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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of June 1, 2019, there were **1,727,594 Medicaid beneficiaries, including 521,994 Healthy Michigan Plan (HMP) beneficiaries**, enrolled in the 11 Michigan Medicaid Health Plans (HMOs). As the table below shows, this is an overall **increase of 3,470** since May 1, 2019. The number of HMP beneficiaries enrolled in HMOs increased by 210, and the number of non-HMP enrollees increased by 3,260. As the table also shows, the June enrollment total is almost 62,000 below the total for September 2018.

	Sept. 2018	Nov. 2018	Jan. 2019	Feb. 2019	March 2019	April 2019	May 2019	June 2019
All Medicaid Beneficiaries Enrolled	1,789,450	1,755,709	1,751,429	1,765,189	1,761,472	1,755,243	1,724,124	1,727,594
• Total HMP Enrollees	550,742	540,098	526,431	535,310	536,784	535,535	521,784	521,984
• Total CSHCS/ Medicaid Enrollees	21,416	19,040	22,020	21,712	21,026	22,547	22,310	22,892
• Total Medicare/ Medicaid Enrollees (Duals)	39,563	38,965	39,261	39,236	38,756	38,645	38,301	39,079
• Total MICHild Enrollees	34,873	34,847	36,448	35,423	35,860	36,074	35,364	35,959

The number of beneficiaries identified as mandatory managed care enrollees but not yet enrolled in a Medicaid HMO has increased since mid-2018, from a low of 45,305 in July 2018 to 66,552 in December 2018. The mandatory but unenrolled number dramatically increased as of January 2019, to 111,082, and then gradually dropped to 66,015 by last month. As of June 1, 2019, however, the number of mandatory but not yet enrolled beneficiaries jumped to 85,220.

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



Healthy Michigan Plan (HMP)

There were **521,994 HMP beneficiaries enrolled as of June 1, 2019** in the Medicaid HMOs. This is an **increase of 210 since May 1, 2019**. As the table above shows, while there have been some increases and decreases over the last several months, the June count of enrollees is almost 29,000 below the count for September 2018. We note that total HMP enrollment (both in managed care and fee-for-service) has been relatively stable over this same time period. However, there has been fluctuation in the number of HMP enrollees mandated to enroll in a Medicaid HMO but not yet assigned to a plan. In December 2018, the number of mandatory but unenrolled beneficiaries was 27,979; the number then jumped to 57,771 in January 2019. Since January, there have been increases and decreases; in May, there were 29,045 mandatory but unenrolled beneficiaries and as of June 1, 2019, there were 37,191. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest enrollment in June 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 (MDHHS) requires children (and a few adults) receiving services from both the Children’s Special Health Care Services (CSHCS) program and the Medicaid program to enroll in Medicaid HMOs. There were **22,892 joint CSHCS/Medicaid beneficiaries enrolled as of June 1, 2019** in the Medicaid HMOs, **an increase of 582 since May 1, 2019**.

All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in June were Meridian Health Plan of Michigan with almost 23 percent of the total, Molina Healthcare of Michigan with almost 23 percent as well, and UnitedHealthcare Community Plan with more than 13 percent of the total enrollees.

MiChild

There were **35,959 MiChild beneficiaries enrolled as of June 1, 2019** in Medicaid HMOs. As the table above reflects, the number of enrolled MiChild beneficiaries **increased by 595 between May 1, 2019 and June 1, 2019**.

All Medicaid HMOs have MiChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in June were Meridian Health Plan of Michigan with almost 30 percent of the total, Molina Healthcare of Michigan with almost 16 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 **39,079 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled as of June 1, 2019** in Medicaid HMOs for their acute care Medicaid benefits. As the table above reflects, the number of enrolled duals **increased by 778 between May 1, 2019 and June 1, 2019.**

All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in June were Meridian Health Plan of Michigan with over 30 percent of the total, Molina Healthcare of Michigan with almost 24 percent, and McLaren Health Plan with 15 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 health care delivery system 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 health care 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 June 1, 2019, the MI Health Link enrollment total was 35,612, an increase of 2,517 enrollees since May 1, 2019.**

The tables below illustrate the MI Health Link enrollment fluctuation by month during 2018 and to date in 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. The enrollment totals for January through May 2019 were all below totals for any month in 2018, but the enrollment total for June 2019 is the highest since October 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

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 **June 1, 2019**.

