



# Michigan Department of Community Health

Director Nick Lyon

The logo for MI Health Link, featuring a light blue curved line above the text. 'MI' is in dark blue, 'HEALTH' is in light blue, and 'LINK' is in dark blue.

# MI HEALTH LINK

Linking Medicare and Medicaid for you

# Today's Agenda

- \* MI Health Link Overview
- \* Eligibility Criteria
- \* Benefits of MI Health Link
- \* Covered Services
- \* Enrollee Protections
- \* What to Consider
- \* Enrollment and Beyond



# MI Health Link

A new program that joins Medicare and Medicaid benefits, rules and payments into **one** coordinated delivery system



# MI Health Link

- \* Three-way agreement between CMS, MDCH and procured Integrated Care Organizations (ICOs)
- \* ICOs hold sub-contracts with Pre-Paid Inpatient Health Plans (PIHPs) for behavioral health
- \* Operates under capitated financial alignment model



# MI Health Link

- \* Three year program with services beginning no earlier than March 1, 2015
- \* Provided in four regions in the state

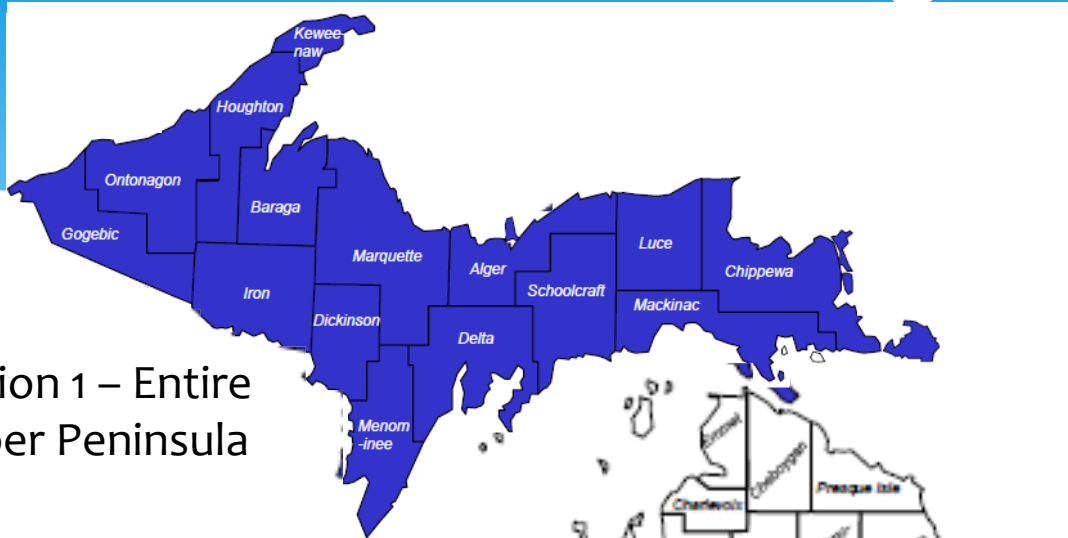


# MI Health Link Regions

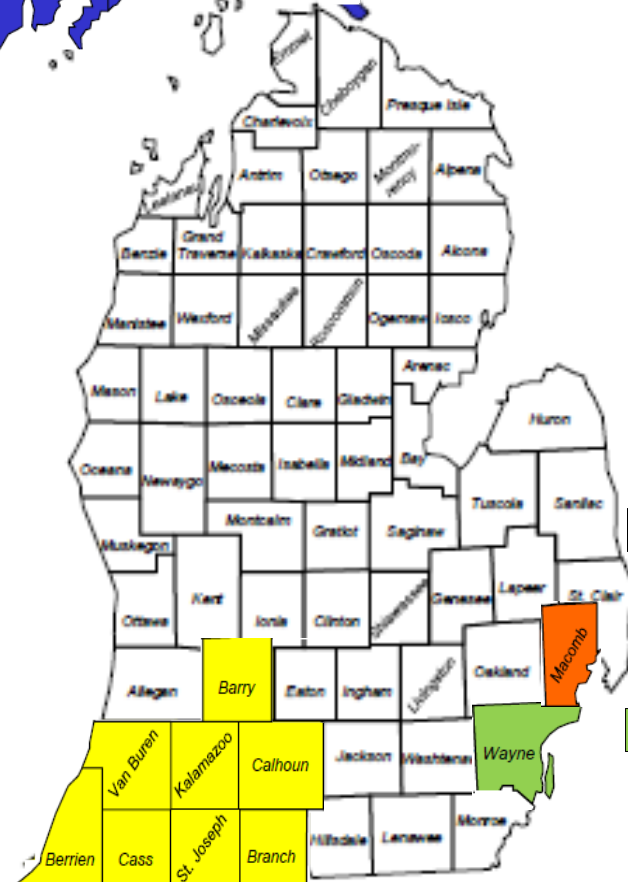
- \* **Region 1** - Entire Upper Peninsula
- \* **Region 4** - Southwest Michigan (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties)
- \* **Region 7** - Wayne County
- \* **Region 9** - Macomb County



