Lessons Learned about Medicaid in Michigan

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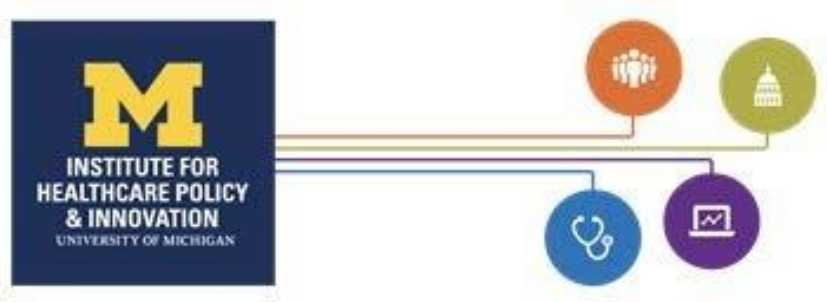
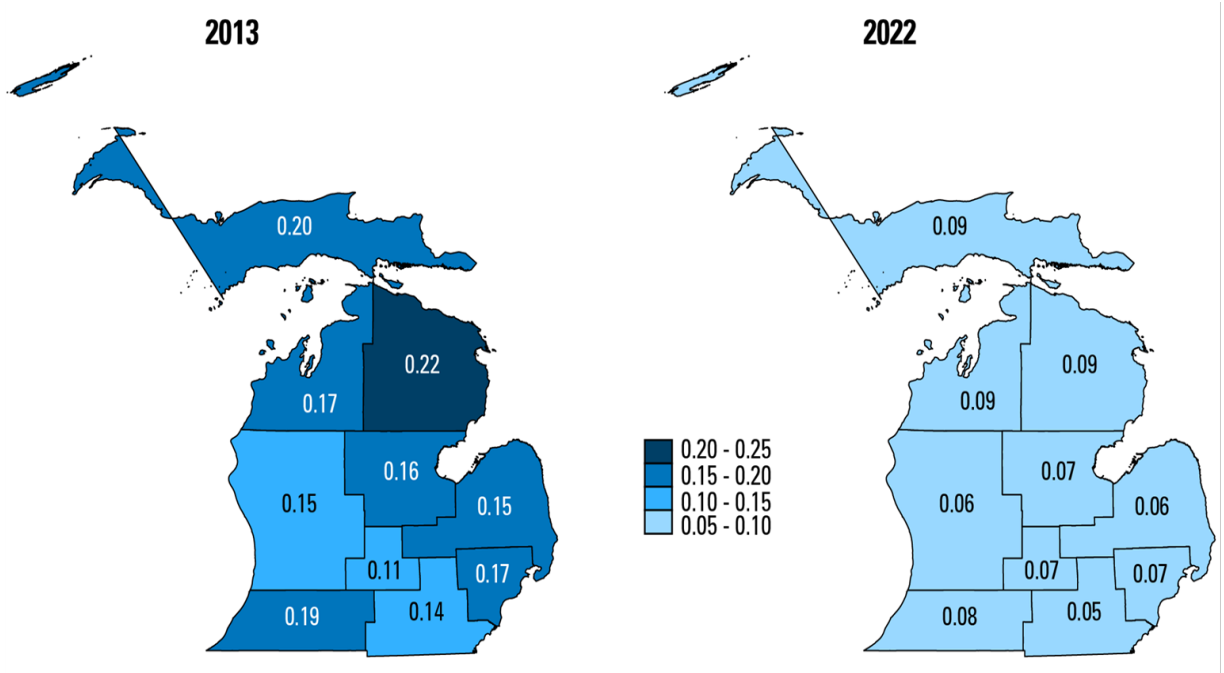
Evaluating the Expansion



