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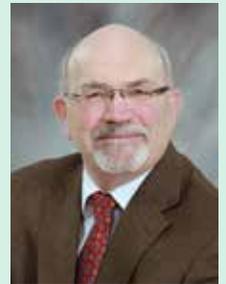
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MAHP Summer Conference

Crisis or Opportunity

*By Rick Murdock, Executive Director,
Michigan Association of Health Plans*



As I look forward to the next 16 months, I cannot recall a period of time where decisions that have to be made will have such far-reaching impact. Our industry can respond with as much energy as we can or we can take the lead and begin to shape these inevitable decisions. I am convinced that by taking the latter course of action, our future and that of sound health policy, will better served and managed. Let me share my observations and how I reached this conclusion.

First, I want to take a moment to once again congratulate the MAHP award recipients announced at our recent summer conference. Randy Narowitz, CEO of Total Health Care received the Bonner Award. He has demonstrated countless times that his quiet, effective voice demonstrates reason and direction. His recognition was long overdue. Dick Posthumus received our Farnum Award and has been a long-time giant in the Michigan political scene for all of the right reasons with sound policy, judgment, fair and balanced considerations, and loyalty—traits that we hope all those entering the political scene would emulate.

Sen. Tom Casperson and Rep. Tim Greimel received our Legislator of the Year awards. They are examples of the leadership that combine the needs of their constituents with sound public policy. We are pleased to call attention to these characteristics as part of the award process. The National Kidney Foundation of Michigan (NKFM) received the Presidential Merit Award. NKFM is one of Michigan's finest non-profit organizations, tirelessly working its noble agenda. It is a model for all organizations in the state to follow. I am pleased that MAHP and our members continue to have a great relationship.

Finally, I am compelled to call attention and commendation to Mitch Albon who provided one of the most heartfelt presentations to celebrate our 30th anniversary conference. His work with charities inspired all who attended.

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High Stakes

By Bill Burke, Knight Consulting

The State of Michigan and the Michigan Department of Health and Human Services find themselves in a game of high stakes poker with the federal Centers for Medicaid and Medicare Services (CMS). The State of Michigan may no longer use Michigan's Use Tax as a vehicle to match federal funding for the State's Medicaid program.

Currently, the State of Michigan was able to use a combination of revenues generated through the Use Tax as well as the Health Insurance Claims Assessment (HICA) to supply seed money to the federal

into approximately \$1.5 Billion of federal dollars with the match.

This potential budget buster for the MDHHS budget was not lost on Appropriations chairman, Rep. Al Pscholka. He took issue with the recent ruling from CMS by sending a letter to CMS contesting their discriminating focus on Michigan's system and requested that federal law be amended to reflect a more comprehensive understanding of compliance. Rep. Pscholka wrote, "Even if some of the terms which provide the basis for compliance were clearly defined- which

As we look forward to the remainder of this legislative session there are major items of concern to members of MAHP. We are embarking on a rewrite of the Michigan Insurance Code, multiple scope of practice issues for medical providers, no fault insurance reform, Certificate of Need reform, a multitude of pharmacy issues, a rebid of the Medicaid contract and a possible review of HICA. All of these issues are of major importance, but nothing is more important than securing a favorable federal match of the Use Tax.

We applaud Rep. Pscholka's efforts

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match for the implementation of Michigan's Medicaid program.

HICA did not provide the revenue originally estimated by the Legislature when the statute was enacted. For that reason, portions of the state's use tax was used to shore up the funding for the federal match. This combination of resources allowed the Medicaid program to prosper and provide services to our most needy members.

A few years ago, CMS began to subtly send messages to the Michigan Medicaid program that they were studying the financing scheme employed by the department. This change of course could result in a tremendous loss of revenue for the state unless CMS agrees with our argument that the use tax is appropriate for use in the state and federal match.

What's at stake? \$600 million in General Fund Revenue, which translates

they aren't- we should be judged based on the intent and functionality of the existing system". He also expressed concern by stating, "The feds want us to put General Fund money toward health care in order to receive the match. That makes sense. What doesn't make sense is that they're giving themselves nearly infinite wiggle room in determining which funding mechanisms are General Fund money and which other sources of funding are ultimately used toward health care.

Rep. Pscholka has requested new guidance from CMS or a change in federal law before state leaders and those who deal with the budget can address this problem. He also noted that Michigan had been a model to the nation for innovative health care solutions that has previously partnered well with CMS in the effort to help Michigan residents maintain access to healthcare.

in his attempts to deal with CMS on this important issue. The inability of the Michigan Legislature to find a compromise solution for revenue to fix our roads will provide insight into the difficulty we can expect from lawmakers to generate enough revenue to "fill the hole" that would result in the next MDHHS budget from a negative ruling by CMS.



