

insights

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MORE INSIDE

Page 2

Bill Burke's View from the Capitol

Pages 5-8

Health Plan Updates

Pages 9-12

MAHP's Summer Conference

Pages 13-14

Pinnacle Awards

Historic Medicaid Reform & Expansion Bill Benefits Michigan Taxpayers, Employers and Working Adults

LANSING, Mich.—The state House of Representatives gave final passage to a new Medicaid reform and expansion law that will benefit Michigan taxpayers and employers and provide health insurance to more than 470,000 working adults who currently lack coverage.

House Bill 4714 passed the state House and Senate with bipartisan support, the strong backing of Gov. Rick Snyder, and the advocacy of most of Michigan's business, healthcare, military veteran, senior citizen, and human service organizations. Every Michigan newspaper that editorialized on the issue favored the legislation, as did a strong majority of Michigan voters, multiple public opinion polls showed. The state House concurred in the Senate's changes approved last week and sent the bill to Gov. Rick Snyder, who is expected to sign it as soon as possible.



Rick Murdock, executive director of the Michigan Association of Health Plans said, "One of the most substantially positive healthcare reform laws in our state's history passed the Michigan House today, and all legislators who voted for it should be applauded for creating new healthcare policy that will save money and save lives."

"Passage of this legislation has helped rein in healthcare costs for taxpayers and employers and given hundreds of thousands of working Michigan adults access to physicians, nurses and care that will keep them healthier and better able to succeed at work and in life," said Spencer Johnson, president of the Michigan Health & Hospital Association.

Johnson, Murdock and other members of the Expand Medicaid Coalition noted that the Healthy Michigan Plan created by HB 4714 will save Michigan taxpayers more than \$1 billion over a decade, will reduce uncompensated care that penalizes employers and



The End of the Beginning

By Bill Burke, Knight Consulting

When the Michigan Legislature recently passed HB 4714, a bill to authorize Medicaid expansion, one would think the heavy lifting was over. Not so much. The inability to garner enough votes for immediate effect (a two-thirds majority

to authorize the immediate implementation of the law. Those who opposed the passage of Medicaid expansion felt justified in refusing to grant the bill immediate effect. They wanted to send a strong message to conservative groups through-

be prepared to reach the statutory deadlines in both federal and Michigan law.

The Department of Community Health has been a tremendous partner in advocating for the passage of Medicaid expansion, and a great partner with health plans in the delivery of Medicaid services for the current Medicaid population. The private/public partnership has served Medicaid recipients well and has saved the state of Michigan billions of dollars since the implementation of managed care in the Medicaid program during the late 1990s. Please ask your legislator to support the supplemental budget that allows health plans and our partners in health care to obey state and federal law. There are over 400,000 good reasons to do just that.

Michigan's health plans and its partners in the health delivery system have a legal obligation to follow the law.

in the Senate) not only delays the implementation of the act from January of next year until April, but also punches a fairly good sized hole (\$70 million) in the current Department of Community Health (DCH) budget.

The 90-day delay in implementation will now require the same legislature to pass a supplemental budget to backfill the hole they created by not granting immediate effect. The DCH budget had anticipated \$70 million in federal funds that would have been available to the state upon passage of the bill and implementation of the program. Now, for the budget to be balanced, as required by the Constitution, a supplemental appropriation must be adopted to cover the shortfall.

Supplemental budget bills are typically not a source of high anxiety. Let's hope that is the case with this supplemental. To say the debate on Medicaid expansion was "spirited" is truly an understatement. Democrats in the Senate were unanimous in their support of expansion and attempted to put substantial pressure on Republicans to call for a vote. Republicans saw the issue differently, and resisted strongly.

In the end, there were enough votes to pass the bill, but not enough to grant the immediate effect that was necessary

out the state that they had done all they could to prevent expansion from becoming law. OK, the message has been sent. Now it's time to consider two facts that will hopefully encourage legislators to support and vote for the supplemental budget bill:

The Affordable Care Act (ACA) is the law of the land.

Medicaid expansion is now a part of Michigan law.

As a result, Michigan's health plans and its partners in the health delivery system have a legal obligation to follow the law. We do not have the luxury of debating what is bad or what is good, we have an obligation to make it work. While we can watch the ongoing debate in Washington relative to the ACA, we must



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Historic Medicaid Reform & Expansion (*continued from page 1*)

people fortunate enough to have health insurance, and improve the health status of thousands of hard working Michigan adults who can't afford health insurance today.

Based on Small Area Health Insurance Estimates (SAHIE) data from the U.S. Census Bureau and the Centers for Disease Control and Prevention, an estimated 474,000 low-income Michigan workers who are uninsured today will be eligible for insurance under HB 4714.

Research shows workers with health insurance are more productive and use expensive hospital emergency rooms less, reducing the hidden tax of "cost shifting" paid by companies and individuals who see their health insurance bills inflated by uncompensated care.

Michigan employers support Healthy Michigan because it will help control health insurance premiums by reducing uncompensated care costs for uninsured Michigan citizens that are shifted to businesses and people with health insurance.

While the legislation will allow low-income Michigan workers to qualify for health insurance, all people who gain coverage in the Healthy Michigan plan will be required to pay part of their monthly insurance premiums and certain co-pays, and could face penalties for certain unhealthy behaviors.

HB 4714 is supported by Gov. Rick Snyder, most of the state's major business organizations (the Michigan Chamber, the Small Business Association of Michigan, the Detroit Regional Chamber, the Traverse City Chamber and more), hospitals, physicians, AARP Michigan, patients, mental health organizations, every Michigan newspaper that has editorialized on the issue, and Michigan voters.

