

# HEALTH MANAGEMENT ASSOCIATES

## THE **MICHIGAN UPDATE** 2018

April



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## MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

Due to computer system issues, the Michigan Department of Health and Human Services has experienced a delay in releasing Medicaid managed care enrollment reports. Accordingly, we are unable to provide managed care enrollment information for April 2018. When the reports are available, we will provide updated information.

For additional information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

## HEALTHY MICHIGAN PLAN ENROLLMENT

Healthy Michigan Plan (HMP) enrollment has continued to climb almost every month. It stood at **695,820 as of April 30, 2018**, the last Monday of the month. Once again, this is the highest ever end-of-month enrollment total for the HMP.

The Michigan Department of Health and Human Services (MDHHS) reports enrollment counts each Monday on its [website](#), unless Monday is a holiday, in which case the count is reported on Tuesday. Although the HMP caseload drops at the beginning of each month because of an annual eligibility redetermination requirement, it generally rebounds by the last Monday of the month.

For additional information, contact [Eileen Ellis](#), Senior Advisor, at (517) 482-9236.

## MI HEALTH LINK

Due to computer system issues, the Michigan Department of Health and Human Services has experienced a delay in releasing MI Health Link enrollment reports. Accordingly, we are unable to provide enrollment information for April 2018. When the reports are available, we will provide updated information.

For additional information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

## MICHIGAN D-SNPS

Three of the 11 Medicaid HMOs in Michigan (or their parent organizations) are also federally contracted as D-SNPs (Medicare Advantage Special Needs Plans for persons dually eligible for Medicare and Medicaid [duals]) to provide Medicare benefits: Meridian Health Plan of Michigan, Molina Healthcare of Michigan, and UnitedHealthcare Community Plan. As of April 1, 2018, these **three D-SNPs had a combined enrollment of 17,292 duals** for whom they provide Medicare services. This is an increase of 954 since March.

Over 65 percent of the duals enrolled in a Michigan D-SNP (11,258 individuals) are enrolled with Molina; 5,644 duals are enrolled with Meridian; and 390 duals are enrolled with United. None of these duals are participating in the MI Health Link demonstration.

HAP Midwest Health Plan, which was a D-SNP for several years, is not participating in 2018; and UnitedHealthcare, which discontinued participating as a D-SNP as of January 2015, is again enrolling duals into its plan in 2018.

Not all duals enrolled in these D-SNPs are eligible to receive full Medicaid benefits. Some only receive assistance from the Medicaid program with their Medicare coinsurance and deductible payments and/or monthly Medicare premiums.

**For additional information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.**

## MI MARKETPLACE OPTION

In last month's edition of *The Michigan Update*, we reported that the Michigan Department of Health and Human Services (MDHHS) has begun to send notices to Healthy Michigan Plan (HMP) enrollees targeted for transition to the MI Marketplace Option. Those targeted are individuals with income above 100 percent of the federal poverty level who have been enrolled in the HMP for at least one year, do not have serious health conditions or complex medical care needs, and have not chosen a healthy behavior through a Health Risk Assessment.

While notices were sent to targeted enrollees in March, it has been reported that MDHHS did not send any notices in April and has slowed the MI Marketplace Option enrollment process. The decision to slow the process appears to be in response to language in the Senate's proposed state budget bill for the next fiscal year, starting October 1, 2018. That language prohibits any HMP enrollee with income above 100 percent of the federal poverty level from being covered by the HMP for longer than a cumulative total of 48 months, irrespective of completing a healthy behavior. MDHHS has stated that they do not believe it is in the best interest of either HMP beneficiaries or the MI Marketplace Option insurers to process enrollments before issues around continued funding are resolved.

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## MEDICAID WORK REQUIREMENTS

The Center for Healthcare Research & Transformation (CHRT) at the University of Michigan recently released a [fact sheet](#) that compares the characteristics and projected impact of proposed Medicaid work requirements for Michigan with those of approved work requirement proposals in Kentucky, Indiana, and Arkansas.

