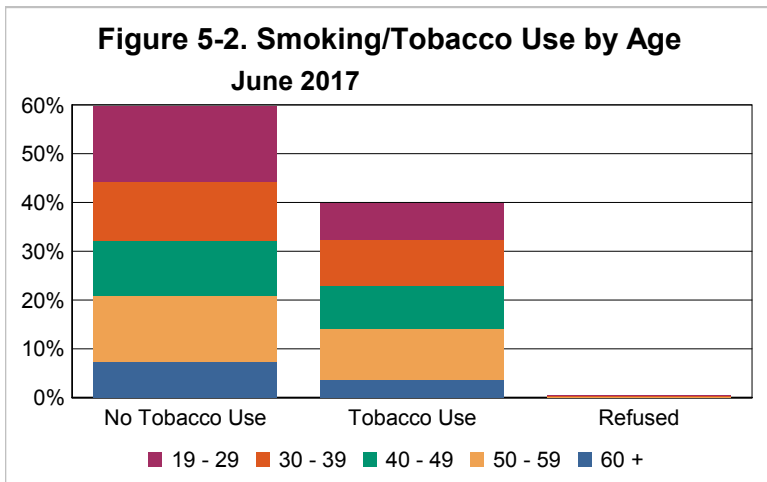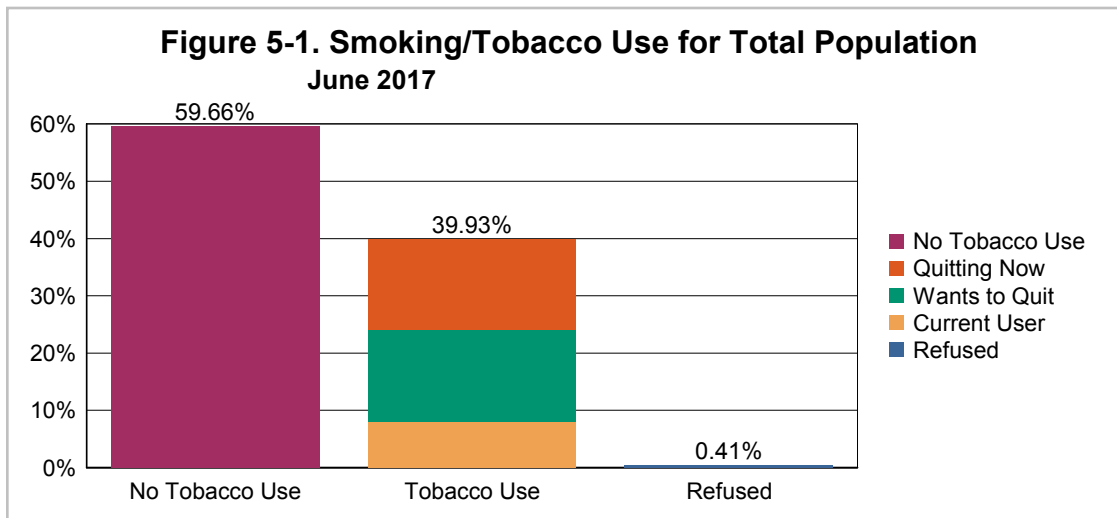
Question 6. Anxiety and Depression

Question 6. In the last 30 days, how often have you felt tense, anxious or depressed? This question is used to assess selfreported mental health status. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 6 shows the overall answers to this question for June 2017. Among enrollees who participated in the survey, there was a 9.34% refusal rate for this question. Figures 6-1 through 6-3 show anxiety and depression reported for the total population, and by age and gender.

Table 6. Anxiety and Depression Reported for Total Population

June 2017

DEPRESSION	TOTAL	PERCENT
Almost Every day	67,405	20.44%
Sometimes	86,818	26.32%
Rarely	69,768	21.15%
Never	75,034	22.75%
Refused	30,818	9.34%
TOTAL	**329,843**	**100.00%**

Figure 6-1. Anxiety and Depression Reported for Total Population
June 2017

Figure 6-2. Anxiety and Depression Reported by Age
June 2017

Figure 6-3. Anxiety and Depression by Gender
June 2017
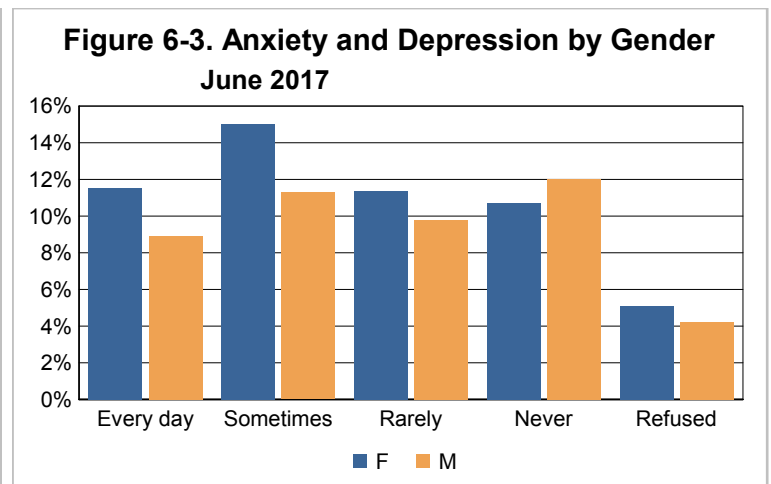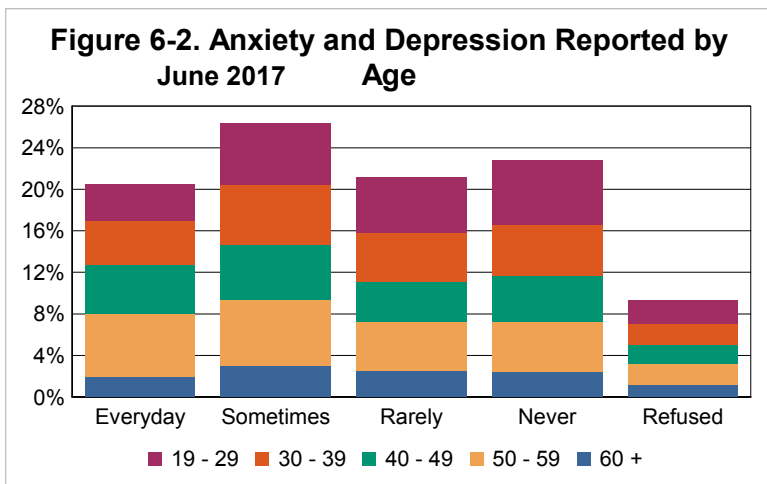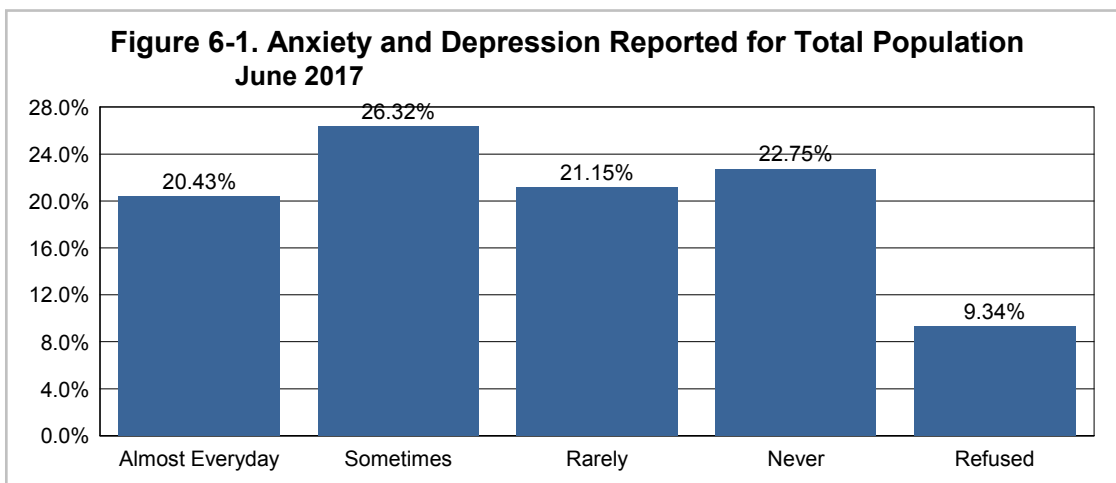
Question 7. Drugs and Substance Use

Question 7. Do you use drugs or medications (other than exactly as prescribed for you) which affect your mood or help you to relax? This question is used to assess self-reported substance use. Healthy Michigan Plan enrollees were given the answer options of almost every day, sometimes, rarely and never. Table 7 shows the overall answers to this question for June 2017. Among enrollees who participated in the survey, there was a 0.77% refusal rate for this question. Figures 7-1 through 7-3 show substance use reported for the total population, and by age and gender.

Table 7. Substance Use Reported for Total Population
June 2017

SUBSTANCE USE	TOTAL	PERCENT
Almost Every Day	6,374	1.93%
Sometimes	8,541	2.59%
Rarely	7,889	2.39%
Never	304,509	92.32%
Refused	2,530	0.77%
TOTAL	**329,843**	**100.00%**

Figure 7-1. Substance Use Reported for Total Population
June 2017

Figure 7-2. Substance Use Reported by Age
June 2017

Figure 7-3. Substance Use by Gender
June 2017
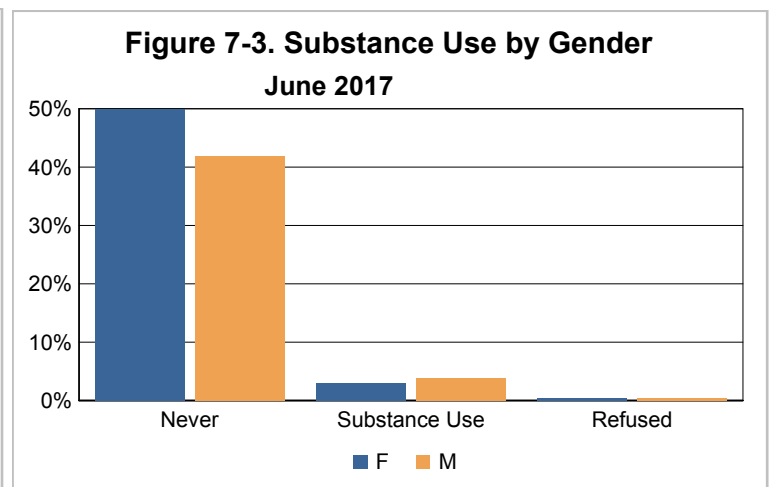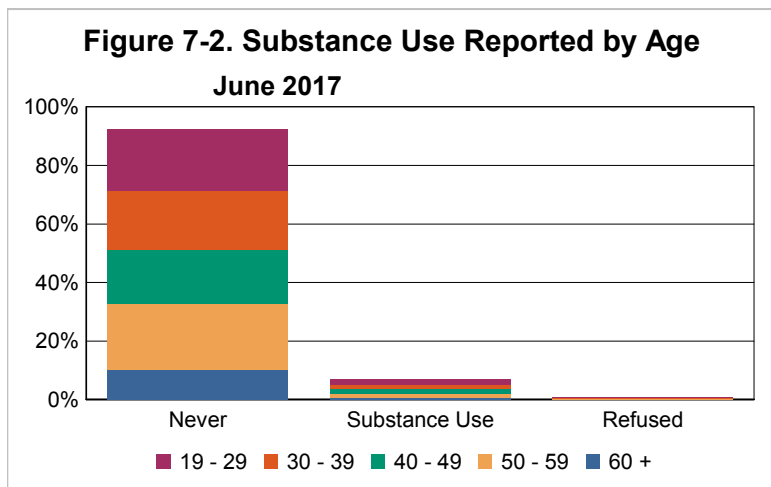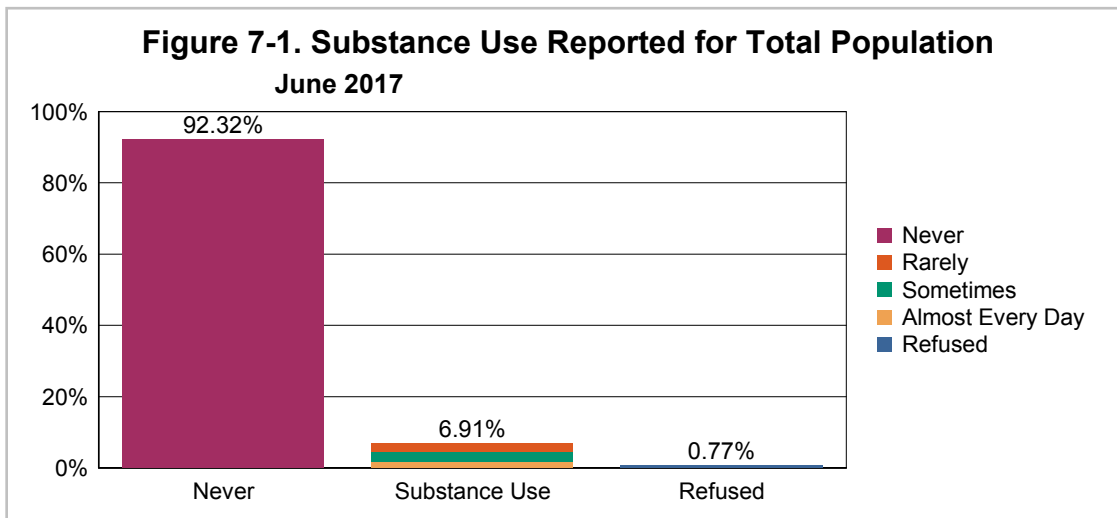
Question 8. Immunization Status (Annual Flu Vaccine)

<u>Question 8. The flu vaccine can be a shot in the arm or a spray in the nose. Have you had a flu shot or flu spray in the last year?</u>
This question is used to assess self-reported annual flu vaccine as an indicator of immunization status. Healthy Michigan Plan enrollees were given the answer options of yes or no. Table 8 shows the overall answers to this question for June 2017. Among enrollees who participated in the survey, there was a 1.87% refusal rate for this question. Figures 8-1 through 8-3 show immunization status reported for the total population, and by age and gender.

Table 8. Immunization Status Reported for Total Population

June 2017

IMMUNIZATION	TOTAL	PERCENT
Yes	74,139	22.48%
No	249,526	75.65%
Refused	6,178	1.87%
TOTAL	**329,843**	**100.00%**

Figure 8-1. Immunization Status Reported for Total Population
June 2017

Figure 8-2. Immunization Status Reported by Age
June 2017

Figure 8-3. Immunization Status by Gender
June 2017
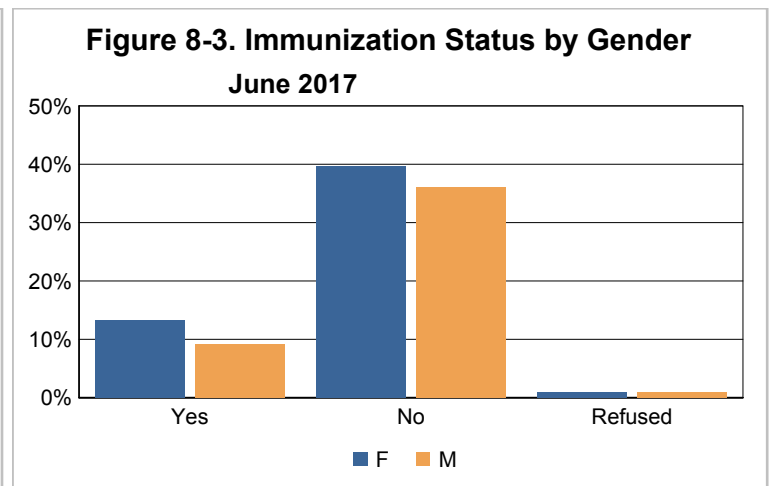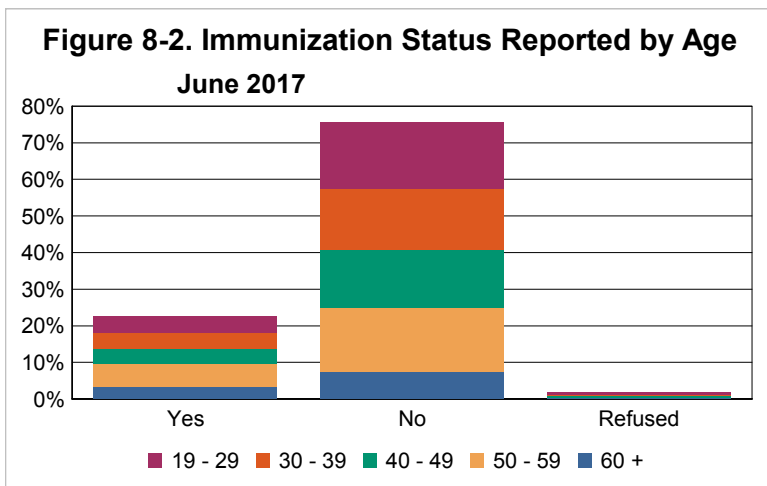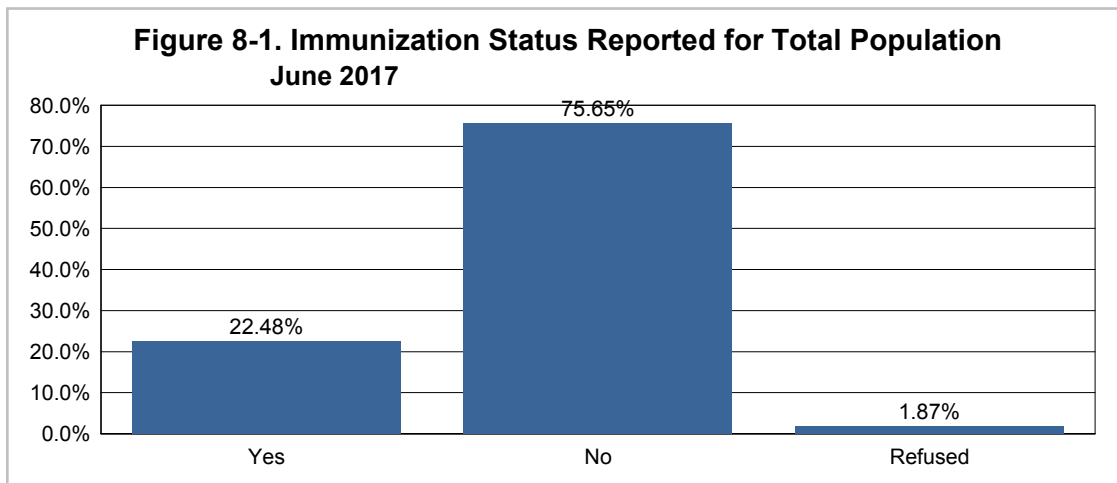
Question 9. Well Check Visit

Question 9. <u>A checkup is a visit to a doctor's office that is NOT for a specific problem.</u> How long has it been since your last check-up? This question is used to assess self-reported well check visit. Healthy Michigan Plan enrollees were given the answer options of within the last year, between 1-3 years and more than 3 years. Table 9 shows the overall answers to this question for June 2017. Among enrollees who participated in the survey, there was a 3.09% refusal rate for this question. Figures 9-1 through 9-3 show well check visit reported for the total population, and by age and gender.

Table 9. Well Check Visit Reported for Total Population

June 2017

CHECK-UP	TOTAL	PERCENT
Within the last year	171,722	52.06%
Between 1 & 3 years	81,887	24.83%
More than 3 years	66,047	20.02%
Refused	10,187	3.09%
TOTAL	**329,843**	**100.00%**

Figure 9-1. Well Check Visit Reported for Total Population
June 2017
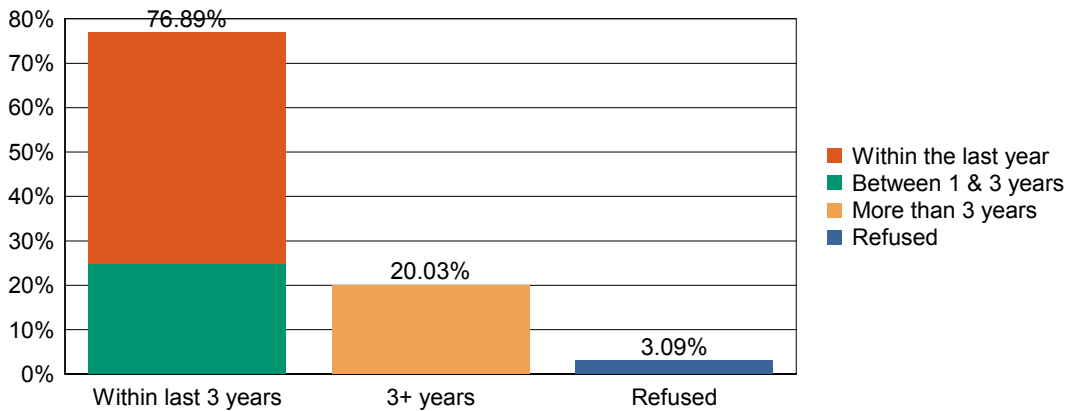
Figure 9-2. Well Check Visit Reported by Age
June 2017
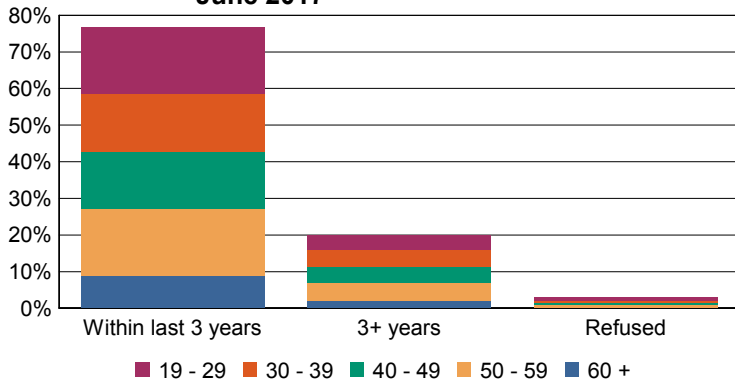
Figure 9-3. Well Check Visit by Gender
June 2017
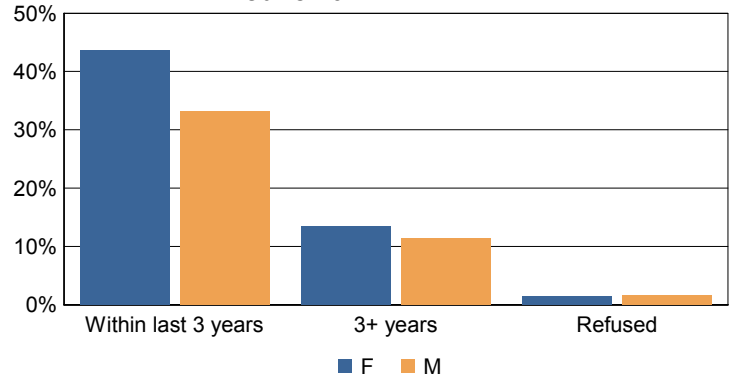
Health Risk Assessment Part 2

Health Risk Assessments completion with Primary Care Provider

In April 2014, the Healthy Michigan Plan was launched, and an initial preventive health visit to a primary care provider was promoted for all new beneficiaries. Beneficiaries were also encouraged to complete the last section of the Health Risk Assessment at this initial appointment. This final section of the Health Risk Assessment is completed jointly by beneficiaries and their primary care provider. It is designed as a tool for identifying annual health behavior goals.

Completion of this section of the Health Risk Assessment is also voluntary. Healthy Michigan Plan Beneficiaries who complete a Health Risk Assessment with a primary care provider attestation and agree to maintain or address healthy behaviors are eligible for an incentive. Of the 851,178 beneficiaries who have been enrolled in a health plan for at least six months, 155,193 or 18.2% have completed the Health Risk Assessment with their primary care provider as of June 2017.

The data displayed in Part 2 of this report reflect the healthy behavior goals selected jointly by Healthy Michigan Plan beneficiaries and their primary care provider in the final section of the Health Risk Assessment. As shown in Table 10, a total of 194,036 Health Risk Assessments were completed with primary care providers as of June 2017. Health Risk Assessment completion is reported by age, gender and Federal Poverty Level in Table 11.

Among beneficiaries who completed the Health Risk Assessment, 166,257 or 85.7% of beneficiaries agreed to address health risk behaviors. In addition, 26,119 or 13.5% of beneficiaries who completed the Health Risk Assessment chose to maintain current healthy behaviors, meaning that 99.1% of beneficiaries are choosing to address or maintain healthy behaviors. The healthy behaviors goal statements selected are reported in Table 12. Healthy behavior goal statements are also reported by age and gender in Figures 10-3 and 10-4.

Of the 166,257 beneficiaries who agreed to address health risk behaviors, 60.2% chose to address more than one healthy behavior. Tables 13 and 14 report the most frequently selected health risk behaviors to address, alone and in combination. Figure 10-5 is a Venn diagram representing the overlapping nature of the multiple healthy behaviors selected.

Health Risk Assessment Completion with Primary Care Provider

Table 10. Count of Health Risk Assessments (HRA) Completed with Primary Care Provider by Attestation

MONTH	COMPLETE	TOTAL
July 2016	4,571	144,189
August 2016	5,611	149,854
September 2016	4,827	154,710
October 2016	4,940	159,676
November 2016	4,942	164,651
December 2016	4,152	168,829
January 2017	4,328	173,207
February 2017	4,973	178,284
March 2017	5,565	183,903
April 2017	5,094	189,044
May 2017*	4,184	193,282
June 2017*	754	194,036

*Many HRAs have not yet been submitted for this month.

Table 11. Demographics of Population that Completed HRA with Primary Care Provider

September 2014 - June 2017

AGE GROUP	COMPLETED HRA	
19 - 29	38,877	20.04%
30 - 39	34,546	17.80%
40 - 49	36,979	19.06%
50 - 59	54,999	28.35%
60 +	28,635	14.76%
GENDER		
F	111,246	57.33%
M	82,790	42.67%
FPL		
< 100% FPL	159,665	82.29%
100 - 133% FPL	34,371	17.71%
TOTAL	**194,036**	**100.00%**

Figure 10-1. Health Risk Assessments Completed with Primary Care Provider

June 2017
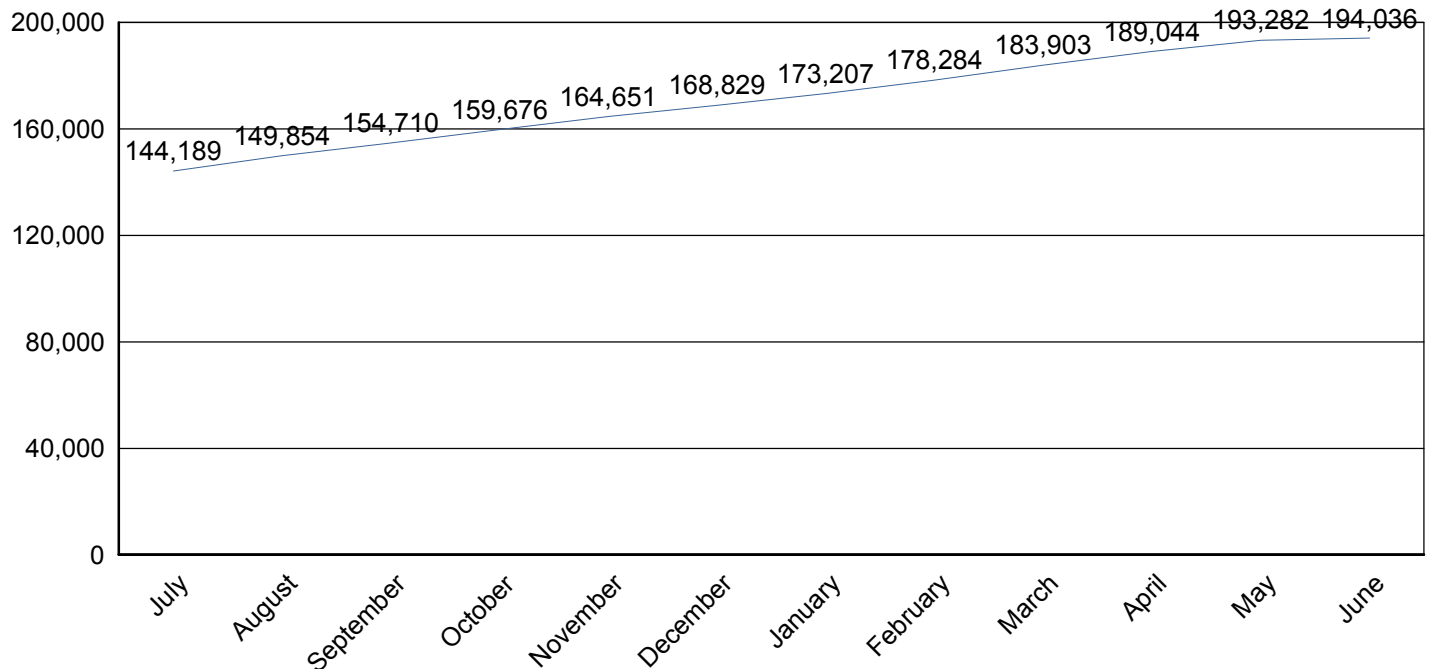
Healthy Behaviors Statement Selection

Section 4. Healthy Behaviors: In discussion with the beneficiary, primary care providers choose between 4 statements to attest to the healthy behaviors goals that the beneficiary will strive for this year. The 4 statements are:

A. Patient does not have health risk behaviors that need to be addressed at this times

B. Patient has identified at least one behavior to address over the next year to improve their health

C. Patient has a serious medical, behavioral or social condition or conditions which precludes addressing unhealthy behaviors at this time.

D. Unhealthy behaviors have been identified, patient's readiness to change has been assessed, and patient is not ready to make changes at this time.

Figures 10-2 through 10-4 show Healthy Behaviors Statement Selections for the total population, and by age and gender.

Table 12. Healthy Behaviors Statement Selection
June 2017

CHECK-UP	TOTAL	PERCENT
A. Maintain Healthy Behaviors	26,119	13.46%
B. Address Health Risk Behaviors	166,257	85.68%
C. Condition(s) Preclude Addressing Health Risk Behaviors	795	0.41%
D. Not Ready	865	0.45%
TOTAL	194,036	100.00%

Figure 10-2. Healthy Behaviors Statement Selection
June 2017
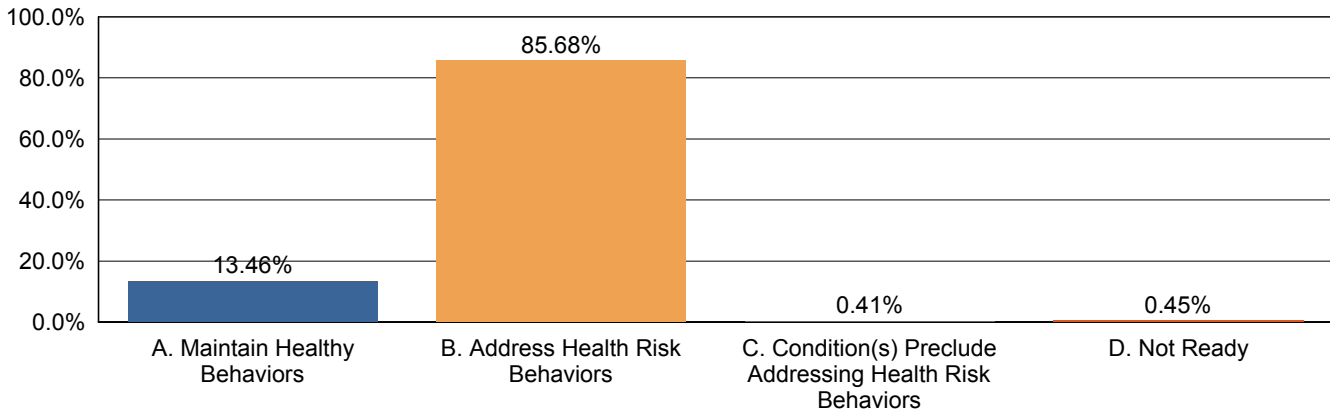
Figure 10-3. Maintain or Addressing Health Risk Behaviors Statement Selection by Age
June 2017
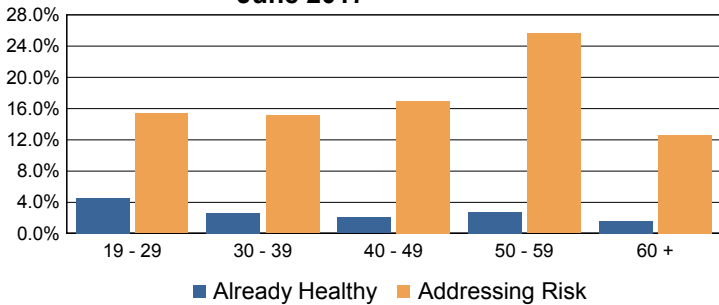
Figure 10-4. Statement Selection by Gender
June 2017
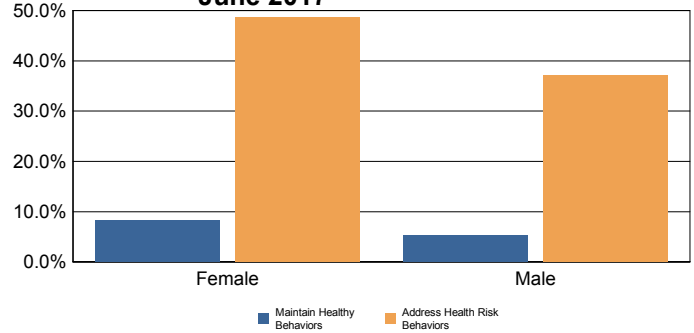
Selection of Health Risk Behaviors to Address

Section 4. Healthy Behaviors: In discussion with the beneficiary, when Statement B, "Patient has identified at least one behavior they intend to address over the next year to improve their health" is selected, providers choose one or more of the following 7 statements to identify the healthy behaviors the beneficiary has chosen to address for the year:

1. Increase physical activity, Learn more about nutrition and improve diet, and/or weight loss
2. Reduce/quit tobacco use
3. Annual Influenza vaccine
4. Agrees to follow-up appointment for screening or management (if necessary) of hypertension, cholesterol and/or diabetes
5. Reduce/quit alcohol consumption
6. Treatment for Substance Use Disorder
7. Other: explain _____

Of the 166,257 HRAs submitted through June 2017 where the beneficiary chose to address health risk behaviors, 60.20% of beneficiaries chose more than one healthy behavior to address. The top 7 most selected behavior combinations and the rate that each behavior was selected in combination and alone are presented in the tables below:

Table 13. Top 7 Most Selected Health Risk Behavior Combinations

Health Risk Behavior Combination	Count	Percent
1. Weight Loss ONLY	30,513	18.35%
2. Weight Loss, Follow-up for Chronic Conditions	16,143	9.71%
3. Weight Loss, Immunization Status, Follow-up for Chronic Conditions	14,866	8.94%
4. Tobacco Cessation ONLY	13,372	8.04%
5. Weight Loss, Immunization Status	12,451	7.49%
6. Follow-up for Chronic Conditions	10,392	6.25%
7. Weight Loss, Tobacco Cessation	9,106	5.48%
Total for Top 7	106,843	64.27%
Total for All Other Combinations	59,414	35.74%
Total	**166,257**	**100.00%**

Table 14. Health Risk Behaviors Selected in Combination and Alone

Health Risk Behavior	Chose this behavior and at least one more	Chose ONLY this behavior
Weight Loss	66.20%	18.35%
Tobacco Cessation	36.53%	8.04%
Immunization Status (Annual Flu Vaccine)	40.59%	4.81%
Follow-up for Chronic Conditions	42.82%	6.25%
Addressing Alcohol Abuse	4.38%	0.35%
Addressing Substance Abuse	1.19%	0.11%
Other	4.55%	1.89%

Health Risk Assessment Completion with Primary Care Provider

Representation of the overlapping nature of top 10 health risk behavior selections June 2017

Weight Loss (WL)
66.2% (110,053) of beneficiaries chose to address weight loss, either alone or in combination with other health behaviors

Follow-up for Chronic Conditions (CC)
42.8% (71,185) of beneficiaries chose to follow-up for chronic conditions, either alone or in combination with other health behaviors

Immunization Status (IM)
40.6% (67,468) of beneficiaries chose to address immunization status, either alone or in combination with other health behaviors

Tobacco Cessation (TC)
36.5% (60,734) of beneficiaries chose tobacco cessation, either alone or in combination with other health behaviors

1. Weight Loss only 18.4%

5. WL + IM 7.5%

2. WL + CC 9.7%

3. WL CC + IM 8.9%

8. Immunization Status only 4.8%

10. 3.6%

9. WL, TC, CC + IM 4.8%

7. 5.5%

6. Follow-up for chronic Conditions only 6.3%

4. Tobacco Cessation only 8.0%

More Middle Combinations
7. WL + TC 5.5%
10. WL + IM + TC 3.6%

Medical Care Advisory Council

Meeting Minutes

Date:	Monday, June 26, 2017
Time:	8:30 a.m. – 12:00 p.m.
Where:	Peckham Industries
	3510 Capital City Blvd.
	Lansing, MI 48906-2102
Attendees:	**Council Members:** Robin Reynolds, Marilyn Litka-Klein, Barry Cargill, Dominick Pallone, Deb Brinson, Alison Hirschel, Warren White, Amy Zaagman, Stacy Hettiger (for Rebecca Blake), Michelle Best (for Amy Hundley), Linda Vail, Emily Schwarzkopf, Pam Lupo, Robert Sheehan, Dave LaLumia, Kimberly Singh, April Stopczynski, Jeffrey Towns
	Staff: Chris Priest, Farah Hanley, Lynda Zeller, Erin Emerson, Dick Miles, Kathy Stiffler, Dave Schneider, Jackie Prokop, Pam Diebolt, Marie LaPres, Cindy Linn
	Other Attendees: Mary Vizcarra, Salli Pung

Welcome, Introductions, Announcements

Robin Reynolds opened the meeting and introductions were made.

Federal Updates

Chris Priest reported that the U.S. Senate has released its own version of a bill to repeal and replace the Affordable Care Act (ACA) and discussed the ways in which it would impact the Medicaid program if adopted.   If enacted, the bill would:

- Allow states that have not yet expanded Medicaid eligibility to do so at the regular Federal Matching Assistance Percentage (FMAP) rate;
- Gradually decrease the FMAP rate in current expansion states to the regular FMAP beginning in 2021, which, over time, would result in an estimated cost of $800 million General Fund for the State of Michigan;
- Immediately implement cuts to the Disproportionate Share Hospital (DSH) pool that were included as part of the Affordable Care Act (ACA) in states that expanded Medicaid eligibility, while non-expansion states would be exempt from DSH pool cuts;
- Transform the Medicaid program to a per-capita cap model and exclude children who receive a disability eligibility determination;
- Change the base year calculation to allow states to choose eight consecutive fiscal quarters from 2014 through the third quarter of FY 2017 to set their base rate;

- Require the federal Department of Health and Human Services (HHS) to consult with the states before issuing new guidance related to Medicaid;
- Allow states to expand access to mental health and substance use disorders at the regular match rate;
- No longer require states to offer up to 90 days of retroactive Medicaid eligibility for new enrollees beginning October 1, 2017; and
- Gradually reduce states' provider tax limit to 5%.

MDHHS staff and meeting attendees discussed the proposed legislation at length.

Budget/Boilerplate Update

2017 Updates

The legislature has approved a supplemental Fiscal Year (FY) 2017 budget, which includes funding to implement the pilots approved in the FY 2018 budget around the integration of physical health and behavioral health services.

2018 Proposed Budget

The FY 2018 budget has been approved by the legislative conference committee and forwarded to the governor for review. Farah Hanley indicated that nearly all of the priorities established by MDHHS leadership and the governor for the department were approved in the final legislative draft of the budget, which include:

- Funding for the MDHHS Integrated Service Delivery (ISD) initiative to develop a universal caseload concept, which will affect caseworkers in the field, enable the establishment of a universal call center, and support necessary systems changes;
- Full funding for Medicaid Health Plan actuarial soundness (which assumes that the ACA insurer fee will not be reinstated);
- Full funding for the Medicaid program at the Department's caseload projections for FY 2018;
- $500,000 to support a public transit pilot in areas of the state where Non-Emergency Medical Transportation (NEMT) services are currently unavailable;
- $5.7 million for a direct primary care pilot program in Wayne, Oakland, Macomb, Washtenaw and Livingston counties that will work directly with providers to provide services at a lower per-member-per-month payment;
- $240,000 for the I Vaccinate program to minimize the occurrence of vaccine-preventable diseases;
- $45 million to fund a direct care worker wage increase of $0.50;
- Funding for 72 additional staff at state psychiatric hospitals;
- Funding for a new Caro Psychiatric hospital, which was approved through the capital outlay process;

- Funding for the Psychiatric Residential Transition Unit to assist children in the Hawthorn Center for Children in preparing for the community;
- Funding for 95 additional adult services workers;
- An increase in the foster care provider administrative rate;
- Funding for a vapor intrusion office, drinking water unit, and childhood lead poisoning prevention unit within the Population Health Administration;
- Funding for out-state dental clinics; and
- Funding for pregnancy prevention programs.

In addition, a few reductions included in the FY 2018 budget were noted as well, including:

- A $750,000 reduction in funding for the Mental Health and Wellness Commission; and
- A reduction in funding for university autism programs.

Healthy Michigan Plan

Second Waiver Update

MDHHS is continuing to move forward with implementing the terms of the second waiver for the Healthy Michigan Plan.   Under the terms of the waiver beginning April 1, 2018, individuals who have been enrolled in the Healthy Michigan Plan for at least 12 months, have incomes above 100% of the federal poverty level (FPL) and do not meet the criteria for "medically frail" may:

- Remain on the Healthy Michigan plan if they choose to engage in one or more healthy behaviors; or
- If they do not agree to engage in one or more healthy behaviors, they will receive insurance coverage from the Federally Facilitated Marketplace (FFM).

Insurance carriers interested in offering plans on the FFM for this population filed rates on June 14, 2017, and MDHHS is working with the Department of Insurance and Financial Services (DIFS) to establish a Marketplace option in all counties for Healthy Michigan Plan beneficiaries.   As part of this process, many plans filed two sets of rates to account for the possibility that cost-sharing reductions are not approved in federal law.   MDHHS also plans to issue a revised Healthy Behaviors Incentives Protocol and Operational Protocol for the MI Health Accounts, as well as a Healthy Michigan Plan Marketplace Operation Operational Protocol related to the implementation of the Second Waiver.   MDHHS staff and meeting attendees discussed at length coverage options and the urgency of assuring at least two health plan product offerings in every county for the Healthy Michigan Plan population (except the Upper Peninsula, which only needs one).   An exception will be requested of CMS if less than two offerings are available in all Lower Peninsula counties.   Plans continue to work to finalize their networks.   Staff noted that dental benefits will not be provided through the health plans for members of the Healthy Michigan Plan Marketplace population.

Healthy Behaviors Update

Kathy Stiffler shared that MDHHS is working to revise the Health Risk Assessment (HRA) form by removing the option to include beneficiary biometric data (e.g., cholesterol levels, blood pressure, etc.) and convert the HRA to an electronic format from the current paper form.   This will allow providers to submit the form directly to MDHHS for staff to forward to the correct health plan.   The Department's goal with moving to the new submission system is for timelier processing of HRAs and greater beneficiary participation in healthy behaviors.   Currently, 18% of Healthy Michigan Plan beneficiaries have completed an HRA and are engaging in one or more healthy behaviors.

Other

The current Healthy Michigan Plan §1115 Demonstration Waiver expires on December 31, 2018, and MDHHS is working to submit a request for extension to the Centers for Medicare & Medicaid Services (CMS) by December 31, 2017.

Medicaid Managed Care

Provider Surveys

MDHHS worked with the Michigan State University Institute for Health Policy to develop and distribute a survey to providers related to their experience in working with the health plans.   To conduct the survey, MDHHS randomly selected providers to rate their experience working with a specific health plan.   Providers who completed a survey of the health plan to which they were assigned were allowed to survey additional health plans of their choosing.   The survey was distributed to 5,607 providers (in anticipation of a low response rate) with a statewide target sample of 2,317.   However, only 5% of all providers completed a survey, (11% of the target sample).   A draft report showing the results of the survey was distributed to meeting attendees.   MDHHS staff indicated that while the Department does not plan to publish the report due to the low response rate, some findings will be shared with individual Medicaid Health Plans.

Healthy Kids Dental Bid Update

MDHHS is currently accepting bids for a new *Healthy Kids Dental* contract, and has extended the deadline for submissions to July 31, 2017.   Award notices will be posted on www.buy4michigan.com in October or November 2017, with a contract start date of April 1, 2018.   While Delta Dental is currently the only provider with a contract to provide services to *Healthy Kids Dental* program beneficiaries, the Department aims to award new contracts to more than one statewide vendor.   If more than one contract is awarded, a systems change will be required to allow beneficiaries the choice of enrolling in any available plan.   Additional information regarding the *Healthy Kids Dental* contract award process is available on the web at www.buy4michigan.com.

Prescriber Enrollment – Community Health Automated Medicaid Processing System (CHAMPS)

Despite ongoing outreach efforts by MDHHS, several prescribers providing services to Medicaid beneficiaries are not currently enrolled in CHAMPS as required by CMS. Compliance was expected July 1, 2013, but implementation has again been postponed to allow more time for prescribers to enroll to avoid medication access issues. Further outreach efforts will be implemented.

Behavioral Health Updates

Parity Rule

MDHHS staff provided meeting attendees with copies of a printed presentation detailing the Department's efforts to comply with the Mental Health Parity and Addiction Equity Act of 2008 and gave an overview of the document.

Section 298 – Models

The Stakeholder 298 work group that was convened to discuss the integration of behavioral health and physical health services has submitted a final report containing 72 policy recommendations to the legislature, and it has been forwarded to the Governor for review. MDHHS is now working internally to make preparations for carrying out the recommendations of the report and to develop benchmarks for implementation of the pilots approved in the FY 2018 budget. The Department must also submit a report to the legislature by November 1, 2017 to propose remedies to any potential barriers to implementation.

1115 Waiver Status

MDHHS submitted a Section 1115 Waiver to CMS in July 2016, which would allow the administration of all behavioral health services under a single waiver authority, and is continuing to work through the approval process with its federal partners.

Other

Lynda Zeller addressed several other topics related to behavioral health services, including:

- The Behavioral Health and Developmental Disabilities Administration (BHDDA) is working with other areas of MDHHS and stakeholders to identify specific barriers to access to care for inpatient psychiatric services, in order to develop policy to address the issue.
- A letter was issued by the MDHHS Bureau of Community Based Services to offer guidance to providers regarding the department's process for establishing psychiatric Institute for Mental Disease (IMD) rates.

- BHDDA is working with the National Governor's Association (NGA) to:
  o Explore ways to increase access to health care in rural areas, with an emphasis on behavioral health services; and
  o Improve information sharing among providers related to better care coordination, with a specific focus on behavioral health services.

