

HEALTH MANAGEMENT ASSOCIATES

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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of April 1, 2020, there were **1,769,106 Medicaid beneficiaries, including 538,346 Healthy Michigan Plan (HMP) beneficiaries**, enrolled in the 10 Michigan Medicaid Health Plans (HMOs). As the table below shows, this is an overall **increase of 2,327** since March 1, 2020. The number of HMP beneficiaries enrolled in HMOs decreased by 2,589 but this was offset by an increase of 4,916 new non-HMP enrollees.

	Jan. 2019	April 2019	July 2019	Oct. 2019	Jan. 2020	Feb. 2020	March 2020	April 2020
All Medicaid Beneficiaries Enrolled	1,751,429	1,755,243	1,725,780	1,734,266	1,746,449	1,753,850	1,766,779	1,769,106
• Total HMP Enrollees	526,431	535,535	519,784	523,823	530,415	535,525	540,935	538,346
• Total CSHCS/Medicaid Enrollees	22,020	22,547	22,953	23,947	23,863	23,929	24,292	24,213
• Total Medicare/Medicaid Enrollees (Duals)	39,261	38,645	39,034	39,092	39,107	39,199	39,293	38,934
• Total MICHild Enrollees	36,448	36,074	36,866	38,744	39,933	38,716	38,909	38,549

The number of beneficiaries identified as mandatory managed care enrollees but not yet enrolled in a Medicaid HMO has varied dramatically over the last two years, from a low of 45,305 in July 2018 to a high of 111,082 in January 2019. In April 2020, the number of mandatory but not yet enrolled beneficiaries was 96,460. This is an increase of 19,158 since March.

As the enrollment reports for April ([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.

We reported some time ago that Henry Ford Health System’s Health Alliance Plan (HAP) purchased Trusted Health Plan. The managed care reports now combine enrollment totals for Trusted Health Plan with HAP Empowered Health Plan (formerly called HAP Midwest Health Plan). This combined health plan now serves 10 counties.





The plans with the highest total enrollment in April were Meridian Health Plan of Michigan with almost 28 percent of the total, Molina Healthcare of Michigan with almost 19 percent, and UnitedHealthcare Community Plan with more than 14 percent of the total number of enrollees.

Healthy Michigan Plan (HMP)

There were 538,346 HMP beneficiaries enrolled as of April 1, 2020 in the Medicaid HMOs. This is a **decrease of 2,589 since March 1, 2020.**

All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in April were Meridian Health Plan of Michigan with almost 27 percent of the total, Blue Cross Complete with more than 16 percent, and Molina Healthcare of Michigan with almost 16 percent of the total enrollees.

CSHCS/Medicaid

The Michigan Department of Health and Human Services 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 **24,213 joint CSHCS/Medicaid beneficiaries enrolled as of April 1, 2020** in the Medicaid HMOs, **a decrease of 79 since March 1, 2020.**

All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in April were Meridian Health Plan of Michigan with almost 23 percent of the total, Molina Healthcare of Michigan with more than 21 percent, and Blue Cross Complete with almost 15 percent of the total enrollees.

MiChild

There were **38,549 MiChild beneficiaries enrolled as of April 1, 2020** in Medicaid HMOs. As the table above reflects, the number of enrolled MiChild beneficiaries **decreased by 360 between March 1, 2020 and April 1, 2020.**

All Medicaid HMOs have MiChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in April were Meridian Health Plan of Michigan with more than 28 percent of the total, Molina Healthcare of Michigan with almost 16 percent, and UnitedHealthcare Community Plan with more than 13 percent of the total enrollees.



Medicare/Medicaid

Aside from Michigan's Medicare/Medicaid financial alignment demonstration, MI Health Link, there were an additional **38,934 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled as of April 1, 2020** in Medicaid HMOs for their acute care Medicaid benefits. As the table above reflects, the number of enrolled duals **decreased by 359 between March 1, 2020 and April 1, 2020.**

All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in April were Meridian Health Plan of Michigan with more than 30 percent of the total, Molina Healthcare of Michigan with almost 23 percent, and McLaren Health Plan with more than 14 percent of the total enrollees.

