

HEALTH MANAGEMENT ASSOCIATES

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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of February 1, 2020, there were **1,753,850 Medicaid beneficiaries, including 535,525 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 7,401** since January 1, 2020. The number of HMP beneficiaries enrolled in HMOs increased by 5,110, and the number of non-HMP enrollees increased by 2,291. While an increase over the last few months, as the table also shows, the February 2020 HMO enrollment total is more than 11,000 below the total for February 2019.

	Dec. 2018	Jan. 2019	Feb. 2019	July 2019	Dec. 2019	Jan. 2020	Feb. 2020
All Medicaid Beneficiaries Enrolled	1,750,668	1,751,429	1,765,189	1,725,780	1,743,905	1,746,449	1,753,850
• Total HMP Enrollees	534,457	526,431	535,310	519,784	528,713	530,415	535,525
• Total CSHCS/ Medicaid Enrollees	18,498	22,020	21,712	22,953	23,944	23,863	23,929
• Total Medicare/ Medicaid Enrollees (Duals)	39,472	39,261	39,236	39,034	39,569	39,107	39,199
• Total MICHild Enrollees	35,079	36,448	35,423	36,866	38,618	39,933	38,716

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 February 2020, the number of mandatory but not yet enrolled beneficiaries was 85,553. This is a decrease of 3,016 since January.

As the enrollment reports for February ([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 purchased Trusted Health Plan. As a reminder, effective last month, the managed care reports combine enrollment totals for Trusted Health Plan with HAP Midwest Health Plan. This combined health plan now serves 10 counties.





The plans with the highest total enrollment in February 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 535,525 HMP beneficiaries enrolled as of February 1, 2020 in the Medicaid HMOs. This is an **increase of 5,110 since January 1, 2020**. As the table above shows, while there have been increases and decreases over the last several months, the February enrollment count is only slightly higher than the count in February 2019.

All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in February were Meridian Health Plan of Michigan with almost 27 percent of the total, Molina Healthcare of Michigan with more than 16 percent, and Blue Cross Complete 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 **23,929 joint CSHCS/Medicaid beneficiaries enrolled as of February 1, 2020** in the Medicaid HMOs, **an increase of 66 since January 1, 2020**.

All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in February were Meridian Health Plan of Michigan with 23 percent of the total, Molina Healthcare of Michigan with almost 22 percent, and Blue Cross Complete with more than 14 percent of the total enrollees.

MiChild

There were **38,716 MiChild beneficiaries enrolled as of February 1, 2020** in Medicaid HMOs. As the table above reflects, the number of enrolled MiChild beneficiaries **decreased by 1,217 between January 1, 2020 and February 1, 2020**.

All Medicaid HMOs have MiChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in February were Meridian Health Plan of Michigan with more than 28 percent of the total, Molina Healthcare of Michigan with more than 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 **39,199 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled as of February 1, 2020** in Medicaid HMOs for their acute care Medicaid benefits. As the table above reflects, the number of enrolled duals **increased by 92 between January 1, 2020 and February 1, 2020.**

All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in February were Meridian Health Plan of Michigan with almost 31 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.

HEALTHY MICHIGAN PLAN ENROLLMENT

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 February 1, 2020, the MI Health Link enrollment total was 37,575, an increase of 928 enrollees since January 1, 2020.**

The tables below illustrate MI Health Link enrollment by month during 2018 and 2019 and for the first two months of 2020. Note that the enrollment total for December 2018 was the lowest for that calendar year, more than 4,000 below the total for May, which was the highest monthly total for the year. Note as well that the enrollment total for December 2019 was the second highest enrollment total for calendar year 2019 and more than 2,000 higher than December 2018. The enrollment total for February 2020 is the highest monthly count since June 2018.





