



What is it?

The Healthy Michigan Plan (HMP) is a new category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013 that began in April 1, 2014. The benefit design of the Healthy Michigan Plan ensures beneficiary access to quality health care, encourages utilization of high-value services, and promotes adoption of health behaviors. Currently enrolled providers are automatically providers for the Healthy Michigan Plan.

Who Does it Provide For?

The Healthy Michigan Plan provides health care coverage for individuals who:

- Are age 19-64 years
- Have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology
- Do not qualify for or are not enrolled in Medicare or other Medicaid programs
- Are not pregnant at the time of application
- Are residents of the State of Michigan

Eligible Individuals Access

Per federal requirement, individuals eligible for services under the Healthy MI Plan must have access to the following 10 Essential Health Benefits:

- Ambulatory patient services
- Emergency Services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder treatment services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventative and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Health Risk Assessments (HRA)

For Healthy MI Plan beneficiaries enrolled in a health plan, the Michigan Department of Health and Human Services developed a standard Health Risk Assessment (HRA) to be completed **annually based on the enrollment date**. The beneficiary and provider each have separate sections to fill out.

The purpose of HRA is to provide a systematic approach to collect information from members that identifies risk factors, provides feedback, and links the person with at least one intervention to promote health, sustain functions, and prevent disease. The HRA is designed to identify health behavior goals and is intended to be completed during annual well care visits.

Each health plan providing services to Healthy MI Plan members has an incentive for providers who complete and return the HRA form for their HMP (Healthy Michigan Plan) patients.

HRA Form - Incentives

Providers will receive \$25.00 for each HRA completed and submitted for newly enrolled members.

An **additional** \$25.00 per completed HRA will be paid to providers if the visit for HRA completion and attestation was within 150 days of enrollment.

Providers will receive \$25.00 per completed annual HRA.

Remember both parts of section 4 must be completed in full to receive the incentive (sign and attest on page 5 of form).

HRA Form - Annual Process

The information for the annual assessment will be utilized to assist the provider and member, for tracking and assessing progress toward meeting individualized targets/goals, recognizing that addressing and maintaining healthy lifestyle changes is a long-term process.

After members are enrolled, they will receive a welcome packet, which includes an HRA form.

The members are asked to fill their portion of the HRA (first two pages) and provide the form to their PCP on their first visit so the provider can fill out their part (last two pages). If the member forgets their form, they have the option to fill out another one at the provider's office.

HRA Form – Submission

The HRA form can be mailed or faxed to Molina's Healthcare Services Department by the provider or member. In this case, it's the provider who usually sends the assessment.

- The Health Risk Assessment form can be submitted and viewed in the **CHAMPS** system via the Health Risk Assessment Questionnaire web page.
- Fax completed HRA's to:
 - Maximus at (517) 763-0200
 - Molina Healthcare of MI at (855) 671-1283.

OR

- Mail completed HRA's to:
 - Molina Healthcare of Michigan, Attn: Quality Management Department
 - 880 W Long Lake Rd, Suite 600, Troy, MI 48098

Providers may contact the provider helpline at MDHHS for billing and coverage questions at: (800) 292-2550 or email providersupport@michigan.gov or healthymichiganplan@michigan.gov

Items to Note:

Although the member's section is voluntary, please provide both pages whether the member completed part or none of their section.

Even if the member left their pages blank, please fill out the patient demographic area on the first page. It is very important that the member's name, DOB, phone number, and

especially, the member's MI Health ID # is included on the HRA in order to initiate the HRA process.

If the provider's two pages are the only part of the HRA received, it is considered incomplete and the member pages will be requested.

Additional information can be found at: www.michigan.gov/healthmichiganplan