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

MI HEALTH LINK

In previous editions of *The Michigan Update* we have written about Michigan's implementation of an integrated 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 **as of April 1, 2020, the MI Health Link enrollment total was 36,864, a decrease of 142 enrollees since March 1, 2020.**

The tables below illustrate MI Health Link enrollment by month during 2018 and 2019 and for the first four months of 2020. Enrollment fluctuations are clear. The lowest enrollment count on the tables was in May 2019 when there were 33,095 enrollees; and the highest enrollment count was in May 2018 when there were 39,021 enrollees.

Jan. 2018	Feb. 2018	March 2018	April 2018	May 2018	June 2018
38,045	38,571	38,562	37,798	39,021	38,327
July 2018	August 2018	Sept. 2018	Oct. 2018	Nov. 2018	Dec. 2018
37,518	37,103	36,394	35,651	34,827	34,655

Jan. 2019	Feb. 2019	March 2019	April 2019	May 2019	June 2019
34,367	34,444	33,672	33,145	33,095	35,612
July 2019	August 2019	Sept. 2019	Oct. 2019	Nov. 2019	Dec. 2019
34,771	36,621	37,295	37,018	37,377	37,321

Jan. 2020	Feb. 2020	March 2020	April 2020
36,647	37,575	37,006	36,864

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 **April 1, 2020**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,161	906	3,197	7,264
AmeriHealth Michigan			616	2,083	2,699
HAP Empowered Health Plan			953	3,445	4,398
Meridian Health Plan of MI		4,563			4,563
MI Complete Health			576	2,077	2,653
Molina Healthcare of MI			1,957	9,333	11,290
Upper Peninsula Health Plan	3,997				3,997
Total	3,997	7,724	5,008	20,135	36,864

As of April 1, 2020, Molina Healthcare of Michigan had the most enrollees, both voluntarily and passively enrolled (almost 31 percent of the combined total); Aetna Better Health of Michigan came in second with almost 20 percent; and Meridian Health Plan of Michigan had more than 12 percent of the total enrollees.



At present, more than 94 percent of the MI Health Link enrollees are living in a community setting, and the remaining 5 percent of enrollees live in a nursing facility. More than 5 percent of the total enrollees living in a community setting are receiving home and community-based long-term services and supports through the MI Health Link program waiver; however, a significant number of the other enrollees living in a community setting receive in-home services and supports from the ICOs through the Medicaid State Plan personal care benefit called Home Help.

While all plans have enrollees receiving care in nursing facilities, Aetna Better Health of Michigan had the largest share during April 2020; almost 21 percent of the total enrollees residing in nursing facilities were part of Aetna. Upper Peninsula Health Plan had the second highest share of enrollees with almost 19 percent; and Molina Healthcare of Michigan came in third, with almost 18 percent of total enrollees residing in nursing facilities.

The majority of MI Health Link enrollees are passively enrolled and can opt out of the demonstration at any time. Beneficiaries may also voluntarily enroll in the demonstration, and as of April 1, 2020, the voluntary enrollment percentage was 19.4.

MDHHS also reports that almost 61,000 duals eligible for participation in the demonstration have chosen to opt out. These individuals receive their Medicaid benefits on a fee-for-service basis but retain the option to voluntarily enroll, 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.

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

MICHIGAN MEDICARE ADVANTAGE PLANS

January marked a new year for 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 this is the first year they are all available in Michigan.

Meridian Health Plan of Michigan is offering a C-SNP focused on Medicare beneficiaries with diabetes and had 45 enrollees in April. Align Senior Care Michigan is offering a C-SNP focused on beneficiaries with diabetes or with cardiac issues and had 15 enrollees in April. Align is also offering an I-SNP and had 174 enrollees in April.



Four of the 10 Medicaid HMOs in Michigan are also federally contracted as D-SNPs: Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Priority Health Choice, and UnitedHealthcare Community Plan. As of April 1, 2020, these four D-SNPs had a combined enrollment of 29,526 duals for whom they provide Medicare services.

Almost 44 percent of the duals enrolled in a Michigan D-SNP (12,942 individuals) in April 2020 were enrolled with Molina; more than 34 percent (10,089 individuals) were enrolled with Meridian; more than 7 percent (2,107 individuals) were enrolled with Priority, and almost 15 percent (4,388 individuals) were enrolled with UnitedHealthcare. None of these duals are participating in the MI Health Link demonstration, but some may also be enrolled in these same plans to receive their Medicaid services. In addition to these four health plans, two additional D-SNPs serve Michigan – Humana Medical/Dental Plan and Health Alliance Plan (HAP) of Michigan. Humana had 6,853 enrollees as of April 1, 2020 and HAP had 99 enrollees. HAP is the parent organization for HAP Empowered Health Plan, which is both a Medicaid HMO and one of the ICOs participating in MI Health Link.

