

## State Profile for the Capitated Financial Alignment Demonstration

<b>Michigan: MI Health Link</b>	
<b>Dates</b>	
Memorandum of understanding signed	April 3, 2014
Opt-in enrollment starts <sup>1</sup>	March 1, 2015–May 1, 2015
Passive enrollment starts <sup>1</sup>	May 1, 2015–July 1, 2015
<b>Enrollment</b>	
Covered population	<ul style="list-style-type: none"> <li>• age 21 and older;</li> <li>• had not previously disenrolled from Medicaid managed care due to: <ul style="list-style-type: none"> <li>– Special Disenrollment,</li> <li>– receipt of Children’s Special Health Care Services, or</li> <li>– election of hospice services; and,</li> </ul> </li> <li>• living in the Upper Peninsula, or the following 10 counties: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, and Wayne</li> </ul>
Number eligible as of March 2016	105,000
Number enrolled as of December 2017	39,993
Percent of eligible that opted out as of December 1, 2017	Not available
<b>Payment</b>	
Number of participating plans	Seven
Savings percentage range	1–4 percent
Number of rating categories	Three
Other risk mitigation strategies	<ul style="list-style-type: none"> <li>• medical loss ratio</li> <li>• risk corridors</li> </ul>
<b>Benefits</b>	
Expanded benefits	<ul style="list-style-type: none"> <li>• home- and community-based services<sup>2</sup></li> <li>• adaptive medical equipment and supplies</li> <li>• community transition services</li> <li>• fiscal intermediary</li> <li>• personal emergency response system</li> <li>• respite</li> </ul>
Carved out benefits	Mental health and substance use
Required community involvement	Not specified
<b>Care Coordination</b>	
Number of days to complete health risk assessment	Not specified
Number of days to establish individualized care plan	Within 90 days of enrollment
Education requirements for care coordinator	Care coordinators must be licensed in Michigan as a registered nurse, nurse practitioner, physician assistant, or bachelor’s or master’s prepared social worker.
Care coordinator caseload requirements	Not specified
Number of days to maintain continuity of care from previous coverage	<ul style="list-style-type: none"> <li>• For enrollees in habilitation supports waiver or receiving prepaid inpatient health plan services, plans must maintain current providers, existing care plans, and prior authorizations for 180 days.</li> <li>• For all other enrollees, plans must maintain current providers, existing care plans and prior authorizations until authorization ends or 180 days.</li> <li>• Home health and state plan personal care services continue for 90 days. Enrollees in nursing facilities may remain in that facility through plan contract, single case agreement, on out-of-network basis for duration of demonstration or until enrollee chooses to relocate. For enrollees receiving MI Choices home and community-based waiver services, plans must maintain current providers and level of service for 90 days unless changed during the person-centered planning process.</li> </ul>
<b>Consumer Protections</b>	
Integrated Medicaid and Medicare appeals process	No
Ombudsman	Michigan Elder Justice Initiative and the Counsel and Advocacy Law Line

**Notes:**

<sup>1</sup> Opt-in and passive enrollment had varying start dates by county or region.

<sup>2</sup> In Michigan, home and community based waiver services and items are only available to enrollees who meet nursing facility level of care criteria and for whom these services are included in the enrollee's care plan. The supplemental benefits detailed in the above table are provided to enrollees who meet established criteria and for benefits included in the enrollee's care plan.

**Sources:**

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2017 Monthly enrollment by plan. Baltimore, MD: CMS. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/Monthly-Enrollment-by-Plan.html>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2015. Michigan financial alignment demonstration. Baltimore, MD: CMS. <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Michigan.html>.

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Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2014b. CMS and Michigan partner to coordinate care for Medicare-Medicaid enrollees. April 3, 2014, press release. Baltimore, MD: CMS. <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-04-03.html>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2013. *Memorandum of understanding (MOU) between the Centers for Medicare & Medicaid Services (CMS) and the Michigan Department of Community Health regarding a federal-state partnership to test a capitated financial alignment model for Medicare-Medicaid enrollees: Demonstration to integrate care for persons eligible for Medicare and Medicaid*. Baltimore, MD: CMS. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MIMOU.pdf>.

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