

Senate Passes Health Claims Assessment. Vote: 26–9

We extend our appreciation to the Michigan Senate. More on page 16.

insights

SUMMER 2011



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Planning for DUALS— Building From the Ground Up



By Rick Murdock, Executive Director,
Michigan Association of Health Plans

In the next weeks and months, those of us in health care are going to hear more and more about services for Michigan's "dual eligible" population. The term "duals" will be used as a quick proxy to describe the enrollment status of hundreds of thousands of Michigan citizens. It is important that we understand who "duals" are, the reasoning why "duals" need to be addressed and what the likely process and strategy might be.

For purposes of this column, "duals" refers to the subset of Michigan's population that qualifies for both Medicare (by age and/or diagnosis) and Medicaid. Despite Michigan's success with managed care, "duals" make up the largest number of Michigan's Medicaid population that continues to be excluded from enrollment into Medicaid health plans. From a policy and budget perspective, this represents immense opportunity for the State of Michigan to improve access and quality of care for the "duals" while addressing cost effectiveness for the Medicare and Medicaid programs.

Characteristics of Duals

According to the Michigan Department of Community Health Michigan has approximately 220,000 "duals." This population is currently served in the following ways:

- Over 1 percent are in hospice programs,
- More than 3 percent are participating in Habilitation support waiver program,
- Approximately 4 percent are in the MI Choice program
- About 15 percent are in nursing homes, and
- 77 percent are served by standard fee for service programs in Medicare and Medicaid.

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The Budget Is Over..... Almost

By Bill Burke, Knight Consulting

The Michigan Legislature finished the 2011-2012 budget by May 31st of this year, which was quite a feat. Not all members on either side of the aisle were happy with the results, but all involved knew there would be hard decisions to make, and they made them.

legislation would be devastating to the Medicaid program, resulting in deep cuts to providers or other options, none of which are appealing. Please contact your assigned legislators to let them know of the critical importance of passing Senate Bill 348 as quickly as possible.

We now must look upstream to the federal reforms recently enacted by Congress. Without question, there were partisan concerns with both the content as well as the process employed to move this legislation. It is extremely complex and sometimes confusing in its construction. Republicans in Congress have made it no secret that they would like to blow up the statute and start over. I would hope that a more common sense approach would be taken as they look at federal reform of health care.

Michigan Association of Health Plan members should be very pleased that the Legislature once again showed strong support for the Medicaid Managed Care program. The lobbying efforts of the Association were aided by the strong performances of the Medicaid plans and the continued support of the Michigan Department of Community Health (MDCH). Now comes the tricky part.

The MDCH budget was passed with the assumption that a paid claims tax must be enacted to fill a \$398 million general fund hole, which will translate into more than a billion dollars when combined with federal funds. It is our hope that this bill will make its way through the House and Senate prior to the end of the summer. Failure to enact this

Once this bill is passed, the budget will be complete. The current budget bill also contains a provision for actuarial soundness for Medicaid Health Plans which should ensure the viability of the program. We thank both the Michigan House and Senate for their consideration of the many requests for amendments to the original bill.

From the state level, we now must look upstream to the federal reforms recently enacted by Congress. Without question, there were partisan concerns with both the content as well as the process employed to move this legislation. It is extremely complex and sometimes confusing in its construction. Republicans in Congress have made it no secret that they would like to blow up the statute and start

over. I would hope that a more common sense approach would be taken as they look at federal reform of health care.

Without going into the assets and liabilities of the statute, I would strongly suggest that many components of the bill result in very good health policy. Having said that, it is also understood that some components of the bill would result in additional expenses to the system that may not make a lot of sense. It would be my suggestion that those who don't like the bill would take an honest look at what is best for Americans under federal reform. Dismissing this legislation for partisan reasons without embracing that which makes sense and which will provide more affordable options and choices for consumers would be a mistake, in my opinion. It would be preferable for those opposed to federal reform to study and resist those changes that simply add costs or more regulations without any corresponding value.

The Michigan Legislature has earned a summer break. There is much more work to be done when they return in August. After five months of vigorous activity in both the House and Senate they have taken major steps in righting the ship. We wish them well and congratulate them for a job well done.



Bill Burke has been an associate of Knight Consulting since 1998. Prior to that, he was Director of Legislation and Associate Executive Director of the Michigan Dental Association. His duties included lobbying healthcare issues at the state and federal levels for the 14 years that he held those positions. He has been a registered lobbyist for 20 years, specializing in health care, insurance and appropriations issues.