Long Term Care Services and Supports Updates

Dick Miles provided an update on several initiatives related to Long Term Care that were included in the FY 2018 budget, including:

- The establishment of a nursing facility quality measure initiative to provide a supplemental payment to nursing facilities based on their 5-star ratings from the CMS Nursing Home Compare (NHC) website;
- $150,000 in funding for an electronic visit verification (EVV) system for personal care service providers beginning in 2019;
- A provision that will allow MDHHS additional flexibility for Program of All Inclusive Care for the Elderly (PACE) expansion outside of the regular budget cycle;
- General fund support to continue the Hospice Residence program;
- $3.7 million in funding to support housing and outreach specialists related to nursing facility transitions; and
- A provision to allow MDHHS to explore the implementation of managed long term care supports and services.

In addition to long term care services and supports items included in the FY 2018 budget, Mr. Miles also shared the following updates:

- MDHHS is working to submit a renewal request to CMS for the MI Choice Waiver, which currently expires in October 2018.
- The MI Choice program was converted to a capitated payment model in October 2013, and the Department is continuing to provide assistance to MI Choice waiver agencies as needed to help with the transition.
- The Medicaid Home Help program is in the process of converting to a new time and task care management model for providers.
- As of June 26, 2017, approximately 38,000 beneficiaries are enrolled in the MI Health Link demonstration program for individuals who are dually eligible for Medicare and Medicaid.   The demonstration is currently authorized through 2020, MDHHS is continuing to evaluate the program and make improvements where necessary.
- The PACE program is continuing to expand with 2,000 beneficiaries currently enrolled, and MDHHS is preparing to open a new PACE center in Newaygo County.

Policy Updates

A policy bulletin handout was distributed to attendees and several items were discussed.

The meeting was adjourned at 12:00 p.m.

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance

PERFORMANCE MONITORING REPORT

HEALTHY MICHIGAN PLAN

Composite – All Plans

July 2017

Produced by:
Quality Improvement and Program Development – Managed Care Plan Division

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Healthy Michigan Plan

Appendixes

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Executive Summary

This Performance Monitoring Report (PMR) is produced by the Quality Improvement and Program Development (QIPD) Section of the Managed Care Plan Division (MCPD) to track quality, access, and utilization in the Michigan Medicaid program to better support high quality care for beneficiaries.

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through twenty-six (26) key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include Medicaid Managed Care specific measures, Healthy Michigan Plan (HMP) measures, and HEDIS measures. **This report focuses only on the Healthy Michigan Plan (HMP) measures.** The following HMP measures will be included in this report:

Healthy Michigan Plan		
Adults' Generic Drug Utilization	*Timely Completion of HRA*	*Outreach & Engagement to Facilitate Entry to PCP*
Plan All-Cause Acute 30-Day Readmissions	*Adults' Access to Ambulatory Health Services*	*Transition into Consistently Fail to Pay (CFP) Status*
Transition out of Consistently Fail to Pay (CFP) Status		

Data for these measures are represented on a quarterly basis. The body of the report contains a cross-plan analysis of the most current data available for each of these measures. Measurement Periods may vary and are based on the specifications for that individual measure. A composite summary of plan performance for all standards is displayed in Appendix A. Appendix B contains specific three letter codes identifying each of the MHPs. Appendix C contains the one-year plan specific analysis for each measure.

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2017 unless otherwise noted.

Table 1: Fiscal Year 2017[1]

Quarterly Reported Measures	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Adults' Generic Drug Utilization	11/11	11/11	11/11	
Timely Completion of Initial HRA	2/11	1/11	1/10	
Outreach & Engagement to Facilitate Entry to PCP	0/11	0/11	0/11	
Plan All-Cause Acute 30-Day Readmissions	2/10	2/10	2/10	
Adults' Access to Ambulatory Health Services	5/11	5/11	5/11	
Transition into CFP Status	N/A	N/A	N/A	
Transition out of CFP Status	N/A	N/A	N/A	

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[1] N/A will be shown for measures where the standard is Informational Only.

Healthy Michigan Plan Enrollment

The Healthy Michigan Plan (HMP-MC) enrollment has increased slightly over the past year. In July 2017, enrollment was 553,352, up 66,530 enrollees (12.0%) from August 2016. An increase of 7,567 enrollees (1.4%) was realized between June 2017 and July 2017.

Figure 1: HMP-MC Enrollment, August 2016 – July 2017
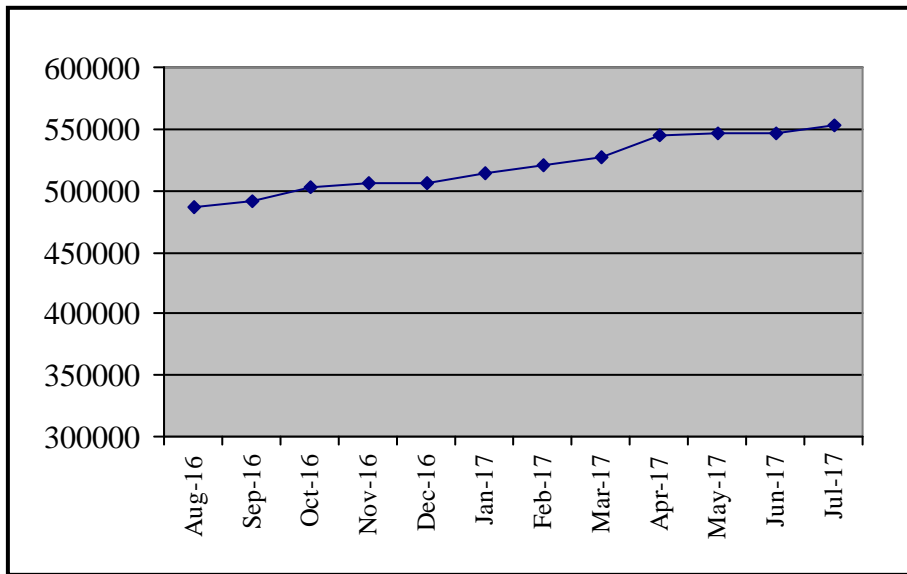
Figure 2: HMP-MC Enrollment by Medicaid Health Plan, July 2017
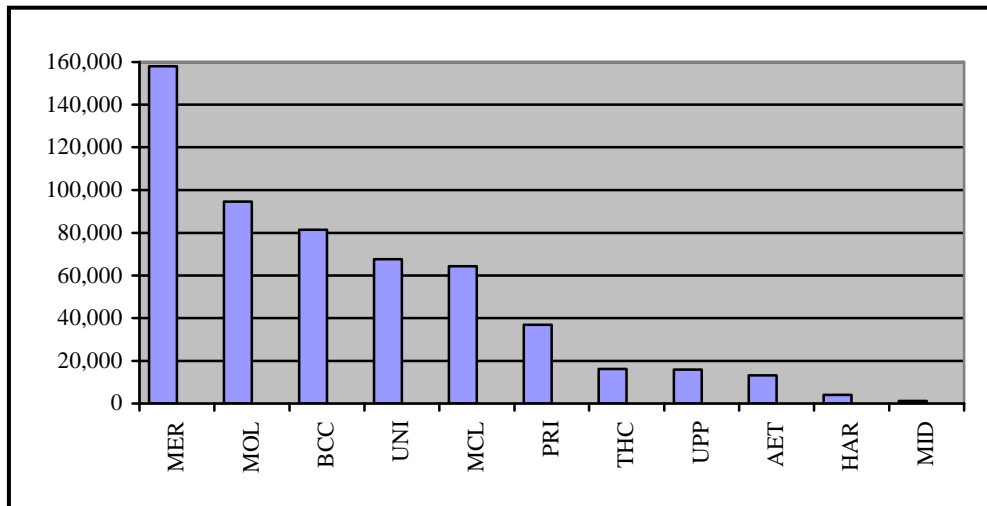
Medicaid Health Plan News

The Performance Monitoring Report contains data for all Michigan Medicaid Health Plans, where data is available. Eleven Medicaid Health Plans are contracted with the State of Michigan to provide comprehensive health care services.

Cross-Plan Performance Monitoring Analyses

The following section includes a cross-plan analysis for each performance measure. An analysis of the most current data available for each performance measure is included. For detailed questions regarding measurement periods or standards, see the Performance Monitoring Specifications.

Adults' Generic Drug Utilization

Measure
The percentage of generic prescriptions filled for adult members of health plans during the measurement period.

Standard   **Measurement Period**
At or above 80% (as shown on bar graph below)   October 2016 –December 2016

Data Source   **Measurement Frequency**
MDHHS Data Warehouse   Quarterly

Summary: All of the plans met or exceeded the standard. Results ranged from 81.75% to 86.43%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	3,817,623	4,515,563	84.54%
Fee For Service (FFS) only	19,481	45,375	42.93%
Managed Care only	3,746,714	4,405,268	85.05%
MA-MC	1,949,672	2,301,603	84.71%
HMP-MC	1,763,843	2,064,661	85.43%

Figure 3: Adults' Generic Drug Utilization

Numerator/ Denominator*

Plan	Percentage	Numerator / Denominator*
MID	86.43%	2,637 / 3,051
UNI	86.31%	600,910 / 696,233
THC	86.07%	149,238 / 173,393
MOL	85.79%	840,770 / 980,058
HAR	85.42%	15,014/ 17,577
BCC	84.63%	347,369 / 410,465
MER	84.46%	1,014,361 / 1,201,063
AET	84.42%	93,167 / 110,359
MCL	84.38%	416,018 / 493,056
PRI	84.01%	199,657 / 237,659
UPP	81.75%	57,514 / 70,357
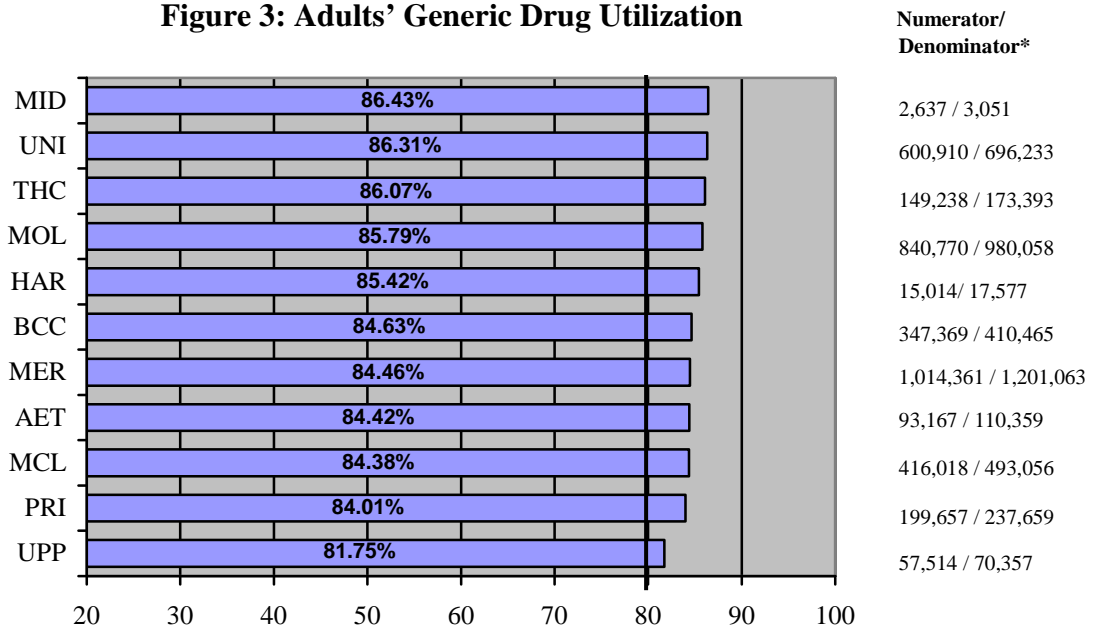
Adult's Generic Drug Utilization Percentages

*Numerator depicts the number of eligible beneficiaries who had generic prescriptions filled. Denominator depicts the total number of eligible beneficiaries.

Timely Completion of Initial Health Risk Assessment

Measure

The percentage of Healthy Michigan Plan beneficiaries enrolled in a health plan who had a Health Risk Assessment (HRA) completed within 150 days of enrollment in a health plan.

Standard

At or above 15% (as shown on bar graph below)

Enrollment Dates

July 2016 – September 2016

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Summary: One plan met or exceeded the standard, while ten plans (AET, BCC, HAR, MCL, MER, MID, MOL, PRI, UNI, and UPP) did not. Results ranged from 2.46% to 17.68%.

Table 3: Program Total[2]

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	3,686	36,869	10.00%

Figure 4: Timely Completion of Initial HRA

	Numerator/Denominator*
THC 17.68%	198 / 1,120
UNI 14.21%	633 / 4,456
MER 11.74%	1,251 / 10,652
MCL 9.57%	340 / 3,554
PRI 9.01%	252 / 2,798
BCC 7.95%	477 / 5,997
AET 7.80%	74 / 949
UPP 6.63%	66 / 996
MOL 6.52%	383 / 5,877
MID N/A	3/ 104
HAR 2.46%	9 / 366
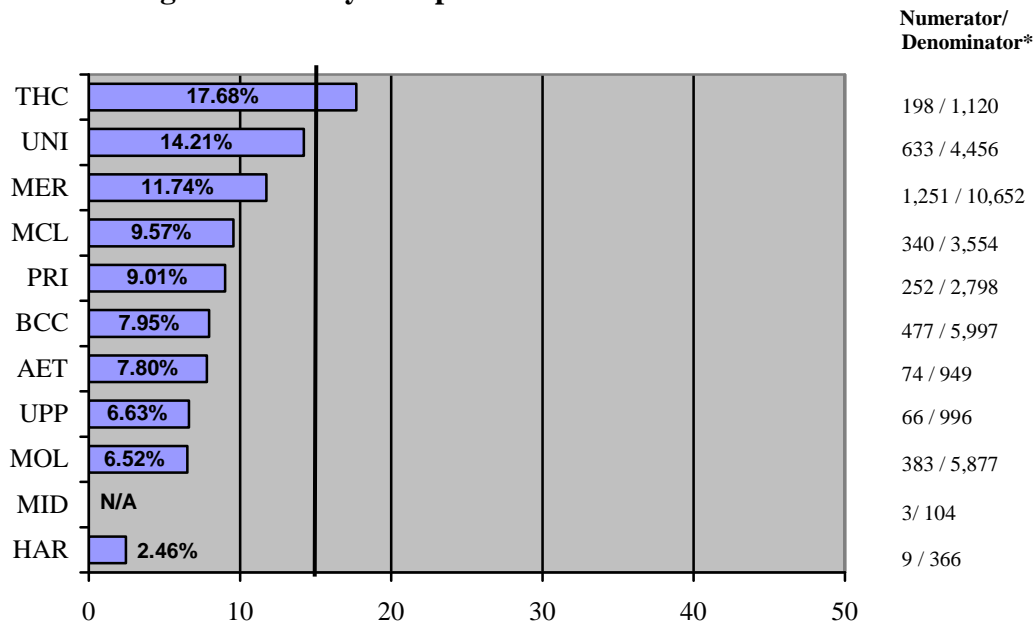
Timely Completion of Initial HRA Percentages

*Numerator depicts the number of eligible beneficiaries who completed an HRA within 150 days of enrollment in a health plan. Denominator depicts the total number of eligible beneficiaries.

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[2] This includes HRAs completed during the HMP FFS period prior to enrollment in a Medicaid health plan.

Outreach and Engagement to Facilitate Entry to Primary Care

Measure
The percentage of Healthy Michigan Plan health plan enrollees who have an ambulatory or preventive care visit within 150 days of enrollment into a health plan who had not previously had an ambulatory or preventive care visit since enrollment in Healthy Michigan Plan.

Standard	**Enrollment Dates**
At or above 60% (as shown on bar graph below)	July 2016 – September 2016
Data Source	**Measurement Frequency**
MDHHS Data Warehouse	Quarterly

Summary: None of the plans met or exceeded the standard. Results ranged from 19.78% to 59.51%.

Table 4: Program Total[3]

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	21,890	36,869	59.37%

Figure 5: Outreach & Engagement to Facilitate Entry to Primary Care

Numerator/ Denominator*

Plan	Percentage	Numerator / Denominator
PRI	59.51%	1,370 / 2,302
UPP	57.33%	477 / 832
MER	53.71%	4,660 / 8,677
UNI	52.24%	1,980 / 3,790
MCL	51.83%	1,504 / 2,902
BCC	49.63%	2,458 / 4,953
MOL	48.14%	2,421 / 5,029
THC	47.37%	451 / 952
AET	36.86%	310 / 841
HAR	24.09%	79 / 328
MID	19.78%	18 / 91
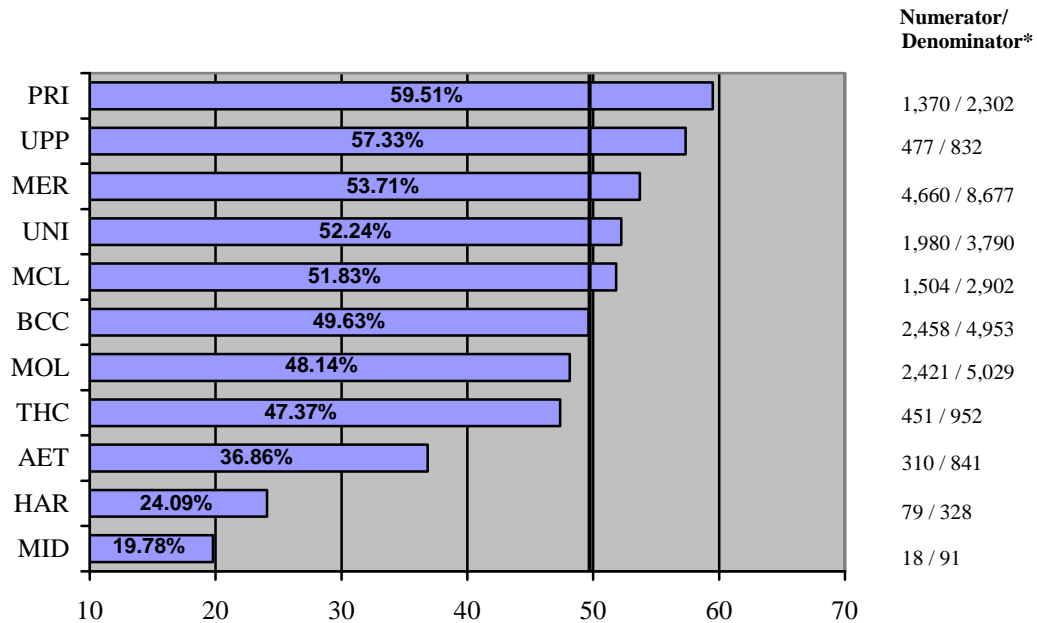
Outreach & Engagement to Facilitate Entry to Primary Care Percentages

*Numerator depicts the number of eligible beneficiaries who had an ambulatory or preventive care visit within 150 days of enrollment in a health plan. Denominator depicts the total number of eligible beneficiaries.

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[3] This includes visits during the HMP FFS period prior to enrollment in a Medicaid health plan.

Plan All-Cause Acute 30-Day Readmissions

Measure
The percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.

Standard
At or <u>below</u> 16% (as shown on bar graph below)

Enrollment Dates
January 2016 – December 2016

Data Source
MDHHS Data Warehouse

Measurement Frequency
Quarterly

Summary: Two of the plans met or exceeded the standard, while eight plans (AET, BCC, HAR, MCL, MER, MOL, THC, and UNI) did not. Results ranged from 11.90% to 23.57%.

**This is a reverse measure. A lower rate indicates better performance.

Table 5: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	14,185	80,203	17.69%
Fee For Service (FFS) only	605	2,758	21.94%
Managed Care only	10,492	59,628	17.60%
MA-MC	7,517	37,391	20.10%
HMP-MC	2,263	17,686	12.80%

Figure 6: Plan All-Cause Acute 30-Day Readmissions[4]

	Numerator/Denominator*
MID — N/A	0 / 2
UPP — 11.90%	131 / 1,101
PRI — 12.72%	304 / 2,389
MER — 16.46%	2,167 / 13,162
MOL — 16.92%	1,615 / 9,547
MCL — 17.05%	1,116 / 6,545
BCC — 17.70%	623 / 3,519
UNI — 17.79%	1,568 / 8,816
AET — 21.21%	437 / 2,060
HAR — 22.71%	72 / 317
THC — 23.57%	807 / 3,424
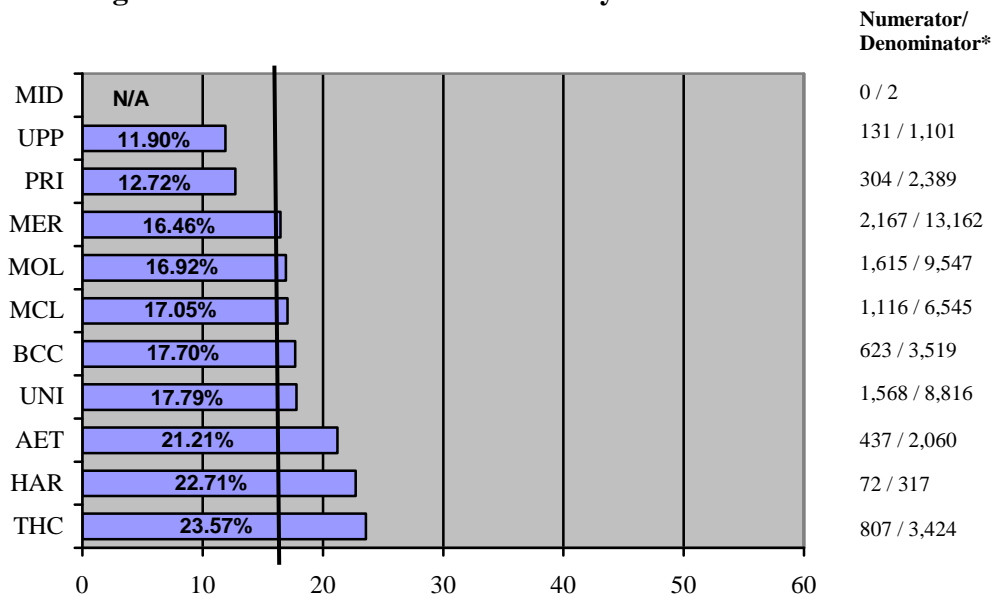
Plan All-Cause Acute 30-Day Readmissions Percentages

*Numerator depicts the number of acute readmissions for any diagnosis within 30 days of an Index Discharge Date. Denominator depicts the total number of Index Discharge dates during the measurement year, not enrollees.

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[4] A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

Adults' Access to Ambulatory Health Services

Measure
The percentage of adults 19 to 64 years old who had an ambulatory or preventive care visit during the measurement period.

Standard   **Measurement Period**
At or above 83% (as shown on bar graph below)   January 2016 – December 2016

Data Source   **Measurement Frequency**
MDHHS Data Warehouse   Quarterly

Summary: Five of the plans met or exceeded the standard. While six plans (AET, BCC, HAR, MID, MOL, and THC) did not. Results ranged from 62.75% to 84.09%.

Table 6: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	600,328	746,744	80.39%
Fee For Service (FFS) only	9,583	15,527	61.72%
Managed Care only	469,985	570,738	82.35%
MA-MC	218,538	262,143	83.37%
HMP-MC	200,425	248,601	80.62%

Figure 7: Adults' Access to Ambulatory Health Services

Numerator/ Denominator*

Plan	Percentage	Numerator / Denominator
UPP	84.09%	13,154 / 15,643
PRI	83.73%	25,275 / 30,186
MCL	83.35%	52,336 / 62,793
MER	83.33%	128,927 / 154,714
UNI	83.01%	69,159 / 83,314
MOL	81.69%	100,621 / 123,173
BCC	79.44%	35,546 / 44,743
THC	78.12%	15,964 / 20,434
AET	73.25%	10,725 / 14,641
HAR	66.83%	1,745 / 2,611
MID	62.75%	219 / 349
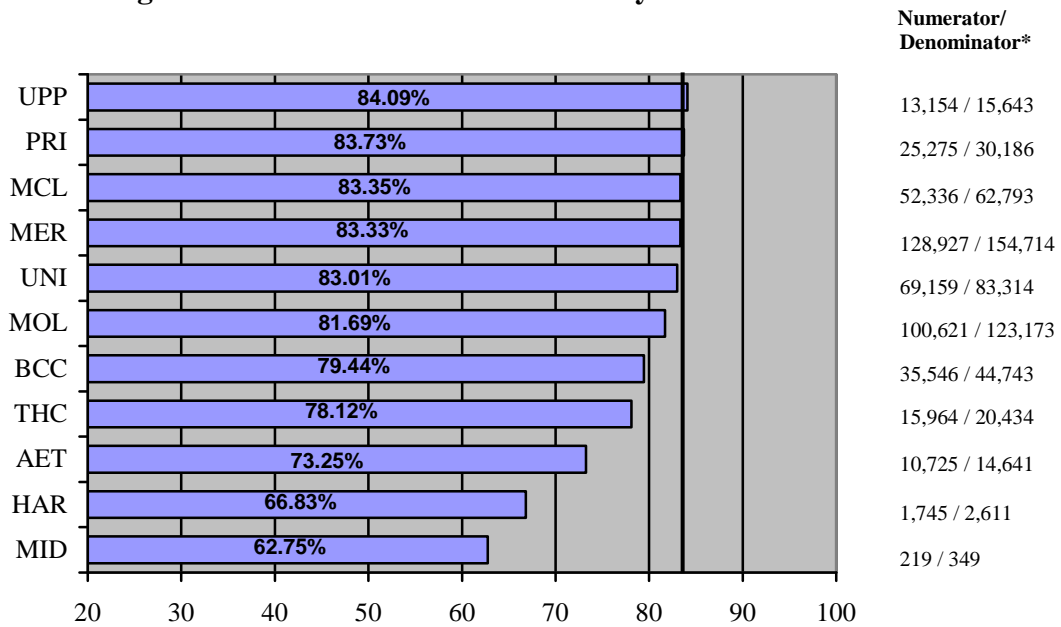
Adult's Access to Ambulatory Health Services Percentages

*Numerator depicts the number of eligible beneficiaries who had an ambulatory or preventive care visit. Denominator depicts the total number of eligible beneficiaries.

Transition into Consistently Fail to Pay (CFP) Status

Measure
The percentage of Healthy Michigan Plan beneficiaries who transitioned from non-CFP status into CFP status during the last quarter of the measurement period.

Standard	**Measurement Period**
N/A – Informational Only	May 2016 –June 2017
Data Source	**Measurement Frequency**
MDHHS Data Warehouse	Quarterly

Summary: The results shown are informational only. In Cohort 1, the results ranged from 10.00% to 25.00% for beneficiaries with income over 100% FPL. The results ranged from 2.15% to 6.90% for beneficiaries with income that never exceeded 100% FPL.
In Cohort 2, the results ranged from 0.00% to 25.00% for beneficiaries with income over 100% FPL. The results ranged from 0.00% to 6.75% for beneficiaries with income that never exceeded 100% FPL.
In Cohort 3, the results ranged from 0.00% to 28.00% for beneficiaries with income over 100% FPL. The results ranged from 0.00% to 5.92% for beneficiaries with income that never exceeded 100% FPL.

Figure 8: Transition into CFP Status - Cohort 1
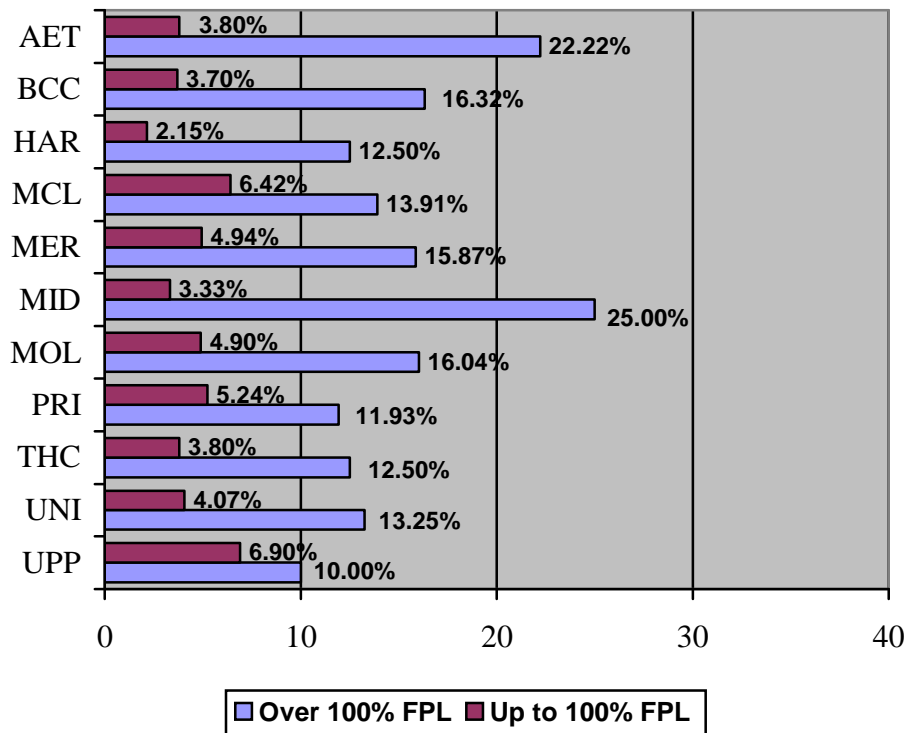
Transition in to CFP Status Percentages
*In the graphs represented for this measure, FPL represents the Federal Poverty Level.

Figure 9: Transition into CFP Status - Cohort 2

	Up to 100% FPL	Over 100% FPL
AET	2.82%	16.92%
BCC	4.14%	19.88%
HAR	2.17%	0.00%
MCL	5.88%	15.63%
MER	5.18%	13.34%
MID	0.00%	25.00%
MOL	4.99%	14.48%
PRI	4.87%	15.37%
THC	3.73%	19.70%
UNI	3.83%	13.74%
UPP	6.75%	13.95%

□ Over 100% FPL ■ Up to 100% FPL
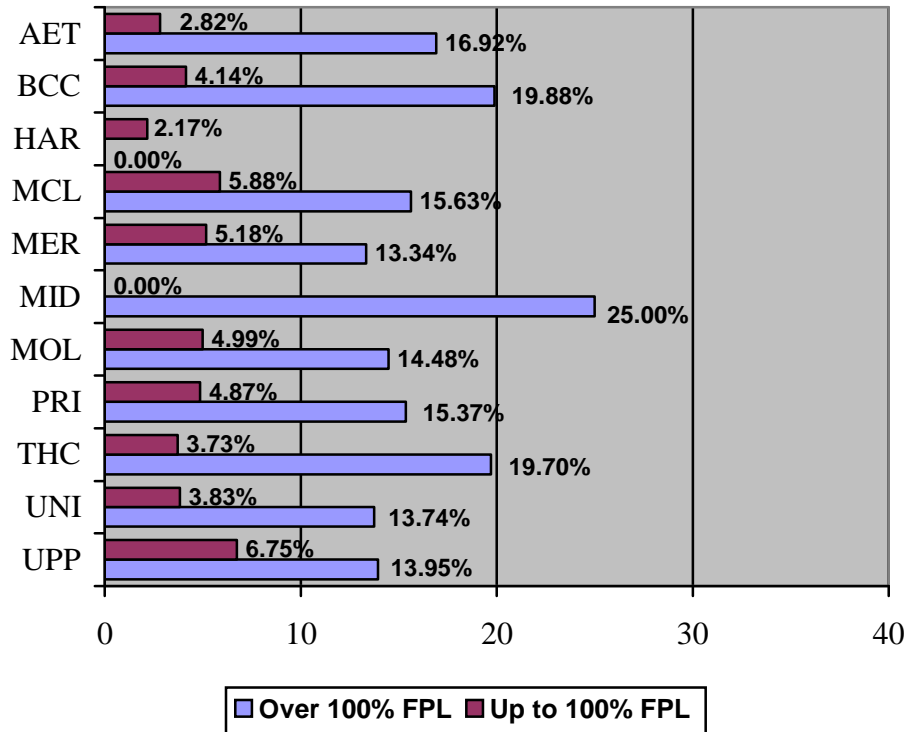
Figure 10: Transition into CFP Status - Cohort 3
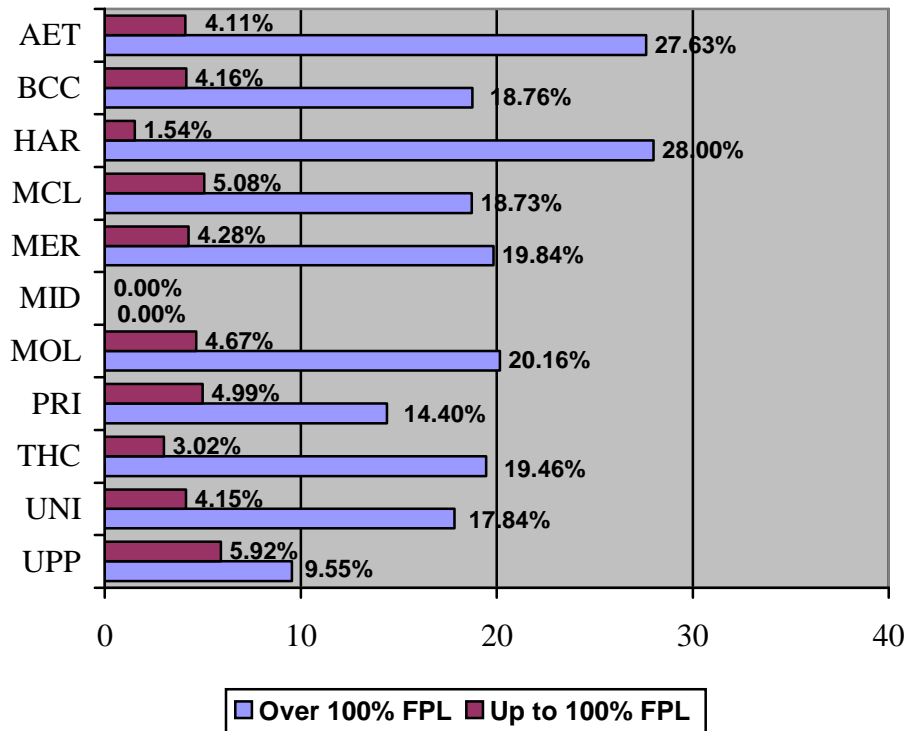
	Up to 100% FPL	Over 100% FPL
AET	4.11%	27.63%
BCC	4.16%	18.76%
HAR	1.54%	28.00%
MCL	5.08%	18.73%
MER	4.28%	19.84%
MID	0.00%	0.00%
MOL	4.67%	20.16%
PRI	4.99%	14.40%
THC	3.02%	19.46%
UNI	4.15%	17.84%
UPP	5.92%	9.55%

□ Over 100% FPL ■ Up to 100% FPL

Transition out of Consistently Fail to Pay (CFP) Status

Measure
The percentage of Healthy Michigan Plan beneficiaries who transitioned from CFP status to non-CFP status during the last quarter of the measurement period.

Standard
N/A – Informational Only

Measurement Period
May 2016 – June 2017

Data Source
MDHHS Data Warehouse

Measurement Frequency
Quarterly

Summary: The results shown are informational only. In Cohort 1, the results ranged from 0.00% to 2.34% for beneficiaries with income over 100% FPL. The results ranged from 0.00% to 3.37% for beneficiaries with income that never exceeded 100% FPL.
In Cohort 2, the results ranged from 0.00% to 4.32% for beneficiaries with income over 100% FPL. The results ranged from 1.89% to 11.11% for beneficiaries with income that never exceeded 100% FPL.
In Cohort 3, the results ranged from 0.00% to 2.75% for beneficiaries with income over 100% FPL. The results ranged from 0.00% to 3.74% for beneficiaries with income that never exceeded 100% FPL.

Figure 11: Transition out of CFP Status - Cohort 1

Plan	Over 100% FPL	Up to 100% FPL
AET	0.00%	0.00%
BCC	1.09%	2.63%
HAR	0.00%	0.00%
MCL	2.34%	3.25%
MER	0.94%	3.37%
MID	0.00%	0.00%
MOL	1.20%	2.41%
PRI	2.16%	2.53%
THC	0.00%	2.60%
UNI	1.33%	3.05%
UPP	1.09%	2.25%

☐ Over 100% FPL ■ Up to 100% FPL
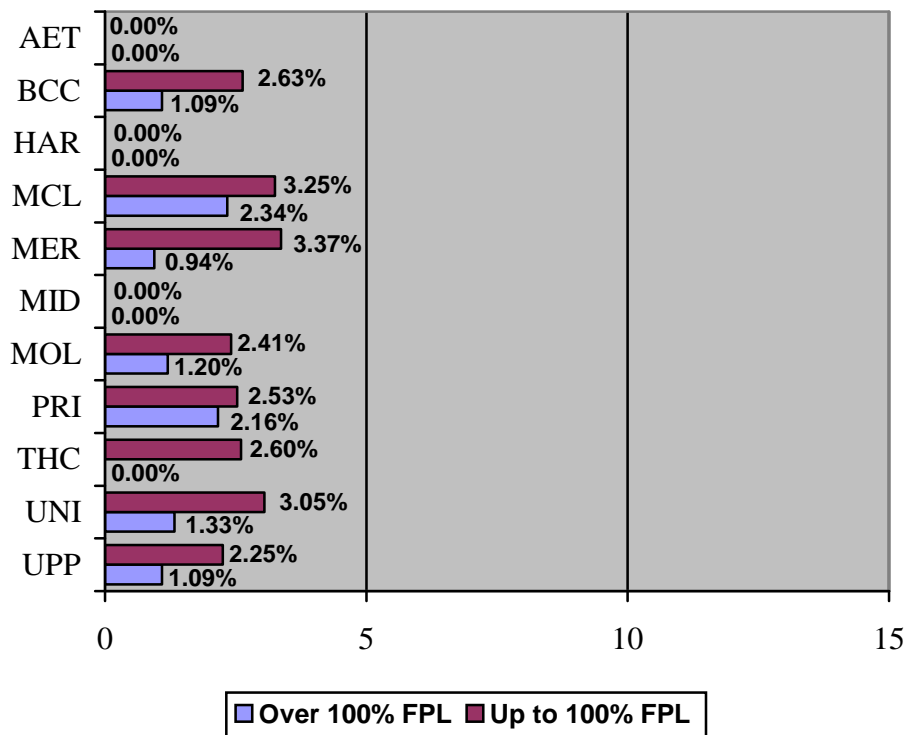
Transition out of CFP Status Percentages
*In the graphs represented for this measure, FPL represents the Federal Poverty Level.

Figure 12: Transition out of CFP Status - Cohort 2

Code	Up to 100% FPL	Over 100% FPL
AET	1.89%	0.00%
BCC	2.52%	1.15%
HAR	3.45%	0.00%
MCL	3.56%	2.18%
MER	3.03%	2.28%
MID	11.11%	0.00%
MOL	2.66%	1.75%
PRI	4.14%	2.68%
THC	3.30%	1.71%
UNI	3.95%	1.83%
UPP	2.83%	4.32%

☐ Over 100% FPL ■ Up to 100% FPL
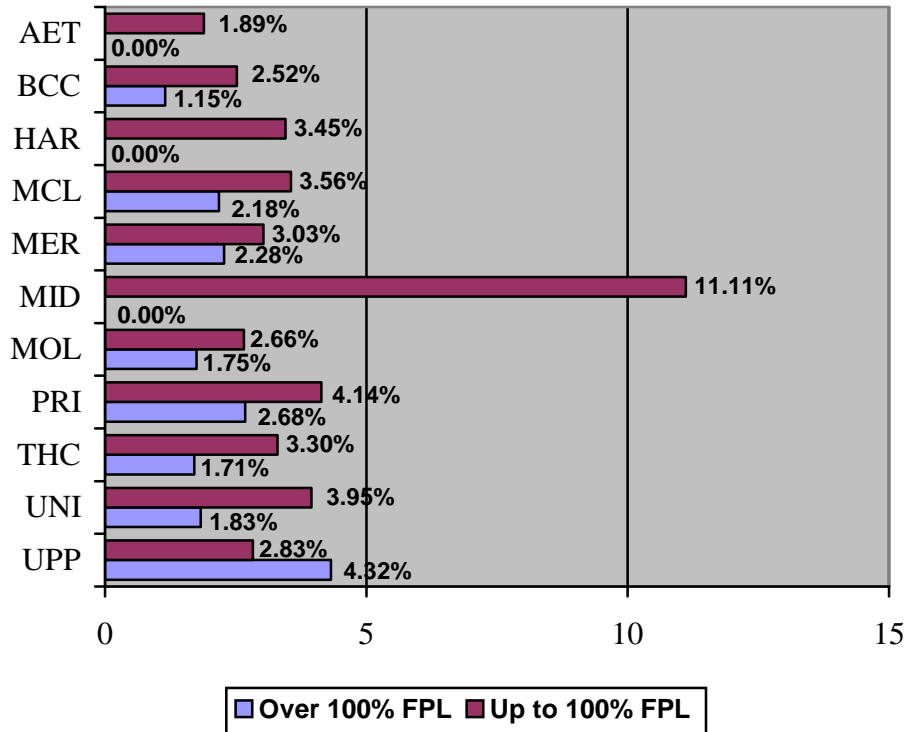
Figure 13: Transition out of CFP Status - Cohort 3

Code	Up to 100% FPL	Over 100% FPL
AET	3.64%	0.00%
BCC	2.80%	0.64%
HAR	0.00%	0.00%
MCL	3.05%	2.36%
MER	3.13%	1.80%
MID	0.00%	0.00%
MOL	2.52%	1.30%
PRI	3.41%	1.37%
THC	2.71%	2.42%
UNI	3.61%	2.75%
UPP	3.74%	1.79%

☐ Over 100% FPL ■ Up to 100% FPL
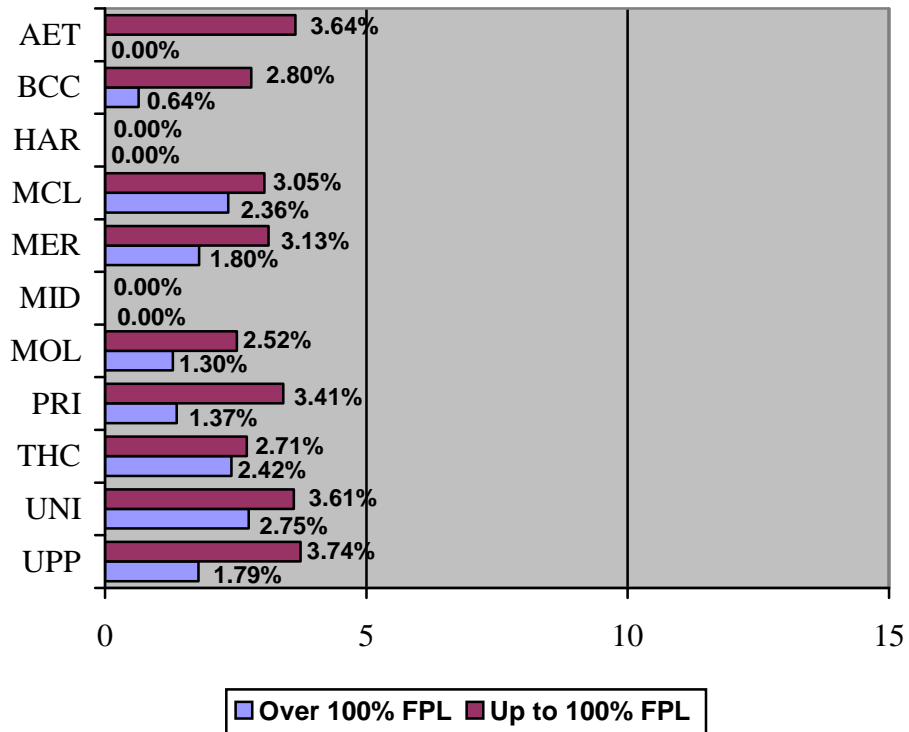
Appendix A: Three Letter Medicaid Health Plan Codes

Below is a list of three letter codes established by MDHHS identifying each Medicaid Health Plan.

AET	Aetna Better Health of Michigan
BCC	Blue Cross Complete of Michigan, Inc.
HAR	Harbor Health Plan, Inc.
MCL	McLaren Health Plan
MER	Meridian Health Plan
MID	HAP Midwest Health Plan, Inc.
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
THC	Total Health Care
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	84.66%	Yes
	Jul 16 – Sep 16	80%	84.55%	Yes
	Oct 16 – Dec 16	**80%**	**84.42%**	**Yes**

Timely Completion of HRA	Jan 16 – Mar 16	15%	4.14%	**No**
	Apr 16 – Jun 16	15%	5.72%	**No**
	Jul 16 – Sep 16	**15%**	**7.80%**	**No**

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	35.59%	**No**
	Apr 16 – Jun 16	60%	33.64%	**No**
	Jul 16 – Sep 16	**60%**	**36.86%**	**No**

Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	22.55%	**No**
	Oct 15 – Sep 16	16%	22.19%	**No**
	Jan 16 – Dec 16	**16%**	**21.21%**	**No**

*This is a reverse measure. A lower rate indicates better performance.

Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	75.38%	**No**
	Oct 15 – Sep 16	83%	74.67%	**No**
	Jan 16 – Dec 16	**83%**	**73.25%**	**No**

Transition into CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**22.22%**	**3.80%**	**N/A**	**N/A**	**16.92%**	**2.82%**	**N/A**	**N/A**	**27.63%**	**4.11%**	**N/A**

Transition out of CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**0.00%**	**0.00%**	**N/A**	**N/A**	**0.00%**	**1.89%**	**N/A**	**N/A**	**0.00%**	**3.64%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete of Michigan – BCC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	84.47%	Yes
	Jul 16 – Sep 16	80%	84.85%	Yes
	Oct 16 – Dec 16	**80%**	**84.63%**	**Yes**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	Jan 16 – Mar 16	15%	9.68%	No
	Apr 16 – Jun 16	15%	7.48%	No
	Jul 16 – Sep 16	**15%**	**7.95%**	**No**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	50.64%	No
	Apr 16 – Jun 16	60%	46.23%	No
	Jul 16 – Sep 16	**60%**	**49.63%**	**No**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	16.68%	No
	Oct 15 – Sep 16	16%	16.81%	No
	Jan 16 – Dec 16	**16%**	**17.70%**	**No**

This is a reverse measure. A lower rate indicates better performance.

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	79.32%	No
	Oct 15 – Sep 16	83%	79.69%	No
	Jan 16 – Dec 16	**83%**	**79.44%**	**No**

Transition into CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**16.32%**	**3.70%**	**N/A**	**N/A**	**19.88%**	**4.14%**	**N/A**	**N/A**	**18.76%**	**4.16%**	**N/A**

Transition out of CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**1.09%**	**2.63%**	**N/A**	**N/A**	**1.15%**	**2.52%**	**N/A**	**N/A**	**0.64%**	**2.80%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Harbor Health Plan, Inc. – HAR

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	85.37%	Yes
	Jul 16 – Sep 16	80%	85.62%	Yes
	Oct 16 – Dec 16	**80%**	**85.42%**	**Yes**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	Jan 16 – Mar 16	15%	1.12%	**No**
	Apr 16 – Jun 16	15%	0.63%	**No**
	Jul 16 – Sep 16	**15%**	**2.46%**	**No**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	27.18%	**No**
	Apr 16 – Jun 16	60%	21.51%	**No**
	Jul 16 – Sep 16	**60%**	**24.09%**	**No**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	22.08%	**No**
	Oct 15 – Sep 16	16%	19.30%	**No**
	Jan 16 – Dec 16	**16%**	**22.71%**	**No**

This is a reverse measure. A lower rate indicates better performance.

