

HEALTH MANAGEMENT ASSOCIATES

THE  
**MICHIGAN  
UPDATE**  
2020 

AUGUST



**Table of Contents**

**MEDICAID MANAGED CARE ENROLLMENT ACTIVITY – MAY THROUGH AUGUST ..... 3**

**MI HEALTH LINK ..... 5**

**MICHIGAN MEDICARE ADVANTAGE PLANS ..... 9**

**HEALTHY MICHIGAN PLAN ENROLLMENT ..... 10**

**STATE BUDGET ..... 11**

**COVID-19 PREPAREDNESS TASK FORCE ..... 11**

**BEHAVIORAL HEALTH GRANT ..... 12**

**MEDICAID POLICIES ..... 12**



## MEDICAID MANAGED CARE ENROLLMENT ACTIVITY – MAY THROUGH AUGUST

After several months, the Michigan Department of Health and Human Services (MDHHS) has resolved technical difficulties associated with their managed care enrollment reports and has now released reports for May, June, July and August 2020. This article provides updates for all four months.

As the table below illustrates, **managed care enrollment has grown significantly** over the last several months and is about **207,000 higher in August 2020 than in January 2020**. More than half of the growth can be seen in the Healthy Michigan Plan (HMP) enrollment figures; the count of HMP beneficiaries enrolled in the 10 Michigan Medicaid Health Plans (HMOs) in August 2020 is almost 108,000 higher than in January 2020, and the count of non-HMP enrollees increased by almost 100,000 during the same period. Some of this growth can surely be attributed to the COVID-19 pandemic and the loss of income and health insurance by many in Michigan’s population, but a contributing factor as well was MDHHS’ decision in April to temporarily discontinue annual eligibility redeterminations and case closures.

The total **managed care enrollment count in May 2020 was 1,824,291**, an increase of 55,185 over the count for April 2020. The **enrollment count in June 2020 was 1,880,759**; the **enrollment count in July 2020 was 1,927,140**; and the **enrollment count in August 2020 was 1,953,437**.

As shown in the table below, the enrollment count in August 2020 is more than 230,000 higher than in August 2019.

	Aug. 2019	Jan. 2020	April 2020	May 2020	June 2020	July 2020	Aug. 2020
<b>All Medicaid Beneficiaries Enrolled</b>	<b>1,718,827</b>	<b>1,746,449</b>	<b>1,769,106</b>	<b>1,824,291</b>	<b>1,880,759</b>	<b>1,927,140</b>	<b>1,953,437</b>
• Total HMP Enrollees	516,499	530,415	538,346	555,216	596,382	621,998	637,696
• Total CSHCS/ Medicaid Enrollees	23,371	23,863	24,213	25,711	25,750	25,570	25,233
• Total Medicare/ Medicaid Enrollees (Duals)	38,743	39,107	38,934	40,242	40,724	41,168	41,427
• Total MIChild Enrollees	37,673	39,933	38,549	35,970	35,351	35,663	35,764

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 149,746 in May 2020. This figure has dropped steadily since May, and in August 2020 the number of mandatory but not yet enrolled beneficiaries was 73,080.





As the enrollment reports for May ([pdf](#), [xls](#)), June ([pdf](#), [xls](#)), July ([pdf](#), [xls](#)) and August 2020 ([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 May, June, July and August 2020 were Meridian Health Plan of Michigan with about 27 percent of the total each month, Molina Healthcare of Michigan with about 18 percent each month, and UnitedHealthcare Community Plan with about 14 percent of the total number of enrollees each month.

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

The total **count of HMP enrollees in the Medicaid HMOs in May 2020 was 555,216**, an increase of 16,870 over the count for April 2020. The **enrollment count in June 2020 was 596,382**; the **enrollment count in July 2020 was 621,998**; and the **enrollment count in August 2020 was 637,696**.

All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in May, June, July and August 2020 were Meridian Health Plan of Michigan with about 26 percent of the total each month, Blue Cross Complete with about 17 percent each month, and Molina Healthcare of Michigan with almost 16 percent of the total number of enrollees each month.

#### *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 **25,711 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs in May 2020**, an increase of 1,498 since April 2020. The **enrollment count in June 2020 was 25,750**; the **enrollment count in July 2020 was 25,570**; and the **enrollment count in August 2020 was 25,233**.

All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in May, June, July and August 2020 were Meridian Health Plan of Michigan with about 23 percent of the total each month, Molina Healthcare of Michigan with about 21 percent each month, and Blue Cross Complete with about 15 percent of the total number of enrollees each month.



### *MiChild*

There were **35,970 MiChild beneficiaries enrolled in the Medicaid HMOs in May 2020**, a decrease of 2,579 since April 2020. The **enrollment count in June 2020 was 35,351**; the **enrollment count in July 2020 was 35,663**; and the **enrollment count in August 2020 was 35,764**.

