



Michigan Department of Community Health

Director James K. Haveman

MI Health Link

Region 9 Implementation Forum
Macomb Intermediate School District
Clinton Township
June 4, 2014

Today's Agenda

- *Welcome and Introductions* – Susan Yontz
- *MI Health Link Overview and Updates* – Roxanne Perry
- *Care Bridge Presentation* – Lida Momeni
- *Stakeholder Involvement* – Allison Repp
- *Patient-Centered Care & Person-Centered Planning* – RoAnne Chaney
- *Michigan Voices for Better Health* - Alison Hirschel
- *National Overview of Integrated Care* – Leena Sharma
- *Questions* – All
- *Wrap-Up* – Susan Yontz



Welcome and Introductions

Susan Yontz, Director
Integrated Care Division

Bureau of Medicaid Policy and
Health System Innovation



MI Health Link Overview and Updates

Roxanne Perry, Manager
Integrated Programs Management Section



What is MI Health Link?

- New CMS-MDCH demonstration program that will integrate all Medicare and Medicaid benefits, rules, and payments into a single coordinated delivery system
- Capitated payment model using new entities called Integrated Care Organizations (ICOs) and existing Michigan Pre-paid Inpatient Health Plans (PIHPs)



What Makes this Program Different and beneficial to the enrollee?

- Medicare and Medicaid services managed by a single entity
- A care coordinator and an integrated care team is available to all enrollees
- Approach is holistic with person-centered processes rather than physician driven care
- The delivery system will work in unison rather than in silos
- Data sharing capacity will be increased
- Simplified billing with single payer source



Who is Eligible?

People who

- Are age 21 or over and are eligible for both Medicare and Medicaid
- Reside in one of the four demonstration regions
- Are not enrolled in hospice

People enrolled in PACE and MI Choice are eligible but will not be passively enrolled in MI Health Link



Where will MI Health Link be Offered?

Four regions of Michigan

- Region 1 - Entire Upper Peninsula
- Region 4 - Southwest Michigan (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties)
- Region 7 - Wayne County
- Region 9 - Macomb County



What Benefits are Covered?

- All acute and primary health care covered by Medicare and Medicaid
- Pharmacy
- Dental
- Home and community based services and Nursing Facility care
- All behavioral health services currently covered by Medicare and Medicaid
- Other benefits identified by the ICOs



Who Will Administer the Services?

- Eight ICOs with experience providing Medicare and/or Medicaid services will manage acute, primary, pharmacy, dental and long term supports and services
- Four PIHPs in the demonstration regions are responsible for all behavioral health services for people with mental illness, intellectual/developmental disabilities and/or substance use disorders



Who Will Administer the Services?

Upper Peninsula: Upper Peninsula Health Plan

Southwest Michigan: CoventryCares of Michigan and Meridian Health Plan

Macomb and Wayne: AmeriHealth, CoventryCares of Michigan, Fidelis SecureCare, Midwest Health Plan, Molina Healthcare, and United Healthcare



How Can Providers Participate?

- ICOs and PIHPs must meet provider network standards established in contracts with the state and the Centers for Medicare and Medicaid Services (CMS)
- ICOs will be contacting providers to join their networks in the coming months
- Networks must include specialists for conditions common to the population



Continuity of Care

- Transition of care standards have been developed to assure continuity of care for people enrolling
- Existing relationships with “out-of-network” providers will be maintained by the ICO during the transition to the new program



Enrollee Protections

- Clear, concise, and consistent marketing materials about the program will be developed and approved by MDCH and CMS
- Choice of providers and coordinators will be offered
- ICOs will be required to include enrollees on advisory councils
- An integrated care ombudsman role is being created



Appeals

- An appeal process that incorporates and coordinates Medicare and Medicaid requirements
- Standard documents and language will be developed to clearly explain membership, appeal rights and other protections
- Medicare protections and appeal rights under the Michigan Mental Health Code are preserved



MDCH'S Commitment

- Full commitment to successful implementation
- MSA and BH&DDA working together
- Stakeholder engagement efforts to get feedback on the progress of the demonstration
- Choice and voice for enrollees



Updates

- Memorandum of Understanding
- Readiness Review
- Enrollment Process
- Waiver
- Implementation Grant



Memorandum of Understanding

- An agreement between MDCH and CMS that provides the design of the demonstration specific to Michigan
- Signed by CMS and MDCH on April 3, 2014
- Available on the CMS website



Readiness Review

- CMS and MDCH develop Readiness Review Tool
- Two components: desk review and on-site review
- Systems testing part of Readiness Review



Enrollment Process

- Extensive unbiased education and outreach prior to enrollment
 - Medicare-Medicaid Assistance Program (MMAP) will be used for dissemination of program information and education
- State will use Michigan ENROLLS to enroll beneficiaries in the demonstration
- **Enrollees may change plans or opt out on a monthly basis**



