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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of August 1, 2018, there were **1,773,908 Medicaid beneficiaries, including 544,167 Healthy Michigan Plan (HMP) beneficiaries**, enrolled in the 11 Medicaid Health Plans (HMOs). This is an overall **decrease of 9,732** since July. The number of HMP beneficiaries enrolled in HMOs decreased by 10,036, while the number of non-HMP enrollees increased by 304.

<table>
<thead>
<tr>
<th>May 2018</th>
<th>June 2018</th>
<th>July 2018</th>
<th>August 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Medicaid Beneficiaries Enrolled</td>
<td>1,780,969</td>
<td>1,781,878</td>
<td>1,783,640</td>
</tr>
<tr>
<td>• Total HMP Enrollees</td>
<td>549,786</td>
<td>551,337</td>
<td>554,203</td>
</tr>
<tr>
<td>• Total CSHCS/Medicaid Enrollees</td>
<td>17,960</td>
<td>17,501</td>
<td>18,687</td>
</tr>
<tr>
<td>• Total Medicare/Medicaid Enrollees (Duals)</td>
<td>38,620</td>
<td>38,815</td>
<td>39,166</td>
</tr>
<tr>
<td>• Total MIChild Enrollees</td>
<td>33,721</td>
<td>33,962</td>
<td>34,434</td>
</tr>
</tbody>
</table>

The number of individuals identified as mandatory managed care enrollees but not yet enrolled in a Medicaid Health Plan (HMO) dropped significantly between June and July, from 58,125 to 45,305. However, as of August 1, 2018, the number rose to almost the June level and stood at 57,607.

As the enrollment reports for August (pdf, xls) reflect, every county in the state is served by at least one Medicaid HMO. Auto-assignment of beneficiaries into the HMOs is available in every county, and in addition to the HMOs with smaller service areas, there are three HMOs – McLaren Health Plan, Meridian Health Plan of Michigan and Molina Healthcare of Michigan – authorized to serve all counties in the Lower Peninsula and a fourth – UnitedHealthcare Community Plan – authorized to serve all but three of the Lower Peninsula counties. Beneficiaries in all 15 counties in the Upper Peninsula are auto-assigned, through federal “Rural Exception” authority, to the one HMO serving the counties, Upper Peninsula Health Plan.

The plans with the highest total enrollment in August were Meridian Health Plan of Michigan with 28 percent of the total, Molina Healthcare of Michigan with almost 20 percent, and UnitedHealthcare Community Plan with 14 percent of the total number of enrollees.

**Healthy Michigan Plan (HMP)**

There were **544,167 HMP beneficiaries enrolled as of August 1, 2018** in the Medicaid HMOs. This is a **decrease of 10,036 since July 1, 2018**. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest enrollment in August were Meridian Health Plan of Michigan with almost 28 percent of the total, Molina Healthcare of Michigan with almost 17 percent, and Blue Cross Complete with more than 15 percent of the total enrollees.
CSHCS/Medicaid

The Michigan Department of Health and Human Services (MDHHS) requires children (and a few adults) receiving services from both the Children’s Special Health Care Services (CSHCS) program and the Medicaid program to enroll in Medicaid HMOs. There were **21,056 joint CSHCS/Medicaid beneficiaries enrolled as of August 1, 2018** in the Medicaid HMOs. As the table above reflects, total CSHCS/Medicaid enrollment has increased by **3,555 individuals – more than 20 percent – since June 2018.**

All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in July were Meridian Health Plan of Michigan with more than 25 percent of the total, Molina Healthcare of Michigan with 23 percent, and UnitedHealthcare Community Plan with more than 13 percent of the total enrollees.

MIChild

There were **34,319 MIChild beneficiaries enrolled as of August 1, 2018** in Medicaid HMOs. As the table above reflects, the number of enrolled MIChild beneficiaries decreased by **115 between July and August.**

All Medicaid HMOs have MIChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in August were Meridian Health Plan of Michigan with more than 28 percent of the total, Molina Healthcare of Michigan with almost 17 percent, and UnitedHealthcare Community Plan with more than 13 percent of the total enrollees.