MAHP Foundation Update

The MAHP Foundation is continuing its focus on education programs for health plans, and planning for new research initiatives that focus on health policy in Michigan.

The Foundation's Continuing Medical Education programs continue to address timely issues. The annual "pre-conference" education session, prior to the MAHP annual conference at Boyne Mountain, will address an important strategy in health reform implementation, health home demonstration projects and accountable care models: the integration of primary care services with mental and substance abuse services. We've been fortunate to attract national experts to address the topic and look forward to an informative and lively discussion on July 16, from 2 to 5 p.m. at Boyne Mountain Resort. Again this year, the Foundation's

annual Best Practices Forum will feature presentations on the Pinnacle Award winning projects. The Pinnacle Award winners will be announced on at a September 20 reception, with the Best Practices Forum to follow on December 8 at the English Inn in Eaton Rapids.

As part of the Foundation's collaboration with the Michigan Department of Community Health Cancer Genomics program, an online education program will be available to educate your providers about family history, genetic counseling and genetic testing. Several health plans are being recognized for adopting counseling and testing policies consistent with USPSTF recommendations. The one hour session is one of several tools being offered to assist health plans in their implementation of those policies. Other resources are available to you on the Founda-

tion website, including member education materials about cancer and family health history, which are available in English, Spanish and Arabic. Provider resource materials, and links to online resources also can be found at the Foundation website, along with newsletter article that plans can use for their provider and member newsletters.

Planning will begin this summer for development of research capacity in the MAHP Foundation, with a focus on health policy initiatives. At this critical juncture in health care delivery and finance, solutions are needed that are rooted in evidence, gained through credible research. With support from MAHP members, the MAHP Foundation hopes to build recognition as an authoritative information source, and to use that role to educate the public and policy makers.

New Staff Take Posts in Lansing

With a new administration there are new administrative and departmental staff. To help our plans identify and contact these individual we have compiled this list below of the new individuals within the Michigan Department of Community Health (MDCH) and the Office of Financial and Insurance Regulations (OFIR).

Office of Financial and Insurance Regulations

Department Phone: 517-373-1820

Amy Allen
Deputy Commissioner
allena7@michigan.gov

Ann Flood
Chief Deputy Commissioner
flooda@michigan.gov

Teri Morante
Senior Deputy Commissioner
morantet@michigan.gov

Kevin Clinton
Commissioner
clintonk1@michigan.gov

Michigan Department of Community Health

Department Phone: 517-373-3740

Olga Dazzo
Director
dazzoolga@michigan.gov

Debbie Eggleston, MD
Physician Consultant - Office of
Medical Affairs
egglestond@michigan.gov

Rose Moye
Executive Assistant to Olga Dazzo
moyerl@michigan.gov

Chris Priest
Director, Bureau of Medicaid Policy
and Actuarial Services
priestC1@michigan.gov

Tony Stamas
Legislative Liaison
stamast@michigan.gov

Kathy Stiffler
Director of the Comprehensive Health
Plan Division
stifflerk@michigan.gov

Melanie Brim
Deputy Director, Policy and Planning
brimM@michigan.gov

100 Black Men of Greater Detroit Honors HAP for Long-Standing Support and Leadership

The 100 Black Men of Greater Detroit, Inc. (The 100) honored Health Alliance Plan for its long-time support of The 100's mission to mentor youth and improve the health and economic well-being of the community. The 100 Black Men of Greater Detroit, Inc. is a group of concerned African American men whose goal is to improve the quality of life in the African American community through helping African American youth achieve success in four main focus areas: mentoring, education, health and wellness; and economic development. Anton Chastang, president of The 100, presented a commemorative plaque to William Alvin, HAP's president and chief executive officer, and Jack Martin, chairman of the HAP Board of Directors at a general membership meeting of The 100 on May 23. HAP was the first corporate member of The 100 Black Men of Greater Detroit, Inc. Since the Detroit Chapter's charter in 1993, HAP and its parent company Henry Ford Health System have supported the organization by providing office and meeting space, financial support and members who have become leaders to the organization.



(From left) Anton Chastang, president of The 100 Black Men of Greater Detroit, Inc.; Jack Martin, chairman of the Health Alliance Plan Board of Directors; William Alvin, HAP president and chief executive officer; Kenny Dodson, HAP director of claims.

