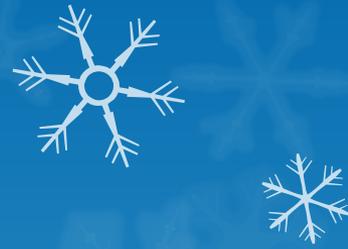


# MI Health Link: A Primer for Advocates and Service Providers

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Linking Medicare and Medicaid for you

# What is MI Health Link?

- A new managed care program for people eligible for BOTH Medicaid and Medicare.
- It will be offered in four regions of the state.
- It combines Medicare and Medicaid benefits, rules, and payments into one coordinated health care system.

# Where will MI Health Link be available?

- All of the Upper Peninsula
- Macomb County
- Wayne County
- Eight counties in Southwest Michigan (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties)



# Who is eligible for this new program?

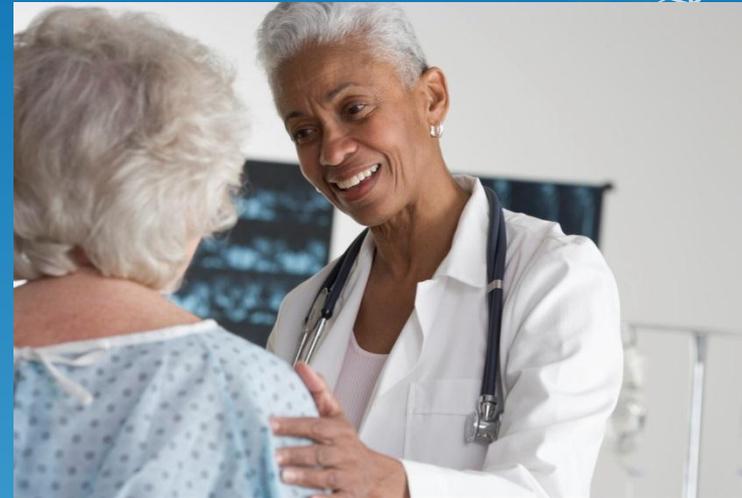
To be eligible, a person must:

- Live in one of the four regions
- Be eligible for BOTH full Medicaid (**not** spend-down or “deductible” Medicaid) and Medicare
- Be age 21 or older
- **Not** be receiving hospice service

# Eligibility issues for special populations

- People enrolled in the Children's Special Health Care Services Program **are not** eligible.
- People enrolled in MI Choice or PACE **are** eligible but would have to choose to leave MI Choice or PACE to enroll in MI Health Link
- People who live in nursing homes **are** eligible

# Covered services



# What services and supports will MI Health Link offer?

- All health care covered by Medicare and Medicaid
  - Medications
  - Dental (cleaning, fillings, dentures, etc.)
  - Vision services
  - Equipment and medical supplies
  - Physicians and specialists

# More Covered Services...

- Hospital stays and surgeries
- Diagnostic testing and lab services
- Home health services
- Transportation for medical emergencies and medical appointments
- Emergency and urgent care



# Covered Long Term Supports and Services...

- Personal care
- Equipment to help with activities of daily living
- Chore services
- Home modifications
- Adult day program
- Private duty nursing

# More Covered Long Term Care Services



- Respite
- Home delivered meals
- Community transition services
- Fiscal intermediary services
- Personal emergency response system
- Nursing home care

# Covered Behavioral Health Services



- Examples of services for people with mental illness, substance use issues, or intellectual/developmental disabilities:

- Individual, Group, or Family Therapy
- Supported Employment
- Community Living Supports
- Substance Use Treatment
- Medication Review

# What else?

- Health plans may choose to cover more services than they are required to cover, may offer some services more frequently than required, or may cover a higher dollar amount if there is a financial cap on a particular service.
- Beneficiaries in all of the regions except the U.P. (where there is only one plan) should compare the “perks” various plans offer in their region.

# How will MI Health Link work?

- Acute and primary care, long term supports and services, medications, vision and dental, and most other services will be coordinated by the beneficiary's **Health Plan**.
- Behavioral health services will be coordinated by the **PIHP (Prepaid Inpatient Health Plan)**. People already receiving services through Community Mental Health will get the same services without interruption.

# Which Health Plans and PIHPs will offer MI Health Link?

## **Upper Peninsula (Region 1):**

Upper Peninsula Health Plan

NorthCare Network (PIHP)

## **Southwest Michigan (Region 4):**

Aetna Better Health of Michigan (HP)

Meridian Healthcare (HP)

Southwest Michigan Behavioral Health  
(PIHP)

# Which Health Plans and PIHPs will offer MI Health Link?

- **Macomb County (Region 9)**

Aetna Better Health of Michigan (HP)

AmeriHealth (HP)

Fidelis SecureCare (HP)

HAP Midwest Health Plan (HP)

Molina Healthcare (HP)

Macomb PIHP

# Which Health Plans and PIHPs will offer MI Health Link?

- **Wayne County (Region 7)**

Aetna Better Health of Michigan (HP)