Medicare/Medicaid

Aside from Michigan’s Medicare/Medicaid financial alignment demonstration, MI Health Link, there were an additional **39,273 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled as of August 1, 2018** in Medicaid HMOs for their acute care Medicaid benefits. As the table above reflects, the number of enrolled duals increased by **107 between July and August.**

All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in August were Meridian Health Plan of Michigan with more than 29 percent of the total, Molina Healthcare of Michigan with more than 25 percent, and McLaren Health Plan with more than 15 percent of the total enrollees.

For additional information, contact Eileen Ellis, Senior Advisor, or Esther Reagan, Senior Consultant, at 517-482-9236.
MI HEALTH LINK

In previous editions of *The Michigan Update* we have written about Michigan’s implementation of an integrated health care delivery system for adults dually eligible for Medicare and Medicaid (duals). The demonstration, called MI Health Link, is approved to last for five years (through 2019) and operates in four regions of the state. The entire Upper Peninsula is one region; eight counties in the southwest corner of the state (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren) form another region; and Macomb and Wayne Counties are two single-county regions. Medicaid and Medicare physical health care services (including long-term services and supports) are provided by HMOs that have contracts as Integrated Care Organizations (ICOs) to serve the duals.

Over the last year, the number of MI Health Link enrollees has fluctuated, with increases in some months and decreases in others. The Michigan Department of Health and Human Services (MDHHS) reports that as of August 1, 2018, the MI Health Link enrollment was 37,103, a decrease of 415 enrollees since July.

The table below illustrates the MI Health Link enrollment fluctuation by month between January 2018 and August 2018.

<table>
<thead>
<tr>
<th></th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38,045</td>
<td>38,571</td>
<td>38,562</td>
<td>37,798</td>
<td>39,021</td>
<td>38,327</td>
<td>37,518</td>
<td>37,103</td>
</tr>
</tbody>
</table>

There are seven ICOs serving one or more of the demonstration regions. The table below provides enrollment information by region for each ICO as of August 1, 2018.

<table>
<thead>
<tr>
<th>MI Health Link Enrollment</th>
<th>Upper Pen. Region</th>
<th>SW MI Region</th>
<th>Macomb Region</th>
<th>Wayne Region</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Better Health of MI</td>
<td>3,409</td>
<td>794</td>
<td>2,956</td>
<td>7,159</td>
<td></td>
</tr>
<tr>
<td>AmeriHealth Michigan</td>
<td>642</td>
<td>2,356</td>
<td>2,998</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAP Midwest Health Plan</td>
<td>977</td>
<td>3,741</td>
<td>4,718</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meridian Health Plan of MI</td>
<td>5,187</td>
<td></td>
<td>5,187</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MI Complete Health / Fidelis</td>
<td>1</td>
<td>492</td>
<td>1,994</td>
<td>2,487</td>
<td></td>
</tr>
<tr>
<td>Molina Healthcare of MI</td>
<td></td>
<td>1,753</td>
<td>8,545</td>
<td>10,298</td>
<td></td>
</tr>
<tr>
<td>Upper Peninsula Health Plan</td>
<td>4,256</td>
<td></td>
<td></td>
<td>4,256</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,256</strong></td>
<td><strong>8,597</strong></td>
<td><strong>4,658</strong></td>
<td><strong>19,592</strong></td>
<td><strong>37,103</strong></td>
</tr>
</tbody>
</table>
As of August 1, 2018, Molina Healthcare of Michigan had the most enrollees, both voluntarily and passively enrolled (almost 28 percent of the combined total); Aetna Better Health of Michigan had more than 19 percent; and Meridian Health Plan of Michigan had 14 percent of the total enrollees.

At present, about 94.6 percent of the MI Health Link enrollees are living in a community setting, and about 5.4 percent of the enrollees live in a nursing facility. About 4.7 percent of the total enrollees living in a community setting are receiving home and community-based long-term services and supports through the MI Health Link program waiver; however, a significant number of the enrollees living in a community setting receive in-home services and supports from the ICOs through the Medicaid State Plan personal care benefit.

While all plans have enrollees receiving care in nursing facilities, the Upper Peninsula Health Plan had the largest share during August 2018, almost 22 percent of the total enrollees residing in nursing facilities. Aetna Better Health of Michigan ranked second, with almost 19 percent of the total. Molina Healthcare of Michigan was in third place, with a little more than 16 percent of the total enrollees residing in nursing facilities.

