Medicaid Managed Care Enrollment Activity

As of March 1, 2016, there were **1,683,445 Medicaid beneficiaries**, including **481,997 Healthy Michigan Plan (HMP) beneficiaries and 30,043 MIChild beneficiaries**, enrolled in 11 Medicaid Health Plans (HMOs); this is an increase of 28,947 since February. The increase includes 8,330 new HMP enrollees and 20,617 new non-HMP enrollees. Women formerly enrolled in the Plan First! family planning program are likely spread across both categories of new enrollees depending on their income and other eligibility characteristics. This month's newly enrolled MIChild enrollees - 6,282 - are included in the non-HMP category.

As the enrollment reports [(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 those 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. 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 enrollment as of March 1, 2016 were Meridian Health Plan of Michigan (with 27.8 percent of the total enrollees), Molina Healthcare of Michigan (with 22.4 percent), United Healthcare Community Plan (with 15.3 percent), and McLaren Health Plan (with 11.1 percent).

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 March 1, 2016, there were **17,719 joint CSHCS/Medicaid beneficiaries enrolled in**
the Medicaid HMOs - an increase of 242 since February. All Medicaid HMOs except Harbor Health Plan have CSHCS/Medicaid enrollees, although the numbers vary across plans. Molina Healthcare of Michigan has the most CSHCS/Medicaid beneficiaries enrolled (27.4 percent of the total); Meridian Health Plan of Michigan has 25.2 percent of the total; UnitedHealthcare Community Plan has 16.2 percent; and McLaren Health Plan has 10.5 percent of the total.

There were 32,134 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in Medicaid HMOs to receive Medicaid benefits in March 2016, an increase of 278 since February. All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. Molina Healthcare of Michigan has the most duals receiving Medicaid services from an HMO, 29.2 percent of the total; Meridian Health Plan of Michigan has 25.0 percent of the total; McLaren Health Plan has 15.2 percent of the total. The other eight plans share the remaining 30.6 percent.

There were 30,043 MIChild beneficiaries enrolled in Medicaid HMOs in March 2016, an increase of 6,282 since February. All Medicaid HMOs have MIChild beneficiaries enrolled, although the numbers vary dramatically across plans. Molina Healthcare of Michigan has the most MIChild enrollees (25.1 percent of the total); McLaren Health Plan has 15.8 percent of the total; Meridian Health Plan of Michigan has 14.1 percent; Priority Health Choice has 13.1 percent; and UnitedHealthcare Community Plan has 12.4 percent. The other six plans share the remaining 19.5 percent. Based on a February 2016 MIChild caseload count of 40,213 beneficiaries, and with 30,043 MIChild beneficiaries enrolled in Medicaid HMOs, it would appear that there were approximately 10,000 MIChild beneficiaries receiving fee-for-service Medicaid in March.

(Refer to the January edition of The Michigan Update for additional information related to termination of the Plan First! program and transition of the stand-alone MIChild program to a Medicaid expansion population.)

For additional information, contact Eileen Ellis, Managing Principal, or Esther Reagan, Senior Consultant, at (517) 482-9236.
Department of Health and Human Services (MDHHS) website, stood at **625,292 as of March 28, 2016**, a decrease of 5,556 from the February 29th level, but still the second highest enrollment since the beginning of the program. (February 29th may have been higher in part because there were five Mondays in that month.) In part this higher enrollment likely reflects conversion/transition of some PlanFirst! enrollees to HMP. Although the HMP caseload drops by about 25,000 at the beginning of each month as a result of an annual eligibility redetermination requirement, it generally rebounds by the end of the month.

For additional 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 health care delivery system for adults dually eligible for Medicare and Medicaid (duals). The demonstration, called MI Health Link, will last for five 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 form another region; and Wayne and Macomb Counties are two single-county regions.

As of March 1, 2016, the Michigan Department of Health and Human Services (MDHHS) reports there were **32,040 enrollees** in these health plans, down from 32,735 in February, and down from 42,727 in September 2015 when the demonstration was fully implemented. About 14 percent of the enrollees voluntarily joined the MI Health Link demonstration but the majority was passively enrolled (assigned to a health plan but with the ability to change to a different plan or opt out of the demonstration. Also as of March 1st, about 45,000 duals eligible for participation in the demonstration have chosen to opt out (not participate). These individuals will receive their Medicaid benefits on a fee-for-service basis but retain the option to voluntarily enroll in the demonstration at a later time.