# MI Health Link Regions



■ Region 1 – Entire Upper Peninsula



■ Region 2 – Southwest Michigan

■ Region 9 – Macomb County

■ Region 7 – Wayne County



# Region 1 – Upper Peninsula

- \* MI Health Link health plan
  - \* Upper Peninsula Health Plan
- \* Pre-Paid Inpatient Health Plan
  - \* NorthCare Network





# Region 4 – Southwest Michigan

- \* MI Health Link health plan options
  - \* Aetna Better Health of Michigan
  - \* Meridian Health Plan
- \* Pre-Paid Inpatient Health Plan
  - \* Southwest Michigan Behavioral Health



# Region 7 – Wayne County

- \* MI Health Link health plan options
  - \* Aetna Better Health of Michigan
  - \* AmeriHealth
  - \* Fidelis SecureCare
  - \* HAP Midwest Health Plan
  - \* Molina Healthcare
- \* Pre-Paid Inpatient Health Plan
  - \* Detroit-Wayne Mental Health Authority



# Region 9 - Macomb County

- \* MI Health Link health plan options
  - \* Aetna Better Health of Michigan
  - \* AmeriHealth
  - \* Fidelis SecureCare
  - \* HAP Midwest Health Plan
  - \* Molina Healthcare
- \* Pre-Paid Inpatient Health Plan
  - \* Macomb PIHP



# Eligibility Criteria



# Eligibility Criteria

People may be eligible for MI Health Link if they:

- \* Live in one of the four regions
- \* Are age 21 or over
- \* Are eligible for full benefits under both Medicare and Medicaid, and
- \* Are not enrolled in hospice



# Eligibility Criteria

- \* People enrolled in PACE and MI Choice are eligible, but must leave their programs before joining MI Health Link
- \* People with a spend down are not eligible for MI Health Link
- \* People in a nursing home are eligible and must continue to pay their patient pay amount to the nursing home



# Benefits of Joining MI Health Link



# Benefits of MI Health Link

- \* No co-payments or deductibles for in-network services, **including medications**
- \* One health plan to manage all Medicare and Medicaid covered services
- \* One card to access all services





# Benefits of MI Health Link

- \* Person-centered care with a focus on supports for community living, not just doctor-driven medicine
- \* Access to a 24/7 Nurse Advice Line to answer questions



# Benefits of MI Health Link

- \* Each enrollee will have a care coordinator who will:
  - \* work with them to create a personal care plan based on the enrollee's goals
  - \* answer questions and make sure that health care issues get the attention they deserve
  - \* connect people to supports and services needed to be healthy and live where they want



# Benefits of MI Health Link

- \* Each participant will have access to an Integrated Care Team that will:
  - \* include doctors, providers, and anyone else they would like to include
  - \* work with them to identify goals and preferences for care and services





# Covered Services



# Covered Services

- \* All health care covered by Medicare and Medicaid including:
  - \* Medications – without co-pays
  - \* Dental and vision services
  - \* Equipment and medical supplies
  - \* Physicians and specialists
  - \* Emergency and urgent care



# Covered Services

- \* All health care covered by Medicare and Medicaid
  - \* Hospital stays and surgeries
  - \* Diagnostic testing and lab services
  - \* Nursing home services
  - \* Home health services
  - \* Transportation for medical emergencies and medical appointments



# Covered Services

- \* Long Term Supports and Services (LTSS)
  - \* Personal care
  - \* Equipment to help with activities of daily living
  - \* Chore services
  - \* Home modifications
  - \* Adult day program
  - \* Private duty nursing



# Covered Services

- \* Long Term Supports and Services (LTSS)
  - \* Preventive nursing services
  - \* Respite
  - \* Home delivered meals
  - \* Community transition services
  - \* Fiscal intermediary services
  - \* Personal emergency response system
  - \* Nursing home care





# Covered Services

## \* Behavioral Health Services

- \* Behavioral health services are those that are provided to individuals who have a mental illness, intellectual/developmental disability or substance use disorder



