

The Michigan Update

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Medicaid Managed Care Enrollment Activity

As of January 1, 2013, there were **1,234,967 Medicaid beneficiaries enrolled** in 13 Medicaid Health Plans (HMOs), **a decrease of 10,503** since December 1, 2012. The number of Medicaid beneficiaries eligible for managed care enrollment also decreased in January - there were 1,294,560 eligible beneficiaries, down from 1,311,176 in December. (See note below.)

The number of Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in Medicaid HMOs to receive their Medicaid benefits continues to grow - there were **32,065 duals enrolled** in January, up from 31,142 in December, an increase of 923. The number of Medicaid children dually eligible for the Children's Special Health Care Services (CSHCS) program enrolled in Medicaid HMOs also continues to grow - there were **9,474 CSHCS/Medicaid children enrolled** in January, up from 5,671 in December.

As the enrollment reports ([.pdf](#)) ([.xls](#)) reflect, every county in the state is served by at least one Medicaid Health Plan. Auto-assignment of beneficiaries into the HMOs is now in place in every county of the state and there are at least two HMOs serving every county in the Lower Peninsula. Beneficiaries in all 15 counties in the Upper Peninsula are auto-assigned through federal "Rural Exception" authority to the one HMO serving the counties, Upper Peninsula Health Plan.

Note: The Michigan Department of Community Health (DCH) revised the December enrollment totals after they were first issued to reflect higher numbers - 1,251,141 beneficiaries enrolled out of a total of 1,316,847 eligible - however detail was not provided so we used the earlier

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For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

CSHCS Children in Medicaid HMOs

In previous editions of *The Michigan Update*, most recently in September 2012, we reported on DCH's plan to enroll children (and a few adults) receiving services from the Children's Special Health Care Services (CSHCS) program and the Medicaid program in Medicaid Health Plans (HMOs). Enrollment began in October 2012 and is expected to be completed by February 2013. As of January 1, 2013, there were **9,474 CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs** to receive their Medicaid benefits, up from 5,671 in December. Of this total, 1,268 children were auto-assigned to an HMO and 8,206 - the vast majority - voluntarily enrolled. All Medicaid HMOs except Pro Care Health Plan have CSHCS/Medicaid enrollees although the numbers vary across plans.

As the table below reflects, Meridian Health Plan of Michigan has the most CSHCS/Medicaid enrollees receiving their Medicaid services from an HMO, almost 27 percent of the total. United Healthcare Community Plan has more than 15 percent of the total; Molina Healthcare of Michigan has more than 14 percent; McLaren Health Plan has more than 11 percent; and the other eight plans share the remaining 32 percent. Since the CSHCS/Medicaid enrollment into HMOs is being phased on a geographic basis, the distribution among plans is largely reflective of the service areas of those plans. Southeast Michigan is scheduled to be last.

| January 2013 CSHCS/Medicaid Enrollment | | | |
|--|---------------------|-------------------------|-----------------|
| Medicaid Health Plan | Voluntary Enrollees | Auto-Assigned Enrollees | Total Enrollees |
| Blue Cross Complete of MI | 276 | 16 | 292 |
| CoventryCares of MI | 114 | 3 | 117 |
| HealthPlus Partners | 425 | 14 | 439 |
| McLaren Health Plan | 922 | 144 | 1,066 |
| Meridian Health Plan of MI | 2,148 | 397 | 2,545 |
| Midwest Health Plan | 659 | 17 | 676 |
| Molina Healthcare of MI | 1,211 | 136 | 1,347 |
| PHP Mid-MI Family Care | 101 | 10 | 111 |
| Priority Health Govt. Programs | 710 | 120 | 830 |
| Pro Care Health Plan | 0 | 0 | 0 |
| Total Health Care | 321 | 8 | 329 |
| UnitedHealthcare Comm. Plan | 1,297 | 151 | 1,448 |

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|-----------------------------|--------------|--------------|--------------|
| Upper Peninsula Health Plan | 22 | 252 | 274 |
| Total | 8,206 | 1,268 | 9,474 |

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

Duals in Medicaid HMOs

As of January 1, 2013, there were **32,065 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in Medicaid HMOs** to receive their Medicaid services, an increase of 923 since December. The number of duals enrolled through auto-assignment as of January 1, 2013 was 15,218, and the number of duals enrolled on a voluntary basis was 16,847. All Medicaid HMOs have duals enrolled although the numbers vary dramatically across plans.

