THE VALUE OF MICHIGAN'S MANAGED CARE MEDICAID PROGRAM

mahp
Michigan Association of Health Plans

Michigan Managed Care Medicaid Program has improved the quality, access and value of health care for Michiganders.

QUALITY

Smart Incentives are built into Medicaid contracts with private health plans.

- Managed care has improved health outcomes, expanded access to medical services, and saved tax dollars.
- Quality improvement scores are tracked and measured against commercial and Medicare benchmarks.
- Health plans are increasingly implementing a variety of value-based payment (VBP) models that aim to drive system change towards greater efficiency and improved health outcomes. In contrast to traditional fee-for-service payment models in Michigan's Medicaid program that are based on the volume of care provided, value-based payment models reward providers based on achievement of quality goals and, in some cases, cost savings.

ACCESS

Managed care provides greater access to care.

- Robust health plan provider networks continue to expand under managed care.
- No wait list for Medically necessary and clinically appropriate services.
- Managed care provides structure that generates state savings and increases reimbursements to providers.

VALUE

Medicaid services are managed, and costs are predictable.

- Michigan Medicaid is saving $400 million per year compared to the fee-for-service model.
- Managed care has saved taxpayers nearly $8 billion since 2000.

MICHIGAN MEDICAID SUCCESS STORIES

aetna®
Aetna Better Health® of Michigan

Dedicated to personalized support services for members.

Anne is a 66-year-old woman who reported a long history of depression that is treated by her primary care physician (PCP). She reported medical health concerns, including diverticulitis, high cholesterol and high blood pressure. Anne had multiple GI surgeries, and this has contributed to her depression. She reported feeling like she was overreacting to situations, and she was finding it difficult to relax. Anne also felt scared and reported her feelings were without any good reason.

Her initial Depression Anxiety Stress Scale (DASS) scores indicated extremely severe depression, severe stress and severe anxiety.

Anne successfully worked towards her goals through the Aetna AbleTo program that provides personalized support for members to help improve members' health outcomes. With the help of the AbleTo program, Anne's DASS scores decreased overall, with all areas scoring in the moderate to normal ranges. Anne reported learning at least three coping strategies to address anxiety and stress, including deep breathing and taking walks. She reported an improvement in anxiety and even her PCP and cardiologist noted her progress.

HAP CareSource™

Committed to wrap around supports for members.

William is a 30-year-old adult man with more than 260 hospital admissions, often for suicidal ideation. In 2020, he spent more time in inpatient care than in the community. In conversations with his patient care team, William spoke of tragic losses in his family and the feelings of anxiety, depression and thoughts of suicide.

William had difficulty establishing outpatient services due to the constant emergency department (ED) and hospital stays. The community mental health center (CMHC) connected with William during a behavioral health admission in late summer, and when he was discharged, he was transported directly to the center for assessment and development of a treatment plan. In addition to addressing his clinical needs, the treatment planning process identified that William was also homeless. He was able to secure a room at a group home and maintain his appointments at the CMHC, which dramatically decreased his ED visits and inpatient admissions.

CareSource convened with hospitals and other organizations to analyze a visual journey for William. This statewide team identified that William did not feel safe in his home or while alone and they were also able to learn that he enjoyed working and would like to be more deeply engaged in his community. As a result, CareSource facilitated William's new residence in a group home, a part- time job and community engagement options. William has since had several months of increasing stabilization and has up to 30-day periods with no hospitalizations.

MICHIGAN MEDICAID SUCCESS STORIES

McLaren HEALTH PLAN

Going above and beyond health coverage to assist members.

Charlie, a 34-year-old female, called our nurse support line with a need for extra food assistance for her family of six. During the conversation, our nurse discovered that the family had not had a working furnace in over a year. They were relying on electric heaters to keep warm during winter. Our nurse was not only able to provide them with food assistance through a GA food referral, but was also able to connect Charlie with resources for her furnace. The nurse helped Charlie get in touch with a heating company to have the furnace evaluated. The heating company came out to inspect the system and provided an estimate for the repairs. With the extra resources, Charlie was able to afford to have her furnace fixed and heat restored to her home for a minimal cost.

