



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Tuesday, August 9, 2016

Time: 1:00 pm – 4:30 pm

Where: Michigan Public Health Institute (MPHI)
2436 Woodlake Circle
Okemos, MI 48864

Attendees: **Council Members:** Robin Reynolds, Rebecca Blake, Susan Steinke (for Alison Hirschel), Marie DeFer, Michelle Best (for Amy Hundley), Barry Cargill, Amy Zaagman, Priscilla Cheever, Dianne Haas, William Mayer, Pam Lupo, Jeffrey Towns, Vicki Kunz (for Marilyn Litka-Klein), David Herbel, Robert Sheehan, Lisa Dedden Cooper, Kim Singh, Cheryl Bupp, Eric Roath, April Stopczynski, Warren White, Karlene Ketola, Travar Pettway

Staff: Chris Priest, Dick Miles, Kathy Stiffler, Tom Renwick, Deb Eggleston, Jackie Prokop, Erin Emerson, Marie LaPres, Cindy Linn, Susan Kangas, Phillip Bergquist

Other Attendees: Tiffany Stone, Aimee Dedic, Brad Christiansen

Welcome and Introductions

Robin Reynolds opened the meeting and introductions were made.

Update on Flint

The Michigan Department of Health and Human Services (MDHHS) received approval from the Centers for Medicare and Medicaid Services (CMS) on May 9, 2016 to implement a waiver to provide coverage for children and pregnant women with incomes up to 400 percent of the federal poverty level (FPL) who were impacted by Flint water. To date, approximately 23,000 beneficiaries have enrolled in coverage under the waiver, and MDHHS is continuing to work with its partners operating in Genesee County to conduct outreach to eligible individuals.

Budget/Boilerplate Implementation

The State of Michigan budget for Fiscal Year (FY) 2017 (Public Act 268 of 2016) was signed into law on June 29, 2016, and includes an appropriation of \$24.8 billion gross and \$4.4 billion General Fund (GF) for MDHHS. The FY 2017 GF allocation for MDHHS represents an increase of approximately 5.5% (\$230 million) from FY 2016. MDHHS staff discussed several

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items contained within in the FY 2017 MDHHS budget, including:

- \$110 million GF for coverage of specialty drugs to treat Cystic Fibrosis and Hepatitis C
- \$83 million GF to account for a decrease in federal revenues
- \$177 million GF to account for an adjustment to the Federal Medical Assistance Percentage (FMAP) for FY 2017
- \$7.6 million GF to open a new wing at the Center for Forensic Psychiatry
- \$8.9 million GF to complete the expansion of the **Healthy Kids Dental** program to cover all beneficiaries up to age 21 in Kent, Oakland and Wayne counties
- \$3 million GF to increase non-Medicaid mental health services
- \$1.7 million GF for a 15% Medicaid Private Duty Nursing rate increase
- \$5.6 million GF for an increase of \$5 per day to private foster care agencies that perform case management services
- \$2.5 million GF for Senior Community Services
- A large investment in information technology for Integrated Service Delivery at MDHHS county offices and for modernization of the Michigan Statewide Automated Child Welfare Information System (MiSACWIS)
- \$2.7 million GF for housing and outreach specialists to offset a reduction in federal resources for the Money Follows the Person Grant
- \$172 million total reduction in funding for various MDHHS programs, which includes the discontinuation of the Health Insurance Claims Assessment (HICA)

Chris Priest provided an update on the implementation of the budget, and noted that while the Department's outlook on the budget is positive overall, several items contained in Governor Snyder's executive recommendation did not receive approval from the legislature, including a proposed reserve fund for coverage of specialty drugs.

Federal Regulatory Guidance

L Letter re: RX Reimbursement

On February 11, 2016, the Centers for Medicare and Medicaid Services (CMS) issued a new regulation to change the reimbursement methodology for pharmacists as it relates to dispensing fees and ingredient costs. MDHHS has issued a survey to Michigan pharmacists related to the new rule, and meeting attendees were reminded that completion is mandatory, as the results will be used to determine Medicaid reimbursement rates for outpatient drugs. In response to an inquiry regarding the confidentiality of information submitted with the survey, Chris Priest indicated that MDHHS has been working with legal counsel to ensure the privacy of respondents.

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MDHHS is also continuing to work through CMS guidance related to Medicaid managed care and is in the process of establishing a framework to assist all impacted areas.

Healthy Michigan Plan

Beginning April 1, 2018, under the terms of a second waiver for the Healthy Michigan Plan, beneficiaries who have been enrolled in the Healthy Michigan Plan for 48 months and have incomes above 100 percent of the Federal Poverty Level (FPL) may either:

- Remain on the Healthy Michigan Plan, complete a Health Risk Assessment and engage in one or more healthy behaviors, or
- Leave the Healthy Michigan Plan and receive coverage from the Federally Facilitated Marketplace (FFM).

