Progress in Implementating the Waiver MI Health Link

(FY2016 Appropriation Act - Public Act 84 of 2015)

September 1, 2016

Section 1775. By March 1 and September 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, but not limited to, a description of how the department intends to ensure that service delivery is integrated, how key components of the proposal are implemented effectively, and any problems and potential solutions as identified by the ombudsman described in subsection (2).

Michigan Department of
Health & Human Services

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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, which included extensive stakeholder input, the program, which operates in four regions of the state, went live in March of 2015. The program is administered by seven private health plans known as integrated care organizations.

The March launch involved optional enrollment in the Upper Peninsula and in eight counties in the southwest corner of the state. On May 1st of 2015, the first phase of passive enrollment began in the Upper Peninsula (UP) and in southwest Michigan. Passive enrollment means that qualifying dual eligible individuals living in any of the four demonstration regions who do not voluntarily enroll or who don't opt out are automatically enrolled into an ICO. Enrollees can chose to leave the program at any time.

Also on May 1st of 2015, voluntary enrollment began in Macomb and Wayne counties. The second and final initial phase of passive enrollment for the UP and southwest Michigan began on June 1. Passive enrollment began for Macomb and Wayne counties on July 1 and continued with a second phase on August 1. The third phase of passive enrollment in Wayne and Macomb counties took place on September 1, 2015. Some eligible dually eligible beneficiaries were passively enrolled in January of 2016 in all regions, but this process ceased until June when systems and business process changes made it possible to implement ongoing passive enrollment on a monthly basis.

Another change related to eligibility is the implementation of a deeming process. With deeming, individuals who would otherwise be disenrolled from their MI Health Link 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 Integrated Care Organizations are required to provide all services covered under the MI Health Link program. In many cases, Medicaid eligibility is retroactively reinstated and plans receive all of their capitation payments. However, 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. There are currently about 1,000 enrollees in deemed status.

Taken together, monthly passive enrollment and deeming have stabilized enrollment in MI Health Link. As of September 14, 2016, there were approximately 37,820 individuals enrolled in the program. Of that total, approximately 2,100 reside in nursing homes, 350 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, and the remainder are part of what is referred to as the "community well" group. As previously noted, those who qualify for MHL can opt in or out of the program at any time.

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MHL uses 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 MI Health Link 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)

MDHHS was awarded a federal grant to implement an Ombudsman Program specific to MI Health Link. 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 Integrated Care Organization in which they are enrolled or to help file an appeal. Through a procurement process, the Michigan Elder Justice Initiative (MEJI) was selected to serve as the MI Health Link Ombudsman. The program has been operational since December of 2015. Based on their engagement with enrollees and other stakeholders, the ombudsman has addressed several issues with the department including but not limited to problems with referrals for behavioral health services, enrollment discrepancies that are causing confusion and in some cases access issues for beneficiaries, appropriate submission of Home and Community Based Services waiver applications by the ICOs and issues with the personal care benefit. During the April through June quarters of 2016, the Ombudsman program served 57 individuals involving 28 inquiries and 106 formal complaints. The MI Health Link Team continues to work both internally and with stakeholders to resolve issues presented by the ombudsman.