Progress in Implementing the Waiver MI Health Link

(FY2020 Appropriation Act - Public Act 67 of 2019)

March 1, 2020

Sec. 1775. (1) By March 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office on progress in implementing the waiver to implement managed care for individuals who are eligible for both Medicare and Medicaid, known as MI Health Link, including any problems and potential solutions as identified by the ombudsman described in subsection (2).

(2) The department shall ensure the existence of an ombudsman program that is not associated with any project service manager or provider to assist MI Health Link beneficiaries with navigating complaint and dispute resolution mechanisms and to identify problems in the demonstrations and in the complaint and dispute resolution mechanisms.

MDHHS

Michigan Department of Health & Human Services

Boilerplate Report for Section 1775

MI Health Link

MI Health Link (MHL) is Michigan's demonstration project to integrate care for people who are dually eligible for Medicare and Medicaid. After four years of planning and extensive stakeholder input, the program went live in March of 2015.

Program Governance & Administration

The program is governed by a three-way contract between the Centers for Medicare & Medicaid Services (CMS), the Michigan Department of Health and Human Services (MDHHS), and seven private health plans, known as Integrated Care Organizations (ICOs). The three-way contract expires December 31, 2020. MDHHS and CMS are working to extend the Demonstration for an additional period. The duration of the extension and other program changes are being discussed among MDHHS and CMS as of the date of this report.

Administration of services is performed by the seven ICOs across MHL's four regions that cover the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne or any county in the Upper Peninsula. MDHHS staff regularly conducts meetings with ICOs to address operational issues, as well as joint meetings with CMS and ICOs on a monthly basis to ensure compliance with the three-way contract.

Program Eligibility & Enrollment

MHL is available to Michigan adults (age 21 or older), enrolled in both Medicare and Medicaid, that are living in one of the program's four regions. Restrictions or exclusions may apply, depending on an individual's circumstances or existing health-care coverage.

Enrollment was launched in several phases, including both passive and voluntary enrollment of beneficiaries. Passive enrollment means that qualifying individuals living in any of the four demonstration regions that did not voluntarily enroll, or individuals that did not opt out of the program, were automatically enrolled into an ICO. Enrollees are free to leave the program or disenroll at any time.

Ongoing passive enrollment on a monthly basis was implemented in June 2016, along with a deeming process. With deeming, individuals who would otherwise be disenrolled from their MHL plan are allowed to maintain enrollment for up to 90 days while issues that have caused a temporary loss of Medicaid eligibility are resolved. During that period, the ICOs are required to provide all services covered under the MHL program. In many cases, Medicaid eligibility is retroactively reinstated, and plans receive all of their capitation payments. Health plans have agreed to accept some financial risk that would result from not receiving a Medicaid capitation payment in situations where Medicaid eligibility is legitimately lost for some or all of the deeming period.

Taken together, monthly passive enrollment and deeming have stabilized program enrollment. As of January 2020, there were approximately 36,699 individuals enrolled in the program. Of that total, approximately 2,091 reside in nursing homes and 1,937 who qualify for a nursing home level of care live in a community setting as a result of enrollment in the program's home and community-based waiver. The remainder are part of what is referred to as the "community well" group.

MDHHS and participating ICOs have continued to undertake initiatives that promote MHL and increase enrollment. ICOs are permitted to participate in health fairs or other local events approved under Medicare marketing rules to engage and enroll eligible individuals. MDHHS recently began a marketing campaign that included radio advertising, billboards, provider office fliers and posters, and an internet advertising campaign, financing coming from the demonstration's implementation grant. The MDHHS also has a website specific to the program with information for eligible beneficiaries, their family members or guardians, healthcare providers, and the general public. The link to the website is http://www.michigan.gov/mdch/0,4612,7-132-2945_64077---,00.html

Program Implementation Progress

The program has been successfully implemented, utilizing a single management entity that provides integrated coverage for all Medicare and Medicaid Services including:

- Medical services
- Prescription drug coverage
- Personal care services (Home Help)
- Non-Emergency Medical Transportation
- Custodial nursing facility care
- Dental
- Behavioral health services that would otherwise be covered under Medicare
- Home and Community Based Services (C waiver)

The integrated care model that has been established for MHL employs care coordination as its foundation with a focus on person centered planning and self-determination as core values.

Key goals of this demonstration project include:

- Seamless access to all services and supports
- Person-centered care coordination model
- Streamlined administrative processes
- Elimination of barriers to home and community-based services
- Quality services with focus on enrollee satisfaction
- Realignment of financial incentives
- Cost efficiencies (savings)

A recent federal evaluation highlighted the MHL program's ability to overcome challenges experienced when first implemented and provide greater access to services. Focus group research has also found a high level of satisfaction among participants related to access to care, care coordination, free over-the-counter medical supplies, full coverage for medical and most

prescriptions, and general peace of mind. In particular, coordination of care had a positive impact with participants by helping with initial enrollment, follow-up after physician appointments, emotional support, medication management, and other areas.

The MHL waiver was recently renewed by CMS for an additional five years and will be effective from January 1, 2020 through December 31, 2024. As previously stated, the three-way contract between MDHHS, CMS, and the ICOs is set to expire at the end of 2020. MDHHS is actively pursuing a resolution and anticipates that a new or amended contact will be implemented before the expiration.

Ombudsman Program

MDHHS was awarded a federal grant to implement an Ombudsman Program specific to MHL, which has been operational since December 2015. The Ombudsman Program offers a channel through which enrolled beneficiaries may seek assistance in resolving any issues they have with their ICO or help filing an appeal. Through a procurement process, the Michigan Elder Justice Initiative (MEJI) was selected to serve as the MHL Ombudsman. Based on their engagement with enrollees and other stakeholders, the Ombudsman has addressed several issues with MDHHS, including problems with referrals for behavioral health services, enrollment discrepancies that cause confusion and occasional access issues for beneficiaries, appropriate submission of Home and Community Based Services waiver applications by the ICOs, and issues with the personal care benefit. MDHHS is committed to continuing its work, both internally and with stakeholders, to resolve issues presented by the Ombudsman.

In addition to the Ombudsman Program grant for MHL, a second grant was awarded to fund the options counseling activities described above. These two grants were reissued as a single One-on-One Counseling Grant and awarded to Michigan in 2018, with an expiration date of March 2020. CMS has issued a new One-on-One Counseling Grant to continue to fund the Ombudsman and State Health Insurance Assistance Program (SHIP)/Aging and Disability Resource Center (ADRC) activities, with the anticipated award date set for August 2020, and offered to provide funding that will bridge the five-month gap.