A Medicaid HMO member who gains Medicare coverage and remains in the HMO is categorized as auto-assigned or voluntarily enrolled based on the means through which the member was initially enrolled in the HMO. Duals enrolled in a Medicare Special Needs Plan (SNP) for their Medicare benefits but receiving Medicaid on a fee-for-service basis are auto-assigned to the related Medicaid HMO if applicable. Any dual is able to "opt out" of the HMO and receive Medicaid benefits on a fee-for-service basis.

As the table below reflects, Molina Healthcare of Michigan has the most duals receiving their Medicaid services from an HMO, more than 30 percent of the total; UnitedHealthcare Community Plan has almost 24 percent of the total; Meridian Health Plan of Michigan has 15 percent of the total (but the most voluntary enrollees); and the other 10 plans share the remaining 31 percent.

| January 2013 Medicaid Dual Eligible Enrollment | | | |
|---|----------------------------|--------------------------------|------------------------|
| Medicaid Health Plan | Voluntary Enrollees | Auto-Assigned Enrollees | Total Enrollees |
| Blue Cross Complete of MI | 379 | 298 | 677 |
| CoventryCares of MI | 501 | 116 | 617 |
| HealthPlus Partners | 809 | 182 | 991 |
| McLaren Health Plan | 1,682 | 715 | 2,397 |
| Meridian Health Plan of MI | 3,888 | 928 | 4,816 |
| Midwest Health Plan | 1,067 | 709 | 1,776 |
| Molina Healthcare of MI | 2,585 | 7,111 | 9,696 |
| PHP Mid-MI Family | 223 | 42 | 265 |

| | | | |
|--------------------------------|---------------|---------------|---------------|
| Care | | | |
| Priority Health Govt. Programs | 883 | 667 | 1,550 |
| Pro Care Health Plan | 21 | 28 | 49 |
| Total Health Care | 764 | 229 | 993 |
| UnitedHealthcare Comm. Plan | 3,590 | 3,971 | 7,561 |
| Upper Peninsula Health Plan | 455 | 222 | 677 |
| Total | 16,847 | 15,218 | 32,065 |

Eight of the 13 Medicaid HMOs in Michigan (or their parent organizations) are also federally contracted as Medicare Advantage Special Needs Plans (SNPs) to provide Medicare benefits for duals in Michigan: HealthPlus of Michigan, McLaren Health Plan, Meridian Health Plan of Michigan, Midwest Health Plan, Molina Healthcare of Michigan, Total Health Care, UnitedHealthcare Community Plan and Upper Peninsula Health Plan. HealthPlus and Total are new Dual-SNPs beginning in 2013. As of January 1, 2013 these eight Dual-SNPs have a combined enrollment of 15,107 duals for whom they provide Medicare services; 57.9 percent of the duals are enrolled in the Molina plan, 29.5 percent are enrolled in the UnitedHealthcare plan and the remaining 12.6 percent are spread across the other six plans.

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

MIChild

According to MAXIMUS, the DCH contractor for MIChild enrollment, there were **37,569 children enrolled** in the MIChild program as of January 1, 2013. This is a decrease of 332 since December 1, 2012.

As the enrollment report ([.pdf](#)) ([.xls](#)) for January shows, enrollment is dispersed between 10 plans, with more than 75 percent of the children enrolled with Blue Cross Blue Shield of Michigan (BCBSM). MIChild-enrolled children receive their dental care through contracted dental plans. Of the three available plans, more than 95 percent of the children are enrolled with either BCBSM (48.1 percent) or Delta Dental Plan (47.0 percent).

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

Adult Benefits Waiver (ABW)

Enrollment in the ABW program has been closed since November 2010. As of the middle of January 2013, DCH reports there were **27,692 ABW beneficiaries enrolled** in the program, **a decrease of 1,287** since the middle of December and the lowest enrollment since the beginning of the program in January 2004. There are 28 County Health Plans (CHPs) serving ABW beneficiaries in 73 of Michigan's 83 counties. As of January 1, 2013, the combined ABW **enrollment in the 28 CHPs was 25,201**, a **decrease of 1,169** since December.