Bill Burke has been an associate of Knight Consulting since 1998. Prior to that, he was Director of Legislation and Associate Executive Director of the Michigan Dental Association. His duties

included lobbying healthcare issues at the state and federal levels for the 14 years that he held those positions. He has been a registered lobbyist for 20 years, specializing in health care, insurance and appropriations issues.

Crisis or Opportunity. (continued from page 1)

What is our challenge?

Perhaps it is the message that Mitch Albom left us with that gives me cause to believe we can work together to create a better and more effective future in the delivery of health services. It is the point of reference that I will use in these future discussions. Without any doubt, we need to positively resolve the following challenges:

- Sustain the Healthy Michigan Program—but in a way to meet the future state match obligations through continued and enhanced savings.
- Accept that creative financing in Michigan’s Medicaid program cannot continue, and the future dependence on the HICA and Use tax revenue will likely end—but find a way to offset that loss of revenue with program integration, improved efficiencies and effective incentives as the rightful alternative.
- Demonstrate our commitment in advocating for competition in health insurance that can open new markets and opportunities while keeping our eye on the need for affordability.
- Promote to policy makers an evidenced-based focus on social determinants of health that provide us with a means for addressing the “root cause” of many of our health care issues affecting physical and behavioral utilization and related expense.

Our solutions

Continuing to operate the Medicaid and Healthy Michigan Plan program as we are today will result in a state General Fund shortfall over the next several fiscal years of \$1 billion. This is due to a combination of lost revenue, including HICA and Use Tax, combined with new exposure including the Healthy Michigan match obligations and increased ACA Premium Tax obligations, along with the likely increased utilization of costly specialty pharmacy products.

We can approach this challenge in the usual way by advocating for new revenue, either general fund or new dedicated restricted funds. But today’s fiscal and political reality suggests that is a losing strategy. I am convinced that we need to use a different strategy and not attempt to maintain the traditional funding streams and administrative silos with only an attempt to make the usual marginal changes. The fiscal cliff that is in front of us is shouting that a new direction must take place. And that is to live within our means. Here are 10 initiatives of what we can do without changing Medicaid eligibility, current benefits or reducing physician reimbursement:

1. Prudent health plan rate adjustments. I have to start with our industry in order to convey the seriousness of the challenge in front of us. Significant savings can be achieved through the following steps:

- a. Tightening up the Medical Loss Ratio requirements—i.e. reduce administrative costs where it makes sense to do so. This also means that the imposition of new or questionable existing administrative requirements cannot continue.
- b. Reducing Medicaid health plan Emergency Department and Hospital Readmission of certain conditions to no higher than the national average. This should also be combined with targeted incentives for health plans to meet this objective.
- c. Restraining the growth of Medicaid health plan pharmacy expenses. One of the lessons learned from the past year is that the policy of chasing rebates is false savings. Rather the focus must be on proven products, higher generic rates and more effective medication management.
- d. Enabling and facilitating the movement of payment reform for Medicaid health plans that has proven successful in other states and products.

2. Fully implement the requirements of the Federal Deficit Reduction Act with a rigorous Third Party Liability program including designation of health plans as agents of the state. Medicaid is payer of last resort and beneficiaries who continue to have other forms of insurance should have those carriers pay for coverage.

3. Implement a single point of accountability within Medicaid that will be responsible for treating the needs of the whole person. This means that we need to **implement total integration of the Medicaid Benefit** including behavioral and physical. This can be achieved by phasing in efforts, enhancing the benefit program, developing explicit safeguards for access and enacting effective incentive programs. We must embrace the person-centered efforts, health homes and services by non-traditional providers while enhancing the benefit and providing explicit safeguards for access. We are seeing other states move progressively in this direction and Michigan needs to take similar action. This would also require meaningful integration of the MDHHS administration that would be part of the oversight for this new contract responsibility.

4. Reassess the state’s imposed hospital reimbursement formula to create more incentives for outpatient and community based services. Adjustments in Fee for Service in this area will also affect the underlying rate structure for health plans and create additional savings.

5. Continue to assess the feasibility of moving other pharmacy products into a managed care environment as well as look at ways of managing the new specialty pharmacy products that are coming on line.

6. Implement the requirements of the Healthy Michigan Act by moving the remainder of beneficiaries into a managed long term care program.