More information about HB 4714 and how it will benefit Michigan can be found at: www.expandmedicaid.com

Legislative Work on HB 4714 is Complete. What's Next?

The stakeholders who supported HB 4714 are working together to implement the Healthy Michigan program in a coordinated way. Here's how.

Infrastructure

- Stakeholders are working with the state to implement the infrastructure and policies necessary to launch the single-point-of-entry application and eligibility determination system. The state departments of Community Health; Human Services; Technology, Management and Budget; and Insurance and Finance Services and other parties are dedicated to making Michigan's enrollment process as smooth and as timely as possible.

- Hospitals, health centers and others who have long been in the business of enrolling people in assistance programs are ensuring that their staff and systems are prepared to help people enroll under the newly-available programs (Healthy Michigan or health insurance marketplace plans).

Outreach

- Stakeholders are launching a coordinated effort to find and educate people who will become eligible for coverage on the marketplace or Healthy Michigan. Hospitals, physicians, health centers, libraries, community-based organizations, chambers of commerce and Enroll America are working together to provide information and assistance to everyone who needs it.
- The stakeholders are developing a new website where people can go to find out where to find the new insurance application, where they can call or go for assistance from a certified application counselor or Navigator, whether they might be eligible for financial assistance or Healthy Michigan, and more. This site will be live in the a few weeks. In addition, stakeholders will continue to inform media about the progress of implementation.

Enrollment

- Many stakeholders have applied to be Certified Application Counselors/Navigators to guide people through the new application process. These organizations are spread across Michigan.
- Starting Oct. 1, people seeking coverage will complete a single application. This application will determine eligibility for both the new Healthy Michigan (Medicaid) plan and also the plans available on Michigan's health insurance marketplace.
- People can fill out the application any time after Oct. 1. If they are determined to be eligible for Healthy Michigan, they can enroll any time with coverage starting no sooner than the end of the first quarter of 2014. Enrollment in the marketplace plans (for which coverage will also start no sooner than Jan. 1, 2014) is limited to the "open enrollment" period of Oct. 1, 2013 through March 31, 2014. After that, open enrollment re-opens every year from Oct. 1 through Dec. 31.

Coverage

- Healthy Michigan offers a comprehensive benefit plan that covers preventive care, doctor visits, hospital care, emergency care and more. Healthy Michigan enrollees will be incentivized to improve and better manage their health, health savings accounts and more while insurance companies and care providers will be incentivized to better coordinate and deliver that care.

What's Next?

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

Will the month of October be a harbinger of the future? If you enjoy massive uncertainty while making business decisions worth millions of dollars of resources and dedicated staff, then welcome to our world.

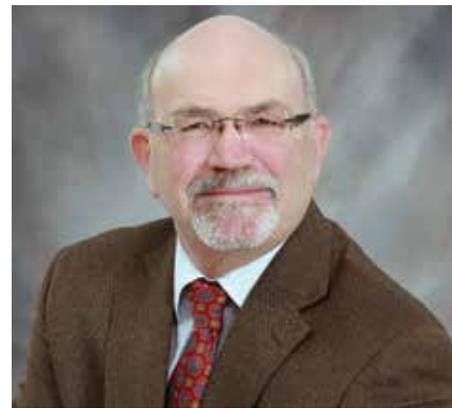
Across the United States there was great anticipation of the launch of the Insurance Exchanges—whether state administered or like Michigan, through a federal partnership. Bringing greater attention and emphasis to the “Exchanges” was the shutdown of the federal government that was temporarily fixed by “kicking the can” a few more months.

Further, the good news for many Michiganders of expanded coverage through Medicaid (Healthy Michigan Act) has to be tempered by a delayed implementation due to failure to secure immediate effect of the Healthy Michigan Act.

And finally, the Michigan Legislature must now “fix” the FY 14 budget to accommodate the delayed implementation of

Michigan’s health insurance industry compares most favorably (in terms of number of offerings and premium costs) with other states, particularly those in the Great Lakes region. Moreover, nationally, the overall premiums appear to be much less than that predicted (and scored) by the Congressional Budget Office. This is good news for taxpayers. Unfortunately, this news is overshadowed by the early difficulties in the enrollment process.

Observers know that any major implementation initiative typically have some “glitch” that is fixed during the roll-out. The problems appear to be more than “a glitch” and we can only hope it will be rectified soon. Unfortunately, it appears that any problem in implementing the Affordable Care Act is heavily magnified by the media and opponents of the law and used as “proof” that the law should be repealed—making adjustments and revisions more difficult than it needs to be. While hopefully good policy will “trump”



individuals to seek out “navigators” who have been established to assist consumers in making their choices for the Exchange. Enroll Michigan is one such avenue to assist consumers in making choices. That link is at: enrollmichigan.com

A related issue, and the most current “controversy,” is the notices many have received regarding the “cancellation” of existing coverage. The fact that existing policies would be cancelled is not “news”—this was clearly known in the details of the Affordable Care Act and widely known several years ago. However, over time and as other aspects of ACA have been addressed, this issue did not receive attention and now appears to be an independent action of carriers. These cancellations are due to the fact that such policies are not consistent with the requirements of the Affordable Care Act—that is, coverage must cover the 10 “essential” benefits and health insurance carriers must guarantee issue (cannot reject for medical condition). The recent policy by Michigan’s Insurance Commissioner provides a temporary relief for this issue.