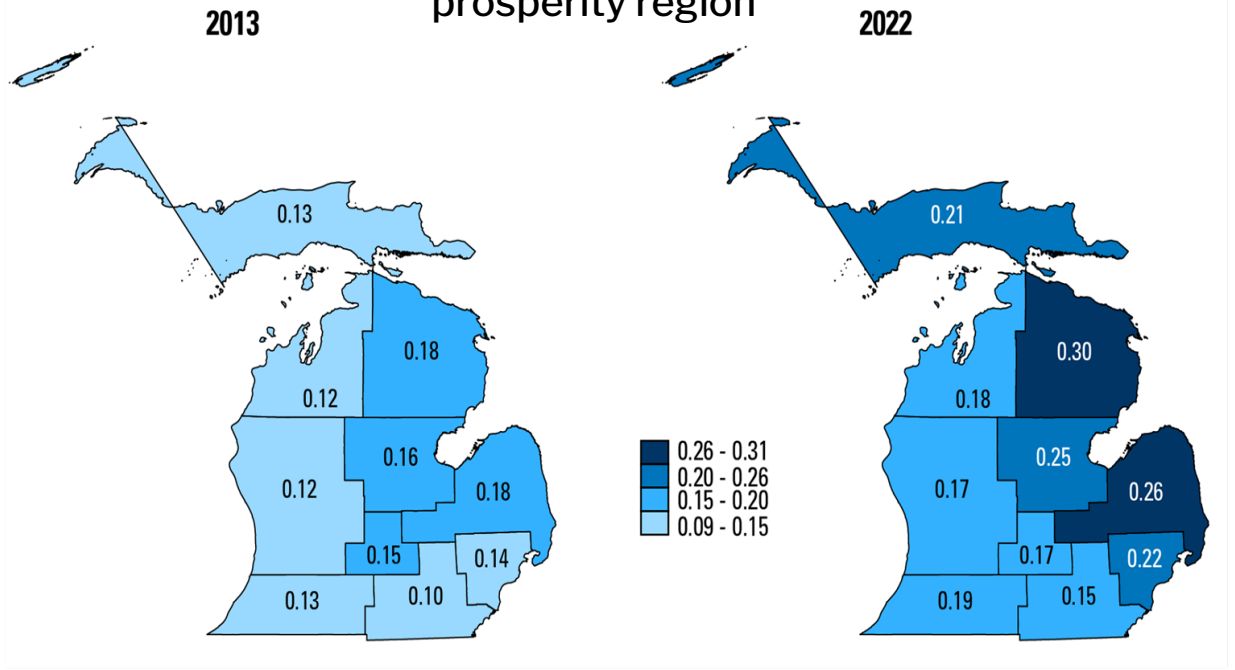
- Impact on uninsurance and uncompensated care
- Impact on enrollees, families, communities
  - Access to care
  - Health and health behaviors
  - Financial well-being and employment

Reductions in uninsurance and gains in Medicaid coverage were consistent across all regions of the state

Proportion of all adults ages 19-64 uninsured in Michigan by prosperity region



Proportion of all adults ages 19-64 with Medicaid in Michigan by prosperity region



