
INTRODUCTION

Effective March 1, 2015, the Michigan Department of Health and Human Services (MDHHS), in partnership with the Centers for Medicare and Medicaid Services (CMS), implemented a new capitated managed care program called MI Health Link. This program integrates, into a single coordinated delivery system, all physical health care, pharmacy, long-term supports and services and behavioral health care for individuals who are dually eligible for full Medicare and full Medicaid.

The goals of the program are to improve coordination of supports and services offered through Medicare and Medicaid, enhance quality of life, improve quality of care, and align financial incentives. The program is a demonstration project ending December 31, 2023.

ELIGIBILITY

Individuals who are eligible to participate are those who are age 21 or older, eligible for full benefits under Medicare and Medicaid, and reside in one of the four demonstration regions:

- **Region 1** - All counties in the Upper Peninsula.
- **Region 4** - Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren Counties.
- **Region 7** - Wayne County.
- **Region 9** - Macomb County.

The following categories are not eligible to enroll in the MI Health Link program:

- Individuals under 21 years of age.
- Individuals previously disenrolled due to special enrollment from Medicaid managed care as defined in 42 CFR 438.56.
- Individuals not living in one of the four demonstration regions.
- Individuals with Additional Low Income Medicare Beneficiary/Qualified Individual (ALMB/QI) program coverage.
- Individuals without full Medicaid coverage (deductible).

- Individuals with Medicaid who reside in a state psychiatric hospital.
- Individuals with commercial HMO coverage.
- Individuals with elected hospice services.

Note: If an existing Integrated Care Organization (ICO) enrollee elects hospice services, the enrollee may remain enrolled in the demonstration. Fee-for-Service Medicare will cover hospice services. MI Health Link covers all other services.

- Individuals found to be not lawfully present in the United States (illegal aliens).
- Incarcerated individuals.

Individuals enrolled in PACE, MI Choice, MI Care Team, and Independence at Home are eligible but must leave their programs before joining MI Health Link.

INTEGRATED CARE ORGANIZATIONS (ICO)

MDHHS and Center for Medicaid and Medicare Services (CMS) contracts with managed care entities called Integrated Care Organizations (ICOs) to provide Medicare and Medicaid covered acute and primary health care, pharmacy, dental and long term supports and services (nursing facility and home and community-based services). The MI Health Link program also includes a home and community-based services (HCBS) waiver for MI Health Link enrollees who meet nursing facility level of care, choose to live in the community rather than an institution, and have a need for at least one of the waiver services.

The Michigan Pre-Paid Inpatient Health Plans (PIHP) in the four demonstration regions are responsible for providing all Medicare and Medicaid behavioral health services for individuals who have mental illness, intellectual/developmental disabilities, and/or substance use disorders.

The following is a list of the ICOs providing MI Health Link services in the four regions of the demonstration project:

Region 1 - All counties in the Upper Peninsula (one choice)

Upper Peninsula Health Plan
853 W. Washington Street
Marquette, MI 49855
1-877-349-9324
www.uphp.com/medicare

Region 4 - Southwest Counties (two choices)

Aetna Better Health of Michigan, Inc.
1333 Gratiot
Suite 400
Detroit, MI 48207
1-855-676-5772
[www.Aetna Better Health.com/michigan](http://www.AetnaBetterHealth.com/michigan)

Meridian Health Plan
1 Campus Martius
Suite 700
Detroit, MI 48226
1-855-323-4578
<http://www.mhplan.com>

Region 7 and 9 - Wayne and Macomb Counties (five choices)

Aetna Better Health of Michigan, Inc.
1333 Gratiot
Suite 400
Detroit, MI 48207
1-855-676-5772
[www.Aetna Better Health.com/michigan](http://www.AetnaBetterHealth.com/michigan)

AmeriHealth Michigan, Inc.
100 Galleria Officentre
Suite 210
Southfield, MI 48034
1-888-667-0318
amerihealthvipcareplus.com

Michigan Complete Health
(Previously known as Fidelis SeniorCare, Inc. of Michigan)
800 Tower Drive
Suite 200
Troy, MI 48098
1-844-239-7387
mmp.michigancompletehealth.com

HAP Midwest Health Plan
2850 W. Grand Blvd.
Detroit, MI 48202
1-888-645-0706
hap.org/midwest

Molina Healthcare, Inc.
880 W. Long Lake Road
Suite 600
Troy, MI 48098
1-855-735-5604
www.MolinaHealthcare.com/Duals

COVERED SERVICES

The MI Health Link program offers an array of services to dually eligible individuals enrolled in the program. Covered services include all health care services covered by Medicare and Medicaid:

- Dental and vision services.
- Diagnostic testing and lab services.
- Emergency and urgent care.
- Equipment and medical supplies.
- Home health services.
- Hospitalizations and surgeries.
- Medications (without co-payments).
- Nursing home services.
- Physicians and specialists.
- Transportation for medical emergencies and medical appointments.