Premiums are limited in how they may now be priced and new prices in effect after January 2014 will vary depend on where a person lives, their age and the type of policy they decide to buy. Some, including young people and those with “skimpy” or high-deductible plans, may see an increase. Others, including older citizens and those with health problems or who buy coverage with higher

By 2020, Michigan will provide health insurance coverage and options to more than 99% of the State’s population. (MAHP Adopted Vision Statement)

Medicaid reform. So let’s catch our breath and see how these issues and others may be addressed in the coming months and what it may mean for those Michigan citizens seeking health care coverage. In doing so, we must keep our eye on the greater objective of providing affordable coverage.

The Transition into Health Insurance Exchange

First, the good news. From the comparative data of filings by insurance carriers participating in the various exchanges,

politics, MAHP will continue to encourage all interested parties to use all available avenues for selection and enrollment and not rely solely on the federal website.

This advice is consistent with our polling over the past months that tells us that individuals expect to research and consult with trusted family members, their health care provider and/or insurance agents to assist in making these choices—and not use the internet option at this time. Further, we encourage indi-

deductibles than they have now, may see lower premiums.

This is all part of the transition under ACA that began with such requirements as extending coverage to children under age 26 under parents coverage, limiting and then prohibiting annual and lifetime limits, requiring preventive services to be covered under “first dollar,” imposing limits on administrative costs and rebate overages and implementing a high risk pool with subsidies for those without coverage and having a pre-existing condition. These transitions have been viewed as consumer friendly and have received little if any public opposition.

By March of 2014, we will know the full extent of enrollment into the exchanges, the makeup of the enrollment (age, sex, and geography) and which carriers on the exchange benefited. We will also begin to see the interaction of the eligibility and enrollment between Medicaid reform population and the Exchange enrollment. This will then drive further decisions to be implemented over the next years regarding enhancements in the Exchange, including whether to pursue a basic health plan option and whether Michigan should take more control over our destiny by moving toward a state administered program (a position advocated by MAHP).

In the meanwhile, MAHP advises interested parties to not only consult the website listed above, but also to check the Michigan Department of Financial and Insurance Services (DIFS) website regarding health insurance options. The direct link to this website is: www.michigan.gov/difs/0,5269,7-303-12902_35510-263899--,00.html

Medicaid Reform

If the Exchange was not enough to work through, Michigan’s highly ranked Medicaid Managed Care Health Plans will now be challenged to implement the reforms under the “Healthy Michigan Act”—the name of the HB 4714 which was enrolled and signed into law as Act

107 of 2013. While the thrust of the implementation will be based on the requirements of a waiver to be approved by CMS, including a Health Savings Account structure for those between 100 and 133 percent poverty, many of the requirements are embellishments of current activities performed under the current contract.

Michigan is very fortunate to have a widely recognized high performing Medicaid Managed care program. Once again, MAHP members were recognized for their performance by the National Committee on Quality Assurance, NCQA and printed recently in a recent issue of Consumer Reports. This year, Michigan had 11 of the nation’s top 100 Medicaid Plans, six of which were in the top 25. Competition

works and it drives performance. That is the lesson learned in the Medicaid program and as we move into expanded Medicaid coverage, Michigan is now well positioned for implementation.

However, it is useful for all to know the “basics” of the new and expanded coverage. Part of the MAHP advocacy has been to educate groups and individuals on coverage options in including Medicaid—the information below is taken from one of our “fact sheets”:

Why are we doing this?

Sometimes we need to remind ourselves that improving health care is a responsibility that we all share—individuals, providers, employers, government.

Continued on page 15

“What is Medicaid?” *Currently, this is a program to provide comprehensive health care services to nearly 2 million low-income residents of our state. Its current participants include: children, pregnant women and newborns, and seniors and individuals with disabilities. Due to Medicaid Reform legislation recently signed by Governor Snyder (called Healthy Michigan), Medicaid coverage will be extended to adults and working poor who will be enrolled into private health plans, like MAHP Member Managed Health Plans, to help meet their health goals.*

“What does Medicaid cover?” *Medicaid is comprehensive health care coverage for services such as: in-patient and out-patient hospital, Home health, physicians, rural health clinics, labs and X-rays, family planning, urgent and emergency services, pediatrics, and prescriptions.*

“Who can enroll in Medicaid?” *The rules for the existing Medicaid population will not change in terms of eligibility; however beginning in 2014, adults whose income is less than 133 percent of the federal poverty level (about \$15,500 for a single adult, or \$30,000 for a family of four) may now enroll as long as they do not have health care coverage from other sources.*

“What are the other key reform changes in Michigan’s Medicaid program?”

- *New enrollees with incomes between 100 percent and 133 percent of the federal poverty level will be responsible for cost sharing up to 5 percent of their annual income (annually approximately \$580 to \$775 for a single adult) that will begin 6 months after enrollment. After 48 months of Medicaid coverage, cost sharing for these new enrollees will increase to a maximum of 7 percent of their annual income, or they can enroll in subsidized private insurance through Michigan’s new Marketplace (health insurance exchange). Cost sharing can be reduced to 2 percent of annual income for new enrollees who demonstrate that they engage in healthy behaviors.*
- *A system resembling health savings accounts will be created for individuals to deposit funds to cover copayments for health care services.*
- *New enrollees will have access to primary care and preventive services and must visit their primary care physician within 60 days of enrollment.*

HealthPlus Appoints New Chief Financial Officer and New Senior Director of Business Development

HealthPlus has announced the appointment of Ryan O’Roark to vice president and chief financial officer and the promotion of Graham Smith to senior director of business development and federal programs.