# Covered Services

- \* Behavioral Health Services
  - \* Behavioral Health services are accessed through the Health plan, PIHP or local Community Mental Health Service Provider (CMHSP)
  - \* If currently receiving services through the CMHSP, services will not change or be interrupted



# Covered Services

- \* Behavioral health services are medically necessary services. Examples include:
  - \* Individual, group and/or family therapy
  - \* Medication review
  - \* Supported employment
  - \* Community living supports (meal preparation, laundry, chores, food shopping)
  - \* Substance use disorder services (assessment, treatment planning, stage-based interventions, referral and placement)





# Enrollee Protections



# Enrollee Protections

- \* MI Health Link follows the current grievance and appeal processes for Medicare and Medicaid services
- \* Enrollees are offered appropriate appeals rights and notice letters will direct them to the entity they should contact if they wish to appeal an action



# Enrollee Protections

- \* A MI Health Link Ombudsman Program will be available to help resolve problems and answer questions
- \* Health plans must offer a choice of providers and care coordinators
- \* Health plans must honor the continuity of care requirements



# Enrollee Protections

- \* Every MI Health Link health plan is required to have an Advisory Council specific to their program
- \* The State will form a MI Health Link Advisory Committee for enrollees, allies, and advocates to give input and suggestions to help improve MI Health Link
- \* Participants are encouraged to be involved Advisory groups



# Enrollee Protections

- \* Application forms for the MDCH Advisory Committee can be found here:  
<http://www.Michigan.gov/MIHealthLink>
- \* Call 517-241-4293 if you need the form mailed to you
- \* A completed application form is required for consideration. Completed applications can be sent to MDCH by email, fax or regular mail
- \* Email: [IntegratedCare@michigan.gov](mailto:IntegratedCare@michigan.gov)





# Enrollee Protections

## Continuity of Care

### MI Health Link participants:

- \* Can continue to see current doctors and providers, including those who are out-of-network, during the transition period
- \* Choose personal care service providers including paying family members or friends to provide the service
- \* Continue current medications during transition period



# Enrollee Protections Continuity of Care

The MI Health Link plan will

- \* Honor current authorizations for services
  - \* Participant can report authorizations to the plan
  - \* Personal Care authorization information is provided to the plan by MDCH



# Enrollee Protections

## Continuity of Care

- \* Those who want to join MI Health Link and are already in nursing homes **are not** required to move to a different nursing home in the health plan's network
- \* If the individual is residing in an out-of-network nursing home at the time of enrollment, the MI Health link health plan will work with the nursing home to make arrangements for the individual to stay there



# Enrollee Protections Continuity of Care

- \* Transition periods apply for individuals joining MI Health Link from:
  - \* Habilitation Supports Waiver
  - \* MI Choice (HCBS) Waiver
  - \* PACE
  - \* Home Help



# Enrollee Protections Continuity of Care

- \* MI Health Link participants will have a transition period for services
  - \* Scheduled Surgeries
  - \* Dialysis
  - \* Chemotherapy and Radiation
  - \* Organ, Bone Marrow, Hematopoietic Stem Cell Transplant



# Enrollee Protections Continuity of Care

- \* MI Health Link participants will have a transition period for services
  - \* Durable Medical Equipment
  - \* Dental and Vision
  - \* Home Health, Personal Care and Physicians/Practitioners





# What to consider when joining MI Health Link

# What to Consider

- \* Do the individual's current doctors and other providers participate in the MI Health Link plan?
  - If not, would the provider consider joining the MI Health Link plan?
- \* Are the individual's current medications covered by the MI Health Link plan?
  - Each plan offers its own list of covered medications





# What to Consider

- \* Is the individual a member of PACE or MI Choice?
  - \* There are differences between these programs and MI Health Link
    - \* Expanded eligibility categories may vary
    - \* Services vary
  - \* Participants of PACE or MI Choice have to leave that program to join MI Health Link



# What to Consider

- \* 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
  - \* discuss this issue with your current MI Choice supports coordinator



# What to Consider - PACE

- \* PACE integrates all Medicare and Medicaid services
  - \* Services are primarily provided in the PACE Center
  - \* Participants must use the PACE primary care physicians in the PACE centers and other providers (such as hospitals) that are contracted with the PACE organization
  - \* PACE provides social interaction in the PACE Center for participants



# What to Consider – Home Help

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



# What to Consider

- \* People and their dependents with employer or union sponsored insurance plans who join MI Health Link may not be able to return to those insurance plans
- \* The individual should check with their retiree benefits management system/human resources



