

### Michigan Managed Care Program Features, as of 2020 (1 of 2)

Features	MI Choice	PACE	Comprehensive Health Care Program
Program type	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(b)/1915(c)	PACE	1915(b)
Program start date	10/01/2003	11/01/2003	07/01/1997
Waiver expiration date (if applicable)	09/30/2023		12/31/2023
If the program ended in 2020, 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)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
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: Children with Special Health Care Needs			Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory

Features	MI Choice	PACE	Comprehensive Health Care Program
Populations enrolled: Enrollment choice period	Other	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)			Michigan Enrolls
Populations enrolled: Notes on enrollment choice period	Enrollments and disenrollments are allowed at any time. Enrollments are always voluntary for qualified individuals. Must meet NFLOC to qualify.		New enrollees have up to 90 days to switch Medicaid Health Plans, otherwise there is a rolling open enrollment based on the last digit of the individuals case number.
Benefits covered: Inpatient hospital physical health		X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health		X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			
Benefits covered: Physician			X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs			X
Benefits covered: Clinic services			X
Benefits covered: Lab and x-ray		X	X
Benefits covered: Prescription drugs		X	X
Benefits covered: Prosthetic devices		X	X
Benefits covered: EPSDT			X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			

<b>Features</b>	<b>MI Choice</b>	<b>PACE</b>	<b>Comprehensive Health Care Program</b>
Benefits covered: Home health services (services in home)		X	X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services	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	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Adult Day Health, Chore, Community Living Support, Community Transition, Counseling, Home Modifications, Fiscal Intermediary, Goods and Services,	Transportation	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),

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Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) continued	Home Delivered Meals, Non-Medical Transportation, Nursing Services, PERS, Private Duty Nursing, Respite, Specialized Medical Equipment and Supplies, Supports Coordination and Trainers, and NEMT		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?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)			Health Services Advisory Group (HSAG)
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			X
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X

Features	MI Choice	PACE	Comprehensive Health Care Program
Participating plans: Plans in Program	A & D Home Health Care, Inc.; Area Agency on Aging 1-B; Area Agency on Aging of NW Michigan; Area Agency on Aging of Western Michigan; Detroit Area Agency on Aging; MORC Home Care Inc.; Northern Healthcare 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; R9 Area Agency on Aging; Reliance Community Care Partners; Senior Resources of West Michigan; Senior Services, Inc.; The Information Center; The Senior Alliance; Tri County Office on Aging; UPCAP Area Agency on Aging; Valley Area Agency on Aging	Care Resources; Community PACE; Ascension Living PACE (formerly Genesys PACE); Great Lakes PACE; Huron Valley PACE; Life Circles; PACE Central Michigan; PACE North; PACE of Southeast MI; PACE of Southwest MI; Senior Care Partners; Senior Community Care; Thome PACE	Aetna Better Health of Michigan; Blue Cross Complete of Michigan; HAP Empowered; McLaren Health Plan; Meridian Health Plan of Michigan; Molina Healthcare of Michigan; Priority Health Choice; Total Health Care; UnitedHealthcare Community Plan; Upper Peninsula Health Plan
Notes: Program notes continued))	Cover 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. Attestation is not required, but some plans do this voluntarily.	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	In order to provide greater access and to support coordination of care for behavioral health services, the Michigan Department of Health and Human Services (MDHHS) has removed the 20-visit maximum limitation for outpatient behavioral health services (psychotherapy services). The restriction is lifted for both Fee-For-Service and Medicaid Health Plan beneficiaries effective for dates of service on or after October 1, 2017.

<b>Features</b>	<b>MI Choice</b>	<b>PACE</b>	<b>Comprehensive Health Care Program</b>
Notes: Program notes (continued)		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 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.	

### Michigan Managed Care Program Features, as of 2020 (2 of 2)

Features	Healthy Michigan Plan	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plans
Program type	Comprehensive MCO	Dental only (PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)	1915(b)/1915(c)
Program start date	04/01/2014	04/01/2009	10/01/1998
Waiver expiration date (if applicable)	12/31/2023	12/31/2022	09/30/2024
If the program ended in 2020, 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		Mandatory
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: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

<b>Features</b>	<b>Healthy Michigan Plan</b>	<b>Healthy Kids Dental</b>	<b>Specialty Prepaid Inpatient Health Plans</b>
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	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 the last digit of the individual's case number.	90 days for new enrollees. For all other enrollees, they are able to switch plans one time per year.	No lock-in period.
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			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	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs	X		
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X		
Benefits covered: Case management	X		



<b>Features</b>	<b>Healthy Michigan Plan</b>	<b>Healthy Kids Dental</b>	<b>Specialty Prepaid Inpatient Health Plans</b>
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)			
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

Features	Healthy Michigan Plan	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plans
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		Assertive Community Treatment, Assessments, Assistive Technology, Behavior Management Review, Child Therapy, Clubhouse, Community Living Supports, Crisis Interventions, Crisis Residential, Enhanced Pharmacy, Environmental Modifications
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA		
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)		
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans	X	X	
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X	X	

Features	Healthy Michigan Plan	Healthy Kids Dental	Specialty Prepaid Inpatient Health Plans
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	
Participating plans: Plans in Program	Aetna Better Health; Blue Cross Complete of Michigan; HAP Empowered; McLaren Health Plan; Meridian Health Plan; Molina Healthcare of Michigan; Priority Health Choice; Total Health Care; UnitedHealthcare Community Plan; Upper Peninsula Health Plan	Delta Dental of Michigan; Blue Cross Blue Shield 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 MI Behavioral Health
Notes: Program notes	Due to a policy change, Medicare eligibles are excluded from Healthy Michigan Plan. In order to provide greater access and to support coordination of care for behavioral health services, the Michigan Department of Health and Human Services (MDHHS) has removed the 20-visit maximum limitation for outpatient behavioral services (psychotherapy services). The restriction is lifted for both Fee-For-Service and Medicaid Health Plan beneficiaries effective for dates of service on or after October 1, 2017.	MDHHS contracts for the administration of the Medicaid dental benefit called Healthy Kids Dental in all 83 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 contractors mimic the dental services provided through the Fee-For-Service Medicaid program. Medicaid beneficiaries have access to dentists through the contractors participating dental networks. Beneficiaries must see a dentist who participates with the Healthy Kids Dental contract.	7,619 beneficiaries received HCBS services as of 07/01/2020.