HAP Named Southfield Business of the Year

The Southfield Area Chamber of Commerce honored Health Alliance Plan as the 2011 Large Business of the Year in recognition of HAP's extraordinary business activity, dedication to the chamber and significant contribution to the economic vitality and well-being of the Southfield community. HAP sponsors free Senior Splash Bash & Moms in Motion water aerobics and POWERSIT™ fitness training classes, and supports Count Your Steps, Let's Move! Southfield Summer Youth Fitness Camp, Oakland Schools Homeless Student Education Program, Orchards Children's Services, and the Southfield Farmer's Market. As a business partner, HAP provides realistic solutions to tackling health care costs and innovative programs and products to improve employees' health and reduce costs. Examples include customized worksite wellness programs for Southfield employers and the "Power Package" of value-based benefits for small to mid-sized businesses.

HAP Wins Case in Point Platinum Award for Nurse Health Coaching

Health Alliance Plan received a 2011 Case in Point Platinum Award (category: Disease Management/Population Health) in honor of the nurse health coaching component of HAP's comprehensive disease management program. The Case in Point Awards recognize the most successful and innovative case management programs working to improve health care across the care continuum. HAP's in-house team of nurse health coaches consists of 28 registered nurses, including certified case managers and diabetes educators, adding value to a highly experienced group of nurse health coaches. In 2009, HAP embarked on several strategies to improve diabetes-related HEDIS® rates and clinical outcomes, and reduce medical costs. The awards were presented on May 10, 2011 at The National Press Club in Washington, D.C.

HealthPlus Recognizes Top Sales Achievers

HealthPlus of Michigan has named account executives Cheryl Wagner and Pamela Johnson "2010 Sales Achievers of the Year" for achieving top production in new business sales and enrolled accounts for the company, respectively. Wagner lives in Saginaw and has been employed by HealthPlus for 23 years. Johnson, a resident of Birch Run, has been employed by HealthPlus for five years.

"The efforts of our sales staff to meet the cost, quality and service needs of our customers contribute significantly to HealthPlus' success," said HealthPlus Director of Sales and Account Management Nannette Benman. "Our top sales achievers consistently exceed goals and expectations and deserve recognition for their performance."

The recognition reflects the sixth "Sales Achiever of the Year" award for Wagner and the second such award for Johnson.



Cheryl Wagner



Pamela Johnson



OmniCare Health Plan kicked off its annual Steps Up Walking Club on the Riverfront with music, prizes and lots of sunshine Saturday, June 4. The club will walk every Saturday for six weeks on the beautiful Detroit River Walk. The walk route is 2.5 miles long and starts from the Rivard entrance at 11:00 a.m. Adults and children are invited to join the Walking Club each Saturday for a day of fun and fitness as we walk for better health.

The goal is to get fit, lose weight, and take preventative health measures to ensure a better quality of life. The club was started to encourage OmniCare diabetic and Movers and Shapers (weight management program) members to include exercise in their daily routine. Walking Club members know that exercise and proper eating lead to better health. It starts with each person taking ownership of their health and making the decision to do something about it. Steps Up Walking Club invites everyone to participate!

Omnicare Health Plan Hosts Women's Health Expo

To promote healthy life styles and build successful partnerships with Community Organizations, OmniCare Health Plan hosted 350 women at the "For the Woman in You" Women's Expo on May 7 at Roostertail Entertainment Complex.

The event featured a sit down lunch, entertainment by gospel recording artist LaShell Griffin, recording artist



(From left) Dr. Leslie Danley; Beverly Allen, CEO OmniCare; First Lady Yvette Bing; Diane Byrd Johnson; and Sandra McGriff, VP Operations, OmniCare Health Plan.

Drew 32 (featuring the Doc Bear Shuffle), and comedian and radio personality Coco, a physician who performed as emcee, from radio station WJLB. Guest speakers included Detroit's First Lady, Yvette Bing, Mayor Karen Majewski of Hamtramck and Dr. Leslie Danley, the Detroit Community Health Connection.

Topics of discussion centered around women's health issues and the importance of women taking care of themselves. Guest were treated to massages, hair and make up tips, health education and resources. One lucky mom won a Total Makeover including make up, hair style, several clothing ensembles and shoes. What a great Mother's Day gift!

McLaren Health Plan Working Hard for Whaley

Las Vegas came to McLaren Health Plan in Flint, MI on March 25, where everyone ended the day feeling like a winner, especially Whaley Children's Center. In an employee-driven fundraiser with a Las Vegas theme, McLaren Health Plan raised more than \$2,000 for Whaley in just a few hours. This is in addition to the more than 1,500 hygiene products for Whaley that were gathered by employees through a donation drive the week prior to the fundraiser. In the last four years, McLaren Health Plan employees have donated over \$30,000 to local charities through various fundraisers and community events.