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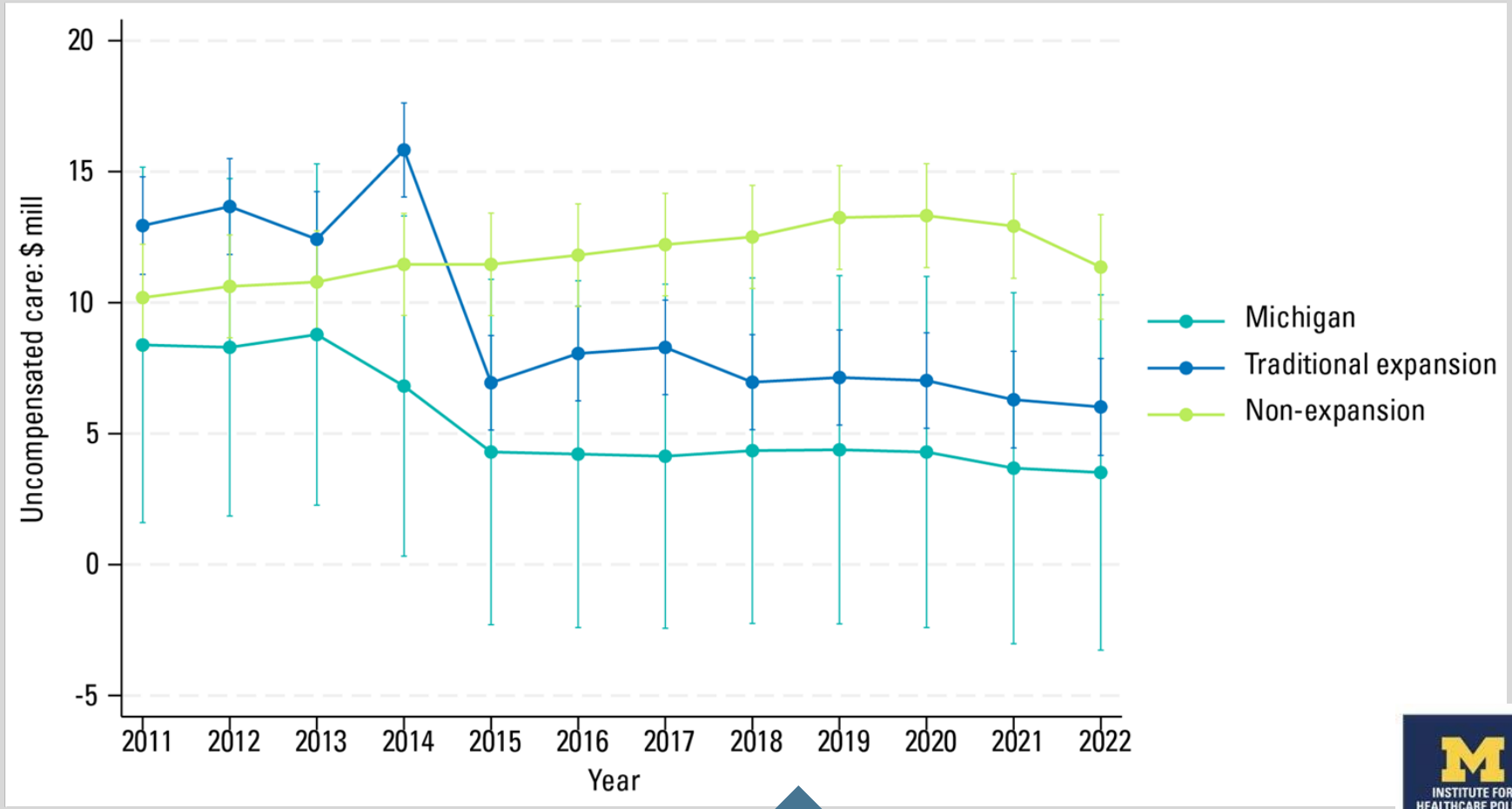
Hospital uncompensated care in Michigan reduced by half after HMP implementation

