

MEDICAID POLICY INFORMATION SHEET

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Initial

Public Comment

Final

Brief description of policy:

This policy will implement an Opioid Health Home (OHH) program in Michigan's Prepaid Inpatient Health Plan (PIHP) Regions 6, 7 and 10.

Reason for policy (problem being addressed):

Nearly 70 percent of Michigan Medicaid beneficiaries have an untreated substance use disorder. MDHHS has identified PIHP Regions 6, 7 and 10 as having a high need for resources and would benefit from the OHH program.

Budget implication:

budget neutral

will cost MDHHS \$ 666,124, and is budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

Yes, the Community Health Automated Medicaid Processing System (CHAMPS), Data Warehouse, Waiver Support Application

Does policy have operational implications on other departments?

No

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date:
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2117-BHDDA	Date: May 10, 2021

Comments Due: June 14, 2021
Proposed Effective Date: October 1, 2021
Direct Comments To: Kelsey Schell

Address:
E-Mail Address: Schellk1@michigan.gov

Phone: **Fax:**

<p>Policy Subject: Opioid Health Home (OHH) Expansion</p> <p>Affected Programs: Medicaid, Healthy Michigan Plan, MICHild</p> <p>Distribution: All Providers in Michigan’s Prepaid Inpatient Health Plan (PIHP) Region 6, 7, and 10</p> <p>Summary: This policy will implement the OHH in PIHP Regions 6, 7 and 10.</p> <p>Purpose: Nearly 70 percent of Michigan Medicaid beneficiaries have an untreated substance use disorder. MDHHS has identified PIHP Regions 6, 7 and 10 as having a high need for resources and would benefit from the OHH program.</p> <p>Cost Implications: \$666,124</p> <p>Potential Hearings & Appeal Issues: None Identified</p>

State Plan Amendment Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Submitted date:
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Tribal Notification: Yes No - **Date:**

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: All Providers in Prepaid Inpatient Health Plan (PIHP) Regions 6, 7 and 10

Issued: September 1, 2021 (Proposed)

Subject: Opioid Health Home (OHH) Expansion

Effective: October 1, 2021 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild

NOTE: Implementation of this policy is contingent upon approval of a State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).

Pursuant to the requirements of Section 2703 of the Patient Protection and Affordable Care Act/Section 1945 of the Social Security Act, the purpose of this policy is to provide for the coverage and reimbursement of Opioid Health Home (OHH) services effective for dates of service on and after October 1, 2021. The policy applies to fee-for-service and managed care beneficiaries enrolled in Medicaid, the Healthy Michigan Plan, or MICHild who meet OHH eligibility criteria. In addition, the Michigan Department of Health and Human Services (MDHHS) has created a companion operation guide for providers called the [OHH Handbook](#).

General Information

MDHHS is seeking approval from CMS to revise the current OHH SPA to optimize and expand the OHH in select Michigan counties. The OHH will provide comprehensive care management and coordination services to Medicaid beneficiaries with an opioid use disorder. (Refer to bulletin [MSA 20-31](#) for a detailed description of the OHH structure.)

Geographic Criteria

OHH services will be available to Medicaid beneficiaries who reside in the following counties and meet all other eligibility criteria:

- Alcona
- Alger
- Alpena
- Antrim
- Baraga
- Benzie
- Calhoun
- Charlevoix
- Cheboygan
- Chippewa
- Crawford
- Delta
- Dickinson
- Emmet
- Genesee
- Gogebic
- Grand Traverse
- Houghton

- Iosco
- Iron
- Kalamazoo
- Kalkaska
- Keweenaw
- Lapeer
- Lenawee
- Livingston
- Leelanau
- Luce
- Mackinac
- Macomb
- Manistee
- Marquette
- Menominee
- Missaukee
- Monroe
- Montmorency
- Ogemaw
- Ontonagon
- Oscoda
- Otsego
- Presque Isle
- Roscommon
- Sanilac
- St. Clair
- Schoolcraft
- Washtenaw
- Wayne
- Wexford

Pay-for-Performance (P4P) vis a vis 5% Withhold

MDHHS will afford P4P via a 5% performance incentive to the additional per member per month case rate. The Lead Entity (LE) must distribute P4P monies to Health Home Partners (HHPs) that meet the quality improvement benchmarks. MDHHS will only claim federal match once it determines quality improvement benchmarks have been met and providers have been paid. If quality improvement benchmarks are not met by any of the HHPs within a given performance year, the MDHHS share of the withhold will be reserved by MDHHS and reinvested for OHH monthly case rate payments. Subsequent performance years will operate in accordance with this structure.

Metrics and Allocation

The metrics and specifications will be maintained on the MDHHS website at www.michigan.gov/OHH. The table below represents the first set of metrics:

Performance Measure Number	Measure Name and National Quality Forum (NQF) # (if applicable)	Measure Steward	State Baseline	Allocation % of P4P Budget
1.	Initiation and engagement of alcohol and other drug (AOD) dependence treatment (0004). Initiation of AOD Treatment within 14 days	National Committee on Quality Assurance (NCQA)	TBD	50%
2.	Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD). Follow-up within 7 days after discharge	NCQA	TBD	30%
3.	Emergency Department Utilization for Substance Use Disorder (SUD) per 1,000 Medicaid Beneficiaries	CMS	TBD	20%