MDHHS is currently working with the Department of Insurance and Financial Services (DIFS) to implement the provisions of the second waiver, including:

- Establishing guidelines for Qualified Health Plans (QHPs) to offer products on the FFM for marketplace-eligible beneficiaries,
- Defining “medically frail” individuals, and
- Revising the Healthy Behaviors protocols.

In response to an inquiry, MDHHS staff noted that QHPs are not required to be Medicaid Health Plans in order to provide coverage to marketplace-eligible beneficiaries.

Managed Care

Provider Surveys

MDHHS is in the process of developing a survey for providers to give input on their experience working with the Medicaid Health Plans, and plans to distribute a draft copy to members of the Medical Care Advisory Council (MCAC) for review by the end of August 2016. When the survey is released, providers will be randomly assigned a health plan to evaluate. Once the survey is completed, the Department will share the results with the Medicaid Health Plans prior to public release.

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Kathy Stiffler reported that many areas within the State of Michigan continue to experience a shortage of providers of Non-Emergency Medical Transportation (NEMT) for Medicaid beneficiaries. The Department met with LogistiCare, the State's Medicaid NEMT contractor, and the participating Health Plans on June 6, 2016 to discuss ways to improve access to NEMT services, and Kathy offered to share notes from the meeting with the MCAC. MDHHS staff and meeting attendees also discussed several ideas to improve access to NEMT, including providing mileage reimbursement to Medicaid beneficiaries who own their own vehicles, and providing special arrangements for Maternal Infant Health Program (MIHP) beneficiaries.

Behavioral Health Updates

Integration of Behavioral Health & Physical Health (298)

Following the release of the Governor's Executive Budget Recommendation in February 2016, which called for the integration of behavioral health and physical health services, the Lieutenant Governor convened a work group to discuss the issue. The stakeholder group has met several times to date, and has been working to complete a set of draft recommendations for the integration of behavioral health and physical health services by October 2016 for stakeholder comment before the final report is due to the legislature in mid-January. MDHHS also plans to establish at least three "affinity groups," each consisting of a select group of stakeholders (i.e., consumers and their families, providers, and state association representatives) to provide feedback on the work group's recommendations. Additional information regarding the Stakeholder 298 Work Group is also available on the MDHHS website at www.michigan.gov/stakeholder298.

Certified Community Behavioral Health Clinics (CCBHCs)

In October 2015, the State of Michigan received a planning grant to certify at least two clinics as CCBHCs, which provide intensive person-centered multi-disciplinary evidence-based screening, assessment, and diagnostic treatment and prevention services for individuals with mental health concerns. MDHHS has received 26 applications from potential sites seeking certification as CCBHCs, and plans to choose up to 10 clinics to participate in the demonstration. A minimum of two clinics (one rural and one urban) are needed for MDHHS to submit an implementation grant application for CCBHCs, which is due by October 31, 2016.

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MDHHS submitted a Section 1115 waiver application to CMS in July 2016, which will allow the Department to administer behavioral health services under a single waiver authority once approved. The 30 day public comment period for the waiver application is now closed, and the Department is continuing to work through the approval process with CMS.

Eligibility Redetermination Update

Implementation Progress

In June 2016, MDHHS issued a release in Bridges to implement a system for passive redetermination of Medicaid eligibility for the Modified Adjusted Gross Income (MAGI) group, which included approximately 50 percent of the beneficiaries enrolled in MAGI programs. A second release is scheduled for October 2016 to passively enroll the remaining MAGI beneficiaries. Implementation of a system for passive redetermination for non-MAGI groups (e.g., Supplemental Security Income [SSI] recipients) is planned for in future releases beginning in January 2017. Beneficiaries who wish to be a part of the passive redetermination process must provide their consent at the time of application. Once consent is given, MDHHS will be able to access the beneficiary's federal and state tax returns for the purpose of determining subsequent eligibility for Medicaid programs. MDHHS staff and meeting attendees also discussed ideas to simplify the redetermination process.

State Innovation Model (SIM) Update

MDHHS staff provided an update on the implementation of the SIM project and gave an overview of its many components, including: a patient-centered medical home related strategy through accountable systems of care; testing of new community health innovation regions; an investment in health information technology and health information exchange; and a collaborative learning network and overall stakeholder engagement approach to policy development. MDHHS has been actively involved in stakeholder engagement regarding the SIM in recent months, and has scheduled a summit for potential SIM participants on August 10 and 11 to discuss the project.

