

HEALTH MANAGEMENT ASSOCIATES

THE **MICHIGAN UPDATE** 2020

MAY



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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

The Michigan Department of Health and Human Services advised that, due to some technical difficulties, release of the managed care reports for May 2020 has been delayed. A special edition of *The Michigan Update* will be issued to relay managed care enrollment activity for May if the reports are released soon.

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

MI HEALTH LINK

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

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 May 1, 2020, the MI Health Link enrollment total was 36,288, a decrease of 576 enrollees since April 1, 2020.**

The tables below illustrate MI Health Link enrollment by month during 2018 and 2019 and for the first five months of 2020. Enrollment fluctuations are clear. The lowest enrollment count on the tables was in May 2019 when there were 33,095 enrollees; and the highest enrollment count was in May 2018 when there were 39,021 enrollees.

Jan. 2018	Feb. 2018	March 2018	April 2018	May 2018	June 2018
38,045	38,571	38,562	37,798	39,021	38,327
July 2018	August 2018	Sept. 2018	Oct. 2018	Nov. 2018	Dec. 2018
37,518	37,103	36,394	35,651	34,827	34,655

Jan. 2019	Feb. 2019	March 2019	April 2019	May 2019	June 2019
34,367	34,444	33,672	33,145	33,095	35,612
July 2019	August 2019	Sept. 2019	Oct. 2019	Nov. 2019	Dec. 2019
34,771	36,621	37,295	37,018	37,377	37,321

Jan. 2020	Feb. 2020	March 2020	April 2020	May 2020
36,647	37,575	37,006	36,864	36,288

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 **May 1, 2020**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,096	895	3,199	7,190
AmeriHealth Michigan			603	2,042	2,645
HAP Empowered Health Plan			941	3,419	4,360
Meridian Health Plan of MI		4,522			4,522
MI Complete Health			553	2,041	2,594
Molina Healthcare of MI			1,928	9,115	11,043
Upper Peninsula Health Plan	3,934				3,934
Total	3,934	7,618	4,920	19,816	36,288

As of May 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, more than 95 percent of the MI Health Link enrollees are living in a community setting, and the remaining almost 5 percent of 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 May 2020; more than 21 percent of the total enrollees residing in nursing facilities were part of Aetna. Upper Peninsula Health Plan had the second highest share of enrollees with almost 20 percent; and Molina Healthcare of Michigan came in third, with more than 16 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 May 1, 2020, the voluntary enrollment percentage was 19.1.

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

Meridian Health Plan of Michigan is offering a C-SNP focused on Medicare beneficiaries with diabetes and had 49 enrollees in May. Align Senior Care Michigan is offering a C-SNP focused on beneficiaries with diabetes or with cardiac issues and had 16 enrollees in May. Align is also offering an I-SNP and had 167 enrollees in May.

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 May 1, 2020, these four D-SNPs had a combined enrollment of 30,328 duals for whom they provide Medicare services.

More than 43 percent of the duals enrolled in a Michigan D-SNP (13,130 individuals) in May 2020 were enrolled with Molina; more than 33 percent (10,052 individuals) were enrolled with Meridian; more than 8 percent (2,465 individuals) were enrolled with Priority, and more than 15 percent (4,681 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 (HAP) of Michigan. Humana had 7,678 enrollees as of May 1, 2020 and HAP had 96 enrollees. HAP is the parent organization for HAP Empowered Health Plan, which is both a Medicaid HMO and one of the ICOs participating in MI Health Link.



Not all duals enrolled in the D-SNPs are eligible to receive full Medicaid benefits. Some only receive assistance from the Medicaid program with their Medicare coinsurance and deductible payments and/or monthly Medicare premiums.

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

HEALTHY MICHIGAN PLAN ENROLLMENT

The Michigan Department of Health and Human Services 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 **715,239 as of May 26, 2020**, the last counting date of the month. This is an **increase of 16,056 since April 27, 2020**, the last counting day in April. **The enrollment count for May 26, 2020 is the highest ever enrollment count for the program and almost 42,000 higher than May 2019.**

Since release of this newsletter was delayed, we are reporting that the **enrollment count for June 1, 2020 grew to 731,830 and to 737,133 as of June 8, 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 have temporarily been suspended due to the COVID-19 pandemic.