Although the majority of MI Health Link enrollees are passively enrolled, the percentage that voluntarily joined the demonstration has grown significantly over time. As of August 1, 2018, the voluntary enrollment percentage was 25.3 percent.

MDHHS also reports that almost 59,000 duals eligible for participation in the demonstration have chosen to opt out. These individuals receive their Medicaid benefits on a fee-for-service basis but retain the option to voluntarily enroll in the demonstration at any time.

More than half of the MI Health Link enrollees are individuals under the age of 65. These younger individuals qualified for Medicare and Medicaid based on a disability.

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 August 1, 2018, these three D-SNPs had a combined enrollment of 18,857 duals for whom they provide Medicare services.

More than 62 percent of the duals enrolled in a Michigan D-SNP (11,770 individuals) are enrolled with Molina; almost 35 percent (6,524 duals) are enrolled with Meridian; and 563 duals are enrolled with United. None of these duals are participating in the MI Health Link demonstration.
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.

HEALTHY MICHIGAN PLAN ENROLLMENT

The Michigan Department of Health and Human Services (MDHHS) reports enrollment counts for the Healthy Michigan Plan (HMP) at the beginning of each week on its website. Enrollment stood at 677,206 as of August 27, 2018, the last Monday of the month.

Although the HMP caseload drops at the beginning of each month because of an annual eligibility redetermination requirement, it generally rebounds by the end of the month.

For additional information, contact Eileen Ellis, Senior Advisor, or Esther Reagan, Senior Consultant, at 517-482-9236.

GENERAL ACCOUNTABILITY OFFICE REPORT – MANAGED CARE

In late July 2018, the federal General Accountability Office (GAO) issued a report (GAO-18-528) related to program integrity issues associated with Medicaid managed care. The report states that the GAO identified payment risks and challenges to state oversight and strategies to address them, and also assessed CMS efforts to help states address both the payment risks and oversight challenges. The report recommended that CMS expedite the issuance of planned guidance on Medicaid managed care program integrity, address impediments to managed care audits, and ensure states account for overpayments in setting future payment rates for their contracted managed care organizations. The report notes that the federal Department of Health and Human Services concurred with the recommendations. The complete report, as well as a highlights document, are available on the GAO’s website.

For additional information, contact Esther Reagan, Senior Consultant, at 517-482-9236.

INTEGRATION OF PHYSICAL AND BEHAVIORAL HEALTH

The Michigan Department of Health and Human Services (MDHHS) issued two press releases on August 13, 2018 that relate to the integration of physical and behavioral health. One release noted that consensus has been reached by the 298 Leadership Group on the framework for a financial model that will support the pilots involved in the Section 298 Initiative. The new financial model will involve Medicaid health plans purchasing administrative services from the Community Mental Health Services Providers to keep care closest to the community, along with a mixture of capitation and fee-for-service payment for the actual delivery of care. The pilot program mandates that any financial benefits from this agreed-upon model be reinvested into the services and supports for these individuals in the counties where the savings occurs.
The second release announced the department’s receipt of $10 million in grant funds from the federal Substance Abuse and Mental Health Services Administration to promote integration of primary and behavioral health care. The funds, up to $2 million annually for the next five years, will be used to implement the Promoting Integration of Primary and Behavioral Health Care program. MDHHS is partnering with the following community-based providers to implement the program:

- Cherry Health (secondary partner with Barry County CMHSP).
- Saginaw County CMHSP (secondary partner with Great Lakes Bay Health Center).
- Shiawassee County CMHSP (secondary partner with Great Lakes Bay Health Center).

For additional information, contact Eileen Ellis, Senior Advisor, or Esther Reagan, Senior Consultant, at 517-482-9236.

**FOOD ASSISTANCE WORK REQUIREMENTS**

On August 16, 2018, the Michigan Department of Health and Human Services (MDHHS) issued a news release regarding work requirements to continue receiving food assistance benefits through the Supplemental Nutrition Assistance Program (SNAP). The department will be reinstating a federal work requirement for able-bodied adults age 18 to 49 without dependents in an additional 69 counties. This requirement was previously implemented in the 14 counties with the lowest unemployment rates (Kent, Oakland, Ottawa, and Washtenaw on January 1, 2017 - Phase One, and Allegan, Barry, Berrien, Clinton, Eaton, Grand Traverse, Ingham, Ionia, Kalamazoo, and Livingston on January 1, 2018 – Phase Two). Effective October 1, 2018 this requirement will be in force statewide.

