

The Michigan Update

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50th Anniversary

July 30, 2015 marked the 50th anniversary of the day President Lyndon B. Johnson signed the legislation that brought Medicare and Medicaid into existence on July 30, 1965. While the Medicare program was the primary focus of the legislation 50 years ago, and has been invaluable to assuring health care coverage for the elderly and disabled, equally noteworthy has been the success and importance of the Medicaid program. Celebrations of this milestone occurred across the country, including in Michigan where more than 2.3 million Michiganders are now enrolled in Medicaid.

Michigan's Medical Care Advisory Council, in partnership with the Michigan Department of Health and Human Services, sponsored a celebratory event in Lansing that brought together beneficiaries and their family members who shared how they benefitted from the program as well as former Medicaid directors, current state Medicaid staff, and representatives from provider and advocacy organizations deeply involved and committed to the program. Some of the successes of the Michigan program, which was implemented in 1966, were shared with those in attendance, including several exemplifying Michigan's status as a trailblazer in the delivery of compassionate care in an efficient and cost-effective manner. Michigan implemented an internal Medicaid information and processing system in the early 1970s that served as a model for other states. In the 1970s and 1980s Michigan implemented innovative health care delivery systems, including the first primary care case management program in the country. Most recently, Michigan has implemented the highly successful Healthy Michigan Plan that provides comprehensive health care coverage to about 600,000 non-elderly adults who were previously un- or under-

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insured. And, in an effort to remove some of the barriers to coordination of care for Medicaid beneficiaries also eligible for Medicare, Michigan has recently implemented a demonstration program to integrate care for participants. Congratulations Medicaid!

Medicaid Managed Care Enrollment Activity

As of July 1, 2015, there were **1,646,439 Medicaid beneficiaries, including Healthy Michigan Plan (HMP) beneficiaries, enrolled** in 13 Medicaid Health Plans (HMOs); this is a decrease of 13,232 since June. The enrollment total reflects a decrease of 736 HMP enrollees since June and a decrease of 12,496 non-HMP Medicaid enrollees. Approximately half of the decline in HMO enrollment of non-HMP Medicaid beneficiaries is attributable to decreased enrollment of individuals eligible for both Medicare and Medicaid. (See article on Duals in Medicaid HMOs below.)

As the enrollment reports ([pdf](#)) ([xls](#)) reflect, every county in the state is served by at least one Medicaid Health Plan. Auto-assignment of beneficiaries into the HMOs is available in every county, and there are at least two HMOs serving every county in the Lower Peninsula. 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.

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

Healthy Michigan Plan Enrollment

Healthy Michigan Plan (HMP) enrollment remains high, far exceeding original expectations. HMP enrollees are required to report any changes in their economic or health care coverage circumstance as those changes occur. They are also subject to an annual redetermination of eligibility; those that entered the program in April and May 2014 were recently subject to redetermination of eligibility. This requirement resulted in a caseload decrease of about 30,500 in early April, about 17,800 in early May, almost 22,000 in early June, and more than 27,000 in early July; but the caseload has rebounded throughout each month and stood at **599,759 as of July 27, 2015**.

The Michigan Department of Health and Human Services (MDHHS) updates HMP enrollment statistics on its [website](#)

weekly and includes a breakdown of enrollment by county. Not surprisingly, more than half of the newly approved HMP beneficiaries reside in the state's five largest counties:

July 27, 2015 Healthy Michigan Plan Enrollment	
Wayne	162,813
Oakland	48,811
Macomb	48,573
Genesee	35,792
Kent	31,792
Five-County Total	327,136
Statewide Total	599,759

The vast majority of these enrollees (nearly 500,000) have income below poverty and more than 51 percent of the enrollees are women. About 47 percent of the enrollees are between the ages of 19 and 34; more than 39 percent are between the ages of 35 and 54; and almost 14 percent are between the ages of 55 and 64.

Most of these enrollees are already or soon will be enrolled in the state's Medicaid managed care organizations for their health care services. As of July 1, 2015, there were a total of **472,133 HMP beneficiaries enrolled in the HMOs.**

Meridian Health Plan of Michigan, which has the largest Medicaid enrollment of any Medicaid HMO, also has the most HMP enrollees, 27.7 percent of the total. UnitedHealthcare Community Plan has 13.0 percent; McLaren Health Plan and Molina Healthcare of Michigan each have 11.4 percent of the total; and the other nine plans share the remaining 36.5 percent.

For more information, contact [Eileen Ellis](#), Managing Principal, at (517) 482-9236.