# Enrollment and Beyond



# 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





# Enrollment

People eligible for MI Health Link will receive a letter explaining:

- \* How to enroll in a MI Health Link plan
- \* Whom to contact for help
- \* How to opt-out if they don't want to be part of MI Health Link



# Enrollment

- \* People may change plans or opt out at any time
- \* If people opt-out, the state may not automatically enroll them into a plan
  - \* These people are still eligible to enroll if they wish



# What Happens After Enrollment?



# What Happens after Enrollment?

- \* Enrollees receive a member packet from the health plan including
  - \* A new MI Health Link card
  - \* Provider directory
  - \* Summary of benefits
  - \* Member handbook
  - \* Formulary
  - \* Welcome letter



# What Happens after Enrollment?

- \* 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)



# Individual Integrated Care and Supports Plan (IICSP)



# Individual Integrated Care and Supports Plan (IICSP)

- \* Each enrollee will help develop his own care and supports plan with his care coordinator and will choose the people to participate in the process
  - \* Selected family, friends and providers
  - \* Invited integrated care team members



# Individual Integrated Care and Supports Plan (IICSP)

- \* Follows a person-centered planning process
- \* Is completed within 90 days of enrollment start date
- \* Is the single plan that coordinates care for all services and providers and includes the PIHP and LTSS service plans





# Individual Integrated Care and Supports Plan (IICSP)

- \* 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



# Individual Integrated Care and Supports Plan (IICSP)

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



# Ongoing Coordination

- \* 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 Providers May Have

- \* How will I be paid?
- \* Whom do I bill?
- \* How do I contract with an ICO?
- \* What happens if my patient enrolls in MI Health Link, and I am not an in-network provider of my patient's ICO? Can I continue to see my patient?



# Resources

[www.michigan.gov/mihealthlink](http://www.michigan.gov/mihealthlink)

**MDCH Michigan**  
Department of Community Health

Search



Birth, Death, Marriage  
and Divorce Records

Physical Health &  
Prevention

Pregnant Women,  
Children & Families

Behavioral Health &  
Developmental  
Disability

Health Care Coverage

Statistics and Reports

Providers

High Utilizers

HIPAA

Health Professional  
Shortage Area

State Innovation  
Model

MDCH > PROVIDERS > MI HEALTH LINK



## MI Health Link Information for Beneficiaries

MI Health Link is a new program that will allow you to get health care and services covered by Medicare and Medicaid. MI Health Link lets you use one plan and one card for health care, [behavioral health care](#), [home and community-based services](#), nursing home care and medications.

You will have your own [Care Coordinator](#) who will help link you to your doctors, pharmacies, behavioral health care and long term care supports and services through your health plan. The Care Coordinator will also help make sure that all your doctors and other providers work together to meet your needs and honor your choices. This person will assist with your care plan, answer your questions, help get appointments and services, arrange transportation, and more.

You may be eligible for MI Health Link if you:

- Live in the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne, or any county in the Upper Peninsula
- Are age 21 or older
- Have full Medicare and full Medicaid
- Are not enrolled in hospice



# Resources

[www.michigan.gov/mihealthlink](http://www.michigan.gov/mihealthlink)



Search



Birth, Death, Marriage and Divorce Records

Physical Health & Prevention

Pregnant Women, Children & Families

Behavioral Health & Developmental Disability

Health Care Coverage

Statistics and Reports

Providers

High Utilizers

HIPAA

Health Professional Shortage Area

State Innovation Model

MDCH > PROVIDERS > MI HEALTH LINK



## MI Health Link Information for Providers

MI Health Link is a new health care option for Michigan adults, age 21 or older, who are enrolled in both Medicare and Medicaid. Currently, these individuals navigate multiple sets of rules, benefits, insurance cards, and providers in accessing services covered by Medicare Parts A and B, Part D, and Medicaid. Many also have multiple or chronic conditions and will benefit from better [care coordination](#), [person-centered planning](#), and management of health and long term supports and services.

The goal of MI Health Link is to provide seamless access to high quality care through coordination of services currently covered separately by Medicare and Medicaid. MI Health Link offers a broad range of medical and behavioral health services, nursing home care, pharmacy and home and community based services through new managed care entities called Integrated Care Organizations (ICO) and Medicaid's existing [Pre-paid Inpatient Health Plans \(PIHP\)](#). ICOs, PIHPs and providers will be connected through the Care Bridge, a web-based platform for information exchange that is used to coordinate supports and services.

## Frequently Asked Questions for Providers

**Who is eligible for MI Health Link?**



# Questions or comments?

