

MI Health Link Region 9 Stakeholder Forum
Macomb Intermediate School District, Macomb
Questions and Answers
June 4, 2014

The following set of questions was collected at the public forum on the state's plan to integrate care for individuals who are eligible for both Medicare and Medicaid on June 4, 2014 in Macomb. Answers have been developed to help stakeholders better understand the purpose and development of the program. This document should be regarded as a "work in progress" that will be continuously updated as additional questions arise and more information becomes available.

GENERAL QUESTIONS

1) Will enrollees or their family members have access to their Care Bridge Record?

The enrollee will have access to the Care Bridge record as will family members as selected by the enrollee. Paper copies of the Care Bridge Record will be available, and as the Demonstration progresses, electronic information may be available.

2) When are Integrated Care Organization (ICO) capitation rates being released?

Draft rates were released to ICOs on July 9, 2014.

3) When will the outreach materials be available?

We are unsure when the materials will be available. Draft versions of the Enrollee Handbook, Summary of Benefits, List of Covered Drugs, the enrollee ID card, and the Provider and Pharmacy Directory have been submitted to the Centers for Medicare and Medicaid Services (CMS), and MDCH is awaiting further feedback and approval. A new website is being developed and should be available soon.

4) Will the Medicaid eligible population that falls in the 100-133% of the federal poverty level be included in MI Health Link?

Individuals enrolled in Healthy Michigan Plan will not be eligible for the Demonstration. Individuals who meet expanded eligibility for Medicaid due to nursing home placement or have a need for the MI Health Link HCBS waiver program (the Demonstration's 1915(c) waiver program) will be eligible pending CMS approval of the 1915(b)/(c) waiver. Individuals must have an income below \$2020 per month to be eligible for the MI Health Link HCBS waiver. Individuals who have incomes above 100% of the federal poverty level and are not residing in a nursing home or participating in the MI Health Link HCBS waiver are not eligible for the MI Health Link Demonstration. To enroll in MI Health Link a person must also be eligible for Medicare.

5) Can we have data on the total number of dual eligibles per Demonstration county?

We will check to see if this information can be provided.

6) Can we have data on how many people are eligible with serious and persistent mental illness (SPMI)?

We will check to see if this information can be provided.

7) Will audiology be included as a covered benefit in MI Health Link? What will this benefit look like?

Audiology services are not covered. ICOs may choose to provide audiology services as an optional flexible benefit.

8) Is enrollment in an ICO required?

In order to receive MI Health Link services, an individual must be enrolled in an ICO.

9) How long is this program?

The program will run through December 2017.

10) If a person meets all of the qualifications for MI Health Link but does not currently live in one of the four demonstration regions, can they move into one of the demonstration regions and receive services through MI Health Link?

Yes. If they meet the required criteria and live in the demonstration region they can join MI Health Link. If a person meets all of the required criteria but they do not currently live in a demonstration region, they can move into a demonstration region and enroll in MI Health Link if they choose.

11) Does the enrollee's residency determine eligibility or the place in which they receive services?

The address in Bridges will be used to determine eligibility for MI Health Link. An enrollee must report an address change to his or her Department of Human Services Case Worker.

Comment from attendee(s): Bridges addresses are not always accurate. They are sometimes the address of the authorized representative of the beneficiary and not the beneficiary themselves. Also, CMS records are much different than Bridges and it takes a significantly long period of time to have this updated – took approximately 4 months for the speaker.

12) Who will receive the letters and other materials for the program?

All enrollee materials and letters will be sent to the address in Bridges.

13) How many health plans are there in the program?

Region	Counties in the Region	Integrated Care Organizations (ICOs)
1	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft	1) Upper Peninsula Health Plan
4	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren	1) CoventryCares of Michigan 2) Meridian Health Plan
7	Wayne	1) AmeriHealth Michigan 2) CoventryCares of Michigan 3) Fidelis SecureCare of Michigan 4) Midwest Health Plan 5) Molina Healthcare of Michigan 6) United Healthcare Community Plan
9	Macomb	1) AmeriHealth Michigan 2) CoventryCares of Michigan 3) Fidelis SecureCare of Michigan 4) Midwest Health Plan 5) Molina Healthcare of Michigan 6) United Healthcare Community Plan

14) How will the ICOs provide ‘choice’ of care coordinator?

It will be up to the ICOs to provide policies and procedures on how they will do this. It is possible that the ICO will assign care coordinators and the enrollee will be able to request a different care coordinator if they do not like the one assigned to them.

15) Who provides LTSS coordination?