As CFO, O’Roark is responsible for executive oversight of the financial operations team. As such, he oversees:

- Accounting, underwriting and revenue
- Member enrollment
- Medical audit and special investigation
- Claims resolution

Most recently, O’Roark served as director of health care accounting for HealthPlus. Before HealthPlus, he held leadership positions with Oakwood Accountable Care Organization and

Oakwood Healthcare System, both located in Dearborn, Mich. O’Roark holds a master’s degree in business administration from the University of Michigan and a bachelor’s degree in accounting from Kansas State University.

As senior director of business development and federal programs, Graham Smith has responsibility for membership growth in the company’s individual and employer group commercial markets, as well as membership growth and operations for federal program market segments.

Smith joined HealthPlus as director of Medicare programs and individual sales in 2010. Under his leadership, sales in both groups have flourished. He holds a master’s degree in business administration from Oakland University, and a



bachelor’s degree in organizational leadership and supervision from Purdue University School of Technology. Smith is a recent graduate of America’s Health Insurance Plans’ Executive Leadership Program.

HAP Appoints Annette Marcath as Chief Information Officer

Health Alliance Plan (HAP) has announced the appointment of Annette Marcath as Vice President, Information Technology and Chief Information Officer.

Over the past year, Marcath led the successful installation of HAP’s new state-of-the-art systems that enhance HAP’s ability to connect with its customers and adapt rapidly to future market opportunities. The goal of the new systems is to provide an even higher level of personalized service and support, more efficient business processes and new self-service tools that will enhance the overall customer experience.

In her new role, Marcath will lead the Information Technology department,

consisting of IT Support Operations, Medical & Business Informatics, Technology & eBusiness Development, and the Testing Center of Excellence.

Marcath began her health care career at SelectCare, where she managed the IT department business applications. She joined HAP in 2001 as a project manager, where she successfully led numerous critical corporate initiatives. In 2008, she was named director of Organizational Performance—a new department dedicated to business process improvement. She was promoted to associate vice president, business integration in 2011.

A lifelong Michigan resident, Marcath holds a bachelor’s degree in finance from Walsh College of Accountancy



and Business Administration and is a certified Project Management Professional. She is a member of PMI (Project Management Institute) and a recent graduate of the Leadership Macomb XIV program.

A firm believer in giving back to the community, Marcath is a co-leader for a Romeo Relay for Life team, and raises funds for the Macomb Charitable Foundation.

HealthPlus Appoints Michael Genord, M.D., Vice President and Chief Medical Officer

Michael Genord, M.D., has been appointed by HealthPlus to the position of vice president and chief medical officer.

Dr. Genord joins HealthPlus, one of Michigan's top-rated health insurance companies, after managing a private practice for 17 years and serving as physician team leader at William Beaumont Hospital in Royal Oak. Bruce Hill, president and CEO at HealthPlus made the announcement.

As chief medical officer, Dr. Genord will lead all company activities in:

- Continuous quality improvement
- Medical management
- Utilization and referral management
- Health and lifestyle management
- Pharmacy services
- Case management and behavioral health services

In addition, Dr. Genord will spearhead efforts to educate the provider community about the rich resources HealthPlus offers to help keep its members healthy and to manage illnesses when they occur. HealthPlus employs some 50 medical professionals, including physicians, psychologists, pharmacists, registered nurses and social workers, for its disease and case management services, its in-house pharmacy operations and to oversee continuous improvement efforts.

Dr. Genord is board certified in obstetrics and gynecology and is a member of, or is affiliated with, the following:

- Michigan State Medical Society Board of Directors
- American Medical Association
- Oakland County Medical Society
- Fellow, American College of Obstetrics and Gynecology
- Diplomate, American Board of Obstetrics and Gynecology

Dr. Genord earned his medical degree from the Michigan State University College of Human Medicine and holds a master's degree in business administration from the Eli Broad Graduate School of Management. He completed his residency in obstetrics and gynecology at William Beaumont Hospital in Royal Oak, Mich.



HealthPlus Appoints Bryan Cole Director of Product Development

HealthPlus has announced that Bryan Cole has joined the company as director of product development.

Cole is focusing on HealthPlus' commercial product portfolio and developing plans that meet current customer needs and anticipate emerging market trends, such as consumer-directed products, which are gaining popularity in the changing health care landscape.

Cole comes to HealthPlus from HealthPartners in Minneapolis, where he was responsible for leading the company's exchange strategy and directing planning, feasibility testing and implementation of products for small group, consumer-directed, retiree and federal employee health products.

Before that, he was manager of business development for UnitedHealth Group Ovarions where he designed and implemented a comprehensive Medicare business plan.

Cole holds a bachelor's degree in economics and political science and a master's in business administration, both from the University of Michigan.



HealthPlus Names Bobby Crim Recipient of Its Inaugural HealthPlus Community Vision Award

HealthPlus is taking its company vision of healthier communities to the next level with the launch of its new HealthPlus Community Vision Award. Each year, HealthPlus will present the award to a Michigan resident whose vision is making a positive difference in people's lives.

The HealthPlus Community Vision Award recognizes people who give their time and talent to improve the community in health and wellness, social services, youth or senior activities, the arts, education, nutrition, community growth and development, and community morale. Additional criteria includes the length of the activity, the number of people impacted, whether there are measurable results, a unique approach to problem solving and extraordinary partnership building.

HealthPlus has named Bobby Crim the award's first honoree for imagining that a road race could be both a fitness event and the means for the Flint community to coalesce and begin recovering after years of economic decline.