The federal time limit for receiving SNAP benefits without meeting the work requirement is three months. Michigan received a waiver of the work requirement in 2002 due to high unemployment at that time. The reduction in the state’s jobless rate over the last few years means the state is no longer eligible for a waiver. In mid-August MDHHS sent letters to 67,000 people who might be affected by the October 1st change. MDHHS Chief Deputy Director Nancy Vreibel has indicated the state is “prepared to assist affected individuals in meeting these work requirements so that they can achieve self-sufficiency.”

As Michigan’s economy has improved, SNAP enrollment has declined from a peak of 1,948,044 in March 2011 to 1,259,588 in June 2018, a decrease of 35 percent. The enrollment decline was most dramatic for the population receiving SNAP without any cash assistance or Medicaid which decreased by 68 percent, from 752,090 to 237,376. (During the same period, enrollment in Medicaid other than the Healthy Michigan Plan (HMP) decreased by seven percent, but total Medicaid enrollment including HMP increased by 29 percent.)
While improvement in the economy is a key factor in the decline in SNAP enrollment, reinstatement of the work requirement appears to have also had an impact on enrollment. The counties chosen for early implementation of the work requirement were selected based on low unemployment rates. From June to December 2016, the six-month period prior to the January 2017 implementation of the work requirement for the Phase One Counties, SNAP enrollment was already decreasing slightly faster in low-unemployment counties than in the rest of the state. In that period the two groups of low-unemployment counties had decreases of 4.6 percent and 4.5 percent respectively, while the other 69 counties experienced a decline of 3.5 percent, as shown in the graph below.

In the first six months after Phase One of implementation of the work requirement, total SNAP enrollment decreased by 8.4 percent in Phase One counties, compared to a decline of 4.3 percent in other low-unemployment counties, and 2.8 percent for the rest of the state. Similarly, SNAP enrollment in Phase Two counties decreased by 6.9 percent in the first six months after the January 2018 implementation of the work requirement in those areas.

HMA will be tracking changes in the SNAP caseload over the next year as the work requirement is implemented statewide. Some of the individuals subject to the SNAP work requirement are also enrolled in the Medicaid program.

For additional information, contact Eileen Ellis, Senior Advisor, or Esther Reagan, Senior Consultant, at 517-482-9236.
WORKFORCE ENGAGEMENT REQUIREMENT

In the July 2018 edition of *The Michigan Update*, we reported that the Michigan Department of Health and Human Services (MDHHS) had released a draft waiver amendment for review and comment. The amendment would add a workforce or other community engagement requirement for able-bodied adults through age 62 enrolled in the Healthy Michigan Plan as a condition of eligibility for health care benefits under Medicaid beginning in 2020.

On August 8, 2018, the Institute for Healthcare Policy & Innovation at the University of Michigan announced that a group of its researchers had written an article, titled “Mitigating the Risks of Medicaid Work Requirements”, which has been published in *The New England Journal of Medicine*. In the article, the researchers offer recommendations, not specific to Michigan but applicable to any state proposing such requirements, to help them ensure that the requirements do not harm the health of the beneficiaries involved. Recommendations suggest that the requirements only apply to adults under age 50; that physicians be given clear guidance on how to identify beneficiaries who should be exempt from the requirements; that the states support the individual’s work-related needs by connecting them to services that will help them secure qualifying work or community engagement activities; and that the states ensure work reporting requirements align with today’s work environment, including fluctuating hours and work schedules.

For additional information, contact Esther Reagan, Senior Consultant, at 517-482-9236.

INTEGRATED CARE FOR KIDS

On August 23, 2018, the federal Centers for Medicare & Medicaid Services (CMS) announced a new model of care to address the impact of the opioid crisis on children. The model is called Integrated Care for Kids (InCK). CMS indicated that a Notice of Funding Opportunity will be released this Fall with additional details on how state Medicaid agencies and local health and community-based organizations can apply to participate in the model. CMS intends to award funding for up to eight states at a maximum of $16 million each as soon as next Spring to implement the seven-year model. A link to a Fact Sheet about InCK is included in the announcement along with a link to a designated site for the model on the CMS website.

