



Michigan Department of Community Health

Director James K. Haveman

MI Health Link

Region 1 Implementation Forum

Northern Michigan University

Marquette

September 11, 2014

Today's Agenda

- ***Welcome and Updates*** – Susan Yontz
- ***MI Health Link Overview*** – Roxanne Perry
- ***Stakeholder Involvement*** – Allison Repp
- ***Enrollment, Benefits and Services*** – Jerin Philip and Lida Momeni
- ***Enrollee Participation, Education and Protections*** – RoAnne Chaney
- ***Questions*** – All
- ***Wrap-Up*** – Susan Yontz



Welcome and Updates

Susan Yontz, Director
Integrated Care Division

Bureau of Medicaid Policy and
Health Systems Innovation



Updates

- Memorandum of Understanding signed
- Readiness Review underway
- Enrollment process beginning soon
- Waiver application available for public comment
- Implementation Grant



MI Health Link: An Overview

Roxanne Perry, Manager
Integrated Programs Management Section



What is MI Health Link?

- New CMS-MDCH demonstration program that will integrate Medicare and Medicaid benefits, rules and payments into **one** coordinated delivery system
- Capitated payment using new health plans called Integrated Care Organizations (ICOs) and existing Michigan Pre-paid Inpatient Health Plans (PIHPs)



MI Health Link: Improving Care

- No co-payments or deductibles for services, including prescriptions
- One health plan to manage Medicare & Medicaid services
- Care coordinator and integrated care team for all enrollees
- Holistic, person-centered care, not just doctor-driven medicine
- Increased data sharing capacity
- Simplified billing with single payer source
- The delivery system will work together, not separated by silos



Who is Eligible?

People who

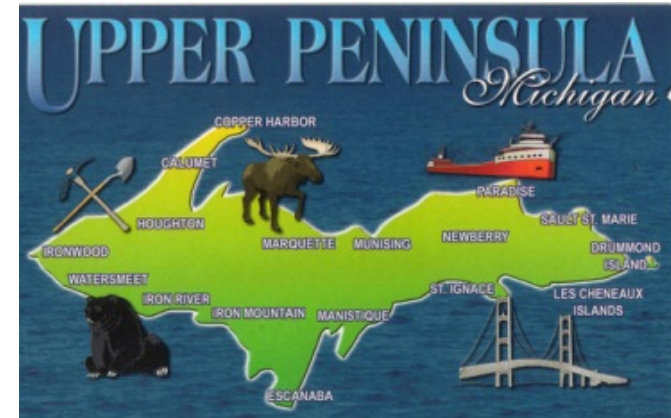
- Are age 21 or over **AND** are eligible for full benefits under both Medicare and Medicaid
- Reside in one of the four demonstration regions
- Are not enrolled in hospice

People enrolled in PACE and MI Choice are eligible, but must leave their programs before joining MI Health Link.



Where Can You Get MI Health Link?

- **Region 1 - Entire Upper Peninsula**
- **Region 4 - Southwest Michigan**
(Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties)
- **Region 7 - Wayne County**
- **Region 9 - Macomb County**



Covered Benefits

- All acute and primary health care covered by Medicare and Medicaid
- All behavioral health services covered by Medicare and Medicaid
- Medications
- Dental and vision



Covered Benefits

- Home and community-based services
- Nursing home care
- Other benefits offered by the health plans



Who Will Administer the Services?

- **Health plans** with experience providing Medicare and/or Medicaid services will manage acute, primary, pharmacy, dental, and long term supports and services
- **Regional PIHPs** will continue to coordinate services for people with mental illness, intellectual/ developmental disabilities and substance use disorders



Participating Health Plans

Upper Peninsula

- Upper Peninsula Health Plan

Southwest Michigan

- Aetna Better Health of Michigan
- Meridian Health Plan

Macomb and Wayne

- Aetna Better Health of Michigan
- AmeriHealth
- Fidelis SecureCare
- HAP Midwest Health Plan
- Molina Healthcare
- United Healthcare



How Can Providers Participate?

- Health plans and PIHPs must meet provider network standards established in contracts with the state and the Centers for Medicare and Medicaid Services (CMS)
- Health plans are now contacting providers to join their networks
- Networks must include specialists for common conditions



Continuity of Care

- Transition of care standards have been developed to assure continuity of care for people enrolling
- Existing relationships with “out-of-network” providers will be maintained by the health plan during the transition to MI Health Link



Enrollee Protections

- Choice of providers and coordinators will be offered
- Health plans will be required to include enrollees on ICO advisory councils
- MI Health Link Advisory Committee will be formed
- A MI Health Link Ombudsman Program is being created



Appeals

- An appeal process that incorporates and coordinates Medicare and Medicaid requirements
- Standard documents and language will be developed to clearly explain membership, appeal rights and other protections



MDCH's Commitment

- Full commitment to successful implementation
- MSA and BHDDA working together
- Stakeholder engagement efforts to get feedback on demonstration progress
- Choice and voice for enrollees



Stakeholder Involvement

Allison Repp

Contract Manager

Integrated Care Division



Stakeholder Involvement

MDCH is expanding stakeholder engagement for MI Health Link:

- Quarterly regional open forums
- Enrollee participation in ICO Advisory Council
- MI Health Link Advisory Committee



ICO Advisory Council

- Health plans are required to have a separate ICO Advisory Council specific to the demonstration
- $\frac{1}{3}$ of the ICO Advisory Council must be enrollees
- The majority of members must be enrollees, family members and advocates



MI Health Link Advisory Committee

- Organized by MDCH
- Provides a way for enrollees and stakeholders to offer suggestions and feedback
- Membership will represent the diverse interests of stakeholders, especially enrollees