Crisis or Opportunity. (continued from page 3)

7. Explore all options to exploit the existing HICA and Use Tax provisions to leverage federal match as long as possible. While we can see that the inevitable repeal of these taxes will take place over the next two years, we also see examples of leaving revenue on the table. Easing the transition over the next few years is too important to ignore these options while these exist.

8. Require gain sharing with the state for special financing programs. Currently the revenue associated with the program rewarding providers affiliated with the state's medical schools is retained by the medical schools' "Special Needs Access Program" or SNAF. The administration and the Legislature should explore options to assure a similar state policy is implemented for SNAF.

9. Several programs are successfully funded through the use of school aid dollars that serve as the state match for federal funds. There is a belief that **additional school aid resources could be made available as match for federal dollars to fund programs** that are intended to serve school age children and in school based settings. This should be explored further, particularly if 100 percent general fund is used for current support.

10. Use due diligence, including political and administrative feasibility to determine if **other potential provider tax mechanisms** are possible to offset the future loss of HICA and Use Tax revenue. These suggestions are made not because they are easy, but because they will continue to drive the state efforts toward a more accountable system of care that enables a focus on appropriate service, outcomes and cost-effectiveness. We can't continue to ignore the data that is produced and reported each year regarding overall effectiveness of care, services in institutions that could be provided more effectively in community settings or our current need to serve the epidemic of chronic diseases. These recommendations require that we readjust the allocation of current resources and place appropriate pressure and focus on

prevention, meaningful integration, community alternatives, while holding though a more effective contract management and higher level of accountability.

We can do better

Over the past year I have become more aware and personally acquainted with the effects of trauma on the human condition. Part of this was in understanding post-traumatic syndrome disorder, PTSD. It is an acronym familiar to many now. But it is vital to understand that this disorder is not just limited to those in the military or police/fire protection. This led me to come into contact with other studies on this topic, which explore how traumatic events in early life can negatively affect an individual's health through his life. The most important in my mind is the Adverse Childhood Experience (ACE) Study and related research. Below is link to a TED Talk by Dr. Nadine Burke Harris, a pediatrician practicing in San Francisco: https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime.

I will be greatly surprised if you are not similarly moved and motivated by this presentation and the implications for how we

deliver health care. Her presentation and all of the ACE related studies provide dramatic evidence of the linkage between the trauma that we experience as a child and how it directly impacts health outcomes as adults such as obesity, depression or substance abuse. Determining an ACE score through early screening for adolescents can identify and enable us to intervene and prevent these health conditions that unless we find ways to curtail, are going to bankrupt our health system. The necessary interventions require integration of services and programs efforts to be successful and the budget crisis initiatives will begin to take us on that path. I refer you also to the following studies that reaffirm this direction: <http://www.acestudy.org/> and <http://www.cdc.gov/violenceprevention/acestudy/about.html>

Conclusion

Our budget and the fiscal cliff require us to take major steps to protect the eligibility, enrollment and involvement of providers. Let's make sure these steps also lead us to be in position to address the root cause of our health care conditions. I am convinced we can do this. Out of crisis comes opportunity and this is our opportunity to make a difference. Michigan taxpayers and our fellow citizens deserve nothing less.

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2015 Marks an Important Year for Ovarian Cancer and Genomics

September is National Ovarian Cancer Awareness Month and Sept. 27 - Oct. 3 is National Hereditary Breast and Ovarian Cancer (HBOC) Week. Approximately 750 women in Michigan are diagnosed with ovarian cancer each year. In the past year, there have been a number of findings and recommendations that have further advanced the importance of cancer genomics for

effects included: nausea, fatigue, anemia, diarrhea and vomiting.

Genetic Assessment for All Ovarian Cancer Patients and their Relatives- In January 2015, the Society of Gynecologic Oncology (SGO) recommended that all women with epithelial ovarian cancer should receive genetic counseling and be offered genetic testing regardless of age or family history.

This is due to the association of other ovarian cancer subtypes with hereditary cancer syndromes.

