

PROGRESS REPORT ON A WAIVER TO IMPLEMENT MANAGED CARE FOR DUAL MEDICARE/MEDICAID ELIGIBLES

(FY2015 Appropriation Bill - Public Act 252 of 2014)

October 30, 2015

Sec. 1775 If the state's application for a waiver to implement managed care for dual Medicare/Medicaid eligibles is approved by the federal government, the department shall provide quarterly reports to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on progress in implementing the waiver.



Michigan Department of
Health & Human Services

RICK SNYDER, GOVERNOR
NICK LYON, DIRECTOR

Michigan Department of Health and Human Services

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On April 3, 2014, the former Michigan Department of Community Health (now Michigan Department of Health and Human Services-MDHHS) received approval by the Centers for Medicare and Medicaid Services (CMS) of its Memorandum of Understanding (MOU), providing authority for the Department to continue its demonstration program to integrate care for people who are eligible for both Medicare and Medicaid (dual eligibles). A three-way contract among CMS, MDHHS, and each of the seven Integrated Care Organizations (ICOs) serves as the final point of authority in governing the demonstration program, now called MI Health Link. This contract was signed by representatives of all parties in October of 2014, was finalized in early November of 2014 and provides for implementation of MI Health Link in four regions of Michigan. The demonstration regions include all counties in the Upper Peninsula, eight counties in southwest Michigan (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren), Macomb, and Wayne counties.

All financial alignment demonstration states are required to follow certain Medicare Advantage rules for enrollment and disenrollment, including those related to engagement of potential and enrolled beneficiaries. CMS provided templates for 30 letters, two of which are required letters for people who are passively enrolled in the program. The department requested permission to add an introductory letter (#33 on the MI Health Link website http://www.michigan.gov/mdch/0,4612,7-132-2945_64077-347672--,00.html) with the intent of providing information about the program, as well as informing eligible beneficiaries that they could choose to enroll, opt-out or be passively enrolled. This letter also provides a toll-free telephone number for the Michigan Medicare-Medicaid Assistance Program (MMAP)¹ so that people who are eligible can speak with unbiased persons about MI Health Link in reviewing enrollment options. Each person is provided the toll-free telephone number for Michigan ENROLLS, the department's enrollment broker, to call and make an active choice to enroll or opt-out. If

¹ MMAP is Michigan's State Health Insurance Program (SHIP), which provides assistance to people who are elderly or people who have disabilities (and people such as family members who help them) in understanding the Medicare and Medicaid options available to them. MMAP is funded by grants from the Centers for Medicare and Medicaid Services (CMS) and the federal Administration on Aging.

no choice is made by calling Michigan ENROLLS, each eligible person receives a notice 60 days and 30 days prior to passive enrollment advising them of the health plan in which he or she will be enrolled. Individuals may call Michigan ENROLLS up to the last day prior to the enrollment effective date to make a decision about enrollment. If a person is enrolled and later has a change of mind, he or she may call Michigan ENROLLS again or 1-800-Medicare to disenroll. Disenrollment is effective on the first day of the following month. For Medicaid purposes, if an individual opts out of participating in or disenrolls from MI Health Link, he or she will be enrolled in fee-for-service Medicaid rather than a Medicaid Health Plan because the only Medicaid managed care option for dually eligible individuals in the demonstration regions is through MI Health Link.

MI Health Link has been implemented in all demonstration regions. On May 1, the first phase of passive enrollment began in the Upper Peninsula (UP) and southwest Michigan. At the same time, 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. With 2015 passive enrollment complete, there are now approximately 38,000 individuals enrolled in MI Health Link. A passive enrollment process will be conducted in January 2016 to enroll those who are eligible for the program but were not eligible for passive enrollment in 2015. MDHHS is establishing an on-going passive enrollment process to launch in early Summer 2016. People may choose to enroll or disenroll from the program on a monthly basis in accordance with Medicare enrollment rules.

The department continues to reach out to people who are eligible for MI Health Link to assist them in understanding enrollment options. There is a specific workgroup that focuses on outreach and education. This workgroup is convened on a weekly basis to discuss outreach to beneficiaries and communication to other stakeholders, such as providers. The workgroup includes advocates who represent people eligible for the program. In addition to MMAP (noted above) providing enrollment options to people who are eligible, the department has contracted through the Michigan Disability Rights Coalition (MDRC) to provide information about the program to people who reside in nursing facilities and other licensed settings. An advocacy organization working with the department in the outreach process meets with people who live in specialized residential settings.

Quarterly public information forums in the demonstration regions have been conducted since the stakeholder process started in 2011 to educate people who are eligible for the program. A forum will be conducted in the Upper Peninsula in October of 2015. People who are eligible for MI Health Link are encouraged to attend.

Other events targeted to increasing enrollment have and will continue to occur. ICOs are permitted to participate in health fairs and other local events approved under Medicare marketing rules to talk to people eligible for MI Health Link. The department has participated in radio interviews targeted to seniors, newspaper interviews, and other media venues to spread the word about the program, in addition to speaking at trade organization conferences for providers. Finally, the department has a website specific to MI Health Link where many informational materials have been posted for people who are

eligible, family members, guardians, providers and the general public. The link to the website is http://www.michigan.gov/mdch/0,4612,7-132-2945_64077---,00.html

MDHHS staff conduct implementation and operation meetings with the ICOs and the Michigan Medicaid Pre-paid Inpatient Health Plans (PIHPs) to address operational issues. MDHHS staff, along with CMS, also conducts monthly contract management team meetings with each of the ICOs to ensure that they are functioning in accordance with the three-way contract.

MDHHS was awarded a 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 may have with the ICO in which they are enrolled or to help file an appeal. The department issued a Request for Proposals (RFP) to solicit bids for an Ombudsman. Michigan Elder Justice Initiative (MEJI) was awarded the MI Health Link Ombudsman grant. The contracting process was finalized by September 1, 2015. MDHHS and MEJI have started work on program implementation. The program is targeted to be operational starting in fall 2015.