Services for long-term supports and services including:

- Adult day program.
- Chore services.
- Community transition services.
- Equipment to help with activities of daily living.
- Fiscal intermediary services.
- Home delivered meals.
- Home modifications.
- Non-medical transportation.
- Nursing home care.
- Personal care.
- Personal emergency response system.
- Preventive nursing services.

Care Coordination Process

- Private duty nursing.
- Respite.

An important part of the MI Health Link program is person-centered coordination. Each ICO's care coordination process will include:

- Assessment of the enrollee's health history and status.
- Development of an Individual Integrated Care and Supports Plan (IICSP) through person-centered planning, creation, and maintenance of an Individual Care Bridge Record to promote the storage and sharing of information across providers.
- Collaboration between the enrollee and members of his or her Integrated Care Team, with ongoing monitoring and advocacy.

Enrollment Process

Enrollment in the MI Health Link program occurs in two ways:

1. Voluntary enrollment
2. Passive enrollment.

Voluntary Enrollment

For voluntary enrollment, the eligible individual must call the enrollment broker contracted by the state for Medicaid managed care programs. The individual selects the ICO in which they wish to enroll, using the ICO provider networks and drug formularies to assist in making choices.

Passive Enrollment

Eligible individuals who do not voluntarily enroll in the program receive a notification letter at least 60 days prior to the enrollment effective date informing them they will be passively enrolled in an assigned ICO. Eligible individuals will have a period of 60 days to cancel their passive enrollment in the program if they choose to do so prior to the enrollment effective date.

Individuals may cancel passive enrollment by calling the enrollment broker contracted by the state for the Medicaid managed care program, as indicated in the notification letter. Individuals who do not cancel their enrollment in the program prior to the effective date

will be passively enrolled. Prior to the enrollment date, and at any time thereafter, individuals will have the opportunity to select a different ICO than the one assigned, if there is another ICO option in the region.

An ID card specific to the MI Health Link program will be issued to enrolled individuals. Use this ID card instead of the traditional Medicare and Medicaid ID cards. It identifies the name of the ICO responsible for coverage along with the MI Health Link logo.

If clients have questions about their health care options, refer them to the Michigan Medicare/Medicaid Assistance Program (MMAP) office at 1-800-803-7174.

Individuals eligible for MI Health Link may enroll, disenroll, or cancel the passive enrollment at any time. Disenrollment is effective on the first day of the following month.

Note: Clients must call Michigan ENROLLS to enroll, disenroll, or cancel the passive enrollment of MI Health Link at 1-800-975-7630.

HOME HELP

Dual eligible clients enrolled in MI Health Link must receive personal care services through the Integrated Care Organizations (ICOs). Individuals enrolled under this program may **not** receive services from Home Help or Adult Community Placement and MI Health Link concurrently. If the client chooses MI Health Link, the ASW must close the Home Help case.

Note: ASWs must generate a DHS-1212, Advance Negative Action Notice, and DCH-0092, Request for Hearings, from MiAIMS when there is a reduction, suspension or termination of services. Make appropriate notations in the comment section to explain the reason for the negative action.

Individuals in MI Health Link may choose to enroll or disenroll monthly as permitted by Medicare rules. Therefore, it is important to note that an individual enrolled and receiving personal care services from an Integrated Care Organization (ICO) in one month may choose to dis-enroll from MI Health Link and reapply for Home Help or Adult Community Placement the following month.

Treat Home Help referrals received from a former MI Health Link plan disenrolled client as a **priority** to limit the disruption of continuity of care.

**Home Help
Individual
Caregivers**

The Integrated Care Organizations (ICOs) must make every effort to bring existing Home Help individual caregivers into their network via contracts or other agreements if the enrollee chooses to maintain their current individual caregiver. Individuals must meet the requirements for personal care individual caregivers set by the ICO policy including passing a criminal history screen.

Individuals providing personal care services to a client enrolled in the ICO plan must contact the ICO to discuss enrollment as a network provider to receive payment for personal care services provided.

Refer individual caregivers with questions regarding the transition from Home Help to the MI Health Link program to MDHHS Provider Support Services at 1-800-979-4662.

**PROGRAM
ENROLLMENT TYPE
(PET) CODES**

Review the client's program enrollment type (PET) code to determine enrollment in other programs in order to effectively coordinate Home Help services and avoid duplication of services.

Adult services workers will be able to identify when a client is receiving services from MI Health Link when one of the Integrated Care Organizations is listed as the Medicaid provider under the PET code.

PET codes used for the MI Health Link program are as follows:

- ICO-COMM, MI Health Link at Community.
- ICO-HOSH, MI Health Link with Hospice-Home.
- ICO-HOSR, MI Health Link with Hospice-Residence Facility.
- ICO-HOSN, MI Health Link with Hospice in Nursing Facility.
- ICO-HOSC, MI Health Link with Hospice-NF (CMCF).
- ICO-HOSW, MI Health Link Waiver with Hospice-Residence Facility.

- ICO-HCBS, MI Health Link at Home and Community Based Services.
- ICO-NFAC, MI Health Link at Nursing Facility.
- ICO-CMCF, MI Health Link at County Medical Care Facility.

CONTACT

For more information, contact MDHHS-Home-Help-Policy@michigan.gov.