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.

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

HEALTHY MICHIGAN PLAN ENROLLMENT

The Michigan Department of Health and Human Services 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](#). Enrollment stood at **699,183 as of April 27, 2020**, the last counting day of the month. This is an **increase of 17,418 since March 30, 2020**, the last counting day in March. **The enrollment count for April 27, 2020 is the highest ever enrollment count for the program.**

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



2020 KIDS COUNT DATA BOOK

The *2020 Kids Count in Michigan Data Book* was [released](#) April 29, 2020 by the Michigan League for Public Policy. For more than a quarter century, the Kids Count effort has evaluated the well-being of children in Michigan, looking at 16 key indicators across four domains: economic security, health and safety, family and community, and education. The report provides data for the state as a whole and for all 83 counties as well as profiles for five regions and the cities of Flint and Detroit. While the most recent data available on child well-being in Michigan does not incorporate the impact of the coronavirus pandemic, it shows where kids were at before this health and economic crisis, and where the biggest needs will be following it.

The percentage of Michigan children age 0-17 living in poverty improved from 23.4 percent in 2010 to 19.3 percent in 2018. This still means that nearly 1 in 5 Michigan children live in poverty.

For the 2018-2019 school year, half of all Michigan kids (730,891) received free or reduced-price lunches. For the same year, 162,111 Michigan kids age 0-18 (nearly a quarter of the total) received food assistance benefits. Young kids (those 0-5) are most at risk of not having enough food or nutritionally adequate foods, jeopardizing vital brain and body development.

Health care continues to be a bright spot for Michigan kids, with 97 percent having health coverage in 2017. Michigan's improved health care coverage for kids is due in large part to the Affordable Care Act and the Healthy Michigan Plan, the state's Medicaid expansion program providing health care benefits for non-elderly adults with income below 138 percent of the federal poverty level.

Child abuse and neglect continue to be a concern in the state, with children in investigated families increasing by 71.8 percent (with 81 counties seeing an increase) and confirmed victims of child abuse and neglect increasing 33.7 percent over the last decade. In addition to the increase in children in investigated families, 64 counties saw an increase in confirmed victims of child abuse and neglect, and 51 counties saw an increase in children in out-of-home care since 2010.

In looking at county trends in the data, 80 counties saw a decrease in child poverty, 79 counties saw a decrease in teen births, and 55 counties saw a decrease in young adult poverty since 2010. The profiles also show that 57 counties saw an increase in high school graduation rates over the trend period, and 68 counties saw a decrease in students scoring proficient in Grade 3 English Language Arts on the M-STEP.

Readers who regularly review the Kids Count in Michigan data will note some changes in how it is presented this year. The 2020 profiles are in an easily accessible online tool that provides the same data usually covered in the data book. The Kids Count Project has also moved away from ranking counties in each child well-being indicator and in overall child well-being, instead promoting trends within each county to focus on areas of improvement and areas of need.

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



MICHIGAN CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS TO RECEIVE \$54 MILLION

On April 28, 2020, U.S. Senator Debbie Stabenow [announced](#) that 18 Michigan community mental health organizations have been selected as Certified Community Behavioral Health Clinics and will share \$54,452,014 in new funding. The announcement includes a list of the 18 clinics as well as the funding allocations to each of them; some of the clinics are receiving funds for one year and others are receiving funds for two years.

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

COVID-19 AND BEHAVIORAL HEALTH

On April 20, 2020, the Michigan Department of Health and Human Services (MDHHS) [announced](#) its receipt of two federal grants to strengthen behavioral health services during the COVID-19 crisis.

The first grant, from the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services, will provide \$2 million that will be shared with five Community Mental Health Services Programs (CMHSPs) identified as having the greatest need relative to the COVID-19 crisis. The CMHSPs are Au Sable Valley Community Mental Health Authority, Detroit Wayne Integrated Health Network, Genesee Health System, HealthWest, and Saginaw County Community Mental Health Authority. This funding will allow the CMHSPs to hire and train needed staff, provide mental health screening, expand telehealth services, and create other needed programs related to COVID-19.