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

STATE BUDGET

On May 28, 2020, the media reported that Michigan's Budget Director, Chris Kolb, has said the tumult in state revenues and uncertainty over whether the federal government will approve an aid package to the states means the July 1 deadline for the Legislature to pass a budget for the state's fiscal year beginning October 1, 2020 must change. The July 1 date was agreed to by Governor Gretchen Whitmer and Legislative leaders last year after a budget stalemate resulted in delayed approval of the current fiscal year budget. The state has identified a \$2.5 billion deficit in current fiscal year funding and an expected \$3 billion shortfall for the coming fiscal year.

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



MDHHS RECEIVES CARES ACT FUNDS

On May 6, 2020, the Michigan Department of Health and Human Services [announced](#) receipt of nearly \$25.3 million from the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act. These funds will support programs providing a wide range of services for Michiganders age 60 and older to help them stay healthy and live independently, such as assistance with bathing and dressing, rides to doctors' offices, education on managing chronic illnesses, support for family caregivers, and more. The CARES Act funding will be shared with a network of community-based organizations and programs. Details regarding allocation of the funds is included in the announcement.

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

COVID-19 AND CONTACT TRACING

On May 1, 2020, the Michigan Department of Health and Human Services (MDHHS) [announced](#) availability of crisis mental health support via texting as part of its Stay Home, Stay Well initiative during the COVID-19 pandemic. Individuals may text the keyword "RESTORE" to 741741, the state's Crisis Text Line, and have a confidential text conversation with a crisis counselor.

On May 15, 2020, MDHHS [announced](#) availability of confidential emotional support counseling for Michiganders who call the state's COVID-19 hotline at 888-535-6136. To reach a Michigan Stay Well counselor, callers are asked to press "8" after a prompt. The counseling is available on a 24-hour basis every day.

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

COVID-19 AND BEHAVIORAL HEALTH

In previous editions of *The Michigan Update*, we have reported on efforts by the Michigan Department of Health and Human Services to (MDHHS) around behavioral health transformation. In late 2019, MDHHS shared its vision for a new whole-person approach to providing care for people covered by Medicaid who have significant mental health, substance use disorder, and intellectual or developmental disabilities. MDHHS proposed an approach using a specialty integrated plan to provide all physical and behavioral health services for its members, bear financial risk, and be reimbursed on a capitated basis. After gathering feedback from the many stakeholders impacted by such a change, MDHHS hoped to implement this new delivery system in 2022. The department has recently announced that, given the volume of work needed to effectively respond to the COVID-19 pandemic, the behavioral health transformation work has been temporarily paused.

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



BEAUMONT AND SUMMA HEALTH

In the July 2019 edition of *The Michigan Update*, we reported that Beaumont Health, a major hospital and health system in southeast Michigan, and Akron, Ohio-based Summa Health had signed a letter of intent to develop a strategic partnership. In May 2020, the two organizations announced an end to their planned merger after putting the process on hold to focus on the COVID-19 pandemic.

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

MEDICAID POLICIES

The Michigan Department of Health and Human Services (MDHHS) issued eight final policies in May that merit mention; all but one of the final policies were released simultaneously for public comment. They are available for review on the department's [website](#).