Expansion of genetic testing to include genes other than BRCA1/2 and the Lynch syndrome genes- In August 2015, a report found that 3.8 percent of patients who were not found to have a BRCA1/2 mutation had other clinically actionable genes detected by

Expansion of genetic testing to include genes other than BRCA1/2 and the Lynch syndrome genes- In August 2015, a report found that 3.8 percent of patients who were not found to have a BRCA1/2 mutation had other clinically actionable genes detected by multigene panel testing.

ovarian cancer patients and their families. Three of these recent highlights include:

FDA Approval of Lynparza—In December 2014, the U.S. Food and Drug Administration granted accelerated approval to Lynparza (Olaparib) for women with advanced ovarian cancer associated with known deleterious BRCA mutations. A clinical trial studied 137 women with BRCA1 or BRCA2 mutations and advanced stages of ovarian cancer who have received several previous chemotherapies. Olaparib was given as a single agent targeted therapy at 400mg twice daily. The patients continued treatment until disease progression, unacceptable toxicity and/or consent withdrawal. This trial demonstrated an objective response rate of 34 percent and median response duration of 7.9 months. Reported side

effects included: nausea, fatigue, anemia, diarrhea and vomiting. SGO also recommended that women with a first degree relative with ovarian cancer or several close relatives should receive genetic counseling and be offered genetic testing. These recommendations were based on recent findings that found germ line mutations for hereditary cancers in 23 to 25 percent of unselected women with high-grade serous ovarian cancer; and importantly, 25 to 30 percent of these women did not have a young age of ovarian cancer onset or a significant family history pattern. The SGO recommendation is aligned with the current National Comprehensive Cancer Network (NCCN) Guidelines for Breast and/or Ovarian Cancer Genetic Assessment. In fact, NCCN recently updated their guidelines for clinical testing to include the recommendation that all patients with invasive ovarian cancer, not just epithelial, undergo genetic testing.

multigene panel testing. This study found 63 patients with known deleterious mutations among 1,046 patients who were eligible for HBOC risk assessment per NCCN guidelines and found to be negative for BRCA1/2 mutations. The detection of these mutations led to additional disease-specific screening and prevention recommendations for these patients and additional familial testing for their first degree relatives.

Despite the clinical benefit of identifying patients who carry inherited mutations, it is estimated that 24 percent or less of ovarian cancer patients in the U.S. and in Michigan receive genetic counseling and testing services.

In order to locate a cancer genetics clinic in Michigan, please visit: <https://migrc.org/Library/MCGA/MCGADirectory.html>

Let's Modernize the Insurance Code

By: *Dusty Fancher, Midwest Strategy Group*

Nearly everyone can agree that health insurance is complicated, expensive and changing. The legislature will debate a proposal to alter the insurance market in ways that can drive down costs without sacrificing consumer protections. This will be essential in helping drive economic growth in the sector.

The insurance market has already begun to evolve under the administration leadership. Governor Snyder believes that modernizing state regulations helps eliminate barriers to job growth. As a result, he has focused on reinventing government to make Michigan a better place to do business.

With one of his first executive orders, the Governor established the Office of Regulatory Reinvention (ORR). The mission of ORR is to “simplify Michigan’s regulatory environment by reducing obsolete, unnecessary and burdensome rules that limit economic growth.” What came next was the elimination of 1,500 burdensome rules and the implementation of 100 recommendations that make regulations more efficient.

During this process, ORR recognized that the insurance code was significantly outdated. They took initial steps to begin insurance reform, including working with the legislature in 2012 to remove the requirement that insurers provide an unnecessary rating process booklet. This change saved the insurance industry millions

of dollars annually and prevented premium increases that would have otherwise occurred.

Two years later, the Governor created the Department of Insurance and Financial Services in an effort to promote efficient and effective regulation within the financial, insurance, and banking industries. Since inception, the department has worked to make Michigan business-friendly in order to attract and expand business.

It appears the strategy is working. Michigan’s regulatory and business climates are improving according to a June 2015 MEDC survey. The results, which compared 2013 to 2015, indicated double digit declines in regulatory and costly burdens such as processing times and an elimination of unnecessary paperwork. At the same time, there was an increase in online services, making it easier and cheaper to do business.

It is time to build on the Governor’s success. This legislature has embraced modernization and reform efforts in numerous areas, and it’s time they pick up where ORR left off with the insurance code. The next step in reinventing Michigan is revamping the law in a way that complements the Administration’s efforts.

For nearly a year, MAHP has worked with House Insurance Chairman Tom Leonard and other key lawmakers, health insurance indus-

try leaders, stakeholders and DIFS on legislation that would enable more innovative product offerings, shorten the timeframe of product development-to-market and modernize much of the insurance code by providing electronic notifications, billings and filings among other changes. Steps have been taken to be careful to balance reforms without affecting existing consumer protections while enhancing other protections. Quite simply, reinventing the insurance code will simplify the process and help keep the cost of insurance from increasing.

This effort is now part of Legislation House Bills 4933 - 4935. MAHP is working with Representative Leonard in an effort to have this legislation and others debated by the House Insurance Committee and the full house this fall.