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
36,647	37,575

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 **February 1, 2020**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,319	914	3,207	7,440
AmeriHealth Michigan			641	2,152	2,793
HAP Empowered, Inc.			950	3,497	4,447
Meridian Health Plan of MI		4,844			4,844
MI Complete Health			566	2,107	2,673
Molina Healthcare of MI			1,983	9,345	11,328
Upper Peninsula Health Plan	4,050				4,050
Total	4,050	8,163	5,054	20,308	37,575

As of February 1, 2020, Molina Healthcare of Michigan had the most enrollees, both voluntarily and passively enrolled (more than 30 percent of the combined total); Aetna Better Health of Michigan came in second with almost 20 percent; and Meridian Health Plan of Michigan had almost 13 percent of the total enrollees.





At present, 94 percent of the MI Health Link enrollees are living in a community setting, and the remaining 6 percent of the 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 February 2020; almost 21 percent of the total enrollees residing in nursing facilities were part of Aetna. Molina Healthcare of Michigan had the second highest share of enrollees with almost 19 percent; and Upper Peninsula Health Plan 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 February 1, 2020, the voluntary enrollment percentage was 19.5.

MDHHS also reports that almost 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

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 are called D-SNPs. All three types of plans provide Medicare benefits and this is the first year that they are all available in Michigan.

Meridian Health Plan of Michigan is offering a C-SNP focused on Medicare beneficiaries with diabetes and has 35 enrollees in February. Align Senior Care Michigan is offering a C-SNP focused on beneficiaries with diabetes or with cardiac issues and has 13 enrollees in February. Align is also offering an I-SNP and has 134 enrollees in February.



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, and UnitedHealthcare Community Plan. As of February 1, 2020, these four D-SNPs had a combined enrollment of 27,211 duals for whom they provide Medicare services.

Almost 46 percent of the duals enrolled in a Michigan D-SNP (12,438 individuals) in February 2020 were enrolled with Molina; 36 percent (9,801 individuals) were enrolled with Meridian; more than 4 percent (1,194 individuals) were enrolled with Priority, and almost 14 percent (3,778 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 of Michigan (HAP). Humana had 5,259 enrollees as of February 1, 2020 and HAP had 86 enrollees. HAP is the parent organization for HAP Midwest Health Plan, one of the Medicaid HMOs, and HAP Empowered, 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 **675,015 as of February 24, 2020**, the last counting day of the month. This is a decrease of 20 **since January 27, 2020**, the last counting day in January. The enrollment total for February 24, 2020 is the second highest end-of-month count, just behind January 2020, since April 29, 2019.

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



WORKFORCE AND COMMUNITY ENGAGEMENT REQUIREMENTS

In late 2019 editions of *The Michigan Update*, we reported that a poverty rights group filed a lawsuit against the U.S. Department of Health and Human Services and its Centers for Medicare & Medicaid Services (CMS), as well as Department Director Alex Azar and CMS Administrator Seema Verma related to their approval of Michigan's proposed workforce and community engagement requirements targeted toward many Healthy Michigan Plan (HMP) beneficiaries. HMP is Michigan's Medicaid expansion program for non-elderly adults. The State of Michigan was not named in the lawsuit.

The lawsuit was filed in the U.S. District Court for the District of Columbia, the same court where similar lawsuits were filed over the question of work requirements in Kentucky, Arkansas, Indiana, and New Hampshire, and where decisions ruling the work requirements programs unlawful have been issued. Although Governor Gretchen Whitmer asked that the Michigan Legislature authorize suspension of the HMP work requirements policy until the Michigan litigation is resolved, this request was not approved. Accordingly, the Michigan Department of Health and Human Services moved forward and implemented the policy on January 1, 2020.

On February 14, 2020, the U.S. Court of Appeals for the District of Columbia upheld the lower court's decision that federal approval of Arkansas' Medicaid work requirements program was unlawful because it did not consider the primary objective the Medicaid Act – to provide health care coverage. This decision prompted Governor Whitmer to [announce](#) on February 25, 2020 that a motion for partial summary judgment has been filed with the U.S. District Court for the District of Columbia in the Michigan case, asking a judge to act quickly to protect thousands of Michigan adults from losing their HMP Medicaid benefits. The Governor also asked the Michigan Legislature to pass legislation to suspend the work requirements to avoid wasting taxpayer dollars and creating confusion among impacted HMP beneficiaries.

