Michigan Department of Community Health
Rick Snyder, Governor
Nick Lyon, Director

Medical Services Administration

Medical Care Advisory Council

Minutes

Date: Wednesday, November 19, 2014

Time: 1:00 pm – 4:30 pm

Where: Michigan Public Health Institute (MPHI)
2436 Woodlake Circle
Okemos, MI

Attendees: **Council Members:** Robin Reynolds, David Herbel, Jan Hudson, Marilyn Litka-Klein, Michael Vizena, Larry Wagenknecht, David Lalumia, Doug Patterson, (for Kim Sibilsky), Alison Hirschel, Cheryl Bupp, Marion Owen, Chris Rodriquez, Rebecca Blake, Andrew Farmer, April Stopczynski, Barry Cargill, Warren White, Katie Linehan (for Elan Nichols), Bill Mayer, Kim Singh, Tawana Robinson (for Kate Kohn-Parrott)

Staff: Steve Fitton, Dick Miles, Jackie Prokop, Cindy Linn, Pam Diebolt, Marie LaPres, Kathy Stiffler, Monica Kwasnik, Kim Hamilton, Debera Eggleston, Cynthia Edwards, Lynda Zeller

Attendees: Abigail Larsen

Welcome and Introductions

Jan Hudson opened the meeting and introductions were made.

ER High Utilizers Project

The draft of the Emergency Room (ER) High Utilizers report was recently issued for comment and distributed to MCAC members. Comments were due by December 3, 2014. The draft report includes the recommendations that were proposed during the ER High Utilizers Project work group that met earlier in the year. These recommendations include: creating standard definitions; developing an advisory committee regarding ER high utilizers; promoting a health information exchange; payment reform; statewide narcotic guidelines; increasing access to primary care; incentivizing providers to see patients immediately after ER visits; educating the public on proper use of the ER; and to promote care coordination. A council member also suggested the creation of guidelines for the disposal of unused narcotics by providers.

Many of the programs for ER high utilizers have been funded through grants, and MDCH has been looking into requesting permanent funding from the legislature. This issue will be included in the report that is due to the legislature December 31, 2014.

Healthy Michigan Plan

Jackie Prokop and Monica Kwasnik gave an update on the implementation of the Healthy Michigan Plan. As of November 17, 2014, the official enrollment in the Healthy Michigan Plan was reported at 459,207 beneficiaries, and enrollment has been increasing at a rate of 1,000 to 1,500 new beneficiaries per day. To bring new meeting attendees up-to-date, Jackie reviewed the eligibility requirements for the Healthy Michigan Plan.

The on-line application process for the Healthy Michigan Plan continues to run quite smoothly; those who complete an application with all information included are able to receive an eligibility determination within 10 seconds. Council members were provided with a handout of a PowerPoint presentation for additional information.

A study is underway at the University of Michigan to review access to primary care.

Eligibility Issues and Fixes

MDCH has experienced a problem with some beneficiaries were being placed into Emergency Services Only (ESO) Medicaid when the Modified Adjusted Gross Income (MAGI) application was unable to immediately verify their citizenship status, even if they did meet federal citizenship requirements. As a solution, MDCH will now grant full Medicaid benefits to applicants who indicated that they are citizens at the time of application, if a check against federal records is not able to immediately verify this information, for a period of 90 days until a final determination of their citizenship status can be made. The Department of Human Services (DHS) is currently in the process of reaching out to applicants who were incorrectly placed into ESO Medicaid in order to grant them the full Medicaid benefits for which they are eligible. Jackie encouraged meeting attendees to share any problems they see with Medicaid eligibility with MDCH so that solutions can continue to be addressed. Issues were also identified with refugees and Plan First!

Changes to Eligibility Determination System

Steve Fitton gave an update on coming changes to the Eligibility Determination System, noting that the Healthy Michigan Plan legislation requires MDCH to submit a report to the legislature by December 31, 2014 about future plans for implementing the Healthy Michigan Plan. Because the Medicaid caseload has more than doubled in the last decade, MDCH is continually looking for ways to improve service to an expanded population of beneficiaries with new technology.

MIHealth Account Statements and Payments

The first round of MIHealth account statements were sent out in mid-October to beneficiaries who were moved to the Healthy Michigan Plan from the Adult Benefits Waiver (ABW). Of these, approximately 3,400 beneficiaries are required to pay copayments. Approximately 20,000 beneficiaries are not required to contribute any payment. Copayment amounts will be recalculated every three months.

Over $5,000 in copayments has already been collected from 821 individuals. Most paid for the full quarter instead of the monthly amount due. The November statements will include those that need to pay both copayments and contributions.

Protocols – Healthy Behaviors

Monica Kwasnik shared an update on the use of Health Risk Assessments (HRAs) by Healthy Michigan Plan beneficiaries enrolled in health plans. As of November 19, 2014, MDCH had received 25,000 completed HRAs. Data collected from these HRAs will be available in future HRA reports, which are released monthly and posted to the Healthy Michigan Plan website at: www.michigan.gov/healthymichiganplan >> Health Risk Assessment. Meeting attendees were provided with a copy of the September 2014 HRA report.

Healthy Michigan Plan beneficiaries who are enrolled in a health plan may complete an HRA and have their contribution amounts reduced. Once the HRA is completed, signed by the beneficiary's Primary Care Physician (PCP) and submitted to the appropriate health plan, the beneficiary will be

eligible to have their contribution amount reduced by half if their income is between 100% and 133% of the Federal Poverty Level (FPL). Beneficiaries with an income at or below 100% of the FPL will receive a $50 gift card for completing an HRA.

