

# ATTENTION: Office Managers

The Michigan Department of Health & Human Services (MDHHS) recently released new outreach materials to assist providers with the revised Healthy Michigan Plan (HMP) Health Risk Assessment (HRA).

Three fact sheets have been developed to explain the new MI Marketplace option, how the HMP HRA can be used as a tool to help develop a patient-centered care plan, and how to approximately complete the HMP HRA.

The fact sheets can be found easily by googling MDHHS HRA or at [https://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_2943\\_66797-325070-,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_66797-325070-,00.html).

We are including one of the fact sheets in the following pages for your review.

For questions, please call UPHP Customer Service at 1-800-835-2556.



# Healthy Michigan Plan: Updated Health Risk Assessment



## Healthy Michigan Plan (HMP) Health Risk Assessment:

A key feature of the Healthy Michigan Plan (HMP) is the Healthy Behaviors Incentives Program which encourages HMP managed care members to maintain and implement healthy behaviors.

- Beneficiaries work in collaboration with their health care provider to complete a standardized HMP Health Risk Assessment (HRA) and identify healthy behavior goals.
- Beneficiaries are expected to remain actively engaged in their health by establishing at least one healthy behaviors goal **each year** they are in the Healthy Michigan Plan.

You can learn more about the HMP Health Risk Assessment and Healthy Behaviors Incentives Program at [www.michigan.gov/healthymichiganplan](http://www.michigan.gov/healthymichiganplan).

## NEW: 2018 Health Risk Assessment (HRA) Updates

The Healthy Michigan Plan HRA has been updated to take into account beneficiary progress on the previous year's healthy behavior goals, as attested by the primary care provider. The revised Health Risk Assessment can be found [here](#).

**Note:** The biometric portion of the HRA has been removed. Relevant biometric data should be considered when selecting healthy behavior goals, but lab results no longer need to be documented on the HRA to improve ease of use.

## Completing the Health Risk Assessment Form

The first three sections of the health risk assessment are self-report questions to be completed by HMP members. The primary care provider **ONLY** needs to complete **Section 4** of the HRA for HMP beneficiaries enrolled in a Managed Care Plan. The HMP HRA form is considered to be "complete" when the provider completes the following **Section 4** HRA components:

1. **Check the "Healthy Behaviors Goals Progress" question** and select a **"Healthy Behavior Goals" statement** with the beneficiary. The updated HRA form now includes a goal of maintaining previously achieved healthy behaviors goal(s).

### Section 4 – To be completed by your primary care provider

Primary care providers should fill out this form for Healthy Michigan Plan beneficiaries enrolled in Managed Care Plans only. Fill in the "Healthy Behaviors Goals Progress" question and select a "Healthy Behavior Goals" statement in discussion with your patient. Sign the Primary Care Provider Attestation, including the date of the appointment. Both parts of Section 4 must be filled in for the attestation to be considered complete.

#### Healthy Behaviors Goals Progress

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

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

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2. ***In collaboration with the beneficiary, select a healthy behavior.*** Additional healthy behaviors were added to the HRA form to ensure the selection of healthy behaviors is sufficiently diverse for members who have already achieved multiple healthy behavior goals.

### Healthy Behavior Goals

Choose one of the following for the next year:

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

3. ***Complete the Attestation portion of the form.*** The Attestation must be signed for the beneficiary to be eligible for the Healthy Behaviors Incentive Program.

### Primary Care Provider Attestation

I certify that I have examined the patient named above and the information is complete and accurate to the best of my knowledge. I have provided a copy of this Health Risk Assessment to the member listed above.

Provider Last Name	Provider First Name	National Provider Identifier (NPI)
Provider Telephone Number	Date of Appointment	
Signature	Date	

4. ***Submit the completed form*** by fax at 517-763-0200 or providers can add the new HRA Provider Profile to their CHAMPS username. The new HRA Provider Profile will allow providers to view shared beneficiary HRA data, attest online to a beneficiary's HRA, or see historical HRA data.

## How can you help Healthy Michigan Plan Beneficiaries?

Complete **Section 4** of the Health Risk Assessment including the "Healthy Behaviors Goals Progress" question and select a "Healthy Behavior Goals" statement in discussion with your patient.

- Explain the importance of achieving and maintaining healthy behavioral goals.
- Be sure to sign the "Primary Care Provider Attestation," including the date of the appointment.
- Both parts of Section 4 must be filled in for the attestation to be considered complete.
- Submit the form by fax or the CHAMPS system via the new HRA Provider Profile.