Dusty Fancher is a partner with Midwest Strategy Group. Over the last 20 years she has served as the Governors Deputy Director of Legislative Affairs, a Legislative

Liaison for the Michigan Department of Transportation and worked as a policy analyst for the Michigan Senate. Dusty specializes in issues relative to transportation, education, and insurance.

Fourth Annual Ducky Dash Adds an Opening Act

Grand Valley Health Plan helped coordinate the Ducky Dash, a signature West Michigan race event as it made its return to Grandville's Wedgewood Park this past July. The rubber duck race helped raise money for the Ryan Fischer Legacy Scholarship, the Grandville Swim Teams and the Bissell Pet Foundation.

The Ducky Dash featured thousands of rubber ducks dumped into Grandville's Buck Creek and participants raced to the finish line, with the owners of the Top 10 finishing ducks receiving an array of prizes from local restaurants and retailers.

This year, the Ducky Dash was proud to announce the Puppy Dash, the newest addition to its July 4th family fun event. Prior to the main ducky event, a pre-race consisting of doggy rubber ducks took place.

Grand Valley Health Plan and Tom and Chee are the title sponsors of this year's event. "Without these two great sponsors on board, the rubber ducks would not have been given a fair shot at winning the race" said Witkowski. "GVHP has been committed to the communities they serve for over 30 years now, and Tom and Chee are new to this community and have already graciously jumped in," said Witkowski.

The Ducky Dash began four years ago as a finalist in Rick Devos' 5 x 5 Night contest. Although Devos did not win the event, Witkowski began discussion with the non-profit organization Celebration on the Grand and together they formed a partnership and organized races for the last three years. Now the Ducky Dash is a standalone event that will take place following Grandville's Fourth of July Parade.



GVHP offered a free health fair and pool admission for kids

Grand Valley Health Plan hosted Pool Bash 2015, a free pool day and health fair that takes place at Grand Rapids Parks and Recreation Richmond Pool last July. For one day only, youth were invited to swim for free. In addition, GVHP hosted a health fair inside the pool area featuring more than 25 local organizations promoting fun activities and healthy living.

"Being active is vital to good health," said Pool Bash planner Matt Witkowski. "This particular event promotes both health education and physical activity."



Partnership improves children's access to dental care

Children in Wayne County will be better prepared for school success this year, thanks to a partnership between University of Detroit Mercy (UDM) Dental School and the Delta Dental Foundation.

Starting this fall as part of UDM's School-Based Dental Services Program, dental and dental hygiene students and faculty will travel to Wayne County schools to provide free diagnostic, preventive and restorative treatment to eligible children in a new mobile dental coach.

The new state-of-the-art coach, along with four portable dental chairs, were funded by two Delta Dental Foundation grants totaling \$584,907. The four-chair coach and portable dental chairs will help to increase access to dental care for children in Wayne County.

The school-based program is expected to reach 1,600 children during the 2015-2016 academic year. Services offered to children will include dental exams, cleanings, X-rays, sealants, restorative care, extractions, mouth guards, referrals, oral health education and emergency services.



Packing smiles for the school year

Along with bright and healthy smiles, children need the right school supplies to succeed in school. To help, Delta Dental of Michigan held its annual Pack a Smile school supplies drive to provide children in need with basic school supplies in new backpacks.

Delta Dental employees donated notebooks, folders, colored pencils, pens, crayons, scissors, pencils, highlighters, glue sticks and rulers. They also volunteered their time to fill company-donated backpacks with the items. As a result of their generosity, the company was able to donate more than 1,000 backpacks to children in need in Lansing and Detroit.



In Lansing, backpacks were donated to the Volunteers of America Hotel Emergency Lodging Program, as well as St. Vincent Catholic Charities' Operation Backpack Program for its foster care and refugee children. In Detroit, backpacks went to the Capuchin Soup Kitchen.

Christine Harder Named HAP Vice President, Enrollment, Billing and Payment Operations

Christine Harder joins Health Alliance Plan as Vice President Enrollment, Billing and Payment Operations.

Prior to joining HAP, Harder directed the Epic Revenue Cycle Management for Project Helios at the Henry Ford Health System (HFHS) involving the complex implementation of Epic's electronic medical record and billing system across six hospitals. She spent more than 20 years in HFHS Patient Financial Services managing the health system's financial counseling and collections and HMO billing departments for individual consumers and large health insurance companies.

"Christine's energy, leadership and expertise in change management will

serve HAP well, given the evolving opportunities in this consumer-driven market and the growing complexity of changes under the Affordable Care Act. An area experiencing significant change is our membership, billing and individual payment operations, given the growth in individual HAP Personal Alliance membership enrollment," said Walsh. "Christine will focus on fully optimizing our system performance to enhance the overall customer experience."