All Medicaid HMOs have MiChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in May, June, July and August 2020 were Meridian Health Plan of Michigan with about 28 percent of the total each month and Molina Healthcare of Michigan with about 15 percent of the total each month. UnitedHealthcare Community Plan had almost 13 percent of the total enrollees during May, June and July. However, Blue Cross Complete had the third highest enrollment in August 2020, also with about 13 percent of the total, when its enrollment count moved ahead of United Healthcare Community Plan by 125 enrollees.

### *Medicare/Medicaid*

Aside from Michigan's Medicare/Medicaid financial alignment demonstration, MI Health Link, there were an additional **40,242 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in May 2020 in Medicaid HMOs** for their acute care Medicaid benefits. As the table above reflects, the number of enrolled duals **increased by 1,308 between April and May 2020**. The **enrollment count in June 2020 was 40,724**; the **enrollment count in July 2020 was 41,168**; and the **enrollment count in August 2020 was 41,427**.

All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in May, June, July and August 2020 were Meridian Health Plan of Michigan with about 30 percent of the total each month, Molina Healthcare of Michigan with about 22 percent of the total each month, and McLaren Health Plan with about 14 percent of the total number of enrollees each month.

For additional information, [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.

After several months, the Michigan Department of Health and Human Services (MDHHS) has resolved technical difficulties associated with their managed care enrollment reports, including the reports for the MI Health Link demonstration, and has released reports for June, July and August 2020 as well as a corrected report for May 2020. This article provides updates for all four months.

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 May 2020, the MI Health Link enrollment total was 37,675, an increase of 811 enrollees since April 2020.** (Please note that MDHHS has released a revised enrollment report for May; the enrollment counts we reported in the May edition of *The Michigan Update* have been changed.) The **enrollment count in June 2020 was 37,898; the enrollment count in July 2020 was 38,473; and the enrollment count in August 2020 was 39,206.**

The tables below illustrate MI Health Link enrollment by month during 2018 and 2019 and for the first eight 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 August 2020 when there were 39,206 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	May 2020	June 2020
36,647	37,575	37,006	36,864	37,675	37,898
July 2020	August 2020				
38,473	39,206				



There are seven ICOs serving one or more of the demonstration regions. The table below provides enrollment information by region for each ICO for **May 2020**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,193	929	3,289	7,411
AmeriHealth Michigan			624	2,114	2,738
HAP Empowered Health Plan			986	3,500	4,486
Meridian Health Plan of MI		4,752			4,752
MI Complete Health			590	2,184	2,774
Molina Healthcare of MI			2,018	9,434	11,452
Upper Peninsula Health Plan	4,062				4,062
<b>Total</b>	<b>4,062</b>	<b>7,945</b>	<b>5,147</b>	<b>20,521</b>	<b>37,675</b>

The table below provides enrollment information by region for each ICO for **June 2020**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,170	944	3,295	7,409
AmeriHealth Michigan			618	2,085	2,703
HAP Empowered Health Plan			998	3,513	4,511
Meridian Health Plan of MI		4,796			4,796
MI Complete Health			589	2,176	2,765
Molina Healthcare of MI			2,044	9,589	11,633
Upper Peninsula Health Plan	4,081				4,081
<b>Total</b>	<b>4,081</b>	<b>7,966</b>	<b>5,193</b>	<b>20,658</b>	<b>37,898</b>



The table below provides enrollment information by region for each ICO for **July 2020**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,201	946	3,300	7,447
AmeriHealth Michigan			640	2,161	2,801
HAP Empowered Health Plan			1,011	3,554	4,565
Meridian Health Plan of MI		4,954			4,954
MI Complete Health			615	2,220	2,835
Molina Healthcare of MI			2,067	9,690	11,757
Upper Peninsula Health Plan	4,114				4,114
<b>Total</b>	<b>4,114</b>	<b>8,155</b>	<b>5,279</b>	<b>20,925</b>	<b>38,473</b>

The table below provides enrollment information by region for each ICO for **August 2020**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,239	969	3,407	7,615
AmeriHealth Michigan			658	2,216	2,874
HAP Empowered Health Plan			1,034	3,587	4,621
Meridian Health Plan of MI		5,048			5,048
MI Complete Health			626	2,271	2,897
Molina Healthcare of MI			2,105	9,876	11,981
Upper Peninsula Health Plan	4,170				4,170
<b>Total</b>	<b>4,170</b>	<b>8,287</b>	<b>5,392</b>	<b>21,357</b>	<b>39,206</b>

The plans with the highest enrollment in May, June, July and August 2020 were Molina Healthcare of Michigan with about 31 percent of the total each month, Aetna Better Health of Michigan with about 20 percent of the total each month, and Meridian Health Plan of Michigan with about 13 percent of the total number of enrollees each month.