There is one Integrated Care Organization (ICO) serving the Upper Peninsula: Upper Peninsula Health Plan, and two ICOS serving the eight southwest counties: Aetna Better Health of Michigan and Meridian Health Plan of Michigan. There are five ICOs serving the Macomb and Wayne single county regions: Aetna Better Health, AmeriHealth Michigan, MI Complete Health / Fidelis SecureCares of Michigan, HAP Midwest Health
Plan, and Molina Healthcare of Michigan. The table below provides enrollment information by region for each ICO.

<table>
<thead>
<tr>
<th>MI Health Link Enrollment March 1, 2016</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</td>
<td>2,924</td>
<td>547</td>
<td>2,0834</td>
<td>5,505</td>
<td></td>
</tr>
<tr>
<td>AmeriHealth Michigan</td>
<td></td>
<td>605</td>
<td>2,171</td>
<td>2,776</td>
<td></td>
</tr>
<tr>
<td>MI Complete Health / Fidelis</td>
<td></td>
<td>422</td>
<td>2,018</td>
<td>2,440</td>
<td></td>
</tr>
<tr>
<td>HAP Midwest Health Plan</td>
<td></td>
<td>884</td>
<td>3,824</td>
<td>4,708</td>
<td></td>
</tr>
<tr>
<td>Meridian Health Plan of MI</td>
<td>4,565</td>
<td></td>
<td></td>
<td>4,565</td>
<td></td>
</tr>
<tr>
<td>Molina Healthcare of MI</td>
<td></td>
<td>1,328</td>
<td>7,121</td>
<td>8,449</td>
<td></td>
</tr>
<tr>
<td>Upper Peninsula Health Plan</td>
<td>3,597</td>
<td></td>
<td>3,597</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,597</strong></td>
<td><strong>7,489</strong></td>
<td><strong>3,786</strong></td>
<td><strong>17,168</strong></td>
<td><strong>32,040</strong></td>
</tr>
</tbody>
</table>

As noted above, the MI Health Link enrollment total has dropped a little each month since September 2015 when there were 42,727 enrollees in the demonstration. Part of this decrease in enrollment may be attributable to temporary disruptions in Medicaid eligibility. When Medicaid eligibility is reinstated, the department is not permitted to passively enroll the individual a second time; if the individual wants to participate in MI Health Link, they need to voluntarily re-enroll in the demonstration. While it is clear that the total enrollment numbers have dropped, the percentage of voluntary enrollees in MI Health Link has increased each month since September 2015. That month, 6.6 percent of the enrollees were voluntary; in March 2016, more than 14 percent of the enrollees were voluntary.

Molina Healthcare of Michigan has the most enrollees, both voluntarily and passively enrolled at 26.4 percent of the combined total; Aetna Better Health of Michigan has 17.2 percent of the total; HAP Midwest Health Plan has 14.7 percent; and Meridian Health Plan of Michigan has 14.2 percent. At this point, almost 94 percent of the MI Health Link enrollees are living at home; about 6.1 percent of the enrollees live in a nursing facility. Less than one percent is receiving home and community based long term services and supports. Although all of the plans have enrollees receiving care in nursing facilities, Molina Healthcare of Michigan has
the largest share, almost 30 percent of the total.

The MDHHS has established an enrollment dashboard on the MI Health Link page on its website. According to the MI Health Link website, for March 2016, more than half of the MI Health Link enrollees are individuals under the age of 65. Almost all of 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**

Four 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 for duals in Michigan: HAP Midwest Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, and Upper Peninsula Health Plan. As of March 1, 2016 these four D-SNPs had a combined enrollment of 12,642 duals for whom they provide Medicare services. Almost 80 percent of the duals enrolled in a D-SNP are enrolled in the Molina plan. None of these duals are participating in the MI Health Link demonstration.

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.

