

**State Demonstrations to Integrate Care for Dual Eligible Individuals  
Design Contracts  
Summary of State's Initial Design Concepts  
May 2011**

**State: Michigan**

<b>Overview of Proposed Approach</b>	Michigan proposes to integrate Medicare and Medicaid funds to deliver all covered services for dually eligible beneficiaries. Under this proposal, those eligible would be enrolled, but with the ability to opt out of the plan. The State proposes to contract with one or more entities to administer the program under an acuity-based capitation arrangement. Risk would initially be shared between the State and the contracted entities, with full risk eventually transferred to the contractors. The financing arrangement between Medicare and Medicaid could range from full risk for the State to a shared risk / shared savings model. A robust care coordination program would be the hub of the delivery model, with each enrollee having a health home focused on person-centered care.
<b>Target Population</b> (All duals/full duals/subset/etc.)	All dually eligible individuals
<b>Estimated Enrollment</b> (in 2012 and at full implementation)	Current Statewide enrollment for dual eligibles: 207,594 Estimated enrollment April 1, 2012 (with 6% trend): 220,050
<b>Planned Geographic Service Area</b> (Statewide or listing of pilot service areas)	Statewide, but likely a phased implementation.
<b>Planned Stakeholder Process</b>	A thorough Statewide stakeholder process will be conducted to obtain input from all pertinent groups. This process will be carried out in summer of 2011.
<b>Proposed Implementation Date and Related Milestones</b> (Any implementation milestones are pending CMS Approval)	The proposed implementation date is April 1, 2012. Proposed Milestones:  <b>May 2011 and ongoing:</b> Obtain Medicare data and link to Medicaid data; perform data analysis for overall population. <b>June through August 2011:</b> Conduct stakeholder process. <b>September-October 2011:</b> Review input from stakeholder process along with results from data analysis and supporting research to determine delivery model(s). <b>September – December 2011:</b> Write and submit necessary waivers and address any necessary legislation. Create an enrollment process. <b>November 2011:</b> Draft Request for Proposal (RFP). <b>December 2011-February 2012:</b> Conduct RFP Process. <b>February-March 2012:</b> Contracting process with selected entities. <b>April 2012:</b> Implement Integrated Care for Dual Eligibles.
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