Duals in Medicaid HMOs

There were **45,833** Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in Medicaid HMOs to receive Medicaid benefits in July 2015, a **decrease of 5,983** since June. This reduction is largely due to implementation of Michigan's demonstration program - MI Health Link - that provides integrated care for Medicaid beneficiaries dually

eligible for Medicare ("duals"). Some individuals have transitioned to enrollment in one of the state's Integrated Care Organizations (ICO). Others that are eligible for enrollment in an ICO have opted out of the demonstration and will receive their Medicaid services on a fee-for-service basis unless they choose at a later time to enroll in an ICO. (See the *Integrated Care for Dual Eligibles* article in the May edition of *The Michigan Update* for more information.) All Medicaid HMOs have duals enrolled, although the numbers vary dramatically across plans.

A Medicaid HMO member who gains Medicare coverage and remains in the HMO is categorized as auto-assigned or voluntarily enrolled based on the means through which the member was *initially* enrolled in the HMO. Duals enrolled in a Medicare Advantage Special Needs Plan (SNP, or D-SNP) for their Medicare benefits but receiving Medicaid on a fee-for-service basis are auto-assigned to the related Medicaid HMO if applicable. Any dual is able to "opt out" of the HMO and receive Medicaid benefits on a fee-for-service basis.

Molina Healthcare of Michigan has the most duals receiving Medicaid services from an HMO, 23.9 percent of the total; Meridian Health Plan of Michigan has 19.1 percent of the total (but the most voluntary enrollees); UnitedHealthcare Community Plan has 17.9 percent of the total; and the other 10 plans share the remaining 39.1 percent.

Six of the 13 Medicaid HMOs in Michigan (or their parent organizations) are also federally contracted as D-SNPs to provide *Medicare* benefits for duals in Michigan: HAP Midwest Health Plan, HealthPlus Partners, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Total Health Care, and Upper Peninsula Health Plan. As of July 1, 2015 these six D-SNPs had a combined enrollment of 15,710 duals for whom they provide Medicare services, a decrease of 2,026 since June, which is most likely attributable to the MI Health Link demonstration as well. Almost 73 percent of the duals enrolled in a D-SNP are enrolled in the Molina plan, a little more than 11 percent are enrolled in the Meridian plan (although some of the Meridian members may reside in northern Ohio), and the remaining 16 percent is spread across the other four plans. Not all of the duals enrolled in these D-SNPs are eligible to receive full Medicaid benefits. Some only receive assistance from the Medicaid program with Medicare coinsurance and deductible payments and/or monthly Medicare premiums.

There is one additional D-SNP in Michigan, Fidelis SecureCare of Michigan, which does not hold a Medicaid HMO contract but has been approved by the state as an

Integrated Care Organization in the state's dual demonstration. As of July 1, 2015, Fidelis had 866 enrollees in its D-SNP. It is also an approved Medicare Advantage Institutional SNP (I-SNP) with 209 enrollees.

Two of the Medicaid HMOs - McLaren Health Plan and UnitedHealthcare Community Plan - discontinued their D-SNP products as of December 31, 2014.

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

CSHCS Children in Medicaid HMOs

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. As of July 1, 2015, there were **17,891 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs** - a decrease of 116 since June. All Medicaid HMOs except Harbor Health Plan have CSHCS/Medicaid enrollees, although the numbers vary across plans.

Meridian Health Plan of Michigan, which has the largest Medicaid enrollment of any Medicaid HMO, also has the most CSHCS/Medicaid enrollees receiving their services from an HMO, 25.1 percent of the total. Molina Healthcare of Michigan has 17.5 percent of the total; UnitedHealthcare Community Plan has 16.3 percent; and the other nine plans share the remaining 41.1 percent.

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

MIChild

According to MAXIMUS, the Michigan Department of Health and Human Services (MDHHS) contractor for MICHild enrollment, there were **40,337 children enrolled in the MICHild program as of July 1, 2015**. The July enrollment total reflects a **decrease of 2,493** from the 42,830 children enrolled as of June 1, 2015. Of the total number of children enrolled, 886 enrollees are dually eligible for Children's Special Health Care Services (CSHCS) and MICHild, down from 920 as of June 1, 2015.