A resident of Bloomfield Hills, Christine holds a bachelor's degree in business administration from Walsh College and is pursuing a master's degree in health services administration from Central Michigan University.



HealthPlus sets standards in Michigan for quality and customer satisfaction - NCQA ratings put it among best in the state and nation

Sometimes great things really do come in smaller packages. Take HealthPlus of Michigan, a health benefits company that recently shed two lines of business and reorganized into a leaner organization with a tighter product focus. Today, HealthPlus of Michigan shared that its quality ratings are in the top 12 percent of health plans across the nation and it's just one of four plans in America to score 5 out of 5 for its consumer satisfaction.

According to the National Committee for Quality Assurance's Private Health Insurance Plan Ratings 2015-2016, released Sept. 17, HealthPlus earned an overall rating of 4.5 out of 5 for its private HMO product. No other Michigan plan earned higher and, of nearly 500 plans evaluated by NCQA nationwide, less than 12 percent earned a rating of at least 4.5.

Other NCQA evaluations of HealthPlus' private HMO plan include:

- An accreditation status of "Excellent," which is the highest possible level of NCQA accreditation
- A 90th percentile national rating of HealthPlus network health care providers in all four NCQA provider quality measures.

"HealthPlus is recognized throughout Michigan for its exceptional member care and value," said Mike Genord, M.D., HealthPlus president and CEO. "That's our culture no matter what size we are. HealthPlus' physician partners and employees are always committed to excellence and they deserve tremendous credit for our exceptional ratings from the respected team at NCQA."

Henry Ford Health System Announced Retirement of HAP President and CEO

Nancy Schlichting, Chief Executive Officer, Henry Ford Health System (HFHS), announced the retirement of James M. Connelly, president and CEO of Health Alliance Plan (HAP) and executive vice president of HFHS.

Schlichting and the HAP board of directors appointed Connelly as president and CEO of HAP in January 2014. He will officially retire from HAP and HFHS in December 2015.

“Jim is known and respected as a leader who is genuine, honest and sincere, with a true passion for helping our patients, members and customers. His financial and business expertise and counsel have benefited the entire System and served us well both on the provider and the insurance sides and as a result, our organization as a whole is performing more effectively, and is better aligned and growing,” said Schlichting. “When Jim stepped into his HAP leadership role, federal health care reform was underway as well as Medicaid expansion in Michigan. HAP’s accomplishments during Jim’s tenure as president are impressive. Jim led his team with a laser focus on compliance, customer service, operational excellence and new member growth.”

HFHS and HAP will conduct a national search for Connelly’s successor. “By sharing his retirement plans with us early, Jim has given us ample time to form a search committee and conduct a thorough national recruitment process to select his successor and ensure a smooth leadership transition,” said Schlichting.

HAP is second largest health insurer in Michigan and under Connelly’s leadership now has 690,000 members — the highest membership in the company’s history, despite the highly competitive economic climate and

sweeping industry changes brought about by federal health care reform.

HAP has transformed from a company primarily serving the insured commercial and Medicare markets into a full-service broad-product portfolio health insurance company that offers six distinct product lines: Group Insured Commercial, Individual, Medicare, Medicaid, Self-Funded and Network Lease.

“It has been my pleasure to lead HAP through a period of unprecedented industry growth and change. I’ve been so privileged to work with extraordinary HAP and HFHS board members, a first-rate leadership team and the most talented, committed, caring, customer-focused employees in the industry,” said Connelly.



Meridian Health Plan Achieves Metropolitan Detroit's Best and Brightest Companies to Work For Award

The Michigan Business and Professional Association (MBPA) named Meridian Health Plan as one of Metropolitan Detroit's Best and Brightest Companies to Work For in 2015. This is the fourth consecutive year Meridian was awarded this distinction.

"We're a family owned, family operated company and our mission is about continuous improvement. Our first year taking the award survey, we won the award, and completed an in- depth analysis of the results to find the best ways to engage our employees as Meridian Family members," said Meridian Chief Administrative Officer Sean Cotton. "We've performed this analysis each year and are proud to see the positive impact."

Award winners are chosen by an independent research firm, which evaluates each company's entry based on key measures in various categories, such as compensation,

benefits and employee solutions; employee enrichment, engagement and retention; employee education and development; recruitment, selection and orientation; employee achievement and recognition; communication and shared vision; diversity and inclusion; work-life balance; community initiatives; and strategic company performance.