Phased Enrollment Process

Phase 1 – Regions 1 and 4

– Opt-in Enrollment

- Enrollment period starts no earlier than December 1, 2014
- Services start no earlier than January 1, 2015

– Passive Enrollment of eligible individuals if they do not opt-out

- Includes 60-day and 30-day notification letters
- Services start no earlier than April 1, 2015 for people passively enrolled



Phased Enrollment Process

Phase 2 – Regions 7 and 9

– Opt-in Enrollment

- Enrollment period starts no earlier than March 1, 2015
- Services start no earlier than May 1, 2015

– Passive Enrollment of eligible individuals if they do not opt-out

- Includes 60-day and 30-day notification letters
- Services start no earlier than July 1, 2015 for people passively enrolled



Waivers/Implementation Grant

- A new 1915 (b) and 1915 (c) is being written for the demonstration
- An implementation grant was submitted; currently answering questions for CMS



Care Bridge Presentation

Lida Momeni

Contract Manager

Integrated Programs Management Section



Purpose of the Care Bridge

- A care coordination framework to
 - **PROVIDE** for and support communication with the enrollee to gather screening and assessment information
 - **DEVELOP** the Individual Integrated Care and Supports Plan (IICSP) through the person-centered planning process
 - **FACILITATE** access to formal and informal supports and services
 - **COORDINATE** care and community support services
 - **ENSURE** efforts to achieve identified health and life goals



Care Coordination Process

- Care Coordination will include
 - Initial Screening
 - Assessment and reassessment
 - Initiation and monitoring the Individual Care Bridge Record (ICBR)
 - Development of Individual Integrated Care and Supports Plan (IICSP), using person-centered planning principles
 - Collaboration between individual and integrated care team members
 - Ongoing care coordination services, including monitoring and advocacy
 - Medication review and reconciliation



Individual Care Bridge Record (ICBR)

- Secure web-based portal where documents and messages can be posted and pushed
- Operated by ICO with access granted to enrollee and Integrated Care Team (ICT)
- Components
 - History, issues list, lab results, medications, assessments
 - IICSP (Individual Integrated **C**are and **S**upports **P**lan)
 - Progress notes and status change



Individual Integrated Care and Supports Plan (IICSP)

- Developed with the enrollee through person-centered planning process
- The IICSP includes
 - Enrollee preferences for care, support, services
 - Enrollee's prioritized list of concerns, goals, objectives and strengths
 - Screening and assessment results
 - Activities for addressing concerns/goals and measures for achieving
 - Specific providers, supports and services including amount, scope and duration
 - The person(s) responsible and time lines for specific interventions, monitoring and reassessment



Stakeholder Involvement

Allison Repp

Contract Manager

Integrated Programs Management Section



Stakeholder Involvement

MDCH is expanding its stakeholder engagement efforts

- Quarterly Regional Open Forums
- MI Health Link Advisory Committee
- Enrollee Participation in ICO Advisory Council



Advisory Committee

- Being formed for the MI Health Link
- Provides a mechanism for enrollees and stakeholders to provide input
- Membership represents the diverse interests of stakeholders



Roles and Responsibilities

- Solicit input from stakeholders and other consumer groups
- Review ICO & PIHP quality data and make recommendations for improvements in services
- Provide feedback in the development of public education/outreach campaigns and evaluation
- Identify areas of risks and potential consequences
- Participate in the Open Forum sessions



Membership Selection

- Individuals and organization representatives will apply to serve on the Advisory Committee
- MDCH will evaluate all applications
- Membership will include representation from various populations within the demonstration regions



Membership Selection

- Submitted applications will be evaluated on
 - Qualifications including interest, knowledge, skills, and experience
 - A person who is eligible for both Medicare and Medicaid, or has experience working with this population



Advisory Committee Application

- A completed application form is required; a letter of reference is optional
- The form is available online on the website <http://www.Michigan.gov/MIHealthLink>
- Email INTEGRATEDCARE@michigan.gov or call 517-241-4293 if you need the form mailed to you
- The completed form can either be sent to MDCH by email, fax or regular mail



ICO Advisory Council

- ICOs required to have separate advisory council specific to the demonstration
- Membership: 1/3 enrollees, majority comprised of enrollees, family members, and advocates
- State requested grant funds to support enrollee participation on the advisory council



Patient-Centered Care and Person-Centered Planning: What's the Difference?

RoAnne Chaney, Associate Director
Michigan Disability Rights Coalition



Michigan Voices for Better Health:
*A Consumer Perspective on Integrated Care for
People Eligible for Medicaid and Medicare*

Alison Hirschel, J.D.

Michigan Poverty Law Program



National Overview of Integrated Care

Leena Sharma
Community Catalyst



Questions or Comments?



Questions and Contact Information

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