McLaren Health Plan employees understand that current economic conditions are taking a toll across Michigan, and especially in Flint. McLaren Health Plan makes several corporate donations throughout the year and quarterly fundraisers, like this one for Whaley, are entirely employee driven.

Whaley Children's Center has an 85-year history of providing state of the art, residential child caring services for profoundly abused and neglected children in the State of Michigan. Whaley provides 24/7 residential care for 42 children ages 5-17 years old. The agency mission is to "Transform Lives and Create Futures for Children and Families in need."



Molina Healthcare of Michigan Holds Fifth Annual Community Champions Awards

On April 21, Molina Healthcare of Michigan recognized six unsung heroes at its fifth annual Community Champions Awards, held at the Roostertail Entertainment Complex in Detroit.

Established to honor the memory of Dr. C. David Molina, Community Champions spotlights the good deeds of everyday heroes in our community. This year, Molina Healthcare of Michigan winners were recognized in several categories: education; healthcare media; faith-based organizations; advocacy leaders; support groups/service clubs and volunteers. Each winner also received a \$1,000 grant to give to a deserving nonprofit organization as part of his/her award.

Community Champions is an important event that builds relationships within the community, and this year Molina welcomed more than 200 guests to celebrate the selfless work of our six champions. The event came together through the hard work of dozens of Molina employees.

Craig Bass acted as the master of ceremonies, with special corporate guest Zarina Shockley-Sparling also

speaking at the event and presenting the winners with trophies.

Entertainment was provided by Rose of Sharon Church of God in Christ Youth Praise Team Choir.

This year's winners include:

Keon Henderson, a basketball coach who has dedicated his life to keeping young kids off the street

Carolyn Price, an advocate for women's health who has helped hundreds of women get free mammograms

Tony Kubien, an educator who teaches children about domestic violence issues

Dr. Chad Audi, the president and CEO of the Detroit Rescue Mission Ministries who sees that 1,400 people have a place to sleep each night

Colleen Lawson, a volunteer who helps deliver life-saving medications to low income patients

Lauren Sanders, a local television anchor and philanthropist dedicated to helping women in Detroit and around the world.



From left: Keon Henderson, Lauren Sanders, Tony Kubien, Zarina Shockley-Sparling, Craig Bass, Carolyn Price, Dr. Chad Audi, Colleen Lawson

Grand Valley Health Plan Update

Grand Valley Health Plan Creates Health Awareness in Downtown Grand Rapids

Grand Valley Health Plan employees marched downtown Grand Rapids on May 18 to create awareness for National Employee Health and Fitness Day. They carried signs and spoke out about health and wellness. They walked to encourage others to join the fight to reduce health care risks by taking action with their own health by exercising and eating healthy during their lunch hour.

Some of the signs they carried read:

Fight against diabetes—Reduce your risk, EXERCISE!

Fight against obesity—Reduce your risk, EAT HEALTHY!

Fight against cancer—Reduce your risk, EXERCISE!

National Employee Health & Fitness Day—Walk the talk!



MAHP's Legislative Reception

MAHP's annual legislative reception, held May 17, gave members an opportunity to discuss key issues facing the industry with a variety of lawmakers, House and Senate, Republican and Democrat. Held at Troppo, the event was well attended by key lawmakers as well as leaders from health plans across the state, providing valuable face-to-face communication that will prove useful as the MAHP legislative agenda moves forward.



Ramia Alias, Craig Bass, Sen. David Robertson, Michele Lundberg, Christine Surdock



Craig Bass, Rep. Marcia Hovey-Wright, Dawn Siggett



Rep. Rutledge and Joseph Rochester

Photos courtesy of Dane Robinson of Time Frame Photo



Dennis Smith, Melissa Holmquist, Rep. Steve Lindberg, Steve Balbierz



Rep. Kate Segal and Dave Bilardello



Rep. Aric Nesbitt and Frank Venuto



Sharon Williams, Sen. Tory Rocca, Rep. Sean McCann, Keith Tarter, MD



Joan Moiles, Jenita Moore, Fran Wallace, Rep. Mike Callton



Beverly Allen, Sharon Williams, Rep. Joel Johnson, Rick Nowakowski



Dave Bilardello, Rep. Lesia Liss, Jay Labine, MD



Bill Burke, Rep. Deb Shaughnessy, Rep. Sharon Tyler



Bea Raymond, Rep. Gail Haines, Dan Champney



Bruce Hill, Sen. Judy Emmons, Beverly Allen

HAP Welcomes Hutchinson, Lipscomb and Smythe to Its Leadership Team

Health Alliance Plan (HAP) announces the appointments of Todd Hutchinson, DeAndre Lipscomb and Bob Smythe to its leadership team.

