

HEALTH MANAGEMENT ASSOCIATES

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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of January 1, 2020, there were **1,746,449 Medicaid beneficiaries, including 530,415 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 2,544** since December 1, 2019. The number of HMP beneficiaries enrolled in HMOs increased by 1,702, and the number of non-HMP enrollees increased by 842. While an increase over the last few months, as the table also shows, the January 2020 HMO enrollment total is almost 5,000 below the total for January 2019.

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

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 January 2020, the number of mandatory but not yet enrolled beneficiaries was 88,569. This is an increase of 5,210 since December.

As the enrollment reports for January ([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. Effective this 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 January were Meridian Health Plan of Michigan with 28 percent of the total, Molina Healthcare of Michigan with more than 19 percent, and UnitedHealthcare Community Plan with more than 14 percent of the total number of enrollees.





Healthy Michigan Plan (HMP)

There were 530,415 HMP beneficiaries enrolled as of January 1, 2020 in the Medicaid HMOs. This is an **increase of 1,702 since December 1, 2019**. As the table above shows, while there have been increases and decreases over the last several months, the January enrollment count is almost 4,000 higher than in January 2019.

All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in January were Meridian Health Plan of Michigan with more than 27 percent of the total, Molina Healthcare of Michigan with more than 16 percent, and Blue Cross Complete with more than 15 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 **23,863 joint CSHCS/Medicaid beneficiaries enrolled as of January 1, 2020** in the Medicaid HMOs, **a decrease of 81 since December 1, 2019**.

All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in January 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 14 percent of the total enrollees.

MiChild

There were **39,933 MiChild beneficiaries enrolled as of January 1, 2020** in Medicaid HMOs. As the table above reflects, the number of enrolled MiChild beneficiaries **increased by 1,315 between December 1, 2019 and January 1, 2020**.

All Medicaid HMOs have MiChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in January were Meridian Health Plan of Michigan with more than 28 percent of the total, Molina Healthcare of Michigan with almost 17 percent, and UnitedHealthcare Community Plan with almost 14 percent of the total enrollees.



Medicare/Medicaid

Aside from Michigan's Medicare/Medicaid financial alignment demonstration, MI Health Link, there were an additional **39,107 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled as of January 1, 2020** in Medicaid HMOs for their acute care Medicaid benefits. As the table above reflects, the number of enrolled duals **decreased by 462 between December 1, 2019 and January 1, 2020**.

All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in January 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 January 1, 2020, the MI Health Link enrollment total was 36,647, a decrease of 674 enrollees since December 1, 2019**.

The tables below illustrate MI Health Link enrollment fluctuation by month during 2018 and 2019. Note that the enrollment total for December 2018 was the lowest for the 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 is the second highest enrollment total for calendar year 2019 and more than 2,000 higher than December 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
36,647

There are seven ICOs serving one or more of the demonstration regions. The table below provides enrollment information by region for each ICO as of **January 1, 2020**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,255	879	3,114	7,248
AmeriHealth Michigan			631	2,138	2,769
HAP Empowered, Inc.			952	3,485	4,437
Meridian Health Plan of MI		4,832			4,832
MI Complete Health			520	1,969	2,489
Molina Healthcare of MI			1,909	8,945	10,854
Upper Peninsula Health Plan	4,018				4,018
Total	4,018	8,087	4,891	19,651	36,647

As of January 1, 2020, Molina Healthcare of Michigan had the most enrollees, both voluntarily and passively enrolled (almost 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 more than 13 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 6 percent of the enrollees live in a nursing facility. Almost 6 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 January 2020; almost 20 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 more than 19 percent; and Upper Peninsula Health Plan came in third, with more than 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 January 1, 2020, the voluntary enrollment percentage was 19.7.

MDHHS also reports that more than 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 D-SNPS

January marks 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. Medicare beneficiaries enrolled in C-SNPs and I-SNPs are not also eligible for Medicaid. 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 plan focused on Medicare beneficiaries with diabetes and has 27 enrollees in January. Align Senior Care Michigan is offering a C-SNP plan focused on beneficiaries with diabetes or with cardiac issues but had no enrollees assigned yet in January according to federal reports. Align is also offering an I-SNP plan and has 119 enrollees in January.

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 January 1, 2020, these four D-SNPs had a combined enrollment of 27,128 duals for whom they provide Medicare services.



About 46 percent of the duals enrolled in a Michigan D-SNP (12,575 individuals) in January 2020 were enrolled with Molina; about 37 percent (9,918 individuals) were enrolled with Meridian; almost 4 percent (984 individuals) were enrolled with Priority, and about 13 percent (3,651 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 as well. In addition to these four health plans, two additional D-SNPs serve Michigan – Humana Medical Plan and Health Alliance Plan of Michigan (HAP). Humana had 4,861 enrollees as of January 1, 2020 and HAP had 82 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 **675,035 as of January 27, 2020**, the last counting day of the month. This is an **increase of 593 since December 30, 2019**, the last counting day in December. The enrollment total for January 27, 2020 is the highest end-of-month count since April 29, 2019.