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	66.95%	**No**
	Oct 15 – Sep 16	83%	67.63%	**No**
	Jan 16 – Dec 16	**83%**	**66.83%**	**No**

Transition into CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**12.50%**	**2.15%**	**N/A**	**N/A**	**0.00%**	**2.17%**	**N/A**	**N/A**	**28.00%**	**1.54%**	**N/A**

Transition out of CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**0.00%**	**0.00%**	**N/A**	**N/A**	**0.00%**	**3.45%**	**N/A**	**N/A**	**0.00%**	**0.00%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	84.33%	Yes
	Jul 16 – Sep 16	80%	84.48%	Yes
	Oct 16 – Dec 16	**80%**	**84.38%**	**Yes**

Timely Completion of HRA	Jan 16 – Mar 16	15%	10.34%	**No**
	Apr 16 – Jun 16	15%	9.80%	**No**
	Jul 16 – Sep 16	**15%**	**9.57%**	**Yes**

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	50.77%	**No**
	Apr 16 – Jun 16	60%	47.52%	**No**
	Jul 16 – Sep 16	**60%**	**51.83%**	**No**

Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	16.22%	**No**
	Oct 15 – Sep 16	16%	17.36%	**No**
	Jan 16 – Dec 16	**16%**	**17.05%**	**No**

*This is a reverse measure. A lower rate indicates better performance.

Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	83.86%	Yes
	Oct 15 – Sep 16	83%	83.85%	Yes
	Jan 16 – Dec 16	**83%**	**83.35%**	**Yes**

Transition into CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**13.91%**	**6.42%**	**N/A**	**N/A**	**15.63%**	**5.88%**	**N/A**	**N/A**	**18.73%**	**5.08%**	**N/A**

Transition out of CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**2.34%**	**3.25%**	**N/A**	**N/A**	**2.18%**	**3.56%**	**N/A**	**N/A**	**2.36%**	**3.05%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan – MER

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	83.55%	Yes
	Jul 16 – Sep 16	80%	84.54%	Yes
	Oct 16 – Dec 16	**80%**	**84.46%**	**Yes**
Timely Completion of HRA	Jan 16 – Mar 16	15%	14.04%	**No**
	Apr 16 – Jun 16	15%	11.94%	**No**
	Jul 16 – Sep 16	**15%**	**11.74%**	**No**
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	54.45%	**No**
	Apr 16 – Jun 16	60%	50.42%	**No**
	Jul 16 – Sep 16	**60%**	**53.71%**	**No**
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	16.01%	**No**
	Oct 15 – Sep 16	16%	17.48%	**No**
	Jan 16 – Dec 16	**16%**	**16.46%**	**No**

*This is a reverse measure. A lower rate indicates better performance.

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	84.31%	Yes
	Oct 15 – Sep 16	83%	84.03%	Yes
	Jan 16 – Dec 16	**83%**	**83.33%**	**Yes**

Transition into CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**15.87%**	**4.94%**	**N/A**	**N/A**	**13.34%**	**5.18%**	**N/A**	**N/A**	**19.84%**	**4.28%**	**N/A**

Transition out of CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**0.94%**	**3.37%**	**N/A**	**N/A**	**2.28%**	**3.03%**	**N/A**	**N/A**	**1.80%**	**3.13%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

HAP Midwest Health Plan, Inc. – MID

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	87.76%	Yes
	Jul 16 – Sep 16	80%	86.70%	Yes
	Oct 16 – Dec 16	**80%**	**86.43%**	**Yes**

Timely Completion of HRA	Jan 16 – Mar 16	15%	5.60%	**No**
	Apr 16 – Jun 16	15%	5.71%	**No**
	Jul 16 – Sep 16	**15%**	**N/A**	**N/A**

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	29.46%	**No**
	Apr 16 – Jun 16	60%	26.61%	**No**
	Jul 16 – Sep 16	**60%**	**19.78%**	**No**

Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	N/A	N/A
	Oct 15 – Sep 16	16%	N/A	N/A
	Jan 16 – Dec 16	**16%**	**N/A**	**N/A**

*This is a reverse measure. A lower rate indicates better performance.
*A rate was not calculated for plans with a numerator under 5 or a denominator under 30.

Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	69.97%	**No**
	Oct 15 – Sep 16	83%	67.97%	**No**
	Jan 16 – Dec 16	**83%**	**62.75%**	**No**

Transition into CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**25.00%**	**3.33%**	**N/A**	**N/A**	**25.00%**	**0.00%**	**N/A**	**N/A**	**0.00%**	**0.00%**	**N/A**

Transition out of CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**0.00%**	**0.00%**	**N/A**	**N/A**	**0.00%**	**11.11%**	**N/A**	**N/A**	**0.00%**	**0.00%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	85.75%	Yes
	Jul 16 – Sep 16	80%	85.61%	Yes
	Oct 16 – Dec 16	**80%**	**85.79%**	**Yes**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	Jan 16 – Mar 16	15%	8.75%	**No**
	Apr 16 – Jun 16	15%	8.03%	**No**
	Jul 16 – Sep 16	**15%**	**6.52%**	**No**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	50.52%	**No**
	Apr 16 – Jun 16	60%	50.23%	**No**
	Jul 16 – Sep 16	**60%**	**48.14%**	**No**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	17.18%	**No**
	Oct 15 – Sep 16	16%	17.31%	**No**
	Jan 16 – Dec 16	**16%**	**16.92%**	**No**

*This is a reverse measure. A lower rate indicates better performance.

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	82.07%	**No**
	Oct 15 – Sep 16	83%	82.45%	**No**
	Jan 16 – Dec 16	**83%**	**81.69%**	**No**

Transition into CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**16.04%**	**4.90%**	**N/A**	**N/A**	**14.48%**	**4.99%**	**N/A**	**N/A**	**20.16%**	**4.67%**	**N/A**

Transition out of CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**1.20%**	**2.41%**	**N/A**	**N/A**	**1.75%**	**2.66%**	**N/A**	**N/A**	**1.30%**	**2.52%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	83.11%	Yes
	Jul 16 – Sep 16	80%	83.37%	Yes
	Oct 16 – Dec 16	**80%**	**84.01%**	**Yes**

Timely Completion of HRA	Jan 16 – Mar 16	15%	7.60%	**No**
	Apr 16 – Jun 16	15%	9.47	**No**
	Jul 16 – Sep 16	**15%**	**9.01%**	**No**

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	55.92%	**No**
	Apr 16 – Jun 16	60%	55.62%	**No**
	Jul 16 – Sep 16	**60%**	**59.51%**	**No**

Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	13.65%	Yes
	Oct 15 – Sep 16	16%	13.09%	Yes
	Jan 16 – Dec 16	**16%**	**12.72%**	**Yes**

This is a reverse measure. A lower rate indicates better performance.

Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	83.55%	Yes
	Oct 15 – Sep 16	83%	84.79%	Yes
	Jan 16 – Dec 16	**83%**	**83.73%**	**Yes**

Transition into CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**11.93%**	**5.24%**	**N/A**	**N/A**	**15.37%**	**4.87%**	**N/A**	**N/A**	**14.40%**	**4.99%**	**N/A**

Transition out of CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**2.16%**	**2.53%**	**N/A**	**N/A**	**2.68%**	**4.14%**	**N/A**	**N/A**	**1.37%**	**3.41%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	86.53%	Yes
	Jul 16 – Sep 16	80%	85.96%	Yes
	Oct 16 – Dec 16	**80%**	**86.07%**	**Yes**

Timely Completion of HRA	Jan 16 – Mar 16	15%	15.25%	Yes
	Apr 16 – Jun 16	15%	17.52%	Yes
	Jul 16 – Sep 16	**15%**	**17.68%**	**Yes**

Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	46.74%	**No**
	Apr 16 – Jun 16	60%	46.39%	**No**
	Jul 16 – Sep 16	**60%**	**47.37%**	**No**

Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	22.26%	**No**
	Oct 15 – Sep 16	16%	23.18%	**No**
	Jan 16 – Dec 16	**16%**	**23.57%**	**No**

This is a reverse measure. A lower rate indicates better performance.

Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	79.01%	**No**
	Oct 15 – Sep 16	83%	78.69%	**No**
	Jan 16 – Dec 16	**83%**	**78.12%**	**No**

Transition into CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	12.50%	3.80%	N/A	N/A	19.70%	3.73%	N/A	N/A	19.46%	3.02%	N/A

Transition out of CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	0.00%	2.60%	N/A	N/A	1.71%	3.30%	N/A	N/A	2.42%	2.71%	N/A

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	84.29%	Yes
	Jul 16 – Sep 16	80%	85.95%	Yes
	Oct 16 – Dec 16	**80%**	**86.31%**	**Yes**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	Jan 16 – Mar 16	15%	15.45%	Yes
	Apr 16 – Jun 16	15%	10.99%	**No**
	Jul 16 – Sep 16	**15%**	**14.21%**	**No**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	50.23%	**No**
	Apr 16 – Jun 16	60%	48.95%	**No**
	Jul 16 – Sep 16	**15%**	**52.24%**	**No**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	18.70%	**No**
	Oct 15 – Sep 16	16%	18.61%	**No**
	Jan 16 – Dec 16	**16%**	**17.79%**	**No**

This is a reverse measure. A lower rate indicates better performance.

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	83.85%	Yes
	Oct 15 – Sep 16	83%	83.72%	Yes
	Jan 16 – Dec 16	**83%**	**83.01%**	**Yes**

Transition into CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	<100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	<100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	<100% FPL Result	Standard Achieved
N/A	13.25%	4.07%	N/A	N/A	13.74%	3.83%	N/A	N/A	17.84%	4.15%	N/A

Transition out of CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	<100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	<100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	<100% FPL Result	Standard Achieved
N/A	1.33%	3.05%	N/A	N/A	1.83%	3.95%	N/A	N/A	2.75%	3.61%	N/A

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 16 – Jun 16	80%	83.09%	Yes
	Jul 16 – Sep 16	80%	83.12%	Yes
	Oct 16 – Dec 16	**80%**	**81.75%**	**Yes**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Timely Completion of HRA	Jan 16 – Mar 16	15%	12.12%	**No**
	Apr 16 – Jun 16	15%	10.69%	**No**
	Jul 16 – Sep 16	**15%**	**6.63%**	**No**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Outreach/Engagement to Facilitate Entry to Primary Care	Jan 16 – Mar 16	60%	53.64%	**No**
	Apr 16 – Jun 16	60%	57.67%	**No**
	Jul 16 – Sep 16	**60%**	**57.33%**	**No**

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Plan All-Cause Acute 30-Day Readmissions	Jul 15 – Jun 16	16%	13.53%	Yes
	Oct 15 – Sep 16	16%	13.46%	Yes
	Jan 16 – Dec 16	**16%**	**11.90%**	**Yes**

*This is a reverse measure. A lower rate indicates better performance.

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Access to Ambulatory Health Services	Jul 15 – Jun 16	83%	85.16%	Yes
	Oct 15 – Sep 16	83%	84.91%	Yes
	Jan 16 – Dec 16	**83%**	**84.09%**	**Yes**

Transition into CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**10.00%**	**6.90%**	**N/A**	**N/A**	**13.95%**	**6.75%**	**N/A**	**N/A**	**9.55%**	**5.92%**	**N/A**

Transition out of CFP Status : **May 16 – Jun 17**											
Cohort 1 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 2 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved	Cohort 3 Standard	>100% FPL Result	≤100% FPL Result	Standard Achieved
N/A	**1.09%**	**2.25%**	**N/A**	**N/A**	**4.32%**	**2.83%**	**N/A**	**N/A**	**1.79%**	**3.74%**	**N/A**

- Shaded areas represent data that are newly reported this month.
- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

MI HEALTH ACCOUNT

EXECUTIVE SUMMARY REPORT

MAY 2017

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: MAY 2017

MAXIMUS contracts with each Healthy Michigan Plan health plan to operate the MI Health Account (MIHA). The MIHA documents health care costs and payments for health plan members eligible for the Healthy Michigan Plan. Any amount the beneficiary owes to the MIHA is reflected in the quarterly statement that is mailed to the beneficiary. The MIHA quarterly statement shows the total amount owed for co-pays and/or contributions.

A co-pay is a fixed amount beneficiaries pay for a health care service. Before a beneficiary is enrolled in managed care, the beneficiary will pay any co-pays directly to their provider at the time of service. Once enrolled in managed care, co-pays for health plan covered services will be paid into the MIHA.

A contribution is the amount of money that is paid toward health care coverage. **Beneficiaries with incomes at or below 100% of the Federal Poverty Level (FPL) will NOT have a contribution.** Beneficiaries above 100% FPL are required to pay contributions that are based on income and family size. The quarterly statement informs beneficiaries what to pay for co-pays and contributions each month for the next three months, includes payment coupons with instructions on how to make a payment, as well as tips on how to reduce costs (Healthy Behavior incentives). The statement lists the services the beneficiary has received, the amount the beneficiary has paid, what amount they still need to pay, and the amount the health plan has paid.

Quarterly Statement Mailing Guidelines
- The first quarterly statement is mailed six months after a beneficiary joins a health plan. After that, quarterly statements are sent every three months.
- A beneficiary follows his or her own enrollment quarter based on their enrollment effective date**.**
- Quarterly statements are mailed by the 15th calendar day of each month
- Statements are not mailed to beneficiaries if there are no health care services to display or payment due for a particular quarter.

Chart 1 displays the statement mailing activity for the past three months. It also displays the calendar year totals since January 2017 and the program totals from October 2014 to February 2017.

Chart 1: Account Statement Mailing					
Month Statement Mailed	Statements Mailed	Statements Requiring a Copay Only	Statements Requiring a Contribution Only	Statements Requiring a Copay and Contribution	Percentage of Statements Requiring Payment
Dec-16	91,792	19,700	8,203	11,736	43.18%
Jan-17	107,797	25,165	8,668	14,078	44.45%
Feb-17	90,615	20,001	8,215	12,510	44.94%
Calendar YTD	198,412	45,166	16,883	26,588	44.67%
Program Total	2,130,191	478,072	192,990	229,590	42.28%

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: MAY 2017

Payments for the MIHA are due on the 15th of the month following the month they were billed.

Chart 2 displays a collection history of the number of beneficiaries that have paid co-pays and contributions. Completed quarterly payment cycles are explained and reflected in Chart 3. Calendar year totals are from January 2017. Program totals are from October 2014 through February 2017. Please note that beneficiaries that pay both co-pays and contributions will show in each chart.

Chart 2: Collection Amount by Copays/Contributions					
Copays					
Statement Month	Amount of copays owed	Amount of copays paid	Percentage of copays paid	Number of beneficiaries who owed copays	Number of beneficiaries who paid copays
Dec-16	$237,012.31	$91,419.43	39%	31,436	13,683
Jan-17	$345,065.54	$126,462.04	37%	39,243	16,120
Feb-17	$269,485.14	$93,014.18	35%	32,511	12,765
Calendar YTD	**$614,550.68**	**$219,476.22**	**36%**	**71,754**	**28,885**
Program Total	**$5,258,029.79**	**$2,105,696.63**	**40%**	**707,662**	**305,015**
Contributions					
Statement Month	Amount of contributions owed	Amount of contributions paid	Percentage of contributions paid	Number of beneficiaries who owed contributions	Number of beneficiaries who paid contributions
Dec-16	$1,209,513.34	$369,669.56	31%	19,939	8,388
Jan-17	$1,381,466.93	$389,292.87	28%	22,746	8,881
Feb-17	$1,251,804.86	$334,720.14	27%	20,725	7,728
Calendar YTD	**$2,633,271.79**	**$724,013.01**	**27%**	**43,471**	**16,609**
Program Total	**$23,967,800.06**	**$7,921,288.87**	**33%**	**422,580**	**192,952**

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: MAY 2017

Chart 3 displays the total amount collected by completed quarter, by enrollment month. For example, beneficiaries who enrolled in May 2014 received their first quarterly statement in November 2014. These individuals had until February 2015 to pay in full, which constitutes a completed quarter. Please note that the Percentage Collected will change even in completed quarters because payments received are applied to the oldest invoice owed.

Chart 3: Quarterly Collection				
Enrollment Month	**Quarterly Pay Cycles**	**Amount Owed**	**Amount Collected**	**Percentage Collected**
Apr-14	Oct 2014 - Dec 2014	$23,640.53	$15,732.53	66.55%
	Jan 2015 - Mar 2015	$193,556.16	$140,292.64	72.48%
	Apr 2015 - Jun 2015	$165,981.35	$113,641.47	68.47%
	Jul 2015 - Sep 2015	$163,631.58	$104,822.63	64.06%
	Oct 2015 - Dec 2015	$154,322.57	$95,649.29	61.98%
	Jan 2016 - Mar 2016	$141,242.65	$85,986.62	60.88%
	Apr 2016 - Jun 2016	$189,150.93	$96,413.86	50.97%
	Jul 2016 - Sep 2016	$140,176.43	$51,655.18	36.85%
	Oct 2016 - Dec 2016	$176,175.88	$68,541.62	38.91%
	Jan 2017 - Mar 2017	$174,089.55	$60,899.61	34.98%
May-14	Nov 2014 - Jan 2015	$35,769.76	$26,909.29	75.23%
	Feb 2015 - Apr 2015	$56,655.54	$41,438.37	73.14%
	May 2015 - Jul 2015	$45,965.47	$32,162.28	69.97%
	Aug 2015 - Oct 2015	$41,859.21	$28,258.53	67.51%
	Nov 2015 - Jan 2016	$39,726.66	$27,137.38	68.31%
	Feb 2016 - Apr 2016	$37,444.78	$24,605.56	65.71%
	May 2016 - Jul 2016	$45,159.39	$24,052.58	53.26%
	Aug 2016 - Oct 2016	$39,671.30	$18,879.99	47.59%
	Nov 2016 - Jan 2017	$45,332.13	$21,055.17	46.45%
	Feb 2017 - Apr 2017	$40,622.19	$16,309.73	40.15%
Jun-14	Dec 2014 - Feb 2015	$456,709.11	$347,180.84	76.02%
	Mar 2015 - May 2015	$349,334.83	$264,077.98	75.59%
	Jun 2015 - Aug 2015	$348,067.95	$255,164.42	73.31%
	Sep 2015 - Nov 2015	$329,700.31	$231,947.71	70.35%
	Dec 2015 - Feb 2016	$236,084.13	$160,771.18	68.10%
	Mar 2016 - May 2016	$266,365.37	$175,028.98	65.71%
	Jun 2016 - Aug 2016	$223,236.37	$113,307.64	50.76%
	Sep 2016 - Nov 2016	$310,921.50	$168,681.25	54.25%
	Dec 2016 - Feb 2017	$286,599.05	$138,248.33	48.24%
	Mar 2017 - May 2017	$252,216.32	$89,653.98	35.55%

	Chart 3: Quarterly Collection			
Enrollment Month	**Quarterly Pay Cycles**	**Amount Owed**	**Amount Collected**	**Percentage Collected**
Jul-14	Jan 2015 - Mar 2015	$340,596.83	$243,760.07	71.57%
	Apr 2015 - Jun 2015	$252,198.13	$178,047.83	70.60%
	Jul 2015 - Sep 2015	$242,896.87	$163,985.36	67.51%
	Oct 2015 - Dec 2015	$222,042.40	$145,960.38	65.74%
	Jan 2016 - Mar 2016	$195,849.18	$126,484.01	64.58%
	Apr 2016 - Jun 2016	$211,827.59	$117,036.76	55.25%
	Jul 2016 - Sep 2016	$165,375.01	$66,800.09	40.39%
	Oct 2016 - Dec 2016	$193,304.65	$80,650.26	41.72%
	Jan 2017 - Mar 2017	$185,217.86	$65,990.40	35.63%
Aug-14	Feb 2015 - Apr 2015	$169,943.88	$122,970.37	72.36%
	May 2015 - Jul 2015	$121,937.60	$83,155.68	68.20%
	Aug 2015 - Oct 2015	$111,411.21	$79,483.99	71.34%
	Nov 2015 - Jan 2016	$103,728.91	$72,118.35	69.53%
	Feb 2016 - Apr 2016	$96,930.41	$63,250.27	65.25%
	May 2016 - Jul 2016	$104,839.04	$49,934.85	47.63%
	Aug 2016 - Oct 2016	$86,388.37	$35,070.76	40.60%
	Nov 2016 - Jan 2017	$101,935.89	$41,713.31	40.92%
	Feb 2017 - Apr 2017	$96,210.35	$33,927.33	35.26%
Sep-14	Mar 2015 - May 2015	$212,570.76	$139,040.95	65.41%
	Jun 2015 - Aug 2015	$147,719.33	$95,588.95	64.71%
	Sep 2015 - Nov 2015	$150,559.30	$97,205.64	64.56%
	Dec 2015 - Feb 2016	$121,092.64	$76,839.11	63.45%
	Mar 2016 - May 2016	$136,154.04	$76,876.92	56.46%
	Jun 2016 - Aug 2016	$97,167.34	$35,302.35	36.33%
	Sep 2016 - Nov 2016	$113,000.92	$45,422.16	40.20%
	Dec 2016 - Feb 2017	$112,359.62	$41,864.30	37.26%
	Mar 2017 - May 2017	$104,982.03	$27,461.44	26.16%

Chart 3 continued from page 5

Chart 3: Quarterly Collection				
Enrollment Month	**Quarterly Pay Cycles**	**Amount Owed**	**Amount Collected**	**Percentage Collected**
Oct-14	Apr 2015 - Jun 2015	$174,133.65	$113,264.61	65.04%
	Jul 2015 - Sep 2015	$125,995.34	$83,211.92	66.04%
	Oct 2015 - Dec 2015	$125,021.14	$81,632.37	65.29%
	Jan 2016 - Mar 2016	$119,538.11	$76,299.96	63.83%
	Apr 2016 - Jun 2016	$136,316.87	$70,987.45	52.08%
	Jul 2016 - Sep 2016	$100,522.97	$35,793.26	35.61%
	Oct 2016 - Dec 2016	$116,491.43	$46,413.35	39.84%
	Jan 2017 - Mar 2017	$113,952.09	$40,150.18	35.23%
Nov-14	May 2015 - Jul 2015	$194,912.71	$124,938.62	64.10%
	Aug 2015 - Oct 2015	$126,227.99	$81,318.54	64.42%
	Nov 2015 - Jan 2016	$133,055.68	$88,517.57	66.53%
	Feb 2016 - Apr 2016	$134,057.08	$83,979.72	62.64%
	May 2016 - Jul 2016	$154,903.86	$66,929.55	43.21%
	Aug 2016 - Oct 2016	$118,001.99	$40,728.21	34.51%
	Nov 2016 - Jan 2017	$139,356.20	$51,054.84	36.64%
	Feb 2017 - Apr 2017	$134,388.05	$40,957.12	30.48%
Dec-14	Jun 2015 - Aug 2015	$105,136.89	$69,480.65	66.09%
	Sep 2015 - Nov 2015	$81,796.72	$55,584.83	67.95%
	Dec 2015 - Feb 2016	$67,459.28	$46,558.08	69.02%
	Mar 2016 - May 2016	$80,347.63	$50,195.87	62.47%
	Jun 2016 - Aug 2016	$68,210.21	$24,721.05	36.24%
	Sep 2016 - Nov 2016	$71,975.23	$26,424.25	36.71%
	Dec 2016 - Feb 2017	$70,165.73	$23,930.93	34.11%
	Mar 2017 - May 2017	$69,743.72	$16,896.85	24.23%
Jan-15	Jul 2015 - Sep 2015	$211,291.27	$147,168.13	69.65%
	Oct 2015 - Dec 2015	$170,295.60	$114,357.64	67.15%
	Jan 2016 - Mar 2016	$166,379.81	$112,637.02	67.70%
	Apr 2016 - Jun 2016	$191,720.54	$108,705.83	56.70%
	Jul 2016 - Sep 2016	$157,001.07	$61,477.64	39.16%
	Oct 2016 - Dec 2016	$163,726.30	$67,480.79	41.22%
	Jan 2017 - Mar 2017	$166,280.36	$63,167.07	37.99%

Chart 3 continued on page 7

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: MAY 2017

Chart 3 continued from page 6

Chart 3: Quarterly Collection				
Enrollment Month	**Quarterly Pay Cycles**	**Amount Owed**	**Amount Collected**	**Percentage Collected**
Feb-15	Aug 2015 - Oct 2015	$206,134.52	$141,101.77	68.45%
	Nov 2015 - Jan 2016	$132,857.64	$93,315.01	70.24%
	Feb 2016 - Apr 2016	$147,673.12	$104,730.58	70.92%
	May 2016 - Jul 2016	$191,666.13	$97,068.76	50.64%
	Aug 2016 - Oct 2016	$153,790.05	$62,292.27	40.50%
	Nov 2016 - Jan 2017	$154,417.14	$60,962.55	39.48%
	Feb 2017 - Apr 2017	$154,511.29	$54,519.43	35.29%
Mar-15	Sep 2015 - Nov 2015	$221,786.67	$141,736.47	63.91%
	Dec 2015 - Feb 2016	$100,647.04	$66,951.77	66.52%
	Mar 2016 - May 2016	$110,086.67	$73,349.75	66.63%
	Jun 2016 - Aug 2016	$125,819.44	$57,334.15	45.57%
	Sep 2016 - Nov 2016	$130,634.82	$55,811.11	42.72%
	Dec 2016 - Feb 2017	$115,678.71	$44,036.84	38.07%
	Mar 2017 - May 2017	$117,195.42	$33,472.29	28.56%
Apr-15	Oct 2015 - Dec 2015	$276,351.26	$174,562.61	63.17%
	Jan 2016 - Mar 2016	$137,596.87	$92,115.45	66.95%
	Apr 2016 - Jun 2016	$172,219.04	$105,190.13	61.08%
	Jul 2016 - Sep 2016	$149,977.56	$70,984.85	47.33%
	Oct 2016 - Dec 2016	$157,740.64	$68,858.26	43.65%
	Jan 2017 - Mar 2017	$145,632.47	$58,167.49	39.94%
May-15	Nov 2015 - Jan 2016	$190,420.26	$122,067.28	64.10%
	Feb 2016 - Apr 2016	$125,493.03	$87,855.87	70.01%
	May 2016 - Jul 2016	$167,758.38	$93,976.43	56.02%
	Aug 2016 - Oct 2016	$145,152.37	$70,291.74	48.43%
	Nov 2016 - Jan 2017	$142,554.78	$61,707.19	43.29%
	Feb 2017 - Apr 2017	$122,018.24	$46,521.35	38.13%
Jun-15	Dec 2015 - Feb 2016	$159,590.05	$93,887.81	58.83%
	Mar 2016 - May 2016	$106,508.34	$65,267.48	61.28%
	Jun 2016 - Aug 2016	$98,401.47	$45,610.56	46.35%
	Sep 2016 - Nov 2016	$111,366.39	$46,392.07	41.66%
	Dec 2016 - Feb 2017	$100,716.30	$35,985.02	35.73%
	Mar 2017 - May 2017	$90,439.30	$23,879.15	26.40%

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: MAY 2017

Chart 3 continued from page 7

Chart 3: Quarterly Collection				
Enrollment Month	**Quarterly Pay Cycles**	**Amount Owed**	**Amount Collected**	**Percentage Collected**
Jul-15	Jan 2016 - Mar 2016	$151,149.65	$94,519.03	62.53%
	Apr 2016 - Jun 2016	$111,659.64	$61,970.34	55.50%
	Jul 2016 - Sep 2016	$94,703.52	$40,779.99	43.06%
	Oct 2016 - Dec 2016	$98,365.01	$39,771.87	40.43%
	Jan 2017 - Mar 2017	$91,936.45	$30,965.38	33.68%
Aug-15	Feb 2016 - Apr 2016	$158,181.92	$88,117.64	55.71%
	May 2016 - Jul 2016	$112,664.33	$50,218.51	44.57%
	Aug 2016 - Oct 2016	$95,126.37	$38,076.57	40.03%
	Nov 2016 - Jan 2017	$105,782.13	$37,779.56	35.71%
	Feb 2017 - Apr 2017	$94,905.60	$27,944.18	29.44%
Sep-15	Mar 2016 - May 2016	$126,082.70	$68,375.05	54.23%
	Jun 2016 - Aug 2016	$80,659.45	$29,891.54	37.06%
	Sep 2016 - Nov 2016	$74,968.26	$31,110.64	41.50%
	Dec 2016 - Feb 2017	$78,911.91	$27,039.32	34.27%
	Mar 2017 - May 2017	$76,185.72	$18,108.11	23.77%
Oct-15	Apr 2016 - Jun 2016	$145,826.56	$50,778.59	34.82%
	Jul 2016 - Sep 2016	$89,190.13	$31,506.83	35.33%
	Oct 2016 - Dec 2016	$96,617.67	$35,926.45	37.18%
	Jan 2017 - Mar 2017	$95,022.14	$30,219.54	31.80%
Nov-15	May 2016 - Jul 2016	$172,891.09	$57,285.35	33.13%
	Aug 2016 - Oct 2016	$116,902.58	$38,365.30	32.82%
	Nov 2016 - Jan 2017	$130,372.69	$41,752.28	32.03%
	Feb 2017 - Apr 2017	$123,975.59	$32,185.41	25.96%
Dec-15	Jun 2016 - Aug 2016	$158,266.66	$55,702.82	35.20%
	Sep 2016 - Nov 2016	$127,314.99	$41,159.20	32.33%
	Dec 2016 - Feb 2017	$130,183.62	$39,667.30	30.47%
	Mar 2017 - May 2017	$135,307.88	$28,423.52	21.01%
Jan-16	Jul 2016 - Sep 2016	$205,045.00	$82,920.52	40.44%
	Oct 2016 - Dec 2016	$163,066.79	$60,653.18	37.20%
	Jan 2017 - Mar 2017	$156,879.55	$56,847.53	36.24%

Chart 3 continued from page 8

Chart 3: Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
Feb-16	Aug 2016 - Oct 2016	$277,128.59	$121,943.64	44.00%
	Nov 2016 - Jan 2017	$217,732.30	$88,368.67	40.59%
	Feb 2017 - Apr 2017	$199,521.49	$72,977.40	36.58%
Mar-16	Sep 2016 - Nov 2016	$249,905.39	$95,478.38	38.21%
	Dec 2016 - Feb 2017	$179,430.76	$61,317.11	34.17%
	Mar 2017 - May 2017	$174,438.59	$42,871.57	24.58%
Apr-16	Oct 2016 - Dec 2016	$237,280.12	$82,543.61	34.79%
	Jan 2017 - Mar 2017	$185,320.33	$57,808.79	31.19%
May-16	Nov 2016 - Jan 2017	$242,033.15	$77,717.99	32.11%
	Feb 2017 - Apr 2017	$186,692.59	$46,458.71	24.89%
Jun-16	Dec 2016 - Feb 2017	$148,679.17	$50,027.99	33.65%
	Mar 2017 - May 2017	$124,658.65	$28,173.03	22.60%
Jul-16	Jan 2017 - Mar 2017	$173,774.20	$52,229.43	30.06%
Aug-16	Feb 2017 - Apr 2017	$189,317.02	$56,657.34	29.93%
Sep-16	Mar 2017 - May 2017	$165,799.67	$38,492.75	23.22%

Payments for the MIHA can be made one of two ways. Beneficiaries can mail a check or money order to the MIHA payment address. The payment coupon is not required to send in a payment by mail. Beneficiaries also have the option to pay online using a bank account.

Chart 4 displays a three month history of the percentage of payments made into the MIHA.

Chart 4: Methods of Payment			
	Dec-16	Jan-17	Feb-17
Percent Paid Online	29.57%	29.48%	31.70%
Percent Paid by Mail	70.43%	70.52%	68.30%

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: MAY 2017

Adjustment Activities

Beneficiaries are not required to pay co-pays and/or contributions when specific criteria are met. In these cases, an adjustment is made to the beneficiary's quarterly statement.

This includes populations that are exempt; beneficiaries that are under age 21, pregnant, in hospice and Native American beneficiaries. It also includes beneficiaries who were not otherwise exempt, but have met their five percent maximum cost share and beneficiaries whose Federal Poverty Level is no longer in a range that requires a contribution.

Chart 5A shows the number of beneficiaries that met these adjustments for the specified month, calendar year since January 2017 and the cumulative total for the program from October 2014 through February 2017.

Chart 5A: Adjustment Activities						
	Dec-16		**Jan-17**		**Feb-17**	
	#	**Total $**	**#**	**Total $**	**#**	**Total $**
Beneficiary is under age 21	737	$44,921.00	753	$46,346.00	709	$44,783.00
Pregnancy	237	$5,709.34	251	$6,039.77	258	$6,320.30
Hospice	0	$0.00	0	$0.00	0	$0.00
Native American	28	$2,299.00	27	$1,735.00	21	$2,118.00
Five Percent Cost Share Limit Met	31,135	$356,905.17	38,547	$413,815.23	30,586	$326,817.52
FPL No longer >100% - Contribution	11	$86.72	4	$45.00	1	$6.86
TOTAL	**32,148**	**$409,921.23**	**39,582**	**$467,981.00**	**31,575**	**$380,045.68**
	Dec-16 to Feb-17		**Calendar YTD**		**Program YTD**	
	#	**Total $**	**#**	**Total $**	**#**	**Total $**
Beneficiary is under age 21	2,199	$136,050.00	1462	$91,129.00	13,936	$765,997.00
Pregnancy	746	$18,069.41	509	$12,360.07	7,162	$170,974.88
Hospice	0	$0.00	0	$0.00	0	$0.00
Native American	76	$6,152.00	48	$3,853.00	678	$39,984.84
Five Percent Cost Share Limit Met	100,268	$1,097,537.92	69,133	$740,632.75	713,342	$8,443,033.70
FPL No longer >100% - Contribution	16	$138.58	5	$51.86	259	$10,801.24
TOTAL	**103,305**	**$1,257,947.91**	**71,157**	**$848,026.68**	**735,377**	**$9,430,791.66**

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: MAY 2017

Healthy Behavior Incentives

Beneficiaries may qualify for reductions in co-pays and/or contributions due to Healthy Behavior incentives. All health plans offer enrolled beneficiaries financial incentives that reward healthy behaviors and personal responsibility. To be eligible for incentives a beneficiary must first complete a health risk assessment (HRA) with their primary care provider (PCP) and agree to address or maintain health behaviors.

Co-pays – Beneficiaries can receive a 50% reduction in co-pays once they have paid 2% of their income in co-pays AND agree to address or maintain healthy behaviors.

Contributions - Beneficiaries can receive a 50% reduction in contributions if they complete an HRA with a PCP attestation AND agree to address or maintain healthy behaviors.

Gift Cards – Beneficiaries at or below 100% FPL receive a $50.00 gift card if they complete an HRA with a PCP attestation AND agree to address or maintain healthy behaviors.

Chart 5B shows the number of beneficiaries that qualified for a reduction in co-pays and/or contributions due to Healthy Behavior incentives for the specified month, calendar year since January 2017 and the cumulative total for the program from October 2014 through February 2017.

Chart 5B: Healthy Behaviors						
	Dec-16		**Jan-17**		**Feb-17**	
	#	**Total $**	**#**	**Total $**	**#**	**Total $**
Co-pay	853	$3,957.66	983	$5,320.74	874	$4,531.09
Contribution	1,673	$63,278.63	1,608	$59,613.00	1,580	$58,082.00
Gift Cards	2,416	n/a	2,881	n/a	2,791	n/a
TOTAL	**4,942**	**$67,236.29**	**5,472**	**$64,933.74**	**5,245**	**$62,613.09**
	Dec 16 to Feb-17		**Calendar YTD**		**Program YTD**	
	#	**Total $**	**#**	**Total $**	**#**	**Total $**
Co-pay	2,710	$13,809.49	1,857	$9,851.83	29,875	$186,289.19
Contribution	4,861	$180,973.63	3,188	$117,695.00	59,754	$2,132,102.63
Gift Cards	8,088	n/a	5,672	n/a	104,105	n/a
TOTAL	**15,659**	**$194,783.12**	**10,717**	**$127,546.83**	**193,734**	**$2,318,391.82**

Typically, beneficiaries will pay a co-pay for the following services:

- Physician Office Visits (including free standing Urgent Care Centers)
- Outpatient Hospital Clinic Visit
- Outpatient Non-Emergent ER Visit (co-pay not required for emergency services)
- Inpatient Hospital Stay (co-pay not required for emergency admissions)
- Pharmacy (brand name and generic)
- Vision Services
- Dental Visits
- Chiropractic Visits
- Hearing Aids
- Podiatric Visits

If a beneficiary receives any of the above services for a chronic condition, the co-pay will be waived and the beneficiary will not be billed. This promotes greater access to high value services that prevent the progression of and complications related to chronic disease.

Chart 6 shows the number of beneficiaries whose co-pays were waived and the dollar amount waived due to receiving services for chronic conditions. Co-pay adjustments for high value services are processed quarterly based on the beneficiaries' individual enrollment and statement cycles.

Chart 6: Waived Copays for High Value Services		
Month	**# of Beneficiaries with Copays Waived**	**Total Dollar Amount Waived**
Dec-16	33,875	$287,418
Jan-17	43,626	$328,779
Feb-17	32,993	$308,653
Calendar YTD	**76,619**	**$637,432**
Program Total	**333,935**	**$2,866,614**

HEALTHY MICHIGAN PLAN
MI HEALTH ACCOUNT: MAY 2017

Beneficiaries that do not pay three consecutive months they have been billed co-pays or contributions are considered "consistently failing to pay (CFP)" status. Once a beneficiary is in CFP status, the following language is added to the quarterly statement: "If your account is overdue, you may have a penalty. For example, if you have a healthy behavior reduction, you could lose it. Your information may also be sent to the Michigan Department of Treasury. They can take your overdue amount from your tax refund or future lottery winnings. Your doctor cannot refuse to see you because of an overdue amount." Beneficiaries that are in CFP status and have a total amount owed of at least $50 can be referred to the Department of Treasury for collection. Beneficiaries that have not paid at least 50% of their total contributions and co-pays billed to them in the past 12 months can also be referred to the Department of Treasury for collection.

Chart 7 displays the past due collection history and the number of beneficiaries that have past due balances that can be collected through the Department of Treasury. These numbers are cumulative from quarter to quarter.

Chart 7: Past Due Collection Amounts		
Month	# of Beneficiaries with Past Due Co-pays/Contributions	# of Beneficiaries with Past Due Co-pays/Contributions that Can be Sent to Treasury
Dec-16	143,809	60,802
Jan-17	151,382	64,953
Feb-17	154,978	65,113

Chart 8 displays the total amount of past due invoices according to the length of time the invoice has been outstanding. Each length of time displays the unique number of beneficiaries for that time period. The total number of delinquent beneficiaries is also listed along with the corresponding delinquent amount owed.

Chart 8: Delinquent Copay and Contribution Amounts by Aging Category						
Days	0-30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days	TOTAL
Amount Due	$990,513.30	$931,905.47	$901,445.36	$822,960.70	$7,950,520.82	$11,597,345.65
Number of Beneficiaries That Owe	78,043	72,965	69,302	63,933	162,554	210,088

Beneficiaries are mailed a letter that informs them of the amount that could be garnished by the Department of Treasury. This pre-garnishment notice is mailed each year in July.   Beneficiaries are given 30 days from the date of the letter to make a payment or file a dispute with the Department of Health and Human Services (DHHS) for the amount owed.

Chart 9 displays the beneficiary payment activity as a result of the pre-garnishment notice.

Chart 9: Pre-Garnishment Notices				
Month/Year	# of Beneficiaries that Received a Garnishment Notice	Total Amount Owed	# of Beneficiaries that Paid Following Pre-Garnishment Notice	Total Amount Collected
Jul-15	5,893	$589,770.20	2,981	$78,670.02
Jul-16	41,460	$5,108,153.13	3,832	$404,921.47
Calendar YTD	**41,460**	**$5,108,153.13**	**3,832**	**$404,921.47**
Program Total	**47,353**	**$5,697,923.33**	**6,813**	**$483,591.49**

Beneficiaries are referred to the Department of Treasury each year in November if they still owe at least $50 following the pre-garnishment notice.

Chart 10 displays the number of beneficiaries that were referred to Treasury.

Chart 10: Garnishments Sent to Treasury		
Month	# of Beneficiaries Sent to Treasury for Garnishment	Total Amount Sent to Treasury for Garnishment
Nov-15	4,635	$460,231.19
Nov-16	31,932	$3,946,091.28

The Department of Treasury may garnish tax refunds or lottery winnings up to the amount referred to them from the MI Health Account.

Chart 11 displays collection activities by the Department of Treasury.

Chart 11: Garnishments Collected by Treasury						
Tax Year	Collected by Taxes		Collected by Lottery		Total Garnishments Collected	
	#	Total	#	Total	#	Total
2016	2,151	$207,873.10	7	$485.67	2,158	$208,358.77
2017	17,024	$1,954,166.98	44	$4,870.01	17,068	$1,959,036.99
Calendar YTD	17,024	$1,954,166.98	44	$4,870.01	17,068	$1,959,036.99
Program Total	19,175	$2,162,040.08	51	$5,355.68	19,226	$2,167,395.76

Report on the 2016 Healthy Michigan Voices Enrollee Survey

June 21, 2017

University of Michigan
Institute for Healthcare Policy & Innovation

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EXECUTIVE SUMMARY

The University of Michigan Institute for Healthcare Policy & Innovation (IHPI) is conducting the 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). This report presents selected findings from the responses to the Healthy Michigan Voices (HMV) enrollee survey conducted January-October 2016.

Methods

Sampling for the Healthy Michigan Voices enrollee survey was performed monthly, beginning in January 2016. At time of sample selection, beneficiaries must have had:

- At least 12 months total HMP enrollment in fee for service (FFS) or managed care (MC)
- HMP enrollment (FFS or MC) in 10 of past 12 months
- Have HMP-MC enrollment in 9 of past 12 months
- HMP-MC in the month sampled
- Age between 19 years and 64 years 8 months
- Complete address, phone number, and federal poverty level (FPL) fields in the Data Warehouse
- Michigan address
- Preferred language of English, Arabic, or Spanish

Exclusion in one month of sampling did NOT prohibit inclusion in a subsequent month.

The sampling plan was based on four grouped prosperity regions in the state (Upper Peninsula/North West/North East; West/East Central/East; South Central/South West/South East; Detroit) and three FPL categories (0-35%; 36-99%; ≥100%). In total, 4,090 HMP enrollees participated in the HMV survey, and the weighted response rate for the 2016 Healthy Michigan Voices enrollee survey was 53.7%.

Many items on the survey were drawn from large national surveys. When established measures were not available, items specific to HMP (e.g., items about Health Risk Assessments, understanding of HMP) were developed based on findings from 67 semi-structured interviews with HMP beneficiaries conducted by the evaluation team. New items underwent cognitive testing and pre-testing for timing and flow before being included in the survey instrument. Responses were recorded in a computer-assisted telephone interviewing (CATI) system.

The evaluation team calculated 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 also performed.

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Results

Insurance Coverage Prior to HMP
- 57.9% did not have insurance at any time in the year before enrolling in HMP.

Current Health Status/Change in Health with HMP
- 47.8% said their physical health had gotten better since enrolling in HMP.
- 38.2% said their mental and emotional health had gotten better since enrolling in HMP.
- 39.5% said their dental health had gotten better since enrolling in HMP.

Chronic Health Conditions
- 69.2% reported they had a chronic health condition, with 60.8% reporting at least one physical health condition and 32.1% reporting at least one mental health condition.
- 30.6% reported that they had a chronic health condition that was newly diagnosed since enrolling in HMP.
- 18.4% reported they had a functional limitation.

Health Risk Assessment (HRA)
- 49.3% self-reported completing an HRA. While higher than the completion rate in the MDHHS Data Warehouse, this may be due to enrollees completing the patient portion only, recall bias, or misidentifying completion of other forms as completing the HRA.
- 45.9% of those who said they completed an HRA did so because a primary care provider (PCP) suggested it; 33% did so because they received the form in the mail; 12.6% completed it over the phone at time of enrollment.
- Only 0.1% said they completed the HRA to save money on copays and contributions.
- Most of those who reported completing the HRA felt it was valuable for improving their health (83.7%) and was helpful for their PCP to understand their health needs (89.7%). 80.7% of those who said they completed an HRA chose to work on a health behavior.

Health Behaviors and Health Education
- 37.7% of beneficiaries reported smoking or using tobacco in the last 30 days, and 75.2% of these people said they wanted to quit. Of these, 90.7% were working on cutting back or quitting right now.

Regular Source of Care and Primary Care Utilization Prior to HMP
- 73.8% said that in the year before enrolling in HMP they had a place they usually went for health care. Of those, 16.8% said that place was an urgent care center and 16.2% reported the emergency room (ER), while 65.1% reported a doctor's office or clinic.
- 20.6% had not had a primary care visit in five or more years before enrolling in HMP.

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Regular Source of Care and Primary Care Utilization with HMP

- 92.2% reported that in the year since enrolling in HMP they had a place they usually went for health care. Of those, 5.8% said that place was an urgent care center and 1.7% reported the emergency room, while 75.2% reported a doctor's office or clinic.
- 85.2% of those who reported having a PCP had a visit with their PCP in the last year. 83.9% of these said it was very easy or easy to get an appointment with their PCP.
- Beneficiaries who were older, white, female, reported worse health, and had any chronic condition were more likely than other beneficiaries to have seen a PCP in the past 12 months.
- Those who reported seeing a PCP in the preceding 12 months were more likely to report improved access to preventive care, completing an HRA, being counseled about health behaviors and being diagnosed with a chronic condition since enrollment.

Foregone Care Prior to and with HMP

- 33% of beneficiaries reported not getting care they needed in the year before enrollment in HMP; 77.5% attributed this to cost concerns. In the year preceding the survey (i.e., since enrolling in HMP), 15.6% reported foregone care; 25.4% attributed that to cost concerns.
- 83.3% agreed or strongly agreed that without HMP they would not be able to go to a doctor.

Changes in Access to Care

- Few beneficiaries (less than 5%) reported their ability to access primary care, specialty care, mental health care, substance use treatment, prescription medication, cancer screening, prevention of health problems and birth control/family planning had worsened since enrolling in HMP; 6.2% reported access to dental care worsened.

Emergency Room Use with HMP

- 28.0% of those who visited the ER in the past year said they called their usual provider's office first. 64% said they were more likely to contact their usual doctor's office before going to the ER than before they had HMP.
- Respondents who used the ER were more likely than those who did not use the ER to report their health as fair/poor (40.1% vs. 23.2%) and to report chronic physical or mental health conditions (79.4% vs. 62.8%).

Impact of HMP on Employment, Education and Ability to Work

- 48.9% reported they were employed/self-employed, 27.6% were out of work, 11.3% were unable to work, and 2.5% were retired.
- HMP enrollees were more likely to be employed if their health status was excellent, very good, or good vs. fair or poor (56.1% vs. 32.3%) or if they had no chronic conditions (59.8% vs. 44.1%).