Todd Hutchinson, Vice President, Underwriting and Actuarial Services

Hutchinson is responsible for underwriting and rating, actuarial services and finance-related activities associated with HAP's Medicare Advantage programs.

Hutchinson joins HAP from Health Alliance Medical Plans in Urbana, Illinois where he served as vice president, sales and account management. Prior to this role, he was director, pricing, underwriting and medical economics. He has held positions with national insurance companies.

He earned a Bachelor of Business Administration degree in finance from the University of Iowa and a Master of Business Administration from Drake University. Hutchinson and his family are relocating to the Detroit area from Mahomet, Illinois.

DeAndre Lipscomb, Vice President, Community Outreach

Lipscomb is developing the strategic direction for HAP's Community Outreach department, which includes: Business Development, Community Relations and Member Engagement.

He joins HAP from Blue Cross Blue Shield of Michigan, where he served as director, market communications and member of the diversity and Inclusion Leadership Council.

A resident of Farmington Hills, Michigan, Lipscomb graduated from Wayne State University with a Bachelor of Arts degree in Journalism. He is currently pursuing a Masters in Administration degree with a focus on leadership from Central

Michigan University. He is a member of the Board of Directors for Spaulding for Children; a mentor for the Winning Futures and Life Directions programs; and a volunteer for Meals on Wheels. He is also a member of the International Association of Business Communicators, the National Management Association, the NAACP, the Society for Healthcare Strategy and Market Development and Wayne State University Alumni Association.

Bob Smythe, Vice President, Provider Network Operations

Smythe leads HAP's provider strategies and programs, including network development and provider relations, provider contracting, health care management, health management services, credentialing, pharmacy care management, quality management and health performance management.

Smythe joins HAP from Saint Joseph Mercy Hospital in Ann Arbor where he was interim chief operating officer (COO). During his extensive health care career, he has served as COO at DMC's Sinai Grace Hospital and Henry Ford Wyandotte Hospital, executive director of Metro Medical Group, associate vice president, Medical Affairs at HAP, and assistant vice president and chief of Respiratory Therapy Services at Hutzel Hospital.

Smythe holds a Master's Degree in Public Health from the University of Michigan and a Bachelor of Science Degree from Wayne State University. He and his wife, Rita, live in Grosse Pointe Woods and have two adult children.



Todd Hutchinson



DeAndre Lipscomb



Bob Smythe

Mikan joins McLaren Health Plan's Senior Team

McLaren Health Plan (MHP) is pleased to welcome Teri Mikan as Vice President of Regulatory Affairs. In this position, Mikan will help lead MHP in the development of new products, complying with health reform regulations, and ensuring state and federal regulatory requirements are met.

Mikan comes to McLaren Health Plan from Blue Care Network (BCN), where she served in a similar role for the past 25 years. Teri assisted BCN with health reform interpretation and implementation, the creation of provider contracts, certificates and plan documents, and the development of new products. Teri played a significant role in creating and obtaining regulatory approval for Healthy Blue Living, the first wellness product of its kind in the nation.

Mikan's deep knowledge of health maintenance organizations and the health insurance industry will support and enhance McLaren Health Plan's business operations.



Teri Mikan

HealthPlus Welcomes Bridget Johnson to Sales Team

Bridget Johnson has joined the HealthPlus of Michigan sales team as the company's manager of commercial new business sales. Johnson, who splits time working out of HealthPlus' Troy office and the company's headquarters in Flint, is a licensed insurance agent with extensive sales experience. She was most recently employed by Hylant Group and worked out the company's Ann Arbor office.

"We are excited about the addition of Bridget to lead our commercial new business sales efforts," says HealthPlus Director of Sales and Account Management Nannette Benman. "She brings a wealth of industry knowledge and experience to HealthPlus and she has a strong understanding of the health coverage needs of employers."

Johnson, a resident of Commerce Township, earned a bachelor's degree in finance from Western Michigan University and a master's degree in sports administration from Wayne State University.

Krischa Winright named CIO of Priority Health



Krischa Winright

Priority Health has announced the promotion of Krischa K. Winright to chief information officer and vice president of Information Technology. She previously served as vice president for Information Technology. In her new role, Winright is responsible for leading all aspects of the company's technology efforts.

