

## Michigan Managed Care Program Features, as of 2015

Features	Managed Care Plan Division	Healthy Michigan Plan	Healthy Kids Dental
Program type	Comprehensive MCO	Comprehensive MCO	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)	1115(a) (Medicaid demonstration waivers)	1915(b)
Program start date	07/01/1997	04/01/2014	04/01/2009
Waiver expiration date (if applicable)	10/31/2015	12/31/2018	10/31/2015
If the program ended in 2015, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory		
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs	Voluntary		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Michigan Enrolls	Michigan Enrolls	
Populations enrolled: Notes on enrollment choice period	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on beneficiaries ID number.	New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on beneficiaries ID number	Does not apply because State only contracts with one managed care entity.
Benefits covered: Inpatient hospital physical health	X	X	

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Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	
Benefits covered: Health home (SSA 1945)			
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)		X	X
Benefits covered: Home health agency services	X	X	
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	

## Michigan Managed Care Program Features, as of 2015

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Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulance and other emergency medical transportation, certified midwife services, chiropractic services, DME and supplies, emergency services, end stage renal disease services, health education, hearing and speech services, hearing aids (under 21 years old), medically necessary weight reduction services, parenting and birthing classes, podiatry services, prosthetics and orthotics, tobacco cessation treatment, speech, language, physical and occupational therapies, transplant services, transportation for medically necessary covered services, treatment for STDs, vision services.	Ambulance and other emergency medical transportation, certified midwife services, chiropractic services, DME and supplies, emergency services, end stage renal disease services, health education, hearing and speech services, hearing aids (under 21 years old), medically necessary weight reduction services, parenting and birthing classes, podiatry services, prosthetics and orthotics, tobacco cessation treatment, speech, language, physical and occupational therapies, transplant services, transportation for medically necessary covered services, treatment for STDs, vision services.	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	Health Services Advisory Group (HSAG)	
Performance incentives? Payment bonuses/differentials to reward plans	X	X	
Performance incentives? Preferential auto-enrollment to reward plans	X	X	
Performance incentives? Public reports comparing MCO performance on key metrics	X	X	
Performance incentives? Withholds tied to performance metrics			
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	X	
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			

## Michigan Managed Care Program Features, as of 2015

Features	Managed Care Plan Division	Healthy Michigan Plan	Healthy Kids Dental
Participating plans and regions served: Plans in Program	Blue Cross Complete of Michigan; CoventryCares of MI; HAP Midwest Health Plan; Harbor Health Plan; HealthPlus Partners Inc.; McLaren Health Plan; Meridian Health Plan of Michigan, Inc.; Molina Healthcare of Michigan; Priority Health Choice, Inc.; Sparrow PHP; Total Health Care; UnitedHealthcare Community Plan, Inc.; Upper Peninsula Health Plan	Blue Cross Complete; CoventryCares of MI; HAP Midwest Health Plan; Harbor Health Plan Inc.; HealthPlus Partners, Inc.; McLaren Health Plan; Meridian Health Plan of Michigan; Molina Healthcare of Michigan; Priority Health Choice, Inc.; Sparrow PHP; Total Health Care; UnitedHealthcare Community Plan; Upper Peninsula Health Plan	Healthy Kids Dental
Notes: Program notes	Outpatient Mental Health Services are limited to twenty (20) visits per contract year.	Due to a policy change Medicare Eligibles are excluded from the Healthy Michigan Plan. Outpatient Mental Health Services are limited to twenty (20) visits per contract year.	MDHHS contracts for the administration of the Medicaid dental benefit called Healthy Kids Dental in 80 counties and 3 expansion counties. The contractor administers the Medicaid dental benefit to all Medicaid beneficiaries under age 21 in the participating counties. The dental services provided through the contractor mimic the dental services provided through the FFS Medicaid program. Medicaid beneficiaries have access to dentists through the contractor's participating dental networks. Beneficiaries must see a dentist who participates with the Healthy Kids Dental contract.