The ICO Care Coordinator will work with the enrollee and his or her existing LTSS Supports Coordinator, as applicable, to coordinate long term supports and services.

16) When a member enrolls, how long do the plans have to complete the initial screen? Level I? Level II?

After enrollment, ICOs will have 15 days to complete the initial screening. The Level I Assessment must be completed within 45 days of enrollment. The Level II Assessment(s) must be completed within 15 days of completion of the Level I Assessment.

17) What happens if a person opts-out of MI Health Link?

The person will go to fee-for-service for Medicaid and Medicare. Individuals may also have the option to participate in a Medicare Advantage plan.

18) Does the ICO Care Coordinator replace the DHS Case Worker? Who performs redetermination?

No. The ICO Care Coordinator could assist with redetermination paperwork and other coordination of supports and services. The enrollee would submit the redetermination paperwork and materials to the DHS Case Worker for review and approval. If the individual is receiving Adult Home Help services, the ICO would become the responsible entity for these services and DHS would not be involved related to Adult Home Help.

19) What is the drug formulary like? Will it be the same across the board or will there be variations? Is there Part D? Can you clarify?

ICOs will be required to follow the federal requirements for Part D formularies. The ICO develops its own formulary which includes Medicare and Medicaid covered drugs. It is possible that formularies may differ from ICO to ICO. The ICO formulary will include Medicaid covered drugs not covered by Medicare.

20) Will transportation be provided?

ICOs are required to cover Emergency and Non-Emergency Medical Transportation for anyone who has needs for medically necessary purposes. Non-Medical Transportation will be covered by ICOs for enrollees who are eligible to participate in the MI Health Link HCBS waiver program for home and community-based services.

21) What if a provider only accepts Medicare or Medicaid – not both?

Network providers are contracted to accept ICO enrollees based on capacity. The ICO will pay the provider for services rendered.

22) If enrollees are opting in and out on a monthly basis, how will providers be notified of these changes in enrollment?

It is the ICO's responsibility to notify providers if an individual is no longer enrolled in that ICO. Additionally, it is the provider's responsibility to verify enrollment at the time a service is provided and prior to billing for the service.

23) Will a person who leaves MI Choice to join MI Health Link be placed on a wait list if they decide they want to go back to MI Choice?

If a MI Health Link HCBS enrollee chooses to disenroll from the MI Health Link program and participate in MI Choice, the transition will be carefully planned with care coordination between ICOs and MI Choice waiver agencies so there is no interruption in service. If an individual was enrolled in MI Choice prior to enrolling in MI Health Link within the same

fiscal year, he or she will be able to re-enroll into their MI Choice waiver slot if there has been no disruption in long term supports and services (LTSS). If there is a disruption in LTSS or the transition happens in a new fiscal year from previous MI Choice enrollment, the individual will be required to be placed on the MI Choice waiting list until a vacancy occurs.

Full disclosure and education on this will be given before the individual leaves MI Choice.

24) Is there a tool comparing the ICOs? MMAP would like some education on this before we begin directing calls to them.

We will check to see if there will be an ICO comparison guide. The State will work closely with MMAP to educate options counselors on specific information regarding MI Health Link. ICOs will be available on the Medicare Plan Finder to assist in identifying ICO covered services and drug formularies.

25) What safeguards are in place to ensure person-centered planning is taking place?

Monitoring of person-centered planning is included in the quality strategy with performance measures and surveys for the MI Health Link 1915(b)/(c) waiver. Enrollees may also file grievances and appeals. There will also be an ombudsman program specific to MI Health Link to handle any issues related to person-centered planning.

26) What safeguards are in place to ensure the Care Coordinators aren't encouraging members to opt out of MI Health Link because the enrollee costs too much money?

ICOs should not be encouraging individuals to opt-out of the MI Health Link program. The State will monitor ICO marketing practices. Individuals will also have the opportunity to contact the ombudsman. For the duration of the demonstration there will be an MDCH Advisory Committee which will be an avenue through which enrollees, family members and advocates may voice their concerns on issues related to demonstration management, quality, and enrollee supports and services. ICOs will also create advisory councils which will provide input to their governing boards.

27) When is the advisory committee application due?

Applications are due June 13th. Interested persons can continue to submit applications after the application deadline. Any responses received will be held for consideration if additional membership is needed.

28) Do you have any forecast of how many MI Choice participants will enroll?

At this time, MDCH does not know how many MI Choice participants will enroll in MI Health Link. It is entirely the MI Choice participant's choice as to whether or not he or she will disenroll from MI Choice to enroll in MI Health Link. MDCH really has no way of knowing how many individuals will choose to change programs.