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

**Integration of Behavioral Health and Physical Health Services**

As we reported in last month’s edition of *The Michigan Update* and the *Special Michigan Budget Update* also published in February, Governor Rick Snyder’s Executive Budget Recommendation included language (Section 298) that would transfer funds currently appropriated to the state's ten Prepaid Inpatient Health Plans (PIHPs) for the provision of behavioral health services to the Medicaid-contracted Medicaid Health Plans (HMOs) that provide physical health services.

As a result of the immediate reaction to the language,
Lieutenant Governor Brian Calley announced that he and the Michigan Department of Health and Human Services (MDHHS) have convened a group of stakeholders that will meet over the next two months to develop a framework to better coordinate physical and behavioral health care while improving access to and funding for direct services.

The workgroup established has more than 120 members and first met on March 30th. A fact-finding subcommittee of approximately 15 members of the larger group had already met twice prior to the workgroup meeting and has been charged with developing a set of consensus facts on the performance of the PIHPs and HMOs by mid-May. This report will be used to aid the entire workgroup in developing core values, principles and goals around the issue. The goals stated by MDHHS staff during the workgroup meeting are to develop concepts to be suggested as boilerplate replacement for Section 298 before the appropriations process for the next fiscal year is finalized, create a consensus outline, and establish a framework for further deliberations. This framework will likely include at a minimum identifying the target population, obtaining feedback on core values, and developing a better understanding of what works and doesn't work today. At this time there has been no end date identified for the entire process.

To aid in the workgroup discussions, the Michigan Association of Community Mental Health Boards commissioned and has released a report that surveys various ways states manage, finance and deliver behavioral health care to their residents. The report, entitled Beyond Appearances: Behavioral Health Financing Models and the Point of Care, concludes there is no dominant model to manage payments for behavioral health services but provides information about approaches and experiences in 19 states.

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

### Health Insurance Claims Assessment

In previous editions of The Michigan Update, most recently last month, we have reported that the State of Michigan is facing a loss of revenue because the Medicaid Managed Care Use Tax (that has generated almost $600 million annually) will no longer be allowed by the federal government after December 2016. Under current state law, the Health Insurance Claims Assessment (HICA), which was enacted to fill a small fraction of the lost revenue (about $80 million annually), will increase from 0.75 percent to 1.0 percent on January 1, 2017 when the Use Tax is eliminated, but with a
sunset date of January 1, 2018. On March 15, 2016, Governor Rick Snyder signed a bill into law (Public Act 50 of 2016) to extend the HICA through December 2020.

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

**Blueprint for Health Innovation**

In previous editions of *The Michigan Update*, most recently in September 2015, we have reported on the Michigan Department of Health and Human Services’ (MDHHS) activities around the *Blueprint for Health Innovation*, the state's initiative to pursue better coordination of health care, lower health care costs and improve health outcomes. These activities are being supported by a federal State Innovation Model (SIM) grant, and Michigan is one of several states across the country that received funds to test new models. On March 9, 2016, MDHHS announced five pilot sites for the Blueprint implementation: Jackson County, Muskegon County, Genesee County, Northern Region (Lower Peninsula), and an area including Washtenaw and Livingston Counties.

Final decisions have not been announced on the selection of the "backbone agency" for each of the Community Health Innovation Regions (CHIRs), or the Accountable Systems of Care (ASCs) within each region. In several cases there were multiple applicants. Final boundaries for each pilot site/region will be determined after further discussions with applicants, and a phased approach and timelines for the three-year pilot will be included in an Operational Plan due to the Centers for Medicare & Medicaid Services in May 2016. Although only five pilot regions were included in the announcement, MDHHS has indicated that the SIM Team is actively exploring opportunities to support and engage potential ASCs and CHIRs in other locations across the state as well.

