

HEALTH MANAGEMENT ASSOCIATES

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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As reported in the January/February edition of *The Michigan Update*, the Michigan Department of Health and Human Services (MDHHS) experienced some computer system issues associated with implementation of its new Modernizing Continuum of Care project that precluded timely release of the Medicaid managed care enrollment reports for both January and February 2018. Reports for both months, as well as March 2018, have since been released and the enrollment numbers are provided in the table below. The enrollment numbers for December 2017 are provided as well, for comparison purposes.

Medicaid and Healthy Michigan Plan Managed Care Enrollment Snapshot

	December 2017	January 2018	February 2018	March 2018
All Medicaid Beneficiaries Enrolled	1,778,889	1,782,637	1,751,784	1,713,029
• Total HMP Enrollees	536,963	540,487	530,172	521,349
• Total CSHCS/Medicaid Enrollees	20,060	20,483	19,987	19,092
• Total Medicare/Medicaid Enrollees (Duals)	39,125	39,675	39,163	37,779
• Total MIChild Enrollees	35,416	35,382	33,049	32,016

As noted in the above table, there were **1,713,029 Medicaid beneficiaries enrolled** in the 11 Medicaid Health Plans (HMOs) **as of March 1, 2018**. While there was an increase in enrollment between December 2017 and January 2018, MDHHS has indicated that the decreases since are largely associated with improved verification of third-party insurance coverage. Medicaid beneficiaries with commercial insurance coverage through a health maintenance organization are not eligible for enrollment in Medicaid managed care.

As the enrollment reports for January ([pdf](#), [xls](#)), February ([pdf](#), [xls](#)), and March 2018 ([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 each of the three months were Meridian Health Plan of Michigan with about 28 percent of the total, Molina Healthcare of Michigan with about 20 percent, and UnitedHealthcare Community Plan with about 14 percent of the total.

CSHCS/Medicaid

The 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 **19,092 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs as of March 1, 2018**. As the table above reflects, the total enrollment number increased in January but has dropped since. The third-party insurance verification process could have been part of the reason for this.

All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in each of the first three months of 2018 were Meridian Health Plan of Michigan, with about 27 percent of the total each month, Molina Healthcare of Michigan with about 24 percent, and UnitedHealthcare Community Plan with about 14 percent of the total.

Medicare/Medicaid

Aside from Michigan’s Medicare/Medicaid financial alignment demonstration, MI Health Link, there were an additional **37,779 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in Medicaid HMOs as of March 1, 2018** for their acute care Medicaid benefits. All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in each of the first three months of 2018 were Meridian Health Plan of Michigan with about 28 percent of the total each month, Molina Healthcare of Michigan with about 26 percent, and McLaren Health Plan with about 15 percent of the total enrollees.



MiChild

There were **32,016 MiChild beneficiaries enrolled in Medicaid HMOs** as of March 1, 2018. All Medicaid HMOs have MiChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in each of the first three months of 2018 were Meridian Health Plan of Michigan with about 28 percent of the total each month, Molina Healthcare of Michigan with about 17 percent, and UnitedHealthcare Community Plan with about 13 percent of the total enrollees.

For additional information, contact [Eileen Ellis](#), Senior Fellow, or [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 **691,665 as of March 26, 2018**, the last Monday of the month. 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 Fellow, 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.

As with the other managed care reports, systems issues delayed release of MI Health Link enrollment reports for both January and February 2018. Enrollment information from the Michigan Department of Health and Human Services (MDHHS) for these two months, as well as March 2018, appears in the tables below. **To summarize, total MI Health Link enrollment in January was 38,045; the enrollment total in February was 38,571; and the total enrollment as of March 1, 2018 was 38,562.**

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 **January 1, 2018**.

MI Health Link Enrollment	Upper Pen. Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,392	824	2,979	7,195
AmeriHealth Michigan			696	2,493	3,189
HAP Midwest Health Plan			986	3,769	4,755
Meridian Health Plan of MI		5,537			5,537
MI Complete Health / Fidelis			483	1,952	2,435
Molina Healthcare of MI			1,835	8,841	10,676
Upper Peninsula Health Plan	4,258				4,258
Total	4,258	8,929	4,824	20,034	38,045

The table below provides enrollment information by region for each ICO as of **February 1, 2018**.