Health Alliance Plan Launches Community-Based Outreach Program to Educate Public on Health Care Reform

Health Alliance Plan (HAP) has launched a community-based outreach and education program to equip Michigan residents with the information and tools they need to navigate the changes taking place to health care under the Affordable Care Act (ACA) successfully. While these changes are aimed at making health coverage more accessible and affordable, many people remain uninformed about what the law means for them.

Elements of the HAP health care reform community-based outreach program include:

- Connecting and engaging with community-based organizations by offering our educational resources for their workshops and town halls;
- Identifying, training and empowering dedicated leaders in the community to help disseminate information about health care reform through the "HAP Ambassadors" program;
- Providing Michigan residents with consumer toolkits to help them learn the basics of health insurance, the health care reform law, who can enroll in Marketplace plans, how to find out if they are eligible for lower costs, and what they can do now to get ready for open enrollment; and

- Providing community service organizations with informational and educational content to share with their members through social and digital channels.

HAP has been committed to the health and well-being of the community for more than 50 years. Its long-standing Community Outreach programs touch the lives of more than 30,000 people each year with initiatives like free community wellness programs, educational scholarships and the support of numerous civic and service organizations through financial, in-kind and volunteer contributions.

Michigan Association of Health Plans Recognizes Health Care Leaders at Annual Conference

LANSING, Mich.—Rep. Matt Lori (R-Constantine) and Sen. Vincent Gregory (D-Southfield), Michigan Department of Community Health Director James Haveman and longtime health executive William Alvin, who is stepping down as president and CEO of Health Alliance Plan, were honored for their contributions to health care issues during the Michigan Association of Health Plans' Annual Conference at Grand Traverse Resort.

The Michigan Chamber of Commerce's support of key initiatives backed by health plans, including reform and expansion of Medicaid and proper funding for the state's health programs aimed at low income residents, particularly children and the disabled, was also recognized by MAHP, which represents 15 of the state's health plans covering 2.4 million lives.

MAHP's most prestigious award, the Ellis J. Bonner Outstanding Achievement Award, was given to William Alvin, who is retiring next year at age 68 after five years at the helm of HAP. Under Alvin's leadership, HAP has nearly doubled the number of people it insures to 670,000 through growth and acquisitions.

The late Ellis Bonner was a father of the health maintenance organization movement in Michigan, a mentor to many and a tireless promoter of creation of a just and accessible health care system for Michigan citizens. The award recognizes a MAHP member who has been nominated by colleagues based upon exemplary service, leadership and contributions to the managed care industry and community.

MAHP Executive Director Rick Murdock, who makes the final choice of a recipient for the award, called Alvin "an

important leader in our industry" and "a voice for affordable, high quality health care."

Richard Studley, president and CEO of the Michigan Chamber of Commerce, accepted the MAHP President's Recognition Award on behalf of the organization. The discretionary award recognizes an individual or organization showing an outstanding commitment to the advancement and improvement of health care.

MAHP President Bruce Hill, who is also president and CEO of HealthPlus of Michigan, said the Chamber's collaboration with MAHP has been critical to moving important public policy matters in recent years. He noted that the Chamber's support of Medicaid reform and expansion had helped keep the issue alive in a conservative Legislature.

Rep. Lori and Sen. Gregory received Legislator of the Year awards. The two have been leaders in helping to level the

playing field for competition in the health care industry and ensuring accessibility to health plans for low income families.

Department of Community Health Director Haveman received the Eugene Farnum Award, established in the name of the long-time past MAHP executive director, to honor those who reflect his values of collaboration, a sense of balance, fairness and integrity, in moving toward his vision of access to quality, affordable health care for Michigan citizens.

Murdock noted that Haveman, back for his second stint as head of the department, is helping move the state toward important wellness programs by implementing Gov. Rick Snyder's Healthy Michigan initiative, as well as supporting a robust health insurance industry that can address the needs of all citizens. "Jim Haveman is working behind the scenes every day to make Michigan a healthier state," said Murdock.



William Alvin receives the Ellis J. Bonner Outstanding Achievement Award from Rick Murdock



Senator Vincent Gregory receives the Legislator of the Year award from William Alvin



Dave Skibicki (Pfizer) and Ryan Segroves (Vertex) enjoy the exhibit hall



Director James Haveman receives the Eugene Farnum Award from Dennis Smith



Representative Matt Lori receives the Legislator of the Year award from Stephan Harris



Lori Borgerding, Rep. Al Pscholka and David Bilardello of Priority Health show off their golf outing first place trophy



Jodie Dowd of The Most Group and Dennis Sirosky



Late Breaking News session



Rich Studley receives the Presidential Merit Award for the Michigan Chamber of Commerce from MAHP President Bruce Hill



Bruce Hill of HealthPlus and Randy Narowitz of Total Health Care



Chris Van Wynen (Sanofi US), Dr. Mark Tucker (Midwest Health Plan), Shelly O'Connor and Bill Young (Novo Nordisk)



Randall Gregg, Michigan Department of Insurance and Financial Services

Improved e-prescription, depression service delivery and managed care practices for children among 2013 MAHP Pinnacle Award winners

Thirteenth year of competition recognizing state's best health care improvement practices

Ten Michigan health plans from all over the state submitted 30 innovative programs to the Michigan Association of Health Plans annual Pinnacle Awards, showing entrepreneurial spirit as they seek to increase efficiency and improve patient health care to lower costs and increase service to Michigan citizens.

The ground-breaking practices, which will be shared among MAHP members, address issues including boosting use of more accurate e-prescription use by providers, effectively transferring at risk children into effective managed care services, improving delivery of depression-related services, boosting volunteer programs that put employees in closer contact with at risk patients and attacking obesity.