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

**Kids Count Report**

The annual *Kids Count in Michigan Data Book 2016* released on March 14, 2016 by the Michigan League for Public Policy reported that child poverty increased by 23 percent statewide between 2006 and 2014 and is up in 80 of the state’s 83 counties. Poverty is higher for African-American and Hispanic children, 47 percent and 32 percent respectively, than for White children (16 percent). Overall, of
the 12 trends in child well-being with enough data to analyze, six improved over the last reporting period, five were worse, one stayed the same. On a combined metric of Overall Child Well Being, the top and bottom three ranking counties are the same as in the last report: Livingston (1), Ottawa (2), Clinton (3), Muskegon (80), Clare (81), and Lake (82). (Keweenaw County lacked sufficient data to be analyzed or ranked.) A printable publication with statewide data is available; county-specific profiles are also available online.

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

**Fighting Opioid Addiction**

On March 11, 2016, US Department of Health and Human Services (HHS) Secretary Sylvia M. Burwell announced grant awards totaling $94 million to 271 health centers in 45 states, the District of Columbia and Puerto Rico. The grant funds will be used to expand delivery of substance abuse services through supporting the hiring of about 800 additional providers to care for an additional 124,000 individuals nationwide. Ten health centers in Michigan will share about $3.4 million in grant funds.

The recipients of the grant funds include:

- Community Health and Social Services, Inc., in Detroit - $324,800
- Covenant Community Care, Inc., in Detroit - $325,000
- Detroit Health Care for the Homeless - $325,000
- MyCare Health Center, in Mount Clemens - $325,000
- Western Wayne Family Health Centers, in Inkster - $325,000
- Genesee Health System, in Flint - $379,167
- Health Delivery, Inc., in Saginaw - $352,083
- Cherry Street Services, Inc., in Grand Rapids - $352,083
- Family Health Center, Inc., in Kalamazoo - $325,000
- Alcona Citizens for Health, Inc., in Harrisville - $406,250

President Barack Obama also announced a new plan to combat opioid addiction during a speech at a national drug summit on March 29, 2016, which coincided with the release of a proposed rule the following day to increase the highest patient limit for qualified physicians to treat opioid use disorder under Section 303(g)(2) of the Controlled
Substances Act (CSA) from 100 to 200. This rule change would expand access to buprenorphine, a medication that suppresses opioid withdrawal symptoms, decreases cravings, and blocks the effects of heroin and other related drugs.

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

**New Hepatitis C and Cystic Fibrosis Medications Covered**

On March 1, 2016, the Michigan Department of Health and Human Services announced coverage of new medications to treat Hepatitis C and Cystic Fibrosis in accordance with recommendations from the state's Pharmacy and Therapeutics Committee. With prior authorization, direct-acting antiviral drugs such as Sovaldi will be covered for individuals with chronic Hepatitis C and advanced liver disease who meet specified criteria. Similarly, Orkambi will now be covered for people with Cystic Fibrosis who have two copies of the F508del mutation to correct the function of a defective protein made by the Cystic Fibrosis gene.

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

**Flint Water Crisis**

In last month's edition of The Michigan Update, we reported that with a letter signed by Governor Rick Snyder and dated February 13, 2016, the State of Michigan submitted a Section 1115 waiver request to the US Department of Health and Human Services (HHS) to expand Medicaid eligibility for pregnant women and children under age 21 served by the Flint water system. Eligible pregnant women and children in families with incomes below 400 percent of the federal poverty level would receive full Medicaid benefits including targeted case management services to coordinate and assure their access to appropriate resources and receipt of necessary supports. Approval of the waiver request would also allow the state to expand on its lead abatement activities in impacted areas. On March 3, 2016, HHS approved the waiver request for an initial five-year period. The press release announcing the approval includes a link to the waiver document.

On March 21, 2016, the Flint Water Advisory Task Force, an independent body appointed by Governor Snyder charged with "determining the causes of the Flint water crisis,
identifying remedial measures for the Flint community, and safeguarding Michigan residents" released its Final Report. The report states a three-fold purpose: to identify the roles of the various parties involved as the crisis unfolded and to assign accountability; to highlight causes for the failures of government that precipitated the crisis, with suggested measures to prevent such failures in the future; and to prescribe recommendations to care for the Flint community and to use the lessons from this experience to better safeguard the state's residents. The report includes 36 findings and 44 recommendations.