Roles and Responsibilities

- Solicit input from stakeholders
- Review health plan & PIHP quality data and make recommendations for improvements
- Provide feedback on public education and outreach
- Identify areas of risk and potential consequences
- Participate in the open forum sessions



Membership Selection

- Interested individuals and organization representatives must submit an application to MDCH
- MDCH will review and evaluate all applications submitted
- Membership will include representation from various populations within the demonstration regions



Membership Selection

- Submitted applications will be evaluated on
 - Qualifications, including interest, knowledge, skills and experience
 - Eligibility for Medicare and Medicaid or experience working with this population



Advisory Committee Application

- A completed application form is required; a letter of reference is optional
- The form is available online on the website <http://www.Michigan.gov/MIHealthLink>
- Email INTEGRATEDCARE@michigan.gov or call 517-241-4293, if you need the form mailed to you
- The completed form can either be sent to MDCH by email, fax or regular mail



Enrollment, Benefits & Services

Lida Momeni, Contract Manager

Jerin Philip, Quality Analyst

Integrated Care Division



Phased Enrollment Process

Phase 1 – UP and Southwest Michigan

– Opt-in enrollment

- Enrollment period starts no earlier than December 1, 2014
- Services start no earlier than January 1, 2015

– Passive enrollment of eligible individuals if they do not opt-out

- Includes 60-day and 30-day notification letters
- Services start no earlier than April 1, 2015



Phased Enrollment Process

Phase 2 – Wayne and Macomb

– Opt-in enrollment

- Enrollment period starts no earlier than April 1, 2015
- Services start no earlier than May 1, 2015

– Passive enrollment of eligible individuals if they do not opt-out

- Includes 60-day and 30-day notification letters
- Services start no earlier than July 1, 2015



Enrollment Process

- State will use **Michigan ENROLLS** to enroll beneficiaries
- Options counseling will be available through Michigan Medicare/Medicaid Assistance Program (**MMAP**)
- Enrollees may change plans or opt out at any time



After Enrollment

- All enrollees will receive an initial screening
- All enrollees will receive a Level I Assessment
- If needed, enrollees will also receive a Level II Assessment
- Each enrollee will help develop his or her own Individual Integrated Care and Supports Plan (IICSP)



Initial Screening

- Nine “yes” or “no” questions
 - Identify current services
 - Identify immediate or unmet needs
- Will be completed within 15 days of enrollment start date



Level I Assessment

- A broad assessment used to identify and evaluate current health and functional needs
- Completed within 45 days of enrollment start date
- Serves as the basis for further assessment



Level II Assessment

- Completed within 15 days of the Level I Assessment for people identified with potential BH, LTSS or I/DD
- Health plans will collaborate with regional PIHPs and LTSS agencies
- Additional supports and services will be coordinated to meet needs identified



Individual Integrated Care and Supports Plan (IICSP)

- The central document that drives care coordination
- Developed with
 - The enrollee
 - Care coordinator
 - The integrated care team
- Uses a person-centered planning process
- Completed within 90 days of enrollment start date



Elements of the IICSP

- Enrollee preferences for care, support and services
- Enrollee's prioritized list of concerns, goals, objectives and strengths
- Screening and assessment results



Elements of the IICSP

- Activities for addressing concerns and goals, as well as measures for achieving them
- Specific providers, supports and services including amount, scope and duration
- The person(s) responsible and time lines for specific interventions, monitoring and reassessment



Ongoing Coordination

- Care coordinators will maintain ongoing relationships with enrollees
- Assessments and care plans will be revisited and updated periodically
- Care coordinators will answer enrollees' questions and make sure their health issues get the attention they deserve



Scenario 1: Bertha Bluebird

Age: 88 years old

Lives in: Marenisco

Other information: Bertha and her husband, George (92 years old), live in their home of 60 years and wish to stay there.

Health issue: Bertha wants to go to the dentist for a routine teeth cleaning but does not have transportation.



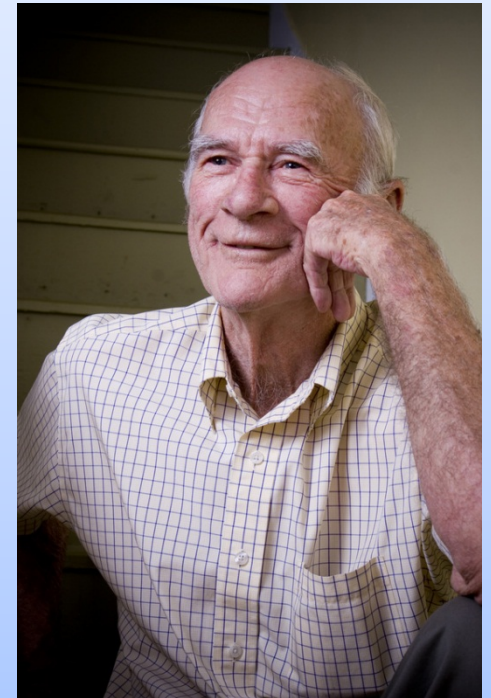
Scenario 2: Dan D. Lyon

Age: 67 years old

Lives in: Escanaba

Other information: Dan is residing in a nursing facility because he is recovering from an accident.

Health issue: Dan would like to move back home and live with his dog, Moose, but his current health condition is preventing him from doing so.



Scenario 3: Matty Morales

Age: 32 years old

Lives in: Sault Ste. Marie

Other information: Matty lives in an Adult Foster Care home and receives services through the Habilitation and Supports Waiver. He has a developmental disability and a behavioral health issue, which he manages by visiting his therapist.

Health issue: Matty trusts his PIHP Supports Coordinator to help him accomplish his goals. Matty is worried that he will lose his coordinator by joining MI Health Link.



**Questions
or
Comments?**



Questions and Contact Information

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