Winright joined Priority Health in 1999 as a senior programmer/analyst. She's held a variety of leadership roles throughout her tenure with the company. She also serves on the board of the Michigan Health Information Network (MiHIN) Shared Services.

She holds a dual bachelor's degree from Calvin College and Cornerstone University, where she studied computer mathematics and science. Winright is a graduate of the Executive Leadership Institute Program in coordination the University of Michigan. Winright is a member of ITEC, the Healthcare Information and Management Systems Society and the Alliance for Health.



Bridget Johnson

Hereditary Breast and Ovarian Cancer Syndrome: Recommended Management and Surveillance for BRCA Positive Patients

Does your plan measure up?

Hereditary Breast and Ovarian Cancer syndrome (HBOC), the most common cause of familial breast and ovarian cancer, is due to an inherited gene change in either the BRCA1 or BRCA2 genes. Women who are BRCA positive (meaning that they have an inherited BRCA change, or mutation) have up to an 85 percent lifetime risk of developing breast cancer and up to a 44 percent lifetime risk of developing ovarian cancer. And men who are BRCA positive have up to a 6 percent lifetime risk of developing breast cancer. Men and women can carry these gene changes and can pass them on to their children, so both maternal and paternal family history should be assessed for inherited cancer risk.

Women with a BRCA mutation should be offered the following surveillance:

- Clinical breast exam, every 6-12 months, starting at age 25 years
- Annual mammogram starting at age 25 years or 10 years younger than the earliest cancer diagnosis in the family
- Breast MRI (alternating with mammogram every 6 months) beginning at age 25 or 10 years younger than the earliest cancer diagnosis in the family

Women with a BRCA mutation should be informed about the following management options:

- Consider chemoprevention measures such as Tamoxifen
- Recommend risk-reducing salpingo-oophorectomy (removal of the ovaries

- Discuss prophylactic mastectomy (bilateral in those with no breast cancer history or contralateral for those with a personal history of unilateral mastectomy)

Men with a BRCA mutation should be offered the following services:

- Clinical breast exam every 6-12 months beginning at age 35 years
- Consider baseline mammogram at age 40 years
- Adhere to screening guidelines for prostate cancer

All individuals with an inherited cancer syndrome should receive education regarding early signs and symptoms of cancer, possible inherited risk to relatives, options for risk assessment and management, and additional genetic

Women who are BRCA positive ... have up to an 85 percent lifetime risk of developing breast cancer and up to a 44 percent lifetime risk of developing ovarian cancer. And men who are BRCA positive have up to a 6 percent lifetime risk of developing breast cancer.

There are multiple care guidelines for individuals with these conditions including recommendations from the American Congress of Obstetricians and Gynecologists, the American Cancer Society, and the National Comprehensive Cancer Network (NCCN). Below is a summary of the NCCN guidelines recommendations for individuals with BRCA mutations (http://www.nccn.org/professionals/physician_gls/pdf/genetics_screening.pdf).

and tubes) between ages 35 and 40 years, upon completion of child bearing, or 5-10 years younger than the earliest diagnosis of ovarian cancer in the family

- For those who do not elect to have a salpingo-oophorectomy, consider concurrent transvaginal ultrasound with CA-125 blood test every 6 months beginning at age 35 or 5-10 years younger than the earliest ovarian cancer diagnosis in the family.

counseling to understand the basis of their condition.

For more information, visit the MDCH Genomics Booth at the MAHP Summer Conference in July 2011, or contact us at genetics@michigan.gov.

Midwest Health Plan Video Featured by Medicaid Health Plans of America

Each month the Medicaid Health Plans of America (MHPA) Center for Best Practices “Keeping You Healthy” Video Series features a Medicaid health plan best practice that has affected the lives of the people they serve. The May Best Practice video is “Navigating for Care—Aged, Blind and Disabled” by Midwest Health Plan. To view the video, go to www.mhpa.org and click on the “Keeping You Healthy Videos” section.

At Midwest, 13 percent of the population is aged, blind and disabled (ABAD) yet they account for over half (53 percent) of our inpatient admissions. When looking at the chronic conditions of our entire membership, from 60 to 75 percent of the members are ABAD.

Midwest started the “Navigating for Care” program for our ABAD members

in 2008 to intensify and coordinated the outreach efforts in getting the ABAD members in to see their primary care provider. It was felt that by establishing a relationship with the PCP, the providers would ensure appropriate evaluation and treatment of the member’s medical condition.