MI Health Link Enrollment	Upper Pen. Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,454	849	3,097	7,400
AmeriHealth Michigan			693	2,561	3,254
HAP Midwest Health Plan			1,011	3,830	4,841
Meridian Health Plan of MI		5,598			5,598
MI Complete Health / Fidelis			517	2,086	2,603
Molina Healthcare of MI			1,824	8,740	10,564
Upper Peninsula Health Plan	4,311				4,311
Total	4,311	9,052	4,894	20,314	38,571

The table below provides enrollment information by region for each ICO as of **March 1, 2018**.

MI Health Link Enrollment	Upper Pen. Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,460	852	3,121	7,433
AmeriHealth Michigan			704	2,579	3,283
HAP Midwest Health Plan			1,017	3,872	4,889
Meridian Health Plan of MI		5,532			5,532
MI Complete Health / Fidelis			532	2,166	2,698
Molina Healthcare of MI			1,807	8,645	10,452
Upper Peninsula Health Plan	4,275				4,275
Total	4,275	8,992	4,912	20,383	38,562

For each of these three months, Molina Healthcare of Michigan had the most enrollees, both voluntarily and passively enrolled (about 28 percent of the combined total); Aetna Better Health of Michigan had about 19 percent; and Meridian Health Plan of Michigan had almost 15 percent of the total.

At this point, 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. Less than 3 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 these enrollees receive in-home services and supports from the ICOs through the Medicaid State Plan personal care benefit.

While all the plans have enrollees receiving care in nursing facilities, the Upper Peninsula Health Plan had the largest share during each of the three months, about 23 percent of the total enrollees residing in nursing facilities. Aetna Better Health of Michigan ranked second and had about 19 percent each month. In third place, Molina Healthcare of Michigan's percentage of the total started at about 17.5 percent in January, dropped to about 15.8 percent in February, and dropped again in March to about 15.3 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 more than tripled in the last two years. As of March 1, 2018, the voluntary enrollment percentage was 21.5 percent.



MDHHS also reports that more than 58,000 duals eligible for participation in the demonstration have chosen to opt out; this number has been inching up in recent months. 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 March 1, 2018, these **three D-SNPs had a combined enrollment of 16,338 duals** for whom they provide Medicare services.

Almost 67 percent of the duals enrolled in a Michigan D-SNP (10,930 individuals) are enrolled with Molina; 5,097 duals are enrolled with Meridian; and 311 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 more information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.

MI MARKETPLACE OPTION

In the January/February 2018 edition of *The Michigan Update*, we reported that the Michigan Department of Health and Human Services (MDHHS) has begun implementation of the MI Marketplace Option. As previously noted, Healthy Michigan Plan (HMP) enrollees targeted for transition to the MI Marketplace Option are those individuals with income above 100 percent of the federal poverty level who have been enrolled in 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 (HRA).



MDHHS sent notices about this transition to approximately 13,500 HMP enrollees in mid-February. MDHHS indicates that beneficiary letters will be sent monthly as additional individuals are identified for the MI Marketplace Option. Michigan ENROLLS will assist beneficiaries in selection of one of the MI Marketplace Option plans available in their county.

Medicaid Provider Bulletin MSA 18-05 released on March 1st and provider letter L 18-14 released on March 6th provide all Medicaid providers with updated information about the MI Marketplace Option. (These documents are referenced in and accessible through the *Medicaid Policies* article in this newsletter.) Topics include the opportunity for medical exemptions, the transition process, the benefits, and the cost sharing requirements. MDHSS conducted an informational webinar for providers on March 20th. A recorded version of the webinar is available on the MDHSS [website](#).

Under the MI Marketplace Option Incentive Program, beneficiaries will have the opportunity to complete a HRA and receive a 50 percent premium reduction. In addition, individuals that complete the HRA (including the required healthy behaviors) will have the option of returning to the HMP at the start of the next calendar year.