As the enrollment reports for July ([pdf](#)) ([xls](#)) show,

enrollment is dispersed between 13 plans. The plans with the highest enrollment are Priority Health (with 16.3 percent of the total enrollees), Molina Healthcare of Michigan (with 15.1 percent), HealthPlus of Michigan (with 14.2 percent), and McLaren Health Plan (with 14.1 percent). Blue Cross Blue Shield of Michigan (BCBSM) had 6.8 percent of the enrollees as of July 1, 2015. The BCBSM market share has gradually dropped from about 75 percent in late 2013 when the insurer advised that it wished to terminate its MICHild contract. Children residing in counties where there are at least two health plans available are given the choice to enroll with one of those plans. Children in counties where BCBSM has been the only available health plan will remain enrolled with that plan until other plans expand their service areas to these counties. There are now only seven counties where BCBSM is the only available plan.

As previously reported in *The Michigan Update*, MDHHS has proposed that MICHild become part of Medicaid as of January 1, 2016. If the federal government approves of this change, there will no longer be separate MICHild contracts in 2016.

MICHild-enrolled children receive their dental care through contracted dental plans. Of the two available plans, 87 percent of the children were enrolled with Delta Dental Plan as of July 1, 2015. Delta Dental has a statewide service area. The remaining 13 percent of children were enrolled with Golden Dental Plan in a service area that includes eight counties. BCBSM was a statewide dental health plan as well through September 2013 when BCBSM terminated in full its participation in the MICHild dental program.

For more information, contact [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 delivery system of health care for adults dually eligible for Medicare and Medicaid (duals). The demonstration, called MI Health Link, will last for three years and operate in four regions of the state. The entire Upper Peninsula is one region; eight counties in the southwest corner of the state are another region; and Wayne and Macomb Counties are two single-county regions. **As of July 1, 2015, there are 28,171 enrollees in these health plans.**

Enrollment in the demonstration began in the Upper Peninsula and Southwest regions in February with first enrollments (all voluntary) effective on March 1, 2015. As of May 1st, eligible beneficiaries in these two regions who had not voluntarily enrolled were "passively" enrolled but with the ability to opt out (disenroll). There is one Integrated Care Organization (ICO) serving the Upper Peninsula, the Upper Peninsula Health Plan, and two ICOs serving the eight southwest counties: Aetna Better Health (CoventryCares) of Michigan and Meridian Health Plan of Michigan. The vast majority of current enrollees in these two regions (more than 96 percent) have been passively enrolled.

There are five ICOs serving the Macomb and Wayne single county regions: Aetna Better Health, AmeriHealth Michigan, Fidelis SecureCares of Michigan, HAP Midwest Health Plan, and Molina Healthcare of Michigan. Current (July) enrollment numbers reflect the voluntary process; results of the passive enrollment process in these regions should be reflected in the July numbers. The table below provides enrollment information by region for each ICO.

MI Health Link Enrollment July 1, 2015	Upper Pen. Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health		3,894	621	1,783	6,298
AmeriHealth Michigan			480	1,613	2,093
Fidelis SecureCares of MI			576	1,524	2,100
HAP Midwest Health Plan			493	2,477	2,970
Meridian Health Plan of MI		5,801			5,801
Molina Healthcare of MI			828	3,761	4,589
Upper Peninsula Health Plan	4,320				4,320
Total	4,320	9,695	2,998	11,158	28,171

On July 31st, the Michigan Department of Health and Human Services released a proposed policy for comment that included a new chapter for the Medicaid Provider Manual dedicated to the MI Health Link program. A link to the proposed policy is available in the *Medicaid Policies* article in this newsletter. Comments are due to the department on September 3, 2015.

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

Healthy Michigan Plan Improves Access to Primary Care

A study released electronically on July 22, 2015 in *Health Affairs* reported that newly enrolled Michigan Medicaid beneficiaries in the Healthy Michigan Plan have a much better ability to obtain an appointment for primary care services than newly insured individuals. The study, entitled [Primary Care Appointment Availability for New Medicaid Patients Increased After Medicaid Expansion in Michigan](#), reported that appointment availability increased six percentage points for new Medicaid beneficiaries in 2014 and decreased two percentage points for newly privately insured individuals during the same period.

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

Health Innovation Grants

On July 31, 2015, the Michigan Department of Health and Human Services (MDHHS) [announced](#) a Request for Proposals (RFP) for Health Innovation Grants. The grants are for one-time projects designed to improve the delivery of health services in the state. MDHHS plans to award grants from \$5,000 to \$35,000, for approximately 35-40 projects. This is the third year grants have been awarded; last year the department awarded grants totaling \$1.25 million for 49 projects. The announcement includes a link to the RFP.