Mean uncompensated care costs – Michigan vs. Other states, 2011-2022



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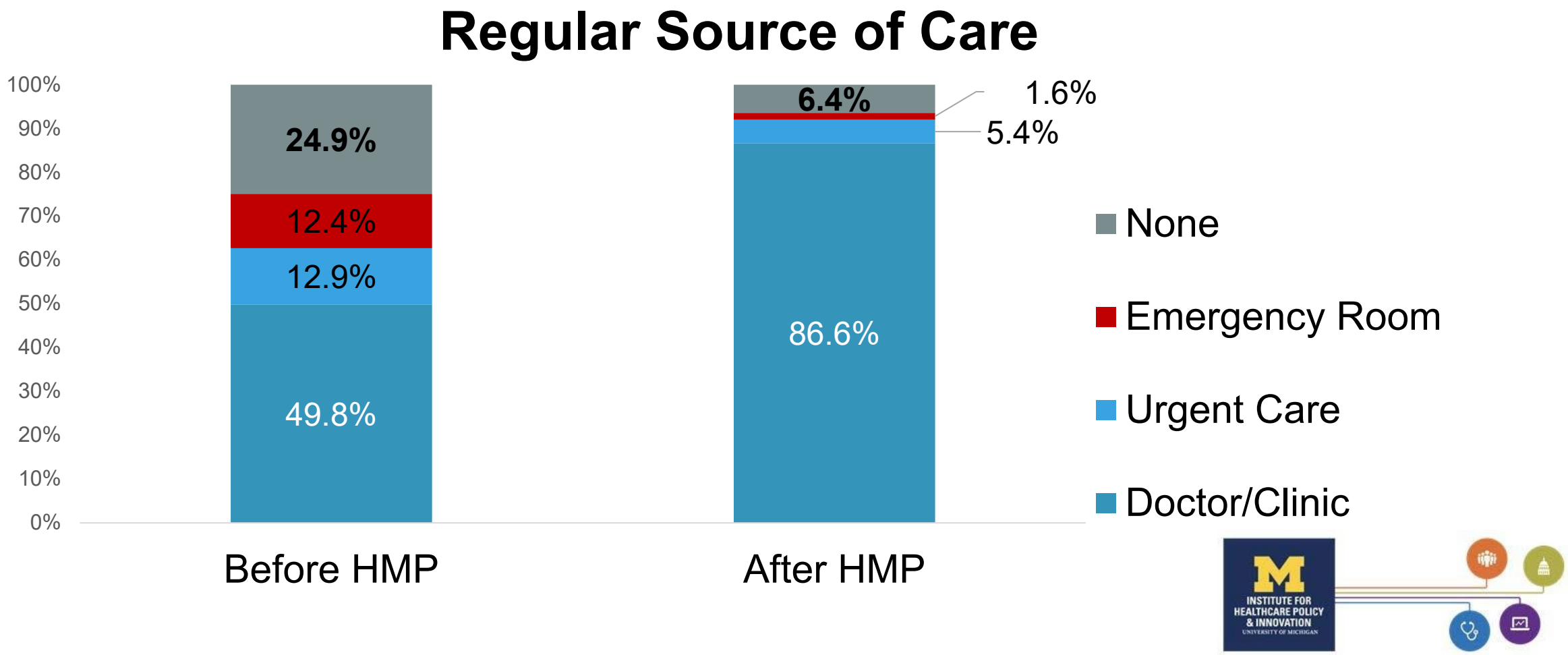
Enrollees were more likely to have a regular source of care, and it was more likely to be a doctor's office or clinic



Primary care

- Before enrollment, only 40% of HMP enrollees had a PCP visit within the last year
  - 20% had no primary care visit for over 5 years
- After enrollment, 85% of enrollees had a PCP visit
- Primary care visits were associated with improved access to other services, health risk counseling, and receipt of preventive services

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Financial well-being

- Half of enrollees were already employed or self-employed and 10% were students or homemakers
- Medicaid helped improve enrollees' rate of employment over time (more than other low-income Michiganders)
- Medical debt decreased for enrollees

An earlier project about Medicaid coverage priorities….

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Who decides spending priorities for Medicaid?

Federal government

- Executive branch – CMS
- Legislative branch – House and Senate

State government

- Executive branch – MDHHS
- Legislative branch – House and Senate

Influencers

- Insurers
- Healthcare providers (hospitals, clinicians)
- Pharm and Device industry

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Ask those most affected by allocation decisions

Academic-community partnerships in Michigan adapted CHAT (CHoosing All Together) to engage low-income community members in informed deliberations about Medicaid priorities

CHAT - a “serious game” in which players make tradeoffs between needs for limited resources

- As individuals and in groups
- Learn about Medicaid, insurance, the ACA, copays, etc.

