

HEALTH MANAGEMENT ASSOCIATES

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## MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of December 1, 2022, there were **2,279,426 Medicaid beneficiaries, including 796,373 Healthy Michigan Plan (HMP) beneficiaries**, enrolled in the nine Michigan Medicaid Health Plans (HMOs). As the table below shows, this is an overall **increase of 4,704** since November 1, 2022. The number of HMP beneficiaries enrolled in HMOs **increased by 1,916** and the number of non-HMP beneficiaries **increased by 2,788**. As the table below illustrates, while **managed care enrollment growth has slowed, it continues to grow and is 92,756 higher in December 2022 than in December 2021**.

The count of HMP beneficiaries enrolled in the nine Michigan Medicaid Health Plans (HMOs) in December 2022 is **34,372** more than in December 2021. The count of non-HMP enrollees has also increased during the same period.

During the COVID-19 pandemic, this increase was attributable to both the economic impact of the pandemic and federally incentivized pause in annual eligibility determinations. Michigan is currently refining plans for re-initiating the determinations when the public health emergency ends. It is uncertain how swiftly the impact on enrollment will be felt. It is also uncertain how potential changes in the economy will continue to impact enrollment.

	Dec 2021	Feb 2022	Apr 2022	June 2022	Aug 2022	Nov 2022	Dec 2022
All Medicaid Beneficiaries Enrolled	<b>2,186,670</b>	<b>2,194,871</b>	<b>2,218,585</b>	<b>2,236,945</b>	<b>2,251,780</b>	<b>2,274,722</b>	<b>2,279,426</b>
• Total HMP Enrollees	762,001	765,926	776,376	782,396	786,388	794,457	796,373
• Total CSHCS/Medicaid Enrollees	26,233	26,567	26,775	27,299	27,733	27,712	27,804
• Total Medicare/Medicaid Enrollees (Duals)	48,638	47,148	47,178	47,229	47,494	47,651	47,402
• Total MICHild Enrollees	36,103	35,592	35,967	35,971	35,961	36,007	36,112

The number of beneficiaries identified as mandatory managed care enrollees but not yet enrolled in a Medicaid HMO has varied dramatically over the last few years, from a low of 45,305 in July 2018 to a high of 149,746 in May 2020. **In December 2022 the number of mandatory but not yet enrolled beneficiaries was 49,276 up from 47,910 in November 2022.**

As the enrollment reports for December ([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. 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 these counties, Upper Peninsula Health Plan.

The plans with the highest total enrollment in December 2022 were Meridian Health Plan of Michigan with about 24 percent of the total, Molina Healthcare of Michigan with about 18 percent, Blue Cross Complete of Michigan with about 15 percent of the total number of enrollees, and UnitedHealthcare Community Plan with about 13 percent.

#### *Healthy Michigan Plan (HMP)*

The **total count of HMP enrollees in the Medicaid HMOs in December 2022 was 796,373** an increase of **1,916** over the count for November 2022. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in December 2022 were Meridian Health Plan of Michigan with about 23 percent of the total, Blue Cross Complete with about 18 percent, and Molina Healthcare of Michigan with about 15 percent of the total number of enrollees.

#### *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 **27,804 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs in December 2022**, an increase of **92** since November 2022. All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in December 2022 were Molina Healthcare of Michigan with about 20 percent, Meridian Health Plan of Michigan with about 19 percent and Blue Cross Complete with about 16 percent of the total number of enrollees.

#### *MICchild*

There were **36,112 MICchild beneficiaries enrolled in the Medicaid HMOs in December 2022**, an increase of 105 since November 2022. All Medicaid HMOs have MICchild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in December were Meridian Health Plan of Michigan with about 25 percent of the total, and Priority and Molina Healthcare of Michigan both with about 15 percent of the total number of enrollees.

#### *Medicare/Medicaid*

Aside from Michigan’s Medicare/Medicaid financial alignment demonstration, MI Health Link, there were an additional **47,402 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in December 2022 in Medicaid HMOs** for their acute care Medicaid benefits. The number of enrolled duals **decreased by 249** between November 2022 and December 2022. All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in December 2022 were

Meridian Health Plan of Michigan with about 26 percent of the total, Molina Healthcare of Michigan with about 21 percent, and UnitedHealthCare Community Plan with about 17 percent of the total number of enrollees.

