We must be careful not to repeat some of the same mistakes that plagued the Affordable Care Act, by acting too quickly or with too broad a brush.

*With this context, we put forth the following core principles:*

- Replace must be simultaneous with **repeal**.
- The nature of the federal relationship needs to fundamentally change toward outcomes and value-based care.
- **Significant state flexibility** must accompany any structural finance changes.
- We must ensure that people are not left without **access** to care.
- **Stabilizing the insurance market** should be the first priority.
- It is better to get it right than to go too fast.
- All states, regardless of expansion status, should have equal access to federal resources.
- Long-term sustainability and stewardship are critical. Medicaid involves people’s lives and livelihoods.
Healthy Michigan is unique in its emphasis on personal responsibility and healthy behaviors for enrollees.

The state has enrolled nearly 625,000 people in the Healthy Michigan plan.

590,337 enrollees received a primary care visit
251,797 mammograms have been covered
321,816 enrollees received a dental visit
465,449 preventive visits have been covered
55,762 enrollees were screened for colon cancer
15,477 enrollees received an OB visit, Antepartum, Delivery, Postpartum

86% 86 percent of enrollees reported their ability to pay medical bills has been better since Healthy Michigan.

71% Among the HMP enrollees who are employed, over two-thirds (71 percent) reported that getting HMP coverage helped them do a better job at work.

70% A majority of enrollees (70 percent) reported they were more likely to contact their doctor’s office than go to an Emergency Room. Enrollees using ER as a regular source of care dropped from 16 percent to 1.7 percent.

50% Comparing data from 2013 and 2015 for a consistent set of hospitals, uncompensated care costs decreased by almost 50 percent.

HISTORICAL COSTS OF HEALTHCARE

MI.GOV/HEALTHYMIPLAN