The second grant, from the Federal Emergency Management Agency in partnership with SAMHSA, will provide MDHHS' Behavioral Health and Developmental Disabilities Administration (BHDDA) with \$372,000 to roll out a short-term emergency program related to crisis counseling. Funding from this Crisis Counseling Assistance and Training Program grant is to be used within 60 days; however, BHDDA plans to pursue a secondary grant that, if awarded, would extend the program for an additional nine months.

Additional details about each grant are included in the MDHHS release.

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

COVID-19 AND LONG-TERM CARE FACILITIES

On April 20, 2020, the Michigan Department of Health and Human Services (MDHHS) [announced](#) a new strategy, aligned with the goals of Governor Gretchen Whitmer's Executive Order 2020-50, to combat the impact of COVID-19 in long-term care settings and to ensure that both residents and employees are protected. The strategy:

1. Mandates enhanced reporting requirements for all long-term care settings
2. Activates a COVID-19 Infection Prevention Resource and Assessment Team
3. Establishes MDHHS-designated COVID-19 Regional Hubs



Additional information about this strategy, as well as links to the Executive Order and to an Emergency Order issued by MDHHS are included in the department's announcement.

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

COVID-19 AND MEDICAID HOME AND COMMUNITY-BASED CARE PROGRAMS

On April 21, 2020, the Michigan Department of Health and Human Services (MDHHS) [announced](#) that the department had submitted a request to the federal Centers for Medicare & Medicaid Services (CMS) to allow temporary changes to its several home and community-based services waiver programs during the coronavirus pandemic. The requested changes include but are not limited to increasing payment rates for direct care workers, expanding home-delivered meal services, expanding use of telehealth services, the ability to purchase items and equipment necessary for social distancing and personal protection, and relaxing some provider training requirements to assured continued access. Additional detail is included in the announcement. As of the date this newsletter was released, CMS had not yet responded to the request.

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

MEDICAID POLICIES

The Michigan Department of Health and Human Services (MDHHS) issued nine final policies in April that merit mention; each of the final policies was released simultaneously for public comment. They are available for review on the department's [website](#).

- **MSA 20-07** was issued on April 1, 2020 to announce an **increase in reimbursement rates** effective February 1, 2020 for **physician neonatal and pediatric critical care and intensive care services** as required in Public Act 154 of 2019, the MDHHS fiscal year 2019-2020 appropriation measure. Implementation is **contingent upon federal approval** of a State Plan Amendment. The bulletin was **released simultaneously for public comment** (2002-Practitioner), and comments are due to MDHHS by May 5, 2020.
- **MSA 20-08** was issued on April 1, 2020 to announce an **increase in reimbursement rates** effective February 1, 2020 for two procedure codes associated with **psychiatric diagnostic evaluation**. The rate increase is required by Public Act 154 of 2019, the MDHHS fiscal year 2019-2020 appropriation measure, and implementation is **contingent upon federal approval** of a State Plan Amendment. The bulletin was **released simultaneously for public comment** (2003-Practitioner), and comments are due to MDHHS by May 5, 2020.