AmeriHealth (HP)

Fidelis SecureCare (HP)

HAP Midwest Health Plan (HP)

Molina Healthcare (HP)

Detroit-Wayne Mental Health Authority  
(PIHP)

# Why join MI Health Link?



# What are the benefits of joining MI Health Link?

- No co-payments or deductibles for in-network services, including medications
  - Nursing Home Patient Pay Amounts will still apply
- One health plan to manage all Medicare and Medicaid covered services
- One card to access all services

# More Benefits

- Person-centered care with a focus on supports for community living
- Access to a 24/7 Nurse Advice Line to answer questions
- An Ombudsman to help address problems or concerns
- Opportunities for beneficiaries to serve as advisors and advocates as MI Health Link is implemented

Deciding whether to enroll....



# What are the risks or downsides to joining MI Health Link?

- **New program—bound to be many kinks to work out**
- **Vision and goals of program may not be realized**
- **Beneficiaries may have to select new healthcare providers (can ask non-participating providers to join a network.)**
- **Medications beneficiaries take may not be covered. Beneficiaries must check health plan formularies.**

# What to consider....

- People with employer or union sponsored insurance plans who join MI Health Link may not be able to return to those insurance plans
- Letters sent to potential enrollees will warn those in employer or union sponsored plans not to enroll unless they meet with retiree benefits manager and are prepared to lose plan

## What to consider...

- Participants of PACE or MI Choice have to leave that program to join MI Health Link
  - People **may** have to wait for an opening if they choose to return to MI Choice

# What to consider for beneficiaries already in a managed care plan

- Most people eligible for both Medicare and Medicaid who are enrolled in a Medicaid managed care plan and opt-out of MI Health Link will receive Medicaid services through original Medicaid
- Only people with Medicare employer or union sponsored health plans may continue to receive Medicaid services through a Medicaid managed care plan if they don't participate in MI Health Link

# What to consider...more for MI Choice participants to consider

- A care plan offered by a MI Health Link plan may be different than the care plan offered by a MI Choice provider
- **A person who is ineligible for Medicaid in the community unless he or she is enrolled in MI Choice will not be eligible for waiver services in MI Health Link.**
- Some services might have different limitations or different eligibility criteria.
- The service providers who provide MI Choice services may or may not be the same service providers available to MI Health Link participants.

# More considerations for MI Choice participants

- For MI Choice participants living in an adult foster care home or a home for aged
  - this setting may not be approved under the new rules for the MI Health Link waiver

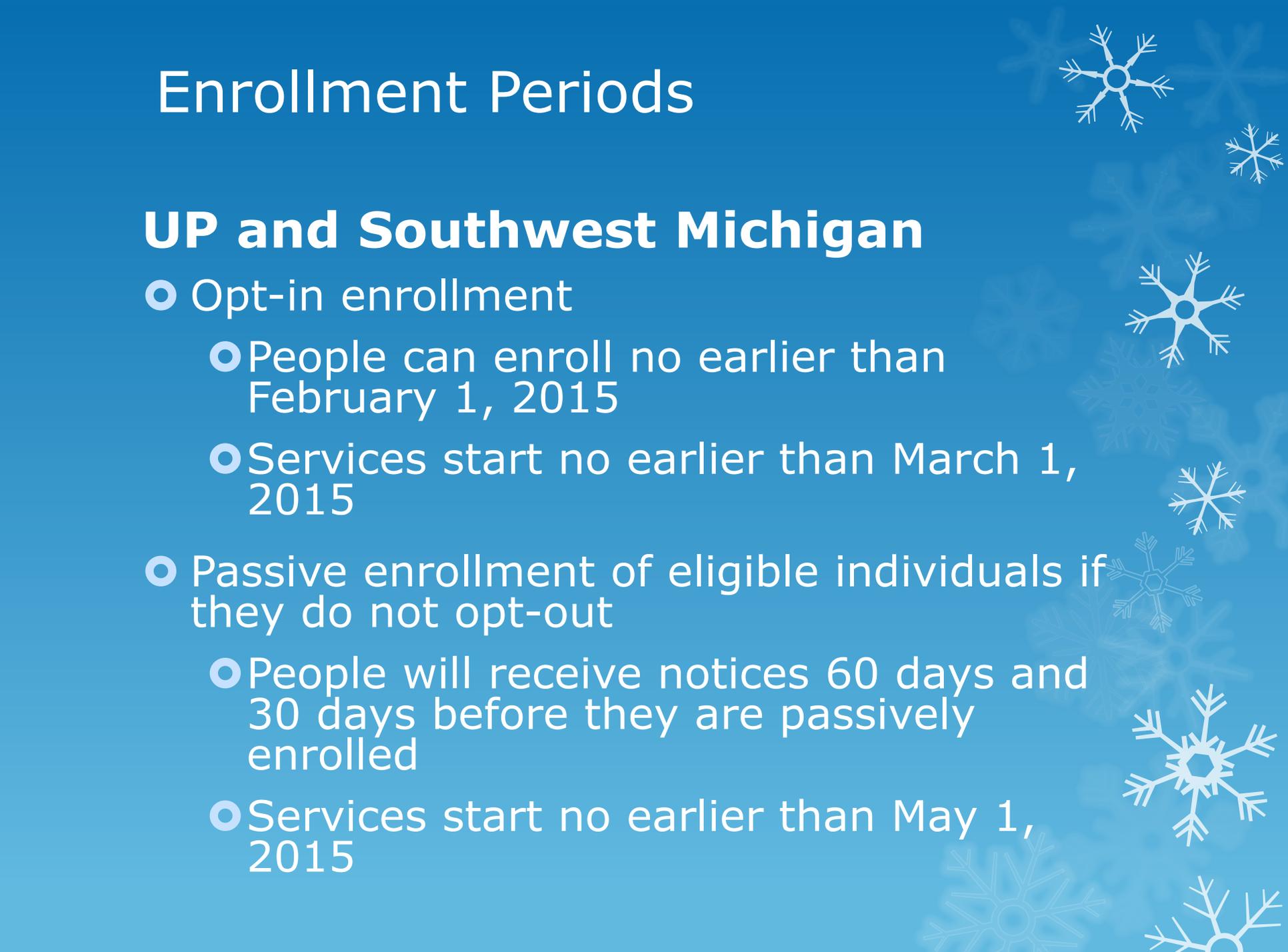
# Considerations for beneficiaries receiving Home Help