On March 23, 2016, the US Department of Labor announced a National Dislocated Worker Grant for up to $15 million to the Michigan Strategic Fund to assist with humanitarian and recovery efforts in Flint. Half of the funds will be released initially to provide temporary employment for eligible individuals to assist with recovery work as well as to offer those individuals career and training services to help them find permanent work. Approximately 400 temporary jobs may be created through the allocation of these funds. The announcement states that additional funds will be made available as the state demonstrates a continued need for assistance.

Also, on March 25, 2016, Governor Snyder announced that the Federal Emergency Management Agency has approved the state's request to extend the presidential emergency declaration for the city of Flint and Genesee County until August 13, 2016. First approved on January 16th, this extension authorizes federal supplies of bottled water, filters, replacement cartridges and water testing kits for several more months. The announcement notes that since early January more than a half million water cases, more than 110,000 filters and almost 43,000 water testing kits have been provided to Flint residents.

For more information, contact Eileen Ellis, Managing Principal, or Esther Reagan, Senior Consultant, at (517) 482-9236.

Infant Mortality Reduction Plan

On March 30, 2016, the Michigan Department of Health and Human Services (MDHHS) announced the release of its 2016-2019 Infant Mortality Reduction Plan for Michigan. MDHHS notes that while the infant mortality rate in the state has improved overall and is currently at 6.75 infant deaths per 1,000 live births, there is considerable racial disparity. In 2013, five out of every 1,000 White/Caucasian babies died before their first birthday. The rate for Hispanic babies was
twice as high - 10 infant deaths out of 1,000 - and the rate for African American babies was even higher - 13 infant deaths out of 1,000 live births. The plan builds on efforts and successes in the previous plan and outlines nine goals aimed at ensuring more babies survive and thrive through their first year of life. The announcement includes a link to the Plan.

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

Certified Community Behavioral Health Clinics

On March 21, 2016, the Michigan Department of Health and Human Services (MDHHS) announced it is accepting applications from organizations that want to become certified community behavioral health clinics. MDHHS intends to certify up to 10 clinics statewide and the clinics will serve adults with serious mental illness, children with serious emotional disturbance and people with long-term and serious substance use disorders. Applications are due by April 25, 2016 and the Request for Certification response template is available on the state's Buy4Michigan site.

For more information, contact Eileen Ellis, Managing Principal, or Esther Reagan, Senior Consultant, at (517) 482-9236.

21st Century Infrastructure Commission

On March 10, 2016, Governor Rick Snyder issued Executive Order 2016-5 to create the 21st Century Infrastructure Commission as a temporary advisory body within the Executive Office of the Governor. The Commission will be comprised of 27 as yet unnamed members charged with identifying long term strategies and best practices to modernize the state's transportation, water and sewer, energy, and communications infrastructure. The Commission is expected to present its assessment and recommendations no later than November 30, 2016.

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

Uninsured Rate in Michigan

The Center for Healthcare Research and Transformation (CHRT) at the University of Michigan has recently released a new publication entitled The Uninsured in Michigan, 2014. This report states that the number of Michigan residents
without insurance dropped significantly between 2013 and 2014 as a result full implementation of the federal Affordable Care Act and the state's implementation of the Healthy Michigan Plan. The report provides statistics based on age, gender, race/ethnicity, income, and geography. The under age 35 group showed the greatest reduction in the number of people without insurance. Although the rate of people without insurance was reduced for all racial/ethnic groups, African Americans appeared to have benefited most from the ability to access insurance coverage. The population with income below 138 percent of the federal poverty level (the upper limit for the Healthy Michigan Plan) also saw a big decrease in the number of individuals without insurance.

On March 28th, the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota announced the release of a report entitled *State Level Trends in Children's Health Insurance Coverage (2016 Report)*. The SHADAC report shows that the percentage of uninsured children in Michigan declined from 4.6 percent in 2013 to 3.8 percent in 2014. This drop in the proportion of uninsured children occurred for all race/ethnicity groups tracked by the data and occurred for all income groups below 400 percent of the Federal Poverty Guidelines.