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meridian

Dedicated to personalized support services for members.

Jane came into foster care as an elementary-age child due to abuse and neglect, but was eventually adopted by a caring family, but unfortunately, she had more challenges on the horizon.

Jane's adoptive parents were killed in a car accident leaving Jane as the sole survivor. She returned to foster care with physical disabilities as a quadriplegic. This accident left Jane with immense emotional trauma and severe physical health issues to work through simultaneously. Jane wanted to give up and experienced extreme grief, depression and suicidal ideation.

Meridian knew they had to respond quickly and effectively to support Jane. Meridian pulled together a collaborative team that included behavioral health, physical health, foster care representatives, caregivers and a Court Appointed Special Advocate (CASA) to work in conjunction to support Jane. Through this work, they were able to coordinate the correct physical health responses and supports. This involved additional training and education for the caregiver as well as needed Durable Medical Equipment. Simultaneously, behavioral health therapy was engaged to address the trauma and loss that had occurred. By coordinating with the caregiver and the Department of Family and Protective Services (DFPS), care was offered effectively, and Jane was able to make progress.

Jane has a different path for her life going forward, and while it has lifelong challenges, there is also hope present and support for what she needs. It truly takes a village and full collaboration to help Jane.

MICHIGAN MEDICAID SUCCESS STORIES

MOLINA HEALTHCARE

Addressing social determinants of health for members.

Molina received a request from the Detroit Health Department about a child they were working with who needed assistance. ***Nasir*** was leaving the hospital and could not return to the family home because of lead exposure.

Nasir's family needed temporary housing because they were preparing to move back to Yemen in two weeks. There were language barriers that we were able to address by engaging an interpreter who spoke their dialect of Arabic.

Within 30 minutes of receiving the call, the Molina care management team was on the phone with Nasir's family and was able to arrange for temporary housing and transportation for them. To ensure they had access to food while in temporary housing, we provided grocery gift cards and offered assistance with childcare if needed.

Priority Health

Servicing members needs with proactive care management.

The Priority Health Medicaid Care Management team received a referral from an inpatient hospital care management team with a member, ***Richard***, that needed some assistance with basic needs and were wondering if we had someone who could assist.

Priority Health sent a community health worker to meet with this member while still at the hospital. The member's main identified need was a phone. This was essential to his recovery as he would need this to schedule appointments and transportation to follow-up care. Richard was then discharged to a skilled nursing facility. The community health worker arranged to have the phone delivered to member's hospital room.

It was also discovered there was a lens missing in the Richard's eyeglasses. Priority Health's community health worker ensured the member had an eye appointment upon discharge and assisted member in scheduling transportation to the appointment.

The Priority health community health worker also coordinated with the care manager when Richard discharged from the skilled nursing facility. The care manager followed up with him and assisted in getting appointments and medications post discharge. Lastly, the Care Manager referred Richard to Tandem 365, an in-home program to have close follow up with medical needs.

MICHIGAN MEDICAID SUCCESS STORIES

UPHP
UPPER PENINSULA HEALTH PLAN

Prioritizing personalized case management services for members.

Recently, a Upper Peninsula Health Plan (UPHP) community health worker worked with a 40-year-old female shelter resident ***Ashley***, who recently separated from her spouse, and was struggling with untreated anxiety and depression. Because she became homeless abruptly, she needed assistance obtaining a new mobile phone, Michigan Bridge Card, and government-issued identification. The community health worker helped Ashley obtain these critical items and assisted her with finding supportive employment opportunities though Michigan Rehabilitation Services. The member was connected to behavioral health services for counseling.

The community health worker helped Ashley obtain permanent supportive housing through Superior Connections Recovery Community Organization, located in Marquette, whose mission is to assure individuals facing homelessness have access to supportive services that address social determinants of health while promoting self-actualization in an inclusive and supportive community. The community health worker's advocacy efforts and diligent service navigation, along with collaborative coordination with local community benefit organizations, allowed this member to achieve access to safe housing and the promise of a healthier future.

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OUR MEMBERS

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