- Personal care services in MI Health Link will be provided through the health plans and not through DHS
- MI Health Link enrollees can have the same providers they had in Home Help
- The same plan of care (time and task) will be provided until a new assessment is performed

# How enrollment works...



# Enrollment Periods



## UP and Southwest Michigan

- Opt-in enrollment
  - People can enroll no earlier than February 1, 2015
  - Services start no earlier than March 1, 2015
- Passive enrollment of eligible individuals if they do not opt-out
  - People will receive notices 60 days and 30 days before they are passively enrolled
  - Services start no earlier than May 1, 2015

# Enrollment Periods

## ○ Wayne and Macomb Counties

### ○ Opt-in enrollment

- People can enroll 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

- People will receive notices 60 days and 30 days before they are passively enrolled

- Services start no earlier than July 1, 2015

# What will beneficiaries receive?

Beneficiaries will receive a letter that explains

- How to enroll in MI Health Link
- Whom to contact for help
- How to opt out if they do not want to be enrolled in MI Health Link.

# Opting out & changing plans

- People may opt out or change plans at any time (and, after enrollment, every month) by calling Michigan Enrolls
- If a person opts out, the state cannot enroll him/her in a health plan.
- If a person chooses to opt out, he or she can always change his or her mind and enroll at a later date.

# Picking a plan

- In regions in which there is more than one plan, beneficiaries may compare drug formularies, extra services the plan offers, and other information to choose the best plan for them.
- MMAP counselors and Michigan Enrolls staff will be able to help beneficiaries understand the differences between plans.

# What happens after enrollment?



# What will new members receive?

- New MI Health Link card
- Provider directory
- Summary of benefits
- Member handbook

# What happens next?

- Enrollees will receive an initial screening
- 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)

# Screening & Assessment



# Initial Screening

- Nine “yes” or “no” questions to
  - Identify current services
  - Identify immediate or unmet needs
- People calling to enroll will be asked these simple questions during the call
- For people choosing not to answer on the phone, the plan will work with the person to complete the questions



# 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
  - Behavioral health needs
  - Intellectual developmental disabilities (I/DD) needs
  - Long term supports and services (LTSS) needs
- Health plans will collaborate with PIHPs and LTSS agencies
- Additional supports and services will be coordinated to meet the needs identified

# Level II Assessment for people needing Nursing Home or Waiver Services

- The Nursing Facility Level of Care Determination tool will be completed to determine if the enrollee meets the requirements for these services
- The health plan will coordinate with long term supports and services providers to meet the enrollee's needs

# Level II Assessment for people with Behavioral Health Needs

- The health plan will make a referral to the PIHP
- The PIHP will complete a telephone screen to determine mental health service needs and referral to a provider



Coming up with a plan...



# Supports Plan (IICSP)

- Each enrollee will help develop his/her own care and supports plan with his/her care coordinator and will choose the people to participate in the process
- Developed through a person-centered planning process
- Is the single plan to coordinate all services and supports including long term supports and services and behavioral health services.
- Completed within **90** days of enrollment start date

# What's in the Plan?

- Contains plan for addressing concerns and goals, as well as measures for achieving them
- Identifies specific providers, supports and services including amount, scope and duration
- Lists the person responsible and time lines for specific interventions, monitoring and reassessment

# What's in the Plan?

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



# Care coordinators' job:

Care coordinators will maintain ongoing relationships with enrollees to assure

- assessments and care plans are revisited and updated periodically
- questions and concerns are answered and addressed
- health issues get the attention they deserve
- **the enrollee is satisfied with MI Health Link**

# Questions?





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