- **MSA 20-20** was issued on May 1, 2020 to advise **Rural Health Clinics** and others of a change in **reimbursement methodology** for clinic services.
- **MSA 20-15** was issued on May 5, 2020 as part of the state's **COVID-19** response to provide additional **guidance for School-Based Services and Caring 4 Students Providers** around the provision of **behavioral health tele-practice and telephone (audio-only) services**. The bulletin was **released simultaneously for public comment** (2005-SBS), and comments are due to MDHHS by June 9, 2020.
- **MSA 20-22** was issued on May 5, 2020 as part of the state's **COVID-19** response to provide **guidance related to the provision of physical therapy, occupational therapy and speech therapy services using telemedicine**. The bulletin was **released simultaneously for public comment** (2029-Telemedicine), and comments are due to MDHHS by June 9, 2020.
- **MSA 20-24** was issued on May 6, 2020 as part of the state's **COVID-19** response to **temporarily waive certain requirements** associated with **eligibility for Children's Special Health Care Services (CSHCS)** coverage. Specifically, MDHHS will waive the requirement that beneficiaries/applicants apply for Medicaid and be placed in a 90-day temporary eligibility period, and MDHHS will temporarily allow non-physician providers to submit medical reports for CSHCS eligibility. The bulletin was **released simultaneously for public comment** (2030-CSHCS), and comments are due to MDHHS by June 10, 2020.
- **MSA 20-40** was issued on May 11, 2020 as part of the state's **COVID-19** response to **temporarily allow additional services for Medicaid beneficiaries eligible for emergency services only (ESO)**. Specifically, MDHHS will also allow ESO beneficiaries to receive **medically necessary COVID-19 testing and treatment** services. The bulletin was **released simultaneously for public comment** (2042-ESO), and comments are due to MDHHS by June 15, 2020.
- **MSA 20-08** was issued on May 20, 2020 as part of the state's **COVID-19** response to provide additional guidance and flexibility in the **reimbursement methodology for telehealth services provided by**

Federally Qualified Health Centers, Rural Health Clinics and Tribal Health Centers effective March 10, 2020. The bulletin was **released simultaneously for public comment** (2037-Clinic), and comments are due to MDHHS by June 24, 2020.

- **MSA 20-36** was issued on May 20, 2020 to clarify MDHHS's **intent to discontinue some of the policies and processes** previously issued via bulletin and L letter **when the current state of emergency is terminated**. The affected issuances are identified in the bulletin. The bulletin was **released simultaneously for public comment** (2039-COVID), and comments are due to MDHHS by June 24, 2020.
- **MSA 20-33** was issued on May 21, 2020 to notify **All Providers** that effective for dates of service on and after January 1, 2020, and **contingent upon approval of a State Plan Amendment**, there are **no beneficiary copayment requirements for drugs utilized as opioid antidotes**. The bulletin was **released simultaneously for public comment** (2016-Pharmacy), and comments are due to MDHHS by June 25, 2020.

MDHHS also released one other proposed policy that merits mention. This policy is available on the department's website as well.

- A proposed policy (**2019-Pharmacy**) has been issued that would implement a **Single Preferred Drug List** (Single PDL). The **Single PDL** would be used by the contracted Medicaid Health Plans and for Medicaid fee-for-service. Comments are due to MDHHS by June 19, 2020.

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

- **L 20-19** was released May 1, 2020 to advise providers of **Long-Term Services and Supports** that, due to the COVID-19 public health emergency, MDHHS is allowing **flexibilities related to the completion of Level of Care Determinations (LOCs)** for Medicaid beneficiaries. These flexibilities apply to LOCs with end dates between March 1, 2020 and June 30, 2020.
- **L 20-26** was released May 1, 2020 to notify **Home Help Individual Caregivers** of **hourly rate increases** – permanent increases effective January 1 and April 1, 2020 and a temporary increase due to the **COVID-19** public health emergency effective between April 1 and June 30, 2020.
- **L 20-27** was released May 1, 2020 to advise that, due to the **COVID-19** emergency, a **temporary hourly wage increase** will be applied to payments for **in-home direct care workers** providing certain services through the **MI Choice Waiver, MI Health Link, Home Help and Behavioral Health programs** between April 1 and June 30, 2020.
- **L 20-28** was released May 12, 2020 as a **follow-up to L 20-27**. This letter **expanded the list of services for which the temporary hourly wage increase will be applied** for services provided between April 1 and June 30, 2020.



- **L 20-32** was released May 21, 2020 to advise **Skilled Nursing Facilities** of federal and Michigan-specific **COVID-19 reporting requirements in EMResource.**

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