MI Health Link Enrollment	Upper Pen. Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,346	809	2,936	7,091
AmeriHealth Michigan			592	2,142	2,734
HAP Empowered, Inc.			957	3,563	4,520
Meridian Health Plan of MI		4,669			4,669
MI Complete Health / Fidelis			471	1,897	2,368
Molina Healthcare of MI			1,788	8,460	10,248
Upper Peninsula Health Plan	3,982				3,982
Total	3,982	8,015	4,617	18,998	35,612

As of June 1, 2019, Molina Healthcare of Michigan had the most enrollees, both voluntarily and passively enrolled (almost 29 percent of the combined total); Aetna Better Health of Michigan came in second with almost 20 percent; and Meridian Health Plan of Michigan was third with just over 13 percent of the total enrollees.

At present, a little less than 95 percent of the MI Health Link enrollees are living in a community setting, and a little more than 5 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.





While all plans have enrollees receiving care in nursing facilities, Aetna Better Health of Michigan had the largest share during June 2019; more than 22 percent of the total enrollees residing in nursing facilities were part of Aetna. This is the first month since MDHHS has been providing this level of detail that the Upper Peninsula Health Plan (UPHP) was not in first place. UPHP placed second with almost 19 percent; and Molina Healthcare of Michigan was close behind, only four fewer enrollees in nursing facilities than UPHP and also with almost 19 percent of the total enrollees residing in nursing facilities.

Although the majority of MI Health Link enrollees are passively enrolled and can opt out of the demonstration at any time, the percentage that voluntarily joined the demonstration has grown significantly over time. As of June 1, 2019, the voluntary enrollment percentage was 27.6, a slight reduction from the May percentage of 29.1.

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 D-SNPS

Three of the 11 Medicaid HMOs in Michigan (or their parent organizations) are also federally contracted as D-SNPs (Medicare Advantage Special Needs Plans for persons dually eligible for Medicare and Medicaid [duals]) to provide Medicare benefits: Meridian Health Plan of Michigan, Molina Healthcare of Michigan, and UnitedHealthcare Community Plan. **As of June 1, 2019, these three D-SNPs had a combined enrollment of 23,367 duals** for whom they provide Medicare services.

More than 54 percent of the duals enrolled in a Michigan D-SNP (12,636 individuals) in June 2019 are enrolled with Molina; more than 37 percent (8,721 duals) are enrolled with Meridian; and 2,010 duals (about 8 percent of the total) are enrolled with United. None of these duals are participating in the MI Health Link demonstration. In addition to these three health plans, beginning January 1, 2019, two additional health plans were approved as D-SNPs serving Michigan – Humana Medical Plan and Health Alliance Plan of Michigan (HAP). Humana had 672 enrollees as of June 1, 2019 and HAP had 14 enrollees.



Not all duals enrolled in these 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 **663,269 as of June 24, 2019**, the last counting day of the month. This is a **decrease of 10,123 since May 28, 2019**.

Although the HMP caseload drops at the beginning of each month because of an annual eligibility redetermination requirement, it generally rebounds by the end of the month.

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

TOTAL MEDICAID ENROLLMENT DECLINES

As the Michigan economy continues to improve, enrollment in Medicaid continues to decline. Enrollment in “traditional” Medicaid (excluding MICHild and the Healthy Michigan Plan – HMP) stood at 1,714,821 in May 2019, which is the lowest enrollment total since early in the Great Recession (in August 2009). The decline in enrollment since September 2018 may be partly attributable to the expansion of the work requirement statewide for the Supplemental Nutrition Assistance Program, called the Food Assistance Program (FAP) in Michigan. The number of individuals receiving both FAP and Medicaid decreased by about 50,000 from September 2018 to May 2019.

Some individuals that would previously have been eligible for traditional Medicaid now qualify for the HMP due to their higher income levels. However, HMP enrollment in the aggregate also declined for the last three months. HMP enrollment in June 2019 is the lowest since January 2017.