"It is always inspiring to see MAHP members striving to deliver better service to members while paring costs in smart ways," said Rick Murdock, executive director of MAHP. "Every submission has value to other health plans, who get to see what their peers are doing to increase

affordable access to health care. The winners of Pinnacle Awards, sponsored by MAHP since 2001, have stiff competition, but are judged to be particularly outstanding—and many of those programs are quickly emulated by other plans, benefiting all of Michigan."

The awards were presented at a reception on Tuesday, Sept. 17 at the Lansing Center. Priority Health took home six awards, Grand Valley Health Plan and Molina Healthcare of Michigan both received two awards and McLaren Health Plan won one Pinnacle Award.

In addition, four health plans received a new award issued in conjunction with the Michigan Department of Community Health Cancer Genomics Program for their written policies related to genetic screening and reactions to screening for the BRCA-gene that can predict breast cancer risks. Recognized were Health Alliance Plan, Molina Healthcare, Priority Health and United Healthcare for exemplary written policies for women with



BRCA mutation, which include mammography screening, breast MRI, and the option of surgery to remove breast or ovarian tissue before cancer occurs.

Health plans submit new programs to a judging panel comprised of health care experts, lawmakers and news media. The panel reviewed submissions in depth before selecting winners in eleven major categories for commercial health insurers and Medicaid health plans. Full details on each winner are available at www.mahp.org.

Below are brief descriptions of winning programs.

2013 BUSINESS OPERATIONAL PERFORMANCE

Commercial to Grand Valley Health Plan for "Improving Specialty Care Systems."

To improve continuity of care, Grand Valley Health Plan developed and implemented a system for consultative contacts between GVHP Physicians and the GVHP Provider Network, implemented daily huddles between Physicians, Specialty Care Coordinator, Behavioral Health Counselors and Nurses, and implemented an Emergency Room follow-up system. These Specialty Care System changes improved patient centered care, improved patient and provider satisfaction, and reduced costs.

2013 BUSINESS OPERATIONAL PERFORMANCE

Medicaid to McLaren Health Plan for "Maximizing a Regulation!"

Faced with a requirement to collect and analyze extensive data for health care management to qualify for the important National Committee for Quality Assurance (NCQA) measurement, McLaren Health Plan decided not to outsource the process. Instead, it trained nurse case managements to abstract the information, increasing their knowledge of patient views of the health-care experience.

2013 CLINICAL SERVICE IMPROVEMENT

Commercial to Priority Health for "A Primary Care e-Prescribing Initiative."

Recognizing that e-prescriptions are more accurate than written paper prescriptions, Priority Health set a goal in 2010 of boosting the percentage of primary care providers participating with the plan from 30 percent to 50 percent. Then Priority Health stepped up the effort. By the end of 2012, 72 percent of prescriptions written by Priority Health primary care physicians were done with electronic software, avoiding 92,100 potential errors based on previous studies of accuracy comparing the two methods.

2013 CLINICAL SERVICE IMPROVEMENT

Medicaid to Priority Health for “The Transition of Children with Special Health Care Services (CSHCS) Members into Managed Care.”

In the past, children in Medicaid’s CSHCS program were under a “fee-for-service” reimbursement model. The State of Michigan decided in 2012 to move toward a managed care model, improving coordination between their specialty care (many of these children are at risk for lead exposure) and primary care physicians. Priority Health took on 1,300–1,400 of these children, and successfully provided education to their parents and guardians for the benefits and opportunities for better outcomes possible with managed care.

2013 CHRONIC DISEASE MANAGEMENT

Commercial to Priority Health for “DIAMOND Depression Management.”

Working with Mi-CCSI, a non-profit quality improvement organization, Priority launched the Depression Improvement Across Minnesota Offering and New Direction (DIAMOND) program, a new protocol for delivering and paying for depression care. An average of 89 percent of eligible patients have participated in the program, with 42 percent experiencing 50 percent or greater improvement of symptoms, and 18 percent reporting full remission of symptoms.

2013 CHRONIC DISEASE MANAGEMENT

Medicaid to Priority Health for “The Abriiz Asthma Pilot.”

Asthma is the top ranked pediatric condition, and children with severe asthma often take multiple medications. Abriiz is a mobile application that connects the child and his or her care team with real-time data to track medication administration, monitor triggers and set reminders. Implementing this helps users and providers better ensure that critical medications are taken at the right time, increasing effectiveness of the medications.

2013 CARE MANAGEMENT FOR MEDICARE POPULATIONS

Medicare Advantage to Priority Health for “Home-based Primary Care.”

Many home-based patients have multiple medical conditions along with functional and/or cognitive limitations that make it difficult for them to use physician offices. The home-based primary care program brings providers into the homes of patients. Priority Health provided a team-based model of care to meet all the needs of these often seriously ill patients, addressing the holistic needs of the patient. The project yielded a 39 percent return on investment, and allowed patients with chronic health conditions to stay in their homes and have an improved quality of life.

2013 CARE MANAGEMENT FOR MEDICARE POPULATIONS

Special Needs to Molina Healthcare of Michigan for “Transitions of Care Program.”

Medicare Special Needs patients are frail and disabled individuals who are more likely to have multiple chronic illnesses, and often receive care in multiple settings. The transition between settings—hospital to home care or nursing home, for instance—needs to be carefully managed. Molina Healthcare’s Transitions of Care program confirms and reestablishes the member’s connection to his or her medical home by supporting continuity and coordination of care as the health status changes. The program has helped reduce unplanned hospital readmission rates from 20.77 percent to 15.85 percent in 2012.