Many Meridian benefits are greater than national averages for similar companies and many are available shortly after hire. These benefits include comprehensive medical, dental and vision plans, employer-matching and vested 401(k) options, undergraduate and graduate tuition reimbursement, subsidized parking and performance bonuses. Meridian also offers employer- sponsored wellness programs, sports teams and employee discounts in partnership with local businesses, an employee referral program and commuter assistance programs.

MPRO Announces Governor's Award of Excellence

MPRO, as part of Lake Superior Quality Innovation Network (QIN), and Governor Rick Snyder are proud to announce the return of the Governor's Award of Excellence. These prestigious awards recognize health care providers for their dedication to improving health care quality and patient safety in Michigan. To be eligible for the awards, participating providers must achieve, maintain and continually improve specific and rigorous milestones.

"These providers are setting the standard of better health care for all of Michigan residents," said Snyder. "It's essential we recognize them for their commitment and contribution to improving the quality of life for all Michiganders."

The Governor's Award of Excellence was established in 2003, recognizing providers with a special focus on some of Michigan's most pressing health issues. As part of the newly-announced five-year long program, individual awards will be offered in the following areas:

- Improving cardiac health and reducing cardiac disparities
- Reducing hospital readmissions and improving coordination of care between health care settings
- Reducing disparities in diabetes care
- Improving adult immunization rates and reducing immunization disparities
- Improving screening rates for depression and alcohol use disorder in primary care settings and reducing readmission rates for inpatient psychiatric facilities
- Reducing healthcare-associated infections in hospitals
- Improving prevention coordination through the meaningful use of health information technology
- Reducing healthcare-acquired conditions in nursing homes
- Improving quality through value-based payment, quality reporting and physician feedback reporting program

Michigan Association of Health Plans Recognized Health Care Leaders at Annual Conference

MAHP recognized five individuals as leaders in health care at the annual conference this past July.

Sen. Tom Casperson (R-Escanaba) and Rep. Tim Greimel (D-Auburn Hills) received Legislators of the Year awards. Greimel, who is House Democratic Leader, and Casperson were major players in the state’s creation of the Healthy Michigan Plan, which has expanded health insurance access to low income families and helped reduce use of expensive emergency rooms. Both have also been leaders in supporting adequate funding for state health care policies.

“Sen. Casperson and Rep. Greimel have been leaders on difficult issues, showing the possibilities of public service and not shirking their duties for political gain. Michigan needs more lawmakers willing to cast tough votes as these two have done,” Murdock said.

Dick Posthumus, a former lieutenant governor who today serves as Gov. Rick Snyder’s senior advisor on legislative affairs, received the Eugene Farnum Award. The award was established in the name of the long-time past MAHP executive director, to honor those who reflect his values of collaboration, a sense of balance, fairness and integrity, in moving toward his vision of access to quality, affordable health care for Michigan citizens.

“Dick is one of those people who work quietly without seeking credit to help reform our health care system and make it operate better for the people of our state,” Murdock said. “Dick has been an invisible hand, helping guide policymakers in the administration and lawmakers toward useful solutions to some very difficult problems. He never seeks the recognition he deserves – but he deserves this award.”

Dan Carney, President and CEO of the National Kidney Foundation of Michigan accepted the MAHP President’s Recognition Award. The discretionary award recognizes an individual or organization showing an outstanding commitment to the advancement and improvement of health care.

“The Kidney Foundation’s leadership in fighting root causes of kidney disease, particularly diabetes and obesity, is an example for all of us. By encouraging everyone to be healthier, they are helping lower health care costs in our state, and our companies are proud to partner with them on many projects aimed at improving health outcomes,” Murdock said.

MAHP’s most prestigious award, the Ellis J. Bonner Outstanding Achievement Award, was given to Randy Narowitz, CEO of Total Health Care.

“Randy has been a positive force in our association, helping make it better and more closely aligned to Ellis Bonner’s principals,” said Murdock. “His company is an innovator, one that is constantly rethinking health care to provide better service to his customers.”

The Bonner award recognizes a MAHP member who has been nominated by colleagues based upon exemplary service, leadership and contributions to the managed care industry and community. The late Ellis Bonner was a father of the health maintenance organization movement in Michigan, a mentor to many and a tireless promoter of creation of a just and accessible health care system for Michigan citizens. The award recognizes a MAHP member who has been nominated by colleagues based upon exemplary service, leadership and contributions to the managed care industry and community.