- **MSA 20-17** was issued on April 1, 2020 as part of the state's **COVID-19** response to **exempt beneficiaries with a confirmed diagnosis of COVID-19 from co-payments** associated with medically necessary treatment of the illness. This change in policy is for a limited period only. The bulletin **also introduces COVID-19 related diagnosis codes and provides an update to COVID-19 testing procedure codes**. The bulletin was **released simultaneously for public comment (2024-Co-Pay)**, and comments are due to MDHHS by May 5, 2020. Bridges Eligibility and Administrative Manual Holders
- **MSA 20-19** was issued on April 6, 2020 as part of the state's **COVID-19** response to advise Bridges Eligibility and Administrative Manual Holders that the department will **temporarily suspend all Medicaid, MICHild and Healthy Michigan Plan case closures** unless the individual has requested the closure, moved out of state or has died. The bulletin was **released simultaneously for public comment (2026-Eligibility)**, and comments are due to MDHHS by May 11, 2020.
- **MSA 20-27** was issued on April 16, 2020 as part of the state's **COVID-19** response and in compliance with **Executive Order 2020-50** that, in part, establishes **procedures for long-term care facilities to use for transferring or discharging COVID-19-affected residents** to protect the welfare of facility residents and staff. This change in policy is for a limited period only. The bulletin was **released simultaneously for public comment (2032-LTC)**, and comments are due to MDHHS by May 21, 2020.
- **MSA 20-10** was issued on April 28, 2020 to advise **All Providers** as well as Bridges Eligibility and Administrative Manual Holders that **policies related to work requirements for the Healthy Michigan Plan (HMP) described in Bulletin MSA 19-35 are rescinded** as a result of the court order from the U.S. District Court for the District of Columbia in Young et al. v. Azar et al. While several of the policies in Bulletin MSA 19-35 are rescinded, MSA 20-10 clarifies that **policies related to Healthy Behavior Requirements and MI Health Account copayments and fees for HMP beneficiaries remain in effect**. The bulletin was **released simultaneously for public comment (2020-HMP)**, and comments are due to MDHHS by June 2, 2020.
- **MSA 20-21** was issued on April 29, 2020 as part of the state's **COVID-19** response to provide Dentists, Clinics, and other providers of dental services with guidance related to the **provision of a limited oral evaluation (Current Dental Terminology code D0140) via telemedicine technology** to protect the health and welfare of beneficiaries and providers while maintaining access to vital services during the COVID-19 pandemic. This is a temporary change in policy. The bulletin was **released simultaneously for public comment (2027-Dental)**, and comments are due to MDHHS by June 3, 2020.
- **MSA 20-23** was issued on April 29, 2020 as part of the state's **COVID-19** response to **temporarily relax certain medical verification and prior authorization requirements associated with the provision of non-emergency medical transportation services**. The bulletin was **released simultaneously for public comment (2028-NEMT)**, and comments are due to MDHHS by June 3, 2020.





- **MSA 20-28** was issued on April 30, 2020 as part of the state’s COVID-19 response to notify **All Providers** of a **temporary suspension of certain provider enrollment requirements and of certain restrictions and requirements of the Michigan Public Health Code** consistent with Executive Order 2020-61. The bulletin was **released simultaneously for public comment (2033-PE)**, and comments are due to MDHHS by June 4, 2020.

MDHHS released four additional proposed policies that merit mention. These policies are available on the department’s website as well.

- A proposed policy (**2012-NEMT**) has been issued that would implement **changes in mileage reimbursement rates for Medicaid fee-for-service providers of non-emergency medical transportation**. Comments are due to MDHHS by May 18, 2020.
- A proposed policy (**2017-Pharmacy**) has been issued that would **discontinue copayment requirements for drug products used to treat Substance Use Disorder, including Tobacco Use Disorder**. Implementation is **contingent upon federal approval** of a State Plan Amendment. Comments are due to MDHHS by May 19, 2020.
- A proposed policy (**2013-HHA**) has been issued that would notify **Medicaid Home Health Agencies** of a **change to Plan of Care requirements**. Comments are due to MDHHS by May 25, 2020.
- A proposed policy (**2015-BHDDA**) has been issued that would **expand and clarify the Medicaid definition for Youth Peer Support Services** provided through **Community Mental Health Services Programs**. Comments are due to MDHHS by May 26, 2020.

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

- **L 20-24** was released April 20, 2020 to **Nursing Facility Providers** as part of the state’s **COVID-19** response. The letter specifies **data reporting requirements** related to available Personal Protective Equipment, information related to COVID-19 cases, and bed availability.
- **L 20-11** was released April 22, 2020 to notify interested parties of **Michigan’s Revised Statewide Transition Plan for Home and Community-Based Services Waiver Programs**.
- **L 20-25** was released April 23, 2020 to **Nursing Facility Providers** as part of the state’s **COVID-19** response. The letter **builds on information provided in L 20-24 and specifies additional data reporting requirements**.
- **L 20-23** was released April 27, 2020 as part of the state’s **COVID-19** response. The letter **expands on information provided in Bulletin MSA 20-12**, issued in March 2020. The letter addresses the **temporary relaxation of face-to-face requirement for assessments, reassessments, and other case management activities involved in Nursing Facility Transition Services**.





- **L 20-18** was released April 30, 2020 as a notice to Tribal Chairs and Health Directors of the department's **intent to submit a State Plan Amendment** to the Centers for Medicare & Medicaid Services **to implement a single Medicaid Preferred Drug List to be used by Medicaid Health Plans as well as Medicaid Fee-For-Service. The anticipated effective date of the Single PDL is October 1, 2020.**

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





HMA HEALTH MANAGEMENT ASSOCIATES

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