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HEALTHY MICHIGAN PLAN WORK REQUIREMENT

In previous editions of *The Michigan Update*, we have reported on activities related to a workforce engagement requirement in Michigan, which is scheduled for implementation in January 2020 and will impact many able-bodied Healthy Michigan Plan (HMP) beneficiaries. The June 2018 edition of our newsletter provided significant detail about the requirements and which HMP beneficiaries will be impacted by or exempted from them. Over the last year, what many consider adverse effects of implementing similar requirements elsewhere have been reported. Most of those effects have related to or resulted from reporting requirements. To prevent the same problems in Michigan, the State Senate unanimously passed two bills that amend the Social Welfare Act and modify the workforce engagement reporting requirements for HMP beneficiaries.

Senate Bill 362 extends the date by which targeted beneficiaries must verify that they are meeting the workforce engagement requirements from the 10th day of the following month to the last day of the following month. In addition, SB 362 specifies that if the individual fails to meet the timely reporting requirement, but then later verifies compliance, the month will not be counted as a non-compliance month. Senate Bill 363 provides an exemption from the reporting requirement if the Michigan Department of Health and Human Services (MDHHS) can verify a beneficiary's compliance with the workforce engagement requirement through other data available to the department, such as income reported for other assistance programs. Both bills are now being considered by the House of Representatives' Committee on Government Operations.

A recent [report](#) on the impact of a work requirement in Arkansas, where thousands of Medicaid beneficiaries have lost coverage, was published in the *New England Journal of Medicine*. Researchers conducted telephone interviews and "found no significant changes in employment associated with the policy, and more than 95% of persons who were targeted by the policy already met the requirement or should have been exempt." The report also notes that "many Medicaid beneficiaries were unaware of the policy or were confused about how to report their status to the state."

MDHHS staff are working toward the January 2020 implementation date of the policy in Michigan. One of the apparent problems with the Arkansas policy, which initially only relied on online reporting by the impacted beneficiaries, has prompted MDHHS to establish a call center so beneficiaries can choose between voice-activated technology or speaking live with someone to report their compliance status. It is hoped that this will be especially helpful for those rural areas of Michigan where Internet services are sometimes unreliable.

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SECTION 298 PILOT IMPLEMENTATION DELAYED

On June 14, 2019, the Michigan Department of Health and Human Services (MDHHS) [announced](#) a delay in implementation of the Section 298 Initiative from October 1, 2019 to October 1, 2020 to allow more time to complete design of the financial integration pilot model. The initiative is a statewide effort to improve the integration of physical health services and specialty behavioral health services in Michigan. It is based on Section 298 in Public Act 268 of 2016 and a revised version of the language as part of Public Act 207 of 2018.

The announcement notes that progress has been made on the initiative, including developing a proposed care management workflow, identifying an approach to key public policy needs, and defining key data sharing requirements critical to whole-person care. However, further work is needed to reach agreements on risk-management and ownership of the specialty behavioral health provider network; utilization management, claims processing and other managed care responsibilities; and rates and payment structures. After these issues are resolved, additional time must be allowed to secure federal waiver approval from the Centers for Medicare & Medicaid Services, establish new contracts, finalize technology and reporting changes, establish new payment flows, and potentially create new legal structures and undergo accreditation reviews.

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

LAKESHORE REGIONAL ENTITY

On June 28, 2019, the Michigan Department of Health and Human Services (MDHHS) [announced](#) that it will cancel its contract with Lakeshore Regional Entity (LRE), a prepaid inpatient health plan (PIHP) that administers behavioral health services for Medicaid beneficiaries in Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa counties through community mental health authorities (CMHs).

The MDHHS announcement states that LRE was notified of the department's "intent to cancel the contract on April 25. MDHHS later received a response from LRE and met with multiple stakeholders in the region. After reviewing the response, MDHHS decided to terminate the contract based on many factors. Some were related to finances: five years of financial deficits, failure to address the deficits the lack of a current risk management strategy and the lack of a plan to cover their portion of a projected \$16 million deficit. The termination also reflects performance issues despite multiple years of corrective action plans and weaker member outcomes relative to other regions on key metrics like inpatient hospitalization."