During May, June, July and August 2020, about 95 percent of the MI Health Link enrollees were living in a community setting, and the remaining five percent of enrollees resided in a nursing facility. About six percent of the total enrollees living in a community setting during each of these four months 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.





While all plans have enrollees receiving care in nursing facilities, Aetna Better Health of Michigan had the largest share during May, June, July and August 2020; more than 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 during all four months with more than 19 percent; and Molina Healthcare of Michigan had more than 17 percent of total enrollees residing in nursing facilities during all four months.

The majority of MI Health Link enrollees are passively enrolled; they are auto assigned to a health plan based on their eligibility but are able to opt out of the demonstration at any time. Beneficiaries may also voluntarily enroll in the demonstration; and during May, June, July and August 2020, about 20 percent of the demonstration's participants were voluntarily enrolled.

MDHHS also reports that about 60,000 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

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 2020 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 53 enrollees in August. Align Senior Care Michigan is offering a C-SNP focused on beneficiaries with diabetes or cardiac issues and had 14 enrollees in August. Align is also offering an I-SNP and had 151 enrollees in August.

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 August 1, 2020, these four D-SNPs had a combined enrollment of 32,489 duals for whom they provide Medicare services.

About 42 percent of the duals enrolled in a Michigan D-SNP (13,633 individuals) in August 2020 were enrolled with Molina; almost 33 percent (10,548 individuals) were enrolled with Meridian; nearly 18 percent (5,410 individuals) were enrolled with UnitedHealthcare; and almost 9 percent (2,898 individuals) were enrolled with Priority. 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 9,256 enrollees as of August 1, 2020 and HAP had 93 enrollees. These enrollment totals are not counted in the aforementioned statistics. 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 (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](#). Enrollment stood at **783,074 as of August 31, 2020**, the last counting day of the month. This is an **increase of 20,132 since July 27, 2020**, the last counting day in July. **The enrollment count for August 31, 2020 is the highest ever enrollment count for the program and almost 130,000 higher than one year ago.**

Normally, the enrollment count drops on the first counting day of each month due to case closures resulting from annual eligibility redeterminations, then grows again by the end of the month as new applications and redeterminations are processed. However, as reported in the April edition of *The Michigan Update*, MDHHS released a program bulletin on April 6, 2020 (MSA 20-19) announcing that virtually all case closures – for both the HMP and traditional Medicaid eligibility categories – have been temporarily suspended due to the COVID-19 pandemic. This temporary suspension as well as an assumed increase in new enrollment requests over the last few months due to the number of newly unemployed individuals losing health care benefits likely explains the dramatic rise in enrollment.

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



## STATE BUDGET

In the July edition of *The Michigan Update*, we reported that Governor Gretchen Whitmer and Legislative leaders were working to resolve a \$2.2 billion budget shortfall for the current fiscal year, which ends September 30, 2020. We provided some details regarding the budget solution in the newsletter. The Governor approved the legislation supporting the budgetary adjustments.

With the next fiscal year only a month away, the Governor and Legislative leaders have turned their attention to the state budget for fiscal year 2020-2021. A special Revenue Estimating Conference was held on August 24, 2020, and it now appears the estimated shortfall for the next fiscal year, originally thought to be \$3 billion, may be smaller but still very problematic. The \$600 federal unemployment assistance increased the state's withholding payments, which boosted revenues. In addition, funding from the Coronavirus Aid, Relief, & Economic Security (CARES) Act added more than \$40 billion to the state's economy during the second calendar quarter of 2020 through loans to Michigan businesses and payments to residents. Media outlets have reported that State Budget Director Chris Kolb has said the state will be faced with tough decisions about cutting essential services and programs without additional federal assistance. It appears that progress toward a budget for the new year is being made but no details are yet available.

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

## COVID-19 PREPAREDNESS TASK FORCE

The Michigan Nursing Homes COVID-19 Preparedness Task Force was created June 26, 2020 by Governor Gretchen Whitmer's Executive Order No. 2020-135 as an advisory body in the Michigan Department of Health and Human Services (MDHHS) to adequately inform the state's response to a potential second wave of COVID-19. The Task Force presented its final recommendations on August 31, 2020, which were [released](#) by MDHHS on September 1, 2020. The recommendations, 28 in total, span four different strategy areas: placement of residents, resource availability, staffing, and quality of life. A link to the task force report appears in the department's announcement.