The fact sheet reviews [Senate Bill 897](#), which was introduced by Michigan Senator Mike Shirkey and passed by the Senate on April 19, 2018. The bill would require all non-elderly non-disabled adult Medicaid beneficiaries, unless exempted based on specified criteria, to meet a 29-hour per week work requirement. The bill has now been referred to the House Committee on Appropriations.

Media outlets have reported that Governor Rick Snyder is critical of the bill in its current form but Lt. Governor Brian Calley is in favor of the bill.

**For additional information, contact [Eileen Ellis](#), Senior Advisor, at (517) 482-9236.**

## SECTION 298 INITIATIVE PILOT SITES

In the March edition of *The Michigan Update*, we reported that the Michigan Department of Health and Human Services (MDHHS) had announced three pilot sites (Genesee Health System, Saginaw County Community Mental Health, and a joint pilot with Muskegon County Community Mental Health and West Michigan Community Mental Health) to test the integration of publicly funded physical and behavioral health services, as well as a separate demonstration in Kent County. Contracts for implementation of the pilots, scheduled to begin October 1, 2018, will be between MDHHS and the Medicaid Health Plans (HMOs) operating in the pilot regions, with payments for behavioral health services flowing through the HMOs to the Community Mental Health Services Programs (CMHSPs) rather than through the Prepaid Inpatient Health Plans (PIHPs) as is the norm.

In a [weekly update](#) released by MDHHS on April 23, 2018, the department noted that there are Medicaid beneficiaries residing in the pilot regions who need and are receiving behavioral health services through the CMHSPs but are not, for a variety of reasons, enrolled in the HMOs for their physical health services. MDHHS is assessing options to ensure these beneficiaries do not lose the services they need. One option under consideration is to release a Request for Proposals to select a single PIHP with which the CMHSPs participating in the pilots would contract to receive payment for services provided to Medicaid beneficiaries not enrolled in an HMO.

**For additional information, contact [Eileen Ellis](#), Senior Advisor, at (517) 482-9236.**

## KIDS COUNT REPORT

The annual [2018 Kids Count in Michigan Data Book](#) released on April 17, 2018 by the Michigan League for Public Policy reports that poverty and other economic issues remain a significant problem for Michigan children, especially for children of color. While the rate of child poverty has improved by over 11 percent since 2010, more than one in five Michigan children still lived in poverty in 2016. The poverty rate for African-American children was 42 percent, and for Latino children the rate was 30 percent.

The report notes that Michigan ranked in the bottom ten states nationally in education. Almost 53 percent of children age three and four were not in preschool in 2016. About 56 percent of the state's third-graders were not reading-proficient; and while the reading proficiency percentage for White third graders was 48 percent, the rate for children of color was 70 percent. Further, the report indicates that about 65 percent of older students (based on 2017 College Board SAT scores for 11th graders) were not ready for either college or a career, with the percentage dramatically influenced by family income. About 16 percent of students from higher income families did not meet college/career readiness benchmarks compared to 84 percent of students from low income families.

The report ranks 82 of the 83 counties in the state for overall child well-being (Keweenaw County lacked sufficient data). The top five counties for child well-being in 2018 (with highest ranked shown first) are Livingston, Ottawa, Clinton, Oakland, and Washtenaw. The bottom five counties in 2018 (with lowest ranked shown first) are Lake, Clare, Muskegon, Calhoun, and Oceana.

A printable publication with statewide data is available on the League's website; county-specific profiles can be generated.

**For additional information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.**

## HEPATITIS A HELPLINE

On April 12, 2018, the Michigan Department of Health and Human Services issued a [press release](#) to announce a partnership with Henry Ford Hospital in Detroit for a provider helpline to assist health care providers with questions about Hepatitis A. The helpline is staffed by infectious disease specialists and is available 24 hours per day, seven days per week. Non-urgent questions can be submitted electronically and a telephone number is available for urgent questions. Details are included in the press release.