## MI HEALTH LINK

In previous editions of *The Michigan Update* we have written about Michigan's implementation of an integrated healthcare delivery system demonstration for adults dually eligible for Medicare and Medicaid (duals). The demonstration, called MI Health Link, 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 County and Wayne County are two single-county regions. Medicaid and Medicare physical healthcare services (including long-term services and supports) are provided by HMOs that have contracts as Integrated Care Organizations (ICOs) to serve the duals.

The number of MI Health Link enrollees continues to fluctuate, with increases in some months and decreases in others. The Michigan Department of Health and Human Services (MDHHS) reports that **in December 2022, the MI Health Link enrollment total was 44,573** a decrease of **615** enrollees since November 2022.

The tables below illustrate MI Health Link enrollment by month from 2020 to the most current data. Enrollment fluctuations are clear. The lowest count on the tables was in January 2020 when there were 36,647 enrollees; November 2022 saw the highest enrollment with 45,188 enrollees.

Jan. 2020	Feb. 2020	March 2020	April 2020	May 2020	June 2020
36,647	37,575	37,006	36,864	37,675	37,898
July 2020	August 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020
38,473	39,206	39,055	39,269	39,889	39,799

Jan. 2021	Feb. 2021	March 2021	April 2021	May 2021	June 2021
39,250	39,374	39,150	39,934	39,958	40,015
July 2021	Aug. 2021	Sept. 2021	Oct. 2021	Nov. 2021	Dec. 2021
40,260	40,294	41,941	41,317	41,512	41,250

Jan. 2022	Feb. 2022	March 2022	April 2022	May 2022	June 2022
39,362	38,905	38,588	40,481	40,453	40,350
July 2022	Aug. 2022	Sept. 2022	Oct. 2022	Nov 2022	Dec. 2022
40,306	42,622	43,113	44,694	45,188	44,573

There are six ICOs serving one or more of the demonstration regions. The table below provides enrollment information by region for each ICO for **December 2022**

<b>MI Health Link Enrollment</b>	<b>Upper Peninsula Region</b>	<b>SW MI Region</b>	<b>Macomb Region</b>	<b>Wayne Region</b>	<b>Total</b>
Aetna Better Health of MI		3,522	1,530	4,406	<b>9,458</b>
AmeriHealth Michigan			793	2,515	<b>3,308</b>
HAP Empowered Health Plan			1,141	3,640	<b>4,781</b>
Meridian Health Plan of MI		5,289	909	3,052	<b>9,250</b>
Molina Healthcare of MI			2,378	10,661	<b>13,039</b>
Upper Peninsula Health Plan	4737				<b>4,737</b>
<b>Total</b>	<b>4,737</b>	<b>8,811</b>	<b>6,751</b>	<b>24,274</b>	<b>44,573</b>

The plans with the highest enrollment in December 2022 were Molina Healthcare of Michigan with about 29 percent of the total, Aetna Better Health of Michigan with slightly over 21 percent, and Meridian Health Plan of Michigan with slightly under 21 percent of the total number of enrollees.

During December 2022, about 95 percent of the MI Health Link enrollees were living in a community setting, and the remaining 5 percent of enrollees resided in a facility. About 6 percent of the total enrollees living in a community setting were receiving home and community-based long-term services and supports through the MI Health Link program waiver; however, a significant number of the other enrollees living in a community setting received in-home services and supports from the ICOs through the Medicaid State Plan personal care benefit called Home Help.

Most MI Health Link enrollees are passively enrolled; they are auto assigned to a health plan based on their eligibility but can opt out of the demonstration at any time. Beneficiaries may also voluntarily enroll in the demonstration; and during December 2022, about 25 percent of the demonstration's participants were voluntarily enrolled.

MDHHS also reports 55,741 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, or re-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.