By targeting interventions for the ABAD population (like gift card incentives) Midwest saw improvements in many chronic condition measures such as diabetes, managing heart conditions, controlling blood pressure and using the appropriate medications to treat asthma. Midwest continues to conduct extensive outreach to the members and providers to help ensure the very vulnerable ABAD members are evaluated by their doctor and given appropriate care planning and treatment.



A Midwest Health Plan “Navigating for Care” member proudly displays her gift card,

novo nordisk is changing diabetes



Leadership... it’s time to think differently about what a pharmaceutical company can be. Novo Nordisk has dedicated itself to defeating diabetes, which is an interesting goal given that diabetes is the primary focus of our business. Success would undoubtedly force us to change, but then again, change is what we have always embraced.

With leadership comes responsibility. We are committed to improving options for care now while partnering with others who share our mission and ultimate goals of defeating this disease.

novonordisk-us.com

Changing Diabetes® is a registered trademark of Novo Nordisk A/S ©2010 Novo Nordisk Inc.



Continued from page 1

“Duals” often have multiple chronic conditions and are more likely to be hospitalized, use emergency rooms and require long term care than other Medicare beneficiaries. For the most recent year, duals in Michigan received nearly \$8 billion dollars of health care services through arrangements made by Medicare and Medicaid. According to published reports, spending on duals averages more than \$20,000 annually per person—five times greater than the spending on other Medicare beneficiaries. While Medicare is responsible for covering services directed toward the acute physical health care needs of this group, including pharmacy, nearly all behavioral health and long-term care supports and services, including high cost custodial nursing home care, are covered by state Medicaid programs.

The issue of coordination of care, managed services, and opportunities for more cost-effective services have long been raised by observers. Governor Snyder has made the issue of providing more

“Duals” often have multiple chronic conditions and are more likely to be hospitalized, use emergency rooms and require long term care than other Medicare beneficiaries.

efficient services for the dual eligible population a key component of his health care platform, including movement of duals into a managed care environment for FY 12 and MAHP has long encouraged the enrollment of dual eligibles into managed care. However, Medicare is the primary payer of services for duals and many federal programmatic and policy issues inhibit a State’s ability to implement meaningful change. Michigan, like other states has developed and submitted various waivers for certain services—but no comprehensive approach has been taken. **Until now.**

Innovations Proposal

Earlier this year, the U.S. Department of Health and Human Services, Medicare and Medicaid Innovation Center awarded 15 design contracts to states—including Michigan—under a competitive process to begin developing proposals for better coordinating care for dually eligible individuals. The proposal submitted by and awarded to the Michigan Department of Community Health calls for development of an integrated care model in which Medicaid would serve as the designated entity assuming **complete financial and administrative oversight for Medicare and Medicaid funds** and services associated with the dual eligible population. The state proposes that funds from Medicare be transferred to the state via a risk-adjusted capitation payment derived from Medicare data demonstrating the acuity of the dual population and historical utilization trends. **The state in turn would contract with managed care organizations on the local level to**

manage and coordinate care for plan participants.

Michigan’s plan for integrated care includes the following program elements:

- All core Medicare and Medicaid services provided with the potential for additional social supports
- A comprehensive provider network available across the continuum of services so that participants are assured choice within the network
- A single standardized assessment tool to identify participant needs
- Person-centered medical homes to ensure access to care

- A single care coordinator to assist development of person-centered plans of care based on choice
- Plan performance metrics to evaluate effectiveness
- Quality management strategies and measurements unavailable in the current fee-for-service model
- Data sharing among providers across the continuum of care to enhance care coordination
- Mandatory enrollment with the ability to opt out
- Consumer protections, including grievance and appeal processes that meet the standards required by both Medicare and Medicaid

Funds from this CMS contract solicitation are being used for contractual services necessary to assist the state in moving the project forward including a stakeholder process, analysis of Medicare data and development of an assessment tool to determine beneficiary need. Additionally it is the intent of the state’s planning process to:

- Develop a plan to integrate Michigan’s waiver services (behavioral health and long term care) and state plan personal care option into the new integrated delivery system
- Develop the delivery model based on stakeholder input and data analysis that will have the following elements:
 - a rate-setting structure and payment methodology
 - baseline quality standards for the delivery system and
 - performance metrics
- Write a request for proposals (RFP) to engage managed care partners while creating a marketing plan, method for evaluation and assessing beneficiary satisfaction.

MAHP Expertise and Outreach

MAHP members have the general and requisite experience of providing managed care services under perfor-

mance-based contracts and contracting with variety of providers to serve the needs of enrolled members that this initiative seeks. Moreover, a number of MAHP members are also certified as Medicare Advantage Special Needs Plans, an indication that they understand the unique needs of the Medicare populations.