- Compared to employed enrollees, enrollees who were out of work or unable to work were more likely to be older, male, lower income, veterans, in fair/poor health, and with chronic physical or mental health conditions or limitations.
- Employed respondents missed a mean of 7.2 work days in the past year due to illness. 68.4% said this was the same as before HMP, 17.2% said less and 12.3% said more.
- Among employed respondents, over two-thirds (69.4%) reported that getting HMP insurance helped them to do a better job at work.
- For the 27.6% of respondents who were out of work, 54.5% strongly agreed/agreed that HMP made them better able to look for a job.
- For the 12.8% of respondents who had changed jobs in the past 12 months, 36.9% strongly agreed/agreed that having HMP insurance helped them get a better job.

Knowledge and Understanding of HMP Coverage
- The majority of respondents knew that HMP covers routine dental visits (77.2%), eyeglasses (60.4%), and counseling for mental or emotional problems (56%). Only one-fifth (21.2%) knew that HMP covers name brand as well as generic medications.

Challenges Using HMP Coverage
- Few (15.5%) survey respondents reported that they had questions or problems using their HMP coverage. Among those who did, about half (47.7%) reported getting help or advice, and most (74.2%) of those said that they got an answer or solution.

Out-of-Pocket Healthcare Spending Prior to and with HMP
- 44.7% said they had problems paying medical bills in the year before HMP. Of those, 67.1% said they or their family was contacted by a collections agency.
- 85.9% said that since enrolling in HMP their problems paying medical bills got better.

Perspectives on Cost-Sharing
- 87.6% strongly agreed or agreed that the amount they pay overall for HMP seems fair.
- 88.8% strongly agreed or agreed that the amount they pay for HMP is affordable.

Knowledge and Understanding of HMP Cost-Sharing Requirements
- Only 26.4% were aware that contributions are charged monthly regardless of health care use. Just 14.4% of respondents were aware that they could not be disenrolled from HMP for not paying their bill. Only 28.1% were aware that they could get a reduction in the amount they have to pay if they complete an HRA. 75.6% of respondents were aware that some kinds of visits, tests, and medicines have no copays.

MI Health Account Statement
- 68.2% said they received a MI Health Account statement. 88.3% strongly agreed/agreed they carefully review each statement to see how much they owe. 88.4% strongly agreed/agreed the statements help them be more aware of the cost of health care.

Information Seeking Behaviors
- 71.6% reported being somewhat or very likely to find out how much they might have to pay for a health service before going to get the service.

Perceived Discrimination
- Most respondents did not report feeling judged or treated unfairly by medical staff in the past 12 months because of their race or ethnic background (96.4%) or because of how well they spoke English (97.4%); but 11.6% of respondents felt judged or treated unfairly by medical staff in the past 12 months because of their ability to pay for care or the type of health coverage they had.

Social Interactions
- 67.6% of respondents said that they get together socially with friends or relatives who live outside their home at least once a week; 79.8% said that they amount they engage in social interactions is about the same as before they enrolled in HMP.

Reproductive Health
- Among reproductive age female respondents, 38.4% did not know whether there was a change in their access to family planning services, while 35.5% reported better access and 24.8% reported about the same access. Those with inconsistent health insurance or uninsurance prior to HMP were significantly more likely to report improved access.

Impact on Those with Chronic Health Conditions
- Prior to HMP, 77.2% of those with a chronic physical or mental health condition had a regular source of care, 64.7% of whom said that source of care was a doctor's office or clinic. After HMP, 95.2% had a regular source of care, and 93.1% said it was a doctor's office or clinic.
- In the year prior to HMP enrollment, 58.3% of those with a chronic physical or mental health condition did not have insurance, only 42.1% had seen a PCP, and 51.7% had problems paying medical bills.
- Since HMP enrollment, 89.6% of those with a chronic physical or mental health condition reported seeing a PCP, 64.6% reported their ability to fill prescriptions improved, and 86.3% reported their ability to pay medical bills had improved.
- Respondents with a chronic physical or mental health condition reported overall improvements in their physical (51.9%) and mental health (42.4%) after enrolling in HMP; 7.5% and 6.1% reported their physical and mental health status had worsened.

Impact on Those with Chronic Mood Disorder and Substance Use Disorder
- Since enrollment in HMP, 48.9% of respondents with a self-reported mood disorder (MD) and 50.5% with a self-reported substance use disorder (SUD) reported that their mental health had gotten better.
- Most respondents with a MD reported that having HMP has led to a better life (91.9% strongly agreed/agreed) as did respondents with a SUD (95.8% strongly agreed/agreed).

- Prior to HMP, 37% of respondents who self-reported a SUD used the emergency room as a regular source of care; after at least one year of HMP the emergency room as a regular source of care dropped to 3.6%.

Conclusions

- More than half of respondents, including more than half of those with chronic conditions, did not have insurance at any time in the year before enrolling in HMP. Foregone care, usually due to cost, lessened considerably after enrollment. Most respondents said that without HMP they would not be able to go to the doctor. **HMP does not appear to have replaced employment-based insurance and has greatly improved access to care for underserved persons.**
- The percentage of enrollees who had a place they usually went for health care increased with HMP to over 90%, and naming the ER as a regular source of care declined significantly after enrolling in HMP (from 16.2% to 1.7%). **An emphasis on primary care and disease prevention shifts care-seeking away from acute care settings.**
- A significant majority said since enrolling in HMP their problems paying medical bills had gotten better. Most respondents agreed that **the amount they pay overall for HMP seems fair and is affordable, although monthly contributions affected perceptions of affordability**.
- There were some areas in which **beneficiary understanding of coverage** (e.g., dental, vision and family planning) **and cost-sharing requirements needs to improve**.
- About half of respondents reported completing an HRA, bearing in mind the limits to self-reported data. **Most respondents addressed health risks for reasons other than financial incentives.**
- HMP enrollees with mood disorder or substance use disorder reported improved health, improved access to services and treatment, and were less likely to name the emergency room or urgent care as a regular source of care. Those with substance use disorder still report using the emergency room more often than those with other chronic illnesses.
- Many HMP enrollees reported improved functioning, ability to work, and job seeking after obtaining health insurance through Medicaid expansion. **HMP may help its beneficiaries maintain or obtain employment.**
- Chronic health conditions were common among enrollees in Michigan's Medicaid expansion program, even though most enrollees were under 50 years old. Almost half of these conditions were newly diagnosed after enrolling in HMP. **Enrollees with chronic conditions reported improved access to care and medication, all crucial to successfully managing these conditions and avoiding future disabling complications.** Despite the relatively short term of their enrollment in HMP, almost half of respondents said their physical health had gotten better and nearly 40% said their emotional and mental health and dental health had gotten better since enrolling in HMP, **attesting to the health impact of Medicaid expansion**.

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INTRODUCTION

The University of Michigan Institute for Healthcare Policy & Innovation (IHPI) is conducting the 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). This report presents findings from responses of the Healthy Michigan Voices (HMV) enrollee survey. From January through October 2016, 4,090 beneficiaries completed the Heathy Michigan Voices survey of current HMP beneficiaries. This is an update to the interim report submitted to CMS in September 2016. Findings from the 2016 Healthy Michigan Voices survey of those who have disenrolled from the Healthy Michigan Plan will be available in late 2017.

METHODS

Sampling for the Healthy Michigan Voices survey was performed monthly, beginning in January 2016. At the time of sample selection, beneficiaries must have had:

- At least 12 months total HMP enrollment in fee for service (FFS) or managed care (MC)
- HMP enrollment (FFS or MC) in 10 of past 12 months
- Have HMP-MC enrollment in 9 of past 12 months
- HMP-MC in the month sampled
- Age between 19 years and 64 years 8 months
- Complete address, phone number, and federal poverty level (FPL) fields in the Data Warehouse
- Michigan address
- Preferred language of English, Arabic, or Spanish

Exclusion in one month of sampling did not prohibit inclusion in a subsequent month. Each month's sample was drawn to reflect the target sampling plan, proportional to the characteristics of Healthy Michigan Plan beneficiaries as a whole.

The sampling plan was based on four grouped prosperity regions in the state (Upper Peninsula/North West/North East; West/East Central/East; South Central/South West/South East; Detroit) and three FPL categories (0-35%; 36-99%; ≥100%)

Sampling Plan

	Prosperity Region				
	UP/NW/NE	W/EC/E	SC/SW/SE	DET	Total
Federal Poverty Level					
0-35%	7.0%	12.0%	8.0%	12.8%	39.9%
36-99%	6.0%	10.5%	7.0%	11.2%	34.8%
≥100%	4.9%	7.5%	5.0%	8.0%	25.5%

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The 4,090 respondents included in this first report of selected findings closely mirror the sampling plan:

Characteristics of the 4,090 HMV Survey Respondents

	Prosperity Region				
	UP/NW/NE	W/EC/E	SC/SW/SE	DET	Total
Federal Poverty Level					
0-35%	288	503	323	486	1,600
	7.0%	12.3%	7.9%	11.9%	39.1%
36-99%	246	467	309	428	1,450
	6.0%	11.4%	7.6%	10.5%	35.5%
≥100%	212	295	205	328	1,040
	5.2%	7.2%	5.0%	8.0%	25.4%
Total N complete	746	1,265	837	1,242	4,090
Total % complete	18.2%	30.9%	20.5%	30.4%	100.00%

HMP beneficiaries selected for the HMV beneficiary survey 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 preferred time/day for interview. A toll-free number was provided for beneficiaries who wished to call in at their convenience; otherwise, Healthy Michigan Voices interviewers placed phone calls to sampled beneficiaries between the hours of 9 am and 9 pm. Surveys were conducted in English, Arabic and Spanish; beneficiaries who could not speak one of those languages were excluded from participation.

Survey Design

The survey included measures of demographics, health, access, insurance status and acute care decision making. Many measures were established measures drawn from national surveys, including the National Health and Nutrition Exam Survey (NHANES)[1], the Health Tracking Household Survey (HTHS)[2], the National Health Interview Survey (NHIS)[3], the Behavioral Risk Factor Surveillance System (BRFSS, and MiBRFSS), the Short Form Health Survey (SF-12)[4], the Food Attitudes and Behaviors Survey, the Consumer Assessment of Healthcare Providers and Systems (CAHPS)[5], the Employee Benefit Research Institute Consumer Engagement in Healthcare Survey (CEHCS)[6], the Health Tracking Household Survey, the Commonwealth Fund Health Quality Survey, and the U.S. Census. New items and scales for which established measures were not available, or which were specific to HMP (e.g., items about Health Risk

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[1] NHANES (National Health and Nutrition Exam Survey, CDC)
[2] HTHS (Health Tracking Household Survey)
[3] NHIS (National Health Interview Survey, CDC)
[4] SF-12 (Short Form Health Survey, RAND)
[5] CAHPS (Consumer Assessment of Healthcare Providers and Systems)
[6] Consumer Engagement in Health Care Survey (EBRI: CEHCS)

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Assessments, understanding of HMP), were developed based on findings from 67 semi-structured interviews with HMP beneficiaries conducted by the evaluation team. New items underwent cognitive testing, and pre-testing for timing and flow before being included in the survey instrument.

Responses were recorded in a computer-assisted telephone interviewing (CATI) system programmed with the HMV survey.

Survey Response Characteristics

Overall, 9,350 Healthy Michigan Program enrollees were sampled throughout the data collection period. Seven cases with non-mailable addresses were excluded from the population; 100 cases were never mailed or called because data collection goals were achieved; 16 cases were never called because we did not have language-specific interviewers available. Thus, 123 of the original 9,350 were never contacted by phone.

Pre-notification letters were sent to the remaining 9,227 cases, which included a postcard to identify best time/number to call or refusal to participate. Phone calls were made to enrollees who did not refuse by postcard. Some numbers did not work, hence, no contact was established; some numbers worked but no contact was ever established, not allowing us to ascertain eligibility; and other numbers worked and contact was established.
We summarize the results briefly as follows:

Table 1. Call Results to Sampled Individuals

Description	n	Call Result
Total sample	9,350	
Nonmailable (e.g., bad address)	7	n/a
Not included – response goals achieved	100	n/a
Not called	16	n/a
Total sample contact attempted	9,227	
Contact never established		
1) Phone number not working	885	Nonworking number
2) Working but no contact made (e.g., left voicemail but never spoke with a person)	1,360	Unknown eligibility (UN)
Contact established		
3) Enrollee verified not at that number	583	Ineligible
4) Out of state	30	Ineligible
5) Deceased	3	Ineligible
6) Non-HMV language	36	Ineligible
7) Jail/Treatment facility	2	Ineligible
8) Refusal (by mail/phone)	945	Refusal (R)

9) Noncontact with enrollee (Spoke with a person other than enrollee) Other nonresponse (Spoke with an enrollee but did not participate for reasons other than clear refusal)	1,247	Noncontact (NC), Other (O)
10) Full completion	4,090	Interview (I)[7]
11) Partial completion	46*	Partial Interview (P)

*Eighteen cases were originally considered full completion but later recoded to partial completion after the weights were calculated because they had more than 20% of items missing.

There are many ways to calculate response rates as outlined by the American Association for Public Opinion Research (AAPOR, 2016[8]). Response rate formula 3 defined below is one of the common formulas used, particularly for telephone surveys.

$$RR3 = \frac{I}{(I + P) + (R + NC + O) + e{\times}UN}$$

where e is an estimate eligibility rate for the cases for which we cannot ascertain eligibility and the rest are noted in the table above. One way to estimate e is to use our call results among those we established contacts. As shown above, categories 3) through 7) are deemed ineligible, making 8) through 11) eligible among all contacted. Hence,

$$e = \frac{945 + 1237 + 4090 + 46}{9350 - 7 - 100 - 16 - 885 - 1360} = 90.6(\%)$$

By applying e as estimated above, we obtain the following response rate:

$$RR3 = \frac{4090}{(4090 + 46) + (945 + 1247) + .906{\times}1360} = 54.1(\%)$$

The weighted response rate was calculated to ascertain the response rate that is not subject to the sample design. We used the selection weight (w_1 in the weighting steps document) to the RR3 formula and used weights applicable for known eligibility cases (w_3 in the weighting steps document) to e, the estimated eligibility rate. The results are as follows:

$$weighted\ e = 89.9(\%)$$

$$Weighted\ RR3 = 53.7(\%)$$

Thus, the weighted response rate for the 2016 Healthy Michigan Voices enrollee survey was 53.7%.

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[7] NOTE: There was one case that responded to HMV but whose data were over-written due to system issues. This case was considered as a respondent in the response rate calculation but there were no survey data for this case.
[8] The 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

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Analyses

We calculated descriptive statistics for responses to all questions in the survey and these are highlighted in the tables within the body of this report. Weights were calculated and applied to data to adjust for the probability of selection (see Selection Weight, below), nonresponse bias (see Nonresponse Adjustment) and other adjustments (Nonworking Number adjustment, Unknown Eligibility adjustment, Known Eligibility adjustment). **As a result, please note that the proportions included in this report reflect how the results we observed would apply to the eligible population of HMP enrollees** (based on inclusion and exclusion criteria described on page 9). The number of individuals who responded to each survey question is noted in the tables in the report. When N is less than 4,090, this indicates that either some respondents missed that question or the question was part of a skip pattern and was therefore only asked of a subset of respondents according to their previous responses.

For analyses of bivariate and multivariate relationships, the types of analysis, models, variables included and how defined are described in text within this report and are included in the tables in the Appendix of this report. The specific tests are described in the table legends.

In a small number of cases (46), beneficiaries asked to end the survey early or did not follow the intended skip patterns, and their responses were excluded from this analysis. In cases where respondents skipped or refused to answer specific questions, those observations are not included in the analysis for those questions.

Selection Weight

The Healthy Michigan Voices survey sample was drawn each month from January through October 2016 from the HMP enrolled population using stratification which combines FPL and prosperity region. The same stratification sample design determined at the outset of the project was used every month. In each month, the eligible population was defined as HMP enrollees in the Data Warehouse who met the eligibility criteria listed on page 9. Starting in the second month of sampling, beneficiaries sampled in the previous month(s) were excluded from the population.

Reflecting the sample design, the first step used an inverse of sampling probability and calculated selection weights for sample unit *i* in sampling month *m* in sampling stratum *h* as follows:

$$w_{1,hmi} = \frac{N_{hm}}{n_{hm}}$$

where N_{mh} is the population size and n_{mh} is the sample size.

We made adjustment for nonworking numbers, ineligible cases, unknown eligibility cases and nonresponse (noncontacts and refusal combined) separately as follows.

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Nonworking Number Adjustment

Nonworking numbers were considered out of our target population. These numbers were considered out of scope and removed from the sample. We used the following adjustment, $f_{2,hmi}$, factor for this.

$$f_{2,hmi} = \begin{cases} 0, & if\ i\ was\ not\ a\ working\ number \\ \dfrac{\sum_i w_{1,hmi}}{\sum_i I\_WR_i \times w_{1,hmi}}, & if\ i\ was\ a\ working\ number \end{cases}$$

where I_WR_i was a 1/0 indicator for working number status (1: working number, 0: nonworking number). Essentially, $f_{2,hmi}$ removed the nonworking numbers from the scope and weighted up working numbers proportionally within each sampling stratum and month. The resulting weight was:

$$w_{2,hmi} = f_{2,hmi} \times w_{1,hmi}$$

Unknown Eligibility Adjustment

Besides the nonworking numbers, there were working numbers that were never contacted. With these cases, HMV eligibility could not be ascertained. Moreover, the eligibility rate may have differed systematically across strata and some other observed characteristics in the HMP enrollee data. Thus, a new adjustment factor was applied to the weight from the previous stage:

$$f_{3,hmi} = \begin{cases} 0, & if\ eligibility\ is\ unknown\ for\ i \\ \dfrac{\sum_i w_{2,hmi}}{\sum_i I\_UE_i \times w_{2,hmi}}, & if\ eligibility\ is\ known\ for\ i \end{cases}$$

where I_UE_i was a 1/0 indicator for unknown eligibility status (1: known eligibility; 0: unknown eligibility. The resulting weight was:

$$w_{3,hmi} = f_{3,hmi} \times w_{2,hmi}$$

Known Eligibility Adjustment

Among those who were contacted, some may not have been eligible for HMV for various reasons related to the eligibility criteria in Section 1. These cases fell outside of the target population and, hence, were removed through the following:

$$f_{4,hmi} = \begin{cases} 0, & if\ i\ is\ ineligible \\ \dfrac{\sum_i w_{3,hmi}}{\sum_i I\_EL_i \times w_{3,hmi}}, & if\ i\ is\ eligible \end{cases}$$

where I_EL_i was a 1/0 indicator for eligibility status (1: eligible; 0: ineligible). The resulting weight was:

$$w_{4,hmi} = f_{4,hmi} \times w_{3,hmi}$$

Nonresponse Adjustment

Those who are contacted and eligible were retained after the previous step. This did not necessarily mean a direct contact had been made with the enrollee. With some numbers, contact with the sample enrollee was never established. With the remainder, when an interview was solicited, some may have refused or declined participation for various reasons. These were all considered as nonresponse. Overall, there were 6,327 eligible cases; among them, 4,090 were respondents (64.6%).[9]

From the HMV sample frame data, we considered the following characteristics for nonresponse analysis as they were available for both respondents and nonrespondents:
- Sex
- Age (19-34; 35-49; 50-64 years old)
- Race/ethnicity (Hispanic; Non-Hispanic White; Non-Hispanic Black; Non-Hispanic other)
- First HMP month (2 years or more ago; less than 2 years ago)

Additionally, we had the following sampling information available for both respondents and nonrespondents:
- Stratum (FPL x Region)
- FPL
- Region
- Sampling month

Table 2 includes the number of eligible cases by characteristics listed above and the proportion of respondents among eligible cases. Younger and male enrollees were less likely to respond than their counterparts. Based on race/ethnicity, non-Hispanic Black enrollees were most likely to respond, and those in the non-Hispanic other group were least likely to do so. While the proportion of respondents was similar across income levels, among the four regions, Detroit had the lowest proportion. Among 12 strata, UP/NW/NE with 100%+ FPL at 69.5% and W/EC/E with 36-99% FPL at 69.2% had the highest proportion of respondents. Detroit with 36-99% FPL had the lowest proportion at 58.9%. No clear pattern was observed by sampling month. Nonresponse did not occur identically across characteristics as seen in Table 2, which required an adjustment. Following Lee and Valliant (2008)[10], a logistic regression model was used to predict response while controlling for differences in characteristics between respondents and nonrespondents. The predictors included age, sex, race/ethnicity, first month on HMP, sampling strata, sampling month and the interaction between sampling strata and sampling month. The adjustment factor, $f_{5,i}$, was the inverse of response propensity predicted from the logistic regression. The resulting weight was:

$$w_{5,imh} = w_{4,mhi} \times f_{5,i}$$

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[9] There was one case that responded to HMV but whose data were over-written due to system issues. This case was considered as a respondent in the response rate calculation but dropped in the weighting as there were no survey data for this case.

[10] Lee S, Valliant R. 2008. Weighting telephone samples using propensity scores. Advances in Telephone Survey Methodology. 170-183.

Table 2. Proportion of Respondents Among Eligible Cases by Sample Characteristics (for Non-Response Adjustments for Weighting Purpose)

Characteristics	Eligible (n)	Respondents (%)	Characteristics	Eligible (n)	Respondents (%)
Total	6,327	64.9	**Sampling Stratum**		
Age			1. UP/NW/NE, 0-35%	443	65.2
19-35 years old	2,304	60.2	2. UP/NW/NE, 36-99%	385	63.9
36-49 years old	1,755	64.4	3. UP/NW/NE, 100%+	305	69.5
50-64 years old	2,268	70.1	4. W/EC/E, 0-35%	742	68.1
Sex			5. W/EC/E, 36-99%	676	69.2
Female	3,562	67.8	6. W/EC/E, 100%+	464	63.8
Male	2,765	61.2	7. SC/SW/SE, 0-35%	481	67.6
Race/Ethnicity			8. SC/SW/SE, 36-99%	468	66.2
Hispanic	174	64.4	9. SC/SW/SE, 100%+	315	65.1
Non-Hispanic White	4,396	64.4	10. DET, 0-35%	799	61.3
Non-Hispanic Black	1,121	68.8	11. DET, 36-99%	733	58.9
Non-Hispanic Other	636	61.6	12. DET, 100%+	516	63.8
First month on HMP			**Sampling Month**		
Less than 2 yrs ago	3,518	62.6	1	422	61.8
2 yrs or more ago	2,809	67.8	2	576	64.9
FPL			3	698	66.5
0-35%	2,465	65.3	4	735	65.4
36-99%	2,262	64.4	5	701	66.9
100%+	1,600	65.1	6	680	67.8
Region			7	866	68.8
UP/NW/NE	1,133	65.9	8	658	63.2
W/EC/E	1,882	67.4	9	654	57.6
SC/SW/SE	1,264	66.5	10	337	61.7
DET	2,048	61.1			

Post-stratification

The target population of the HMV survey is HMP enrollees ever eligible for HMV (as defined in Section 1) between January and October 2016. There were 384,262 such persons. From the sample frame data we had information about the characteristics of this population. Table 3 compares the population and the sample weighted by nonresponse adjustment weight ($w_{5,imh}$) with respect to age, sex, race/ethnicity, first month enrolled in HMP, sampling stratum, FPL and region. Our weighted sample matched the population reasonably well across most characteristics, except for age, sex and first month on HMP. Compared to the population, our sample overrepresented beneficiaries who were older, females or who enrolled in HMP during the first 3 months of HMP. Hence, this known discrepancy was handled through post-stratification. All the characteristics in Table 3 were controlled for in the post-stratification

using an iterative proportional fitting method (Deville et al., 1993)[11]. This process forced the sample to match the population with respect to the controlled characteristics. Post-stratification may force the weights to be extreme. These extreme weights increase the variability of estimates and, in turn, lower statistical power. In order to minimize the effect of extreme weights, these weights are trimmed. To address this issue we used the Individual and Global Cap Value (IGCV) method introduced by Izrael et al. (2009)[12]. This method sets thresholds for minimum and maximum adjustment factors in relation to the individual weights and to all weights globally. Specifically, our procedure set the global high cap at 7, the global low cap at 0.12, the individual high cap at 5 and the individual low cap at 0.2. The trimmed weights were normalized to the population total of 384,262. The resulting weight is $w_{6,imh}$. Table 3 includes the sample characteristics weighted by $w_{6,imh}$. When using the post-stratified weight, the sample matched perfectly. However, compared to when using the nonresponse adjustment weight, there was a slight increase in standard error due to variability in weights introduced by post-stratification.

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[11] Deville JC, Särndal CE, Sautory O. 1993. Generalized raking procedures in survey sampling. *Journal of the American Statistical Association*. 88(423):1013-20.

[12] 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.

Table 3. Comparison of Eligible HMP Population and HMV Sample

Characteristics	Population		Sample				
				Weighted by w_5		Weighted by w_6	
	N	%	n	%	SE	%	SE
Total	384,262		4,090				
Age							
19-35 years old	163,071	42.4	1,380	36.9	0.9	42.3	1.0
36-49 years old	113,660	29.6	1,125	28.1	0.8	29.6	0.9
50-64 years old	107,531	28.0	1,585	34.9	0.9	28.1	0.8
Sex							
Female	197,883	51.5	2,409	54.1	0.9	51.6	1.0
Male	186,379	48.5	1,681	45.9	0.9	48.4	1.0
Race/Ethnicity							
Non-Hispanic White	232,688	60.6	2,784	63.1	0.9	60.4	1.0
Non-Hispanic Black	91,208	23.7	807	23.2	0.8	25.8	0.9
Other	60,366	15.7	499	13.7	0.7	13.8	0.7
First month on HMP							
4-6, 2014	158,983	41.4	2,146	49.7	0.9	41.5	0.9
7-12, 2014	89,945	23.4	1,111	27.6	0.8	23.4	0.8
2015	135,334	35.2	833	22.7	0.8	35.2	1.1
Strata							
1. UP/NW/NE, 0-35%	13,282	3.5	288	3.6	0.2	3.5	0.1
2. UP/NW/NE, 36-99%	11,835	3.1	246	3.3	0.2	3.1	0.1
3. UP/NW/NE, 100%+	9,291	2.4	212	2.6	0.2	2.4	0.0
4. W/EC/E, 0-35%	52,224	13.6	503	13.4	0.6	13.6	0.3
5. W/EC/E, 36-99%	33,157	8.6	467	8.8	0.4	8.6	0.2
6. W/EC/E, 100%+	24,248	6.3	295	6.5	0.4	6.3	0.2
7. SC/SW/SE, 0-35%	34,675	9.0	323	8.7	0.5	9.0	0.3
8. SC/SW/SE, 36-99%	20,909	5.4	309	5.5	0.3	5.5	0.2

9. SC/SW/SE, 100%+	15,569	4.1	205	4.0	0.3	4.1	0.2
10. DET, 0-35%	99,024	25.8	486	25.0	1.0	25.7	0.5
11. DET, 36-99%	43,569	11.3	428	11.7	0.6	11.2	0.4
12. DET, 100%+	26,479	6.9	328	6.9	0.4	6.9	0.2
FPL							
0-35%	199,205	51.8	1,600	50.7	0.9	51.8	0.5
36-99%	109,470	28.5	1,450	29.3	0.8	28.4	0.4
100%+	75,587	19.7	1,040	20.0	0.6	19.8	0.3
Region							
UP/NW/NE	34,408	9.0	746	9.4	0.4	9.0	0.2
W/EC/E	109,629	28.5	1,265	28.8	0.8	28.6	0.4
SC/SW/SE	71,153	18.5	837	18.2	0.6	18.6	0.4
DET	169,072	44.0	1,242	43.6	1.0	43.8	0.5

RESULTS

Demographic Characteristics of Respondents

After weighting, demographic characteristics of respondents closely match characteristics of the eligible HMP population as a whole (see Table 3, above).

Table 4. Demographic Characteristics

	%	95% CI
Gender (n=4,090)		
F (n=2,409)	51.6	[49.6,53.5]
M (n=1,681)	48.4	[46.5,50.4]
Age (n=4,090)		
19-34 (n=1,303)	40.0	[38.0,42.0]
35-50 (n=1,301)	34.0	[32.1,35.9]
51-64 (n=1,486)	26.0	[24.5,27.6]
Race (n=4,039)		
White (n=2,784)	61.2	[59.3,63.0]
Black or African American (n=807)	26.1	[24.3,27.9]
Other (n=306)	8.8	[7.7,10.0]
More than one (n=142)	4.0	[3.3,4.9]

Hispanic/Latino (n=4,056)		
Yes (n=188)	5.2	[4.4,6.2]
No (n=3,856)	94.3	[93.3,95.2]
Don't know (n=12)	0.5	[0.2,0.9]
Arab, Chaldean, Middle Eastern (n=4,055)		
Yes (n=204)	6.2	[5.3,7.2]
No (n=3,842)	93.6	[92.5,94.5]
Don't know (n=9)	0.3	[0.1,0.6]
Region (n=4,090)		
Upper Peninsula/Northwest/Northeast (n=746)	9.0	[8.6,9.4]
West/East Central/East (n=1,265)	28.6	[27.8,29.4]
South Central/Southwest/Southeast (n=837)	18.6	[17.8,19.3]
Detroit Metro (n=1,242)	43.8	[42.8,44.9]
FPL (n=4,090)		
0-35% (n=1,600)	51.8	[50.8,52.8]
36-99% (n=1,450)	28.4	[27.6,29.3]
≥100% (n=1,040)	19.8	[19.1,20.4]
Medicaid Health Plan (n=4,088)		
Aetna (n=58)	1.7	[1.2,2.3]
Blue Cross (n=356)	11.6	[10.2,13.1]
Harbor (n=18)	0.7	[0.4,1.3]
McLaren (n=633)	13.0	[11.9,14.2]
Meridian (n=1,265)	29.8	[28.1,31.6]
Midwest (n=3)	0.1	[0.0,0.2]
Molina (n=701)	18.0	[16.5,19.5]
Priority (n=268)	5.9	[5.2,6.7]
Total Health Care (n=85)	2.8	[2.2,3.7]
United (n=443)	13.2	[11.8,14.7]
Upper Peninsula Health Plan (n=258)	3.2	[2.8,3.6]
Employment Status (n=4,075)		
Employed or self-employed (n=2,079)	48.8	[47.0,50.7]
Out of work ≥1 year (n=707)	19.7	[18.1,21.3]
Out of work <1 year (n=258)	7.9	[6.8,9.1]
Homemaker (n=217)	4.5	[3.8,5.3]
Student (n=161)	5.2	[4.3,6.2]
Retired (n=167)	2.5	[2.1,3.0]
Unable to work (n=479)	11.3	[10.1,12.5]
Don't know (n=7)	0.2	[0.1,0.4]
Veteran (n=4,086)		
Yes (n=125)	3.4	[2.7,4.2]
No (n=3,958)	96.5	[95.7,97.2]
Don't know (n=3)	0.1	[0.0,0.5]

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Marital Status (n=4,073)		
Married (n=1,008)	20.4	[19.0,21.8]
Partnered (n=185)	4.3	[3.6,5.1]
Divorced (n=865)	18.2	[16.8,19.6]
Widowed (n=147)	2.8	[2.3,3.4]
Separated (n=119)	2.8	[2.3,3.4]
Never Married (n=1,745)	51.6	[49.6,53.5]
Don't know (n=4)	0.1	[0.0,0.2]
Any chronic health condition present (n=4,090)		
Yes (n=2,986)	69.2	[67.3,71.0]
No (n=1,104)	30.8	[29.0,32.7]
At least one physical health condition present (n=4,090)		
Yes (n=2,689)	60.8	[58.8,62.8]
No (n=1,401)	39.2	[37.2,41.2]
At least one mental health condition present (n=4,090)		
Yes (n=1,351)	32.1	[30.3,33.9]
No (n=2,739)	67.9	[66.1,69.7]
Other household enrollee (n=4,082)		
Yes (n=1,592)	35.7	[34.0,37.5]
No (n=2,289)	58.0	[56.1,59.8]
Don't know (n=201)	6.3	[5.3,7.6]

Insurance Coverage Prior to HMP

More than half (57.9%) of survey respondents did not have health insurance at any time in the 12 months prior to HMP enrollment. Of those who reported having health insurance at some point during the 12 months prior to HMP enrollment, the majority (73.8%) had health insurance for all 12 months. Thus, less than one-third (30.2%) of all respondents reported that they had insurance for all 12 months prior to enrolling in HMP. Approximately half (50.8%) of survey respondents who reported having health insurance at any time in the 12 months prior to HMP enrollment had Medicaid, MiChild, or health coverage through another state health program, while a quarter (26.2%) had private insurance through a job or union. Among those who reported private insurance they purchased themselves or someone else purchased (10.2%), approximately one-third (31.5%) purchased the insurance on the healthcare.gov website, and 61.8% of those respondents who purchased health insurance on the healthcare.gov website reported receiving a subsidy.

	%	95% CI
At any time during the 12 months BEFORE you enrolled in the Healthy Michigan Plan, did you have any type of health insurance? (n=4,087)		
Yes (n=1,667)	40.7	[38.8,42.6]
No (n=2,374)	57.9	[55.9,59.8]
Don't know (n=46)	1.4	[1.0,2.1]

[If Yes] Did you have health insurance for all 12 months, 6-11 months, less than 6 months, or not at all? (n=1,667)		
All 12 months (n=1,235)	73.8	[71.1,76.5]
6-11 months (n=245)	15.2	[13.0,17.6]
Less than 6 months (n=129)	7.6	[6.2,9.3]
Don't know (n=58)	3.4	[2.5,4.7]
What type of health insurance did you have?* (n=1,622)		
Medicaid, MiChild, or other state program (n=834)	50.8	[47.7,53.9]
Private insurance provided through a job or union (n=409)	26.2	[23.6,29.0]
Private insurance purchased by you or someone else (n=157)	10.2	[8.3,12.6]
County health plan (n=127)	6.3	[5.2,7.7]
Veterans Health or VA care (n=21)	1.4	[0.8,2.3]
CHAMPUS, TRICARE, other military coverage (n=3)	0.3	[0.1,1.2]
Medicare (n=5)	0.3	[0.1,0.7]
Indian Health Service (n=3)	0.1	[0.0,0.3]
Other (n=83)	5.6	[4.3,7.3]
Don't know (n=23)	1.2	[0.8,1.9]
[If private insurance purchased by you or someone else] Was this insurance purchased on the HealthCare.gov exchange? (n=152)		
Yes (n=59)	31.5	[22.6,41.9]
No (n=75)	55.4	[44.1,66.2]
Don't know (n=18)	13.1	[7.6,21.7]
[If Yes] Did you receive a subsidy? (n=59)		
Yes (n=37)	61.8	[43.9,76.9]
No (n=18)	29.0	[18.1,43.1]
Don't know (n=4)	9.3	[2.2,31.3]

*Respondents were able to provide more than one response for this question; As a result, percentages may exceed 100%.

Impact of Prior Year Insurance Status on Improvements in Foregone Care, Access and Health

Respondents who were uninsured all 12 months in the year prior to enrolling in HMP were more likely than those who were insured all 12 months, and those who were insured part of the year, to report foregoing care during that year, and more likely to report foregoing care due to cost concerns (See Appendix Table 1).

Those who were insured all 12 months prior to enrolling in HMP were less likely to report improvements in access to care or improvements in physical, mental or oral health (See Appendix Table 1).

Those who were insured all 12 months prior to HMP agreed less that HMP had reduced stress and they worried less about something bad happening to their health (See Appendix Table 1).

Current Health Status/Change in Health with HMP

More than one-third of respondents rated their health as either excellent or very good (36.3%). Since enrolling in the Healthy Michigan Plan, most respondents reported their physical health had improved (47.8%) or stayed the same (46.1%), their mental health had improved (38.2%) or stayed the same (56.8%) and their dental health had improved (39.5%) or stayed the same (45.5%). About one-third (31.7%) of survey respondents reported losing weight in the past year.

	Mean or %	95% CI
In general, would you say your health is... (n=4,088)		
Excellent (n=337)	9.5	[8.4,10.8]
Very good (n=1,041)	26.8	[25.0,28.7]
Good (n=1,448)	33.8	[32.0,35.7]
Fair (n=931)	22.2	[20.7,23.8]
Poor (n=324)	7.5	[6.6,8.6]
Don't know (n=7)	0.1	[0.0,0.4]
For how many days in the past 30 days was your physical health not good? (n=4,033)		
<14 of past 30 days (n=3,055)	77.2	[75.5,78.7]
≥14 of past 30 days (n=978)	22.8	[21.3,24.5]
For how many days in the past 30 days was your physical health not good? (n=4,033)	Mean 6.8	[6.4,7.2]
Overall, since you enrolled in the Healthy Michigan Plan, would you say your physical health has gotten better, stayed the same, OR gotten worse? (n=4,086)		
Gotten better (n=1,961)	47.8	[45.8,49.8]
Stayed the same (n=1,851)	46.1	[44.2,48.1]
Gotten worse (n=256)	5.5	[4.8,6.4]
Don't know (n=18)	0.5	[0.3,1.0]
For how many days in the past 30 days was your mental health not good? (n=4,002)		
<14 of past 30 days (n=3,226)	80.1	[78.5,81.7]
≥14 of past 30 days (n=776)	19.9	[18.3,21.5]
For how many days in the past 30 days was your mental health not good? (n=4,002)	Mean 6.0	[5.6,6.4]
Overall, since you enrolled in Healthy Michigan Plan, would you say your mental and emotional health has gotten better, stayed the same, OR gotten worse? (n=4,080)		
Gotten better (n=1,550)	38.2	[36.3,40.1]
Stayed the same (n=2,318)	56.8	[54.8,58.7]
Gotten worse (n=186)	4.6	[3.9,5.5]
Don't know (n=26)	0.5	[0.3,0.7]

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During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (n=4,079)		
0-13 days (n=3,277)	80.6	[79.1,82.1]
14-30 days (n=749)	18.2	[16.8,19.8]
Don't know (n=53)	1.1	[0.8,1.6]
During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (n=4,026) [Note: Same as above but excludes "Don't know"]		
<14 of past 30 days (n=3,277)	81.6	[80.0,83.0]
≥14 of past 30 days (n=749)	18.4	[17.0,20.0]
During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (n=4,026)	Mean 5.3	[4.9,5.7]
Since you enrolled in the Healthy Michigan Plan, has the health of your teeth and gums gotten better, stayed the same, OR gotten worse? (n=4,084)		
Gotten better (n=1,641)	39.5	[37.6,41.5]
Stayed the same (n=1,809)	45.5	[43.5,47.5]
Gotten worse (n=443)	10.4	[9.3,11.6]
Don't know (n=191)	4.6	[3.9,5.5]
Compared to 12 months ago, how would you describe your weight? (n=4,084)		
Lost weight (n=1,300)	31.7	[29.9,33.6]
Gained weight (n=1,036)	26.4	[24.7,28.2]
Stayed about the same (n=1,732)	41.5	[39.6,43.4]
Don't know (n=16)	0.4	[0.2,0.7]

Chronic Health Conditions

More than two-thirds (69.2%) reported any chronic health condition with 60.8% reporting at least one physical health condition and 32.1% reporting at least one mental health condition. About one-fourth (23.7%) reported having both a physical health condition and a mental health condition. Nearly one-third (30.3%) reported that they had a chronic health condition that was newly diagnosed since enrolling in HMP. Almost one-fifth (18.4%) of respondents reported a functional limitation.

	Col %	95% CI
At least one physical health condition present (n=4,090)		
Yes (n=2,689)	60.8	[58.8,62.8]
No (n=1,401)	39.2	[37.2,41.2]
At least one mental health condition present (n=4,090)		
Yes (n=1,351)	32.1	[30.3,33.9]
No (n=2,739)	67.9	[66.1,69.7]

Any chronic health condition present (n=4,090)		
Yes (n=2,986)	69.2	[67.3,71.0]
No (n=1,104)	30.8	[29.0,32.7]
Any physical health condition AND any mental health condition		
Yes (n=1,054)	23.7	[22.2,25.3]
No (n=3,036)	76.3	[74.7,77.8]
Any new diagnoses since HMP enrollment (n=4,090)		
Yes (n=1,318)	30.6	[28.8,32.4]
No (n=2,772)	69.4	[67.6,71.2]
Functional limitations (n=4,026)		
Yes (n=749)	18.4	[17.0,20.0]
No (n=3,277)	81.6	[80.0,83.0]

The most common chronic conditions reported were hypertension (31.3%), mood disorder (30.4%), and other health conditions (29.2%). Respondents frequently found out about these chronic conditions after enrollment in HMP.

	%	95% CI
Has a doctor or other health professional every told you that you had any of the following?		
Hypertension (n=4,089)		
Yes (n=1,411)	31.3	[29.6,33.1]
No (n=2,661)	68.2	[66.4,69.9]
Don't know (n=17)	0.5	[0.3,0.9]
[If Yes] Did you find out you had [Hypertension] before or after you enrolled in the Healthy Michigan Plan? (n=1,411)		
Before (n=960)	66.6	[63.4,69.7]
After (n=441)	32.4	[29.4,35.6]
Don't know (n=10)	0.9	[0.4,2.0]
Heart disease (n=4,089)		
Yes (n=426)	9.7	[8.6,10.9]
No (n=3,645)	90.0	[88.8,91.1]
Don't know (n=18)	0.3	[0.2,0.5]
[If Yes] Did you find out you had [Heart disease] before or after you enrolled in the Healthy Michigan Plan? (n=426)		
Before (n=290)	65.6	[59.3,71.4]
After (n=135)	34.3	[28.5,40.6]
Don't know (n=1)	0.1	[0.0,0.8]
Diabetes (n=4,089)		
Yes (n=499)	10.8	[9.7,12.0]
No (n=3,574)	88.8	[87.6,89.9]
Don't know (n=16)	0.4	[0.2,0.7]

[If Yes] Did you find out you had [Diabetes] before or after you enrolled in the Healthy Michigan Plan? (n=499)		
Before (n=331)	63.8	[58.1,69.1]
After (n=163)	35.4	[30.1,41.1]
Don't know (n=5)	0.8	[0.3,2.4]
Cancer (non-skin) (n=4,089)		
Yes (n=203)	3.7	[3.2,4.4]
No (n=3,876)	96.0	[95.3,96.6]
Don't know (n=10)	0.3	[0.1,0.6]
[If Yes] Did you find out you had [Cancer (non-skin)] before or after you enrolled in the Healthy Michigan Plan? (n=203)		
Before (n=130)	60.3	[51.8,68.3]
After (n=72)	39.2	[31.3,47.8]
Don't know (n=1)	0.5	[0.1,3.2]
Mood disorder (n=4,084)		
Yes (n=1,288)	30.4	[28.7,32.2]
No (n=2,786)	69.2	[67.4,71.0]
Don't know (n=10)	0.4	[0.2,0.8]
[If Yes] Did you find out you had [Mood disorder] before or after you enrolled in the Healthy Michigan Plan? (n=1,288)		
Before (n=941)	70.9	[67.5,74.0]
After (n=342)	28.8	[25.7,32.2]
Don't know (n=5)	0.3	[0.1,0.9]
Stroke (n=4,089)		
Yes (n=88)	1.9	[1.5,2.5]
No (n=3,997)	97.9	[97.3,98.4]
Don't know (n=4)	0.2	[0.0,0.5]
[If Yes] Did you find out you had [Stroke] before or after you enrolled in the Healthy Michigan Plan? (n=88)		
Before (n=53)	59.8	[46.7,71.7]
After (n=35)	40.2	[28.3,53.3]
Don't know (n=0)	0.0	
Asthma (n=4,088)		
Yes (n=725)	17.1	[15.7,18.6]
No (n=3,353)	82.7	[81.2,84.1]
Don't know (n=10)	0.2	[0.1,0.4]
[If Yes] Did you find out you had [Asthma] before or after you enrolled in the Healthy Michigan Plan? (n=725)		
Before (n=637)	86.6	[83.0,89.5]
After (n=84)	12.9	[10.0,16.4]
Don't know (n=4)	0.6	[0.2,2.0]

Chronic bronchitis, COPD, emphysema (n=4,089)		
Yes (n=479)	10.5	[9.4,11.7]
No (n=3,594)	89.1	[87.9,90.2]
Don't know (n=16)	0.4	[0.2,0.8]
[If Yes] Did you find out you had [Chronic bronchitis, COPD, emphysema] before or after you enrolled in the Healthy Michigan Plan? (n=479)		
Before (n=304)	65.0	[59.5,70.2]
After (n=173)	34.8	[29.6,40.3]
Don't know (n=2)	0.2	[0.0,0.8]
Substance use disorder (n=4,088)		
Yes (n=165)	4.1	[3.4,5.0]
No (n=3,916)	95.7	[94.8,96.4]
Don't know (n=7)	0.2	[0.1,0.5]
[If Yes] Did you find out you had [Substance use disorder] before or after you enrolled in the Healthy Michigan Plan? (n=165)		
Before (n=148)	88.9	[81.6,93.5]
After (n=15)	9.5	[5.3,16.3]
Don't know (n=2)	1.6	[0.4,7.1]
Other chronic condition (n=4,087)		
Yes (n=1,317)	29.2	[27.5,30.9]
No (n=2,759)	70.5	[68.8,72.2]
Don't know (n=11)	0.3	[0.1,0.5]
[If Yes] Did you find out you had [Other chronic condition] before or after you enrolled in the Healthy Michigan Plan? (n=1,317)		
Before (n=829)	63.8	[60.6,67.0]
After (n=451)	33.6	[30.5,36.8]
Don't know (n=37)	2.6	[1.7,3.9]

Health Risk Assessment (HRA)

Approximately half (49.3%) of survey respondents reported that they remembered completing the HRA. This is higher than the completion rate obtained using data from the MDHHS Data Warehouse. One potential explanation for this discrepancy between the self-reported rate and the State reported rate is that some respondents may have completed only the patient portion of the HRA but reported HRA completion in the survey; without also turning in the provider portion of the HRA such partial completions would be marked incomplete in the Data Warehouse. Other potential reasons include recall bias or misunderstanding about the HRA as a special form developed for Healthy Michigan Plan enrollees (e.g., some respondents may be unable to differentiate between the HRA and other health questionnaires they had completed). Among those who reported completing the HRA, the most common reasons for completion were that their primary care provider (PCP) suggested it (45.9%), they got it in the mail (33%),

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and/or that they completed it during enrollment on the phone (12.6%). Among respondents who reported getting the HRA in the mail, 71.9% said they took the form to their PCP.

	%	95% CI
Do you remember completing the Health Risk Assessment? (n=4,089)		
Yes (n=2,102)	49.3	[47.3,51.2]
No (n=1,681)	42.7	[40.8,44.7]
Don't know (n=306)	8.0	[6.9,9.2]
[If Yes] What led you to complete it?* (n=2,102)		
PCP suggested (n=996)	45.9	[43.2,48.7]
Got it in the mail (n=693)	33.0	[30.4,35.6]
At enrollment on the phone (n=253)	12.6	[10.9,14.6]
Health plan suggested (n=149)	7.3	[6.0,8.9]
To stay on top of my health (n=64)	2.9	[2.1,3.9]
Gift card/money/reward (n=57)	2.5	[1.8,3.4]
To save money on copays/cost-sharing (n=2)	0.1	[0.0,0.3]
Other (n=50)	2.7	[1.8,4.0]
Don't know (n=79)	3.9	[3.0,5.2]
[If 'Got it in the mail'] Did you take the form to your primary care provider? (n=622)		
Yes (n=481)	71.9	[66.5,76.7]
No (n=106)	22.4	[17.8,27.7]
Don't know (n=35)	5.7	[3.7,8.8]

*Respondents were able to provide more than one response for this question. As a result, percentages may exceed 100%.