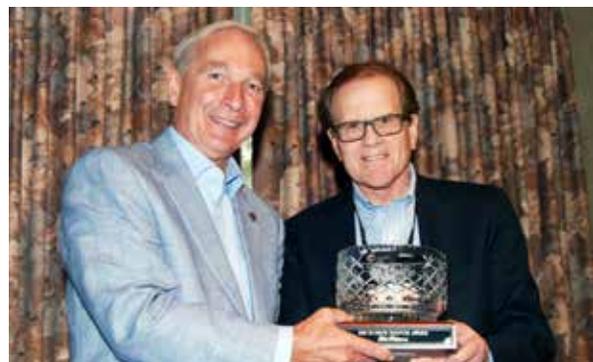
Sen. Tom Casperson and Upper Peninsula Health Plans CEO, Dennis Smith.



Randy Narowitz, Total Health Care, CEO and Rick Murdock.



Dan Carney, left, and Linda Smith-Wheelock, right, National Kidney Foundation of Michigan and MAHP President, Beverly Allen.



Dick Posthumus and Steve Mitchell, MAHP Consultant

MAHP Summer Conference



Karen Jonas, MAHP Consultant, moderating the Pre-Conference Pharmacy Session



Joe Aoun and Steve Mitchell, MAHP Consultants and conference speakers



Geraldyn Trujillo, America's Health Insurance Plans



Dusty Fancher, Midwest Strategy Group



Steve Mitchell, Mitchell Research and Communications



Suzanne DelBanco, CEO, Catalyst for Payment Reform and Keynote speaker



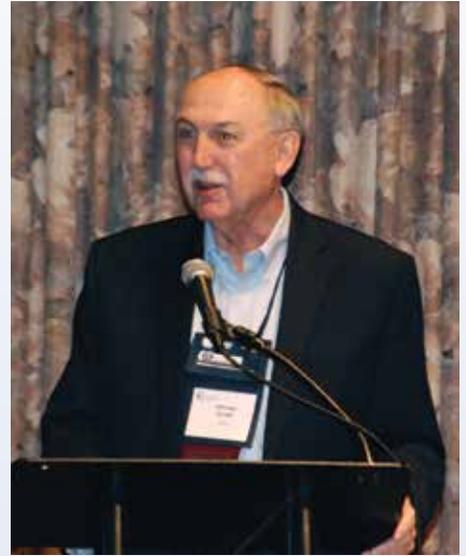
Legislative Panel



Seema Verma, President, SVC inc.



Jeff Myers, Executive Director, Medicaid Health Plans of America



Vern Smith, Health Management Associates



Matt Walsh, HAP COO, and Former HAP Leadership, Fran Parker, Jim Walworth, Bill Alvin and Roman Kulich



MAHP Conference Attendees



Pat McPharlin, DIFS Director



MAHP Conference Attendees



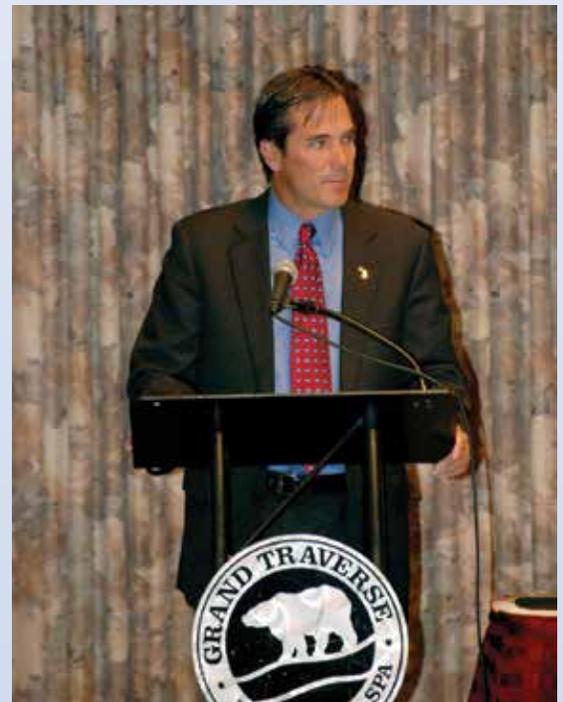
Traverse City Opera House, Site of Mitch Albom presentation



Beverly Allen, MAHP President



MAHP Conference Attendees



Nick Lyon, MDHHS Director



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Michigan Association
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insights

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MAHP 2016

Upcoming Events:

Wednesday, February 10, 2016
Best Practice Forum
English Inn

Wednesday, July 20 – Saturday, July 23, 2016
MAHP Summer Conference
Grand Traverse Resort & Spa