

HEALTH MANAGEMENT ASSOCIATES

THE **MICHIGAN UPDATE** 2021



MARCH



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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of March 1, 2021, there were 2,105,047 Medicaid beneficiaries, including 728,739 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 20,452 since February 1, 2021. The number of HMP beneficiaries enrolled in HMOs increased by 10,636 and the number of non-HMP beneficiaries increased by 9,816.

As the table below illustrates, managed care enrollment has grown significantly over the last year and is about 338,000 higher in March 2021 than in March 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 March 2021 is nearly 188,000 higher than in March 2020. The count of non-HMP enrollees has increased by more than 150,000 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 the decision in April 2020 by the Michigan Department of Health and Human Services (MDHHS) to temporarily discontinue annual eligibility redeterminations and case closures.

	March 2020	April 2020	July 2020	Sept 2020	Dec 2020	Feb 2021	March 2021
All Medicaid Beneficiaries Enrolled	1,766,779	1,769,106	1,927,140	1,972,839	2,042,684	2,084,595	2,105,047
• Total HMP Enrollees	540,935	538,346	621,998	651,134	688,468	718,103	728,739
• Total CSHCS/ Medicaid Enrollees	24,292	24,213	25,570	24,924	26,469	26,851	26,949
• Total Medicare/ Medicaid Enrollees (Duals)	39,293	38,934	41,168	41,446	45,244	45,642	45,965
• Total MICHild Enrollees	38,909	38,549	35,663	35,795	35,747	35,052	35,287

The number of beneficiaries identified as mandatory managed care enrollees but not yet enrolled in a Medicaid HMO has varied dramatically over the last few years, from a low of 45,305 in July 2018 to a high of 149,746 in May 2020. In March 2021 the number of mandatory but not yet enrolled beneficiaries was 53,340, down from 61,227 in February 2021.

As the enrollment reports for March ([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 March 2021 were Meridian Health Plan of Michigan with about 26 percent of the total, Molina Healthcare of Michigan with about 18 percent, and Blue Cross Complete of Michigan and United Healthcare Community Plan both with about 14 percent of the total number of enrollees.

Healthy Michigan Plan (HMP)

The **total count of HMP enrollees in the Medicaid HMOs in March 2021 was 728,739, an increase of 10,636** over the count for February 2021. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in March 2021 were Meridian Health Plan of Michigan with about 24 percent of the total, Blue Cross Complete with about 18 percent, and Molina Healthcare of Michigan with about 15 percent of the total number of enrollees.

CSHCS/Medicaid

The 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 **26,949 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs in March 2021, an increase of 98** since February 2021. All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in March 2021 were Meridian Health Plan of Michigan with about 23 percent of the total, Molina Healthcare of Michigan with about 20 percent, and Blue Cross Complete with about 15 percent of the total number of enrollees.

MIChild

Aside from Michigan’s Medicare/Medicaid financial alignment demonstration, MI Health Link, there were an additional **45,965 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in March 2021 in Medicaid HMOs** for their acute care Medicaid benefits. As the table above reflects, the number of enrolled duals **increased by 323** between February 2021 and March 2021. All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in March 2021 were Meridian Health Plan of Michigan with about 29 percent of the total, Molina Healthcare of Michigan with about 22 percent, and UnitedHealthCare Community Plan with about 13 percent of the total number of enrollees.

For additional information, contact Cammie Cantrell, at 517-482-9236.





MI HEALTH LINK

In previous editions of *The Michigan Update* we have written about Michigan’s implementation of an integrated healthcare delivery system demonstration for adults dually eligible for Medicare and Medicaid (duals). The demonstration, called MI Health Link, operates in four regions of the state. The entire Upper Peninsula is one region; eight counties in the southwest corner of the state (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren) form another region; and Macomb County and Wayne County are two single-county regions. Medicaid and Medicare physical healthcare services (including long-term services and supports) are provided by HMOs that have contracts as Integrated Care Organizations (ICOs) to serve the duals.

The number of MI Health Link enrollees continues to fluctuate, with increases in some months and decreases in others. The Michigan Department of Health and Human Services (MDHHS) reports that in **March 2021, the MI Health Link enrollment total was 39,150**, a decrease of **224** enrollees since February 2021.

The tables below illustrate MI Health Link enrollment by month from 2019 to the most current data. 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 November 2020 when there were 39,889 enrollees.

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	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020
38,473	39,206	39,055	39,269	39,889	39,799

Jan. 2021	Feb. 2021	March 2021
39,250	39,374	39,150



There are seven ICOs serving one or more of the demonstration regions. The table below provides enrollment information by region for each ICO for **March 2021**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,087	952	3,437	7,476
AmeriHealth Michigan			690	2,304	2,994
HAP Empowered Health Plan			999	3,402	4,401
Meridian Health Plan of MI		4,990			4,990
MI Complete Health			735	2,205	2,940
Molina Healthcare of MI			2,146	9,996	12,142
Upper Peninsula Health Plan	4,207				4,207
Total	4,207	8,077	5,522	21,344	39,150

The plans with the highest enrollment in March 2021 were Molina Healthcare of Michigan with 31 percent of the total, Aetna Better Health of Michigan with about 19 percent, and Meridian Health Plan of Michigan with almost 13 percent of the total number of enrollees.

