



Michigan MI Health Link Demonstration Frequently Asked Questions for Providers

What is MI Health Link?

MI Health Link is a joint Medicare and Medicaid demonstration designed to integrate care for individuals in Michigan who have both Medicare and Medicaid. Beneficiaries participating in MI Health Link will receive both Medicare and Medicaid coverage, including Part D prescription drugs, through new managed care entities called Integrated Care Organizations (ICOs). ICOs will partner with existing Pre-paid Inpatient Health Plans (PIHPs) to serve individuals who receive Medicare and Medicaid-funded behavioral health services. MI Health Link will be jointly administered by the federal Centers for Medicare & Medicaid Services (CMS) and the Michigan Department of Community Health (MDCH), the Michigan State Medicaid Agency.

Who is eligible for MI Health Link?

In general, individuals who meet all of the following criteria will be eligible to enroll in an ICO:

- Reside in the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne, or any county in the Upper Peninsula;
- Are age 21 or older;
- Have full Medicare and full Medicaid benefits; and
- Are not enrolled in hospice.

How do individuals enroll into MI Health Link?

There will be two phases of MI Health Link enrollment over several months. Enrollment dates vary by region ([http://www.michigan.gov/documents/mdch/MI Health Link Counties 468767 7.pdf](http://www.michigan.gov/documents/mdch/MI_Health_Link_Counties_468767_7.pdf)).

Services will begin on March 1 or May 1, 2015, according to the following schedule:

- MDCH began sending notices to Phase 1 eligible individuals (residents of the Upper Peninsula and Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties) about their enrollment options in late January 2015. Phase 1 eligible beneficiaries could choose to enroll in MI Health Link (“opt-in”) in February, with services beginning on March 1, 2015.
- Phase 2 eligible individuals (residents of Macomb and Wayne counties) may opt-in to MI Health Link no earlier than April 1, 2015, with services beginning on May 1, 2015

Those who do not make an affirmative choice of an ICO will be auto-assigned to one of the plans – a process called “passive enrollment.” Passive enrollment will begin on May 1, 2015 for Phase 1 beneficiaries and on July 1, 2015 for Phase 2. MI Choice Waiver Program and Program of All Inclusive Care for the Elderly (PACE) enrollees who are eligible for MI Health Link will not be auto-assigned and must disenroll from MI Choice or PACE to enroll in MI Health Link. Eligible individuals who currently have an employer or union sponsored plan will also not be passively enrolled.



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Is MI Health Link mandatory for dually eligible beneficiaries in Michigan?

Individuals can opt-out of MI Health Link prior to passive enrollment or disenroll after that at any time to keep their Medicare the same as it is today. Eligible beneficiaries who opt-out or disenroll from MI Health Link will receive Medicaid services through fee-for-service Michigan Medicaid, and they will continue to have a choice of original Medicare and a prescription drug plan or a Medicare Advantage plan.

What services are covered through MI Health Link?

Beneficiaries in MI Health Link will have access to a broad range of medical and behavioral health services, nursing home care, pharmacy, and home and community-based services. In addition, MI Health Link offers beneficiaries care coordination across physical, behavioral health, and long-term services and supports (LTSS) through a designated ICO care coordinator. Additional LTSS benefits include services, such as adaptive medical equipment and supplies, community transition services, personal emergency response system, and respite care services.

How can my patients get help understanding their coverage options under Michigan’s MI Health Link?

For more information, beneficiaries can call or visit the Michigan Medicare/Medicaid Assistance Program (MMAP) at (<http://mmapinc.org/information/>). The toll-free telephone number for MMAP is 1-800-803-7174. You may also email MMAP at info@mmapinc.org.

How do I join the ICO’s networks?

Providers are encouraged to join the networks of one or more ICO in order to provide continuous care to eligible beneficiaries and to be part of this important initiative to coordinate care. The ICOs are currently contracting with providers. If you are a provider serving dually eligible individuals in one of the MI Health Link counties and the ICOs have not contacted you already, you can reach out to them directly for more information. For contact information for each of the ICOs and a list of the geographic areas each ICO is scheduled to serve, see below:

Plan	Provider Relations Contact	Service Area
AmeriHealth	888-667-0318	Macomb and Wayne Counties
Aetna Better Health of Michigan	855-676-5772	Southwest Michigan, Macomb and Wayne Counties
Fidelis SecureCare	1-844-239-7387	Macomb and Wayne Counties



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Meridian Health Plan	888-773-2647	Southwest Michigan
HAP Midwest Health Plan	313-827-5734	Macomb and Wayne Counties
Molina Healthcare	855-322-4077	Macomb and Wayne Counties
Upper Peninsula Health Plan	906-226-4285	Upper Peninsula

Can I continue to see my patients who enroll in an ICO even if I’m not participating?

Yes, for a limited amount of time. MI Health Link has important continuity of care provisions in place for program transitions:

- For individuals enrolled in the Habilitation Supports Waiver or who receive behavioral health services through a PIHP (i.e., Specialty Services and Supports Program), the ICOs must do the following:
 - Allow enrollees to maintain his/her current provider at the time of enrollment for 180 days; and
 - Honor existing plans of care, level of services, and prior authorizations (PAs) until the authorization ends or 180 days from enrollment, whichever is sooner.
 - All behavioral health services (mental health, intellectual/developmental disabilities, and substance use disorder) will continue through the PIHPs unchanged.
- For all other enrollees, the ICOs must do the following:
 - Allow the enrollee to maintain his/her current provider at the time of enrollment for 90 days; and
 - Honor existing plans of care, level of services, and prior authorizations until the authorization ends or 180 days from enrollment, whichever is sooner.

How do providers get paid under MI Health Link?

Other than during the transition period mentioned above, or unless operating under a single case agreement due to a special circumstance, providers must contract with ICOs participating in MI Health Link to get paid for treating individuals enrolled in those plans. Providers will submit claims to one plan for both Medicare and Medicaid services, instead of billing Medicare and/or Medicaid separately. ICOs must meet several requirements related to timely provider payments. For example, the ICO must ensure that at least 90 percent of “clean claims” (those processed without obtaining additional information from the physician or other third-party) from physicians who are in individual or group practice will be paid 90 calendar days of the date of receipt of the claim. Clean claims from LTSS providers must be paid within 30 calendar days of the date of receipt. For more information on requirements for timely provider payments, please refer to Section 5.1.9 on page 188 of the Michigan Three-way Contract (<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MichiganContract.pdf>).



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How can I find out more about MI Health Link and the continuity of care protections?

If you have questions regarding MI Health Link, please email the MDCH at IntegratedCare@Michigan.gov or visit the MI Health Link website at (<http://michigan.gov/mihealthlink>). For more information on the continuity of care provisions under MI Health Link, please refer to the ***Integrated Care Organization (ICO) Transition Requirements at Enrollment table on the MI Health Link Information for Providers website*** at (http://www.michigan.gov/mdch/0,4612,7-132-2945_64077-335615--,00.html) or Section 2.6.4 on page 68 of the Michigan Three-way Contract (<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MichiganContract.pdf>).