



MICHIGAN MEDICAID FACTS

Important News

August 2016 - The Michigan Department of Health and Human Services (MDHHS) announces a request for proposals on improvements to deliver care to enrollees in 2017. Organizations that submit project ideas can earn one of the MDHHS's \$35,000 grants.¹

February 2018 - Michigan plans to begin integrating its Long Term Services and Supports (LTSS) into managed care on July 1, 2018. Development of pilot programs is currently underway to determine if the integration of physical and mental health care saves money and increases services while maintaining quality.²

March 2018 - Michigan has designated three mental health agencies to conduct pilot tests of integrating physical and behavioral health services. A fourth project is currently being developed. The programs will begin on October 1, 2018 and will continue for several years. The goal is to evaluate cost-savings, quality improvement, and service expansion under this new model. Any Medicaid health plans that work with the mental health agencies have been encouraged to participate in the pilot programs.³

Who is covered in Michigan's Medicaid Program?

ELIGIBILITY GROUPS

	FFS ⁵	MCO ^{5,6}	
Incarcerated Individuals*			Children (0-18 years)
Undocumented Immigrants*			Current & Former Foster Care Children
Intellectual and Developmental Disabilities			Parents and Other Caretaker Relatives
			Pregnant Women
			Aged, Blind, and Disabled Adults
			Dual Eligibles
			Disabled Children
			Newly Eligible Adults
			Qualified Non-Citizens**

* Emergency Medicaid services only.

** Qualified Non-Citizens are subject to a 5-year waiting requirement.

Do Medicaid health plans provide coverage?⁴



- Blue Cross Complete of Michigan
- CoventryCares of Michigan
- HAP Midwest Health Plan
- McLaren Health Plan
- Meridian Health Plan
- Molina Healthcare of Michigan
- Priority Health Choice, Inc.
- Total Health Care
- UnitedHealthcare Community Plan of Michigan
- Upper Peninsula Health Plan

How has Michigan's Medicaid program engaged in Managed Care?

SECTION 1115 WAIVERS⁷

The **Flint Michigan** waiver was created to cover pregnant women and children up to 21 years of age with incomes of up to and including 400% of the federal poverty level (FPL) who were served or are currently being served by the Flint water system after April 2014.

APPROVAL:
3/3/2016

EFFECTIVE:
3/3/2016

EXPIRATION:
2/28/2021

The **Healthy Michigan** program provides coverage for certain aged and disabled individuals. Coverage includes services such as pharmacy case management and is funded through savings from avoiding high-cost institutional placement. An extension application was submitted on 12/22/2017

APPROVAL:
12/22/2009

EFFECTIVE:
1/1/2010

EXPIRATION:
12/31/2018



The **Michigan Brain Injury Waiver** was created to provide injury-specific rehabilitation services to individuals with qualifying brain injuries. An application was submitted for approval on 01/12/2017.

Status: Pending

The **Michigan Pathway to Integration** waiver was created to improve care delivery for individuals with severe mental illness (SMI), substance use disorders (SUD), intellectual/developmental disabilities (I/DD), and children with serious emotional disturbances (SED). This waiver will combine all services and eligible populations served through its 1915(b) and its multiple 1915(c) waivers and include value-based initiatives. An application was submitted for approval 07/07/2016.

Status: Pending





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How is Michigan meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Michigan Primary Care Transformation Project (MiPCT) is a five-year, multi-payer project aimed at improving health in the state, making care more affordable, and strengthening the patient-care team relationship. The program focuses on care management, self-management support, care coordination, and linkages to community services.⁸

Michigan's Blueprint for Health Innovation is a plan for developing and testing new models for health care payment and delivery. The program, created as an amendment to the Health Michigan demonstration, encompasses several value-based healthcare initiatives such as:⁹

- Patient-Centered Medical Homes (PCMH)
- Accountable Systems of Care
- Value-Based Payment Models
- Community Health Innovation Regions
- Enhanced Data-Sharing and Interoperability

Michigan Medicaid Health Homes are available for individuals with serious mental health conditions. The Community Mental Health Service Program (CMHSPs) is the health home that will serve individuals with serious and chronic mental health conditions. CMHSP Health Homes are responsible for reducing avoidable healthcare costs, such as preventing hospital admission/readmissions and avoidable emergency room visits, and providing post-discharge follow-up.¹⁰



