

## **Michigan MI HEALTH LINK demonstration contract amendment**

This contract amendment is effective January 1, 2019 and updates the following:

1. Modified requirements around the Level 1 Assessment tool to:
  - Extend assessment completion requirement from 45 to 60 days (Sections 1.66, 2.6.3.9.1 and 2.6.3.9.2) and updated language around attempts to contact the enrollee to align with the updated time period (Section 2.6.3.1.2.2.1).
  - Reassessment requirements and triggers updated (Section 2.6.3.11).
2. Adds definition for Minimum Operating Standards, the vehicle used by MDHHS to issue sub-contractual guidance to the ICOs (Section 1.87) and clarifies that 1915(c) services will be described in the MOS rather than the three-way contract (Section 2.4.1.8.1).
3. Modified eligibility and enrollment language to clarify requirements, including:
  - Adding language to clarify intent to re-enroll beneficiaries experiencing short-term loss of Medicaid back into the previous ICO in accordance with demonstration enrollment and disenrollment guidance (Section 2.3.3.5).
  - Disenrollment language was updated (Section 2.3.7.1).
  - Individuals residing in Veterans Homes were added as a population excluded from the demonstration (Section 2.3.2.2.13)
  - Excludes individuals at risk or potentially at risk for overuse of specified prescription drugs from passive enrollment per 42 C.F.R. §§ 423.100 and 423.153(f) (Section 3.2.1.2).
4. Clarifies language to indicate some excluded services are covered when determined to be medically necessary (Section 2.4.2.4).
5. Updates language describing requirements for the Integrated Care Team (ICT) and ICO Care Coordinator to:
  - Clarify ICT membership may vary by meeting and the primary care physician may designate a licensed medical professional to attend in place of the PCP (Sections 2.5.2.4.2 to 2.5.2.4.3.7);
  - Updates and clarifies ICT responsibilities (deletes Section 2.5.2.9 through Section 2.5.2.9.3 and replaces them with Section 2.5.2.5) and ICO care coordinator responsibilities (Section 2.5.3.2.2.19);
  - Adds limited license Bachelor's prepared Social Worker as eligible professional for ICO Care Coordinator (Section 2.5.3.1.3.7) and LTSS Support Coordinator (Section 2.5.4).
6. Updates web link to Medicare provider and facility network standards (Section 2.7.1.3.1).
7. Updates Medicare provider preclusion list language (Section 2.7.2.10 and Section 2.7.3.5.1.4).
8. Updates language around notification of enrollee grievance and appeal rights, including:

- Additional requirements about recording and tracking grievances (Section 2.10.2.1.1.) and written notice to enrollees informing of grievance rights and why it was extended (Section 2.10.2.1.3.3).
- Updating timing for the integrated notice from 12 days to 10 days (throughout Sections 2.11.2.6, 2.11.2.8).
- Cleans up language to clarify the period to request a State Fair Hearing from 90 to 120 days (Section 2.11.3.6.4.3.1).
- In accordance with 42 C.F.R. § 431.221, appeals can be made orally or in writing (Section 2.11.4.2.1.2).

9. Updates language in Section 2.14.4 to align with changes in Medicare Communications and Marketing Guidelines.
10. Language regarding timely and accurate data submission has been added and updated.
  - Complete, timely, reasonable and accurate Encounter Data must be submitted to CMS and MDHHS at least monthly (see Section 2.17.1.4.5).
  - Necessary data to calculate and verify medical loss ratio after the end of the coverage year must be submitted timely (see Section 4.3.2.6 and 4.3.2.7).
11. ICOs must report quality withhold measures based on prevailing technical specifications for the measurement year (see Section 4.4.4.8.2).
12. Lowers the savings percentage from four to three percent for demonstration years three through five (Section 4.2.3.1).
13. Exhibit 7 has been updated to be consistent with current clinical guidelines and timing of HEDIS. Please see also the quality withhold technical specifications on CMS' website (Exhibit 7).
14. Removes clauses around not renewing the contract and maintains notification of enrollees and the general public if the contract is terminated (Section 5.5.7.2.1).
15. General cleanup and edits of the contract was performed to update numbering, deleting or renumbering sections and subsections.
16. The following Appendices were updated:
  - Appendix A. Subsection A.5.4.
  - Appendix D. Article II. Subsection H.4:
  - Appendix D. Article V. Subsection B.1.(a):
  - Appendix D. Article VI:
  - Appendix K: Additional Medicare Waivers