**For additional information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.**



## PROJECTS TO ELIMINATE CHILD LEAD EXPOSURE

In the January-February edition of *The Michigan Update*, we reported that the Michigan Department of Health and Human Services (MDHHS) released a Request for Proposals (RFP) for up to 10 projects to eliminate child lead exposure. The RFP was posted on behalf of Michigan's Child Lead Exposure Elimination Commission. On April 26, 2018, the MDHHS [announced](#) 11 award recipients, with these one-time grants ranging from almost \$16,000 to \$75,000 and totaling \$757,513. The list of recipients is included in the department's announcement.

**For additional information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.**

## LEAD HAZARD CONTROL SERVICES

On April 10, 2018, the Michigan Department of Health and Human Services issued a [press release](#) to announce a Request for Proposals for community organizations to provide residential lead hazard control services. Grants up to \$1.5 million are available and MDHHS hopes to fund one or two grantees. Details regarding services available for funding and the grant submission process are included in the press release. Grant applications are due by May 15, 2018 at 3 p.m. and the one-year funding period begins October 1, 2018.

**For additional information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.**



## MEDICAID POLICIES

The Michigan Department of Health and Human Services (MDHHS) has issued two final and three proposed policies that merit mention. They are available for review on the department's [website](#).

- **MSA 18-08** is addressed to Nursing Facilities, State Veterans' Homes, and other Long-Term Care Facilities and **describes changes** to relevant chapters of the Medicaid Provider Manual that are necessary **to allow State Veterans' Homes to receive Medicaid reimbursement for providing nursing facility services**.
- **MSA 18-09** informs **Home Help Agencies** of updated **provider standards**.
- A proposed policy (**1635-PE**) has been **re-issued** that would **define Medicaid provider enrollment fitness criteria**, outlining federal and state **felonies and misdemeanors that would prohibit a provider from participating in the state's Medicaid program**. The proposed policy was previously released for comment in October 2017; MDHHS notes that comments submitted in response to the earlier release need not be re-submitted. New comments are due to MDHHS by May 22, 2018.
- A proposed policy (**1803-PACE**) has been issued that would clarify requirements for **"deeming" a PACE participant who no longer meets the state's nursing facility level of care criteria** eligible to continue in the program. Comments are due to MDHHS by May 22, 2018.
- A proposed policy (**1809-Dental**) has been issued that would include **dental services for pregnant beneficiaries as a benefit through the Medicaid HMOs** in which they are enrolled. This is instead of requiring them to access dental care on a fee-for-service basis. This policy change **would not be applicable** to pregnant beneficiaries receiving dental benefits through the **Healthy Kids Dental** program. Comments are due to MDHHS by May 31, 2018.

MDHHS has also released three L-letters of potential interest, which are available for review on the same website.

- **L 18-15** was released on April 5, 2018 to providers regarding **federal screening and enrollment requirements**. The letter notes that the **implementation date for denying claims from non-enrolled providers or pharmacy claims from non-enrolled subscribers has been extended** due to an overwhelming response in requests for enrollment. New implementation dates will be announced in the future. The letter references previously released program bulletins MSA 17-48 and 18-07, which provide additional information.
- **L 18-24** was released on April 23, 2018 to announce that, **contingent upon federal approval**, the department will establish a **Quality Measure Initiative** through which eligible **Nursing Facilities will receive supplemental incentive payments** for submission of resident satisfaction survey data. The letter references previously released program bulletin MSA 17-28.
- **L 18-27** was released on May 1, 2018 to inform interested parties that **Section 1915(c) and Section 1915(b) MI Choice Waiver applications are available for review and comment**. The letter includes instructions for finding the documents on the department's website and notes that **comments are requested by June 1, 2018**.

For additional information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.



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