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

Common Drug Formulary

The Michigan Department of Health and Human Services recently [announced](#) that it has scheduled a Stakeholder Meeting for August 11, 2015, from 9:30 am - 12 noon, in Lansing, to discuss the draft common formulary proposed for implementation across all Medicaid Health Plans in the new Comprehensive Health Plan contract to be effective January 1, 2016. The announcement includes the anticipated timeline for implementation, which would require all health plan enrollees to be transitioned to the common formulary by September 30, 2016.

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

2015 Kids Count Data Book

The [2015 Kids Count Data Book](#), published through the Annie E. Casey Foundation, was released on July 21, 2015. The annual publication provides information and rankings on all states on key indicators of child well-being. The 2015 report ranked Michigan 33rd in the nation across all indicators of childhood wellbeing (down from 32nd in 2014 and 31st in 2013). Michigan ranked 33rd in a composite measure of economic well-being (up from 34th in 2014), 37th in education metrics (up from 38th in 2014), 23rd in measures of health (up from 29th in 2014), and 29th in measures related to family and community (no change from 2014).

Michigan has made progress in all of the health measures. The rate of births to teen mothers dropped from 32 births per 1,000 teens in 2008 to 24 births per 1,000 teens in 2013 (there were 26 births per 1,000 teens in 2012). Other areas of improvement included the child and teen death rate, the number of low-birth weight babies, the number of teens abusing alcohol or drugs, and the number of children without health insurance.

While there was improvement in two education measures - eighth graders not proficient in math and high school students not graduating on time - rankings in two other measures worsened - children not attending preschool and fourth graders not proficient in reading.

The number of children living in poverty continued to worsen in 2013 - 24 percent of all children, compared to 19 percent in 2008. The report showed that about half of all African American children live in poverty and almost one in three Latino children live in poverty. The number of children living in single parent families also increased, from 32 percent in 2008 to 36 percent in 2013.

The Michigan League for Public Policy, an advocacy group for low-income children and families works with Foundation to provide additional Michigan-specific statistics, which are available on the League's [website](#).

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

Oral Health in Michigan

A recent report, [Oral Health in Michigan](#), prepared by the Center for Health Workforce Studies in the School of Public Health at the University at Albany in New York, found that despite an improving economy in Michigan and an increase in the number of Michiganders with dental insurance, access to dental care is a persistent problem in some areas of the state and for some populations. The study used an environmental scan, literature review, analysis of secondary data and interviews with stakeholders in oral health to arrive at its results. It reported that in the Upper Peninsula, more than 70 percent of third-graders had experienced tooth decay; the statewide average was 55.9 percent. It also noted that almost 17 percent of children in Detroit needed immediate dental care; the statewide average was 7 percent. It also indicated that there are about 62 dentists per 100,000 people in the state but they are not spread adequately to assure access to care.

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

Price Transparency in Health Care

On July 6, 2015, the Center for Healthcare Research & Transformation (CHRT) released an issue brief on the topic of "price transparency" in health care, defined as "the availability of provider-specific information on the price for a specific health care service or set of services to consumers and other interested parties". The brief, entitled [Price Transparency: Background and Research](#), provides an overview of initiatives by federal and state governments and private entities; discusses the challenges associated with achieving the current goals of price transparency efforts; and highlights opportunities for moving forward to effectively achieve such goals.

CHRT is a non-profit partnership of the University of Michigan and Blue Cross Blue Shield of Michigan.

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

Medicaid Drug Settlement

In early July, drug manufacturer AstraZeneca Pharmaceuticals agreed to pay \$46.5 million plus interest

to settle claims that it underpaid rebates owed to the federal government and state Medicaid programs. In related whistleblower lawsuits, all of which were filed in 2008, drug manufacturers Cephalon and Biogen agreed to pay \$7.5 million and \$1.5 million, respectively to settle claims against them. Claims against a fourth manufacturer, Genzyme Corporation, are still being litigated. More than half of the settlement amounts will be paid to the federal government; the balance will be split among 24 states and the District of Columbia.