A majority of those who reported completing the HRA felt that the HRA was valuable for improving their health (83.7%) and was helpful for their PCP to understand their health needs (89.7%). About one-third (31.5%) of those who said they completed the HRA felt that the HRA was not that helpful because they already knew what they needed to do to be healthy.

	%	95% CI
I think doing the Health Risk Assessment was valuable for me to improve my health. (n=2,100)		
Strongly agree (n=399)	19.0	[16.8,21.3]
Agree (n=1,354)	64.7	[62.0,67.4]
Neutral (n=222)	10.2	[8.7,12.1]
Disagree (n=104)	4.8	[3.8,6.1]
Strongly disagree (n=10)	0.6	[0.3,1.2]
Don't know (n=11)	0.6	[0.3,1.5]

I think doing the Health Risk Assessment was helpful for my primary care provider to understand my health needs. (n=2,099)		
Strongly agree (n=515)	24.9	[22.6,27.4]
Agree (n=1,369)	64.8	[62.1,67.4]
Neutral (n=121)	6.1	[4.9,7.6]
Disagree (n=62)	2.4	[1.8,3.4]
Strongly disagree (n=8)	0.4	[0.2,0.8]
Don't know (n=24)	1.3	[0.8,2.2]
I know what I need to do to be healthy, so the Health Risk Assessment wasn't that helpful. (n=2,100)		
Strongly agree (n=92)	4.5	[3.5,5.7]
Agree (n=567)	27.0	[24.7,29.5]
Neutral (n=308)	16.8	[14.7,19.2]
Disagree (n=1,024)	46.2	[43.5,48.9]
Strongly disagree (n=87)	4.2	[3.2,5.6]
Don't know (n=22)	1.2	[0.7,2.1]

Among those who reported completing the HRA, 80.7% reported choosing to work on at least one health behavior. The most common behaviors that respondents reported selecting were related to nutrition/diet (57.2%) and exercise/activity (52.6%). Among respondents who chose to work on a health behavior, 61.3% said their health care provider or health plan helped them work on this behavior. Some (8%) said there was help they wanted that they did not get.

	%	95% CI
After going through the Health Risk Assessment, or at a primary care visit, did you choose to work on a healthy behavior or do something good for your health? (n=2,100)		
Yes (n=1,690)	80.7	[78.5,82.8]
No (n=393)	18.6	[16.6,20.9]
Don't know (n=17)	0.6	[0.3,1.1]
[If Yes] What did you choose to do?* (n=1,690)		
Nutrition/diet (n=947)	57.2	[54.2,60.2]
Exercise/activity (n=915)	52.6	[49.5,55.7]
Reduce/quit tobacco use (n=317)	18.4	[16.2,20.9]
Lose weight (n=191)	10.1	[8.5,11.9]
Reduce/quit alcohol consumption (n=55)	3.4	[2.5,4.8]
Take medicine regularly (n=32)	2.3	[1.5,3.5]
Monitor my blood pressure/blood sugar (n=33)	1.5	[1.0,2.2]
Flu shot (n=20)	0.9	[0.5,1.4]
Follow-up appointment for chronic disease (n=11)	0.6	[0.3,1.1]
Go to the dentist (n=7)	0.4	[0.2,1.1]
Treatment for substance use disorder (n=3)	0.2	[0.0,0.5]
Other (n=98)	5.4	[4.3,6.8]
Don't know (n=11)	0.8	[0.4,1.7]

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Did your health care provider or health plan help you work on this healthy behavior? (n=1,677)		
Yes (n=1,088)	61.3	[58.2,64.4]
No (n=382)	26.3	[23.5,29.3]
NA (n=200)	11.9	[10.1,14.0]
Don't know (n=7)	0.4	[0.2,1.0]
[If Yes or No] Was there help that you wanted that you didn't get? (n=1,470)		
Yes (n=131)	8.0	[6.6,9.7]
No (n=1,313)	90.0	[88.0,91.7]
NA (n=18)	1.2	[0.6,2.3]
Don't know (n=8)	0.8	[0.3,2.0]

Respondents were able to provide more than one response for this question; As a result, percentages may exceed 100%.

Forty percent of survey respondents agreed that information about healthy behavior rewards led them do something they might not have done otherwise. A quarter (26.1%) disagreed, and one-fifth (21.3%) said they did not know.

	%	95% CI
Information about the healthy behavior rewards that I can earn has led me to do something I might not have done otherwise. (n=4,084)		
Strongly agree (n=204)	5.2	[4.4,6.3]
Agree (n=1,431)	35.4	[33.5,37.3]
Neutral (n=487)	12.0	[10.8,13.3]
Disagree (n=969)	24.1	[22.4,25.8]
Strongly disagree (n=75)	2.0	[1.5,2.6]
Don't know (n=918)	21.3	[19.8,22.9]

Health Behaviors and Health Education

More than one-third (36.7%) of survey respondents reported getting a flu shot last fall or winter. Almost one-third (31.9%) of survey respondents reported exercising every day for at least 20 minutes, 48.8% of respondents reported drinking sugary drinks two or fewer days per week, and 37.5% of respondents reported eating three or more servings of fruits or vegetables every day.

	%	95% CI
Did you get a flu shot last fall or winter? (n=4,090)		
Yes (n=1,592)	36.7	[34.8,38.6]
No (n=2,463)	62.4	[60.4,64.3]
Don't know (n=35)	0.9	[0.6,1.5]

In the last 7 days, how many days did you exercise for at least 20 minutes? (n=4,089)		
Every day (n=1,392)	31.9	[30.1,33.7]
3-6 days (n=1,334)	33.5	[31.6,35.4]
1-2 days (n=606)	15.9	[14.4,17.4]
0 days (n=746)	18.4	[17.0,20.0]
Don't know (n=11)	0.3	[0.1,0.6]
In the last 7 days, how many days did you drink sugary drinks, like soda or pop, sweetened fruit drinks, sports drinks, or energy drinks? (n=4,088)		
Every day (n=1,281)	32.4	[30.6,34.3]
3-6 days (n=688)	18.7	[17.2,20.4]
1-2 days (n=886)	21.4	[19.8,23.0]
0 days (n=1,231)	27.4	[25.8,29.2]
Don't know (n=2)	0.1	[0.0,0.3]
In the last 7 days, how many days did you eat 3 or more servings of fruits or vegetables in a day? (n=4,087)		
Every day (n=1,609)	37.5	[35.6,39.4]
3-6 days (n=1,374)	33.6	[31.8,35.5]
1-2 days (n=603)	16.4	[15.0,18.0]
0 days (n=476)	11.8	[10.5,13.1]
Don't know (n=25)	0.7	[0.4,1.1]

About half of respondents reported talking with a health professional about exercise (48.6%) and diet and nutrition (49.8%) in the past 12 months. Among those who reported binge drinking behavior in the past seven days, 30.3% reported talking to a health professional about safe alcohol use.

	%	95% CI
In the last 12 months, has a doctor, nurse, or other health professional talked with you about exercise? (n=4,090)		
Yes (n=2,091)	48.6	[46.7,50.6]
No (n=1,983)	50.9	[48.9,52.9]
Don't know (n=16)	0.4	[0.2,1.0]
In the last 12 months, has a doctor, nurse, or other health professional talked with you about diet and nutrition? (n=4,089)		
Yes (n=2,107)	49.8	[47.8,51.8]
No (n=1,966)	49.7	[47.7,51.7]
Don't know (n=16)	0.5	[0.2,1.1]
In the last 7 days, on how many days did you have 5 or more alcoholic drinks (males) or 4 or more alcoholic drinks (females)? (n=4,087)		
Every day (n=43)	1.1	[0.8,1.6]
3-6 days (n=145)	4.0	[3.3,4.9]
1-2 days (n=556)	14.5	[13.1,16.0]
0 days (n=3,341)	80.3	[78.7,81.9]
Don't know (n=2)	0.1	[0.0,0.4]

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[If response other than 0 days] In the last 12 months, has a doctor, nurse, or other health professional talked with you about safe alcohol use? (n=747)		
Yes (n=234)	30.3	[26.3,34.6]
No (n=511)	69.6	[65.2,73.6]
Don't know (n=2)	0.1	[0.0,0.6]

More than one-third (37.7%) of survey respondents reported smoking or using tobacco in the past thirty days. Among those who smoked or used tobacco in the past thirty days, 75.2% reported wanting to quit. Of those who said they would like to quit smoking or using tobacco, 90.7% reported working on cutting back or quitting right now. Among those currently working on quitting or reducing tobacco use, over half (54%) of respondents reported receiving advice or assistance from a health professional or health plan on how to quit in the past 12 months.

	%	95% CI
In the last 30 days, have you smoked or used tobacco? (n=4,089)		
Yes (n=1,533)	37.7	[35.9,39.7]
No (n=2,556)	62.3	[60.3,64.1]
[If Yes] Do you want to quit smoking or using tobacco? (n=1,530)		
Yes (n=1,186)	75.2	[72.0,78.1]
No (n=319)	23.3	[20.4,26.4]
Don't know (n=25)	1.5	[0.9,2.5]
[If Yes] Are you working on cutting back or quitting right now? (n=1,186)		
Yes (n=1,059)	90.7	[88.7,92.4]
No (n=124)	9.1	[7.4,11.1]
Don't know (n=3)	0.2	[0.1,0.8]
In the past 12 months, did you receive any advice or assistance from a health professional or your health plan on how to quit smoking? (n=1,531)		
Yes (n=877)	54.0	[50.8,57.3]
No (n=644)	45.4	[42.2,48.7]
Don't know (n=10)	0.5	[0.3,1.1]

Few (5.9%) survey respondents reported using drugs or medications in the past 30 days to affect mood or aid in relaxation. Among those who reported using drugs or medications for mood or to aid in relaxation, 52.9% used these drugs or medications almost every day. More than one-third (37.1%) of respondents who used these drugs sometimes or every day reported speaking with a health professional about the use of these drugs or medications.

	%	95% CI
In the last 30 days, have you used drugs or medications to affect your mood or help you relax? This includes prescription drugs taken differently than how you were told to take them, as well as street drugs. (n=4,086)		
Yes (n=222)	5.9	[5.1,7.0]
No (n=3,862)	94.0	[92.9,94.9]
Don't know (n=2)	0.1	[0.0,0.3]

[If Yes] How often? Would you say Almost every day, Sometimes, Rarely, or Never? (n=222)		
Almost every day (n=115)	52.9	[44.4,61.2]
Sometimes (n=64)	28.6	[21.6,36.9]
Rarely (n=41)	17.6	[12.0,25.0]
Never (n=2)	0.9	[0.2,3.8]
[If 'Sometimes' or 'Almost every day'] In the last 12 months, has a doctor, nurse, or other health professional talked with you about your use of these drugs or medications? (n=179)		
Yes (n=77)	37.1	[29.2,45.7]
No (n=102)	62.9	[54.3,70.8]

Regular Source of Care and Primary Care Utilization Prior to HMP

In the 12 months prior to HMP enrollment, about three-quarters (73.8%) of survey respondents reported having a place they would usually go for a checkup, when they felt sick, or when they wanted advice about their health and 24% of survey respondents reported not having a regular source of care. Among respondents who reported having a place that they would go for health care in the 12 months prior to HMP enrollment, a doctor's office (47.9%) was the most common place reported, while 16.2% reported the emergency room as their usual place for care. Many (40.1%) survey respondents had not had a primary care visit in the year before HMP enrollment and more than one-fifth (20.6%) had not had a primary care visit in five years or more.

	%	95% CI
In the 12 months before enrolling in the Healthy Michigan Plan, was there a place that you usually would go to for a checkup, when you felt sick, or when you wanted advice about your health? (n=4,084)		
Yes (n=3,051)	73.8	[72.0,75.5]
No (n=955)	24.0	[22.4,25.8]
NA (n=73)	2.1	[1.5,2.8]
Don't know (n=5)	0.1	[0.1,0.4]
[If Yes] What kind of place was it? (n=3,051)		
Doctor's office (n=1,498)	47.9	[45.7,50.2]
Clinic (n=557)	17.2	[15.5,18.9]
Urgent care/walk-in (n=529)	16.8	[15.2,18.6]
Emergency room (n=409)	16.2	[14.6,18.1]
Other place (n=56)	1.8	[1.3,2.4]
Don't know (n=2)	0.1	[0.0,0.2]
Before you enrolled in the Healthy Michigan Plan, about how long had it been since you had a primary care visit? (n=4,086)		
Less than 1 year before HMP (n=1,647)	40.1	[38.2,42.1]
1 to 5 years (n=1,577)	37.8	[35.9,39.7]
More that 5 years (n=813)	20.6	[19.0,22.2]
Don't know (n=49)	1.5	[1.0,2.1]

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Regular Source of Care and Primary Care Utilization with HMP

Most (92.2%) survey respondents indicated that in the past 12 months of HMP enrollment there is a place they usually go when they need a checkup, feel sick, or want advice about their health. A doctor's office (75.2%) was the most common place respondents went to for health care in the 12 months enrolled in HMP and just 1.7% reported the emergency room. Among those who usually go to a doctor's office or clinic for health care, 60.6% reported that this is not the same place they went prior to HMP enrollment. Among respondents who reported going to a doctor's office or clinic for their health care, most (96.7%) respondents said this was their primary care provider (PCP) through their HMP coverage. Among the respondents who chose urgent care or the emergency room as their usual place for care while enrolled in HMP, 32.4% said they did not have a PCP through HMP. Among those respondents who used urgent care or the emergency room as their usual place of care and who had a PCP through HMP, about half (49.1%) chose their provider and about half (49.4%) said their plan assigned one.

	%	95% CI
In the last 12 months, is there a place you usually go when you need a checkup, feel sick, or want advice about your health? (n=4,088)		
Yes (n=3,850)	92.2	[90.8,93.4]
No (n=194)	6.2	[5.2,7.4]
NA (n=44)	1.6	[1.0,2.4]
[If Yes] What kind of a place was it? (n=3,850)		
Doctor's office (n=2,934)	75.2	[73.4,77.0]
Clinic (n=640)	16.5	[15.0,18.1]
Urgent care/walk-in (n=181)	5.8	[4.8,6.9]
Emergency room (n=65)	1.7	[1.3,2.2]
Other place (n=29)	0.8	[0.5,1.2]
Don't know (n=1)	0.0	[0.0,0.2]
[If Doctor's Office or Clinic] Is this the same place where you went before you enrolled in Healthy Michigan? (n=3,551)		
Yes (n=1,438)	39.3	[37.3,41.4]
No (n=2,111)	60.6	[58.5,62.6]
Don't know (n=2)	0.1	[0.0,0.3]
[If Doctor's Office or Clinic] And is this your primary care provider for your Healthy Michigan Plan Coverage? (n=3,552)		
Yes (n=3,438)	96.7	[95.8,97.4]
No (n=103)	3.1	[2.4,3.9]
Don't know (n=11)	0.2	[0.1,0.5]
[If the place they usually go for care is NOT their PCP --OR-- usual source of care is urgent care/walk-in clinic or the ER] Do you have a primary care provider through your Healthy Michigan Plan coverage? (n=652)		
Yes (n=418)	63.6	[58.7,68.3]
No (n=208)	32.4	[27.9,37.3]
Don't know (n=26)	3.9	[2.5,6.2]

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[If Yes] Did you choose your primary care provider or did your plan assign you to one? (n=216)		
Chose my PCP (n=103)	49.1	[40.3,58.0]
Plan assigned my PCP (n=109)	49.4	[40.5,58.3]
Don't know (n=4)	1.5	[0.5,4.5]

The majority (85.2%) of respondents who reported having a PCP indicated that they saw their PCP in the past 12 months. For survey respondents who reported not seeing their PCP in the previous 12 months while enrolled in HMP, the most common reason given was that they were healthy and did not need to see a provider. Most (91.1%) respondents who had seen their PCP reported talking about things they can do to be healthy and prevent medical problems. Among those who had seen their PCP, 83.9% said it was easy or very easy to get an appointment to see their PCP. For those who said it was difficult or very difficult to schedule an appointment, the most common reason for this difficulty was not getting an appointment soon enough.

	%	95% CI
Have you seen your primary care provider in the past 12 months? (n=3,851)		
Yes (n=3,386)	85.2	[83.5,86.7]
No (n=453)	14.5	[13.0,16.2]
Don't know (n=12)	0.3	[0.2,0.6]
[If Yes] Did you and the primary care provider talk about things you can do to be healthy and prevent medical problems? (n=3,386)		
Yes (n=3,131)	91.1	[89.6,92.3]
No (n=243)	8.5	[7.3,9.9]
Don't know (n=12)	0.4	[0.2,0.9]
In the last 12 months, how easy or difficult was it to get an appointment to see your primary care provider? (n=3,386)		
Very easy (n=1,432)	41.9	[39.8,44.0]
Easy (n=1,443)	42.0	[39.9,44.1]
Neutral (n=274)	8.9	[7.7,10.3]
Difficult (n=166)	4.8	[4.0,5.8]
Very Difficult (n=69)	2.3	[1.7,3.1]
Don't know (n=2)	0.1	[0.0,0.4]
[If Difficult or Very Difficult] What made it difficult? (n=235)		
Couldn't get an appointment soon enough (n=195)	84.0	[77.8,88.8]
Inconvenient hours (n=46)	18.5	[13.3,25.2]
Couldn't get through on the telephone (n=21)	7.7	[4.6,12.7]
Transportation (n=12)	3.7	[1.9,6.9]
Other (n=15)	9.0	[4.8,16.4]

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[If No - Have not seen PCP in past 12 months] Why not?* (n=452)		
Healthy/didn't need to see doctor (n=274)	63.4	[57.6,68.8]
Couldn't get appointment (n=37)	7.0	[4.8,10.0]
Transportation difficulties/too far (n=23)	5.5	[3.3,9.1]
See a specialist instead (n=19)	4.2	[2.2,7.6]
Don't like my PCP/staff (n=18)	3.9	[2.3,6.5]
Inconvenient hours (n=10)	3.0	[1.3,6.8]
Don't like doctors in general (n=8)	1.5	[0.6,3.4]
Other (n=149)	30.6	[25.6,36.3]
Don't know (n=3)	0.5	[0.1,1.5]

Respondents were able to provide more than one response for this question; As a result, percentages may exceed 100%.

Primary Care Utilization and Experience

Beneficiaries who were older, white, female, reported worse health, and had any chronic condition were more likely than other beneficiaries to have seen a PCP in the past 12 months. Ethnicity, employment, income and marital status were not associated with likelihood of PCP visit in past 12 months (See Appendix Table 2).

Respondents who reported a PCP visit within the previous 12 months, compared to those who did not, were more likely to report improvement in access to specialty care, help with staying healthy, and cancer screening. Respondents who reported a PCP visit within the previous 12 months, compared to those who did not, were more likely to report completing an HRA, being counseled about exercise, nutrition, tobacco cessation (for those who used tobacco) and being counseled about safe alcohol use (for those who reported unsafe alcohol intake). Respondents who reported a PCP visit within the previous 12 months, compared to those who did not, were more likely to report being diagnosed with a chronic condition since enrollment in HMP (See Appendix Table 3).

Foregone Care Prior to HMP

One-third (33%) of respondents reported not getting the health care they needed in the 12 months prior to HMP enrollment. The most common reasons for not getting the care they needed prior to HMP were being worried about the cost (77.5%) and not having health insurance (67.4%).

	%	95% CI
In the 12 months before enrolling in the Healthy Michigan Plan, was there any time when you didn't get the health care services you needed? (n=4,084)		
Yes (n=1,409)	33.0	[31.2,34.8]
No (n=2,638)	65.9	[64.0,67.7]
Don't know (n=37)	1.1	[0.8,1.7]

[If Yes] Why didn't you get the care you needed?* (n=1,409)		
You were worried about the cost (n=1,121)	77.5	[74.5,80.2]
You did not have health insurance (n=927)	67.4	[64.2,70.4]
Your health plan wouldn't pay for the treatment (n=105)	7.9	[6.3,9.8]
The doctor or hospital wouldn't accept your health insurance (n=60)	4.0	[3.0,5.4]
You couldn't get an appointment soon enough (n=54)	3.5	[2.6,4.8]
You didn't have transportation (n=36)	2.7	[1.9,4.0]
Other (n=99)	7.3	[5.7,9.4]
Don't know (n=6)	0.5	[0.2,2.0]
Other (write-in): Respondent did not have a doctor (n=24)	1.2	[0.8,1.9]
Other (write-in): Respondent was not satisfied with the care they received (n=19)	1.1	[0.6,1.9]

Respondents were able to provide more than one response for this question; As a result, percentages may exceed 100%.

Foregone Care with HMP

Over one-fifth (22%) of survey respondents reported that there was a time when they needed help or advice when their usual clinic or doctor's office was closed. Among these respondents, 46.8% said they tried to contact their provider's office after they were closed to get help or advice. Among those who tried to contact their provider's office after it was closed, 56.5% said they were able to talk to someone. Among respondents who did not contact their provider's office when they needed help or advice, the main reason for not contacting them was because the office was closed.

	%	95% CI
In the last 12 months was there a time when you needed help or advice when your usual clinic or doctor's office was closed? (n=4,063)		
Yes (n=916)	22.0	[20.4,23.6]
No (n=3,132)	77.6	[76.0,79.1]
Don't know (n=15)	0.4	[0.2,0.9]
[If Yes] In the most recent case, did you try to contact your provider's office after they were closed to get help or advice? (n=916)		
Yes (n=429)	46.8	[42.8,50.7]
No (n=484)	52.7	[48.7,56.7]
[If Yes] Were you able to talk to someone? (n=428)		
Yes (n=243)	56.5	[50.6,62.2]
No (n=184)	43.0	[37.3,48.9]
Don't know (n=1)	0.5	[0.1,3.2]

[If No-Did not try to contact provider's office] Why didn't you try to contact your provider's office?* (n=488)		
It was closed (n=347)	69.5	[64.2,74.3]
I felt it was an emergency and went to ER/ called 911 (n=78)	15.6	[12.1,19.9]
Decided to wait to see if condition resolved (n=31)	6.5	[4.3,9.8]
Unsure how to contact provider (n=3)	1.2	[0.3,4.5]
Other (n=99)	21.8	[17.5,26.9]
Don't know (n=9)	1.8	[0.8,3.6]

Respondents were able to provide more than one response for this question; As a result, percentages may exceed 100%.

Among all survey respondents, 15.6% said that in the past 12 months there was a time when they did not get the medical or dental care they needed. The most common reasons for not getting the care they needed with HMP were because their health plan would not pay for the treatment (39.6%) and being worried about the cost (25.4%). Those who cited a reason other than the options supplied for not getting the medical or dental care they needed often reported that dental procedures such as crowns and root canals are not covered and indicated that it was difficult to find a dentist who accepted their insurance. Among respondents who did not get needed care because they could not afford it, 63.2% reported dental care as the type of care they wanted.

	%	95% CI
In the last 12 months, was there any time when you didn't get the medical or dental care you needed? (n=4,084)		
Yes (n=629)	15.6	[14.3,17.1]
No (n=3,433)	84.0	[82.5,85.3]
Don't know (n=22)	0.4	[0.2,0.6]
[If Yes] Why didn't you get the care you needed?* (n=629)		
Your health plan wouldn't pay for the treatment (n=251)	39.6	[34.9,44.5]
You were worried about the cost (n=155)	25.4	[21.3,29.9]
The doctor or hospital wouldn't accept your health insurance (n=141)	23.9	[19.8,28.5]
You couldn't get an appointment soon enough (n=73)	11.5	[8.7,14.9]
You did not have health insurance (n=41)	8.5	[5.8,12.4]
You didn't have transportation (n=30)	6.1	[3.9,9.4]
Other (n=199)	29.8	[25.6,34.4]

[If Yes - 'Your health plan wouldn't pay for the treatment', 'You were worried about the cost', 'The doctor or hospital wouldn't accept your health insurance', OR 'You did not have health insurance'] Was there any time in the last 12 months when you needed or wanted any of the following but could not afford it?* (n=393)		
Dental care (including check-ups) (n=252)	63.2	[57.0,69.0]
To see a specialist (n=79)	21.7	[16.8,27.5]
Prescription medication [not over the counter] (n=72)	19.9	[15.3,25.5]
A checkup, physical or wellness visit (n=47)	13.3	[9.6,18.2]
Mental health care or counseling (n=30)	8.9	[5.8,13.3]
Substance use treatment services (n=2)	0.7	[0.2,2.6]
Other (n=49)	13.0	[9.2,17.9]
NONE (n=28)	5.6	[3.8,8.3]
Don't know (n=1)	0.2	[0.0,1.7]

Respondents were able to provide more than one response for this question; As a result, percentages may exceed 100%.

Changes in Access to Care

Many respondents reported greater ability to get prescription medications (59.3%), primary care (57.8%), help staying healthy or preventing health problems (52%), dental care (46.1%), specialist care (44.4%), mental health care (27.5%), and cancer screening (25.7%) after enrolling in HMP compared to before they had HMP coverage. About half (46.7%) of respondents did not know if their ability to get mental health care through HMP was better, worse, or about the same as compared to before enrolling in HMP, though only 2.5% reported that it was worse. The majority (80.7%) of respondents did not know if their ability to get substance use treatment services through HMP was better, worse, or about the same compared to before enrolling in HMP though only 0.2% reported that it was worse. While most (58.6%) respondents did not know if their ability to get cancer screening though HMP was better, worse, or about the same compared to before HMP, 25.7% said it was better. The majority (71%) of respondents also said they did not know if their ability to get birth control/family planning services through HMP is better, worse, or the about the same compared to before HMP.

	%	95% CI
Would you say that your ability to get primary care through the Healthy Michigan Plan is better, worse, or about the same, compared to before? (n=4,085)		
Better (n=2,381)	57.8	[55.8,59.7]
Worse (n=93)	2.4	[1.9,3.1]
About the same (n=1,483)	35.9	[34.0,37.8]
Don't know (n=128)	3.9	[3.1,4.9]

Would you say that your ability to get specialist care through the Healthy Michigan Plan is better, worse, or about the same, compared to before? (n=4,085)		
Better (n=1,901)	44.4	[42.5,46.4]
Worse (n=177)	4.2	[3.5,5.1]
About the same (n=911)	22.6	[21.0,24.3]
Don't know (n=1,096)	28.7	[26.9,30.6]
Would you say that your ability to get dental care through the Healthy Michigan Plan is better, worse, or about the same, compared to before? (n=4,084)		
Better (n=1,930)	46.1	[44.1,48.0]
Worse (n=255)	6.2	[5.4,7.3]
About the same (n=1,138)	29.3	[27.5,31.2]
Don't know (n=761)	18.4	[16.9,19.9]
Would you say that your ability to get mental health care through the Healthy Michigan Plan is better, worse, or about the same, compared to before? (n=4,084)		
Better (n=1,077)	27.5	[25.8,29.3]
Worse (n=97)	2.5	[1.9,3.2]
About the same (n=923)	23.3	[21.6,25.0]
Don't know (n=1,987)	46.7	[44.8,48.7]
Would you say that your ability to get substance use treatment services through the Healthy Michigan Plan is better, worse, or about the same, compared to before? (n=4,083)		
Better (n=341)	9.8	[8.6,11.1]
Worse (n=9)	0.2	[0.1,0.4]
About the same (n=319)	9.3	[8.1,10.6]
Don't know (n=3,414)	80.7	[79.0,82.3]
Would you say that your ability to get prescription medications through the Healthy Michigan Plan is better, worse, or about the same, compared to before? (n=4,085)		
Better (n=2,497)	59.3	[57.4,61.3]
Worse (n=121)	3.1	[2.5,3.9]
About the same (n=1,017)	25.9	[24.2,27.7]
Don't know (n=450)	11.6	[10.4,13.0]
Would you say that your ability to get cancer screening through the Healthy Michigan Plan is better, worse, or about the same, compared to before? (n=4,084)		
Better (n=1,156)	25.7	[24.1,27.5]
Worse (n=26)	0.6	[0.4,1.0]
About the same (n=627)	15.0	[13.7,16.5]
Don't know (n=2,275)	58.6	[56.7,60.5]

Would you say that your ability to get help with staying healthy or preventing health problems through the Healthy Michigan Plan is better, worse, or about the same, compared to before? (n=4,084)		
Better (n=2,142)	52.0	[50.0,53.9]
Worse (n=48)	1.1	[0.8,1.5]
About the same (n=1,338)	32.5	[30.7,34.3]
Don't know (n=556)	14.5	[13.2,16.0]
Would you say that your ability to get birth control/family planning services through the Healthy Michigan Plan is better, worse, or about the same, compared to before? (n=4,082)		
Better (n=568)	16.1	[14.6,17.7]
Worse (n=16)	0.5	[0.3,0.8]
About the same (n=472)	12.4	[11.1,13.8]
Don't know (n=3,026)	71.0	[69.1,72.8]

Emergency Room Use with HMP

Over one-third (37.6%) of survey respondents reported going to a hospital emergency room (ER) for care in the past 12 months. Of those who went to the ER in the past 12 months, 83.8% felt that the problem needed to be handled in the ER. Over one-quarter (28.0%) of respondents with an ER visit in the past 12 months said they tried to contact their usual provider's office to get help or advice before going to the ER. Among those who tried to contact their provider, 76.6% reported talking to someone. Among those who talked to someone from their provider's office before going to the ER, the most common reason for going to the ER was because the provider said to go (75.7%).

	%	95% CI
During the past 12 months, did you go to a hospital emergency room about your own health (whether or not you were admitted overnight)? (n=4,090)		
Yes (n=1,456)	37.6	[35.7,39.6]
No (n=2,611)	61.8	[59.8,63.7]
Don't know (n=23)	0.6	[0.3,1.0]
[If Yes] Thinking about the last time you were at the emergency room, did you think your problem needed to be handled in the emergency room? (n=1,455)		
Yes (n=1,249)	83.8	[81.1,86.2]
No (n=186)	14.9	[12.6,17.6]
Don't know (n=20)	1.2	[0.8,2.0]
Thinking about the last time you were at the emergency room, did you try to contact your usual provider's office to get help or advice before going to the emergency room? (n=1,456)		
Yes (n=424)	28.0	[25.2,30.9]
No (n=1,025)	71.7	[68.7,74.5]
Don't know (n=7)	0.3	[0.1,0.8]

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[If Yes] Did you talk to someone? (n=424)		
Yes (n=319)	76.6	[71.3,81.2]
No (n=105)	23.4	[18.8,28.7]
[If Yes] Why did you end up going to the ER?* (n=319)		
Provider said to go to the ER (n=250)	75.7	[68.9,81.5]
Symptoms didn't improve or got worse (n=36)	14.3	[9.6,20.9]
You could get an appointment soon enough (n=33)	8.0	[5.4,11.8]
Provider advice wasn't helpful (n=12)	3.0	[1.6,5.5]
No response from the provider (n=5)	2.1	[0.7,6.2]
Other (n=51)	16.5	[11.9,22.5]
Don't know (n=2)	0.3	[0.1,1.2]

*Respondents were able to provide more than one response for this question; As a result, percentages may exceed 100%.

Among respondents who did not try to contact their provider before going to the ER: 20% arrived to the ER by ambulance, 74.8% went to the ER because it was the closest place to receive care, 18.5% went because they get most of their care at the ER, 64.3% felt the problem was too serious for a doctor's office or clinic, 63.6% reported their usual clinic was closed, and 25.4% said they needed to get care at a time that would not make them to miss school or work.

	%	95% CI
[If No - Did not try to contact usual provider's office before going to the ER] Which of these were true of this particular ER visit? (n=978)		
You arrived by ambulance or other emergency vehicle		
Yes (n=191)	20.0	[17.0,23.3]
No (n=787)	80.0	[76.7,83.0]
You went to the ER because it´s your closest place to receive care		
Yes (n=724)	74.8	[71.4,78.0]
No (n=245)	24.3	[21.2,27.7]
You went to the ER because you get most of your care at the emergency room		
Yes (n=156)	18.5	[15.5,22.0]
No (n=818)	80.8	[77.4,83.9]
Don't know (n=4)	0.6	[0.2,1.8]
The problem was too serious for a doctor's office or clinic		
Yes (n=657)	64.3	[60.3,68.1]
No (n=294)	32.9	[29.2,36.8]
Don't know (n=27)	2.8	[1.6,4.9]
Your doctor´s office or clinic was not open		
Yes (n=628)	63.6	[59.8,67.3]
No (n=297)	30.8	[27.3,34.5]
Don't know (n=52)	5.6	[3.9,7.8]

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You needed to get care at a time that would not make you miss work or school		
Yes (n=240)	25.4	[22.1,29.1]
No (n=721)	72.7	[68.9,76.1]
Don't know (n=17)	1.9	[1.1,3.4]

About two-thirds (64.0%) of all respondents said they are more likely to contact their usual provider before going to the ER compared to before HMP.

	%	95% CI
In general, compared to before you had the Healthy Michigan Plan, are you more likely, less likely, or about as likely to contact your usual doctor's office before going to the emergency room? (n=4,081)		
More likely (n=2,722)	64.0	[62.1,65.9]
Less likely (n=289)	8.3	[7.2,9.6]
About as likely (n=910)	23.5	[21.8,25.2]
Don't know (n=160)	4.2	[3.4,5.0]

Respondents were able to provide more than one response for this question; As a result, percentages may exceed 100%.

Impact of HMP on Acute Care Seeking

Respondents who used the ER were more likely than those who did not use the ER to report their health as fair/poor (40.1% vs. 23.2%) and less likely to report excellent/very good health (59.9% vs. 76.8%) (See Appendix Table 4). Respondents who used the ER reported chronic physical or mental health conditions more often than those who did not use the ER (79.4% vs. 62.8%) (See Appendix Table 5).

Impact of HMP on Employment, Education and Ability to Work

While most (78.3%) respondents who were students indicated that the number of days they missed school in the past year was about the same compared to the 12 months before HMP enrollment, 16.5% reported that they missed fewer days in the past year compared to the 12 months before. Among employed or self-employed respondents, 69.4% felt that getting health coverage through HMP helped them do a better job at work. Among respondents who were employed or self-employed, 27.6% reported changing jobs in the past 12 months. Among those who changed jobs in the past 12 months, 36.9% felt that having health coverage through HMP helped them get a better job. For those out of work for less than or more than a year, 54.5% of respondents felt that having HMP made them better able to look for a job.

	Mean or %	95% CI
[If a student] In the past 12 months, about how many days did you miss school because of illness or injury (do not include maternity leave)? (n=159)	Mean 2.9	[1.5,4.3]
Compared to the 12 months before this time, was this more, less, or about the same? (n=160)		
More (n=8)	4.4	[2.0,9.7]
Less (n=27)	16.5	[10.2,25.5]
About the same (n=124)	78.3	[69.1,85.4]
Don't know (n=1)	0.8	[0.1,5.3]
[If employed/self-employed or out of work for less than a year] In the past 12 months, about how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)? (n=2,309)	Mean 7.5	[6.1,9.0]
Compared to the 12 months before this time, was this more, less, or about the same? (n=2,331)		
More (n=299)	12.7	[11.1,14.4]
Less (n=384)	16.6	[14.7,18.6]
About the same (n=1,611)	68.7	[66.2,71.0]
Don't know (n=37)	2.1	[1.3,3.2]
[If employed or self-employed] Has getting health insurance through the Healthy Michigan Plan helped you do a better job at work? (n=2,077)		
Yes (n=1,431)	69.4	[66.8,71.8]
No (n=549)	25.9	[23.6,28.4]
Don't know (n=97)	4.7	[3.7,6.0]
Have you changed jobs in the last 12 months? (n=1,979)		
Yes (n=447)	27.6	[24.9,30.4]
No (n=1,531)	72.3	[69.5,75.0]
Don't know (n=1)	0.1	[0.0,0.6]
[If Yes] Having health insurance through the Healthy Michigan Plan helped me get a better job. (n=447)		
Strongly agree (n=33)	7.7	[5.0,11.6]
Agree (n=123)	29.2	[23.6,35.4]
Neutral (n=103)	21.5	[17.1,26.7]
Disagree (n=150)	33.5	[27.8,39.6]
Strongly disagree (n=30)	6.4	[4.2,9.6]
Don't know (n=8)	1.8	[0.8,4.0]

[If out of work for less than or more than a year] Having healthy insurance through the Healthy Michigan Plan has made me better able to look for a job. (n=957)		
Strongly agree (n=158)	16.2	[13.5,19.3]
Agree (n=389)	38.3	[34.6,42.2]
Neutral (n=185)	19.3	[16.1,22.9]
Disagree (n=143)	17.2	[14.0,20.8]
Strongly disagree (n=35)	3.5	[2.4,5.2]
Don't know (n=47)	5.5	[3.9,7.7]
[If homemaker, retired, or unable to work] In the past 12 months, about how many days were you unable to do your activities because of illness or injury? (n=809)	Mean 135.4	[122.2,148.6]
Compared to the 12 months before this time, was this more, less, or about the same? (n=859)		
More (n=151)	18.6	[15.4,22.2]
Less (n=131)	16.8	[13.7,20.6]
About the same (n=551)	61.2	[56.8,65.3]
Don't know (n=26)	3.4	[2.1,5.5]

Compared to employed enrollees, enrollees who were out of work or unable to work were more likely to be older (27.5% of out of work enrollees and 42.1% unable to work enrollees vs. 20.0% of employed enrollees were aged 51-64), male (57.2% of out of work enrollees and 53.9% of unable to work enrollees vs. 45.5% of employed enrolles were male), lower income (79.1% of out of work enrollees and 73.8% of unable to work enrollees vs. 33.7% of employed enrollees had incomes that were 0-35% FPL), veterans (3.9% of out of work enrollees and 5.9% of unable to work enrollees vs. 2.3% of employed enrollees), in fair/poor health (33.7% of out of work enrollees and 73.4% of unable to work enrollees vs. 19.6% of employed enrollees), and with chronic physical or mental health conditions (65.1% of out of work enrollees and 87.5% of unable to work enrollees vs. 53.8% of employed enrollees had physical health conditions; 35.3% of out of work enrollees and 61.7% of unable to work enrollees vs. 25.2% of employed enrollees had mental health conditions) or limitations (24.4% of out of work enrollees and 68.8% of unable to work enrollees vs. 13.3% of employed enrollees had physical impairments; 25.0% of out of work enrollees and 48.4% of unable to work enrollees vs. 11.6% of employed enrollees had mental impairments) (See Appendix Table 9).

HMP enrollees were more likely to be employed if their health status was excellent, very good, or good vs. fair or poor (56.1% vs. 32.3%) or if they had no chronic conditions (59.8% vs. 44.1%) (See Appendix Tables 11 and 12). Employed respondents missed a mean of 7.2 work days in the past year due to illness. 68.4% said this was about the same as before HMP, 17.2% said less and 12.3% said more (See Appendix Table 13).

Enrollees were 1.7 times more likely to report being out of work if aged 51-64, 1.8 times as likely if male, 1.9 times as likely if African-American, 1.5 times as likely if in fair/poor health, 1.5 times as likely if with mental health conditions, or functional limitations (1.4 times as likely if

with physical limitation; 2.0 times as likely if with mental limitation). Enrollees were more likely to report being unable to work if older (2.3 times more likely for 35-50-year-olds, 4.2 times more likely for 51-64-year-olds), 1.9 times as likely if male, 3.5 times as likely if in fair/poor health, 1.7 times as likely if with with chronic physical health conditions, 2.6 times as likely if with chronic mental health condition, or functional limitations (5.1 times as likely if they reported a physical limitation; 2.3 times as likely if they reported a mental limitation) (See Appendix Table 14).

Employed enrollees with improved physical or mental health since HMP enrollment were 4.1 times more likely to report that HMP helped them to do a better job at work (See Appendix Table 15). Enrollees who were out of work with improved physical or mental health since HMP enrollment were 2.8 times more likely to report that HMP made them better able to look for a job. Enrollees who had a recent job change and improved physical or mental health since HMP enrollment were 3.2 times more likely to report that HMP helped them get a better job (See Appendix Table 16).

Impact of HMP on Access to Dental Care and Oral Health

Better access to dental care since HMP was reported by 46.1% of respondents, with students and younger respondents less likely to report better access (See Appendix Table 18). Improved oral health of their teeth and gums was reported by 39.5% of respondents, with students and younger respondents most likely to report no change in their oral health (See Appendix Table 20).

Survey respondents who were aware of their HMP dental coverage were significantly more likely to report improved access to dental care and improved oral health since HMP compared to those who were unaware (See Appendix Table 21). Among survey respondents who reported foregoing needed medical or dental care due to cost since HMP, 63.2% reported foregoing dental care. Foregone care varied by both employment status and region (See Appendix Table 19).

Among those who reported better access to dental care, 51.2% strongly agreed or agreed that HMP helped them to get a better job, 61.5% strongly agreed or agreed that HMP helped them to look for a job; and 77.8% reported doing a better job at work; all of these were significantly greater than responses for those who reported no change or worse access to dental care. Among those who reported better access to dental care, 67.9% reported improved oral health, significantly greater than those who reported no change or worse access to dental care. There was no significant impact of better access to dental care with HMP on ER use in the past year (See Appendix Table 22).

Perspectives on HMP Coverage

The majority of survey respondents agreed that it is very important for them personally to have health insurance (97.4%), that they do not worry as much about something bad happening to

their health since HMP enrollment (69%), that having HMP has taken a lot of stress off of them (87.9%), that without HMP they would not be able to go to the doctor (83.3%), and that having HMP has helped them live a better life (89.2%).

	%	95% CI
It is very important for me personally to have health insurance. (n=4,084)		
Strongly agree (n=1,892)	44.6	[42.6,46.5]
Agree (n=2,101)	52.8	[50.8,54.8]
Neutral (n=43)	1.3	[0.9,2.0]
Disagree (n=43)	1.2	[0.8,1.8]
Strongly disagree (n=4)	0.1	[0.0,0.3]
Don't know (n=1)	0.0	[0.0,0.1]
I don't worry as much about something bad happening to my health since enrolling in the Healthy Michigan Plan. (n=4,081)		
Strongly agree (n=700)	17.0	[15.6,18.5]
Agree (n=2,142)	52.0	[50.0,54.0]
Neutral (n=352)	8.8	[7.8,9.9]
Disagree (n=764)	18.8	[17.3,20.3]
Strongly disagree (n=78)	2.2	[1.6,2.8]
Don't know (n=45)	1.3	[0.9,1.9]
Having the Healthy Michigan Plan has taken a lot of stress off me. (n=4,087)		
Strongly agree (n=1,147)	26.0	[24.4,27.7]
Agree (n=2,495)	61.9	[60.0,63.7]
Neutral (n=220)	6.5	[5.5,7.6]
Disagree (n=195)	4.7	[4.0,5.6]
Strongly disagree (n=15)	0.4	[0.2,0.7]
Don't know (n=15)	0.5	[0.3,0.9]
Without the Healthy Michigan Plan, I wouldn't be able to go to the doctor. (n=4,085)		
Strongly agree (n=1,212)	28.2	[26.5,29.9]
Agree (n=2,211)	55.1	[53.2,57.1]
Neutral (n=166)	4.1	[3.4,5.0]
Disagree (n=450)	11.2	[10.0,12.5]
Strongly disagree (n=31)	1.0	[0.7,1.5]
Don't know (n=15)	0.4	[0.2,0.7]
Having the Healthy Michigan Plan has helped me live a better life. (n=4,083)		
Strongly agree (n=1,067)	25.0	[23.4,26.8]
Agree (n=2,609)	64.2	[62.3,66.1]
Neutral (n=255)	6.9	[6.0,8.0]
Disagree (n=119)	3.0	[2.4,3.7]
Strongly disagree (n=13)	0.3	[0.2,0.5]
Don't know (n=20)	0.6	[0.3,1.1]

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Knowledge and Understanding of HMP Coverage

There were some gaps in knowledge among survey respondents about the health care services covered by HMP. The majority of respondents knew that HMP covers routine dental visits (77.2%), eyeglasses (60.4%), and counseling for mental or emotional problems (56%). Only one-fifth (21.2%) were aware that HMP covers name brand as well as generic medications.

	%	95% CI
My Healthy Michigan Plan covers routine dental visits. (n=4,086)		
Yes (n=3,170)	77.2	[75.4,78.8]
No (n=175)	3.9	[3.3,4.7]
Don't know (n=741)	18.9	[17.3,20.6]
My Healthy Michigan Plan covers eyeglasses. (n=4,086)		
Yes (n=2,590)	60.4	[58.5,62.4]
No (n=314)	7.8	[6.8,9.0]
Don't know (n=1,182)	31.8	[29.9,33.7]
My Healthy Michigan Plan covers counseling for mental or emotional problems. (n=4,086)		
Yes (n=2,318)	56.0	[54.0,57.9]
No (n=104)	3.1	[2.4,3.9]
Don't know (n=1,664)	40.9	[39.0,42.9]
Only generic medicines are covered by my Healthy Michigan Plan. (n=4,085)		
Yes (n=1,451)	35.8	[33.9,37.7]
No (n=892)	21.2	[19.7,22.9]
Don't know (n=1,742)	43.0	[41.0,44.9]

The majority (83.2%) of respondents reported rarely or never needing help reading instructions, pamphlets, or other written material from a doctor, pharmacy or health plan.

	%	95% CI
How often do you need to have someone help you read instructions, pamphlets, or other written materials from a doctor, pharmacy, or health plan? (n=4,088)		
Never (n=3,031)	72.6	[70.8,74.3]
Rarely (n=413)	10.6	[9.5,12.0]
Sometimes (n=390)	10.6	[9.4,11.9]
Often (n=94)	2.4	[1.8,3.1]
Always (n=157)	3.7	[3.1,4.5]
Don't know (n=3)	0.0	[0.0,0.1]

Challenges Using HMP Coverage

Few (15.5%) survey respondents reported that they had questions or problems using their HMP coverage. Among those who had questions or problems, about half (47.7%) reported getting

help or advice. The most commonly reported sources of help were from a health plan hotline, someone at the doctor's office, and an option outside of the provided responses. Among those who reported an option other than the ones provided, common responses were getting help from a case worker or someone at the pharmacy. Most (74.2%) of those who reported receiving help said that they got an answer or solution to their question.

	%	95% CI
Have you had any questions or problems using your Healthy Michigan Plan insurance? (n=4,089)		
Yes (n=632)	15.5	[14.2,17.0]
No (n=3,449)	84.3	[82.8,85.7]
Don't know (n=8)	0.2	[0.1,0.3]
[If Yes] Did anyone give you help or advice? (n=632)		
Yes (n=324)	47.7	[42.8,52.5]
No (n=302)	51.2	[46.4,56.1]
Don't know (n=6)	1.1	[0.4,3.2]
[If Yes] Who helped you?* (n=324)		
Health Plan Hotline (n=100)	32.2	[26.3,38.8]
Someone at my doctor's office (n=83)	22.4	[17.6,28.2]
HMP Beneficiary Hotline (n=46)	14.7	[10.6,20.0]
Helpline (n=39)	13.9	[9.4,20.1]
Friend/Relative (n=9)	2.8	[1.4,5.5]
Community health worker (n=6)	1.4	[0.5,3.6]
Other (n=96)	29.8	[24.2,36.1]
Don't know (n=5)	2.1	[0.8,5.9]
Did you get an answer or solution to your question(s)? (n=324)		
Yes (n=238)	74.2	[68.0,79.5]
No (n=83)	24.7	[19.4,30.8]
Don't know (n=3)	1.1	[0.4,3.5]

Respondents were able to provide more than one response for this question; As a result, percentages may exceed 100%.