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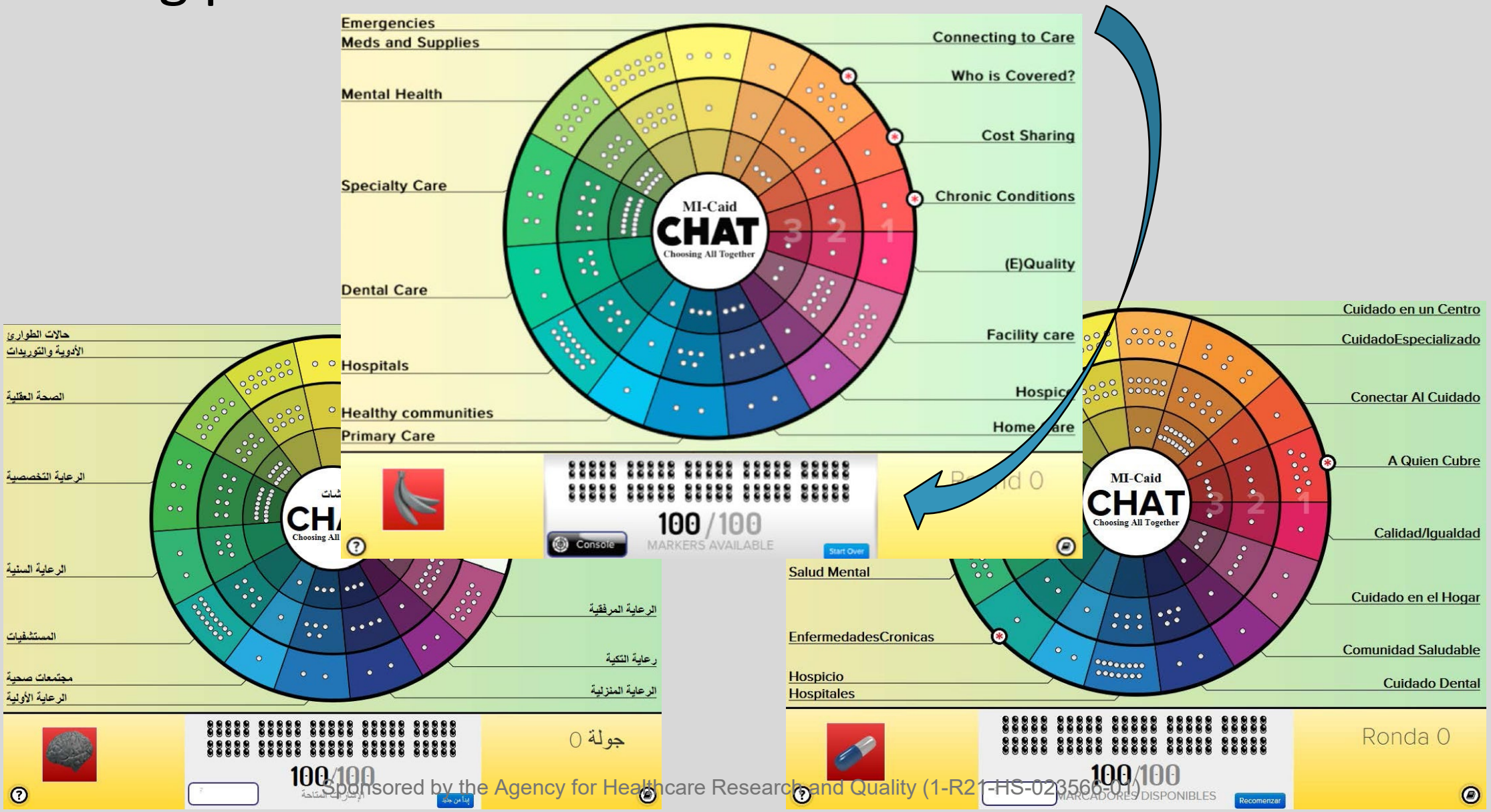
Setting priorities for the use of limited resources



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Who deliberated?