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

MICHIGAN BUDGET

Governor Gretchen Whitmer released her Executive Budget Recommendation for the state fiscal year (FY) beginning October 1, 2020 on February 6, 2020. The budget recommendation totals \$61.9 billion, up 3.9 percent from the current year budget. It includes a general fund total of \$11 billion (up 5.8 percent from the current year) and a school aid fund total of \$15.9 billion (up 4.9 percent). With this release, the Legislature can begin its deliberations.



There are a few noteworthy items related to health care in the Governor’s proposed budget for the Michigan Department of Health and Human Services. Proposals that would add funding include:

- \$37.5 million is proposed for the Healthy Moms, Healthy Babies program to ensure pregnant women receive care needed for a healthy pregnancy and to expand support for interventions proven to increase outcomes for women. This proposal would extend Medicaid eligibility for new moms from 60 days to one year following the child’s birth as well as restore and expand Medicaid family planning services to women of child-bearing age with incomes up to 200 percent of the federal poverty level.
- \$12.3 million is proposed to expand the state’s response to the opioid crisis and assist families and communities with this epidemic. This proposal would include quick-response teams, a predictive analysis system, treatment monitoring, and a revolving loan fund for recovery housing providers.
- \$10 million is proposed for a Lead Poisoning Prevention Fund to protect families from lead in their homes. This proposal would establish a loan loss reserve for private lenders to encourage lending for lead remediation in homes at below-market interest rates.
- \$86.5 million is proposed to double the number of physicians in the MI Docs program that provides incentives to new physicians to serve rural and underserved areas by eliminating debt for medical residency programs.

Proposals that would reduce funding include:

- \$49.7 million from Medicaid HMO rates to encourage the health plans to be more diligent in billing commercial insurance companies for the cost of health care, such as following automobile accidents.
- \$84.4 million from nursing home reimbursement rates through a restructuring of the methodology from a cost-based model to a patient-driven payment model.
- \$5.1 million from Community Mental Health local match funds.

Additional detail about the Executive Budget Recommendation for FY 2020-2021 is available on the [State Budget Office website](#).

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

CERTIFICATE OF NEED

Michigan’s Certificate of Need (CON) program was enacted in 1972 and is governed by Part 222 of Public Act 368 of 1978, generally called the Public Health Code. As explained in a state [brochure about CON](#), the program was intended to balance cost, quality and access issues, and to ensure that only needed services are developed in Michigan. The value and need for the CON program have been debated for decades.



A package of five bills was introduced in the Michigan Senate in early December 2019 to update the CON program. All five bills were introduced by Republicans.

- Senate Bill 671 would increase the membership of the CON Commission from 11 to 13 and require the Commission to include two individuals representing the general public.
- Senate Bills 672 and 673 are tie-barred. They would modify the definitions of “change in bed capacity” and “covered clinical service” and would exempt increases in licensed psychiatric beds from the CON process. The bills would also require that a psychiatric hospital or unit maintain 50 percent of available beds for public patients (defined as patients approved for mental health services by a Community Mental Health Services Program).
- Senate Bill 674 would modify the definition of “covered clinical service” and exempt air ambulance services from the CON process.
- Senate Bill 675 would modify the definition of “covered clinical service” and exempt outpatient cardiac catheterization services from the CON process.

On February 26, 2020, the Republican-controlled Senate voted to approve all five bills. The vote was split along party lines. The bills now move to the House of Representatives, where the Republicans also hold a majority.

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

NCQA AND CHANGES TO HEDIS® MEASURES

The National Committee for Quality Assurance (NCQA) is inviting the public to comment on proposed changes to the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a comprehensive set of standardized performance measures designed to provide purchasers and consumers with information needed for reliable comparisons of health plan performance. Changes in HEDIS measures impact year-to-year performance tracking and evaluations as well as strategies around alternative / value-based payment methodologies that incorporate HEDIS measures. In addition to adding new measures, NCQA is proposing to retire certain measures and to change others. NCQA is accepting comments about these proposed changes until March 13, 2020. Detail about the proposed changes and the process for providing comment are available on the [NCQA website](#).