Out-of-Pocket Healthcare Spending Prior to HMP

In the 12 months prior to HMP enrollment, almost one-quarter (23.3%) of respondents spent more than $500 out of pocket for their own medical and dental care. In the 12 months prior to HMP enrollment, 44.7% of respondents reported having problems paying medical bills. Of those who reported having problems paying their medical bills, 67.1% reported being contacted by a collections agency and 30.7% thought about filing for bankruptcy. Among those who thought about it, 21.4% filed for bankruptcy.

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	%	95% CI
During the 12 months BEFORE you were enrolled in HMP, about how much did you spend out-of-pocket for your own medical and dental care? (n=4,082)		
Less than $50 (n=1,696)	42.4	[40.4,44.3]
$51-100 (n=376)	8.9	[7.9,10.1]
$101-500 (n=954)	22.8	[21.2,24.6]
$501-2,000 (n=605)	14.3	[13.0,15.7]
$2,001-3,000 (n=153)	4.0	[3.3,5.0]
$3,001-5,000 (n=119)	2.7	[2.2,3.4]
More than $5,000 (n=91)	2.3	[1.8,3.0]
Don't know (n=88)	2.5	[1.9,3.3]
In the 12 months before enrolling in the Healthy Michigan Plan, did you have problems paying medical bills? (n=4,085)		
Yes (n=1,869)	44.7	[42.7,46.6]
No (n=2,196)	54.9	[52.9,56.8]
Don't know (n=20)	0.4	[0.3,0.7]
[If Yes] Because of these problems paying medical bills, have you or your family been contacted by a collections agency? (n=1,869)		
Yes (n=1,235)	67.1	[64.4,69.8]
No (n=618)	31.8	[29.2,34.6]
Don't know (n=16)	1.0	[0.5,2.0]
Because of these problems paying medical bills, have you or your family thought about filing for bankruptcy? (n=1,869)		
Yes (n=559)	30.7	[28.1,33.5]
No (n=1,304)	68.9	[66.2,71.6]
Don't know (n=6)	0.3	[0.1,0.8]
[If Yes] Did you file for bankruptcy? (n=559)		
Yes (n=128)	21.4	[17.6,25.9]
No (n=429)	77.7	[73.1,81.8]
Don't know (n=2)	0.8	[0.2,4.4]

Out-of-Pocket Healthcare Spending with HMP

In the past 12 months, the majority (63.2%) of respondents reported spending less than $50 out-of-pocket for their own medical or dental care. Among survey respondents who previously had problems paying their medical bills (in the 12 months prior to HMP), most (85.9%) felt that their problems paying medical bills have gotten better since enrolling in HMP.

	%	95% CI
During the last 12 months, about how much did you spend out-of-pocket for your own medical and dental care? (n=4,076)		
Less than $50 (n=2,540)	63.2	[61.3,65.1]
$51-100 (n=503)	11.8	[10.6,13.1]
$101-500 (n=705)	17.2	[15.7,18.8]
$501-2,000 (n=210)	4.7	[4.0,5.6]
$2,001-3,000 (n=33)	0.8	[0.5,1.3]
$3,001-5,000 (n=15)	0.3	[0.1,0.6]
More than $5,000 (n=10)	0.3	[0.1,0.6]
Don't know (n=60)	1.6	[1.2,2.3]
[If Yes - Had problems paying medical bills in the 12 months before HMP] Since enrolling in Healthy Michigan, have your problems paying medical bills gotten worse, stayed the same, or gotten better? (n=1,869)		
Gotten better (n=1,629)	85.9	[83.7,87.9]
Stayed the same (n=176)	10.6	[8.9,12.6]
Gotten worse (n=51)	2.6	[1.9,3.7]
Don't know (n=13)	0.9	[0.4,1.8]

Perspectives on Cost-Sharing

The majority (87.6%) of survey respondents agreed that the amount they have to pay for HMP coverage seems fair. Most (88.8%) respondents agreed that the amount they pay for HMP coverage is affordable. Almost three-quarters (72.1%) of respondents agreed that they would rather take some responsibility to pay something for their health care than not pay anything.

	%	95% CI
The amount I have to pay overall for the Healthy Michigan Plan seems fair. (n=4,082)		
Strongly agree (n=1,065)	24.8	[23.2,26.5]
Agree (n=2,568)	62.8	[60.9,64.7]
Neutral (n=145)	4.2	[3.4,5.2]
Disagree (n=153)	4.0	[3.3,4.8]
Strongly disagree (n=28)	0.8	[0.5,1.3]
Don't know (n=123)	3.4	[2.7,4.2]
The amount I pay for the Healthy Michigan Plan is affordable. (n=4,084)		
Strongly agree (n=1,073)	25.1	[23.4,26.8]
Agree (n=2,606)	63.7	[61.8,65.6]
Neutral (n=132)	3.9	[3.2,4.9]
Disagree (n=139)	3.5	[2.9,4.3]
Strongly disagree (n=28)	0.7	[0.4,1.2]
Don't know (n=106)	3.0	[2.4,3.8]

I'd rather take some responsibility to pay something for my health care than not pay anything. (n=4,073)		
Strongly agree (n=653)	14.8	[13.5,16.2]
Agree (n=2,396)	57.3	[55.3,59.2]
Neutral (n=326)	8.7	[7.6,10.0]
Disagree (n=541)	14.6	[13.2,16.0]
Strongly disagree (n=77)	2.1	[1.6,2.8]
Don't know (n=80)	2.5	[1.9,3.3]

Knowledge and Understanding of HMP Cost-Sharing Requirements

Only one-quarter (26.4%) of respondents were aware that contributions are charged monthly regardless of health care use. Approximately one-fifth (20.7%) of respondents were aware that there is a limit or maximum on the amount they might have to pay. Few (14.4%) respondents were aware that they could not be disenrolled from HMP for not paying their bill. Just over one-quarter (28.1%) of respondents were aware that they could get a reduction in the amount they have to pay if they complete a health risk assessment. The majority (75.6%) of respondents were aware that some kinds of visits, tests, and medicines have no copays.

	%	95% CI
Contributions are what I am charged every month for Healthy Michigan Plan coverage even if I do not use any health care. (n=4,081)		
Yes (n=1,149)	26.4	[24.7,28.1]
No (n=986)	23.4	[21.8,25.1]
Don't know (n=1,946)	50.2	[48.3,52.2]
There is no limit or maximum on the amount I might have to pay in copays or contributions. (n=4,083)		
Yes (n=856)	20.7	[19.2,22.3]
No (n=952)	23.0	[21.4,24.7]
Don't know (n=2,275)	56.3	[54.3,58.2]
I could be dropped from the Healthy Michigan Plan for not paying my bill. (n=4,084)		
Yes (n=1,371)	34.2	[32.3,36.1]
No (n=571)	14.4	[13.0,15.8]
Don't know (n=2,142)	51.5	[49.5,53.5]
I may get a reduction in the amount I might have to pay if I complete a health risk assessment. (n=4,081)		
Yes (n=1,161)	28.1	[26.3,30.0]
No (n=438)	10.7	[9.6,12.0]
Don't know (n=2,482)	61.1	[59.2,63.1]
Some kinds of visits, tests, and medicines have no copays. (n=4,084)		
Yes (n=3,176)	75.6	[73.8,77.3]
No (n=161)	4.6	[3.8,5.5]
Don't know (n=747)	19.8	[18.2,21.5]

MI Health Account

The majority (68.2%) of respondents reported that they received a MI Health Account statement.

	%	95% CI
Have you received a bill or statement from the state that showed the services you received and how much you owe for the Healthy Michigan Plan? It's called your MI Health Account Statement. (n=4,090)		
Yes (n=3,011)	68.2	[66.3,70.1]
No (n=951)	28.5	[26.6,30.4]
Don't know (n=128)	3.3	[2.7,4.1]

Among respondents who reported receiving a MI Health Account statement, 88.3% agreed that they carefully review each statement to see how much they owe, 88.4% agreed that the statements help them be more aware of the cost of health care, 30.8% agreed that the information in the statement led them to change some of their health care decisions.

	%	95% CI
I carefully review each MI Health Account statement to see how much I owe. (n=3,005)		
Strongly agree (n=765)	25.3	[23.4,27.4]
Agree (n=1,910)	63.0	[60.8,65.1]
Neutral (n=97)	3.5	[2.8,4.5]
Disagree (n=193)	6.9	[5.8,8.1]
Strongly disagree (n=30)	0.9	[0.6,1.5]
Don't know (n=10)	0.3	[0.2,0.6]
The MI Health Account statements help me be more aware of the cost of health care. (n=3,005)		
Strongly agree (n=654)	22.0	[20.2,24.0]
Agree (n=1,981)	66.4	[64.2,68.5]
Neutral (n=134)	4.4	[3.6,5.4]
Disagree (n=185)	5.6	[4.7,6.7]
Strongly disagree (n=21)	0.5	[0.3,0.8]
Don't know (n=30)	1.0	[0.6,1.5]
Information I saw in a MI Health Account statement led me to change some of my decisions about health care. (n=3,006)		
Strongly agree (n=134)	5.2	[4.2,6.3]
Agree (n=749)	25.6	[23.7,27.6]
Neutral (n=420)	14.9	[13.2,16.7]
Disagree (n=1,513)	48.0	[45.8,50.3]
Strongly disagree (n=104)	3.3	[2.6,4.2]
Don't know (n=86)	3.0	[2.3,4.0]

Information Seeking Behaviors

More than half (58.9%) of all survey respondents agreed that the amount they might have to pay for prescriptions influences their decisions about filling prescriptions.

	%	95% CI
The amount I might have to pay for my prescriptions influences my decisions about filling prescriptions. (n=4,084)		
Strongly agree (n=625)	15.7	[14.3,17.2]
Agree (n=1,736)	43.2	[41.2,45.2]
Neutral (n=282)	7.0	[6.0,8.0]
Disagree (n=1,162)	28.0	[26.3,29.8]
Strongly disagree (n=154)	3.5	[2.9,4.2]
Don't know (n=125)	2.8	[2.2,3.5]

Among all respondents, 71.6% reported being somewhat or very likely to find out how much they might have to pay for a health service before going to get it, 67.9% reported being somewhat or very likely to talk with their doctor about how much different health care options would cost them, 75.3% reported that they were somewhat or very likely to ask their doctor to recommend a less costly prescription drug, and 78.1% reported that they were somewhat or very likely to check reviews or ratings of quality before choosing a doctor or hospital.

	%	95% CI
Find out how much you might have to pay for a health service before you go to get it. (n=4,076)		
Very likely (n=1,816)	45.0	[43.0,46.9]
Somewhat likely (n=1,096)	26.6	[24.9,28.4]
Somewhat unlikely (n=490)	12.1	[10.9,13.4]
Very unlikely (n=589)	14.4	[13.1,15.8]
Don't know (n=85)	2.0	[1.5,2.6]
Talk with your doctor about how much different health care options would cost you. (n=4,076)		
Very likely (n=1,611)	40.8	[38.9,42.8]
Somewhat likely (n=1,135)	27.1	[25.4,28.8]
Somewhat unlikely (n=551)	13.8	[12.4,15.2]
Very unlikely (n=682)	15.9	[14.5,17.3]
Don't know (n=97)	2.4	[1.9,3.1]
Ask your doctor to recommend a less costly prescription drug. (n=4,074)		
Very likely (n=2,153)	50.9	[48.9,52.8]
Somewhat likely (n=990)	24.4	[22.7,26.1]
Somewhat unlikely (n=331)	9.7	[8.4,11.0]
Very unlikely (n=496)	12.8	[11.5,14.1]
Don't know (n=104)	2.4	[1.9,3.0]

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Check reviews or ratings of quality before choosing a doctor or hospital. (n=4,074)		
Very likely (n=2,169)	53.8	[51.8,55.7]
Somewhat likely (n=973)	24.3	[22.7,26.1]
Somewhat unlikely (n=344)	8.3	[7.3,9.5]
Very unlikely (n=473)	11.0	[9.9,12.3]
Don't know (n=115)	2.5	[2.0,3.1]

Impact of HMP Premium Contributions on Cost-Conscious Behaviors

Beneficiaries with incomes 100 to 133% of the FPL, and therefore subject to monthly contributions, were no more likely then beneficiaries with incomes 36 to 99% of the FPL who are not subject to monthly premium contributions to agree they carefully review their MI Health Account statements (86.0% vs. 88.7%), inquire about costs of services before getting them (70.4% vs. 72.9%), talk to providers about costs of health services (67.8 vs. 68.6%), or ask for less costly medications (77.0% vs.78.2%) (See Appendix Table 24).

Beneficiaries with incomes 100 to 133% of the FPL were less likely than beneficiaries with incomes 36 to 99% of the FPL without monthly premium contributions to agree their health care payments were affordable (84.9% vs. 90.8%; P = 0.001), but were no more likely to report foregoing needed care due to cost in the previous 12 months of HMP enrollment (10.4% vs. 12.0%) (See Appendix Table 25).

Perceived Discrimination

Most respondents did not report feeling judged or treated unfairly by medical staff in the past 12 months because of their race or ethnic background (96.4%) or because of how well they spoke English (97.4%); however, 11.6% of respondents felt judged or treated unfairly by medical staff in the past 12 months because of their ability to pay for care or the type of health coverage they had.

	%	95% CI
In the last 12 months, have you ever felt that the doctor or medical staff judged you unfairly or treated you with disrespect because of your race or ethnic background. (n=4,076)		
Yes (n=114)	2.9	[2.3,3.6]
No (n=3,928)	96.4	[95.6,97.0]
Don't know (n=34)	0.8	[0.5,1.1]
In the last 12 months, have you ever felt that the doctor or medical staff judged you unfairly or treated you with disrespect because of how well you speak English. (n=4,075)		
Yes (n=64)	1.7	[1.3,2.3]
No (n=3,975)	97.4	[96.6,97.9]
Don't know (n=36)	0.9	[0.6,1.5]

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In the last 12 months, have you ever felt that the doctor or medical staff judged you unfairly or treated you with disrespect because of your ability to pay for care or the type of health insurance you have. (n=4,077)		
Yes (n=465)	11.6	[10.4,12.9]
No (n=3,551)	87.0	[85.7,88.3]
Don't know (n=61)	1.4	[1.1,1.9]

Respondents who reported using the emergency room in the past year were more likely than those who did not use the emergency room to report being judged/treated unfairly by race (4.7% vs 1.7%), and ability to pay (15.5% vs. 9.2%) (See Appendix Tables 6 and 7).

Social Interactions

Two-thirds (67.6%) of respondents said that they get together socially with friends or relatives who live outside their home at least once a week. Most (79.8%) respondents reported that the amount they are involved with their family, friends, and/or community is about the same as before they enrolled in HMP.

	%	95% CI
How often do you get together socially with friends or relatives who live outside your home? (n=4,076)		
Every day (n=543)	14.0	[12.7,15.5]
Every few days (n=999)	23.7	[22.0,25.3]
Every week (n=1,217)	29.9	[28.1,31.7]
Every month (n=850)	21.0	[19.4,22.6]
Once a year or less (n=437)	10.9	[9.7,12.2]
Don't know (n=30)	0.6	[0.4,1.0]
Since enrolling in the Healthy Michigan Plan are you involved with your family, friends or community more, less, or about the same? (n=4,077)		
More (n=590)	15.1	[13.7,16.6]
Less (n=184)	4.4	[3.7,5.3]
About the same (n=3,284)	79.8	[78.2,81.4]
Don't know (n=19)	0.6	[0.4,1.1]

Selected Sub-Population Analyses

Reproductive Health

Among reproductive age women respondents age 19-45, 38.4% "did not know" whether there was a change in their access to family planning services, while 35.5% reported better access, 24.8% reported about the same access, and 1.4% reported worse access. Reproductive age women with inconsistent health insurance or that were uninsured in the year prior to HMP coverage were significantly more likely to report improved access to family planning services compared to those who were fully insured in the prior year (See Appendix Table 27).

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Impact on Those with Chronic Health Conditions

A total of 68.1% of respondents reported that they had any chronic disease or mood disorder. More than half (59.9%) of respondents reported at least one chronic physical condition (ranging from 9.7% for heart disease to 31.3% for hypertension), 30.9% reported a chronic mental health condition (depression, anxiety, or bipolar disorder), and 22.6% reported both a physical and mental health chronic condition. Forty-four percent (44%) of those reporting a chronic condition reported they were newly diagnosed since enrolling in HMP. About one-third (30.6%) of all respondents were diagnosed with a new chronic physical condition or mood disorder since enrolling in HMP. This ranged from 32.4-35.4% of those with common physical health conditions (hypertension, heart disease, diabetes, COPD), 40.2% of those with stroke, and 28.8% of those with mood disorder.

	%	95% CI
Physical Chronic Disease[13] (n=4,090)		
Yes (n=2,640)	59.9	[57.9,61.8]
No (n=1,450)	40.1	[38.2,42.1]
Mood Disorder or Mental Health Condition (n=4,090)		
Yes (n=1,301)	30.9	[29.1,32.7]
No (n=2,789)	69.1	[67.3,70.9]
Any Chronic Disease or Mood Disorder (n=4,090)		
Yes (n=2,939)	68.1	[66.2,70.0]
No (n=1,151)	31.9	[30.0,33.8]
[If Any Chronic Disease or Mood Disorder] Any New Diagnoses since HMP Enrollment (n=2,939)		
Yes (n=1,297)	44.0	[41.7,46.3]
No (n=1,642)	56.0	[53.7,58.3]
Physical Chronic Disease and Mood or Mental Disorder (n=4,090)		
Yes (n=1,002)	22.6	[21.1,24.2]
No (n=3,088)	77.4	[75.8,78.9]
Any New Diagnoses since HMP Enrollment (n=4,090)		
Yes (n=1,318)	30.6	[28.8,32.4]
No (n=2,772)	69.4	[67.6,71.2]
Functional Limitations (n=4,026)		
Yes (n=749)	18.4	[17.0,20.0]
No (n=3,277)	81.6	[80.0,83.0]

Among those with a chronic physical or mental health condition in the year prior to HMP enrollment, 58.3% did not have insurance, only 42.1% had seen a primary care provider, and 51.7% had problems paying medical bills (See Appendix Table 30). Since HMP enrollment, 89.6% of those with a chronic physical or mental health condition reported seeing a primary

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[13] For these analyses, chronic illness does not include cancer.

care doctor, 64.6% reported their ability to fill prescription medications improved, and 86.3% reported their ability to pay medical bills had improved (See Appendix Tables 31 and 32). Prior to HMP 77.2% of those with a chronic physical or mental health condition had a regular source of care, 64.7% of whom said that source of care was a doctor's office or clinic. After HMP, 95.2% had a regular source of care, and 93.1% said it was a doctor's office or clinic (See Appendix Table 32).

Respondents with a chronic physical or mental health condition reported overall improvements in their physical (51.9%) and mental health (42.4%) status after enrolling in HMP, while 7.5% and 6.1% reported their physical and mental health status had worsened (See Appendix Table 31).

During HMP coverage, 18.4% of those with a chronic physical or mental health condition reported not getting medical or dental care they needed, with perceived health plan non-coverage (38.5%), cost (25.7%) and insurance not accepted (23.7%) the most common reasons (See Appendix Table 32).

Impact on Those with Mood Disorder and Substance Use Disorder

Nearly half (46.2%) of respondents who said they had a mood disorder stated that they had better access to mental health care, however, 20.3% did not know (See Appendix Table 39). Nearly half (48.3%) of respondents with SUD stated that they had better access to treatment, however 33.6% did not know. Most respondents without a self-reported SUD (82.8%) did not know how having HMP impacted their ability to get substance use treatment services (See Appendix Table 40). Since enrollment in HMP, 48.9% of respondents with a self-reported mood disorder (MD) and 50.7% with a self-reported substance use disorder (SUD) reported that their mental health had gotten better (See Appendix Table 41).

Respondents with a mood disorder reported that having HMP has led to a better life (92% strongly agreed or agreed) with more social connection and involvement with family and friends (21% stated more) and at higher rates than all HMP beneficiaries (12.6%). For respondents with a SUD, 95.8% strongly agreed or agreed that having HMP led to a better life and reported HMP led to more social connection and involvement with family and friends (23.2%) at higher rates than among respondents without a substance use disorder at 14.8% (See Appendix Tables 42 and 43).

Prior to HMP, 37% respondents who self-reported a SUD used the emergency room as a regular source of care, while after having HMP coverage, the percentage of those with a self-reported SUD who said they used the emergency room as a regular source of care dropped to 3.6% (See Appendix Tables 34 and 36). However, in the last 12 months (on HMP) those with a mood disorder and those with SUD were more likely to go to the ER than those without a mood disorder or SUD (50.5% MD v. 31.9% without a MD; 60.4% SUD v. 36.6% without a SUD) (See Appendix Table 37).

Respondents with SUD chose the ER due to proximity over other reasons (87.6% with a SUD v. 73.9% without a SUD) (See Appendix Table 44). For ER visits in general, respondents with a SUD have a higher odds of going to the emergency room (odds ratio 2.4) compared to all HMP beneficiaries (See Appendix Table 38).

CONCLUSIONS

- More than half of respondents, including more than half of those with chronic conditions, did not have insurance at any time in the year before enrolling in HMP. More than one-third of respondents reported not getting the care they needed in the year before enrolling in HMP and most respondents reported that their ability to get care had improved since enrolling in HMP. Foregone care, usually due to cost, lessened considerably after enrollment. Over half of respondents reported better access to primary care, help with staying healthy, and cancer screening. **HMP does not appear to have replaced employment-based insurance and has greatly improved access to care for most enrollees.**

- The percentage of enrollees who had a place they usually went for health care increased with HMP to over 90%, and naming the emergency room as a regular source of care declined significantly after enrolling in HMP (from 16.2% to 1.7%). For unscheduled health needs, some HMP beneficiaries sought advice from their regular source of care prior to seeking care, and the majority were referred to the emergency room. Those who used the emergency room had a higher chronic disease burden, and poorer health status. **The HMP emphasis on primary care and disease prevention appears to have shifted much care-seeking from acute care settings to primary care settings.**

- A significant majority of respondents agreed or strongly agreed that without HMP they would not be able to go to the doctor, that HMP helped them live a better life, and since enrolling in HMP their problems paying medical bills had gotten better. Premium contributions did not seem to have initially increased engagement in cost-conscious behaviors or to have increased foregone care due to cost, but did affect the perceived affordability of HMP. **Most respondents agreed that the amount they pay overall for HMP seems fair and is affordable, although enrollees subject to monthly contributions were somewhat less likely to perceive HMP as being affordable.**

- There were some areas in which beneficiaries showed a limited knowledge of HMP and its covered benefits (e.g., dental, vision and family planning) and misunderstanding about the cost-sharing requirements under HMP. A small number of respondents reported questions or problems using their HMP coverage. **These areas provide opportunities to improve beneficiaries' understanding of their coverage.**

- About half of respondents reported completing an HRA, bearing in mind the limits to self-reported data. Most HMP enrollees who completed the HRA believed it was beneficial. They rarely reported completing it because of incentives to reduce their cost-sharing. Most respondents who completed the HRA reported receiving help from their PCP or health plan on a healthy behavior. **Most respondents who recalled completing an HRA found this beneficial and received support to engage in a healthy behavior.**

- Dental coverage for HMP beneficiaries improved access to dental care and improved oral health for many, although many beneficiaries were unaware of dental coverage and were were less likely to report improved access and oral health. **Increasing beneficiary awareness of coverage for dental services has the potential to improve oral and overall health.**

- Many HMP enrollees reported improved functioning, ability to work, and job seeking after obtaining health insurance through Medicaid expansion. HMP enrollees who reported improved physical or mental health since HMP were more likely to report that HMP helped them to do a better job at work, made them better able to look for a job, and helped them get a better job. While many HMP enrollees attributed improvements in employment and ability to work to improved physical, mental and dental health due to covered services, some had ongoing barriers to employment. **HMP may influence beneficiaries' ability to obtain or maintain employment.**

- About half of reproductive-aged women HMP beneficiaries did not know whether there was a change in their access to family planning services compared to before HMP coverage. Those who previously had no or inconsistent health insurance, compared to those with consistent health insurance, reported improved access to family planning services. **Improved dissemination of the family planning services covered by HMP could help beneficiaries better meet their reproductive health needs.**

- Chronic health conditions were common among enrollees in Michigan's Medicaid expansion program, even though most respondents were under 50 years old. Almost half of these conditions were newly diagnosed after enrolling in HMP. Prior to HMP enrollment, a majority of enrollees with chronic illness lacked health insurance and could not access needed care. In particular, HMP enrollees with mood disorder or substance use disorder reported improved health, improved access to services and treatment, and were less likely to name the emergency room or urgent care as a regular source of care. **Enrollees with chronic conditions reported improved access to care and medications, all crucial to successfully managing these conditions and avoiding future disabling complications.**

- Overall, since enrolling in HMP almost half of respondents said their physical health had gotten better, and nearly 40% said their emotional and mental health and their dental health had improved. **These improvements underscore the impact of HMP on enrollees' health and well-being in addition to its effects on their ability to access needed care.**

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Impact of Prior Year Insurance Status on Improvements in Foregone Care, Access, and Health

Table 1. Insurance Status Prior to HMP: Impact on Outcomes

Outcomes[1]	All	Uninsured all 12 months [REF] (n=2,374)	Insured part of 12 months (n=374)	Insured all 12 months (n=1,235)
	Mean or %	% [95% CI]	% [95% CI]	% [95% CI]
Foregone care in 12 months prior to HMP enrollment	33.0	42.2 [39.7,44.7]	31.2 ** [25.7,36.8]	17.3 *** [14.8,19.8]
Foregone care due to cost in 12 months prior to HMP enrollment[2]	25.9	34.4 [31.9,36.8]	24.3 ** [19.2,29.4]	10.6 *** [8.6,12.6]
Improved access to prescription medicines	59.3	67.9 [65.4,70.3]	62.1 [55.9,68.4]	43.0 *** [39.6,46.5]
Improved access to primary care	57.8	68.7 [66.2,71.2]	57.4 ** [51.0,63.8]	37.9 *** [34.3,41.4]
Improved access to help with staying healthy	52.0	60.3 [57.8,62.8]	55.4 [49.0,61.7]	36.2 *** [32.8,39.6]
Improved access to dental care	46.1	54.1 [51.5,56.7]	48.0 [41.6,54.3]	32.3 *** [28.9,35.7]
Improved access to specialist care	44.4	51.8 [49.3,54.4]	44.1 * [37.8,50.4]	31.6 *** [28.2,34.9]
Improved access to mental health care	27.5	32.0 [29.6,34.4]	26.4 [20.4,32.3]	18.5 *** [15.7,21.3]
Improved access to cancer screening	25.7	31.3 [28.9,33.6]	23.4 * [18.2,28.7]	17.2 *** [14.8,19.6]
Improved physical health	47.8	54.3 [51.8,56.9]	50.6 [44.0,57.2]	34.6 *** [31.1,38.0]
Improved mental health	38.2	42.2 [39.6,44.7]	36.3 [30.0,42.7]	30.9 *** [27.3,34.4]
Improved oral health	39.5	44.4 [41.8,47.0]	40.1 [34.0,46.1]	31.5 *** [28.2,34.9]
I don't worry so much…[mean score, 0-4]	Mean 2.64	2.73 [2.67,2.78]	2.71 [2.56,2.86]	2.49 *** [2.41,2.57]
Having HMP has taken a lot of stress off me [mean score, 0-4]	Mean 3.09	3.16 [3.12,3.19]	3.17 [3.09,3.24]	2.99 *** [2.94,3.05]

NOTE: * denotes $P < 0.05$, ** denotes $P < 0.01$, and *** denotes $P < 0.001$.
[1]Results are adjusted for sex, age, income (0-33%FPL, 33-100%, 100-133%) race/ethnicity (NHW, AA, Hispanic, Arab/Chaldean, Others), urbanicity, health status and presence of any chronic condition.
[2]Going without health care because 'you were worried about the cost,' 'you did not have health insurance,' 'the doctor or hospital wouldn't accept your health insurance,' or 'your health plan wouldn't pay for the treatment.'

Primary Care Utilization and Experience

Table 2. Healthy Michigan Plan Beneficiary Characteristics, by PCP Visit in the Past 12 Months

	PCP visit in the past 12 months				P-value[1]
	Yes		No		
	Row %	95% CI	Row %	95% CI	
All[2] (n=4,090)	79.3	[77.5,80.9]	20.7	[19.1,22.5]	
Age					<0.001
19-34 (n=1,303)	72.1	[68.8,75.1]	27.9	[24.9,31.2]	
35-50 (n=1,301)	81.0	[78.0,83.7]	19.0	[16.3,22.0]	
51-64 (n=1,486)	88.1	[85.8,90.0]	11.9	[10.0,14.2]	
Gender					<0.001
Male (n=1,681)	73.6	[70.6,76.4]	26.4	[23.6,29.4]	
Female (n=2,409)	84.6	[82.7,86.4]	15.4	[13.6,17.3]	
FPL					0.364
0-35% (n=1,600)	78.7	[75.9,81.3]	21.3	[18.7,24.1]	
36-99% (n=1,450)	81.0	[78.3,83.5]	19.0	[16.5,21.7]	
≥100% (n=1,040)	78.2	[74.9,81.2]	21.8	[18.8,25.1]	
Race					<0.001
White (n=2,784)	82.5	[80.5,84.4]	17.5	[15.6,19.5]	
Black or African American (n=807)	74.4	[70.2,78.3]	25.6	[21.7,29.8]	
Other (n=306)	73.9	[67.4,79.5]	26.1	[20.5,32.6]	
More than one (n=142)	73.4	[62.5,82.0]	26.6	[18.0,37.5]	
Hispanic/Latino					0.331
Yes (n=188)	74.4	[66.4,81.0]	25.6	[19.0,33.6]	
No (n=3,856)	79.5	[77.7,81.3]	20.5	[18.7,22.3]	
DK (n=12)	68.2	[30.8,91.2]	31.8	[8.8,69.2]	
Arab, Chaldean, Middle Eastern					0.387
Yes (n=204)	82.4	[74.6,88.2]	17.6	[11.8,25.4]	
No (n=3,842)	79.0	[77.2,80.8]	21.0	[19.2,22.8]	
DK (n=9)	61.9	[24.4,89.1]	38.1	[10.9,75.6]	
Health status					<0.001
Excellent (n=337)	67.9	[61.3,73.8]	32.1	[26.2,38.7]	
Very good (n=1,041)	71.9	[67.9,75.7]	28.1	[24.3,32.1]	
Good (n=1,448)	81.3	[78.3,84.0]	18.7	[16.0,21.7]	
Fair (n=931)	86.3	[83.3,88.9]	13.7	[11.1,16.7]	
Poor (n=324)	90.7	[86.4,93.8]	9.3	[6.2,13.6]	
Any chronic health condition present					<0.001
Yes (n=2,986)	85.1	[83.2,86.8]	14.9	[13.2,16.8]	
No (n=1,104)	66.2	[62.5,69.8]	33.8	[30.2,37.5]	
Employment status					0.103
Yes (n=2,079)	77.8	[75.2,80.2]	22.2	[19.8,24.8]	
No (n=2,011)	80.7	[78.2,82.9]	19.3	[17.1,21.8]	

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Married or partnered					0.102
Yes (n=1,193)	81.6	[78.4,84.5]	18.4	[15.5,21.6]	
No (n=2,880)	78.5	[76.4,80.5]	21.5	[19.5,23.6]	

[1] Pearson chi-square analyses

[2] Overall percentage of enrollees who had a PCP visit in the past year, regardless of whether or not they reported having a PCP

Table 3. Impact of PCP Visit in the Past 12 Months on Access, HRA, Counseling for Healthy Behavior and Diagnosis of New Chronic Condition
NOTE: Reported n is the number of observations in the logistic regression model

	Saw PCP in past 12 months		*P*-value[5]
	Yes (%)	No (%)	
Improved access to help with staying healthy[1] (n=4,004)	55.1 [52.8, 57.3]	40.1 [35.3, 44.9]	<0.001
Improved access to dental care[1] (n=4,011)	47.5 [45.3, 49.8]	41.1 [36.4, 45.9]	0.021
Improved access to specialty care[1] (n=4,012)	46.8 [44.6, 49.0]	35.6 [30.8, 40.4]	<0.001
Improved access to mental health care[1] (n=4,011)	28.0 [26.0, 30.1]	25.1 [20.7, 29.4]	0.242
Improved access to cancer screening[1] (n=3,997)	27.6 [25.7, 29.6]	18.0 [14.3, 21.6]	<0.001
Remembered completing an HRA (n=4,014)	52.8 [50.6, 55.1]	36.4 [31.7, 41.1]	<0.001
Reported being counseled about exercise (n=4,015)	55.4 [53.1, 57.6]	22.3 [18.4, 26.2]	<0.001
Reported being counseled about nutrition (n=4,014)	56.4 [54.1, 58.6]	24.7 [20.6, 28.7]	<0.001
Reported being counseled about tobacco cessation[2] (n=1,506)	61.6 [57.9, 65.2]	27.1 [20.2, 34.0]	<0.001
Reported being counseled about alcohol[3] (n=734)	36.2 [30.9, 41.5]	15.7 [8.4, 23.0]	<0.001
Reported being counseled about drug use[4] (n=173)	40.0 [30.4, 49.6]	30.1 [13.7, 46.5]	0.300
New diagnosis of chronic condition (n=4,015)	32.0 [30.1, 34.0]	22.7 [18.3, 27.0]	<0.001

[1] Participants reported that access to these health care resources had gotten better since enrollment in HMP
[2] Those who reported tobacco use
[3] Those who reported unsafe alcohol intake
[4] Those who reported unsafe drug use
[5] Logistic regression models included covariates age, gender, race, health status, FPL, employment, married/partnered and chronic condition

Impact of HMP on Acute Care Seeking

Table 4. Emergency Room Use in the Past 12 Months, by Health Status

| | Health Status | | | | P-value[1] |
| | Excellent, very good, or good | | Fair or poor | | |
	Row %	95% CI	Row %	95% CI	
Any ER visits past 12 months (n=4,081)					<0.001
Yes (n=1,454)	59.9	[56.8,63.0]	40.1	[37.0,43.2]	
No (n=2,604)	76.8	[74.7,78.8]	23.2	[21.2,25.3]	

[1] Pearson chi-square analyses

Table 5. Emergency Room Use in the Past 12 Months, by Presence of Chronic Condition

| | Any Chronic Health Condition Present | | | | P-value[1] |
| | Yes | | No | | |
	Row %	95% CI	Row %	95% CI	
Any ER visits past 12 months (n=4,090)					<0.001
Yes (n=1,456)	79.4	[76.4,82.1]	20.6	[17.9,23.6]	
No (n=2,611)	62.8	[60.3,65.2]	37.2	[34.8,39.7]	

[1] Pearson chi-square analyses

Table 6. Emergency Room Use in the Past 12 Months, by Perceived Discrimination Because of Race

| | Discrimination: Race/Ethnicity | | | | P-value[1] |
| | Yes | | No | | |
	Row %	95% CI	Row %	95% CI	
Any ER visits past 12 months (n=4,076)					<0.001
Yes (n=1,451)	4.7	[3.5,6.3]	95.0	[93.4,96.3]	
No (n=2,603)	1.8	[1.3,2.5]	97.2	[96.4,97.8]	

[1] Pearson chi-square analyses

Table 7. Emergency Room Use in the Past 12 Months, by Perceived Discrimination Because of Ability to Pay

| | Discrimination: Health Insurance/Ability to Pay | | | | P-value[1] |
| | Yes | | No | | |
	Row %	95% CI	Row %	95% CI	
Any ER visits past 12 months (n=4,077)					<0.001
Yes (n=1,452)	15.5	[13.4,17.9]	83.1	[80.6,85.3]	
No (n=2,603)	9.2	[7.8,10.8]	89.4	[87.8,90.9]	

[1] Pearson chi-square analyses

Table 8. Emergency Room Use in the Past 12 Months, by Perceived Discrimination Because of Ability to Speak English

	Discrimination: Ability to Speak English				P-value[1]
	Yes		No		
	Row %	95% CI	Row %	95% CI	
Any ER visits past 12 months (n=4,075)					0.003
Yes (n=1,451)	2.3	[1.5,3.4]	97.5	[96.3,98.3]	
No (n=2,602)	1.4	[0.9,2.0]	97.3	[96.3,98.1]	

[1] Pearson chi-square analyses

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Impact of HMP on Beneficiary Employment, Education and Ability to Work

Table 9. Demographic and Health Characteristics for HMP Enrollees by Employment Status

	All	Employed or self-employed	Out of work, Total	Homemaker	Student	Retired	Unable to work	P-value
	% [95% CI]	% [95% CI]	% [95% CI]	% [95% CI]	% [95% CI]	% [95% CI]	% [95% CI]	
Age								
19-34	39.9 [37.9,41.9]	45.8 [43.0,48.6]	34.8 [30.9-38.9]	37.9 [30.1,46.3]	87.5 [81.4,91.8]	0	14.8 [10.6,20.2]	<0.001
35-50	34.0 [32.2,36.0]	34.2 [31.6,36.8]	37.7 [33.8-41.8]	35.1 [27.5,43.6]	8.5 [5.0,14.2]	1.1 [0.3,4.5]	43.1 [37.6,48.8]	
51-64	26.1 [24.6,27.6]	20.0 [18.3,21.9]	27.5 [24.4-30.8]	27.0 [20.7,34.3]	4.0 [2.1,7.7]	98.9 [95.5,99.7]	42.1 [36.8,47.5]	
Male Gender	48.5 [46.5,50.4]	45.5 [42.7,48.3]	57.2 [53.3,61.1]	6.8 [3.7,12.1]	53.3 [43.8,62.4]	51.3 [41.7,60.8]	53.9 [48.3,59.4]	<0.001
Race								
White or Caucasian	61.3 [59.4,63.2]	62.2 [59.5,64.9]	55.2 [51.1-59.2]	66.2 [58.0,73.5]	53.9 [44.3,63.2]	74.3 [63.0,83.1]	70.3 [64.7,75.4]	
Black or African-American	25.9 [24.2,27.7]	24.2 [21.8,26.8]	34.4 [30.6-38.5]	10.4 [6.3,16.7]	24.8 [17.9,33.4]	16.4 [9.3,27.2]	21.9 [17.3,27.3]	<0.001
Other	8.8 [7.7,10.0]	9.4 [7.9,11.2]	5.9 [4.4-7.9]	21.2 [15.3,28.7]	18.3 [11.2,28.6]	5.0 [2.0,11.9]	4.3 [2.5,7.3]	
More than one race	4.0 [3.3,4.9]	4.1 [3.1,5.5]	4.4 [3.0-6.5]	2.2 [1.0,5.1]	3.0 [1.0,8.2]	4.3 [1.1,15.4]	3.6 [2.1,6.1]	
Ethnicity								
Hispanic/Latino	5.2 [4.4,6.2]	6.1 [4.9,7.6]	4.6 [3.1-6.6]	4.9 [2.5,9.3]	6.5 [2.5,15.5]	2.8 [1.2,6.5]	3.3 [1.8,6.0]	0.429
Arab/Chaldean/Middle Eastern	6.2 [5.3,7.2]	7.3 [5.9,9.0]	2.7 [1.7-4.1]	21.1 [14.8,29.1]	14.6 [8.8,23.3]	0	1.2 [0.3,4.9]	<0.001
FPL								
0-35%	51.7 [50.7,52.7]	33.7 [31.3,36.3]	79.1 [76.5-81.5]	27.4 [19.8,36.8]	57.6 [48.4,66.3]	32.2 [23.0,42.9]	73.8 [69.4,77.8]	
36-99%	28.5 [27.6,29.3]	38.1 [36.1,40.1]	15.0 [12.9-17.3]	46.6 [38.7,54.6]	21.5 [15.5,29.0]	35.4 [26.9,44.9]	13.9 [10.9,17.6]	<0.001
≥100%	19.8 [19.2,20.5]	28.1 [26.5,29.8]	5.9 [4.7-7.4]	26.0 [20.0,33.0]	20.9 [14.4,29.3]	32.4 [25.0,40.9]	12.2 [9.6,15.4]	
Veteran	3.4 [2.7,4.2]	2.3 [1.6,3.3]	3.9 [2.6-5.8]	0.5 [0.1,2.0]	3.0 [1.0,8.7]	13.4 [7.6,22.5]	5.9 [3.7,9.2]	0.001
Health Status								
Excellent, very good, or good	70.1 [68.4,71.9]	80.3 [78.1,82.4]	66.1 [62.3-69.6]	77.5 [70.2,83.5]	81.1 [72.5,87.6]	75.9 [67.8,82.5]	26.2 [21.5,31.5]	<0.001
Fair or poor	29.7 [28.0,31.5]	19.6 [17.5,21.9]	33.7 [30.1-37.4]	22.5 [16.5,29.8]	18.9 [12.4,27.5]	24.1 [17.5,32.2]	73.4 [68.1,78.1]	
Chronic Health Condition	69.2 [67.3,71.0]	62.3 [59.5,65.0]	74.0 [69.9-77.6]	66.0 [57.5,73.7]	52.6 [43.1,62.0]	77.8 [67.5,85.6]	94.0 [90.6,96.2]	<0.001
Physical Health Condition	60.8 [58.8,62.8]	53.8 [51.0,56.6]	65.1 [60.9-69.0]	58.4 [49.9,66.3]	40 [31.4,49.3]	76.3 [66.0,84.1]	87.5 [82.6,91.2]	<0.001
Diabetes	10.8 [9.7,12.0]	8.8 [7.5,10.4]	11.4 [9.3-13.9]	9.9 [5.8,16.3]	4.1 [1.8,9.3]	9.3 [5.4,15.6]	22.3 [17.9,27.4]	<0.001
Hypertension	31.3 [29.6,33.1]	24.9 [22.7,27.3]	37.6 [33.8-41.5]	20.6 [15.2,27.2]	10.7 [6.7,16.5]	46.2 [36.7,55.9]	54.2 [48.5,59.8]	<0.001
Cardiovascular Disease	9.8 [8.7,11.0]	7.1 [5.9,8.6]	10.4 [8.2-13.2]	6.6 [4.0,10.6]	3.7 [1.7,7.9]	12.5 [8.2,18.7]	22.9 [18.3,28.2]	<0.001
Asthma	17.1 [15.7,18.6]	14.7 [12.9,16.6]	16.1 [13.5-19.1]	22.8 [16.5,30.8]	21.2 [14.4,30.1]	14.2 [8.0,24.0]	26.6 [21.9,31.9]	<0.001
COPD	10.5 [9.5,11.7]	7.6 [6.2,9.1]	11.2 [9.2-13.6]	10.6 [5.9,18.2]	2.9 [1.2,7.2]	17.4 [11.8,25.0]	23.7 [19.3,28.8]	<0.001
Cancer	3.7 [3.2,4.4]	2.8 [2.1,3.6]	2.7 [1.8-4.1]	5.2 [3.1,8.6]	1.8 [0.5,6.5]	7.6 [4.5,12.5]	10.2 [7.4,14.0]	<0.001
Mental Health Condition	32.2 [30.4,34.0]	25.2 [22.9,27.7]	35.3 [31.7-39.1]	24.2 [18.0,31.5]	30.2 [22.1,39.8]	20.3 [13.3,29.8]	61.7 [56.1,66.9]	<0.001
Mood disorder	30.5 [28.7,32.3]	23.5 [21.2,25.9]	33.7 [30.1-37.4]	23.9 [17.8,31.3]	26.6 [19.1,35.8]	19.9 [12.9,29.5]	59.6 [54.1,65.0]	<0.001
Other	0.8 [0.4,1.3]	0.8 [0.4,1.8]	0.2 [0.0-1.1]	0.3 [0.0,1.8]	3.7 [1.0,12.6]	0.4 [0.1,2.8]	1.2 [0.5,2.8]	0.008

Functional Impairment (≥14 of past 30 days)								
Physical	22.9 [21.3,24.5]	13.3 [11.6,15.3]	24.4 [21.2-27.9]	21.3 [15.0,29.1]	7.6 [4.3,13.1]	24.0 [17.3,32.2]	68.8 [63.2,73.8]	<0.001
Mental	19.9 [18.3,21.5]	11.6 [10.1,13.4]	25.0 [21.7-28.7]	15.1 [9.8,22.4]	16.2 [9.8,25.4]	13.6 [8.8,20.4]	48.4 [42.7,54.1]	<0.001

Table 10. Demographic and Health Characteristics for HMP Enrollees who are Out of Work, ≥ 1 year vs. <1 year

	Out of work ≥ 1 year		Out of work <1 year		Out of work, Total	
	%	[95% CI]	%	[95% CI]	%	[95% CI]
Age						
19-34	28.8	[24.6,33.4]	49.8	[42.2,57.4]	34.8	[30.9-38.9]
35-50	40.0	[35.3,44.9]	32.1	[25.9,39.0]	37.7	[33.8-41.8]
51-64	31.2	[27.4,35.3]	18.1	[13.2,24.3]	27.5	[24.4-30.8]
Male Gender	58.4	[53.7,62.9]	54.5	[46.9,61.9]	57.2	[53.3,61.1]
Race						
White or Caucasian	58.0	[53.2,62.6]	48.2	[40.7,55.8]	55.2	[51.1-59.2]
Black or African-American	31.9	[27.5,36.7]	40.8	[33.1,48.9]	34.4	[30.6-38.5]
Other	6.1	[4.3,8.5]	5.7	[3.2,9.8]	5.9	[4.4-7.9]
More than one race	4.1	[2.5,6.6]	5.4	[2.8,9.9]	4.4	[3.0-6.5]
Ethnicity						
Hispanic/Latino	5.0	[3.2,7.7]	3.5	[1.7,7.2]	4.6	[3.1-6.6]
Arab/Chaldean/Middle Eastern	2.6	[1.6,4.1]	3.0	[1.3,7.2]	2.7	[1.7-4.1]
FPL						
0-35%	81.8	[78.7,84.6]	72.4	[66.6,77.6]	79.1	[76.5-81.5]
36-99%	13.9	[11.4,16.9]	17.6	[13.7,22.3]	15.0	[12.9-17.3]
≥100%	4.3	[3.1,5.8]	10.0	[7.0,14.0]	5.9	[4.7-7.4]
Veteran	4.7	[3.0,7.2]	2.0	[0.8,4.8]	3.9	[2.6-5.8]
Health Status						
Excellent, very good, or good	63.6	[59.1,67.9]	72.2	[65.3,78.2]	66.1	[62.3-69.6]
Fair or poor	36.1	[31.8,40.6]	27.8	[21.8,34.7]	33.7	[30.1-37.4]
Chronic Health Condition	75.9	[71.3,80.0]	69.1	[60.6,76.4]	74.0	[69.9-77.6]
Physical Health Condition	68.2	[63.4,72.6]	57.4	[49.4,65.0]	65.1	[60.9-69.0]
Diabetes	13.8	[11.1,17.1]	5.2	[3.0,8.7]	11.4	[9.3-13.9]
Hypertension	39.8	[35.3,44.5]	32.0	[25.6,39.2]	37.6	[33.8-41.5]
Cardiovascular Disease	11.3	[8.6,14.8]	8.2	[5.1,12.9]	10.4	[8.2-13.2]
Asthma	16.3	[13.2,19.9]	15.6	[11.2,21.3]	16.1	[13.5-19.1]
COPD	12.6	[10.1,15.6]	7.8	[5.0,12.0]	11.2	[9.2-13.6]
Cancer	2.4	[1.5,3.9]	3.5	[1.6,7.2]	2.7	[1.8-4.1]
Mental Health Condition	35.1	[30.8,39.6]	35.9	[29.3,43.0]	35.3	[31.7-39.1]
Mood disorder	33.5	[29.3,38.0]	33.9	[27.5,41.0]	33.7	[30.1-37.4]
Other	0.2	[0.0,1.6]	0		0.2	[0.0-1.1]

Functional Impairment (≥14 of past 30 days)						
Physical	26.2	[22.3,30.5]	19.8	[14.7,26.3]	24.4	[21.2-27.9]
Mental	26.3	[22.3,30.8]	21.8	[16.2,28.7]	25.0	[21.7-28.7]

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Table 11. Employment Status Among Healthy Michigan Plan Enrollees, by Health Status

	Health Status						P-value[1]
	Excellent, very good, or good		Fair or poor		Total		
	Col %	95% CI	Col %	95% CI	Col %	95% CI	
Employment Status (n=4,059)							<0.001
Employed or self-employed (n=2,076)	56.1	[53.7,58.4]	32.3	[29.1,35.5]	48.9	[47.0,50.8]	
Out of work ≥1 year (n=705)	17.9	[16.0,19.9]	23.9	[21.0,27.0]	19.7	[18.1,21.3]	
Out of work <1 year (n=258)	8.1	[6.8,9.7]	7.4	[5.7,9.4]	7.9	[6.8,9.1]	
Homemaker (n=217)	5.0	[4.2,6.0]	3.4	[2.5,4.7]	4.5	[3.8,5.3]	
Student (n=161)	6.0	[4.9,7.4]	3.3	[2.1,5.1]	5.2	[4.3,6.2]	
Retired (n=167)	2.7	[2.2,3.4]	2.0	[1.5,2.8]	2.5	[2.1,3.0]	
Unable to work (n=475)	4.2	[3.4,5.2]	27.8	[24.8,31.0]	11.3	[10.1,12.5]	

[1] Pearson chi-square analyses

Table 12. Employment Status Among Healthy Michigan Plan Enrollees, by Presence of Chronic Condition

	Any Chronic Health Condition Present						P-value[1]
	Yes		No		Total		
	Col %	95% CI	Col %	95% CI	Col %	95% CI	
Employment Status (n=4,068)							<0.001
Employed or self-employed (n=2,079)	44.1	[41.9,46.3]	59.8	[55.9,63.5]	48.9	[47.0,50.8]	
Out of work ≥1 year (n=707)	21.6	[19.7,23.6]	15.4	[12.7,18.5]	19.7	[18.1,21.3]	
Out of work <1 year (n=258)	7.9	[6.7,9.2]	7.9	[5.7,10.8]	7.9	[6.8,9.1]	
Homemaker (n=217)	4.3	[3.6,5.2]	5.0	[3.7,6.7]	4.5	[3.8,5.3]	
Student (n=161)	3.9	[3.1,5.0]	8.0	[6.0,10.4]	5.2	[4.3,6.2]	
Retired (n=167)	2.8	[2.3,3.5]	1.8	[1.1,2.9]	2.5	[2.1,3.0]	
Unable to work (n=479)	15.3	[13.8,17.0]	2.2	[1.4,3.5]	11.3	[10.1,12.5]	

[1] Pearson chi-square analyses

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Table 13. Ability to Work Among Healthy Michigan Plan Enrollees Who Are Employed/Self-Employed

	Mean or %	95% CI
[If employed or self-employed] In the past 12 months, about how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?	Mean 7.2	[5.6,8.7]
Compared to the 12 months before this time, was this more, less, or about the same? (n=2,074)		
More (n=261)	12.3	[10.7,14.1]
Less (n=345)	17.2	[15.2,19.5]
About the same (n=1,437)	68.4	[65.8,70.9]
Don't know (n=31)	2.1	[1.2,3.4]

Table 14. Multivariable Logistic Regression Analysis of Association between HMP Enrollee Demographic and Health Characteristics and being Out of Work or Unable to Work

	Outcomes[1]			
	Out of Work		Unable to Work	
Characteristic	aOR (95% CI)	*P*-value	aOR (95% CI)	*P*-value
Age				
19-34	[ref]	[ref]	[ref]	[ref]
35-50	1.29 (0.99-1.67)	0.056	2.34 (1.45-3.75)	<0.001
51-64	1.67 (1.29-2.17)	<0.001	4.20 (2.64-6.65)	<0.001
Male gender	1.80 (1.45-2.23)	<0.001	1.88 (1.35-2.63)	<0.001
Race				
White or Caucasian	[ref]	[ref]	[ref]	[ref]
Black or African-American	1.93 (1.50-2.49)	<0.001	1.16 (0.76-1.78)	0.483
Other	0.75 (0.50-1.11)	0.148	0.51 (0.25-1.06)	0.072
More than one race	1.25 (0.72-2.18)	0.423	1.02 (0.49-2.15)	0.954
Fair or poor health	1.47 (1.15-1.89)	0.003	3.52 (2.42-5.11)	<0.001
Chronic Health Condition [reference = none]				
Physical	1.11 (0.88-1.42)	0.378	1.73 (1.08-2.79)	0.023
Mental	1.47 (1.16-1.87)	0.001	2.61 (1.82-3.73)	<0.001
Functional Limitation [reference = none]				
Physical	1.43 (1.07-1.92)	0.016	5.10 (3.54-7.33)	<0.001
Mental	1.95 (1.46-2.60)	<0.001	2.29 (1.56-3.37)	<0.001

aOR = adjusted odds ratio; CI = confidence interval
[1]Each column represents a different multivariable logistic regression model.