Majority under FPL

Diverse race/ethnicity

- 35% NHW
- 25% Black/African-American
- 16% MENA
- 9% Hispanic
- 11% Native

72% Urban, 20% Rural

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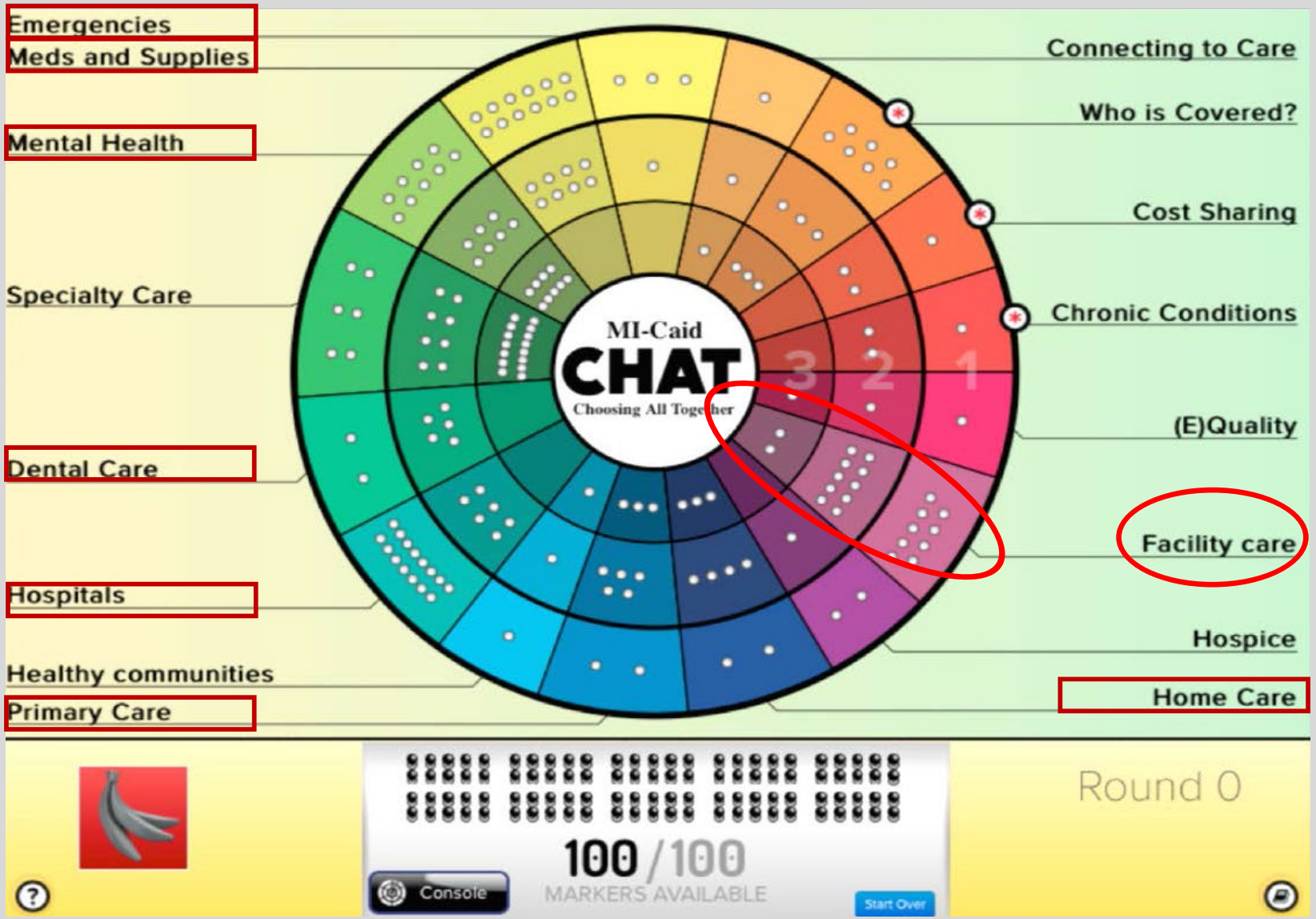
Prioritized coverage



Meds and Supplies
Mental Health
Dental Care
Hospitals
Primary Care
Home Care
Emergencies

