

An Overview of Michigan Requirements and Options under the Affordable Care Act and its Potential Impact on People with Disabilities

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Advocacy Opportunities

1. Increase funding for Medicaid transportation, and enter into broker contracts in more counties. Encourage the legislature to fund more transportation services in counties that do not have broker contracts.

2. Improve Bridges Administrative Manual (BAM) 825/Statewide DHS policy (simplify, eliminate contradictions, set criteria for hardship). Encourage DCH and DHS to set up a work group to develop better policies and to publicize the availability of transportation.

3. Improve local DHS office policies and practices. Advocate for a single, accessible Transportation Coordinator; monitoring and reporting on transportation requests; and publicizing transportation policies.

4. Implement the ACA Medicaid Expansion for people with income below 138% of the Federal Poverty Level - Advocate for the Legislature to adopt the Executive Budget which includes the recommendation of the Governor and the Department of Community Health to accept federal funding to implement this expansion.

5. Don't set a different benefit package for the Medicaid expansion group - Advocate for the Governor and the Department of Community Health to provide the same coverage for all Medicaid recipients, including those who qualify under the Medicaid expansion.

6. Don't set higher co-payments for recipients in the ACA expansion category - Recipients and advocates will have to be alert to any indications that Michigan intends to impose higher copayments on the expansion group and advocate that, as a minimum, co-payments should not be higher for the expansion group than they are for current Medicaid recipients.

7. Implement the ACA Medicaid Expansion for people with income below 138% of the Federal Poverty Level - As discussed in section A, above, the ACA Medicaid expansion would allow many more low-income people, including some

people with disabilities, to qualify for full Medicaid without meeting a spend-down or deductible.

8. Improve computer systems to automate eligibility – Encourage DCH and DHS to update their computer systems to track incurred medical expenses and automate eligibility based on spend-down/deductible. This would reduce or eliminate a lot of the paperwork and “red tape” involved in getting Medicaid coverage activate for Deductible Medicaid recipients.

9. Use income disregards to eliminate or reduce the “cliff” that people with disabilities face when their income rises above the income limit for full Medicaid coverage – Encourage the Governor, DCH, and the legislature to ensure that people with disabilities and seniors who are Medicare-eligible receive the same coverage as (a) people with disabilities and seniors who are not Medicare eligible and (b) non-disabled, non-senior individuals. (Even when the ACA is fully implemented, people who are eligible for Medicare will not be eligible for full-coverage Medicaid under the ACA Expansion category. Thus, many low income people with disabilities and seniors will continue to face large deductibles/spenddowns if they have budgeted income above 100% of the federal poverty level. Michigan could use income disregards to, in effect, raise the protected income level so that people in this group who have income below 138% of the federal poverty level will have the same full-coverage Medicaid as non-elderly, non-Medicare-eligible individuals.) Applying those new disregards also would reduce the Deductible amounts for people with income above 138% of the federal poverty level who seek Medicaid because private insurance is unaffordable for them (even with subsidies) or leaves them underinsured because the benefit package does not include all Medicaid-covered services.

10. Eliminate or reduce Medicaid co-pays- The Michigan legislature could stop requiring Medicaid co-payments, or reduce co-payment amounts, for some or all Medicaid services when it passes the Appropriations Act for 2014 or future years.

11. Prohibit denial of services for recipients who cannot afford co-payments – MSA could stop allowing providers to deny services based on unpaid co-payment debts.

12. Advocacy with non-physician/non-dentist providers- Encourage providers to adopt policies that do not deny services when recipients are unable to pay their co-

payment debts. (Could include monitoring compliance with the Provider Manual requirements and enforcing compliance with the Provider Manual notice/policy/posting requirements).

13. Eliminate or reduce prescription medication co-payments in the Pilot Project for Integration of Medicaid and Medicare - Encourage MSA to require co-payments no higher than the **Medicaid** level and allow managed care plans to eliminate prescription co-payments altogether

14. Do not set higher co-payments for recipients in the ACA expansion category - Recipients and advocates will have to be alert to any indications that Michigan intends to impose higher copayments on the expansion group and advocate that, as a minimum, co-payments should not be higher for the expansion group than they are for current Medicaid recipients.

15. Advocate for “reasonable compatibility” standards that minimize paper verification requirements, maximize the use of self-attestation, and do not delay eligibility. Encourage DCH/MSA to include advocates and consumers in the discussion on this issue, and to eliminate red tape whenever possible.

16. Do not set a different benefit package for the Medicaid expansion group - Advocate for the Governor and the Department of Community Health to provide the same coverage for all Medicaid recipients, including those who qualify under the Medicaid expansion.

17. Do not set higher co-payments for recipients in the ACA expansion category - Recipients and advocates will have to be alert to any indications that Michigan intends to impose higher copayments on the expansion group and advocate that, as a minimum, co-payments should not be higher for the expansion group than they are for current Medicaid recipients.

18. Advocate for explicit requirements in Michigan Medicaid policies and contracts that all providers provide interpreters and translators for Medicaid recipients who have limited English proficiency. Qualified interpreters cost money and Medicaid providers, who already receive low reimbursement rates, are likely to rely on staff with some foreign language abilities or on patients’ family members or friends to provide interpreter services if reimbursement is not available. This can lead to poor medical outcomes, which may be more costly in the end. Non-

discrimination is often seen as a requirement that everyone be treated the same. However, nondiscrimination based on national origin may mean taking affirmative steps to provide interpreters or translation services. Medicaid policies and contracts should be explicit on this point.

19. Advocate developing health homes for people with multiple disabilities.



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