The council discussed the impact of the Healthy Michigan Plan on access to primary care and dental care for beneficiaries. Despite the expanded patient population, no significant problems have been reported with new beneficiaries gaining access to a primary care physician, even though some other states reporting problems in this area. One study by the University of Michigan found that because of extensive outreach efforts, access to primary care has actually increased with the implementation of the Healthy Michigan Plan.

Due to problems reported by some dental providers, a council member suggested that many Healthy Michigan Plan beneficiaries who are able to receive dental care for the first time could benefit from education on proper etiquette for dental office visits. MDCH and the health plans currently distribute information to new beneficiaries about their rights and responsibilities in a health plan.

Second Waiver Development

The second waiver for the Healthy Michigan Plan must be submitted by September 30, 2015 and approved by December 31, 2015. Steve Fitton stressed the importance of highlighting the successes of the Healthy Michigan Plan to the incoming members of the legislature in order to ensure continued support for the direction of the program. Steve indicated that the number of people impacted will be relatively small, as the vast majority of Healthy Michigan Plan enrollees have incomes below the Federal Poverty Level.

Managed Care Rebid

Following the August 2014 MCAC meeting, a stakeholder survey for the Managed Care Rebid was administered by the Michigan State University Institute for Health Policy and distributed to 317 different groups, including the MCAC and MSA. As a result of the survey, there were four major pillars for the rebid that were identified, including population health management, pay-for-value, integration of care, and structural transformation. It was acknowledged that each of these pillars may not have a universally-accepted definition, with population health management having the greatest variation in its definition among interested parties. MDCH has been working with independent consultants to gain a better understanding of how to implement the four pillars.

A council member asked if the managed care rebid would provide an opportunity for MDCH to remove the carve-out for the integration of behavioral health and physical health services. In response, Steve assured the member that MDCH is committed to improving the integration of care between behavioral health and physical health. Discussions are ongoing for how to accomplish this goal. Kathy Stiffler added that major changes to the integration of care are needed to make the system work well.

The current Managed Care contract will expire on September 30, 2015, and the Department of Technology, Management and Budget (DTMB) is seeking a new contract effective October 1, 2015 for five years, with three optional one-year extensions. There are no plans to expand or reduce the number of health plans contracted with Managed Care, as the focus will be on having the right number of plans for each region. Health plans may be able to submit a bid for operating in part of a region rather than the whole. The number of regions for the rebid has not yet been finalized. The Request for Proposal is expected by the end of January 2015.

The results of the survey were discussed, including information on the topics that received the most comments. Several stakeholders who participated in the survey commented on the lack of access to transportation for health plan beneficiaries. MDCH staff acknowledged that transportation access is a state-wide problem in Michigan, as many health plans are unable to find vendors to transport beneficiaries. Other topics that received multiple comments on the survey include the complexity of the enrollment system process, concerns about whether there are adequate networks in place for behavioral health and the number of visits, and for greater emphasis to be placed on quality and quality reporting. Council members each received a summary of the survey results.

Medicaid Caseload Decline

Jan Hudson raised concern over the recent decline in Medicaid caseloads, mainly among children and pregnant women. In this category, enrollment has declined from almost 615,000 beneficiaries in October 2013 to 530,000 in September 2014. The possible reasons for this decline in enrollment were discussed at length.

Integrated Care for Dual Eligibles

MDCH now has contracts in place with seven Integrated Care Organizations (ICOs) for the new Integrated Care Demonstration project, called MI Health Link. These ICOs include one located in the Upper Peninsula, two in Southwestern Michigan, and six in the Southeastern region. Implementation will occur in two phases, with implementation planned for the Upper Peninsula and Southwestern Michigan in the beginning of 2015, and for Wayne and Macomb Counties later in the year.

Before implementation can occur, MDCH needs approval of 1915(b) and 1915(c) waivers for the community-based long-term care component of the program, as well as approval of 34 different letters from the Centers for Medicare and Medicaid Services (CMS) to cover multiple aspects of implementation. Additionally, MDCH needs to set up outreach and educational opportunities, ensure provider network adequacy, and take steps to comply with Medicare requirements for the program. All of the health plans have passed their readiness reviews, and MDCH has received a $12 million implementation grant to help launch the program. A council member expressed concern that funds are not being made available to educate and prepare individuals in a reasonable amount of time. Some policies are not yet in place. There are still several contracts that need to be finalized, but Dick Miles expressed encouragement that the program is moving forward.

Policy Updates

A policy handout was given to each attendee.

MSA 14-30 – This policy was issued October 9, 2014. The policy added a new Early and Periodic Screening, Diagnosis and Treatment (EPSDT) chapter in the Medicaid Provider Manual and includes the most recent American Academy of Pediatrics (AAP) Periodicity recommendations.

MSA 14-47 – This policy was issued October 31, 2014. The policy will adopt the American Academy of Pediatric Dentistry (AAPD) recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling schedule.

Member Terms/Chairperson for 2015

Jan Hudson noted several members of the MCAC whose terms were expiring at the end of 2014, and encouraged the members to indicate their interest in renewing their term via email. Jan accepted the council's nomination for another term as Chairperson.

Medicaid Enactment 50th Anniversary July 30, 2015

The council discussed ideas for commemorating the 50th anniversary of Medicaid enactment. Jan asked council members to share suggestions with her.

4:30 – Adjourn

Next Meeting: To be scheduled