MDHHS notes that it intends to keep the region intact and will initiate temporary state management when the contract with LRE ends. Over the last few months, Beacon Health Options, a national managed care organization focused on behavioral health services, has been operating with LRE to provide managed care support to the CMHs. Due to the progress being made by the work with Beacon and the value of this partnership reported by CMHs, MDHHS will seek to establish a temporary contract with Beacon that will allow this work to continue until such time as a PIHP contract may be formally procured.



A representative from LRE was recently quoted in the press as saying that other PIHPs in the state have similar deficit problems – Oakland County PIHP, Macomb County PIHP, and Southeast Michigan PIHP. According to the [article](#), LRE believes deficits are a direct result of increased services for substance use and autism spectrum disorders without increased funding.

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

HAP TO PURCHASE TRUSTED HP-MICHIGAN

On June 10, 2019, Henry Ford Health System and Health Alliance Plan (HAP) [announced](#) that HAP has signed a definitive agreement to acquire Trusted Health Plan Michigan, a 9,000-member Medicaid health plan based in Detroit, formerly known as Harbor Health Plan, Inc. The acquisition will mean HAP's re-entrance into Wayne, Oakland and Macomb counties, also called Medicaid service area Region 10, an area that was lost by HAP's subsidiary, HAP Midwest Health Plan, during the state's last procurement in 2015. HAP Midwest currently offers Medicaid products under the HAP Empowered name in Genesee, Huron, Lapeer, Sanilac, Shiawassee, St. Clair, and Tuscola counties and also holds a MI Health Link contract to serve Medicare/Medicaid beneficiaries residing in Macomb and Wayne counties. The purchase price is reported to be approximately \$22.5 million, pending hitting capital and surplus targets at the time of closing. The sale is contingent upon approval by the Michigan Department of Insurance and Financial Services, which is expected in the next few months.

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2019 KIDS COUNT DATA BOOK

In the April 2019 edition of *The Michigan Update*, we reported that the Michigan League for Public Policy had released the *2019 Kids Count in Michigan Data Book*. On June 17, 2019, a related publication was released by the Annie E. Casey Foundation. *The 2019 KIDS COUNT® Data Book* provides nationwide data on 16 indicators across four domains, and generally compares data from 2010 with those from 2017: children's economic well-being, education, family and community, and health. This publication also ranks states and compares their scores with national values.

The Data Book reports that Michigan received an overall national ranking of 32nd, up one place from last year's assessment, and the following national rankings in the four domains:

- Michigan ranked 31st in the economic well-being domain, which is the same rank as in 2018; 20 percent of Michigan kids live in poverty, which is higher than the national average of 18 percent.
- Michigan ranked 37th in the education domain, also up one place from 2018; 69 percent of eighth-graders are not proficient in math compared to a national average of 67 percent, and 68 percent of fourth-graders are not proficient in reading compared to 65 percent nationally.



- Michigan ranked 29th in family and community, also up one place from the last report. One component of the family and community domain is children living in high-poverty areas. The report found that 15 percent of Michigan’s children live in high-poverty areas, an improvement from the 17 percent value last year but still much worse than the national level of 12 percent.
- Michigan ranked 18th in the health domain, a significant improvement from its 25th place in 2018. Within this category, Michigan does better for the percentage of children with health insurance; 97 percent of Michigan children have health care coverage, which is one percentage point better than the national average. This outcome is reportedly due in part to the state’s decision to expand access for adults (many of whom are parents) to Medicaid through the Healthy Michigan Plan. However, Michigan ranked poorly in one key area of this domain, low birth weight babies; 8.8 percent of babies in 2017 had low birth weight compared to a national rate of 8.3 percent.

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

\$5 MILLION IN GRANTS TO TREAT OPIOID ADDICTION

On June 17, 2019, Michigan Governor Gretchen Whitmer and the Michigan Opioid Partnership [announced](#) grants to fund planning, training and coordination of treatment for opioid use disorder (OUD). The funds will support the use of medication-assisted treatment (MAT) from the first point of medical contact in a hospital or emergency room to continued treatment in a community-based program. Funds will also assist jails using a continuity of care approach focused on long-term treatment of OUD. MAT is an evidence-based treatment for opioid addiction that usually includes both medication and behavioral therapy.