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



PRESCRIPTION DRUG TASK FORCE

On February 21, 2020, Governor Gretchen Whitmer signed [Executive Order 2020-01](#) to create a task force focused on lowering the cost of prescription drugs. The task force will serve as an advisory body within the Department of Health and Human Services (HHS) and will consist of leaders from the departments of HHS, Insurance and Financial Services, and Licensing and Regulatory Affairs, as well as bipartisan members of the Michigan Legislature. The task force is required to complete its work and submit a final report to the governor by August 15, 2020.

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

MEDICAID PHARMACY BENEFIT

In September 2019, the Michigan Department of Health and Human Services (MDHHS) announced its intent to remove administration of the pharmacy benefit from Medicaid HMOs and transfer the function to the pharmacy benefit manager for fee-for-service Medicaid, Magellan Rx. MDHHS subsequently dropped this plan after receiving numerous comments regarding its potential impacts, including that Medicaid beneficiaries would have cost sharing requirements not currently imposed by their Medicaid HMOs. In her fiscal year 2020-2021 Executive Budget Recommendation released in early February 2020, Governor Gretchen Whitmer offered a different proposal. MDHHS will implement a new single, statewide preferred drug list that will, according to the governor, save \$182.9 million, including \$45.8 million in state general fund dollars. It is unclear how the single drug list will differ from the common formulary the HMOs have been required to use for several years.

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

CHILD AND ADOLESCENT HEALTH CENTER PROGRAM EXPANSION

On February 13, 2020, the Michigan Department of Health and Human Services (MDHHS) [announced](#) release of a Request for Proposals for public and private non-profit organizations to expand the child and adolescent health center (CAHC) program. The RFP seeks competitive plans for local projects that will establish new school-based or school-linked CAHC sites or school wellness programs. Funded applicants will receive ongoing technical assistance from the MDHHS project coordinator, including help with program start-up, reporting requirements, and barriers to program implementation. MDHHS expects to award approximately \$1.9 million, with award amounts varied by the model, for the first program period – June 1, 2020 through September 30, 2020. Awards may be renewed annually, with \$1.9 million in funding available each year. Grant applications are due by March 17, 2020. The announcement includes instructions for both learning more about the opportunity and for submitting a grant application.

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



MEDICAID POLICIES

The Michigan Department of Health and Human Services (MDHHS) released three final policies in February that merit mention. They are available for review on the department's [website](#).

- **MSA 20-04** notifies **Prepaid Inpatient Health Plans and Community Mental Health Services Programs** of expanded service **coverage of Overnight Health and Safety Support**, which was included in the latest renewal applications for the Children's Waiver Program, the Habilitation Supports Waiver, and the Waiver for Children with Serious Emotional Disturbances.
- **MSA 20-05** advises **Hospitals** of an increase in the **Government Provider Disproportionate Share Hospital Pool** from \$82,086,703 to \$94,649,000.
- **MSA 20-06** informs **All Providers** of **Quarterly Updates to the Medicaid Provider Manual**. The policy also **clarifies copayment requirements for prescriptions filled at a Federally Qualified Health Center, Rural Health Clinic, or Tribal Health Center**.

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

- **L 20-03** was released February 14, 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 amend and update Medicaid State Plan information related to Michigan's current Behavioral Health Home policies for beneficiaries with Serious Mental Illness or Serious Emotional Disturbance**.
- **L 20-04** was released February 19, 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 expand Michigan's Opioid Health Home initiative**.
- **L 20-08** was released February 20, 2020 as a notice to Tribal Chairs and Health Directors of the Department's **intent to submit a request** to the Centers for Medicare & Medicaid Services **for a 10-year extension of the Flint Michigan Section 1115 Demonstration Waiver**. If approved, the state will maintain expanded Medicaid eligibility for children up to age 21 and pregnant women served by the Flint water system with incomes up to 400 percent of the federal poverty level and allow the continuation of targeted case management services. **MDHHS also announced** on February 25, 2020 that it was **requesting public comment on its plan through March 26, 2020** and included instructions for submitting comments in the announcement.
- **L 20-06** was released February 21, 2020 to **Home Help Agency Providers** with a set of **Frequently Asked Questions and Answers related to Invoicing for services**.

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



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