2013 COMMUNITY OUTREACH BY A SINGLE PLAN

Molina Healthcare of Michigan for “Molina Healthcare Gives Back Through Volunteer Time Off.”

Molina Healthcare sought to better connect its employees with the communities it serves by encouraging volunteering in those communities. Employees are paid for hours of volunteer work, and in 2012, more than 75 employees volunteered 1,475 hours in the program. This connection of employees to the population Molina Health-

care serves gives insight into the daily limitations and plight of those receiving Medicaid benefits.

2013 COLLABORATIVE COMMUNITY HEALTH INITIATIVES

Priority Health for “Children’s Healthcare Access Program.”

The Children’s Healthcare Access Program (CHAP) was developed to address the issue that many children on Medicaid have less access to primary care than those in private insurance. CHAP focused on children under 10. Those who engaged in the program saw a reduction of 5 to 15 percent in hospital emergency department visits, and reduced otitis (ear infection) emergency department visits by 25 percent. Well-baby visits increased by 25 percent for children under 15 months, and the average number of school days missed decreased from 6.3 days prior to CHAP involvement to 1.4 days once a child was enrolled.

2013 COLLABORATIVE COMMUNITY HEALTH INITIATIVES

Grand Valley Health Plan for “2012 Challenge.”

Grand Valley Health Plan focused on obesity throughout 2012, pushing for a minimum 12-pound weight loss for all participants using health education, coaching services and community-based events and activities in the greater Grand Rapids area. Participants lost 4.26 tons of weight.



Joe Lentine Jr. of DenCap Dental Plans and Bill Burke of Knight Consulting



Dr. John Calabria (HAP), Carol Jorgenson (UnitedHealthCare Community Plan), Dr. James Forshee (Molina Healthcare) and Patricia Graham (Priority Health) receive the Cancer Genomics Best Practice Award.



Hagy Wegener, Peter Pratt (Pinnacle Judge), Heidi McGlennen and Stephen Harris of Molina HealthCare



Beth Caughlin, Director Jim Haveman and Kathy Kendall of McLaren Health Plan



Dick Jones, Kara Dunwoody, Pamela Silva, Director Jim Haveman, Steve Duchemin of Grand Valley Health Plan



Rep. Stacy Erwin Oakes and Kathy Kendall of McLaren Health Plan



Karen Hammons, Beverly Allen, Rep. Ken Yonker and Carol Edwards of Coventry Cares of Michigan



Director Jim Haveman, Todd Osbeck and Bob VanEck of Priority Health



Patricia Graham, Rep. Ken Yonker and Sheila Putnam of Priority Health



Rob Fowler, Pinnacle Judge and Patricia Graham of Priority Health



Rep. Ken Yonker and Rory Lafferty of Health Alliance Plan



Heather Nicholoff, Richard Murdock and Kris Nicholoff a Pinnacle Award Judge

HAP Executives Graduate From Metro Detroit's Top Leadership Programs

Health Alliance Plan (HAP) announced that five executives graduated from three prestigious regional leadership programs in the class of 2012–2013.

Recent HAP graduates are:

Senior Vice President and Chief Marketing Officer Mary Ann Tournoux

Detroit Regional Chamber's Leadership Detroit XXXIV program, a 10-month leadership program designed to challenge emerging and existing community leaders from Southeast Michigan to bring about positive change;

Vice President of Corporate Strategic Planning Joel Keiper; Director of Coordinated Behavioral Health Management Mary Clare Solky; and Manager of Market Intelligence Research Kristy Waddell

Leadership Oakland Cornerstone Program class of XXIII, a nine-month program aimed at developing leadership skills, exploring key issues impacting the region, and enabling participants to reach their full potential professionally, personally and in their community;

Director of Health Management Services Jody Doherty

Leadership Macomb Class XVI. The nine-month program brings together leaders from numerous institutions, disciplines and geographic areas to strengthen their leadership skills, develop long-term business relationships, and obtain in depth information about Macomb County.

Employers 'step up' and answer HealthPlus physical activity challenge

HealthPlus has challenged its employer partners throughout Michigan to be more physically active, and more than 20 companies—700 employees—answered the call and participated in the Step it Up Challenge.

Competition categories and results:

Highest average minutes of physical activity per qualified participant

- **Large Division winner**—Pioneer State Mutual Insurance Company
- **Small Division winner**—Clarkston Internal Medicine

Highest percentage of total company participation

- **Large Division winner**—Pioneer State Mutual Insurance Company
- **Small Division winner**—Huron Valley Physicians Association (100 percent participation!)

MAHP Business Affiliate JAWOOD Acquired, Gets New Name

JAWOOD Business Process Solutions, a MAHP Business Affiliate member, was acquired earlier this year by a global BPO Service company, Genpact International and now have a new name: Genpact—Jawood Healthcare Solutions. This merger increased Jawood's support capabilities for Healthcare Payers and combined the extensive Healthcare Payer experience with Genpact's tools, process expertise, and scalability to service our clients at a much larger level.

The firm has developed and implemented a tool called "Assessment to Action" (A2A), which helps Health Plans become more efficient by analyzing risk, identifying gaps, prioritizing resources and creating action plans to drive results. Genpact—JAWOOD Healthcare Solutions understands that with the

on-going change and mandates, Plans do not have the resources or funding to perform the work necessary to eliminate all risks as they transition to a new way of doing business. A2A helps Plans analyze the risk and prioritize their time and resources across a set of projects. The outcome of this assessment includes data to make informed decisions and action plans to support successful completion of these initiatives.

