

Medical Care Advisory Council

Minutes

Date: Tuesday February 11, 2014

Time: 1:30 – 4:30 p.m.

Where: Michigan Public Health Institute (MPHI)
2436 Woodlake Circle
Okemos, MI

Attendees: **Council Members:** Jan Hudson, Marilyn Litka-Klein, Cheryl Bupp, Warren White, Kim Sibilsky, Dave Herbel, Barry Cargill, Priscilla Cheever, Jackie Doig, Alison Hirschel, Robin Reynolds, Larry Wagenknecht, Kim Singh, Tewana Nettles-Robinson

Staff: Steve Fitton, Jackie Prokop, Dick Miles, Farah Hanley, Charles Overbey, Cindy Linn, Cathy Stiffler, Amy Allen, Debera Eggleston, Marie LaPres, Pam Diebolt

Welcome and Introductions

Jan Hudson opened the meeting and introductions were made.

Affordable Care Act Implementation - Healthy Michigan Plan

The Section 1115 demonstration waiver amendment for the Healthy Michigan Plan was approved by the Centers for Medicare and Medicaid Services (CMS) in December 2013 and the Healthy Michigan Plan will begin April 1, 2014.

Waiver Status - Terms and Conditions

The Michigan Department of Community Health (MDCH) has been working with CMS on the special terms and conditions that must be completed for the Healthy Michigan Plan to begin. Some of the items include sending in a waiver acceptance letter, transition planning for the current Adult Benefits Waiver (ABW) population, and finding a way to identify individuals that were denied eligibility on the Federally Facilitated Marketplace and MIBridges that may now be eligible for the Healthy Michigan Plan.

The transition plan for the ABW population has been approved. There are more than 60,000 people in the ABW program that will be automatically transitioned into the Healthy Michigan Plan without having to complete a new eligibility determination. A new Modified Adjusted Gross Income (MAGI) application will be completed at their next annual redetermination date.

Changes to Medicaid Health Plan contracts have been sent to CMS for review. The draft health plan rates for the Healthy Michigan Plan were released last week to the health plans for review, and department staff met with the health plans to receive feedback.

As a part of the special terms and conditions for the Healthy Michigan Plan, the Department must provide additional information to CMS regarding how the MI Health Accounts will work, including how contributions will be collected and a description of how the beneficiary will receive quarterly statements letting them know how much they owe in copayments. MDCH will send in a draft of the plan to CMS by the end of March 2014.

There was a question about consequences for not adhering to Healthy Behaviors. There are two possibilities that MDCH is researching. One is placing the individual into the Benefits Monitoring Program (BMP) though the details have not been worked out. The other possibility is taking money from state tax returns. MDCH is working with the Department of Treasury to see how that could happen and details are being looked at. Jan Hudson suggested community service workers reach out to individuals and see if they need help.

A draft of the Health Risk Assessment form (HRA) was shared with all attendees. The HRA was developed to promote the overall health and well-being of beneficiaries, which when completed, provides beneficiaries the opportunity to earn incentives for actively engaging in the health care system.

Public Act 107 of 2013 calls for copayments to be waived for any visit that is related to a chronic condition, with the goal to promote greater access to services that prevent the progression of and complications related to chronic diseases. A list of chronic conditions will be compiled in the near future.

Under the Healthy Michigan Plan, "Health Saving like Accounts" (HSAs) called MI Health Accounts will be created to engage consumers in the cost of their health care. Copayments will not be collected during the first six months after health plan enrollment, but an initial average monthly copayment history will be established during this time. The average monthly copayment amounts will be collected and retained by the MHPs starting in the 7th month. The average monthly copayment history will then be recalculated each subsequent six months. No Point-Of-Service (POS) copayments will be collected from beneficiaries enrolled in health plans. If a beneficiary is exempt from enrollment in the health plans and is in Fee-For-Service (FFS) they will continue to pay copayments at POS to the providers.

Protocols for the MI Healthy Account and Healthy Behaviors will be available at a later date.

Outreach and Enrollment Plans

MDCH has created a beneficiary handbook that describes the Healthy Michigan Plan. The handbook is in the process of being mailed out to ABW beneficiaries. It will be posted to the website this week. There will also be webinars, provider brochures and posters made available for outreach. A Healthy Michigan Plan logo has been created.

The Department reported it is still exploring expedited enrollment options but they will not be ready to implement by April 1 because of Federal Waiver requirements.

Coordination with DHS

Two follow up questions from the last meeting were answered by DHS.

Are local offices referring to the navigators? Yes, they have resource information and they are referring to the navigators if appropriate. There is a resource guide that lists the link to the navigators and that link has been provided to DHS staff.

Will there be certified application counselors in the local DHS offices? A few urban offices do have certified application counselors. Otherwise, they have resource information and are referring to the navigators if questions arise.