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



## BEHAVIORAL HEALTH GRANT

On August 19, 2020, the Michigan Department of Health and Human Services [announced](#) its receipt of a new federal grant that will help continue a crisis counseling program for Michigan residents experiencing mental health effects of the COVID-19 pandemic. The \$1.9 million grant, from the Federal Emergency Management Agency, covers an additional nine months of crisis counseling activities begun under a previous grant and allows for statewide expansion of behavioral health outreach services previously only focused on the Detroit metropolitan area. Additional detail about the services available through the grant is provided in the announcement.

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

## MEDICAID POLICIES

The Michigan Department of Health and Human Services (MDHHS) issued four final and six proposed policies in August that merit mention. Four of the final policies were simultaneously released for public comment. The policies are available for review on the department's [website](#).

- **MSA 20-37** was issued on August 7, 2020, as part of the state's **COVID-19** response, to inform **Bridges Eligibility Manual Holders** that MDHHS has **temporarily suspended all renewals for Medicaid programs**; such renewals are part of the periodic re-evaluation of eligibility factors to determine a beneficiary's continuing eligibility for Medicaid benefits. This policy was **simultaneously released for public comment** (2040-Eligibility) with comments due to MDHHS by September 11, 2020.
- **MSA 20-57** was issued on August 11, 2020, as part of the state's **COVID-19** response, to advise **Practitioners, Outpatient Hospitals, Local Health Departments, Clinics, Independent Diagnostic Laboratories, Pharmacies, and Others** of the **availability of Medicaid payment for COVID-19 specimen collection services** performed in community testing sites when no other billable service is performed. This policy was **simultaneously released for public comment** (2055-Lab) with comments due to MDHHS by September 15, 2020.
- **MSA 20-53** was issued on August 12, 2020, as part of the state's **COVID-19** response, to advise **Practitioners, Outpatient Hospitals, Local Health Departments, Clinics, Hearing Aid Dealers and Cochlear Implant Manufacturers, Audiologists/Hearing Centers, and Others** of **telemedicine policy changes for audiology services** to minimize face-to-face contact between beneficiaries and providers. This policy was **simultaneously released for public comment** (2050-Audiology) with comments due to MDHHS by September 16, 2020.
- **MSA 20-56** was issued on August 12, 2020, as part of the state's **COVID-19** response, to inform **All Providers** of the **rescission of portions of MSA 20-28** specific to Executive Order 2020-61, the latter of which was rescinded by Executive Order 2020-150. The specific policies being rescinded relate to **out-of-state provider licensure requirements; coverage of certain laboratory tests ordered by non-**

enrolled nurses; and certain provider scope of practice, supervision, and delegation agreements. This policy was **simultaneously released for public comment** (2054-Practitioner) with comments due to MDHHS by September 16, 2020.

- A proposed policy (**1924-HH**) has been issued that would **ease the provider enrollment process for Home Help agency caregivers** through establishment of the **MSA-204 – Home Help Agency Caregiver Enrollment Authorization** form, which allows the caregiver to delegate to the agency submission of their enrollment application. Comments are due to MDHHS by September 24, 2020.
- A proposed policy (**2051-NEMT**) has been issued that would **reduce barriers associated with medical verification and payment for non-emergency medical transportation**. Comments are due to MDHHS by September 25, 2020.

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

- **L 20-48** was released August 3, 2020 as a **notice to interested parties** that **MDHHS is submitting an amendment application** to the federal Centers for Medicare & Medicaid Services (CMS) **for the Section 1915(c) MI Health Link Waiver**. The letter identifies the requested changes to the waiver.
- **L 20-44** was released August 4, 2020 to provide **guidance to Nursing Facility providers** related to the **use of Medicare-certified beds for Medicaid beneficiaries and on use of non-available beds without prior approval**.
- **L 20-50** was released August 13, 2020 to notify **Independent Pharmacies** that **Medicaid Health Plans will be required to pay at least a \$3.00 professional dispensing fee per prescription beginning October 1, 2020**. This requirement applies to “independent pharmacies” only and the letter clarifies that designation.
- **L 20-33** was released August 13, 2020 to provide **guidance to Practitioners and Clinics on well child visits and telemedicine**. The letter highlights guidance from the American Academy of Pediatrics.
- **L 20-53** was released August 18, 2020 to advise providers that the **deadline to apply for federal funds through the Provider Relief Fund** (available as part of the Coronavirus Aid, Relief, and Economic Security [CARES] Act) **for expenses and lost revenue due to COVID-19 was extended through August 28, 2020**.
- **L 20-52** was released August 25, 2020 to provide **guidance to Medicaid-certified Nursing Facilities regarding administration of the \$2.00 per hour premium pay available to certain direct care workers through September 2020**.

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



# HMA HEALTH MANAGEMENT ASSOCIATES

HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. Every client matters. Every client gets our best. With 22 offices and over 200 multidisciplinary consultants coast to coast, our expertise, our services, and our team are always within client reach.