For more information, contact [Eileen Ellis](#), Managing Principal, at (517) 482-9236.

Integrated Care for Dual Eligibles

In multiple editions of *The Michigan Update* in 2012 we wrote about Michigan's plan to implement an integrated delivery system of health care for persons dually eligible for Medicare and Medicaid (duals) through contracts with Integrated Care Organizations (ICOs). DCH has posted information on the department [website](#), including information about the Care Bridge that will be used for care coordination through multidisciplinary teams. In mid-January 2013, DCH announced that the agency is in the final stages of negotiation with the federal Centers for Medicare and Medicaid Services (CMS) on a Memorandum of Understanding for a three-year demonstration to be implemented in four regions of the state.

The four regions include the entire Upper Peninsula, an eight-county region in southwest Michigan - Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren Counties - and the single county regions of Macomb and Wayne Counties. These regions account for as many as 70,000 of the state's 200,000 full-benefit duals. Beneficiaries who do not choose an ICO will be automatically enrolled in a plan serving the region but will be able to opt out (disenroll) upon request.

DCH hopes to release a Request for Proposals (RFP) in February, 2013; select qualified ICOs from among Medicare qualified health plans to serve each region by late summer; begin outreach, education and enrollment in October and implement the program on January 1, 2014. It is expected that at least two ICOs will be selected through this procurement process to provide services in each region. CMS will be setting the rates for the ICOs and this information may not be available before the RFP proposal due date.

There will be three-party contracts - between CMS, the state and each ICO - and the ICOs will be responsible for providing physical health and long-term care services, including institutional care, home and community-based services and prescription drugs. Behavioral health services will be provided by Prepaid Inpatient Health Plans (PIHPs) and the ICOs will be required to have subcontractor agreements with the PIHP serving their region because the Medicare payment for Medicare-covered behavioral health services, e.g., acute psychiatric hospitalizations, will be paid to the ICOs.

It is believed that DCH will require applicants responding to the RFP to be able ... and approved by the state ... to serve the entire region being bid, i.e., it may not be possible to limit the service area in a bid to only specific counties or zip codes in a region. It is unclear at this time whether DCH will expand this initiative beyond the identified regions during the three-year demonstration. It is also unclear whether DCH will consider this model for implementation with Medicaid beneficiaries not also covered by Medicare.

For more information, contact [Eileen Ellis](#), Managing Principal, at (517) 482-9236.

State of the State

Governor Rick Snyder delivered his third State of the State address on January 16, 2013. He offered 23 proposals for consideration, including a request that the Legislature adopt transportation tax and fee increases to raise at least \$1.2 billion to fix Michigan roads. He called for reform of the automotive no-fault law to help reduce costs and rates and for the creation of a new Insurance Fraud Prevention authority to help target insurance fraud, another measure to reduce insurance costs. He referenced the Blue Cross Blue Shield of Michigan restructuring, said the state needs to invest more money in and develop initiatives to improve mental health programs, urged creation of programs to assist veterans and urged appropriation of more funds to increase by 90,000 the number of children eligible for dental treatment. This last item relates to the Healthy Kids Dental program through which Medicaid children in 75 of the state's 83 counties now have access to dental care through a program administered by Delta Dental of Michigan.

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

State Budget

At the Revenue Estimating Conference held January 11, 2013, the three conference members - House Fiscal Agency Director Mary Ann Cleary, Senate Fiscal Agency Director Ellen Jeffries and State Budget Director John Nixon filling in for Treasurer Andy Dillon - agreed that revenues are tracking with expectations. A modest decrease is expected for the current fiscal year but a modest increase is projected for the state's fiscal year beginning October 1, 2013.

Mr. Nixon said after the conference that the state's economic position should avoid the need for any major budget reductions and perhaps even permit increased spending in some areas next fiscal year. He also noted that between the state closing its books on last fiscal year with \$200 million more than expected in revenue as well as \$90 million in lapses from unspent money by departments, there should be extra money to build in to the Fiscal Year 2013-2014 budget.

