MI Health Link Region 4 Implementation Forum
Radisson Plaza Hotel and Suites, Kalamazoo
Questions and Answers
April 8, 2014

The following set of questions was collected at the public forum on the state's plan to integrate care for individuals who are eligible for both Medicare and Medicaid on April 8, 2014 in Kalamazoo. Answers have been developed to help stakeholders better understand the purpose and development of the program. This document should be regarded as a "work in progress" that will be continuously updated as additional questions arise and more information becomes available.

GENERAL QUESTIONS

How will MI Health Link affect those currently receiving Medicaid by qualifying on a monthly basis for Medicaid assistance through a spend down? Will it eliminate the spend down process?

Individuals with a deductible (spend downs) are not eligible to participate in this demonstration.

Will you allow retroactive enrollments or retroactive changes from one health plan to another?

Enrollments are on a prospective basis per the Memorandum of Understanding (MOU).

Can the Integrated Care Organization (ICO) contract with a provider network to provide care coordination, i.e. Case Management and RN Care Coordinators?

ICOs can contract with provider networks for care coordination and care management, but oversight responsibility remains with the ICOs.

Do you have a staffing model for Care Coordination, i.e. one care manager for every 100 members?

We do not yet have a staffing model. Integrated Care Organizations will consider members' risk levels and available supports for the care coordination process in determining the appropriate case load. We anticipate use of flexibility on tasks as well as partnership with long term supports and services (LTSS) and Prepaid Inpatient Health Plans (PIHP) to impact the discussion.

Will you allow the ICO to offer a narrow network to its members?

Choice of providers is required, as well as ability to accommodate the diversity of needs of the population served through this demonstration program.

Why were the health plans awarded regions before they had provider contracts in place?

The procurement process required the bidders to identify the regions in which they wished to be considered. Provider contracts could not be put in place until after the entities were chosen to serve as Integrated Care Organizations.

What if a plan that was awarded a region is unable to contract with an adequate network?

Until an ICO is able to demonstrate network capacity, it will not pass the readiness review process. Excluding regions that qualify for the rural exception, if choice between ICOs is not available in a region because of one or more ICOs not passing readiness review, passive enrollment strategies cannot be deployed.

Will those people receiving DHS Independent Living Supports be passively enrolled?

Assuming the question means Medicaid personal care assistance through the Home Help program, yes, these individuals can be passively enrolled unless they meet some other qualification that would exclude them from passive enrollment.

If people opt out after receiving services through this new program, is there a transition plan to connect them with services through more traditional care?

People electing to opt out will have the assistance that is currently available in the non-demonstration regions. They will become Medicaid fee-for-service enrollees, and they can approach the Michigan Medicare/Medicaid Assistance Program (MMAP) for assistance with Medicare options or call 1-800-Medicare.

When an enrollee requires services from "both" sides of the bridge, who becomes/chooses the primary care coordinator?

Every person will have a care coordinator offered through the ICO. If the person also has or needs a supports coordinator or case manager through the behavioral health system, the behavioral health Supports Coordinator will be a member of the Integrated Care Team (ICT) and the behavioral health Supports Coordinator can be identified as the primary point of contact for assistance if the person desires. This should be identified in the person-centered planning process and included in the Individual Integrated Care and Supports Plan (IICSP) and Care Bridge Record. The ICO Care Coordinator remains responsible for keeping the Care Bridge Record up to date.

How can participants and their health care advocates have the same level of connection to their Integrated Care Bridge Record (ICBR) outside of an electronic format? Most of our clients cannot or do not use technology.

A paper format of the ICBR must be available to the enrollee if he or she requests one.

Will ICOs be required to contract with an adequate number of providers in each geographic area for dental services, or will dental be separate from ICO and PIHP services?

Yes, this is required of ICOs.

Given traditional, (low) Medicaid reimbursement for dental services, how will an adequate number of dentists be persuaded to contract to serve this population?

MI Health Link provides capitated rates to the ICOs which may help build their dental provider network.

When people receive 60 day and 30 day notification letters for passive enrollment, who will they be directed to figure out whether to enroll or opt out?

They will be directed to the Michigan Medicare/Medicaid Assistance Program (MMAP) to learn more about their health plan options, and Michigan ENROLLS if they want to voluntarily enroll or opt out of the demonstration and/or health plan.

Will the Michigan Medicare/Medicaid Assistance Program (MMAP) be the primary resource for people to obtain information about their best options for voluntarily enrolling or opting out of the program?

MMAP will be one of the primary resources.