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

Medicaid Policies

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

- **MSA 15-11** informs **Bridges Eligibility and Administrative Manual Holders** of an upcoming change in Medicaid **eligibility and estate recovery policy** related to the **disregard of resources** associated with **long-term care insurance benefits**.
- **MSA 15-24** notifies **Ambulance Providers and Medicaid Health Plans** of a change in fee-for-service ambulance policy pertaining to **non-emergent, scheduled, repetitive transports**.
- **MSA 15-25** advises **Medical Suppliers, Physicians and Medicaid Health Plans** of revisions to the fee-for-service policy around **coverage of blood glucose testing supplies**.
- **MSA 15-26** notifies **State Psychiatric Hospitals** of a reimbursement policy change that will be implemented if approved by the Centers for Medicare & Medicaid Services (CMS), specifically that **reimbursement will move to a cost-based prospective per diem structure with no cost settlement**.
- **MSA 15-27** advises **Hospitals** that the **Outpatient Uncompensated Care Disproportionate Share Hospital (DSH) Pool will be increased by \$85 million in the current fiscal year** if approved by CMS. The pool will be financed through a provider tax.
- **MSA 15-28** notifies **Durable Medical Equipment Suppliers and Medicaid Health Plans** of a

change in fee-for-service policy pertaining to **reimbursement for used pieces of durable medical equipment.**

- **MSA 15-29** notifies **Federally Qualified Health Centers, Hospitals, Local Health Departments, Practitioners and Rural Health Clinics** that revisions have been made to the **Children's Special Health Care Services** program chapter in the Medicaid Provider Manual due to **new insurance premium assistance requirements.**
- A proposed policy (**1530-Cost-Sharing**) has been issued that would address **three cost-sharing requirements in the Medicaid program**, related to limits on incurred cost-sharing, exemptions for Native Americans and Alaska Natives, and on cost-sharing for non-emergency use of the hospital emergency room. Comments are due to MDHHS by August 10, 2015.
- A proposed policy (**1531-IBCLC**) has been issued that would establish reimbursement conditions and requirements for **lactation support and counseling services** provided as a component of Medicaid pregnancy-related services. Comments are due to MDHHS by August 17, 2015.
- A proposed policy (**1534-NEMT**) has been issued that would remove the prior authorization requirement for **non-emergency medical transportation for methadone treatment** that extends beyond 18 months. The policy would also address **reimbursement for meals and lodging rates.** Comments are due to MDHHS by August 18, 2015.
- A proposed policy (**1516-Dental**) has been issued that would provide **dental coverage for Healthy Michigan Plan beneficiaries ages 19 and 20 on a fee-for-service basis** until they are enrolled in Medicaid Health Plans. Comments are due to MDHHS by August 19, 2015.
- A proposed policy (**1537-Dental**) has been issued that would **expand the Healthy Kids Dental contract** with Delta Dental Plan of Michigan to administer the benefit in **Kent, Oakland and Wayne Counties for beneficiaries age 0 through 12.** Comments are due to MDHHS by August 21, 2015.
- A proposed policy (**1521-CMH**) has been issued that would establish **reimbursement requirements for Office-Based Opioid Treatment** and a prior authorization requirement for such prescriptions. Comments are due to MDHHS by August 21, 2015.

- A proposed policy (**1532-Hospital**) has been issued that would describe for **Hospitals and Medicaid Health Plans** an **updated methodology for calculating the prospective capital rate with both fee-for-service and managed care data**. Comments are due to MDHHS by August 25, 2015.
- A proposed policy (**1538-Hospital**) has been issued that would provide a list of **ICD-10 codes eligible for reimbursement under the existing short stay policy** for outpatient dates of service and inpatient dates of discharge **on or after October 1, 2015**. Comments are due to MDHHS by August 25, 2015.
- A proposed policy (**1539-DME**) has been issued that would change **standards of coverage and reimbursement for osteogenesis stimulators**. Comments are due to MDHHS by September 2, 2015.
- A proposed policy (**1533-IC**) has been issued that would add a **new MI Health Link chapter in the Medicaid Provider Manual**. Comments are due to MDHHS by September 3, 2015.

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

- **L 15-44** was released on July 1, 2015 as a notice of the department's intent to submit a State Plan Amendment to provide **inpatient psychiatric services in a vendor operated, state administered Psychiatric Residential Treatment Facility**.
- **L 15-42** was released on July 2, 2015 to clarify for **nursing facilities** their **appeal options** after the MDHHS Office of Audit provides a **notice of adjustment to the facility's cost report**.
- **L 15-45** was released on July 2, 2015 as a notice of the department's intent to submit an amendment to the **Healthy Kids Dental Program** waiver to allow **children age 0 through 12** who reside in **Wayne, Oakland and Kent** counties **to be covered** by the Healthy Kids Dental program administered by Delta Dental of Michigan.

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

Health Management Associates is an independent national research and consulting firm specializing in complex health care program and policy issues. Founded in 1985, in Lansing, Michigan, Health Management Associates provides leadership, experience, and technical expertise to local, state, and federal governmental agencies, regional and national foundations, investors, multi-state health system organizations and single site health care providers, as well as employers and other purchasers in the public and private sectors.