- A2A Provides Value to Plans through Assessing Mandate Priorities, or Validating Internal Work
- A2A Requires a Small Amount of Time (3–6 Weeks)
- A2A is a Cost Effective, High Value Return Solution

In addition to helping Plans analyze and prioritize projects, Genpact—JAWOOD provide solutions and tools for the ICD 10 migration, premium reconciliations as a result of subsidies through the insurance exchanges or staffing to help offset workload spikes due to the competing priorities.

Contacts may be made through MAHP Member contact information at:

<http://www.ma hp.org/businessaffiliate.html>—look for link to JAWOOD and then ask for either Joe Bamberger, Account Manager or Ann Walker, Executive Director.

What's Next? (continued from page 5)

As is obvious from the above commentary, the attention and emphasis is on the insurance coverage options that are taking place due to the Affordable Care Act,

But make no mistake, there have also been many positive steps taken over the past several years to begin to change the “culture” of personal wellness in Michigan. Employers realize that a healthy workforce is productive and are finding more creative ways to facilitate such programs for their employees—a topic we will explore in our next column. We continue to support efforts for health promotion and wellness in our schools through a health education curriculum and fitness opportunities. Our seniors know that being more active is key to maintaining their health status and the Office of Services to Aging

and Area Agencies on Aging have been on top of these issues as well as AARP.

But what can you and I do? We can formally take a pledge to change our lifestyle and embrace healthy activities. This is part of the message from the Governor’s “4 x 4” program, (see a copy at this link: www.michigan.gov/documents/healthy-michigan/Michigan_Health_Wellness_4x4_Plan_387870_7.pdf)

But more importantly we just need to do it! I know for myself, I have resolved to have my next decade of my life be more healthy than the previous. To do so, fitness, diet, stress must all be addressed and I have taken advantage of community-based providers to help me in this endeavor and celebrate small victories when they appear. What works for me may not

be the solution for others as I have engaged a “personal health coach,” consulted with fitness experts for developing a personal program, changed my diet, scheduled visits for taking care of my stress and participate in weekly yoga classes.

We see efforts under way to create and support a medical home for each person—but let’s make sure this and other initiatives are truly meant to improve health care of our citizens. This period of constant change and transition will be with us for a number of years. We need to make sure we stay focused on our objectives of advocating for affordable coverage—and need to make sure that we create more opportunities and incentives for each Michigan citizen to be healthy and productive.

Michigan Health Plans Excel at Cancer Genomics Best Practices

Through a three year cooperative agreement with the Centers for Disease Control and Prevention (CDC) Division of Cancer Prevention and Control (DCPC), the Michigan Department of Community Health (MDCH) has been promoting the 2005 USPSTF Grade B Recommendations for BRCA Counseling and testing to health plans and providers, as well as the NCCN Guidelines for the appropriate follow up and management of women with a BRCA mutation.

Since 2008, MDCH and partners have been reviewing Michigan health plan policies, attending key Michigan health plan events, and disseminating the USPSTF BRCA recommendation statement and NCCN Guidelines throughout Michigan. As of September 2013, MDCH and partners have honored 14 Michigan health plans for their exemplary policies aligned with the USPSTF Grade B Recommendation for BRCA counseling and testing.

The USPSTF Grade B Recommendation states that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes should be referred for genetic

counseling and evaluation for BRCA testing. In contrast, the USPSTF Grade D Recommendation recommends against routine referral or routine BRCA testing for women whose family history is not associated with increased risk. To view these statements, visit <http://www.uspreventiveservicestaskforce.org/uspstf05/brcagen/brcagenrs.pdf>.

In 2013, the MDCH Cancer Genomics Program developed new award criteria related to the NCCN guidelines. Women with a BRCA mutation are at drastically increased risk for cancer. MDCH conducted health plan policy reviews looking at specific coverage related to BRCA mutations and cancer screening and management (Breast MRI, increased mammography surveillance, prophylactic mastectomy, breast reconstruction, and prophylactic oophorectomy). In addition, two model policies, Blue Cross Blue Shield of Michigan with Blue Care Network and Cigna, were identified and honored as the benchmark policies for Michigan. Four additional plans will be honored during the 2013 Pinnacle Award ceremonies. For more information on MDCH Cancer Genomics or our health plan initiatives, visit www.michigan.gov/genomics.

CONGRATULATIONS

Aetna
Blue Cross Blue Shield of Michigan
Blue Care Network of Michigan
Beaumont Employee Health Plan
Cigna
Grand Valley Health Plan
Health Alliance Plan of Michigan
Health Plus of Michigan
Humana
Molina Healthcare of Michigan
Physicians Health Plan of Mid-Michigan
Priority Health
Total Health Care
UnitedHealthcare

For being aligned with the USPSTF Grade B Recommendation on BRCA Counseling and Testing

CONGRATULATIONS

Aetna
Blue Cross Blue Shield of Michigan
Blue Care Network of Michigan
Cigna
Health Alliance Plan of Michigan
Molina Healthcare of Michigan
Priority Health
UnitedHealthcare

For being aligned with the NCCN Practice Guidelines regarding management and cancer screening recommendations for women with a BRCA mutation.



insights

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MAHP 2014 Upcoming Events:

Thursday, February 14, 2014
Best Practices
English Inn, Eaton Rapids*

Tuesday, April 22, 2014
Legislative Reception
Troppos, Lansing*

Thursday, July 24–
Saturday, July 26, 2014
Summer Conference
Grand Traverse Resort & Spa, Acme*

Tuesday, September 16, 2014
Pinnacle Awards
Lansing Center, Lansing*

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