Mental Health & Substance Use Disorder

The Healthy Michigan Plan covers inpatient and outpatient mental health and substance use disorder treatment services, but does not cover prescribed medication. Rehabilitative services include:¹²

- Physical therapy
- Occupational therapy
- Medical equipment and medical supplies
- Prosthetics
- Orthotics
- Speech therapy

Women's Specialty Services (WSS) include multiple programs to help women who need substance use treatment. One of the programs, Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR), is intended to engage families in substance use recovery for the welfare of the children. Services include:¹⁵

- Detoxification
- Crisis intervention
- Case management
- Drug monitoring

Medicaid enrollees qualify for the following services under the state plan:¹⁶

- Psychiatric evaluation /health assessment
- Crisis interventions
- Residential services
- Family therapy
- Home-based services
- Individual/group therapy
- Psychiatric hospital admissions
- Crisis stabilization services
- Outpatient partial hospitalization services
- Substance abuse treatment
- Telemedicine
- Drug therapies covered:¹⁷ methadone, naloxone, naltrexone, acamprosate, and disulfiram

Family Planning

Michigan's Family Planning Program under the Health Children and Healthy Families program provides reproductive health care to women, men, and teens who were covered before the expansion. Services include:¹¹

- Information on birth control and sexual health
- Help on choosing a birth control method
- Planning a healthy pregnancy
- Pregnancy testing and counseling
- Testing and treatment for sexually transmitted infections (STIs)
- Preventive health exams to screen for cancer or other health issues

The Healthy Michigan Plan covers family planning services for both men and women in the newly eligible group. Services include:¹²

- Doctor visits
- Exams
- Pregnancy testing
- Birth control methods (condoms, birth control pills)
- Testing for sexually transmitted infections
- HIV/AIDS testing and services

Women's Health

The Breast and Cervical Cancer Control Navigation Program offers services to low-income women who do not have access to follow-up cancer screenings. The services include:¹³

- Clinical breast exams
- Pap smears
- Pelvic exams
- Screening mammograms
- Diagnostic mammograms
- Ultrasounds
- Breast Biopsy
- Colposcopy services
- Colposcopy-directed biopsy services
- Medical Consultations
- Cancer Treatment

Michigan's Maternal Infant Health Program provides home visitation support and care coordination for Medicaid-eligible pregnant women and infants. The purpose of this program is to promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development. Through a standardized, system-wide process, the program hopes to decrease infant mortality as part of Michigan's strategic plan.¹⁴



Oral Health

Services covered by the Healthy Michigan Plan include:¹²

- Dental check-ups
- Teeth cleaning
- X-rays
- Fillings
- Tooth extractions
- Dentures and partial dentures

Services covered by the Healthy Kids Dental Plan include:¹⁸

- Oral exams
- Teeth cleanings
- Fluoride treatments
- X-rays
- Screenings and assessments
- Fillings
- Sealants
- Stainless steel or resin crowns
- Crown buildup, including pins
- Root canals
- Extractions
- Dentures and denture repairs
- Emergency treatment





MI

Timeline

Federal

Michigan

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



1966

Michigan adopts the Medicaid program.¹⁹



Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

1996

Michigan introduces a managed care organization (MCO) with the implementation of its Comprehensive Health Care Program (CHCP); acute, primary, and specialty services and prescription drugs through contracting health maintenance organization (HMOs).²⁰

Managed specialty supports and services, an MCO program, provides coverage for mental health and substance use disorder services, and long-term services and supports for all Medicaid enrollees with mental illnesses, substance use disorders, or developmental disabilities.²⁰

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999

1998

2000

Michigan introduces the Healthy Kids Dental waiver.

2003

Michigan establishes the Program of All-Inclusive Care for the Elderly (PACE) program to enhance the range of services available to adults age 55 and older who require nursing home care.²⁰

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

2009

Foster children are added to the CHCP program.²⁰

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

Michigan implements Medicaid expansion with a 1115 demonstration waiver through a program known as Healthy Michigan. Includes adults with incomes up to 133 percent of the federal poverty level (FPL).²⁰

ACA implementation begins.

2014

2014

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

2016

Centers for Medicare & Medicaid Services (CMS) approves an adjustment to the per member per month (PMPM) limit for the Healthy Michigan Plan adult group.²¹