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



GRANT FUNDS TO COMBAT THE OPIOID EPIDEMIC

On January 8, 2020, the Michigan Department of Health and Human Services [announced](#) allocation of \$17.5 million received as a State Opioid Response Grant from the U.S. Department of Health and Human Services to respond to the opioid epidemic and help meet Governor Gretchen Whitmer’s goal of cutting opioid overdose deaths by half within five years. The breakdown of funds is as follows:

Program	Budget
Naloxone distribution to high-risk areas and populations	\$4.5 million
Medications to treat opioid use disorder in emergency departments	\$4 million
Medications to treat opioid use disorder in jails	\$3 million
Syringe service programs	\$2 million
Mobile care units	\$1.7 million
Loan repayment for providers beginning or expanding medication-assisted treatment	\$1.25 million
Outreach to increase providers offering medications to treat opioid use disorder	\$410,000
Data-driven overdose response efforts	\$235,000
Start-up costs for new treatment services	\$235,000
Community engagement in majority-minority communities	\$200,000

Additional information about the state’s opioids response and available resources is available at www.michigan.gov/opioids.

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

MENTAL HEALTH HOTLINE

On January 27, 2020, Governor Gretchen Whitmer signed into law House Bill 4051 that amends the Mental Health Code to establish a Michigan CARES (Community, Access, Resources, Education and Safety) hotline for individuals experiencing a mental health crisis. The statewide hotline stems from a pilot program approved by lawmakers in 2018 that tested the concept in a handful of Michigan communities. Under the new law, the Michigan Department of Health and Human Services will contract out and oversee the hotline’s operations, which is expected to cost between \$1 million and \$2.5 million annually.

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





KATHY STIFFLER

Kathy Stiffler, a long-time bureau director in the Michigan Department of Health and Human Services' Medical Services Administration and the Acting Medicaid Director on multiple occasions over the last few years, has retired from state service. She has accepted a leadership position in Michigan State University's Institute for Health Policy and will soon assume the role of Executive Director for the Michigan Health Policy Forum. We wish her well in this next stage of her career and thank her for her many years of leadership and support for the Medicaid program in this state. She has truly been a dedicated advocate for the most vulnerable among Michigan's citizens.

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

MEDICAID POLICIES

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

- **MSA 19-37** advises Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers, as well as Hospitals, Pharmacies, and Health Plans of **provider enrollment policy criteria specific to providers of DMEPOS services**.
- **MSA 19-38** informs Bridges Eligibility and Administrative Manual Holders as well as the Medicaid Non-Emergency Medical Transportation (NEMT) Contractor of **changes to Medicaid fee-for-service policies related to who is able to authorize NEMT services**.
- **MSA 20-01** notifies All Providers of **Current Procedural Terminology and Healthcare Common Procedure Coding System changes**.
- **MSA 20-02** advises Practitioners, Outpatient Hospitals, Clinics, Health Plans, and others of updates to **Limited License Psychologist enrollment and billing requirements**.
- **MSA 20-03** informs Pharmacies and Clinics of **coverage changes related to certain active pharmaceutical ingredients and excipients** for Medicaid fee-for-service reimbursement.
- A proposed policy (**1941-Hearing**) has been issued that would **consolidate policy related to Hearing Services in a single chapter of the Medicaid Provider Manual**, eliminating the Hearing Aid Dealer chapter. Comments are due to MDHHS by February 14, 2020.
- A proposed policy (**1940-Hospital**) has been issued that would **increase funding for uncompensated care in non-state government-owned or -operated hospitals**. Comments are due to MDHHS by February 21, 2020.
- A proposed policy (**1935-RHC**) has been issued that would **update the reimbursement methodology for Rural Health Clinic providers**. Comments are due to MDHHS by February 25, 2020.



- A proposed policy (**1927-BHDDA**) has been issued that would outline the **transition of home and community-based services from Section 1915(b1)(b3) waivers to a Section 1915(i) State Plan benefit**. Comments are due to MDHHS by March 5, 2020.

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

- **L 19-42** was released January 2, 2020 to **update providers about the Healthy Michigan Plan Work Requirements** that became effective January 1, 2020. The letter also included a link to informational publications.
- **L 20-01** was released January 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 update Medicaid State Plan information describing the methodology for establishing payment rates associated with neonatal services**.
- **L 20-02** was released January 23, 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 update the Medicaid State Plan with information describing the methodology for establishing payment rates associated with psychiatric diagnostic services for beneficiaries under 21 years of age**.
- **L 20-05** was released January 29, 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 remove the pharmacy benefit copayment on outpatient prescription drugs used to counteract opioid overdose**.
- For additional information, contact [Esther Reagan](#), Senior Consultant, at (517) 482-9236.





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