## Michigan Managed Care Program Features, as of 2015

Features	PACE	Specialty Prepaid Inpatient Health Plan	MI Choice
<b>Program type</b>	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	MLTSS only (PIHP and/or PAHP)
<b>Statewide or region-specific?</b>	Statewide	Statewide	Statewide
<b>Federal operating authority</b>	PACE	1915(b)/1915(c)	1915(b)/1915(c)
<b>Program start date</b>	11/01/2003	10/01/1998	10/01/2013
Waiver expiration date (if applicable)		09/30/2015	09/30/2018
If the program ended in 2015, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Partial Duals	Voluntary	Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
<b>Populations enrolled: Enrollment choice period</b>	N/A	Other	Other
<b>Populations enrolled: Enrollment broker name (if applicable)</b>			
<b>Populations enrolled: Notes on enrollment choice period</b>		No lock in period.	Enrollments and disenrollments are allowed at any time. Enrollments are always voluntary for qualified individuals. Must meet NFLOC to qualify.
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner			
Benefits covered: Rural health clinics and FQHCs			

## Michigan Managed Care Program Features, as of 2015

Features	PACE	Specialty Prepaid Inpatient Health Plan	MI Choice
Benefits covered: Clinic services			
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs and prosthetic devices	X		
Benefits covered: EPSDT			
Benefits covered: Case management	X		X
Benefits covered: Health home (SSA 1945)			
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Home health agency services	X		
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X	X	X
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Transportation	Assertive Community Treatment, Assessments, Assistive Technology, Behavior Management Review, Child Therapy, Clubhouse, Community Living Supports, Crisis Interventions, Crisis Residential, Enhanced Pharmacy, Environmental Modifications.	Adult Day Health, chore, Community Living Support, Community Transition, Counseling, Home Modifications, Fiscal Intermediary, Goods and Services, Home Delivered Meals, Non-Medical Transportation, Nursing Services, PERS, Private Duty Nursing, Respite, Specialized Medical Equipment and Supplies, Supports Coordination and Trainers, NEMT is being phased in starting 10/1/2016 with Statewide implementation planned for 4/1/2017 (pending CMS approval).
Quality assurance and improvement: HEDIS data required?	No	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			NCQA, JCAHO, URAC, *See Notes Section
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives? Payment bonuses/differentials to reward plans			
Performance incentives? Preferential auto-enrollment to reward plans			

### Michigan Managed Care Program Features, as of 2015

Features	PACE	Specialty Prepaid Inpatient Health Plan	MI Choice
Performance incentives? Public reports comparing MCO performance on key metrics			
Performance incentives? Withholds tied to performance metrics			X
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served: Plans in Program	Care Resources; CentraCare; Great Lakes PACE; Huron Valley PACE; Life Circles; PACE of Southeast MI; PACE of Southwest MI; Senior Community Care of Michigan	CMH Partnership of Southeast Michigan; Detroit Wayne Mental Health Authority; Lakeshore Regional Entity; Macomb County CMH Services; Mid-State Health Network; Northcare Network; Northern Michigan Regional Entity; Oakland County CMH Authority; Region 10 PIHP; Southwest Michigan Behavioral Health	A & D Home Health Care Inc.; Area Agency on Aging 1-B; Area Agency on Aging of NW Michigan; Area Agency on Aging of West Michigan; Detroit Area Agency on Aging; Macomb-Oakland Regional Center (MORC); Northeast MI Community Service Agency; Northern Health Care Management; Region 2 Area Agency on Aging; Region 3B Area Agency on Aging; Region 4 Area Agency on Aging; Region 7 Area Agency on Aging; Reliance Community Care Partners; Senior Resources of West Michigan; Senior Services Inc.; The Information Center Inc.; The Senior Alliance; Tri-County Office on Aging; UPCAP Area Agency on Aging; Valley Area Agency on Aging

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Features	PACE	Specialty Prepaid Inpatient Health Plan	MI Choice
<p>Notes: Program notes</p>	<p>Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and/or Medicaid recipients. The PACE organization receives a prospective monthly payment for each Medicare participant based on a rate similar to the rate paid to Medicare Advantage, and a prospective monthly payment for each Medicaid participant that is negotiated between the PACE organization and the State administering agency. The Medicaid capitation must be less than the amount that would have been paid under the State plan if the individuals were not enrolled in PACE. Pace organizations may charge a premium to individuals who do not have Medicaid eligibility. The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid-covered services, as specified in the State's approved Medicaid plan, all Medicare-covered services and other services determined necessary by the interdisciplinary team to improve and maintain the individual's overall health status. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely through the PACE organization.</p>		<p>Covers HCBS only. Must be elderly or disabled adult (at least age 18), meet Nursing Facility Level of Care (NFLOC), and require supports coordination and at least one additional waiver service to qualify. *Accreditation is not required, but some plans do this voluntarily.</p>