Michigan was announced as a statewide region for the Comprehensive Primary Care Plus (CPC+) program during the week of August 1, 2016, with Medicare, Blue Cross Blue Shield of Michigan and Priority Health participating as partners. Since this announcement, MDHHS has been exploring opportunities to align its work with Patient Centered Medical Homes (PCMHs) through the SIM initiative to the CPC+ program. MDHHS staff indicated that the CPC+ program has a care model focus similar to that which was included in the Blueprint for Health Innovation and the SIM. The Department is also in the process of developing a concept paper for a custom demonstration option to engage providers that were excluded from the CPC+ program. Medicaid is not included as a participating partner in CPC+, though a practice may

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participate with Medicare, Medicaid, and commercial payers by taking part in CPC+ and the PCMH SIM initiative simultaneously. For more information related to the PCMH SIM initiative, providers may visit the MDHHS website at www.michigan.gov/mdhhs >> Doing Business with MDHHS >> Health Care Providers >> State Innovation Model or email SIM@mail.mihealth.org.

Long Term Care Services and Supports Updates

MI Health Link

Dick Miles reported on several updates in the implementation of the MI Health Link program for individuals who are dually eligible for Medicare and Medicaid, including:

- In July 2016, MDHHS implemented a process within the MI Health Link program known as deeming, in which MI Health Link beneficiaries who lose their Medicaid eligibility may remain enrolled in MI Health Link for up to 90 days while their eligibility status is resolved.
- The Department began to passively enroll eligible individuals into MI Health Link on a monthly basis in June 2016, and enrollment in the demonstration has now stabilized at approximately 37,800 beneficiaries. MDHHS is also working to encourage individuals who are dually eligible for Medicare and Medicaid to enroll in MI Health Link voluntarily.
- MDHHS is working collaboratively with the Michigan Association of Health Plans and Integrated Care Organizations to develop a process to address ongoing issues with enrollment discrepancies in Medicare and Medicaid for MI Health Link beneficiaries.
- MDHHS is in the process of working with various stakeholders to organize a summit to educate providers on the MI Health Link program, with a focus on care coordination and person-centered planning. The summit is planned for November 9, 2016.

Home Help

MDHHS is working to develop a new section within the Medical Services Administration that will serve as a single point of accountability for the Home Help program, and will post a position for a Section Manager in the near future. The Department also plans to begin requiring Home Help workers to submit a new Electronic Services Verification (ESV) or Paper Services Verification (PSV) log to receive payment for services beginning in October 2016. The Department is also in the process of implementing the provisions of the Fair Labor Standards Act Home Care Rule, which establishes guidelines for minimum wage, travel and overtime pay.

Conflict-Free Level of Care Determination (LOCD)

As discussed in previous meetings, MDHHS issued a Request for Proposal (RFP) for conflict-free LOCDs in the fall of 2015, but did not receive any successful bidders. The Department has since met with CMS to determine CMS' legal authority to implement the conflict-free LOCD

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mandate, whether it is through the use of independent entities or using existing agencies with a firewall.

Brain Injury Waiver

MDHHS is currently accepting public comments on a Section 1115 waiver application that will provide necessary services and supports to individuals suffering a qualifying brain injury. A webinar will be held to discuss the waiver on August 10, 2016, as well as an in-person public hearing on August 17, 2016. Additional information regarding the waiver application is available on the MDHHS website at www.michigan.gov/mdhhs >> Assistance Programs >> Health Care Coverage >> Michigan Brain Injury (BI) Waiver.

Home Health

Dick Miles and participants discussed the fact that the State of Michigan has not allowed enrollment of new Home Health providers in Southeast Michigan since 2013, and that CMS is expanding the moratorium statewide. The Department may be allowed to seek a waiver in certain areas to prevent coverage gaps. A meeting participant also expressed concern about coverage gaps in home health services for beneficiaries who transition from Medicaid to private insurance coverage, and requested information about existing programs within MDHHS that offer assistance with transitioning beneficiaries from Medicaid to private insurance.

Policy Updates

MI Care Team

Bulletin MSA 16-13 was issued on June 1, 2016, and established the MI Care Team Primary Care Health Home benefit effective July 1, 2016. Ten Federally Qualified Health Centers (FQHCs) are participating in MI Care Team, and are currently providing services to 276 beneficiaries with an additional 61 enrollees pending.

Temporary Relocation

MDHHS staff located on the seventh floor of the Capitol Commons Center (400 S. Pine Street in Lansing), have moved temporarily to the fourth floor of the Lewis Cass Building (located at 320 S. Walnut Street in Lansing).

Zika Update

Letter L 16-39, regarding covered services related to the Zika virus was issued to all Medicaid providers on July 11, 2016. To date, 17 Michigan residents have contracted the Zika virus while traveling.

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A policy bulletin handout was distributed to meeting attendees, and proposed policy 1611-MIHP, regarding changes in benefit administration of Maternal Infant Health Program services for beneficiaries enrolled in a Medicaid Health Plan was also discussed, in addition to Letter L 16-40, regarding increasing access to Naloxone for opioid overdose.

The meeting was adjourned at 3:45 p.m.

Next Meeting: Wednesday, November 16, 2016