Table 15. Factors Associated with Employment and Ability to Work, Among Healthy Michigan Plan Enrollees who were Employed/Self-employed

| Characteristic | Outcomes[1] | | | |
| | Employed or Self-Employed (Weighted N=106,619) | | Better Job at Work (Weighted N=75,282) | |
	aOR (95% CI)	*P*-value	aOR (95% CI)	*P*-value
Physical or mental health better since HMP enrollment	1.08 (0.89, 1.30)	0.44	4.08 (3.11, 5.35)	<0.001
Age				
19-34	Reference		Reference	
35-50	0.98 (0.78, 1.24)	0.89	0.96 (0.70, 1.31)	0.78
51-64	0.56 (0.45, 0.70)	<0.001	1.10 (0.80, 1.51)	0.57
Female gender	1.00 (0.83, 1.21)	0.98	1.42 (1.08, 1.85)	0.01
Race				
White or Caucasian	Reference		Reference	
Black or African American	0.96 (0.77, 1.21)	0.74	1.55 (1.10, 2.19)	0.01
Other	0.87 (0.61, 1.23)	0.44	1.24 (0.69, 2.21)	0.47
More than one race	1.10 (0.67, 1.82)	0.71	1.70 (0.79, 3.67)	0.18
FPL				
0-35%	Reference		Reference	
36-99%	3.72 (3.02, 4.58)	<0.001	0.79 (0.54, 1.15)	0.22
100-133%	4.40 (3.51, 5.52)	<0.001	0.62 (0.42, 0.90)	0.01
Fair or poor health	0.67 (0.53, 0.83)	<0.001	1.09 (0.76, 1.57)	0.64
Chronic health condition	0.84 (0.67, 1.06)	0.14	1.57 (1.18, 2.09)	0.002
Functional limitation, physical or mental	0.26 (0.19, 0.34)	<0.001	1.20 (0.69, 2.09)	0.53

aOR = adjusted odds ratio; CI = confidence interval; HMP = Healthy Michigan Plan

[1]Each column represents a different multivariable logistic regression model. In the first model, employment status was dichotomized as employed/self-employed vs. all other responses. We checked for collinearity of variables, including health status/chronic condition/function and there was no collinearity in the model.

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Table 16. Factors Associated with Job Seeking Ability, Among Healthy Michigan Plan Enrollees who Had a Recent Job Change or were Out of Work

Characteristic	Outcomes[1]			
	Better able to look for job[2] (Weighted N=35,711)		Helped get a better job[3] (Weighted N=9,275)	
	aOR (95% CI)	P-value	aOR (95% CI)	P-value
Physical or mental health better since HMP enrollment	2.82 (1.93, 4.10)	<0.001	3.20 (1.69, 6.09)	<0.001
Age				
19-34	Reference		Reference	
35-50	1.36 (0.87, 2.11)	0.17	1.01 (0.55, 1.87)	0.97
51-64	1.76 (1.14, 2.72)	0.01	1.30 (0.65, 2.59)	0.46
Female gender	0.73 (0.50, 1.07)	0.10	0.72 (0.41, 1.25)	0.24
Race				
White or Caucasian	Reference		Reference	
Black or African American	0.80 (0.53, 1.22)	0.30	1.31 (0.68, 2.55)	0.42
Other	1.52 (0.73, 3.19)	0.27	1.69 (0.65, 4.41)	0.28
More than one race	0.51 (0.22, 1.23)	0.13	0.46 (0.13, 1.67)	0.24
FPL				
0-35%	Reference		Reference	
36-99%	0.83 (0.53, 1.29)	0.40	0.90 (0.47, 1.73)	0.76
100-133%	0.74 (0.41, 1.36)	0.33	0.60 (0.31, 1.17)	0.13
Fair or poor health	1.17 (0.79, 1.74)	0.42	1.17 (0.56, 2.45)	0.67
Chronic health condition	0.87 (0.54, 1.40)	0.57	1.31 (0.72, 2.36)	0.37
Functional limitation, physical or mental	0.85 (0.56, 1.30)	0.46	1.51 (0.47, 4.89)	0.49

aOR = adjusted odds ratio; CI = confidence interval; HMP = Healthy Michigan Plan

[1]Each column represents a different multivariable logistic regression model.

[2]Strongly agree or agree that "Having health insurance through the Healthy Michigan Plan has made me better able to look for a job."

[3]Strongly agree or agree that "Having health insurance through the Healthy Michigan Plan helped me get a better job."

Impact of HMP on Access to Dental Care and Oral Health

Table 17. Healthy Michigan Plan Beneficiary Characteristics, by Awareness of Dental Care Coverage

| | My Healthy Michigan Plan covers routine dental visits. | | | | | | _P_-value[1] |
| | Yes | | No | | Don't know | | |
	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Age							0.524
19-34 (n=1,303)	76.9	[73.8,79.8]	4.6	[3.4,6.2]	18.5	[15.8,21.4]	
35-50 (n=1,300)	76.7	[73.6,79.5]	3.4	[2.5,4.6]	20.0	[17.3,23.0]	
51-64 (n=1,483)	78.2	[75.6,80.6]	3.7	[2.7,5.0]	18.1	[15.9,20.6]	
Total (n=4,086)	77.2	[75.4,78.8]	3.9	[3.3,4.7]	18.9	[17.3,20.6]	
FPL							0.016
0-35% (n=1,599)	77.1	[74.3,79.7]	2.9	[2.1,4.1]	20.0	[17.5,22.7]	
36-99% (n=1,448)	78.5	[75.9,80.9]	4.9	[3.7,6.4]	16.6	[14.5,18.9]	
≥100% (n=1,039)	75.3	[72.0,78.3]	5.2	[3.9,7.1]	19.4	[16.7,22.5]	
Total (n=4,086)	77.2	[75.4,78.8]	3.9	[3.3,4.7]	18.9	[17.3,20.6]	
Region							0.087
UP/NW/NE (n=745)	78.6	[75.0,81.7]	2.9	[1.9,4.4]	18.5	[15.5,22.0]	
W/EC/E (n=1,264)	79.0	[76.2,81.5]	3.3	[2.4,4.6]	17.7	[15.3,20.3]	
SC/SW/SE (n=836)	72.5	[68.5,76.2]	4.6	[3.3,6.4]	22.9	[19.3,26.9]	
DET (n=1,241)	77.7	[74.6,80.5]	4.2	[3.1,5.7]	18.1	[15.5,21.0]	
Total (n=4,086)	77.2	[75.4,78.8]	3.9	[3.3,4.7]	18.9	[17.3,20.6]	
Employment status							0.364
Employed or self-employed (n=2,078)	77.9	[75.5,80.2]	4.0	[3.1,5.2]	18.0	[15.9,20.4]	
Out of work ≥1 year (n=705)	74.4	[69.7,78.6]	3.4	[2.0,5.7]	22.2	[18.2,26.8]	
Out of work <1 year (n=258)	78.9	[72.1,84.4]	3.8	[2.1,7.0]	17.3	[12.2,24.0]	
Homemaker (n=217)	79.3	[72.3,84.9]	6.1	[3.1,11.7]	14.6	[10.1,20.6]	
Student (n=161)	75.3	[66.1,82.6]	5.4	[2.9,10.0]	19.3	[12.6,28.5]	
Retired (n=167)	80.1	[72.8,85.8]	3.8	[1.8,7.7]	16.1	[11.0,23.1]	
Unable to work (n=479)	77.1	[72.4,81.2]	2.2	[1.3,3.7]	20.7	[16.7,25.3]	
Don't know (n=7)	53.2	[15.8,87.3]	0		46.8	[12.7,84.2]	
Total (n=4,072)	77.2	[75.4,78.8]	3.8	[3.2,4.6]	19.0	[17.4,20.7]	

[1] Pearson chi-square analyses

Table 18. Healthy Michigan Plan Beneficiary Characteristics, by Perceived Dental Care Access

	Would you say that your ability to get dental care through the Healthy Michigan Plan is better, worse, or about the same, compared to before?								P-value[1]
	Better		Worse		About the same		Don't know		
	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Age									<0.001
19-34 (n=1,302)	44.4	[41.1,47.8]	6.4	[4.8,8.4]	35.2	[31.9,38.6]	14.1	[11.9,16.6]	
35-50 (n=1,298)	47.7	[44.3,51.1]	5.9	[4.6,7.6]	26.1	[23.2,29.1]	20.3	[17.5,23.4]	
51-64 (n=1,484)	46.4	[43.3,49.6]	6.5	[5.1,8.3]	24.7	[22.1,27.5]	22.4	[19.9,25.0]	
Total (n=4,084)	46.1	[44.1,48.0]	6.2	[5.4,7.3]	29.3	[27.5,31.2]	18.4	[16.9,19.9]	
FPL									0.104
0-35% (n=1,596)	46.8	[43.7,49.9]	5.3	[4.1,7.0]	28.2	[25.4,31.2]	19.7	[17.3,22.2]	
36-99% (n=1,448)	46.3	[43.2,49.4]	6.8	[5.4,8.7]	29.6	[26.7,32.6]	17.3	[15.0,19.8]	
≥100% (n=1,040)	43.6	[40.2,47.2]	7.8	[6.0,10.1]	32.1	[28.8,35.5]	16.5	[14.0,19.3]	
Total (n=4,084)	46.1	[44.1,48.0]	6.2	[5.4,7.3]	29.3	[27.5,31.2]	18.4	[16.9,19.9]	
Region									0.566
UP/NW/NE (n=746)	48.8	[44.7,52.9]	6.5	[4.9,8.5]	28.0	[24.3,32.0]	16.8	[14.1,19.8]	
W/EC/E (n=1,263)	47.3	[44.2,50.5]	5.9	[4.4,7.8]	28.1	[25.3,31.1]	18.6	[16.2,21.3]	
SC/SW/SE (n=835)	45.4	[41.4,49.5]	5.8	[4.2,8.0]	27.9	[24.1,31.9]	20.9	[17.9,24.3]	
DET (n=1,240)	44.9	[41.5,48.4]	6.6	[5.1,8.5]	31.0	[27.9,34.4]	17.4	[14.9,20.3]	
Total (n=4,084)	46.1	[44.1,48.0]	6.2	[5.4,7.3]	29.3	[27.5,31.2]	18.4	[16.9,19.9]	
Employment status									<0.001
Employed or self-employed (n=2,077)	48.2	[45.5,51.0]	5.5	[4.5,6.7]	30.1	[27.6,32.7]	16.2	[14.3,18.2]	
Out of work ≥1 year (n=704)	45.7	[41.0,50.4]	4.9	[3.1,7.7]	25.3	[21.4,29.6]	24.2	[20.2,28.7]	
Out of work <1 year (n=258)	43.0	[35.8,50.5]	9.0	[4.9,15.8]	28.8	[22.1,36.4]	19.3	[13.8,26.2]	
Homemaker (n=217)	48.0	[39.8,56.3]	5.7	[3.2,9.8]	33.8	[26.5,41.9]	12.6	[8.6,18.1]	
Student (n=160)	32.3	[24.6,41.0]	12.8	[7.6,20.9]	43.8	[34.5,53.6]	11.1	[6.6,18.0]	
Retired (n=167)	48.6	[39.0,58.3]	7.4	[3.8,13.9]	24.8	[17.3,34.3]	19.2	[13.1,27.1]	
Unable to work (n=479)	44.1	[38.6,49.7]	6.8	[4.4,10.4]	27.1	[22.2,32.5]	22.0	[17.8,27.0]	
Don't know (n=7)	58.7	[17.6,90.4]	0		0		41.3	[9.6,82.4]	
Total (n=4,069)	46.1	[44.1,48.0]	6.2	[5.3,7.2]	29.4	[27.6,31.3]	18.3	[16.9,19.9]	

[1] Pearson chi-square analyses

Table 19. Healthy Michigan Plan Beneficiary Characteristics, by Forgone Dental Care

	Forgone dental care due to cost[1]				*P*-value[2]
	Yes		No		
	Row %	95% CI	Row %	95% CI	0.537
Age					
19-34 (n=136)	65.3	[55.1,74.3]	34.7	[25.7,44.9]	
35-50 (n=132)	58.5	[47.9,68.3]	41.5	[31.7,52.1]	
51-64 (n=125)	66.1	[54.1,76.3]	33.9	[23.7,45.9]	
Total (n=393)	63.2	[57.0,69.0]	36.8	[31.0,43.0]	
FPL					0.282
0-35% (n=156)	59.9	[50.6,68.5]	40.1	[31.5,49.4]	
36-99% (n=142)	64.1	[53.2,73.7]	35.9	[26.3,46.8]	
≥100% (n=95)	72.0	[60.8,81.0]	28.0	[19.0,39.2]	
Total (n=393)	63.2	[57.0,69.0]	36.8	[31.0,43.0]	
Region					0.047
UP/NW/NE (n=55)	57.2	[42.3,70.9]	42.8	[29.1,57.7]	
W/EC/E (n=115)	61.1	[50.8,70.6]	38.9	[29.4,49.2]	
SC/SW/SE (n=92)	50.6	[38.9,62.2]	49.4	[37.8,61.1]	
DET (n=131)	70.5	[59.6,79.5]	29.5	[20.5,40.4]	
Total (n=393)	63.2	[57.0,69.0]	36.8	[31.0,43.0]	
Employment status					0.008
Employed or self-employed (n=196)	61.5	[52.6,69.8]	38.5	[30.2,47.4]	
Out of work ≥1 year (n=67)	68.6	[53.9,80.3]	31.4	[19.7,46.1]	
Out of work <1 year (n=26)	82.5	[64.3,92.5]	17.5	[7.5,35.7]	
Homemaker (n=18)	79.2	[52.8,92.8]	20.8	[7.2,47.2]	
Student (n=19)	78.9	[55.9,91.7]	21.1	[8.3,44.1]	
Retired (n=9)	70.3	[31.8,92.3]	29.7	[7.7,68.2]	
Unable to work (n=58)	41.3	[25.6,59.1]	58.7	[40.9,74.4]	
Total (n=393)	63.2	[57.0,69.0]	36.8	[31.0,43.0]	

[1] Going without dental care because 'you were worried about the cost,' 'you did not have health insurance,' 'the doctor or hospital wouldn't accept your health insurance,' or 'your health plan wouldn't pay for the treatment.'

[2] Pearson chi-square analyses

Table 20. Healthy Michigan Plan Beneficiary Characteristics, by Oral Health

[1]	Since you enrolled in the Healthy Michigan Plan, has the health of your teeth and gums gotten better, stayed the same, or gotten worse?								P-value[1]
	Gotten better		Stayed the same		Gotten worse		Don't know		
	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Age									<0.001
19-34 (n=1,302)	38.8	[35.6,42.1]	50.1	[46.7,53.6]	8.1	[6.5,10.1]	2.9	[2.0,4.2]	
35-50 (n=1,299)	39.9	[36.6,43.3]	42.1	[38.7,45.5]	12.5	[10.5,14.9]	5.5	[4.1,7.4]	
51-64 (n=1,483)	40.1	[37.1,43.3]	42.9	[39.8,46.0]	11.0	[9.2,13.0]	6.0	[4.7,7.8]	
Total (n=4,084)	39.5	[37.6,41.5]	45.5	[43.5,47.5]	10.4	[9.3,11.6]	4.6	[3.9,5.5]	
FPL									0.198
0-35% (n=1,597)	40.0	[37.0,43.1]	44.0	[40.9,47.2]	11.1	[9.4,13.0]	4.9	[3.8,6.4]	
36-99% (n=1,448)	40.7	[37.7,43.8]	44.9	[41.8,48.0]	9.9	[8.1,12.0]	4.6	[3.4,6.0]	
≥100% (n=1,039)	36.6	[33.3,40.0]	50.3	[46.8,53.9]	9.2	[7.4,11.3]	3.9	[2.7,5.6]	
Total (n=4,084)	39.5	[37.6,41.5]	45.5	[43.5,47.5]	10.4	[9.3,11.6]	4.6	[3.9,5.5]	
Region									0.053
UP/NW/NE (n=745)	40.9	[36.9,45.0]	44.4	[40.3,48.5]	9.3	[7.3,11.8]	5.5	[3.9,7.5]	
W/EC/E (n=1,263)	38.2	[35.2,41.3]	46.9	[43.7,50.1]	9.0	[7.4,10.8]	6.0	[4.5,7.9]	
SC/SW/SE (n=836)	36.4	[32.7,40.4]	46.6	[42.5,50.8]	13.0	[10.5,15.9]	4.0	[2.8,5.6]	
DET (n=1,240)	41.4	[38.0,44.9]	44.4	[40.9,47.9]	10.4	[8.6,12.6]	3.8	[2.7,5.4]	
Total (n=4,084)	39.5	[37.6,41.5]	45.5	[43.5,47.5]	10.4	[9.3,11.6]	4.6	[3.9,5.5]	
Employment status									<0.001
Employed or self-employed (n=2,077)	40.1	[37.4,42.8]	46.9	[44.2,49.7]	9.2	[7.8,10.8]	3.8	[2.9,5.0]	
Out of work ≥1 year (n=704)	35.9	[31.6,40.4]	48.9	[44.2,53.7]	11.3	[8.6,14.7]	3.9	[2.6,5.8]	
Out of work <1 year (n=258)	43.2	[35.8,50.9]	42.0	[34.6,49.8]	9.0	[6.1,13.1]	5.8	[3.2,10.1]	
Homemaker (n=217)	43.3	[35.2,51.7]	45.3	[37.3,53.5]	9.3	[5.9,14.4]	2.2	[0.8,5.6]	
Student (n=161)	34.6	[26.4,43.7]	51.0	[41.5,60.3]	9.4	[5.7,15.0]	5.1	[2.0,12.8]	
Retired (n=167)	44.9	[35.3,54.9]	41.7	[32.7,51.3]	10.1	[5.9,16.7]	3.3	[1.4,7.5]	
Unable to work (n=478)	39.7	[34.3,45.4]	35.6	[30.5,41.1]	15.8	[12.0,20.6]	8.9	[6.0,12.9]	
Don't know (n=7)	27.0	[6.5,66.1]	39.3	[10.5,78.2]	0		33.7	[5.6,81.3]	
Total (n=4,069)	39.4	[37.5,41.4]	45.6	[43.7,47.6]	10.4	[9.3,11.6]	4.6	[3.8,5.5]	

[1] Pearson chi-square analyses

Table 21. Perceived Access to Dental Care, Forgone Dental Care, Dental Health, ER Use, and Missed Work or School, by Awareness of Dental Care Coverage

	Awareness of dental care coverage				
	Yes		No[1]		P-value[2]
	Row %	95% CI	Row %	95% CI	
Ability to get dental care					<0.001
Better (n=1,929)	92.6	[90.9,94.0]	7.4	[6.0,9.1]	
Worse (n=255)	63.6	[55.6,70.8]	36.4	[29.2,44.4]	
About the same (n=1,137)	72.3	[68.7,75.6]	27.7	[24.4,31.3]	
Don't know (n=760)	51.0	[46.4,55.6]	49.0	[44.4,53.6]	
Total (n=4,081)	77.2	[75.4,78.8]	22.8	[21.2,24.6]	
Forgone dental care due to cost[3]					0.277
Yes (n=252)	64.9	[57.2,71.9]	35.1	[28.1,42.8]	
No (n=141)	71.6	[61.3,80.1]	28.4	[19.9,38.7]	
Total (n=393)	67.4	[61.3,72.9]	32.6	[27.1,38.7]	
Dental health status					<0.001
Gotten better (n=1,641)	92.3	[90.6,93.8]	7.7	[6.2,9.4]	
Stayed the same (n=1,809)	69.9	[67.0,72.7]	30.1	[27.3,33.0]	
Gotten worse (n=443)	58.9	[53.1,64.5]	41.1	[35.5,46.9]	
Don't know (n=189)	59.5	[50.3,68.0]	40.5	[32.0,49.7]	
Total (n=4,082)	77.2	[75.4,78.8]	22.8	[21.2,24.6]	
Any ER visits past 12 months					0.785
Yes (n=1,455)	77.4	[74.4,80.0]	22.6	[20.0,25.6]	
No (n=2,609)	77.1	[74.9,79.2]	22.9	[20.8,25.1]	
Don't know (n=22)	69.6	[43.6,87.2]	30.4	[12.8,56.4]	
Total (n=4,086)	77.2	[75.4,78.8]	22.8	[21.2,24.6]	
Days of school missed					0.896
None (n=94)	74.3	[62.0,83.7]	25.7	[16.3,38.0]	
1-7 days (n=50)	78.4	[58.7,90.2]	21.6	[9.8,41.3]	
More than 7 days (n=15)	76.0	[48.0,91.6]	24.0	[8.4,52.0]	
Total (n=159)	75.8	[66.4,83.2]	24.2	[16.8,33.6]	

Days of work missed					0.930
None (n=1,180)	78.4	[75.1,81.3]	21.6	[18.7,24.9]	
1-7 days (n=744)	77.9	[73.6,81.6]	22.1	[18.4,26.4]	
More than 7 days (n=384)	77.2	[71.7,82.0]	22.8	[18.0,28.3]	
Total (n=2,308)	78.0	[75.7,80.2]	22.0	[19.8,24.3]	

[1] Includes "Don't know" responses

[2] Pearson chi-square analyses

[3] Going without dental care because 'you were worried about the cost,' 'you did not have health insurance,' 'the doctor or hospital wouldn't accept your health insurance,' or 'your health plan wouldn't pay for the treatment.'

Table 22. Perceived Impact of HMP on Employment, ER Use, and Dental Health, by Perceived Access to Dental Care

	Would you say that your ability to get dental care through the Healthy Michigan Plan is better, worse, or about the same, compared to before?										P-value[1]
	Better		Worse		About the same		Don't know		Total		
	Col %	95% CI	Col %	95% CI	Col %	95% CI	Col %	95% CI	Col %	95% CI	
HMP helped me get a better job (n=447)											<0.001
Strongly agree (n=33)	12.0	[7.1,19.5]	4.6	[1.1,17.3]	3.8	[1.5,9.6]	4.0	[1.0,15.3]	7.7	[5.0,11.6]	
Agree (n=123)	39.2	[30.2,49.0]	17.6	[5.5,44.0]	25.6	[17.2,36.2]	10.5	[5.2,20.2]	29.2	[23.6,35.4]	
Neutral (n=103)	17.8	[12.7,24.4]	36.7	[20.0,57.3]	20.0	[12.5,30.5]	31.4	[19.0,47.1]	21.5	[17.1,26.7]	
Disagree (n=150)	24.4	[17.4,33.1]	35.8	[18.5,57.8]	44.6	[34.1,55.6]	35.7	[22.6,51.4]	33.5	[27.8,39.6]	
Strongly disagree (n=30)	5.7	[2.8,11.4]	5.3	[1.2,21.2]	4.9	[2.0,11.3]	12.0	[6.1,22.3]	6.4	[4.2,9.6]	
Don't know (n=8)	0.9	[0.3,2.9]	0		1.1	[0.2,4.9]	6.4	[1.8,20.3]	1.8	[0.8,4.0]	
Better job at work (n=2,075)											<0.001
Yes (n=1,430)	76.8	[73.2,80.0]	56.9	[46.7,66.5]	63.3	[58.2,68.1]	63.1	[56.6,69.0]	69.4	[66.8,71.8]	
No (n=548)	19.2	[16.2,22.6]	34.4	[25.5,44.4]	32.6	[28.0,37.6]	30.3	[24.8,36.5]	25.9	[23.6,28.3]	
Don't know (n=97)	4.0	[2.8,5.8]	8.7	[4.4,16.4]	4.1	[2.4,6.9]	6.6	[4.1,10.5]	4.7	[3.7,6.0]	
HMP helped me look for job (n=955)											<0.001
Strongly agree (n=158)	18.9	[14.8,23.7]	11.0	[4.7,23.3]	11.8	[7.9,17.3]	17.7	[12.0,25.5]	16.3	[13.6,19.4]	
Agree (n=388)	42.6	[37.2,48.3]	17.1	[8.6,31.3]	41.6	[34.0,49.7]	31.2	[24.2,39.1]	38.2	[34.5,42.1]	
Neutral (n=185)	17.0	[12.9,22.0]	7.6	[3.6,15.5]	21.1	[14.8,29.3]	25.2	[18.0,34.0]	19.4	[16.2,23.0]	
Disagree (n=143)	14.1	[10.5,18.7]	51.3	[33.3,69.0]	16.9	[11.7,23.8]	14.7	[8.6,24.1]	17.2	[14.1,20.9]	
Strongly disagree (n=35)	3.8	[2.1,6.9]	4.3	[1.2,14.6]	3.6	[1.7,7.6]	2.8	[1.2,6.2]	3.5	[2.4,5.2]	
Don't know (n=46)	3.6	[2.1,6.2]	8.7	[2.4,27.3]	5.0	[2.5,9.6]	8.4	[4.4,15.6]	5.4	[3.8,7.6]	

	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	P-value[1]
Any ER visits past 12 months (n=4,084)											0.474
Yes (n=1,452)	38.5	[35.8,41.3]	43.1	[35.4,51.1]	35.0	[31.5,38.8]	37.0	[32.7,41.5]	37.5	[35.6,39.4]	
No (n=2,609)	60.8	[58.0,63.6]	56.9	[48.9,64.6]	64.4	[60.7,68.0]	62.4	[57.9,66.7]	61.9	[60.0,63.8]	
Don't know (n=23)	0.7	[0.3,1.6]	0		0.5	[0.2,1.3]	0.6	[0.2,1.4]	0.6	[0.3,1.0]	
Dental health status (n=4,081)											<0.001
Gotten better (n=1,641)	67.9	[65.2,70.6]	14.4	[9.2,21.9]	20.9	[18.0,24.1]	7.0	[5.0,9.8]	39.6	[37.7,41.5]	
Stayed the same (n=1,807)	26.6	[24.1,29.3]	33.9	[26.8,41.8]	68.9	[65.4,72.3]	59.5	[55.0,63.9]	45.5	[43.6,47.5]	
Gotten worse (n=443)	4.5	[3.6,5.7]	46.9	[39.2,54.8]	8.8	[7.0,11.0]	15.2	[12.3,18.6]	10.4	[9.3,11.6]	
Don't know (n=190)	1.0	[0.5,1.7]	4.8	[2.6,8.7]	1.4	[0.9,2.3]	18.2	[15.0,22.0]	4.5	[3.8,5.4]	

[1] Pearson chi-square analyses

Impact of HMP Premium Contributions on Cost-Conscious Behaviors

Table 23. Healthy Michigan Plan Beneficiary Characteristics, by Federal Poverty Level

Characteristic[1]	FPL 0-35%		FPL 36-99%		FPL ≥100%		Total		P-value[2]
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	
Age									0.035
19-34 (n=1,303)	38.1	[35.0,41.3]	40.5	[37.4,43.7]	44.0	[40.4,47.6]	40.0	[38.0,42.0]	
35-50 (n=1,301)	36.1	[33.1,39.1]	33.6	[30.7,36.6]	29.2	[26.1,32.5]	34.0	[32.1,35.9]	
51-64 (n=1,486)	25.9	[23.5,28.3]	25.9	[23.5,28.5]	26.8	[24.1,29.7]	26.0	[24.5,27.6]	
Gender									<0.001
Male (n=1,681)	57.2	[54.1,60.2]	39.1	[36.0,42.3]	39.0	[35.5,42.6]	48.4	[46.5,50.4]	
Female (n=2,409)	42.8	[39.8,45.9]	60.9	[57.7,64.0]	61.0	[57.4,64.5]	51.6	[49.6,53.5]	
Race/ethnicity									<0.001
White, non-Hispanic (n=2,714)	54.4	[51.4,57.4]	62.9	[59.9,65.9]	66.7	[63.4,69.9]	59.3	[57.3,61.1]	
Black, non-Hispanic (n=800)	32.6	[29.7,35.6]	18.2	[15.8,21.0]	19.3	[16.7,22.1]	25.9	[24.1,27.7]	
Hispanic (n=78)	1.9	[1.2,2.9]	2.4	[1.6,3.5]	2.4	[1.4,4.0]	2.1	[1.6,2.8]	
Other (n=448)	11.2	[9.3,13.3]	16.4	[14.1,19.1]	11.7	[9.5,14.3]	12.8	[11.5,14.2]	
Region									<0.001
UP/NW/NE (n=746)	6.7	[6.2,7.2]	10.9	[10.1,11.7]	12.3	[11.5,13.2]	9.0	[8.6,9.4]	
W/EC/E (n=1,265)	26.2	[25.1,27.5]	30.5	[29.1,31.9]	32.1	[30.4,33.8]	28.6	[27.8,29.4]	
SC/SW/SE (n=837)	17.4	[16.2,18.7]	19.2	[18.2,20.3]	20.6	[19.2,22.1]	18.6	[17.8,19.3]	
DET (n=1,242)	49.6	[48.1,51.2]	39.4	[37.6,41.2]	35.0	[33.3,36.7]	43.8	[42.8,44.9]	

Married or partnered									<0.001
Yes (n=1,193)	13.8	[11.9,16.0]	34.6	[31.7,37.5]	38.7	[35.4,42.2]	24.6	[23.2,26.2]	
No (n=2,880)	86.2	[84.0,88.1]	65.4	[62.5,68.3]	61.3	[57.8,64.6]	75.4	[73.8,76.8]	
Health status									<0.001
Excellent, very good, or good (n=2,826)	64.1	[61.1,66.9]	75.7	[73.1,78.2]	78.6	[75.6,81.3]	70.2	[68.5,72.0]	
Fair or poor (n=1,255)	35.9	[33.1,38.9]	24.3	[21.8,26.9]	21.4	[18.7,24.4]	29.8	[28.0,31.5]	
Any chronic health condition									<0.001
Yes (n=2,986)	72.9	[69.8,75.7]	66.2	[63.1,69.1]	63.9	[60.4,67.2]	69.2	[67.3,71.0]	
No (n=1,104)	27.1	[24.3,30.2]	33.8	[30.9,36.9]	36.1	[32.8,39.6]	30.8	[29.0,32.7]	
Any health insurance in 12 months before HMP enrollment									<0.001
Yes (n=1,667)	35.4	[32.5,38.4]	44.8	[41.7,48.0]	48.6	[45.0,52.1]	40.7	[38.8,42.6]	
No (n=2,374)	62.6	[59.6,65.6]	54.1	[50.9,57.2]	50.9	[47.3,54.4]	57.9	[55.9,59.8]	
Cost-related access barriers in 12 months before HMP enrollment[3]									0.666
Yes (n=1,341)	32.4	[29.6,35.4]	31.2	[28.4,34.2]	30.6	[27.5,33.9]	31.7	[29.9,33.6]	
No (n=2,706)	67.6	[64.6,70.4]	68.8	[65.8,71.6]	69.4	[66.1,72.5]	68.3	[66.4,70.1]	
Carefully review MIHA statements[4]									0.387
Yes (n=2,675)	88.7	[86.2,90.8]	89.1	[86.4,91.3]	86.5	[83.4,89.1]	88.3	[86.8,89.7]	
No (n=330)	11.3	[9.2,13.8]	10.9	[8.7,13.6]	13.5	[10.9,16.6]	11.7	[10.3,13.2]	
Find out about service costs[5]									0.232
Yes (n=2,912)	70.3	[67.4,73.0]	73.5	[70.7,76.1]	72.1	[68.8,75.1]	71.5	[69.7,73.3]	
No (n=1,164)	29.7	[27.0,32.6]	26.5	[23.9,29.3]	27.9	[24.9,31.2]	28.5	[26.7,30.3]	
Talk with doctor about costs[6]									0.736
Yes (n=2,746)	67.3	[64.3,70.1]	68.7	[65.7,71.6]	68.4	[65.0,71.6]	67.9	[66.0,69.7]	
No (n=1,330)	32.7	[29.9,35.7]	31.3	[28.4,34.3]	31.6	[28.4,35.0]	32.1	[30.3,34.0]	
Ask doctor about less costly drug[7]									<0.001
Yes (n=3,143)	71.6	[68.7,74.4]	79.0	[76.4,81.4]	79.3	[76.2,82.0]	75.2	[73.4,76.9]	
No (n=931)	28.4	[25.6,31.3]	21.0	[18.6,23.6]	20.7	[18.0,23.8]	24.8	[23.1,26.6]	
Check reviews or ratings of quality[8]									0.058
Yes (n=3,142)	76.4	[73.7,79.0]	79.6	[77.0,82.0]	80.4	[77.6,82.9]	78.1	[76.4,79.7]	
No (n=932)	23.6	[21.0,26.3]	20.4	[18.0,23.0]	19.6	[17.1,22.4]	21.9	[20.3,23.6]	

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	%	95% CI	%	95% CI	%	95% CI	%	95% CI	p-value
Fewer medical bill problems in previous 12 months of HMP enrollment[9]									0.191
Yes (n=1,629)	84.4	[80.9,87.4]	88.3	[84.6,91.2]	86.9	[82.9,90.1]	85.9	[83.7,87.9]	
No (n=240)	15.6	[12.6,19.1]	11.7	[8.8,15.4]	13.1	[9.9,17.1]	14.1	[12.1,16.3]	
Payments affordable for HMP[10]									0.015
Yes (n=3,679)	88.6	[86.4,90.5]	91.1	[88.9,92.9]	85.9	[83.2,88.2]	88.8	[87.4,90.0]	
No (n=405)	11.4	[9.5,13.6]	8.9	[7.1,11.1]	14.1	[11.8,16.8]	11.2	[10.0,12.6]	
Foregone care due to cost in previous 12 months of HMP enrollment[3]									0.589
Yes (n=439)	11.2	[9.3,13.3]	11.8	[9.9,14.1]	10.1	[8.2,12.4]	11.1	[10.0,12.5]	
No (n=3,623)	88.8	[86.7,90.7]	88.2	[85.9,90.1]	89.9	[87.6,91.8]	88.9	[87.5,90.0]	

[1] n does not sum to 4,090 for every characteristic due to skip patterns, "don't know" responses, or non-responses for individual items.

[2] pearson chi-square analyses

[3] Going without health care because 'you were worried about the cost,' 'you did not have health insurance,' 'the doctor or hospital wouldn't accept your health insurance,' or 'your health plan wouldn't pay for the treatment.'

[4] Strongly agree or agree that carefully review MIHA statements.

[5] Very or somewhat likely to find out about the costs of services before receiving them.

[6] Very or somewhat likely to talk with doctors about how much services will cost.

[7] Very or somewhat likely to ask doctors about a less costly prescription drug.

[8] Very or somewhat likely to check quality reviews or ratings before getting care.

[9] Among individuals with problems paying medical bills in the 12 months before enrolling in HMP.

[10] Strongly agree or agree that payments for HMP are affordable.

Table 24. Engagement in Cost-Conscious Behaviors among Subgroups of HMP Beneficiaries

Subgroup[2]	Outcomes[1]													
	Carefully review MIHA statements[3] (n=2,924)			Find out about service costs[4] (n=3,979)			Talk with doctor about costs[5] (n=3,978)			Ask doctor about less costly drug[6] (n=3,978)			Check reviews or ratings of quality[7] (n=3,977)		
	%	95% CI		%	95% CI		%	95% CI		%	95% CI		%	95% CI	
FPL															
0-35%	89.3	87.0	91.5	71.6	68.8	74.4	68.1	65.2	71.0	73.8*	71.0	76.6	77.8	75.2	80.4
36-99% (ref)	88.7	86.0	91.3	72.9	70.0	75.8	68.6	65.5	71.6	78.2	75.4	80.9	79.0	76.3	81.6
100+%	86.0	83.0	89.0	70.4	67.0	73.8	67.8	64.3	71.3	77.0	73.7	80.2	78.4	75.4	81.4
Gender															
Male (ref)	87.4	85.1	89.8	69.7	67.0	72.4	67.2	64.3	70.1	71.5	68.7	74.2	75.0	72.4	77.6
Female	89.2	87.3	91.1	73.6*	71.3	76.0	69.1	66.7	71.5	79.6***	77.3	81.8	81.3***	79.1	83.4

Category															
Age															
19-34 (ref)	86.2	83.5	88.9	76.9	74.0	79.8	72.0	68.9	75.1	77.6	74.6	80.6	82.3	79.5	85.0
35-50	88.2	85.5	90.9	67.0***	63.5	70.2	64.8**	61.5	68.2	72.7*	69.5	75.8	75.7**	72.7	78.8
51-64	91.4**	89.3	93.5	70.0**	67.0	73.0	66.6*	63.5	69.7	76.2	73.4	79.0	75.3**	72.6	78.1
Race/ethnicity															
White, non-Hispanic (ref)	89.1	87.3	90.9	72.7	70.2	75.2	68.8	66.2	71.3	78.9	76.5	81.2	78.4	76.1	80.7
Black, non-Hispanic	88.4	85.0	91.8	71.8	67.9	75.7	69.3	65.2	73.4	73.3*	69.4	77.2	81.3	77.9	84.7
Hispanic	83.9	73.3	94.5	51.3**	37.0	65.6	51.9*	37.8	66.0	59.9**	46.0	73.8	64.1*	50.1	78.1
Other	85.5	80.3	90.6	70.2	65.0	75.4	65.6	59.9	71.2	68.0***	62.7	73.3	72.8*	67.3	78.2
Marital status															
Not married or partnered (ref)	88.1	86.3	89.9	71.6	69.5	73.6	67.9	65.8	70.1	74.7	72.7	76.7	77.1	75.1	79.0
Married or partnered	89.4	86.8	92.1	72.2	68.7	75.7	68.9	65.3	72.6	78.3	75.0	81.7	81.6	78.8	84.4
Region															
UP/NW/NE (ref)	86.7	82.9	90.6	68.0	63.8	72.2	66.8	62.6	71.0	76.2	72.2	80.2	70.3	66.2	74.5
W/EC/E	90.2	87.8	92.5	72.2	69.2	75.2	69.6	66.5	72.6	76.7	73.8	79.6	79.8***	77.2	82.4
SC/SW/SE	87.5	84.4	90.7	71.5	67.7	75.3	67.8	64.1	71.5	78.0	74.7	81.4	79.0**	75.9	82.1
DET	88.0	85.3	90.7	72.3	69.1	75.5	67.7	64.3	71.2	73.8	70.6	77.0	78.5**	75.4	81.6
Health status															
Excellent, very good, or good (ref)	89.3	87.5	91.0	72.5	70.3	74.7	68.4	66.1	70.7	76.6	74.4	78.8	79.1	77.0	81.2
Fair or poor	86.1	82.9	89.4	69.9	66.6	73.2	67.7	64.3	71.0	73.1	69.9	76.3	76.3	73.3	79.4
Any chronic health condition															
No (ref)	86.9	83.4	90.4	74.2	70.8	77.6	70.7	67.2	74.3	75.1	71.6	78.6	81.6	78.5	84.7
Yes	89.0	87.3	90.7	70.7	68.4	72.9	67.1	64.8	69.4	75.8	73.6	77.9	76.8*	74.7	78.9
Any health insurance in 12 months before HMP enrollment															
No (ref)	88.9	87.0	90.8	70.8	68.5	73.2	69.1	66.8	71.5	75.5	73.2	77.8	76.7	74.5	78.9
Yes	87.7	85.3	90.1	73.0	70.2	75.8	66.7	63.7	69.8	75.7	72.9	78.5	80.5*	78.0	83.1
Forgone care due to cost in 12 months before HMP enrollment[8]															
No (ref)	89.2	87.5	90.9	70.1	67.9	72.4	67.9	65.6	70.2	74.5	72.4	76.7	77.5	75.4	79.5
Yes	87.0	83.8	89.8	75.0*	72.0	78.0	68.8	65.4	72.1	77.8	74.7	80.9	79.7	76.9	82.6

NOTES: * denotes $P < 0.05$, ** denotes $P < 0.01$, and *** denotes $P < 0.001$.

[1]The columns for each outcome depict marginal estimates from a logistic regression model in which the dependent variable is the respective outcome and the independent variables are all of the characteristics in the table rows.
[2]Subgroups denoted by (ref) are the reference for statistical tests.
[3]Strongly agree or agree that carefully review MIHA statements.
[4]Very or somewhat likely to find out about the costs of services before receiving them.
[5]Very or somewhat likely to talk with doctors about how much services will cost.
[6]Very or somewhat likely to ask doctors about a less costly prescription drug.
[7]Very or somewhat likely to check quality reviews or ratings before getting care.
[8]Going without health care because 'you were worried about the cost,' 'you did not have health insurance,' 'the doctor or hospital wouldn't accept your health insurance,' or 'your health plan wouldn't pay for the treatment.'