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

SECTION 298 INITIATIVE PILOT SITES

Section 298 of Public Act 107 of 2017 directed the Michigan Department of Health and Human Services (MDHSS) to test the integration of publicly funded physical and behavioral health services through up to three pilot projects plus a separate demonstration in Kent county. In the January/February 2018 edition of *The Michigan Update* we reported that a Request for Information (RFI) had been posted to the State of Michigan procurement website to select the pilot sites for the Section 298 Initiative. Only Community Mental Health Service Programs (CMHSPs) were eligible to respond to the RFI.

On March 9, 2018, MDHSS issued a [press release](#) announcing their selection of the three pilots: Genesee Health System, Saginaw County Community Mental Health, and a joint pilot with Muskegon County Community Mental Health and West Michigan Community Mental Health. The contracts for implementation of the pilots will be between MDHSS and the Medicaid Health Plans (HMOs) operating in the pilot regions, with the implication that the HMOs will receive both the physical and behavioral health services capitation amounts for their members in the pilot regions. The press release indicates the structure of the pilots has not yet been finalized and will be developed in partnership with the pilot CMHSPs and HMOs. Implementation by October 1, 2018 is expected.

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



MYHEALTHPORTAL AND MYHEALTHBUTTON

On March 26, 2018, the Michigan Department of Health and Human Services issued a [press release](#) to announce that Medicaid beneficiaries may now access their immunization records both online and via a mobile app. myHealthPortal is an online application that can be used from any device with Internet access. myHealthButton is a mobile application that can be used from a smartphone. The release includes a link to additional information, including a frequently asked questions (FAQ) page.

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

PATH RFP

On March 27, 2018, the Michigan Department of Health and Human Services issued a [press release](#) to announce a Request for Proposals to provide services to homeless individuals under the Projects for Assistance in Transition from Homelessness (PATH) initiative. The PATH initiative is focused on eliminating homelessness for individuals with serious mental illness or co-occurring serious mental illness and substance use disorder. Grants starting at \$100,000 will be awarded, and eligible applicants include non-profit organizations and local public entities in Michigan's Prosperity Regions 4 through 10 (the lower two-thirds of the Lower Peninsula). Grant applications are due by April 24, 2018, and a link to additional information is included in the press release.

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

HIV CARE COORDINATION SERVICES GRANTS

On March 29, 2018, the Michigan Department of Health and Human Services issued a [press release](#) to announce a Request for Proposals for HIV Care Coordination services. Eligible applicants include government and educational organizations, medical clinics, and non-profit organizations that provide comprehensive care services to populations at risk of HIV and AIDS.

Grants starting at \$300,000 will be available to qualified organizations for services provided during state fiscal year 2018-2019. Grant applications are due by May 10, 2018. Additional information and a link to the grant application website is included in the press release.

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



MICHIGAN TOBACCO QUITLINE

On March 29, 2018, the Michigan Department of Health and Human Services issued a [press release](#) to announce that its telephone coaching and nicotine replacement therapy program will be open to all Michigan residents through May 31, 2018. During this period, the Quitline will offer a free, two-week supply of nicotine gum, patches, or lozenges for all new enrollees who want to quit smoking or chewing tobacco. The Quitline telephone number is 800-QUIT-NOW (800-784-8669). Additional information is included in the press release.

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

HEALTH ENDOWMENT FUND COMMITS \$10 MILLION

On March 28, 2018, the Michigan Health Endowment Fund [announced](#) that more than 50 organizations across the state will receive part of \$10 million in grant awards as part of two programs: Nutrition & Healthy Lifestyles, which focuses on projects that benefit children, and Community Health Impact, which supports local solutions to health challenges. Some of the grants are new awards while others are renewals to continue initiatives already begun. A complete list of the grant awards appears in the announcement.

The Health Endowment Fund was created through passage of Public Act 4 of 2013, that authorized certain changes in how Blue Cross Blue Shield of Michigan (BCBSM) operates. The law required BCBSM to contribute up to \$1.56 billion over 18 years to a Health Endowment Fund with a mission to improve the health of Michigan residents. This mission places special emphasis on improving the health and wellness of children and seniors while reducing the cost of care.