For additional information, contact Esther Reagan, Senior Consultant, at 517-482-9236.
RETIREMENTS

Eileen Ellis, one of the “pillars” at Health Management Associates (HMA), announced her retirement a few months ago. She joined HMA in 1992, only seven years after the company was formed, after serving in several state government roles, including as Michigan’s Medicaid director. She will continue for a time working as a subcontractor for HMA on special projects.

Steve Fitton, who joined HMA in 2015 after many years in state government, has also decided to retire. Steve held leadership positions in the Michigan Department of Health and Human Services – MDHHS (and in its predecessor organizations) over the Children’s Special Health Care Services program and as the Medicaid director. Like Eileen, Steve will continue for a time working as a subcontractor for HMA on special projects.

Following a 30-year career primarily in public health leadership, Sue Moran, Deputy Director of the Population Health Administration in MDHHS, is retiring on September 28, 2018. Prior to her current position, Sue served in leadership positions in the Medical Services Administration and in managed care organizations; and, for a brief time, Sue was also a Principal at HMA.

We wish Eileen, Steve, and Sue the best of luck in their retirement.

For additional information, contact Esther Reagan, Senior Consultant, at 517-482-9236.

PROVIDER ENROLLMENT

The Michigan Department of Health and Human Services (MDHHS) issued a program bulletin in late 2017 (MSA 17-48) and another in early 2018 (MSA 18-07) related to a requirement that all “typical” and “atypical” providers of services to Medicaid beneficiaries be enrolled in the department’s Community Health Automated Medicaid Processing System (CHAMPS). Typical providers include physicians and dentists, among others. Atypical providers include individuals and organizations that provide support services to Medicaid beneficiaries and generally do not have professional licenses. Implementation of the requirement has been delayed due to the overwhelming response from providers requesting enrollment.

On August 21, 2018, MDHHS issued a press release with new implementation dates. Effective January 1, 2019, MDHHS will prohibit contracted Medicaid HMOs and Dental Health Plans from making payments to “typical” providers not enrolled in CHAMPS. For dates of service on or after July 21, 2019, payment will be prohibited for prescription drug claims written by an unenrolled prescriber. A new implementation date applicable to atypical providers has not yet been announced.
Additional information appears on the MDHHS Provider Enrollment web page.

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 13 final and eight proposed policies that merit mention. Two of the proposed policies were released simultaneously with final policies. They are available for review on the department’s website.

