Progress in Implementing the Waiver MI Health Link

(FY2021 Appropriation Act - Public Act 166 of 2020)

March 1, 2021

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.

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. The program, which operates in four regions of the state (Wayne County, Macomb County, eight Counties in the southwest corner of the state, and all Counties in the Upper Peninsula) went live in 2015. The program is administered by seven private health plans known as integrated care organizations (ICO). Participating plans include the Upper Peninsula Health Plan in the Upper Peninsula, Meridian and Aetna in southwest Michigan, and Molina, Michigan Complete Health, Aetna, AmeriHealth and HAP serving Wayne and Macomb counties.

The program allows dual eligible individuals to voluntarily enroll or to join through passive enrollment. Passive enrollment means that qualifying dual eligible individuals living in any of the four demonstration regions who do not voluntarily enroll or who do not opt out are automatically enrolled into an ICO. Beneficiaries can choose to leave the program at any time. Currently, there are 39,631 beneficiaries in MI Health Link.

The program is based on a robust person-centered care management model which uses a care coordinator to assess an individual's need, to recommend 1915c waiver services including home and community services to avoid being institutionalized, to oversee all other services and to be available to address the needs and desires of each member. There are currently 2,252 beneficiaries in the Home and Community Base waiver services and 2,003 beneficiaries in nursing facilities.

The seven ICO's serve as a single management entity that provides integrated coverage (physical health, waiver services, long term care and behavioral health) of all Medicare and Medicaid Services for each individual who is enrolled in MI Health Link.

The Ombudsman Program, specific to MI Health Link, has been operational since December of 2015. Through a procurement process, the Michigan Elder Justice Initiative was selected to serve as the MI Health Link Ombudsman. The purpose of the Ombudsman Program is to offer a channel through which enrolled beneficiaries may seek assistance in resolving any issues they have with the ICO's in which they are enrolled or to help file an appeal.

The Ombudsman has addressed several issues with the department including but not limited to:

- Appropriate submission of Home and Community Based Services waiver applications by the ICOs.
- Issues with operationalizing personal care services.
- Accessing specialized waiver services, and problems with enrollment discrepancies that are causing access issues for beneficiaries.

Monthly Ombudsman calls occur involving state program staff as well as Centers for Medicare & Medicaid Services, to discuss issues, and solutions are presented and evaluated involving individual cases as well as broader program concerns.

Examples of solutions presented by the ombudsman include:

- Monitoring personal care assessments to carry over from the state Home Help program when someone enrolls in MI Health Link.
- Better plan education relative to the submission of home and community-based waiver applications
- Imposing standard of promptness requirements for care coordinators when responding to enrollee contacts.

Monthly and quarterly reports are submitted from the Ombudsman to the MI Health Link team identifying enrollee complaints, issues, and solutions. The state evaluates all recommendations for impact on beneficiaries and for compliance with contractual requirements.