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

**CSHCS Ability to Pay Program**

The Michigan Office of the Auditor General released a report in March that provides the results of a performance audit conducted of the Children's Special Health Care Services (CSHCS) program within the Michigan Department of Health and Human Services (MDHHS). While the audit findings were generally favorable, the report did note that MDHHS may be losing funds as a result of not pursuing delinquent payments from responsible parties able to pay at least a portion of the cost for services received by children through the program. Department officials responded that a process to improve this collection activity is under development for implementation before the end of the current fiscal year.

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 policies, one of which was
also released simultaneously for public comment as well as four additional proposed policies that merit mention. They are available for review on the department’s website.

- **MSA 15-46** notifies Medicaid Health Plans, Practitioners, Clinics and Others about new coverage conditions and requirements for Lactation Support and Counseling Services as a component of Medicaid pregnancy-related services.
- **MSA 16-03** advises Hospitals, Ambulatory Surgical Centers, Rehabilitation Facilities and Agencies, Dialysis Centers and Others that the Outpatient Prospective Payment System and Ambulatory Surgical Center Reduction Factor announced in MSA 15-58, published in December, has been revised. Instead of a 52.5 percent reduction factor, the factor is 52.6 percent effective for dates of service on and after January 1, 2016.
- **MSA 16-04** informs Bridges Eligibility Manual Holders that the COBRA Widow(er) Eligibility Category is no longer relevant and language is being removed from the manual.
- **MSA 16-06** outlines for All Providers the transition plan for implementing the new Medicaid Managed Care Common Formulary.
- **MSA 16-07** notifies All Providers of Quarterly Updates to the Medicaid Provider Manual, including a change in the name of one of the chapters. The Mental Health/Substance Abuse Chapter has been changed to the Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter.
- **MSA 16-08** notifies All Providers and Bridges Eligibility Manual Holders that MDHHS will not seek a renewal of its Plan First! Section 1115 Family Planning Demonstration Waiver that is set to expire June 30, 2016. The policy was simultaneously released for public comment (1610-Plan First!) with comments due to MDHHS by April 28, 2016.
- **MSA 16-09** notifies Maternal Infant Health Program (MIHP) Providers and Medicaid Health Plans of an update to the required qualifications for nurses and social workers providing MIHP services.
- A proposed policy (1565-CSHCS) has been issued that would add policy to cover out-of-pocket pharmacy costs for Children's Special Health Care Services beneficiaries enrolled in Medicare Part D. Comments are due to MDHHS by April 15, 2016.
A proposed policy (1568-PDN) has been issued that would update multiple areas of the Private Duty Nursing chapter of the Medicaid Provider Manual. Updates include documentation and reporting requirements as well as changes to the prior authorization request form and procedures. Comments are due to MDHHS by April 15, 2016.

A proposed policy (1604-PA) has been issued that would incorporate the Practitioner Special Services Prior Approval - Request/Authorization form (MSA-6544-B) into the prior authorization process for special practitioner services. Comments are due to MDHHS by May 2, 2016.

A proposed policy (1605-Ambulance) has been issued that would condense language related to ambulance prior authorization requests for both in-state and out-of-state transports in the Medicaid Provider Manual. Comments are due to MDHHS by May 2, 2016.

MDHHS has also released five L-letter of potential interest, which is available for review on the same website.

- **L 16-02** was released on March 1, 2016 to Nursing Facilities as clarification of the process involved with submission of the Facility Admission Form for Medicaid beneficiaries enrolled in the MI Health Link demonstration program. It serves as a reminder that MI Health Link enrollees are not disenrolled from the health plan upon admission to a nursing facility.

- **L 16-12** was released on March 3, 2016 as a reminder to Nursing Facilities about how long term care insurance and monies received from a beneficiary are to be reported on Medicaid claim forms.

- **L 16-17** was released on March 17, 2016 as a notice of the department’s intent to submit a State Plan Amendment related to increasing Medicaid beneficiary point of service copayment amounts. The increased amounts will only apply to Healthy Michigan Plan beneficiaries with income above 100 percent of the federal poverty level. The letter specifies the service-specific copayment amounts proposed.

- **L 16-15** was released on March 24, 2016 to provide direction to Hospice providers on certain issues associated with submitting claims for services.

For additional 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.