It is expected that the planning process will address additional services currently provided in the fee for service environment and support services that enable beneficiaries to remain in a home setting. Therefore, the RFP for managed care services will specify the additional services and circumstances for the provision of these services.

The issue of integrated care (physical and behavioral services) is an area that MAHP has identified as significant as policy and programs move forward. Earlier this year, MAHP and the Michigan Association of Community Mental Health Boards, MACMHBs, signed an agreement to jointly work toward issues of integrated care and coordination in other areas of joint interest. (See link for press release on this agreement: <http://www.mahp.org/media/articles/2011/MAHP-MACMHB.collaboration.release.pdf>)

The focus on and stakeholder process for the duals will create an opportunity to identify potential models that can be built into the RFP. Our two associations have communicated to the MDCH regarding our interest in moving toward this concept. Additionally, MAHP is reaching out to other consumer and provider related interest groups to establish agreements and consensus on approaches for duals.

MAHP is very proud to have played a role in the development of a key resource and consultation link for the Medicare population, including dual eligibles. This is the Resource Link of Michigan, web address at: www.resourcelinkmi.com Resource Link of Michigan has proven to be a well-informed and reliable source of expertise, local, state and national informa-

MAHP is very proud to have played a role in the development of a key resource and consultation link for the Medicare population, including dual eligibles. This is the Resource Link of Michigan [which] has proven to be a well-informed and reliable source of expertise, local, state and national information, and a service to facilitate solutions for the dual eligible population.

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Finally, the MAHP 2011 Summer Conference has established a program workshop on the Innovations Grant received by the MDCH as well as general session overview. We expect these sessions to be well attended and will feature presentations by the federal agency staff at the Medicare and Medicaid Centers for Innovations and the Michigan Department of Community Health. Material produced for these sessions will be made available on the MAHP website shortly after the July 17-19 conference.

What can we expect?

The continued dialogue between MDCH and consumer groups has established a clear expectation that we should take seriously. The plan to serve the dual eligible population for long term care services must embrace person-centered care coordination and provide choice for consumer.

Using that as a key backdrop, we will be anticipating an accelerated stakeholder process to take place during the summer and early fall months, followed by completion of data and cost analysis. The result of the planning process is then expected to result in a formal submission by Michigan of a new waiver request for the provision of long term care services that will serve the dual eligible population.

We believe the MAHP members are well positioned to provide managed care consultation during the stakeholder process and to respond to the expected RFP that will be developed to choose the managed care partners for this program.

This is one time that Michigan can build a program from the ground up rather than a retro-fit. Let's make sure we don't miss this opportunity—but let's make sure we get this under way timely.

Michigan Association of Health Plans' Staff

Richard B. Murdock
Executive Director
Rmurdock@mahp.org

Paul Duguay
Deputy Director
Pduguay@mahp.org

Christine Shearer
Legislative Director
Cshearer@mahp.org

Christine Gray
Business Manager
Cgray@mahp.org

Laura Fent
Administrative Assistant
Lfent@mahp.org

Kirsten Fisk
Special Events Manager
Kfisk@mahp.org

MAHP Insights is a quarterly publication of the Michigan Association of Health Plans. Past issues may be found at the MAHP website: www.mahp.org. For information regarding advertising or inclusion of news and events, please contact Christine Gray at the MAHP office 517.371.3181.



insights

Michigan Association of Health Plans
327 Seymour, Lansing, Michigan 48933

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MAHP 2011 Upcoming Events:

**Sunday, July 17 through
Tuesday, July 19, 2011
MAHP Summer Conference***

Boyne Mountain Resort
Boyne Falls, MI

**Tuesday, September 20, 2011
Pinnacle Awards***

Lansing Center
Lansing, MI

The Michigan Senate passed Senate Bills 347 and 348 on Thursday, June 30, 2011, providing much needed funding for the state's Medicaid program. The Senate voted 24-9 on SB 347 (repealing the current HMO use tax) and SB 348 passed 26-9 (establishing the new assessment on paid claims). By closing this \$400 million (general fund) hole in the Fiscal Year 2012 budget with the one percent assessment on health insurance claims, the Senate has taken much needed and appreciated action that will benefit all who provide or receive health care in Michigan. The bills now go to the Michigan House, where they will need to be approved to fund the budget for 2011-12.

*For more information on this event,
please call 517.371.3181 or visit our website:
<http://www.mahp.org/events.html>