During March 2021, about 95 percent of the MI Health Link enrollees were living in a community setting, and the remaining 5 percent of enrollees resided in a nursing facility. About 6 percent of the total enrollees living in a community setting 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 March 2021; about 22 percent of the total enrollees residing in nursing facilities were part of Aetna. Molina Healthcare of Michigan had almost 19 percent of total enrollees residing in nursing facilities during March 2021, and Upper Peninsula Health Plan had about 18 percent.

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 March 2021, more than 18 percent of the demonstration’s participants were voluntarily enrolled.

MDHHS also reports that about 61,600 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 Cammie Cantrell, 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 all are available in Michigan.

Meridian Health Plan of Michigan is offering a C-SNP focused on Medicare beneficiaries with diabetes and had 69 Medicare enrollees in March 2021. Align Senior Care Michigan is offering a C-SNP focused on beneficiaries with dementia and had 13 enrollees in March. Zing Health of Michigan began offering a C-SNP in January 2021 but, according to federal reports, does not yet have enrollees. Align is also offering an I-SNP and had 127 enrollees in March 2021. Longevity Health Plan of Michigan is reported to be offering an I-SNP as well but does not yet have enrollees.

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 March 1, 2021, these four D-SNPs had a combined enrollment of 40,687 duals for whom they provide Medicare services.

About 36 percent of the duals enrolled in a Michigan D-SNP (14,540 individuals) in March 2021 were enrolled with Molina; about 31 percent (12,741 individuals) were enrolled with Meridian; about 21 percent (8,343 individuals) were enrolled with UnitedHealthcare; and about 12 percent (5,063 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, four additional D-SNPs serve Michigan. Humana Medical/Dental Plan and Health Alliance Plan (HAP) of Michigan were serving enrollees in 2020; and Aetna Health of Michigan, and Reliance Medicare Advantage were new to Michigan in January 2021. Humana had 16,594 enrollees in March 2021; HAP had 308 enrollees, Aetna had 802 enrollees, and Reliance had 209 enrollees. A fifth D-SNP, Longevity Health Plan of Michigan, appeared on a January federal report but with no enrollees, and still shows no enrollees for March 2021. These enrollment totals are not counted in the aforementioned statistics because they are not Medicaid-contracted health plans. HAP is the parent organization for HAP Empowered Health Plan and Aetna Health of Michigan is the parent organization for Aetna Better Health of Michigan, both of which are Michigan Medicaid HMOs and 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 [Cammie Cantrell](#), 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 **898,444 as of March 29, 2021**, the last counting day of the month. **This is an increase of 112,913 since February 22, 2021. The enrollment count for March 29, 2021 is the highest ever for the program and 216,679 higher than March 2020.**

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 [Cammie Cantrell](#), 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](#).

The website shows three final policies issued in March; one of the final policies was also simultaneously released for public comment.

- MSA 21-06, issued March 4, 2021: COVID-19 Response: Hospital Remdesivir Add-on Payment
- MSA 21-05, issued March 2, 2021: Updates to the MDHHS Medicaid Provider Manual
- MSA 21-04, issued March 23, 2021: COVID-19 Response: Coverage of COVID-19 Vaccine Services – MI Health Link

The [website](#) also shows three proposed policies for which the public comment period is still open.

- 2106-Vaccine: COVID-19 Response: Coverage of COVID-19 Vaccine Services – MI Health Link
- 2068-Telemedicine: Asynchronous Telemedicine Services
- 2110-Hospital: COVID-19 Response: Hospital Remdesivir Add-On Payment



In addition, MDHHS has released eight L-letters of potential interest since our last newsletter, which are available for review on the same [website](#).

- L 21-28, issued March 31, 2021: COVID-19 Premium Pay Extended Through September 30, 2021
- L 21-27, issued March 31, 2021: COVID-19 Premium Pay Extended Through September 30, 2021
- L 21-23, issued March 30, 2021: Notice of Intent to Submit a State Plan Amendment (SPA) to Allow Tribal 638 Pharmacies to Receive the All-Inclusive Rate for Prescriptions
- L 21-26, issued March 26, 2021: Notice of May 12, 2021, Orthotics and Prosthetics Medicaid Provider Liaison Meeting
- L 21-20, issued March 17, 2021: COVID-19 Vaccine for Eligible Agency Employees
- L 21-14, issued March 17, 2021: Assisting Home Help Clients and Agency Caregivers with the COVID-19 Vaccine
- L 21-19, issued March 9, 2021: Long Term Supports and Services (LTSS) COVID-19 Response: Level of Care Determination (LOCD) End Date Extensions- Nursing Facilities (NF) and Program of All-Inclusive Care for the Elderly (PACE)
- L 21-18, issued March 9, 2021: Long Term Supports and Services (LTSS) COVID-19 Response: Level of Care Determination (LOCD) for MI Choice and MI Health Link Home and Community Based Services (HCBS) Waiver

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