## MICHIGAN MEDICARE ADVANTAGE PLANS

There are multiple types of Medicare Advantage Special Needs Plans (SNPs). Some plans focus on Medicare beneficiaries with certain chronic medical conditions; these are called C-SNPs. Other plans focus on Medicare beneficiaries residing in institutions; these are I-SNPs. Plans that focus on Medicare beneficiaries dually eligible for Medicaid (duals) are called D-SNPs. All three types of plans provide Medicare benefits, and all are available in Michigan.

Meridian Health Plan of Michigan continues to offer a C-SNP focused on Medicare beneficiaries with diabetes and had 84 Medicare enrollees in December 2022. Align Senior Care Michigan is offering a C-SNP focused on beneficiaries with dementia and had 20 enrollees in December 2022. Zing Health of Michigan is offering a C-SNP focused on beneficiaries with Cardiovascular Disorders, Chronic Heart Failure, and/or Diabetes and had 99 enrollees in December 2022. Align is also offering an I-SNP and had 327 enrollees in December 2022. Longevity Health Plan of Michigan is offering an I-SNP and had 622 enrollees in December 2022.

Several of the Medicaid HMOs in Michigan are also federally contracted as D-SNPs and some of their parent organizations are also offering D-SNPs in the state. According to federal reports, Blue Cross Complete and Upper Peninsula Health Plan are the only Medicaid-contracted health plans that do not offer a D-SNP product either directly or through a parent organization. Collectively, **the Medicaid health plans, and their parent organizations had a combined enrollment of 69,614 duals for whom they provided Medicare services in December 2022.**

About 40 percent of the duals enrolled in a Michigan D-SNP (24,913 individuals) in December 2022 were enrolled with UnitedHealthcare Community Plan; about 23 percent (14,445 individuals) were enrolled with Molina; about 22 percent (13,507 individuals) were enrolled in products through Meridian or its parent company, Centene; about 15 percent (9,645 individuals) were enrolled with Priority Health Choice; 9 percent (6,240 individuals) were enrolled with Aetna Health Plan of Michigan (the parent organization of Medicaid-contracted Aetna Better Health of Michigan); and 638 individuals (.9 percent of the total) were enrolled with Health Alliance Plan (HAP) of Michigan, the parent organization of Medicaid-contracted HAP Empowered Health Plan. McLaren Health Plan also has an approved D-SNP for 2022 and has 226 enrollees in December 2022. None of these duals are participating in the MI Health Link demonstration, but some may also be enrolled in the affiliated Medicaid HMOs to receive their Medicaid services.

In addition to these health plans, Humana Medical/Dental Plan and Humana Medical Plan of Michigan, as well as Reliance HMO, Inc. are also offering D-SNPs in Michigan. Humana's D-SNP products have a total enrollment of 28,836 enrollees in December 2022 and Reliance is serving 206 individuals. These enrollment totals are not counted in the statistics because they are not Medicaid-contracted health plans.



Not all duals enrolled in the 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.

## HEALTHY MICHIGAN PLAN ENROLLMENT

The Michigan Department of Health and Human Services (MDHHS) reports enrollment counts for the Healthy Michigan Plan (HMP), its Medicaid expansion program for low-income non-elderly adults who do not meet eligibility criteria for traditional program coverage, at the beginning of each week on its [website](#). The enrollment number includes beneficiaries enrolled in health plans and beneficiaries not required to enroll in a health plan. Enrollment stood at **1,051,949 as of December 19, 2022, the last numbers available for 2022. This is an increase of 8,590 since November 28, 2022. The enrollment count for December 19, 2022, is the highest ever for the program.**

## UNWINDING THE PUBLIC HEALTH EMERGENCY

Congressional leaders agreed on funding levels for federal government programs and operations for the remainder of Fiscal Year 2023. This legislation included language to delink the enhanced FMAP and the continuous coverage provisions from the COVID-19 Public Health Emergency declaration. The requirement for continuous coverage ends March 31, 2023, with a quarterly phase down of the enhanced FMAP. The enhance FMAP will end December 31, 2023.

