

Medicaid Standards of Promptness Report 2

(FY2016 Appropriation Act - Public Act 84 of 2015)

November 1, 2016

Sec. 620. (1) *The department shall make a determination of Medicaid eligibility not later than 90 days if disability is an eligibility factor. For all other Medicaid applicants, including patients of a nursing home, the department shall make a determination of Medicaid eligibility within 45 days of application.*

(2) *The department shall report on May 1 and November 1 of the current fiscal year to the senate and house appropriations subcommittees on the department budget, the senate and house standing committees on families and human services, and the senate and house fiscal agencies and policy offices on the average Medicaid eligibility standard of promptness for each of the required standards of promptness under subsection (1) and for medical review team reviews achieved statewide and at each local office.*



Michigan Department of
Health & Human Services

RICK SNYDER, GOVERNOR
NICK LYON, DIRECTOR

Section 620(2) of Public Act 84 of 2015 Report #2 (April 1, 2016 – September 30, 2016) Medicaid Standard of Promptness	
Average Medicaid eligibility standard of promptness when disability is an eligibility factor	95.71%
Average Medicaid eligibility standard of promptness for all other Medicaid applications	98.11%

Section 620(2) of Public Act 84 of 2015 Report #2 (April 1, 2016 – September 30, 2016) Medical Review Team Reviews Processing Time	
Average processing time for medical review team reviews Statewide*	87.43 days
Average processing time for medical review team reviews Central Service Area (Lansing office)	64.54 days
Average processing time for medical review team reviews Detroit Service Area (Detroit office)	89.56 days
Average processing time for medical review team reviews Northern Service Area (Traverse City office)	102.92 days
Average processing time for medical review team reviews Southwest Service Area (Kalamazoo office)	104.87 days

*The statewide average is a weighted average based on the caseload of each DDS office.

**The increase in the Medical Review Team Reviews processing time from the beginning of Fiscal Year 2016 to the end of the fiscal year reflects a more normal case flow at DDS and can be expected to continue in the future. A change in DHHS policy effective 7/1/15 now has disability examiners at DDS completing all of the development of the medical case as well as determining disability on all Medicaid cases that require a disability determination. At the beginning of Fiscal Year 2016, DDS was still receiving a large number of disability determination requests using the previous policy which only required them to review the medical obtained by the local DHHS office to determine disability. These cases can be reviewed quickly and without any development that would add to the processing time. As we got further into the fiscal year, these types of cases reduced significantly and with not having the processing times for these cases to balance out the cases that require development of the medical case has resulted in the processing time increase.

There has also been reorganization within DDS as we worked to determine the most efficient way to handle the new process. The reorganization has resulted in a lot of movement of staff in and out of the unit which also had a negative impact on processing time.