Senator Roger Kahn, chair of the Senate Appropriations Committee, said after the conference that the state will have a few choices to make during the budget development process, and one of those choices should include how the state uses user fees, a potential means to generate revenue. He also mentioned that the health insurance claims tax issue will need to be revisited since it has not generated the level of revenue anticipated or needed for the Medicaid program.

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Medicaid Expansion under ACA

Effective January 1, 2014 the Patient Protection and Affordable Care Act of 2010 (ACA - the federal health care reform law) establishes a new Medicaid income eligibility level of 138 percent of the federal poverty standard - 133 percent plus a standard "income disregard" of 5 percent - for non-elderly adults not previously eligible for the program. The Supreme Court's ruling in June 2012 limits the federal government's enforcement ability and a number of states, including Michigan, have not yet decided whether to implement the expansion.

Governor Rick Snyder has indicated a concern over

capacity of the state's medical practices to accept an influx of new patients. DCH Director James Haveman has indicated that, after looking into the capacity issue, he believes the provider community could accommodate the additional patients. This position is supported by a survey conducted during last fall by the Center for Healthcare Research and Transformation, the results of which were reported in a [Policy Brief](#) issued January 28, 2013. In short, the survey results reveal that 81 percent of Michigan's primary care physicians have the capacity to accept additional patients in 2014. The Governor is expected to announce his position on expansion with release of the Executive Budget recommendation for Fiscal Year 2013-2014 on February 7, 2013.

In the interim, the Senator Bruce Caswell has once again introduced a bill (Senate Bill 41) to prohibit the Medicaid expansion; it is identical to a bill introduced in 2012 that was not acted on. Resistance to the expansion is also evident in the House of Representatives; Speaker Jase Bolger has said House Republicans are "appropriately skeptical" about expanding Medicaid, noting that while the federal government would initially fund the health care costs the state should not become involved in something it cannot sustain.

Although the Legislature appears reluctant to approve a Medicaid expansion, it was recently reported in the news media that a poll commissioned by the American Cancer Society's Cancer Action Network suggests the majority of Michigan registered voters support expanding Medicaid coverage - 63 percent to 23 percent - to help low-income residents get health care coverage, especially if initially funded by the federal government.

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

Health Insurance Exchange

On January 18, 2013, the US Department of Health and Human Services announced that Michigan would receive a \$30.67 million Level One Establishment Grant to support planning and implementation of the state's State-Federal Partnership Health Insurance Exchange. The grant will support Michigan's effort to design Navigator and In-Person Assister programs, establish information technology interfaces and design the health plan management functions of the state's Exchange. Expenditure of these funds must be authorized by the Michigan legislature.

Michigan was previously awarded a Level One Establishment grant in November of 2011 but those funds were never spent after the Michigan Legislature refused to authorize their expenditure. The previous grant was for planning related to a State-Operated Exchange, something opposed by Legislative leadership. A State-Federal Partnership Exchange appears to have a higher level of support in the Michigan Legislature so authorization may be more likely, however Speaker of the House Jase Bolger has expressed reservations about accepting the grant, concerned that it may come with "strings," including a requirement to refund the grant dollars to the federal government.

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

Blue Cross Blue Shield of Michigan Reform

In the September 2012 edition of *The Michigan Update*, and in subsequent editions last year we reported on Governor Rick Snyder's proposal to dramatically reform how Blue Cross Blue Shield of Michigan (BCBSM) is structured and regulated in the state. We addressed the Legislature's deliberations and stakeholder issues on two bills introduced - Senate Bill 1293 to amend the Insurance Code and Senate Bill 1294 to change Public Act 350 of 1980, the state law governing BCBSM. The bills were passed during the "lame duck" session in December but vetoed by the Governor because of language added late in the process that would prohibit inclusion of insurance coverage for elective abortions in employer health coverage plans. Legislation was re-introduced (Senate Bills 61 and 62) in mid-January 2013 but is unclear whether the bills will be as easily passed again.

