CHILDREN'S SPECIAL HEALTH CARE SERVICES MANAGED CARE ENROLLMENT

(FY 2012 Appropriation Bill – Public Act 63 of 2011)

October 1, 2011

Section 1204: By October 1, 2011, the department shall report to the senate and house appropriations committees on community health and the senate and house fiscal agencies on its plan for enrolling Medicaid eligible children's special health care services recipients in the Medicaid health plans. The report shall include information on which Medicaid health plans are participating, the methods used to assure continuity of care and continuity of ongoing relationships with providers, and projected savings from the implementation of the proposal.

Michigan Department of Community Health

MDCH

Rick Snyder, Governor
Olga Dazzo, Director

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
SECTION 1204- Public Act 63 of 2011

Bureau of Family, Maternal, and Child Health

Children's Special Health Care Services (CSHCS) strives to enable individuals with special health care needs to have improved health outcomes and an enhanced quality of life through the appropriate use of the CSHCS system of care.

CSHCS works to:

- Assist individuals with special health care needs in accessing the broadest possible range of appropriate medical care, health education and supports.
- Assure delivery of these services and supports in an accessible, family centered, culturally competent, community-based and coordinated manner.
- Promote and incorporate parent/professional collaboration in all aspects of the program.
- Remove barriers that prevent individuals with special health care needs from achieving these goals.

As of August 17, 2011, 29,851 individuals were enrolled in CSHCS. Of these, 19,574 were dually eligible for Medicaid and CSHCS. A collaborative workgroup with representatives from the Department and from Medicaid health plans (MHPs) has formed and is developing a strategy to transition medical care and treatment for Medicaid-eligible CSHCS enrollees from a fee-for-service environment to Medicaid managed care.

A. **Information on which Medicaid health plans are participating**
The health plans' eligibility to participate in the enrollment of approximately 20,000 CSHCS beneficiaries who also have Medicaid into the MHPs will be predicated upon their ability to meet the required set of CSHCS core competencies approved by the Department. These core competencies are under development by the Department in conjunction with representatives from the Michigan Association of Health Plans. All 14 Medicaid health plans – BlueCaid of Michigan, CareSource Michigan, UnitedHealthcare Great Lakes Health Plan, Inc., Health Plan of Michigan, Inc., HealthPlus Partners, Inc., McLaren Health Plan, Midwest Health Plan, Molina Healthcare of Michigan, OmniCare Health Plan, Inc., Physicians Health Plan Family Care, Priority Health Government Programs, Inc., ProCare Health Plan, Total Health Care, Inc., Upper Peninsula Health Plan will have the opportunity to participate. MHPs will be evaluated for participation based upon their ability to meet the CSHCS core competencies developed to assure key needs such as continuity of care and continuity of on-going relationships with providers.

B. **The methods used to assure continuity of care and continuity of ongoing relationships with providers**
Several methods will be used to assure continuity of care and continuity of ongoing relationships as established through the CSHCS core competencies. Workgroups that were convened to develop, implement, and oversee the enrollment of the Medicaid eligible CSHCS population into MHPs plans will continue to convene to assess continuity of care and continuity of ongoing relationships with providers. In addition, feedback will be solicited throughout the process from local health departments, families, and health plans through standing advisory committees. If service areas have no health plans meeting the core competencies, the clients will remain in fee-for-service. If service areas have only one plan, other than the Upper Peninsula, which is already approved for a rural exception designation, the clients may remain fee-for-service or can choose to voluntarily enroll in the MHP that is available in their service area. In areas with a rural

exception designation, clients will be mandatorily enrolled in the health plan even if there is only one health plan approved to cover the service area.

C. **Projected savings from the implementation of the proposal**

Based on the current, draft plan, the projected savings for a full fiscal year is estimated to be $4,588,902 Gross and $1,553,802 GF/GP.