Medicaid has limited resources and can't pay for everything

Lower priority

Facility care
Transportation
Telehealth

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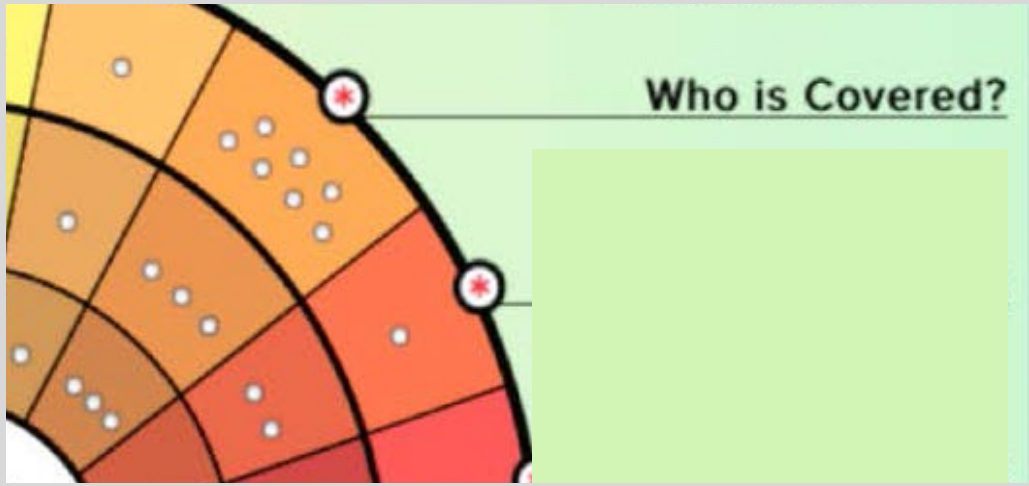
Medications and Supplies

23% chose Level 1 (12 markers)	• Some medicines • Standard equipment that meets basic medical needs; NOT hearing aids and eyeglasses. • OTC not covered • Some supplies not covered, special supplies (e.g., syringes) covered
77% Level 2 (20 markers)	• More medicines. Expensive medicines may be covered if there is evidence that they work and cheaper ones do not. • Easier to qualify for special equipment. Basic hearing aids and eyeglasses are covered. • Some OTC medicines and supplies

Eligibility

If people don't have health insurance, they are going to get care somewhere and this will end up being paid for by the rest of us



Medicaid isn't funded by "magic money," it comes out of hard working peoples' tax dollars.

	Pre-expansion Eligibility	Current (since 2014) eligibility	Expand to 200% FPL and legal immigrants up to 133% FPL
Groups	13.6%	45.5%	40.9%
Individuals	28.1%	49.8%	22.1%

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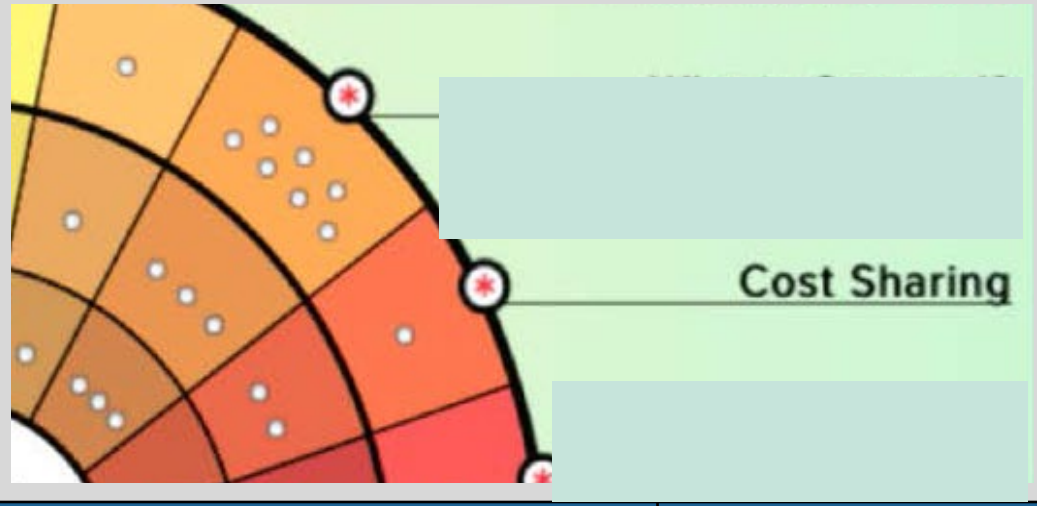
Cost-sharing

It's only fair that Medicaid recipients pay something for their care



Co-pays and other forms of cost-sharing are confusing and will keep people from getting the care that they need.