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

Kids Count in Michigan

On January 31, 2013, the latest Kids Count in Michigan Data Book was released by the Kids Count in Michigan project, a collaboration between the Michigan League for Public Policy (formerly the Michigan League for Human Services) and Michigan's Children. For the first time since 1992, when the first state data book was released, the report ranks counties on the overall status of child well-being using 13 out of 15 indicators. This provides a bigger

picture of local child well-being and how each county compares with others. Ottawa, Livingston and Clinton counties were ranked the best for overall child well-being while Clare, Roscommon and Lake counties were the last among the 82 counties ranked. The complete report is available on the League's [website](#).

The press release for the report notes that more than a half-million children lived in poverty in 2011 and more than 33,000 children were confirmed victims of maltreatment. Child poverty went up 28 percent over the trend period; young children qualifying for food assistance jumped by 55 percent and confirmed victims of abuse and neglect, linked to poverty, increased by 28 percent. The period covered in the book is generally 2005 to 2011.

The biggest improvements were the decline of kids in foster care, decreasing from 17,000 in 2005 to 11,000 in 2011, and a drop in fourth-graders not proficient in reading from 40 percent to 32 percent of test-takers in the Michigan Educational Assessment Program. Mortality rates for infants fell by 8 percent between 2005 and 2010 while the death rate for children/youth ages 1-19 declined 11 percent.

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

Autism Coverage Reimbursement

State law enacted in 2012 requires insurers to provide coverage for the diagnosis and treatment of autism spectrum disorders. The law also included a provision for insurers to obtain reimbursement for the cost of diagnosing and treating these disorders from the State. The Department of Licensing and Regulatory Affairs (LARA) announced in early January 2013 that, since launching a [website](#) for the program last October, only a handful of user names and passwords have been established and only two claims for reimbursement have been filed. Legislative leaders have expressed surprise at the low numbers; LARA staff believe it is just taking longer than anticipated for insurers to implement the program.

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

New Accountable Care Organizations

On January 10, 2013, US Department of Health and Human Services Secretary Kathleen Sebelius announced that 106 new Medicare Accountable Care Organizations (ACOs) have been formed by physicians and other health care providers to ensure about four million Medicare beneficiaries have access to high-quality, coordinated care across the country.

Three of the ACOs will serve Medicare beneficiaries in Michigan:

- **Partners in Care** is a 50/50 partnership between St. John Providence Health System and The Physician Alliance, a physician organization comprised of more than 2,300 physicians in southeast Michigan.
- **Physician Organization of Michigan ACO** is a partnership of over 1,800 Michigan physicians working together to provide better care for as many as 80,000 Medicare-enrolled patients, better health for populations and lower overall health care costs. POM ACO is a physician-led group created by the joint venture between the University of Michigan Health System and Advantage Health/Saint Mary's Care Network, Crawford Mercy Physician Hospital Organization, Lakeshore Health Network, Oakland Southfield Physicians, Olympia Medical Services, Physicians' Organization of Western Michigan, United Physicians and Wexford Physician Hospital organization.
- **Northwest Ohio ACO, LLC** is a partnership between University of Toledo Physicians and the Toledo Clinic.

A complete list of the new ACOs across the country is available on the CMS [website](#).

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

New Insurance Department

Governor Snyder signed an Executive Order ([2013-1](#)) on January 17, 2013 creating a new Department of Insurance and Financial Services, with authority over all insurance and banking issues in the state. Current Office of Financial and Insurance Regulations director Kevin Clinton will head the new department. The order splits off the new department from the Department of Licensing and Regulatory Affairs. The change will take effect in mid-May unless rejected by the Legislature, which appears to be

supportive.

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

Aging Services

Aging Services of Michigan, the association representing mission-based providers of housing, services and care for seniors, has changed its name to LeadingAge Michigan.