Table 25. Health Care Affordability Among Subgroups of HMP Beneficiaries

| Subgroup[2] | Outcomes[1] | | | | | |
| | Fewer medical bill problems[3] (n=1,816) | | Payments affordable[4] (n=3,982) | | Forgone care due to cost[5] (n=3,967) | |
	%	95% CI	%	95% CI	%	95% CI
FPL						
0-35%	84.8	81.7 88.0	89.2	87.1 91.2	10.9	9.0 12.9
36-99% (ref)	88.3	84.7 91.9	90.8	88.7 92.3	12.0	9.7 14.2
100+%	85.3	81.1 89.5	84.9**	82.1 87.7	10.4	8.2 12.7
Gender						
Male (ref)	84.4	81.0 87.8	89.1	87.0 91.1	10.2	8.3 12.2
Female	87.0	84.5 89.6	88.5	86.8 90.3	11.9	10.2 13.6
Age						
19-34 (ref)	83.4	79.2 87.6	88.3	86.0 90.6	13.7	11.2 16.2
35-50	85.3	82.0 88.6	87.9	85.5 90.3	9.9*	8.1 11.8
51-64	89.4*	86.6 92.3	90.8	88.8 92.8	9.2**	7.3 11.1
Race/ethnicity						
White, non-Hispanic (ref)	87.4	84.7 90.1	91.7	90.3 93.2	10.3	8.8 11.8
Black, non-Hispanic	84.8	80.6 89.1	84.0***	80.7 87.3	10.5	7.7 13.3
Hispanic	91.5	79.1 100.0	86.8	87.3 95.3	18.4	7.1 29.7
Other	79.7	71.0 88.4	85.3**	80.8 89.7	14.9*	10.5 19.3

Marital status									
Not married or partnered (ref)	85.7	83.3	88.1	88.9	87.4	90.4	11.1	9.7	12.6
Married or partnered	86.2	81.7	90.6	88.6	86.0	91.3	11.1	8.6	13.6
Sampling Region									
UP/NW/NE (ref)	82.1	76.8	87.3	90.9	87.9	94.0	8.3	6.0	10.6
W/EC/E	87.8*	84.3	91.2	88.6	86.3	90.9	10.8	8.7	12.9
SC/SW/SE	86.4	82.2	90.7	88.9	86.3	91.4	11.3	8.9	13.8
DET	85.1	81.4	88.8	88.6	86.4	90.8	11.9*	9.5	14.2
Health status									
Excellent, very good, or good (ref)	87.4	84.8	90.0	90.0	88.4	91.6	10.2	8.7	11.7
Fair or poor	83.2	79.5	86.8	85.8**	83.0	88.6	13.1*	10.6	15.6
Any chronic health condition									
No (ref)	85.7	80.7	90.7	88.4	85.7	91.0	7.7	5.6	9.8
Yes	85.8	83.4	88.3	89.0	87.4	90.6	12.5**	10.9	14.2
Any health insurance in 12 months before HMP enrollment									
No (ref)	86.9	84.5	89.4	89.8	88.3	91.4	9.7	8.2	11.2
Yes	83.3	79.4	87.3	87.3	84.9	89.6	13.4**	11.2	15.6
Forgone care due to cost in 12 months before HMP enrollment[6]									
No (ref)	83.2	80.2	86.2	89.6	88.1	91.0	8.1	6.8	9.5
Yes	88.8**	85.9	91.7	87.0	84.2	89.8	17.6***	14.8	20.5

NOTES: * denotes $P < 0.05$, ** denotes $P < 0.01$, and *** denotes $P < 0.001$.

[1]The columns for each outcome depict marginal estimates from a logistic regression model in which the dependent variable is the respective outcome and the independent variables are all of the characteristics in the table rows.

[2]Subgroups denoted by (ref) are the reference for statistical tests.

[3]Among individuals with problems paying medical bills in the 12 months before enrolling in HMP.

[4]Strongly agree or agree that payments for HMP are affordable.

[5]Going without health care in the previous 12 months of HMP enrollment because 'you were worried about the cost,' 'you did not have health insurance,' 'the doctor or hospital wouldn't accept your health insurance,' or 'your health plan wouldn't pay for the treatment.'

[6]Going without health care in the 12 months before HMP enrollment because 'you were worried about the cost,' 'you did not have health insurance,' 'the doctor or hospital wouldn't accept your health insurance,' or 'your health plan wouldn't pay for the treatment.'

Reproductive Health

Table 26. Characteristics of Reproductive Age Females

	Col %	95% CI
Age (n=1,168)		
19-34 (n=754)	68.1	[64.8,71.3]
35-45 (n=414)	31.9	[28.7,35.2]
Race (n=1,162)		
White (n=769)	61.7	[58.2,65.2]
Black or African American (n=254)	24.9	[21.9,28.2]
Other (n=90)	8.5	[6.7,10.6]
More than one (n=49)	4.9	[3.4,6.8]
FPL (n=1,168)		
0-35% (n=312)	40.1	[36.8,43.6]
36-99% (n=490)	34.5	[31.8,37.4]
≥100% (n=366)	25.3	[23.0,27.7]
Married or partnered (n=1,166)		
Yes (n=337)	23.7	[21.2,26.4]
No (n=829)	76.3	[73.6,78.8]
Health status (n=1,168)		
Excellent, very good, or good (n=905)	76.5	[73.4,79.4]
Fair or poor (n=263)	23.5	[20.6,26.6]
Health insurance in 12 months before HMP enrollment (n=1,167)		
Insured all 12 months (n=434)	36.4	[33.1,39.9]
Insured less than 12 months (n=129)	12.0	[9.7,14.6]
Not insured (n=570)	48.4	[44.9,52.0]
Don't know (n=34)	3.2	[2.1,4.8]
PCP visit in the past 12 months (n=1,168)		
Yes (n=947)	80.4	[77.5,83.0]
No (n=221)	19.6	[17.0,22.5]

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Table 27. Healthy Michigan Plan Beneficiary Characteristics and Ability to Get Birth Control/Family Planning Services

	Would you say that your ability to get birth control/family planning services through the Healthy Michigan Plan is better, worse, or about the same, compared to before?								P-value[1]
	Better		Worse		About the same		Don't know		
	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Age									<0.001
19-34 (n=753)	40.9	[36.6,45.3]	1.9	[1.0,3.5]	26.9	[23.3,30.9]	30.3	[26.3,34.6]	
35-45 (n=413)	24.1	[19.4,29.5]	0.3	[0.0,2.4]	20.2	[15.4,26.0]	55.4	[49.3,61.4]	
Total (n=1,166)	35.5	[32.2,39.0]	1.4	[0.7,2.5]	24.8	[21.8,28.0]	38.4	[34.9,41.9]	
Race									0.224
White (n=767)	34.4	[30.4,38.7]	1.9	[1.0,3.6]	23.0	[19.6,26.8]	40.7	[36.4,45.2]	
Black or African American (n=254)	35.3	[28.3,43.0]	0.4	[0.1,3.1]	29.4	[23.1,36.7]	34.8	[27.9,42.3]	
Other (n=90)	48.0	[36.4,59.8]	0		25.7	[16.5,37.5]	26.3	[17.4,37.7]	
More than one (n=49)	32.9	[19.5,49.7]	2.5	[0.4,16.1]	24.7	[11.8,44.7]	39.9	[24.3,57.8]	
Total (n=1,160)	35.7	[32.4,39.2]	1.4	[0.8,2.5]	24.9	[22.0,28.1]	38.0	[34.5,41.5]	
FPL									0.280
0-35% (n=311)	34.8	[28.7,41.4]	1.9	[0.8,4.7]	21.4	[16.1,27.7]	41.9	[35.3,48.8]	
36-99% (n=490)	36.9	[32.0,42.2]	0.5	[0.2,1.8]	26.2	[22.0,30.8]	36.3	[31.6,41.3]	
≥100% (n=365)	34.7	[29.4,40.4]	1.7	[0.7,4.1]	28.2	[23.3,33.6]	35.5	[30.2,41.1]	
Total (n=1,166)	35.5	[32.2,39.0]	1.4	[0.7,2.5]	24.8	[21.8,28.0]	38.4	[34.9,41.9]	
Married or partnered									0.890
Yes (n=337)	34.1	[28.6,40.1]	1.1	[0.4,2.9]	25.3	[20.3,30.9]	39.6	[34.0,45.5]	
No (n=827)	36.1	[32.1,40.2]	1.5	[0.7,3.0]	24.7	[21.2,28.5]	37.8	[33.7,42.1]	
Total (n=1,164)	35.6	[32.3,39.1]	1.4	[0.8,2.5]	24.8	[21.9,28.0]	38.2	[34.8,41.8]	
Health status									0.114
Excellent, very good, or good (n=903)	35.3	[31.6,39.2]	1.0	[0.5,1.9]	26.4	[23.0,30.1]	37.3	[33.4,41.4]	
Fair or poor (n=263)	36.2	[29.1,43.8]	2.6	[0.9,7.3]	19.5	[14.4,25.9]	41.7	[34.7,49.0]	
Total (n=1,166)	35.5	[32.2,39.0]	1.4	[0.7,2.5]	24.8	[21.8,28.0]	38.4	[34.9,41.9]	
Health insurance in 12 months before HMP enrollment									<0.001
Insured all 12 months (n=434)	27.5	[22.3,33.2]	2.5	[1.1,5.5]	35.3	[30.2,40.9]	34.7	[29.4,40.3]	
Insured less than 12 months (n=127)	33.8	[24.4,44.7]	1.0	[0.1,6.5]	21.9	[14.5,31.8]	43.3	[33.0,54.2]	
Not insured (n=570)	42.5	[37.6,47.5]	0.5	[0.2,1.3]	17.9	[14.1,22.6]	39.1	[34.1,44.2]	
Don't know (n=34)	28.2	[11.9,53.2]	3.1	[0.4,19.4]	18.7	[8.5,36.1]	50.0	[29.4,70.6]	
Total (n=1,165)	35.5	[32.2,39.0]	1.4	[0.8,2.5]	24.8	[21.9,28.0]	38.3	[34.9,41.8]	

	%	95% CI	%	95% CI	%	95% CI	%	95% CI	P-value[1]
PCP visit in the past 12 months									0.376
Yes (n=945)	36.8	[33.0,40.7]	1.2	[0.6,2.2]	24.8	[21.5,28.4]	37.2	[33.4,41.2]	
No (n=221)	30.2	[23.6,37.8]	2.1	[0.6,7.7]	24.7	[18.7,31.7]	43.0	[35.4,50.9]	
Total (n=1,166)	35.5	[32.2,39.0]	1.4	[0.7,2.5]	24.8	[21.8,28.0]	38.4	[34.9,41.9]	

[1] Pearson chi-square analyses

Impact on Those with Chronic Health Conditions

Table 28. Functional Limitations Among Those with Chronic Conditions

	Functional Limitations				
	Yes		No		P-value[1]
	Row %	95% CI	Row %	95% CI	
Physical Chronic Disease					<0.001
Yes (n=2,590)	24.8	[22.8,26.9]	75.2	[73.1,77.2]	
No (n=1,436)	9.1	[7.2,11.5]	90.9	[88.5,92.8]	
Total (n=4,026)	18.4	[17.0,20.0]	81.6	[80.0,83.0]	
Mood Disorder or Mental Health Condition					<0.001
Yes (n=1,279)	35.3	[32.1,38.7]	64.7	[61.3,67.9]	
No (n=2,747)	10.9	[9.5,12.5]	89.1	[87.5,90.5]	
Total (n=4,026)	18.4	[17.0,20.0]	81.6	[80.0,83.0]	
Any Chronic Disease or Mood Disorder					<0.001
Yes (n=2,885)	24.4	[22.5,26.4]	75.6	[73.6,77.5]	
No (n=1,141)	5.8	[4.1,8.3]	94.2	[91.7,95.9]	
Total (n=4,026)	18.4	[17.0,20.0]	81.6	[80.0,83.0]	

[1] Pearson chi-square analyses

Table 29. Healthy Michigan Plan Beneficiary Characteristics Among Those with Chronic Disease and Among Those with Functional Limitations

	Any Chronic Disease or Mood Disorder		Functional Limitations	
	Col %	95% CI	Col %	95% CI
Age (n=4,090)				
19-34 (n=1,303)	32.5	[30.3,34.8]	23.5	[19.5,28.1]
35-50 (n=1,301)	36.7	[34.5,39.0]	40.2	[35.9,44.7]
51-64 (n=1,486)	30.8	[28.9,32.8]	36.3	[32.2,40.5]

Gender (n=4,090)				
Male (n=1,681)	46.7	[44.4,49.0]	50.6	[46.1,55.1]
Female (n=2,409)	53.3	[51.0,55.6]	49.4	[44.9,53.9]
Race (n=4,039)				
White (n=2,784)	64.4	[62.2,66.6]	63.7	[59.0,68.1]
Black/African American (n=807)	24.8	[22.8,26.9]	23.6	[19.7,28.0]
Other (n=306)	6.8	[5.7,8.0]	8.0	[5.6,11.1]
More than one (n=142)	4.0	[3.1,5.1]	4.8	[3.2,7.0]
Hispanic/Latino (n=4,056)				
Yes (n=188)	4.7	[3.8,5.9]	6.1	[4.0,9.3]
No (n=3,856)	94.7	[93.5,95.7]	93.5	[90.3,95.8]
Don't Know (n=12)	0.6	[0.3,1.2]	0.4	[0.1,2.6]
Arab, Chaldean, Middle Eastern (n=4,055)				
Yes (n=204)	3.8	[3.0,4.8]	3.8	[2.3,6.3]
No (n=3,842)	95.8	[94.8,96.7]	95.9	[93.4,97.5]
Don't Know (n=9)	0.3	[0.2,0.7]	0.3	[0.0,1.9]
Marital status (n=4,073)				
Not married or partnered (n=2,880)	75.6	[73.7,77.3]	78.0	[74.2,81.4]
Married or partnered (n=1,193)	24.4	[22.7,26.3]	22.0	[18.6,25.8]
Health status (n=4,081)				
Excellent (n=337)	4.5	[3.7,5.6]	1.5	[0.7,3.1]
Very good (n=1,041)	19.5	[17.6,21.5]	8.3	[5.7,11.9]
Good (n=1,448)	37.1	[34.9,39.4]	20.9	[17.6,24.7]
Fair (n=931)	28.3	[26.3,30.4]	37.7	[33.4,42.2]
Poor (n=324)	10.5	[9.2,12.0]	31.6	[27.5,35.9]
Physical health not good any days in past 30 days (n=4,090)				
Yes (n=2,082)	58.0	[55.7,60.3]	88.0	[84.5,90.8]
No (n=2,008)	42.0	[39.7,44.3]	12.0	[9.2,15.5]
Mental health not good any days in past 30 days (n=4,090)				
Yes (n=1,635)	49.1	[46.8,51.4]	75.1	[71.2,78.7]
No (n=2,455)	50.9	[48.6,53.2]	24.9	[21.3,28.8]

Table 30. Access to Care Prior to HMP Enrollment Among Those With Chronic Disease

	Any Chronic Disease or Mood Disorder		Physical Chronic Disease		Mood Disorder or Mental Health Condition		Functional Limitations	
	Col %	95% CI	Col %	95% CI	Col %	95% CI	Col %	95% CI
Any health insurance in 12 months before HMP enrollment (n=4,087)								
Yes (n=1,667)	40.8	[38.5,43.0]	40.3	[38.0,42.7]	44.0	[40.6,47.6]	41.1	[36.8,45.7]
No (n=2,374)	58.3	[56.0,60.5]	58.7	[56.4,61.1]	55.0	[51.5,58.5]	57.1	[52.6,61.6]
Don't Know (n=46)	1.0	[0.6,1.5]	1.0	[0.6,1.6]	0.9	[0.5,1.7]	1.7	[0.7,4.3]
Insurance duration before HMP enrollment (n=1,667)								
All 12 months (n=1,235)	74.9	[71.7,77.9]	75.2	[71.9,78.3]	74.5	[69.5,78.9]	66.4	[59.2,72.9]
6-11 months (n=245)	14.4	[12.1,17.2]	14.3	[11.9,17.1]	14.1	[10.8,18.2]	17.6	[12.7,23.8]
Less than 6 months (n=129)	6.7	[5.2,8.5]	6.8	[5.2,8.8]	6.5	[4.4,9.6]	11.0	[6.9,17.0]
Don't know (n=58)	4.0	[2.8,5.8]	3.6	[2.5,5.3]	4.9	[2.9,8.2]	5.0	[2.7,9.3]
Problems paying medical bills before HMP enrollment (n=4,085)								
Yes (n=1,869)	51.7	[49.4,54.0]	52.9	[50.5,55.3]	52.7	[49.2,56.2]	59.4	[54.9,63.8]
No (n=2,196)	47.9	[45.6,50.2]	46.8	[44.4,49.2]	47.0	[43.5,50.5]	40.0	[35.6,44.5]
Don't Know (n=20)	0.4	[0.2,0.7]	0.3	[0.1,0.7]	0.3	[0.1,0.8]	0.6	[0.2,1.7]
Didn't get care needed before HMP enrollment (n=4,084)								
Yes (n=1,409)	38.4	[36.2,40.7]	39.2	[36.8,41.5]	41.8	[38.4,45.2]	47.3	[42.8,51.9]
No (n=2,638)	60.6	[58.4,62.9]	59.8	[57.5,62.2]	57.5	[54.1,60.9]	51.8	[47.3,56.3]
Don't Know (n=37)	1.0	[0.6,1.5]	1.0	[0.6,1.6]	0.7	[0.4,1.3]	0.9	[0.3,2.4]
PCP visit timing before HMP enrollment (n=4,086)								
Less than 1 year before HMP (n=1,647)	42.1	[39.8,44.4]	41.9	[39.6,44.3]	45.6	[42.1,49.1]	40.4	[36.1,44.9]
1 to 5 years (n=1,577)	36.2	[34.0,38.4]	36.0	[33.8,38.4]	35.1	[31.9,38.4]	36.8	[32.6,41.3]
More that 5 years (n=813)	20.4	[18.6,22.5]	20.7	[18.7,22.8]	18.7	[16.0,21.6]	21.5	[17.9,25.6]
Don't Know (n=49)	1.3	[0.8,2.0]	1.3	[0.8,2.1]	0.7	[0.4,1.3]	1.3	[0.6,2.5]

Table 31. Impact of HMP on Chronic Disease Care Access and Function Among Enrollees With Chronic Illness

	Any Chronic Disease or Mood Disorder		Physical Chronic Disease		Mood Disorder or Mental Health Condition		Functional Limitations	
	Col %	95% CI	Col %	95% CI	Col %	95% CI	Col %	95% CI
Ability to get mental health care (n=4,084)								
Better (n=1,077)	32.2	[30.0,34.4]	29.7	[27.5,32.0]	46.4	[42.9,49.9]	36.2	[31.9,40.7]
Worse (n=97)	3.4	[2.7,4.4]	2.9	[2.2,3.9]	6.2	[4.7,8.2]	8.1	[5.9,11.1]
About the same (n=923)	22.1	[20.2,24.1]	21.4	[19.5,23.4]	27.1	[24.1,30.4]	21.4	[17.9,25.3]
Don't know (n=1,987)	42.3	[40.1,44.6]	46	[43.6,48.4]	20.2	[17.6,23.1]	34.3	[30.2,38.6]
Ability to get prescription meds (n=4,085)								
Better (n=2,497)	64.6	[62.3,66.8]	64.6	[62.3,66.9]	67.6	[64.3,70.7]	66.7	[62.3,70.9]
Worse (n=121)	3.9	[3.0,4.9]	4.0	[3.1,5.2]	4.5	[3.2,6.1]	7.0	[4.9,9.8]
About the same (n=1,017)	24.6	[22.6,26.6]	24.6	[22.6,26.8]	23.5	[20.7,26.6]	22.0	[18.4,26.1]
Don't know (n=450)	7.0	[5.9,8.3]	6.8	[5.6,8.1]	4.4	[3.2,6.1]	4.3	[2.8,6.6]
Ability to pay medical bills (n=1,869)								
Gotten worse (n=51)	3.1	[2.2,4.4]	3.3	[2.3,4.6]	4.2	[2.6,6.6]	5.5	[3.3,9.1]
Stayed the same (n=176)	9.8	[8.0,11.9]	9.7	[7.8,12.0]	9.5	[7.0,12.7]	13.5	[9.6,18.7]
Gotten better (n=1,629)	86.3	[83.8,88.4]	86.6	[84.1,88.7]	85.0	[81.1,88.2]	80.0	[74.4,84.6]
Don't know (n=13)	0.9	[0.4,2.1]	0.5	[0.2,1.1]	1.4	[0.4,4.2]	1.0	[0.3,3.3]
Physical health status (n=4,086)								
Gotten better (n=1,961)	51.9	[49.6,54.2]	52.9	[50.5,55.3]	50.2	[46.7,53.6]	41.5	[37.1,46.0]
Stayed the same (n=1,851)	40.3	[38.0,42.6]	38.5	[36.2,40.8]	39.0	[35.6,42.5]	38.6	[34.2,43.2]
Gotten worse (n=256)	7.5	[6.4,8.6]	8.2	[7.1,9.5]	10.3	[8.6,12.4]	19.1	[16.0,22.6]
Don't know (n=18)	0.4	[0.2,0.7]	0.4	[0.2,0.7]	0.5	[0.2,1.3]	0.8	[0.3,1.9]
Mental health status (n=4,080)								
Gotten better (n=1,550)	42.4	[40.1,44.7]	40.8	[38.4,43.2]	48.7	[45.2,52.2]	34.9	[30.7,39.3]
Stayed the same (n=2,318)	50.9	[48.6,53.2]	52.8	[50.4,55.2]	40.1	[36.7,43.6]	47.0	[42.5,51.6]
Gotten worse (n=186)	6.1	[5.1,7.4]	5.7	[4.7,6.9]	10.8	[8.8,13.2]	17.1	[13.8,20.9]
Don't know (n=26)	0.6	[0.4,0.9]	0.7	[0.4,1.1]	0.4	[0.2,0.8]	1.1	[0.5,2.1]

Table 32. Opportunities for Improvement of Chronic Disease Care in HMP

	Any Chronic Disease or Mood Disorder		Physical Chronic Disease		Mood Disorder or Mental Health Condition		Functional Limitations	
	Col %	95% CI	Col %	95% CI	Col %	95% CI	Col %	95% CI
Foregone care in past 12 months (n=4,084)								
Yes (n=629)	18.4	[16.6,20.3]	17.7	[15.9,19.6]	22.5	[19.8,25.6]	27.8	[23.8,32.1]
No (n=3,433)	81.4	[79.5,83.1]	82.1	[80.1,83.8]	77.2	[74.2,80.0]	72.0	[67.6,76.0]
Don't Know (n=22)	0.2	[0.1,0.4]	0.2	[0.1,0.5]	0.2	[0.1,0.6]	0.2	[0.1,0.7]
Foregone care because worried about cost (n=629)								
Yes (n=155)	25.7	[21.2,30.8]	25.3	[20.6,30.8]	28.8	[22.7,35.7]	26.8	[19.7,35.3]
No (n=474)	74.3	[69.2,78.8]	74.7	[69.2,79.4]	71.2	[64.3,77.3]	73.2	[64.7,80.3]
Foregone care because no insurance (n=629)								
Yes (n=41)	8.9	[5.8,13.3]	6.8	[4.3,10.6]	9.0	[4.8,16.2]	8.8	[4.0,18.2]
No (n=588)	91.1	[86.7,94.2]	93.2	[89.4,95.7]	91.0	[83.8,95.2]	91.2	[81.8,96.0]
Foregone care because insurance not accepted (n=629)								
Yes (n=141)	23.7	[19.1,28.9]	25.1	[20.2,30.9]	24.6	[18.7,31.5]	23.2	[16.4,31.8]
No (n=488)	76.3	[71.1,80.9]	74.9	[69.1,79.8]	75.4	[68.5,81.3]	76.8	[68.2,83.6]
Foregone care because health plan wouldn't pay (n=629)								
Yes (n=251)	38.5	[33.4,43.9]	39.6	[34.2,45.4]	34.9	[28.5,42.0]	37.9	[29.7,47.0]
No (n=378)	61.5	[56.1,66.6]	60.4	[54.6,65.8]	65.1	[58.0,71.5]	62.1	[53.0,70.3]
Foregone care because couldn't get an appointment soon enough (n=630)								
Yes (n=73)	10.0	[7.4,13.5]	10.4	[7.6,14.1]	11.5	[7.7,16.8]	15.6	[10.2,23.1]
No (n=557)	90.0	[86.5,92.6]	89.6	[85.9,92.4]	88.5	[83.2,92.3]	84.4	[76.9,89.8]
Forgone care because no transportation (n=629)								
Yes (n=30)	6.7	[4.1,10.6]	5.2	[3.2,8.6]	9.9	[5.8,16.5]	9.2	[5.2,15.7]
No (n=599)	93.3	[89.4,95.9]	94.8	[91.4,96.8]	90.1	[83.5,94.2]	90.8	[84.3,94.8]
Foregone checkup due to cost[1] (n=393)								
Yes (n=47)	13.9	[9.7,19.6]	12.9	[9.0,18.3]	16.5	[10.2,25.4]	13.1	[7.7,21.5]
No (n=346)	86.1	[80.4,90.3]	87.1	[81.7,91.0]	83.5	[74.6,89.8]	86.9	[78.5,92.3]
Forgone specialty care due to cost[2] (n=393)								
Yes (n=79)	24.5	[18.7,31.4]	25.7	[19.6,32.9]	26.0	[18.1,35.7]	33.8	[23.0,46.5]
No (n=314)	75.5	[68.6,81.3]	74.3	[67.1,80.4]	74.0	[64.3,81.9]	66.2	[53.5,77.0]

PCP visit in the past 12 months								
Yes (n=3,386)	89.6	[87.8,91.1]	90.5	[88.7,92.0]	90.1	[87.3,92.4]	92.4	[88.8,94.9]
No (n=453)	10.2	[8.7,12.0]	9.3	[7.8,11.0]	9.7	[7.5,12.6]	7.2	[4.7,10.8]
Don't Know (n=12)	0.2	[0.1,0.5]	0.3	[0.1,0.6]	0.1	[0.0,0.5]	0.4	[0.1,1.5]
Regular place of care before HMP enrollment (n=4,084)								
Yes (n=3,051)	77.2	[75.1,79.1]	77.2	[75.0,79.2]	78.3	[75.3,80.9]	75.1	[70.8,78.9]
No (n=955)	21.6	[19.7,23.6]	21.5	[19.5,23.6]	21.2	[18.5,24.1]	22.0	[18.4,26.1]
NA (n=73)	1.1	[0.7,1.7]	1.2	[0.8,1.8]	0.5	[0.2,1.2]	2.6	[1.4,4.9]
Don't know (n=5)	0.1	[0.0,0.4]	0.2	[0.1,0.5]	0.1	[0.0,0.6]	0.3	[0.1,1.4]
Regular place of care before HMP enrollment--location (n=3,051)								
Clinic (n=557)	17.4	[15.5,19.4]	17.5	[15.5,19.6]	16.2	[13.5,19.4]	17.3	[13.3,22.1]
Doctor's office (n=1,498)	47.3	[44.7,49.9]	47.0	[44.3,49.7]	49.9	[45.9,53.9]	46.8	[41.7,51.9]
Urgent care/walk-in (n=529)	16.1	[14.3,18.1]	16.3	[14.4,18.4]	14.5	[12.1,17.3]	13.0	[10.3,16.4]
Emergency room (n=409)	17.3	[15.3,19.5]	17.5	[15.4,19.8]	16.8	[14.0,20.0]	19.9	[16.0,24.5]
Other place (n=56)	1.8	[1.3,2.6]	1.7	[1.1,2.5]	2.5	[1.5,4.0]	3.0	[1.7,5.4]
Don't know (n=2)	0.1	[0.0,0.3]	0.1	[0.0,0.4]	0.1	[0.0,0.7]	0	
Regular place of care past 12 months (n=4,088)								
Yes (n=3,850)	95.2	[93.8,96.3]	96.0	[94.7,97.0]	94.7	[92.4,96.4]	93.2	[89.4,95.7]
No (n=194)	4.1	[3.1,5.4]	3.5	[2.6,4.8]	4.4	[2.9,6.4]	5.0	[2.9,8.3]
NA (n=44)	0.7	[0.4,1.4]	0.5	[0.3,0.9]	0.9	[0.3,2.6]	1.8	[0.7,4.9]
Regular place of care past 12 months--location (n=3,850)								
Clinic (n=640)	16.0	[14.3,17.8]	16.5	[14.7,18.4]	14.4	[12.2,16.9]	17.3	[14.0,21.1]
Doctor's office (n=2,934)	77.1	[75.0,79.0]	76.7	[74.6,78.8]	79.7	[76.8,82.4]	75.9	[71.6,79.8]
Urgent care/walk-in (n=181)	4.8	[3.8,6.0]	4.6	[3.5,5.9]	3.8	[2.6,5.6]	4.1	[2.3,7.0]
Emergency room (n=65)	1.5	[1.1,2.2]	1.6	[1.1,2.3]	1.2	[0.8,2.1]	1.7	[0.8,3.4]
Other place (n=29)	0.6	[0.4,1.0]	0.6	[0.3,1.0]	0.8	[0.4,1.7]	1.1	[0.4,2.8]
Don't know (n=1)			0		0		0	

[1] Going without a checkup because 'you were worried about the cost,' 'you did not have health insurance,' 'the doctor or hospital wouldn't accept your health insurance,' or 'your health plan wouldn't pay for the treatment.'

[2] Going without specialty care because 'you were worried about the cost,' 'you did not have health insurance,' 'the doctor or hospital wouldn't accept your health insurance,' or 'your health plan wouldn't pay for the treatment.'

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Impact on Those with Mood Disorder and Substance Use Disorder

Table 33. Regular Source of Care Prior to HMP Among Those with a Mood Disorder and Among Those with a Substance Use Disorder

	In the 12 months before enrolling in the Healthy Michigan Plan, was there a place that you usually would go to for a checkup, when you felt sick, or when you wanted advice about your health?								
	Yes		No		NA		Don't know		P-value[1]
	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Mood disorder									0.002
Yes (n=1,287)	78.0	[75.0,80.7]	21.4	[18.7,24.4]	0.5	[0.2,1.2]	0.1	[0.0,0.6]	
No (n=2,781)	71.9	[69.6,74.0]	25.2	[23.2,27.4]	2.7	[2.0,3.7]	0.2	[0.1,0.5]	
Don't know (n=10)	100.0		0		0		0		
Total (n=4,078)	73.8	[72.1,75.5]	24.0	[22.3,25.7]	2.1	[1.5,2.8]	0.1	[0.1,0.4]	
Substance use disorder									0.650
Yes (n=165)	79.6	[70.9,86.3]	20.0	[13.5,28.8]	0.3	[0.0,2.3]	0		
No (n=3,910)	73.5	[71.7,75.2]	24.2	[22.5,26.0]	2.1	[1.6,2.9]	0.2	[0.1,0.4]	
Don't know (n=7)	87.9	[43.9,98.5]	12.1	[1.5,56.1]	0		0		
Total (n=4,082)	73.8	[72.0,75.5]	24.0	[22.4,25.8]	2.1	[1.5,2.8]	0.1	[0.1,0.4]	

[1] Pearson chi-square analyses

Table 34. Type of Regular Source of Care Prior to HMP Among Those with a Mood Disorder and Among Those with a Substance Use Disorder

	[If Yes-Regular source of care prior to HMP] What kind of place was it?												
	Clinic		Doctor's office		Urgent care/walk-in		Emergency room		Other place		Don't know		P-value[1]
	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Mood disorder													0.117
Yes (n=1,013)	16.0	[13.3,19.0]	49.9	[45.9,53.9]	14.5	[12.1,17.4]	17.0	[14.2,20.3]	2.5	[1.5,4.1]	0.1	[0.0,0.7]	
No (n=2,026)	17.8	[15.8,20.1]	47.0	[44.2,49.8]	18.0	[15.9,20.3]	15.7	[13.7,18.0]	1.4	[1.0,2.2]	0	[0.0,0.3]	
Don't know (n=10)	3.1	[0.4,20.8]	54.6	[20.1,85.2]	0		42.3	[13.2,78.0]	0		0		
Total (n=3,049)	17.2	[15.5,18.9]	48.0	[45.7,50.3]	16.8	[15.2,18.5]	16.3	[14.6,18.1]	1.8	[1.3,2.4]	0.1	[0.0,0.2]	

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Substance use disorder	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	P-value
													<0.001
Yes (n=131)	12.2	[7.4,19.5]	32.9	[23.1,44.4]	16.1	[9.6,25.9]	37.0	[27.1,48.1]	1.1	[0.2,4.6]	0.7	[0.1,5.0]	
No (n=2,913)	17.4	[15.7,19.3]	48.6	[46.2,50.9]	16.8	[15.2,18.7]	15.3	[13.6,17.2]	1.8	[1.3,2.5]	0	[0.0,0.2]	
Don't know (n=6)	0		100.0		0		0		0		0		
Total (n=3,050)	17.2	[15.5,18.9]	48.0	[45.7,50.3]	16.8	[15.1,18.5]	16.2	[14.6,18.1]	1.8	[1.3,2.4]	0.1	[0.0,0.2]	

[1] Pearson chi-square analyses

Table 35. Regular Source of Care with HMP Among Those with a Mood Disorder and Among Those with a Substance Use Disorder

	In the last 12 months, is there a place you usually go when you need a checkup, feel sick, or want advice about your health?						P-value[1]
	Yes		No		NA		
	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Mood disorder							0.028
Yes (n=1,288)	95.2	[93.0,96.7]	3.9	[2.6,5.7]	0.9	[0.3,2.6]	
No (n=2,784)	90.9	[89.1,92.4]	7.3	[6.0,8.9]	1.8	[1.2,2.9]	
Don't know (n=10)	93.9	[64.8,99.2]	0		6.1	[0.8,35.2]	
Total (n=4,082)	92.2	[90.8,93.4]	6.2	[5.2,7.4]	1.6	[1.1,2.4]	
Substance use disorder							0.803
Yes (n=165)	94.0	[85.2,97.7]	6.0	[2.3,14.8]	0		
No (n=3,914)	92.1	[90.7,93.3]	6.2	[5.2,7.5]	1.6	[1.1,2.5]	
Don't know (n=7)	100.0		0		0		
Total (n=4,086)	92.2	[90.8,93.4]	6.2	[5.2,7.4]	1.6	[1.0,2.4]	

[1] Pearson chi-square analyses

Table 36. Type of Regular Source of Care with HMP Among Those with a Mood Disorder and Among Those with a Substance Use Disorder

	[If Yes-Regular source of care with HMP] What kind of place was it?												P-value[1]
	Clinic		Doctor's office		Urgent care/walk-in		Emergency room		Other place		Don't know		
	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Mood disorder													0.058
Yes (n=1,245)	14.6	[12.3,17.1]	79.5	[76.6,82.1]	3.9	[2.6,5.6]	1.3	[0.8,2.1]	0.8	[0.4,1.7]	0		
No (n=2,590)	17.4	[15.6,19.4]	73.2	[70.9,75.4]	6.7	[5.4,8.2]	1.9	[1.4,2.6]	0.8	[0.5,1.3]	0	[0.0,0.3]	
Don't know (n=9)	0		96.7	[77.8,99.6]	3.3	[0.4,22.2]	0		0		0		
Total (n=3,844)	16.5	[15.0,18.0]	75.2	[73.4,77.0]	5.8	[4.8,6.9]	1.7	[1.3,2.2]	0.8	[0.5,1.2]	0	[0.0,0.2]	
Substance use disorder													0.815
Yes (n=159)	17.4	[11.0,26.4]	71.2	[61.0,79.6]	5.8	[2.0,15.5]	3.6	[1.4,9.0]	2.0	[0.6,7.3]	0		
No (n=3,682)	16.5	[15.0,18.1]	75.4	[73.5,77.1]	5.8	[4.8,6.9]	1.6	[1.2,2.1]	0.7	[0.5,1.1]	0	[0.0,0.2]	
Don't know (n=7)	6.8	[0.8,39.7]	93.2	[60.3,99.2]	0		0		0		0		
Total (n=3,848)	16.5	[15.1,18.1]	75.2	[73.4,77.0]	5.8	[4.8,6.9]	1.7	[1.3,2.2]	0.8	[0.5,1.2]	0	[0.0,0.2]	

[1] Pearson chi-square analyses

Table 37. Emergency Room Use in Past 12 Months Among Those with a Mood Disorder and Among Those with a Substance Use Disorder

	Any ER visits past 12 months						
	Yes		No		Don't know		P-value[1]
	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Mood disorder							<0.001
Yes (n=1,288)	50.5	[47.0,54.0]	48.1	[44.6,51.6]	1.4	[0.7,2.8]	
No (n=2,786)	31.9	[29.7,34.2]	67.9	[65.6,70.1]	0.2	[0.1,0.5]	
Don't know (n=10)	61.5	[23.3,89.4]	38.5	[10.6,76.7]	0		
Total (n=4,084)	37.7	[35.8,39.6]	61.8	[59.8,63.7]	0.6	[0.3,1.0]	
Substance use disorder							<0.001
Yes (n=165)	60.4	[50.7,69.3]	38.7	[29.9,48.4]	0.9	[0.1,5.9]	
No (n=3,916)	36.6	[34.7,38.5]	62.9	[60.9,64.8]	0.6	[0.3,1.0]	
Don't know (n=7)	88.3	[56.5,97.8]	11.7	[2.2,43.5]	0		
Total (n=4,088)	37.7	[35.8,39.6]	61.8	[59.8,63.7]	0.6	[0.3,1.0]	

[1] Pearson chi-square analyses

Table 38. Factors Associated with ER Use Among HMP Enrollees

	Outcome: Emergency Room Visit in Past 12 Months		
	aOR	95% CI	P-value
Predictors:			
Age	0.979	[0.9716, 0.98549]	0.001
FPL	0.998	[0.9958, 0.99922]	0.004
Hypertension diagnosis[1]	1.795	[1.485, 2.16907]	0.001
Stroke diagnosis[1]	1.999	[1.1728, 3.40759]	0.011
Asthma diagnosis[1]	1.507	[1.2104, 1.87552]	0.001
COPD diagnosis[1]	2.118	[1.6104, 2.78609]	0.001
Substance use disorder diagnosis[1]	2.395	[1.5293, 3.74951]	0.001

aOR = adjusted odds ratio; CI = confidence interval; HMP = Healthy Michigan Plan

NOTE: The odds ratios presented here represent the results of a single logistic regression model adjusting for age, FPL, and presence or absence of the listed diagnoses.

[1]Diagnoses were dichotomized as not present (0) vs. present (1).

Table 39. Perceived Access to Mental Health Care Among Those with a Mood Disorder and Among Those with a Substance Use Disorder

	Would you say that your ability to get mental health care through the Healthy Michigan Plan is better, worse, or about the same, compared to before?								
	Better		Worse		About the same		Don't know		P-value[1]
[1]	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Mood disorder									<0.001
Yes (n=1,287)	46.2	[42.7,49.7]	6.3	[4.8,8.3]	27.2	[24.1,30.5]	20.3	[17.6,23.2]	
No (n=2,781)	19.4	[17.5,21.5]	0.8	[0.5,1.2]	21.6	[19.6,23.7]	58.2	[55.8,60.6]	
Don't know (n=10)	7.2	[1.5,28.4]	0		24.0	[5.0,65.6]	68.8	[31.1,91.5]	
Total (n=4,078)	27.5	[25.8,29.4]	2.5	[1.9,3.1]	23.3	[21.6,25.1]	46.7	[44.8,48.7]	
Substance use disorder									<0.001
Yes (n=165)	46.6	[37.2,56.3]	3.0	[1.2,7.4]	22.8	[16.1,31.2]	27.6	[19.1,38.1]	
No (n=3,910)	26.7	[24.9,28.6]	2.5	[1.9,3.2]	23.2	[21.5,25.1]	47.6	[45.6,49.6]	
Don't know (n=7)	11.7	[2.2,43.5]	0		64.5	[24.6,91.0]	23.8	[4.8,65.8]	
Total (n=4,082)	27.5	[25.8,29.3]	2.5	[1.9,3.2]	23.3	[21.6,25.1]	46.7	[44.8,48.7]	

[1] Pearson chi-square analyses

Table 40. Perceived Access to Substance Use Treatment Among Those with a Substance Use Disorder

	Would you say that your ability to get substance use treatment services through the Healthy Michigan Plan is better, worse, or about the same, compared to before?								P-value[1]
	Better		Worse		About the same		Don't know		
	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Substance use disorder									<0.001
Yes (n=165)	48.3	[38.7,58.1]	1.7	[0.4,6.6]	16.4	[11.0,23.7]	33.6	[25.2,43.1]	
No (n=3,909)	8.1	[7.0,9.4]	0.1	[0.1,0.3]	8.9	[7.7,10.3]	82.8	[81.1,84.4]	
Don't know (n=7)	6.8	[0.8,39.7]	0		54.7	[16.4,88.1]	38.6	[9.9,78.2]	
Total (n=4,081)	9.8	[8.6,11.1]	0.2	[0.1,0.4]	9.3	[8.1,10.6]	80.7	[79.0,82.3]	

[1] Pearson chi-square analyses

Table 41. Change in Mental Health Status Among Those with a Mood Disorder and Among Those with a Substance Use Disorder

	Overall, since you enrolled in Healthy Michigan Plan, would you say your mental and emotional health has gotten better, stayed the same, or gotten worse?								P-value[1]
	Gotten better		Stayed the same		Gotten worse		Don't know		
	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Mood disorder									<0.001
Yes (n=1,286)	48.9	[45.4,52.4]	39.8	[36.5,43.3]	10.9	[8.9,13.3]	0.4	[0.2,0.9]	
No (n=2,778)	33.3	[31.1,35.6]	64.4	[62.1,66.7]	1.8	[1.3,2.4]	0.5	[0.3,0.9]	
Don't know (n=10)	82.2	[53.9,94.8]	14.7	[3.9,42.7]	3.1	[0.4,20.8]	0		
Total (n=4,074)	38.2	[36.3,40.2]	56.7	[54.7,58.7]	4.6	[3.8,5.4]	0.5	[0.3,0.7]	
Substance use disorder									<0.001
Yes (n=165)	50.7	[41.0,60.3]	40.5	[31.2,50.5]	8.8	[4.6,16.1]	0		
No (n=3,906)	37.6	[35.7,39.6]	57.5	[55.5,59.5]	4.3	[3.6,5.2]	0.5	[0.3,0.8]	
Don't know (n=7)	46.5	[12.1,84.5]	11.7	[1.4,55.1]	41.8	[7.9,85.8]	0		
Total (n=4,078)	38.2	[36.3,40.1]	56.7	[54.8,58.7]	4.6	[3.9,5.5]	0.5	[0.3,0.7]	

[1] Pearson chi-square analyses

Table 42. Perceived Impact of HMP Among Those with a Mood Disorder and Among Those with a Substance Use Disorder

| | Having the Healthy Michigan Plan has helped me live a better life. | | | | | | | | | | | | | P-value[1] |
| | Strongly agree | | Agree | | Neutral | | Disagree | | Strongly disagree | | Don't know | | |
	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Mood disorder													<0.001
Yes (n=1,286)	32.1	[28.9,35.5]	59.9	[56.4,63.4]	4.3	[3.0,6.0]	2.4	[1.6,3.7]	0.6	[0.3,1.4]	0.6		
No (n=2,781)	21.9	[20.0,23.9]	66.1	[63.8,68.3]	8.1	[6.8,9.5]	3.2	[2.5,4.1]	0.2	[0.1,0.3]	0.6	[0.3,1.2]	
Don't know (n=10)	36.2	[10.5,73.3]	63.8	[26.7,89.5]	0		0		0		0		
Total (n=4,077)	25.1	[23.4,26.8]	64.2	[62.3,66.1]	6.9	[5.9,8.0]	2.9	[2.4,3.7]	0.3	[0.2,0.5]	0.6	[0.3,1.1]	
Substance use disorder													<0.001
Yes (n=165)	35.5	[27.2,44.8]	60.3	[50.7,69.1]	1.6	[0.6,4.4]	2.6	[0.4,13.8]	0		0		
No (n=3,909)	24.6	[22.9,26.3]	64.5	[62.5,66.4]	7.1	[6.1,8.3]	2.9	[2.3,3.6]	0.3	[0.2,0.6]	0.6	[0.4,1.1]	
Don't know (n=7)	34.8	[8.5,75.4]	23.4	[5.3,62.4]	0		41.8	[7.9,85.8]	0		0		
Total (n=4,081)	25.0	[23.4,26.8]	64.2	[62.3,66.1]	6.9	[5.9,8.0]	2.9	[2.4,3.7]	0.3	[0.2,0.5]	0.6	[0.3,1.1]	

[1] Pearson chi-square analyses

Table 43. Change in Frequency of Involvement with Family and Friends Among Those with a Mood Disorder and Among Those with a Substance Use Disorder

| | Since enrolling in the Healthy Michigan Plan are you involved with your family, friends or community more, less, or about the same? | | | | | | | | P-value[1] |
| | More | | Less | | About the same | | Don't know | | |
	Row %	95% CI	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Mood disorder									<0.001
Yes (n=1,287)	21.0	[18.1,24.2]	8.3	[6.5,10.5]	70.0	[66.6,73.2]	0.7	[0.3,1.5]	
No (n=2,774)	12.6	[11.1,14.3]	2.6	[2.0,3.5]	84.2	[82.4,85.9]	0.6	[0.3,1.2]	
Don't know (n=10)	4.6	[0.6,28.5]	25.2	[3.9,73.9]	70.2	[26.1,94.0]	0		
Total (n=4,071)	15.1	[13.7,16.6]	4.4	[3.7,5.3]	79.8	[78.2,81.4]	0.6	[0.3,1.1]	
Substance use disorder									0.001
Yes (n=165)	23.2	[16.0,32.2]	8.3	[4.0,16.4]	67.4	[57.6,75.9]	1.1	[0.2,7.6]	
No (n=3,903)	14.8	[13.3,16.3]	4.2	[3.5,5.1]	80.4	[78.8,82.0]	0.6	[0.3,1.1]	
Don't know (n=7)	23.8	[5.4,63.1]	41.8	[7.9,85.8]	34.4	[8.4,75.0]	0		
Total (n=4,075)	15.1	[13.7,16.6]	4.4	[3.7,5.3]	79.8	[78.2,81.4]	0.6	[0.4,1.1]	

[1] Pearson chi-square analyses

Table 44. Went to ER Because of Proximity Among Those with a Mood Disorder and Among Those with a Substance Use Disorder

	Went to the ER because it's your closest place to receive care[1]						P-value[2]
	Yes		No		Don't know		
	Row %	95% CI	Row %	95% CI	Row %	95% CI	
Mood disorder							0.940
Yes (n=398)	75.1	[69.5,80.1]	24.1	[19.3,29.8]	0.7	[0.1,3.6]	
No (n=575)	74.4	[69.9,78.4]	24.6	[20.7,29.1]	1.0	[0.4,2.3]	
Don't know (n=4)	89.8	[45.8,98.9]	10.2	[1.1,54.2]	0		
Total (n=977)	74.8	[71.3,77.9]	24.3	[21.2,27.8]	0.9	[0.4,1.9]	
Substance use disorder							0.035
Yes (n=70)	87.6	[77.6,93.5]	10.1	[5.3,18.5]	2.3	[0.3,14.7]	
No (n=907)	73.9	[70.2,77.2]	25.4	[22.1,29.0]	0.8	[0.3,1.8]	
Don't know (n=1)	0		100.0		0		
Total (n=978)	74.8	[71.4,78.0]	24.3	[21.2,27.7]	0.9	[0.4,1.9]	
Mood or substance use disorder							0.791
No (n=559)	74.3	[69.7,78.3]	25.0	[21.0,29.5]	0.7	[0.3,1.7]	
Yes (n=418)	75.5	[70.0,80.3]	23.4	[18.7,28.8]	1.1	[0.3,3.8]	
Total (n=977)	74.8	[71.3,77.9]	24.3	[21.2,27.8]	0.9	[0.4,1.9]	

[1] Asked of respondents with an ER visit in the past 12 months who said they did not try to contact their usual provider's office to get help or advice before going to the ER

[2] Pearson chi-square analyses