	Prescription copays $1-2. Doctor visits $3. Emergency department $50 (unless admitted). Elective hospital stay $50. Some people (e.g., disabled & children) have zero copays. Those over 100% FPL pay premiums. Maximum total cost is 5% of income.	Same copayments. No premiums. Maximum total cost 5%. Financial rewards for healthy behaviors
Groups	40.9%	58.1%
Individuals	37.9%	62.1%

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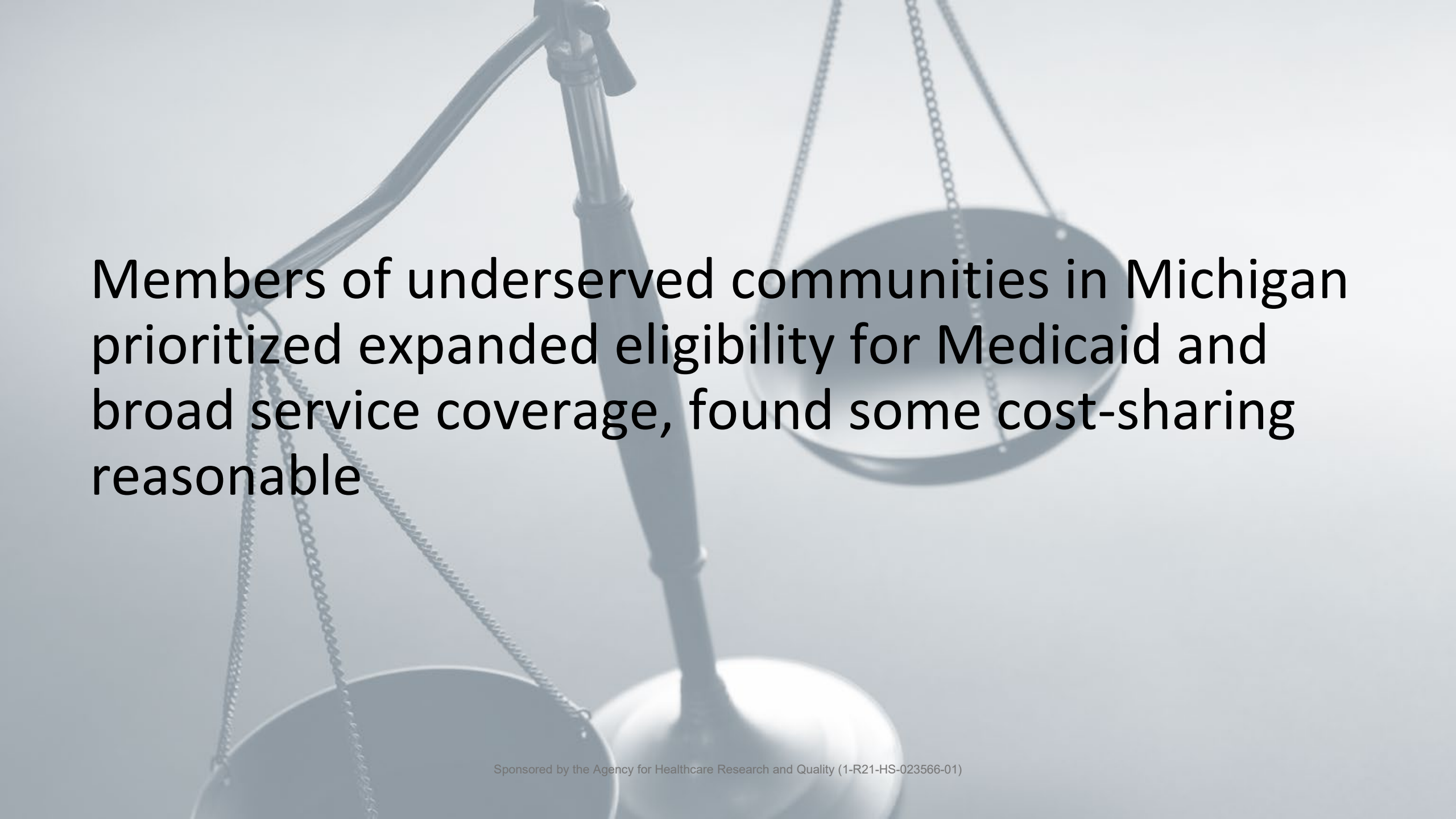

Members of underserved communities in Michigan prioritized expanded eligibility for Medicaid and broad service coverage, found some cost-sharing reasonable

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