MAGI Implementation Update

MDCH is using the MAGI Methodology for eligibility. The department is working out some system issues, but it is working well overall.

Symposium on High Emergency Room Utilizers - Follow-up

The initial symposium was held in November 2013. A link to the presentations will be sent to the group. Three workgroups are now being established. Anyone interested in joining the workgroups may contact Dr. Eggleston. Workgroup meetings will be held monthly and the first meeting is scheduled for February 27, 2014. Once the three workgroups have completed their reviews, their findings will be presented at a summit with national speakers. Subsequently, a report will be developed to send to the legislature.

Dual Eligibles Integration Project - Update

The Memorandum of Understanding (MOU), which lays out the structure of the program, will be signed soon. MDCH is pleased with the progress that is being made with the Dual Eligibles Integration Project in view of the complexity. A phased enrollment process is planned to begin in July 2014, which begins with opt-in enrollment followed by passive enrollment. Progress continues on the rate structure development.

State Innovation Model (SIM) Update

MDCH received a planning grant to look at ways to implement payment and delivery reforms and will be applying for a testing grant for implementation. After stakeholder meetings and developing several high level recommendations on payment and service delivery reforms, MDCH is ready to move into the Implementation Phase and select the testing regions. Grant award announcements are expected in the near future.

FY 2015 Executive Budget Recommendations

Charles Overbey shared the Executive Budget for fiscal year (FY) 2015. The governor recommended a \$52.1 Billion total State budget, with \$9.8 billion in the general fund (GF). The GF is up 7% this fiscal year. There are increases in the budget for education. The governor proposed tax relief with a Homestead Property Tax credit. \$250 million was proposed for road repairs. One hundred additional state troopers were recommended for public safety. \$120 million is proposed to be added to the rainy day fund. Half of the projected savings that will be achieved from the Healthy Michigan Plan, totaling \$122 million, will be deposited into the Michigan Health Savings Fund. These monies will help pay for Medicaid expansion in the future as the Federal funding is reduced from 100% to 90%.

The MDCH budget is \$17.4 billion total, \$2.9 billion GF. Some of the increases that occurred in the budget were replacing losses in the federal medical assistance percentage (FMAP) and increases in Medicaid caseloads. The Medicaid caseload is estimated to increase slightly in FY 2015 to 1.84 million individuals, and 400,000 more individuals are estimated to be found eligible for the Healthy Michigan Plan. The governor proposed \$5 million to enhance senior services. The budget recommended \$9.6 million in state funds, \$16.4 million in federal funds for the MiChoice program, eliminating the waiting list. Healthy Kids Dental will be expanded to Kalamazoo and Macomb counties if the Executive recommendation is approved by the Legislature.

Funding to continue 50% of the primary care rate increase is recommended. While the HICA tax shortfall was acknowledged, no funding solution was recommended within the Executive Budget recommendations.

\$2.5 million was recommended for the Michigan Home Visitation Initiative, which will promote better birth and health outcomes for pregnant women and their children residing in rural areas. \$2 million was proposed for a pilot project for child and adolescent health to increase access to nursing and behavioral health services.

Mental Health Commission Recommendations

In January 2013, the Governor issued two executive orders (EO) creating the Mental Health and Wellness Commission and the Mental Health Diversion Council. The Mental Health Diversion Council met to talk about improving options and outcomes for people with mental health concerns who are involved in the criminal justice system. The Mental Health and Wellness Commission met to strengthen and improve the system of mental health support and the delivery of services.

Recommendations released in January were focused on person centeredness, personal choice, and integration and innovation. Most discussions surrounded how mental health and physical health connect to create overall wellbeing. The 29 page report is located on www.michigan.gov website for those who would like to read it. The Governor is expected to issue another EO to continue the Commission so that more issues can be addressed as much work remains to be done.

Policy Updates

Healthy Michigan Plan Provider Policy - This policy went out for public comment in December 2013. A fair number of public comments were received and plans are to incorporate many comments into the final bulletin. Internal staff has also added comments that will be incorporated. The policy will be released as a final bulletin on February 28, 2014 with an effective date of April 1, 2014.

1357-NEMT - This policy will affect the Beneficiary Administrative Manual (BAM) and the Bridge's Eligibility Manual (BEM). It makes it clear that those beneficiaries who have provided their own non-emergency medical transportation (NEMT) in the past and now need assistance because a change of circumstance, can receive transportation assistance.

1403-BEM - Comments are due on February 23, 2014. This is a BEM manual update. It modifies eligibility to no longer include Institutional status. This policy will be back dated to October 2013.

The meeting was adjourned at 4:00pm.

Next Meeting - May 27, 2014 1pm-4pm