- **MSA 18-22** advises Family Planning Clinics, Hospitals, Maternal & Infant Support Providers, and Medicaid HMOs of new coverage and hospital reimbursement for immediate postpartum Long-Acting Reversible Contraception implants and intrauterine devices. Implementation is contingent upon federal approval of a State Plan Amendment.
- **MSA 18-23** informs Nursing Facilities and Other Long-Term Care Providers, Hospice Providers, and the Integrated Care Organizations (ICOs) of appropriate value codes to use on claims when offsetting a patient pay amount due to payment for certain medical services out of a beneficiary’s personal funds.
- **MSA 18-24** advises Practitioners, Clinics, Hearing Aid Dealers and Centers, Medicaid HMOs and ICOS, and Others that the adult hearing aid benefit will be reinstated effective September 1, 2018, contingent upon federal approval of a State Plan Amendment.
- **MSA 18-25** describes for Nursing Facilities and Other Long-Term Care Providers some revisions to policy regarding the Quality Measure Initiative, which are needed to comply with federal requirements. Implementation is contingent upon federal approval of a State Plan Amendment. This bulletin was simultaneously released for public comment (1826-NF), with comments due to MDHHS by October 4, 2018.
- **MSA 18-26** notifies Practitioners, Clinics, and Medicaid HMOs of a rate update for neonatal and pediatric critical care and intensive care services. The update is contingent upon federal approval of a State Plan Amendment. This bulletin was simultaneously released for public comment (1831-Practitioner), with comments due to MDHHS by September 28, 2018.
- **MSA 18-27** advises All Providers in Michigan’s Prepaid Inpatient Health Plan Region 2 that a new Opioid Health Home Pilot Program will be implemented October 1, 2018, contingent upon federal approval of a State Plan Amendment.
- **MSA 18-28** informs Bridges Eligibility Manual Holders of new guidelines related to the calculation of a penalty for Medicaid applicants who transferred assets for less than fair market value.
- **MSA 18-29** informs Practitioners, Health Departments and Clinics, Hearing Aid Centers and Dealers, Medicaid HMOs and Others of new enrollment and reimbursement policies for Occupational Therapists, Physical Therapists, Speech-Language Pathologists, and Audiologists providing care to Medicaid beneficiaries on a fee-for-service basis.
- **MSA 18-30** notifies Durable Medical Equipment Providers and Medicaid HMOs of changes to Medicaid policy related to coverage of labor for repairs to wheelchairs and power operated vehicles for Medicaid beneficiaries receiving care on a fee-for-service basis.
• MSA 18-31 advises All Providers of an update to the coverage of Physician Assistant services.
• MSA 18-32 informs All Providers of Quarterly Updates to the Medicaid Provider Manual, code updates, and clarifying information related to free or reduced fee services.
• MSA 18-33 notifies All Providers of a new Dental Health Plan choice for Health Kids Dental beneficiaries beginning October 1, 2018. In addition to Delta Dental of Michigan, dental care will also be available through Blue Cross Blue Shield of Michigan.
• MSA 18-35 advises Pharmacy Providers that, beginning October 1, 2018, no copayment will be charged for beneficiaries receiving drugs to treat mental health conditions and substance use disorders. Implementation is contingent upon federal approval of a State Plan Amendment.
• A proposed policy (1823-LHD) has been issued that would clarify requirements for administrative claiming of Medicaid outreach activity costs by Local Health Departments. Comments are due to MDHHS by September 26, 2018.
• A proposed policy (1828-CNS) has been issued that would, contingent upon federal approval of a State Plan Amendment, provide information related to the enrollment and coverage of professional services of licensed advanced practice registered nurses with the specialty certification of clinical nurse specialist. Comments are due to MDHHS by September 26, 2018.
• A proposed policy (1832-Hospital) has been issued that would, contingent upon federal approval of a State Plan Amendment, update one of the state’s graduate medical education innovations agreements. Comments are due to MDHHS by September 26, 2018.
• A proposed policy (1833-DME) has been issued that would add coverage of personal use continuous glucose monitors for Medicaid beneficiaries receiving care on a fee-for-service basis. Comments are due to MDHHS by September 26, 2018.
• A proposed policy (1830-Medicare) has been issued that would establish policy to permit payment of Medicaid claims for a beneficiary who is eligible for Medicare but not enrolled. Comments are due to MDHHS by September 27, 2018.
• A proposed policy (1827-HHA) has been issued that would notify Home Health Agencies of policy changes needed for compliance with federal Home Health Medicare Conditions of Participation related to person-centered assessment. Comments are due to MDHHS by October 4, 2018.

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

• L 18-47 was released on August 10, 2018 as a notice to Tribal Chairs and Health Directors of the department’s intent to submit a State Plan Amendment to increase the Outpatient Uncompensated Care Disproportionate Share Hospital (DSH) Pool.
• L 18-41 was released on August 15, 2018 to introduce AdvanceMed to providers. AdvanceMed is the Midwestern Unified Program Integrity Contractor for the Centers for Medicare & Medicaid Services. The MDHHS Office of Inspector General, which is authorized to perform post-payment reviews of paid Medicaid claims to identify and recover any overpayments, will oversee post-payment audit activities conducted by AdvanceMed on behalf of the Medicaid program.

For additional information, contact Esther Reagan, Senior Consultant, at 517-482-9236.
Health Management Associates (HMA) is an independent, national research and consulting firm specializing in publicly funded healthcare reform, policy, and programs. We serve government, public and private providers, health systems, health plans, institutional investors, foundations, and associations. Every client matters. Every client gets our best. With over 20 offices and more than 200 multidisciplinary consultants coast to coast, our expertise, our services, and our team are always within client reach.