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





RECENT PUBLICATIONS FROM CHRT

The Center for Healthcare Research & Transformation (CHRT) at the University of Michigan has recently released two publications that address how Community Health Workers (CHWs) help people struggling with complex health and human service needs.

The first publication, [Revisioning the Care Delivery Team: The Role of CHWs within State Innovation Models](#), highlights the ways states are using State Innovation Model grants to integrate CHWs into value-based health care systems. The second publication, [Advancing the Profession and Sustainability of Community Health Workers](#), enumerates the challenges state and health systems will need to overcome as they seek to develop a sustainable revenue stream for advancing the CHW profession and to amplify its impact.

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

ECONOMIC IMPACT OF HEALTHCARE IN MICHIGAN

On March 28, 2018, the Partnership for Michigan's Health released a report indicating that health care is the largest private employer in the state. In its 13th edition, the report, [Economic Impact of Healthcare in Michigan](#), notes that in 2016 the health care sector provided more than 603,000 direct jobs, almost 460,000 indirect jobs, and \$58 billion in wages and benefits. The report provides a breakdown of economic effects by county, region, and US House district. The Partnership's members include the Michigan Health & Hospital Association, the Michigan State Medical Society, and the Michigan Osteopathic Association. Through the Partnership, these organizations work on health care issues of common interest affecting patient safety, access to care, and more.

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 four final policies and three proposed policies that merit mention. They are available for review on the department's [website](#).

- **MSA 18-04** provides **Bridges Eligibility Manual Holders** with specific directions for processing the **Initial Asset Assessment** for potential participants in the Program of All-Inclusive Care for the Elderly (PACE). Its purpose is to ensure comparable treatment of all applicants across the state as PACE expands.
- **MSA 18-05** provides information for **All Providers** about the new **MI Marketplace Option benefit plan** and provides **Healthy Michigan Plan program updates**.
- **MSA 18-06** informs **All Providers** of **Quarterly Updates** to the **Medicaid Provider Manual**. The policy also notifies providers of a **format change** for the Outpatient Prospective Payment System (**OPPS**) **Wrap Around Code List**.



- **MSA 18-07** advises **All Providers** that **implementation dates for denying claims for non-enrolled providers have been extended**. New enforcement dates will be announced in the future.
- A proposed policy (**1802-NEMT**) has been issued that would clarify Medicaid **fee-for-service policies associated with non-emergency medical transportation**. Comments are due to MDHHS by April 6, 2018.
- A proposed policy (**1804-Lab**) has been issued that would **update Medicaid laboratory reimbursement rates** in response to the Protecting Access to Medicare Act of 2014. Comments are due to MDHHS by April 26, 2018.
- A proposed policy (**1805-Hospital**) has been issued that would establish a **hospital 340B final settlement adjustment process** to uniformly quantify hospital outpatient drug costs. Comments are due to MDHHS by May 4, 2018.

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

- **L 18-14** was released on March 6, 2018 to inform providers about implementation of the **Healthy Michigan Plan 1115 Demonstration Waiver Amendment related to the MI Marketplace Option**.
- **L 18-16** was released on March 27, 2018 to provide **contract bill-back information to School Based Services Providers** for fiscal year 2017-2018 related to the statewide Michigan Random Moment Time Study and claim calculation process.
- **L 18-17** was released on March 28, 2018 to notify providers about **covered services** offered through the Michigan Medicaid program, **including screenings and vaccinations**, that are important to **prevent Hepatitis A virus infections**.
- **L 18-18** was released on March 28, 2018 as a notice to Tribal Chairs and Health Directors of the department's **intent to submit renewal applications for the Section 1915(b) and Section 1915(c) MI Choice Waiver and to submit a Section 1915(i) State Plan Amendment for nursing facility transition services**. The letter identifies proposed changes that will be included in the submissions.

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



HMA HEALTH MANAGEMENT ASSOCIATES

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