

**MI Health Link Region 1 Stakeholder Forum**  
**Northern Michigan University, Marquette**  
**Questions and Answers**  
*September 11, 2014*

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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 September 11, 2014 in Marquette. 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) Mild to moderate behavioral health is provided in clinics. There are HIPAA rules for information sharing. Are these rules going to be changing so there is an integrated system?**

There was a state law passed recently requiring the use of a uniform consent form for individuals receiving Medicaid services. The form will be applicable for this program and others. The purpose of the MI Health Link program is to integrate care, and the information sharing process needed to integrate care must be in compliance with the HIPAA rules. There will be a Frequently Asked Questions document coming soon.

- 2) Wright and Filippis is no longer going to be in Escanaba. Will there be other providers who can help get equipment for individuals who need it when providers leave or go out of business? How will individuals still get services?**

MI Health Link health plans are required to have provider networks which include equipment providers, but the health plans can answer the question for you about what other providers there are. You may contact the MI Health Link health plan at any time to ask questions about providers.

### **3) How do we ensure quality of care?**

We have developed many ways to assess quality of care for various aspects of the program.

- MDCH and CMS will monitor MI Health Link health plans with over 90 quality measures, including surveys for enrollees, to ensure MI Health Link health plans are providing quality care
- We have a site review process and many quality measures (in addition to the 90 measures mentioned above) for the MI Health Link HCBS waiver program for home and community-based services
- There is an Ombudsman program being developed for MI Health Link for people to call and voice their complaints or concerns
- We also have a process for appeals and grievances, and the State will be monitoring appeals that are filed
- The federal government has hired an independent contractor to assess quality and performance of demonstration programs across all participating states
- The MI Health Link Advisory Committee is another mechanism for individuals to voice concerns and help improve care
- A Quality Management Workgroup, led by MDCH with participation from all MI Health Link health plans and PIHPs, will meet regularly to discuss quality concerns as they arise

### **4) What happens if you travel out of state and something happens medically?**

Emergency services are always covered out of state.

### **5) How will enrollment work for individuals in the Adult Home Help program since almost every provider is an individual instead of an agency? What about the payment?**

Personal care services currently provided through the Adult Home Help Program at the Department of Human Services (DHS) will be administered by the MI Health Link health plans instead of DHS. We have provided MI Health Link health plans with a list of agency and individual providers for planning purposes, but each MI Health Link health plan will need to work with all existing providers to bring them into its network. The MI Health Link health plans will

be able to offer individuals a list of providers in the event the individual does not like the current provider or the provider leaves. The MI Health Link health plan Care Coordinator can help the individual find providers and make arrangements for the individual and provider(s) to meet. We are trying very hard to maintain continuity of care for all individuals who move to MI Health Link from other programs, especially for individuals who are enrolled in the Habilitation Supports Waiver (these individuals have a continuity of care period for 180 days).

**Would DHS pay for services until the provider becomes part of the MI Health Link health plan network?**

Once the MI Health Link health plan receives a capitation payment for the individual, the MI Health Link health plan is responsible to pay for those services and quickly arrange for those providers. A lot of people will be working together to ensure individuals' needs are met.

**6) Do you envision a prior authorization from the Department of Human Services (DHS) to indicate how many Adult Home Help services they are receiving?**

MI Health Link health plan care coordinators will be expected to work with DHS to ensure current services are maintained at least until another assessment is completed. MDCH is developing on-line tools for the health plans to identify previous Home Help Service providers, hours of service and reassessment dates for MI Health Link enrollees.

**7) Will all people in the Habilitation Supports Waiver (HAB) be passively enrolled?**

Eligible persons in the HAB will be passively enrolled in MI Health Link, unless they choose to opt out. They will be able to stay in the HAB with the same supports and services. If an individual is receiving services through the HAB, they would not be able to be in the MI Health Link HCBS waiver at the same time. They would receive all other needed physical health and long term supports and services through the MI Health Link health plan.

**8) Will there be reimbursement for mileage and travel for providers who have to drive to an individual they are serving?**

The arrangements are between the MI Health Link health plan and the providers or agencies. The MI Health Link Health Plan will be compliant with federal and state law.

**9) Would current services stay the same for services through UPCAP?**

The MI Health Link health plan would maintain current services initially, and then after the assessment process the MI Health Link health plan and the individual will decide what services are appropriate.

**10) Will the forum in Kalamazoo be the same as today or will it be different?**

It will be very similar.

**11) How will this program be evaluated? Will regions that are not included in the program be evaluated too?**

The state evaluation process has yet to be determined, but we are thinking we may want to look at the MI Health Link program regions vs. other areas of the state to see if there have been any improvements in care, etc. RTI, the organization contracted by CMS to conduct program evaluation, will conduct evaluation by comparing the enrolled population to a similar population not enrolled in the program.

**12) Transition period of BH services. Currently, there is a carve-out for moderate behavioral health services. If someone is receiving service through Molina, will they be able to see their current therapist, or will they have to change therapists?**

Mild and moderate behavioral health services will be provided through the Prepaid Inpatient Health Plan (PIHP). The PIHPs are currently enrolling therapists and counselor and other providers including providers who are currently offering Medicare and Medicaid behavioral health services.

**Does the 90 day continuity of care requirement apply to BH services?**

Yes.

**13) How does someone apply for the Advisory Committee?**

Application materials are posted on our website at <http://www.michigan.gov/mihealthlink>

**14) How can we get a list of providers for DME?**

If a person is enrolled with a MI Health Link health plan, the MI Health Link health plan will be required to provide a list of providers. If the person is currently receiving services through a Fee-for Service arrangement, there is not a list of providers since the individual must make the calls to the providers themselves.

**15) Will transportation be provided by volunteers?**

Transportation may be provided by volunteers as an option, but not in all cases. The MI Health Link health plan will have a list of transportation providers. The Upper Peninsula does often use volunteers, but there are a variety of other options.

**16) Individuals are allowed to opt in/out of the MI Health Link program monthly. How will providers be notified of changes?**

Providers are all required to verify an individual's eligibility prior to delivery of services. Providers should all have the mechanisms in place to do this.