



Preparing for the Patient Surge: Implementing the Healthy Michigan Plan

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HEALTHY MICHIGAN PLAN

Discussion Topics

- Enrollment and Health Plan Outreach
- 1st Primary Care Physician Appointment
- Health Risk Assessment
- Healthy Behaviors and Incentives
- MIHealth Account

Benefits Plans

Benefit coverage must be based on federal benchmark coverage and include the 10 essential health care services.

1. Ambulatory patient services
2. Emergency Services
3. Hospitalization
4. Maternity and newborn care
5. Mental Health and substance use disorder services, including behavioral health treatment.
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

ADDITIONAL BENEFIT

Adult Dental Services an additional benefit in the Healthy Michigan Plan

While adult dental services have been a Medicaid benefit previously, the access for service was not adequate

Health Plans will now provide that access to dental care

MEDICAID HEALTH PLAN STATUS

- 13 Medicaid Health Plans (MHP)
- Current Enrollment—1,500,937 (as of end of May)
- Current Enrollment---HMP 170,299 (as of end of May)
- Enrollment in the MHPs ranges from 7,573 to 402,864
- 97% of beneficiaries in mandatory populations are enrolled in managed care
- At least two Health Plans in each county of the state—with the exception of the “rural excepted” counties

MAHP: Who We Are

MAHP Member Health Plans:

- Coventry Cares of Michigan 2,3
- Health Alliance Plan 1,3
- HealthPlus of Michigan 1,2,3,
- Midwest Health Plan 2,3
- Paramount Care of Michigan 1
- Priority health 1,2,3
- Total Health Care 1,2,3
- Upper Peninsula Health Plan 2,3

- Grand Valley Health Plan 1
- Meridian Health Plan 2,3
- McLaren Health Plan 1,2
- Molina Healthcare of MI. 2,3
- Physicians Health Plan 1,2
- Harbor Health Plan 2
- United Healthcare 1,2,3

Key: 1=Commercial Health Plan 2=Medicaid Health Plan 3=Medicare Advantage or Medicare Special Needs Plan

Healthy Michigan Plan

- Expect to realize a potential of 400,000 new members throughout the state when the final persons are enrolled.
- May take this (and perhaps part of next) calendar year to realize all of the enrollments into the health plans as the enrollments may be gradual.
- The persons eligible for the program will voluntarily enroll and also be auto-assigned.

Enrollment and Health Plan Outreach

- Enrollment will take place at Michigan Enrolls, the State's enrollment broker
- When enrollment file comes from the State, the plans will begin outreach to their new members
- Each plan sends an enrollment packet to the member
- Process for 1st appointment begins
- Must have scheduled an appointment with PCP within 60 days of enrollment

HEALTH RISK ASSESSMENT

- Each Healthy Michigan Plan Beneficiary will be asked to complete a DCH approved Health Risk Assessment (HRA)
- This HRA will guide the physician and the plan to assist their member to develop or maintain Healthy Behaviors
- An incentive will be developed for the member if they agree to work on a behavior or maintain a healthy behavior

Health Plan, Provider, and Enrollee Incentives

- Financial Incentives for Contracted Health Plans
- Financial Incentives for Providers who meet specified quality, cost and utilization targets
- Financial Incentives for Enrollees who demonstrate improved health outcomes or maintain healthy behaviors as identified by health risk assessment and providers

HEALTHY MICHIGAN PLAN

- Eligible members under 100% of poverty will have a contribution for this program of a co-pay for many services
- However the co-pay will NOT be collected by the provider of service—the co-pay will be collected by the healthy plan
- co-pays be NOT be allowed if services rendered in an FQHC
- Eligible members between 100 and 133% of poverty are to contribute 2% of their annual income for incurred health expenses in addition to the above mentioned co-pays

MiHealth Account

- This account will provide information on health care services cost and utilization.
- Will show cost of services and amount of contribution and co-pays in account
- Health Plans will provide beneficiaries quarterly statements detailing this information
- If enrollee becomes ineligible for MA, the remaining balance in the account shall be returned to that enrollee in the form a voucher for the sole purpose of purchasing and paying for private insurance

Health Plan Dental Services Responsibilities

- Health plans provide services under the guidance of a contract with the State of Michigan. Unless excluded or an individual has not chosen a health plan yet, this means health care services for TANF, ABAD, DUAL Eligible, CSHCS and MIChild programs.
- Dental service coverage is only required to be covered by the health plans for the HMP population.

Health Plan Dental Services Responsibilities

Interesting facts about the dental coverage for HMP:

- Follows Medicaid FFS guidelines.
- The benefits differ for an HMP member between the age of 19 and 21.
- There will be enrollment timing differences – CHAMPS and the health plan Customer Services are resources for eligibility questions.

Health Plan Dental Services Responsibilities

- A beneficiary assigned to a health plan will receive a new member packet. This includes a copy of a handbook, either separate or included with an explanation of medical services.
- There will be two cards – one for medical care and one for dental care. If the dentist verifies eligibility the card is not required.

Health Plan Dental Services Responsibilities

- A health plan member must go to a dentist that participates with the health plan. Always check CHAMPS for information on the appropriate health plan as well as eligibility.
- Members will receive an Explanation of Benefits (EOB) regarding their dental services.

Health Plan Dental Services Responsibilities

Covered HMP dental services:

- Oral exams (2 in 12 months)
- Assessment (2 in 12 months)
- Bitewing X-rays (1 in 12 months)
- Full mouth or panoramic X-rays (1-5 years)
- Other X-rays as needed
- Teeth Cleaning (2 in 12 months)
- Emergency treatment of dental pain
- Filling of cavities
- Sedative filling
- Extractions, simple and surgical
- Limited other oral surgery
- I.V. sedation (when medically necessary)

Health Plan Dental Services Responsibilities

Covered Services (continued)

- General anesthesia (when medically necessary)
- Complete denture (1 in 5 years)
- Partial denture (1 in 5 years)
- Denture adjustments and repairs
- Denture rebase and reline (1 time in 3 years)
- Re-Cement crowns and bridges

Under age 21:

- Resin crown (laboratory or prefabricated)
- Stainless steel crown (prefabricated)
- Root canal therapy.

Health Plan Dental Services Responsibilities

Services that are not covered

- Bite guards
- Removal of healthy third molars (wisdom teeth)
- Bridges, inlays, inlays and cast crowns
- Braces
- Implants
- Cosmetic dentistry
- Services covered under a hospital, surgical/medical or prescription drug program
- Treatment of TMJ disorder

Health Plan Dental Services Responsibilities

- The relationship between a health plan and the dental service provider is a delegated arrangement to the health plans contract with MDCH.
- Health plans are required to monitor and provide oversight of the vendor including the quality of the dental services and access.

Health Plan Dental Services Responsibilities

Encounter data

- There is an exchange of claim data for services provided between the dental vendor and the health plan.
- The encounter data is submitted to MDCH. Health plans are responsible for the quality and quantity of the encounter data. It is an indicator of the overall quality of the health plans services.
- The encounter data also will be used in the determination of co-pays and member contribution.

Health Plan Dental Services Responsibilities

- If transportation is needed contact the health plan to help make arrangements.
- For specific questions on dental services contact the Provider Services area of the health plans dental vendor.
- Health plan Customer Service departments will also help with questions.

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QUESTIONS