As noted in the last Michigan Update, Medicaid enrollment in Michigan is over 700,000 individuals higher than at the start of the pandemic. Much of this is due to the continuous enrollment provisions of the public health emergency declaration. Over the next few months, states will be finalizing plans to reinstate annual eligibility determinations while working to minimize the impact on the number of uninsured individuals. States have been developing these plans for several months.

For example, California's unwinding of the PHE includes a coordinated and phased approach to conducting outreach, issuing communications, and providing supports to Medi-Cal members using all modalities possible. Phase 1 includes updating Medi-Cal beneficiary contact information. This is seen as fundamental to retaining continuity of coverage. This phase was initiated this past Summer. Phase 2 is anticipated to begin 60 days before termination of the PHE, or termination of the continuous coverage requirement. This phase includes managed care plans conducting additional outreach campaigns to educate beneficiaries on the importance of updating their contact information.

California also shared CMS Guidance offering four strategies for maximizing continuity of coverage:

1. Partnerships to obtain and update beneficiary contact information.
2. Sharing renewal files to conduct outreach and provide support to individuals enrolled in Medi-Cal during their renewal period.



3. Conduct outreach to individuals who have recently lost coverage for procedural reasons.
4. Assist individuals to transition to and enroll in Covered California if ineligible for Medi-Cal.

In Michigan, MDHHS has been working to prepare for this eventuality. Key issues, as with all state, involve ensuring accurate contact information for beneficiaries and educating beneficiaries, providers, and health plans regarding options. Dominick Pallone, Executive Director of MAHP, Laura Appel, Executive Vice President of Government Relations and Public Policy for MHA, Julie Novak, CEO of MSMS and Phillip Bergquist, CEO of MPCA sent a joint letter to MDIFS and MDHHS in response to their request for input. In this letter, the four groups encourage the state to allow Medicaid Health Plans to actively market, offer and passively enroll their no-longer eligible Medicaid customers into one of their individual market plans. The goal of this recommendation is to reduce the number of individuals who become uninsured with the end of the Medicaid continuous enrollment.

On January 6, 2023, CMS released resources for the PHE Unwinding. These can be found here: [Unwinding and Returning to Regular Operations after COVID-19 | Medicaid](#)

## MEDICAID POLICIES

The Michigan Department of Health and Human Services (MDHHS) issued several publications that are available for review on the department's [website](#).

The [website](#) shows nine new final policies issued since our last newsletter:

- [MMP 23-06](#), issued December 29, 2022: Home Health Agency (HHA) and Hospice Update to Attending Provider Field on the Institutional Claim Form
- [MMP 23-05](#), issued December 29, 2022: Children's Special Health Care Services (CSHCS) Limited Refund of Payment Agreement Enrollment Fees
- [MMP 23-04](#), issued December 29, 2022: Outpatient Hospital and Ambulatory Surgical Center Reimbursement Increase
- [MMP 23-03](#), issued December 29, 2022: Home Help Payments on the Date of Hospital Admission
- [MMP 23-01](#), issued December 29, 2022: Updates to Hearing Aid Dispensing Services Package and Rates
- [MMP 22-54](#), issued December 29, 2022: Coverage of Out-of-State Former Foster Care
- [MMP 22-42](#), issued December 29, 2022: Updates to the Coverage of Routine Patient Costs for Items and Services Associated with Participation in a Qualifying Clinical Trial
- [MMP 22-41](#), issued December 29, 2022: Updates to COVID-19 Related Cost-Sharing Exemptions and Practitioner Reimbursement Rates
- [MMP 22-39](#), issued December 29, 2022: PACE Evaluation Criteria



The [website](#) shows two proposed policies for which the public comment period is still open.

- [2254-NF](#): Clarification on Level of Care Determinations During a Change of Ownership for Nursing Facilities
- [2253-Dental](#): New Dental Reimbursement Methodology

MDHHS released one L-Letter of potential interest, which is available on their [website](#).

- [L 22-55](#): Pharmacist Ordering of Self-Administered Hormonal Contraceptives

*For more information, contact [Cammie Cantrell](#).*





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# HMA HEALTH MANAGEMENT ASSOCIATES

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