



MEMORANDUM

TO: Marissa Gove, Solicitation Manager, DTMB
FROM: Melissa Samuel, President/CEO, Health Care Association of Michigan
DATE: July 17, 2024
SUBJECT: HIDE D-SNP Request for Proposal

On June 6, 2024, the State of Michigan submitted a Request for Proposals (RFP) to health care plans to bid on a Highly Integrated Duals Eligible Special Needs Plan (HIDE SNP) which will replace the current MI Health Link pilot program beginning January 1, 2026. This HIDE-SNP will integrate long-term service and supports (LTSS) and contracted managed care plans will provide all Medicare and most Medicaid covered benefits for their dual-eligible enrollees through capitated, D-SNP only contracts.

HCAM has reviewed the RFP, and has identified several areas that we would like to address and emphasize.

Limited HIDE D-SNP SNF Benefit to 45 days-Transitioning Care to FFS Medicaid

Background

HCAM has advocated for transitioning a dual eligible resident of the nursing facility who is a D-SNP member back to FFS Medicaid after 45 days. Residents who are in nursing facilities for longer than 45 days have little benefit from managed care.

RFP

The HIDE SNP requirements requires the coverage of Long-term services and supports, including community-based long-term services and supports and some days of coverage of nursing facility services during the plan year.

Outstanding issues

According to the RFP, the HIDE SNP is required to provide some days of coverage of nursing facility services during the plan year. Healthy Michigan Plan, a program through MDHHS that provides Medicaid coverage to Michigan residents, currently offers up to 45 days of skilled nursing care, after which time their care is transitioned to the state of Michigan FFS Medicaid. Similar to Healthy Michigan Plan, **HCAM requests that the state approves only those health plan submittals that allow the transitioning of a dual eligible resident of the nursing facility who is a D-SNP member back to FFS Medicaid after 45 or fewer days.**

Proper and Timely Payment

Background

HCAM has expressed concerns surrounding current issues with prompt, correct payments with the current MI Health Link program and has requested a process ensuring specific protocols for payment processes. Additionally, the timing of the Quality Assurance Supplement (QAS) was highlighted, as the QAS in the current MI Health Link is paid quarterly, where QAS payments under the FFS Medicaid program are paid monthly.

RFP

The RFP addressed potential concerns about a payment floor, as the RFP ensures health plans pay the current FFS Medicaid rate at a minimum (RFP 13.5C). The RFP also addresses the requirement that health plans negotiate rates with Nursing Facilities (RFP 3.8A). Concerns about payment timing were addressed by requiring that health plans pay 99% of clean claims within 14 days, and 100% of clean claims within 30 days.

Outstanding issues

The payment for the QAS was noted in the RFP, but the timing of the QAS payment was not. QAS payments for Nursing Facilities in the HIDE D-SNP should not be less frequent than those outside of the HIDE D-SNP. **HCAM requests that the state commit to paying the QAS to nursing facilities on a monthly basis, as opposed to quarterly.**

Prior Authorization for Services

Background

HCAM has addressed issues concerning prior authorization in nursing facility settings. Delays in receiving prior authorization for necessary care have been part of the timely and proper reimbursement challenges throughout the current MI Health Link program.

RFP

The RFP requires a health plan to develop an authorization process for Medicaid LTSS coverages for the HIDE D-SNP. It also requires that that health plan's authorization of LTSS must comply with MDHHS's FFS authorization criteria for those Covered Services, with the discretion to authorize LTSS more broadly in terms of criteria, amount, duration and scope (RFP 9.4B).

Outstanding issues

HCAM requests that the state approves only those health plan submittals that commit to expedient prior authorization of nursing facility care. Care delayed is often care denied.

Post Payment Review Protection

Background

HCAM requested that once coverage determination is made and services are both authorized and provided, reimbursement should not be denied.

RFP

The RFP states that a Contractor must utilize a post-payment review methodology to assure claims have been paid appropriately (RFP 14.6), a general statement with no specifics.

Outstanding issues

Nursing Facilities must receive assurances that once a coverage determination has been authorized and approved, that the coverage will not be retroactively denied. **HCAM requests that the state approves only those health plan submittals that commit to a robust plan of post payment review protection.**

Any Willing Provider Protection

Background

HCAM requested that a D-SNP initially contract with any willing provider of skilled nursing services. If quality thresholds are required, all providers should be given time to meet them.

RFP

The RFP requires that the health plan must have sufficient providers to provide all enrollees coverage in sufficient number, mix, and geographic distribution. The health plan must have a minimum of 2 providers in each county (RFP 4.4).

Outstanding issues

The RFP allows health plans to limit providers it contracts with, subject to the RFP minimums. **HCAM requests that the state approves only those health plan submittals which contract with any willing provider.**

Passive Enrollment—Modified for Residents of Skilled Nursing Facilities

Background

HCAM asked that HIDE SNP enrollment be voluntary for residents of skilled nursing facilities. The MHL program included passive enrollment.

RFP

According to the RFP, enrollment into a Michigan HIDE SNP is voluntary (RFP 2.4). Additionally, requests to dis-enroll from Contractor or enroll in a different HIDE SNP will be accepted at any point after an Enrollee's initial Enrollment occurs and are effective on the first calendar day of the month following receipt of request (RFP 2.9).

Outstanding issues

HCAM approves of the current RFP language, and expects the state will ensure voluntary enrollment as the HIDE SNP expands statewide.

Quality Measures/Rebalancing

RFP

The RFP as written contains the requirement that health plans negotiate with nursing facilities, and allows for unique payment models. There are references to potential quality measures for nursing facilities, but they are limited (Appendix F). The RFP focuses quality measures for LTSS around maximizing independence, rebalancing, community integration, and Self-Determination.

Outstanding issues

HCAM wholeheartedly supports the importance of the continuum of care; Michigan residents should have access to a variety of care settings, the right place for the right time. However, it is also important that there are specific quality measures for nursing facilities.

HCAM requests that the state only approve those health plan submittals that offer quality incentives to nursing facilities. Nursing Facility quality measures should focus on hospitalization and ED visits, vaccination rates, and antipsychotic usage. For further reference, current CMS quality measures for nursing homes are attached.