Will the Michigan Medicare/Medicaid Assistance Program (MMAP) be reimbursed for its work on enrollment?

MDCH is seeking financial assistance for MMAP through an implementation grant opportunity.

I understand the current disenrollment process takes up to 90 days. Will they be able to handle the load of these programs?

Enrollees will be able to disenroll at any time. Per the Centers for Medicare and Medicaid Services (CMS) requirements, a disenrollment will be effective the beginning of the following month.

What about people already enrolled in a Dual-Special Needs Plans (SNP)?

They will be eligible for the program and passively enrolled.

Will this Integrated Care process move us from home independence to community independence and move away from everything being "medically" necessary versus quality of life, not just medical "life support"?

The Care Coordinator and Integrated Care Team will work together with the individuals to focus on quality of life.

Does the Individual Integrated Care and Supports Plan (IICSP) go with the person when he or she changes plans, or does the person do a new IICSP?

The IICSP will go with the person and is part of the Integrated Care Bridge Record. It not required to be exchanged electronically, but it must be available in paper format. The ICO is responsible for monitoring and updating the IICSP at least annually, following a significant change in needs, as often as desired by the person or other factors. If a person switches ICOs, the new ICO is required to either review and revise the most current IICSP created by the previous ICO or assess the person and create a new IICSP using person-

centered processes. For either option the ICO is required to have an up-to-date IICSP by 90 days after enrollment.

Will enrollees have access to their electronic web-based record to add information, query providers, or other functions?

The ICO will employ and maintain a care coordination platform, supported by web-based technology, that allows secure access to information and enables all enrollees and members of the Integrated Care Team to use and (where appropriate) update information. Details are still under development.

Is the ICO working in conjunction with the PIHP? If so, is the Supports Coordinator from the ICO or PIHP? Both?

The ICO will work in conjunction with the PIHP when behavioral health, intellectual/developmental disability and/or substance use disorder needs are identified. An enrollee may choose his or her PIHP Supports Coordinator to be his or her primary contact. All MI Health Link enrollees will have a Care Coordinator provided by an ICO.

Are the coordination flow diagrams available?

They are not currently available. MDCH is working with ICOs and PIHPs on these diagrams.

When will the marketing materials be available?

We are currently working with CMS on the materials. Once they are ready, they will be released by CMS for comment and then released to ICOs once approved.

Are the visuals presented today available on a website? What is the name of the website?

Yes, they are available on the Integrated Care Demonstration webpage. You may find the presentations at http://www.michigan.gov/mdch/0,4612,7-132-2945_64077-308712--,00.html.

At a previous seminar, a speaker from the State mentioned the ICO would not be beneficial for a long term care resident but more beneficial for someone in the community.

All enrollees can benefit from the demonstration. It is unclear as to which seminar this information was received as this statement was not made at a state-sponsored forum.

What, if any, would the benefits be for a resident in a long term care nursing home that plans on staying there indefinitely?

A person in a nursing home would benefit from care coordination offered through the demonstration. The person could request the Care Coordinator to participate in quarterly care conferences and advocate for the person's preferences regarding quality of life or care choices in the nursing home. The Care Coordinator could connect the person with community activities (church, social groups, family outings, etc.) that may not be readily available to him or her.

What is the difference between the ICO Advisory Council and Advisory Committee?

The ICO Advisory Council will advise the ICO whereas the Demonstration Advisory Committee will advise MDCH.

Regarding the Care Bridge Record, will information from the post-acute and acute settings be uploaded to the web portal?

The Integrated Care Bridge Record (ICBR) will include information on all care and services provided to the enrollee. The ICO is responsible for initiating an ICBR and verifying the accuracy of it. Through CareConnect360, the ICO will have access to historical claims and encounter data.

Any initial thoughts on the rates for reimbursement in a post-acute Skilled Nursing Facility (SNF) setting for a MI Health Link member?

Rates will be determined through contracts between the ICOs and SNFs.

For passive enrollment, how is it determined which health plan (ICO) is selected?

If a person is currently in a Medicare Advantage or Medicaid Managed Care plan that is participating in the demonstration, he or she will be passively enrolled in the integrated care program of that same health plan. As data becomes available, additional ICO measures for quality, administration, and capacity will also be used in the determination process.

How will the Care Coordinator get an enrollee a service they need (for example, a special bed)?

The Care Coordinator will work with the enrollee and/or his or her advocate to identify options available. The ICO may offer additional services or medical equipment and supplies as flexible benefits to meet the needs of the enrollee.