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

Audits

The Michigan Auditor General recently released two Performance Audit Reports of DCH - one related to Pharmacy and the other related to Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). The Pharmacy audit estimated that the Department should have recovered \$15.3 million (\$5.4 million for the state General Fund) from Medicaid prescription drug payments made on behalf of beneficiaries also eligible for Medicare (duals) because that program should have covered the drug cost. DCH noted that Medicare eligibility is not always known at the point of service but agreed to implement measures to assure recoveries in the future. The DMEPOS audit estimated that at least \$3.2 million (\$980,000 in state General Fund) was inappropriately paid, with some payments made on behalf of duals and for which Medicare should have paid instead. The report also noted that some payments were inconsistent with federal requirements and the state's Medicaid Plan. DCH's preliminary response indicated agreement with all recommendations. Both audits covered payments made during the period from October 2009 through mid-2012.

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

Newly Introduced Legislation

Two new bills were introduced in the Senate in late January that merit mention. The first bill (Senate Bill 70) would require applicants for cash assistance from the state's Family Independence Program (FIP - Michigan's Temporary Assistance to Needy Families program) to be a resident of the state for at least a year prior to application.

The residency requirement would also apply to applicants for Medicaid benefits if at least age 19. A second bill (Senate Bill 71) would require additional in-home health care providers and agencies to be licensed. There are a number of exemptions included in the bill however - families providing care, organizations providing only in-home meal services, organizations providing certain services under to a licensed agency, volunteers and more. Both bills have been referred to committee.

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DHS to Become Mobile

Department of Human Services (DHS) Director Maura Corrigan stated at a media roundtable on January 23, 2013 that her department will work this year to become more customer-centric, mobile and organized as it focuses on getting clients to self-sufficiency. Clients will have a work participation program (called PATH - partnership, accountability, training and hope), which is partnered with Michigan Works. DHS social workers will work with students and their parents in schools (in Detroit, Flint, Pontiac and Saginaw) as noted in Governor Rick Snyder's recent public safety message and programs will be extended to foster children as they move on to college. The department will work to modify its business model to take services to the department's clients rather than making them come to department staff. There will still be local offices but they may be smaller and relocated into areas more convenient to applicants and clients, such as at strip malls.

For more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

Medicaid Policies

DCH has issued five final policies and four proposed policies that merit mention. The policies are available for review on [DCH's website](#).

- **MSA 12-64** clarifies for **Maternal Infant Health Program (MIHP) Providers** and **Medicaid Health Plans** policy regarding coverage of MIHP **transportation** services.
- **MSA 12-69** notifies **Hospitals** of changes related to the **post-payment review hospital audit**

contract.

- **MSA 12-70** advises **All Providers** of Healthcare Common Procedure Coding System (**HCPCS**) **updates.**
- **MSA 12-71** notifies **Ambulance Providers** and **Hospitals** of changes in policy regarding **certification of medical necessity for non-emergency ambulance transports.**
- **MSA 13-01** notifies **Maternal Infant Health Program (MIHP) Providers** and **Medicaid Health Plans** that the **effective date appearing on MSA 12-64 (above) was incorrect** - it is effective February 1, 2013, not January 1, 2013.
- A proposed policy (**1259-EPST**) has been issued that would explain a **primary care provider's role** in providing **Early and Periodic Screening, Diagnosis and Treatment** services for **children entering foster care.** Comments are due to DCH by February 7, 2013.
- A proposed policy (**1260-Vision**) has been issued that would update policy regarding **prescription and fitting of contact lenses to reflect current standards of practice.** Comments are due to DCH by February 7, 2013.
- A proposed policy (**1258-BMP**) has been issued that would implement changes to the **Beneficiary Monitoring Program** to take advantage of new systems capabilities at DCH. Comments are due to DCH by February 16, 2013.
- A proposed policy (**1244-Autism**) has been issued that would clarify developmental screening policy for children who may be affected by Autism Spectrum Disorder.

On January 14, 2013, DCH also released an L-letter, which is available for review on the same website.

L 13-01 advises providers that, as required by the Improper Payment Information Act of 2002, the federal government is required to measure the accuracy of payments made for services provided to Medicaid and Children's Health Insurance Program (CHIP - MICHild in Michigan) beneficiaries. This payment audit process, titled the **Payment Error Rate Measurement (PERM)** program is conducted through the federal government's documentation/database contractor **A+ Government Solutions, Inc.** The L-Letter was sent to those Medicaid and MICHild providers whose **paid claims were randomly selected for review.** The **contractor will be requesting medical record documentation** as part of this review.

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