Beaumont Hospital in southeast Michigan and Munson Medical Center in northern lower Michigan are recipients of grants, and awards to additional hospital systems may occur in the future. Funds will also be committed to expanding MAT and enhancing identification of substance use disorders at jail intake. Wayne State University (WSU) Center for Behavioral Health and Justice will receive a grant to coordinate the effort. County jails will also be selected for funding to work in partnership with the WSU team to serve inmates with addiction.

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

MICHIGAN TOBACCO QUITLINE

On June 17, 2019, the Michigan Department of Health and Human Services [announced](#) that its Tobacco Quitline will be offering free nicotine patches, gum or lozenges through September 30, 2019 to callers expressing a desire to quit smoking. Tobacco users interested in quitting can call the Quitline at 800-QUIT-NOW (784-8669) for additional information.

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



PATIENTS OVER PAPERWORK

On June 6, 2019, the federal Centers for Medicare & Medicaid Services (CMS) [announced](#) release of a Request for Information (RFI) seeking new ideas from the public on how to continue the progress of its Patients over Paperwork initiative. CMS notes that since its launch in late 2017, Patients over Paperwork has streamlined regulations to significantly cut the “red tape” that weighs down the healthcare system and takes clinicians away from their primary mission – caring for patients. The RFI invites patients and their families, the medical community, and other healthcare stakeholders to recommend further changes to rules, policies, and procedures that would shift more of clinicians’ time and our healthcare system’s resources from needless paperwork to high-quality care that improves patient health. A link to the RFI is included in the announcement. Comments are due by August 12, 2019.

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\$50 MILLION TO ASSIST STATES WITH SUD TREATMENT AND RECOVERY

On June 25, 2019, the federal Centers for Medicare & Medicaid Services (CMS) [announced](#) release of a Notice of Funding Opportunity for state Medicaid agencies to apply for planning grants focused on treatment and recovery services for persons with substance use disorders (SUDs), including opioid use disorder. The planning grants are intended to increase the capacity of Medicaid providers to deliver SUD treatment or recovery services through an ongoing assessment of the SUD treatment needs of the state; recruitment, training, and technical assistance for Medicaid providers that offer SUD treatment or recovery services; and improved reimbursement for and expansion of the number or treatment capacity of Medicaid providers. CMS plans to award at least 10 grants with awards totaling \$50 million. A link to the funding opportunity is included 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) has released three proposed policies that merit mention. They are available for review on the department’s [website](#).

- A proposed policy (**1914-Therapy**) has been issued to clarify **prior authorization requirements for home health therapy services**, such as physical, occupational, and speech therapy. Comments are due to MDHHS by July 11, 2019.
- A proposed policy (**1913-NF**) has been issued that would **change the State Veterans Home reimbursement methodology** from the Resource Utilization Group IV system **to the Patient Driven Payment Model system** and update billing requirements to reflect this change. Comments are due to MDHHS by July 15, 2019.



- A proposed policy (**1915-BHDDA**) has been issued that would establish **new criteria** for providing **crisis residential services** through the behavioral health benefit **for Healthy Michigan Plan beneficiaries with a substance use disorder**. Comments are due to MDHHS by July 17, 2019.

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

- **L 19-21** was released June 7, 2019 to advise **Nursing Facility Providers** of new **requirements related to the Quality Measure Initiative**, which provides payments to nursing facilities based on “star ratings” and factors in the submission of resident satisfaction survey data.
- **L 19-18** was released June 14, 2019 to inform interested parties that the **proposed renewal applications for the Children’s Waiver Program, Habilitation Supports Waiver, and Waiver for Children with Serious Emotional Disturbances** have been **revised to reflect that waiver changes regarding the 298 site implementation initiative will not be submitted to CMS at this time**. The letter notes that the **revised applications are available for review and comment** and includes links to the documents. Comments are due to MDHHS by July 15, 2019.

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





HMA HEALTH MANAGEMENT ASSOCIATES

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