

HEALTH MANAGEMENT ASSOCIATES

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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of November 1, 2019, there were **1,736,549 Medicaid beneficiaries, including 524,771 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 2,283** since October 1, 2019. The number of HMP beneficiaries enrolled in HMOs increased by 922, and the number of non-HMP enrollees increased by 1,361. As the table also shows, the November 2019 HMO enrollment total is more than 19,000 below the total for November 2018 and almost 53,000 below the total for September 2018.

	Sept. 2018	Nov. 2018	Jan. 2019	March 2019	May 2019	July 2019	Sept. 2019	Oct. 2019	Nov. 2019
All Medicaid Beneficiaries Enrolled	1,789,450	1,755,709	1,751,429	1,761,472	1,724,124	1,725,780	1,731,594	1,734,266	1,736,549
• Total HMP Enrollees	550,742	540,098	526,431	536,784	521,784	519,784	523,849	523,823	524,771
• Total CSHCS/ Medicaid Enrollees	21,416	19,040	22,020	21,026	22,310	22,953	23,616	23,947	24,066
• Total Medicare/ Medicaid Enrollees (Duals)	39,563	38,965	39,261	38,756	38,301	39,034	39,012	39,092	39,279
• Total MIChild Enrollees	34,873	34,847	36,448	35,860	35,364	36,866	38,608	38,744	38,433

The number of beneficiaries identified as mandatory managed care enrollees but not yet enrolled in a Medicaid HMO has varied dramatically during the 2018 and 2019, from a low of 45,305 in July 2018 to a high of 111,082 in January 2019. In November 2019, the number of mandatory but not yet enrolled beneficiaries was 87,527. This is an increase of 3,696 since October and the highest monthly total in a several months.

As the enrollment reports for November ([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 November 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 524,771 HMP beneficiaries enrolled as of November 1, 2019 in the Medicaid HMOs. This is an **increase of 948 since October 1, 2019**. As the table above shows, while there have been some increases and decreases over the last several months, the November count of enrollees is about 15,000 below the count for November 2018. We note that total HMP enrollment (both in managed care and fee-for-service) has also decreased over this time period by a similar number. In addition, enrollment of HMP beneficiaries in the Medicaid HMOs has been affected by a large fluctuation in the number of HMP beneficiaries 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 jumped to 57,771 in January 2019, dropped to 29,045 by May, and as of November 1, 2019, there were 38,227 mandatory but unenrolled beneficiaries, an increase of 2,506 since October.

All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in November 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 **24,066 joint CSHCS/Medicaid beneficiaries enrolled as of November 1, 2019** in the Medicaid HMOs, **an increase of 119 since October 1, 2019**.

All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in November were Meridian Health Plan of Michigan with 22.5 percent of the total, Molina Healthcare of Michigan with 22.0 percent, and Blue Cross Complete with almost 14 percent of the total enrollees.

MiChild

There were **38,433 MiChild beneficiaries enrolled as of November 1, 2019** in Medicaid HMOs. As the table above reflects, the number of enrolled MiChild beneficiaries **decreased by 311 between October 1, 2019 and November 1, 2019**.





All Medicaid HMOs have MICHild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in November were Meridian Health Plan of Michigan with almost 29 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 **39,279 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled as of November 1, 2019** in Medicaid HMOs for their acute care Medicaid benefits. As the table above reflects, the number of enrolled duals **increased by 187 between October 1, 2019 and November 1, 2019.**

All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in November 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 almost 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 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 November 1, 2019, the MI Health Link enrollment total was 37,377, an increase of 359 enrollees since October 1, 2019.**



The tables below illustrate 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. The enrollment total for November 2019 is higher than any other month in 2019.

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	
34,771	36,621	37,295	37,018	37,377	

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 **November 1, 2019**.

MI Health Link Enrollment	Upper Pen. Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,296	880	3,210	7,386
AmeriHealth Michigan			646	2,236	2,882
HAP Empowered, Inc.			982	3,575	4,557
Meridian Health Plan of MI		4,989			4,989
MI Complete Health			517	1,958	2,475
Molina Healthcare of MI			1,910	9,166	11,076
Upper Peninsula Health Plan	4,012				4,012
Total	4,012	8,285	4,935	20,145	37,377

As of November 1, 2019, 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. A little 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 November 2019; 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 at almost 19 percent; and Upper Peninsula Health Plan came in third, with more than 17 percent of 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 over time. As of November 1, 2019, the voluntary enrollment percentage was 20.1, a reduction from the previous few months.

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 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 November 1, 2019, these three D-SNPs had a combined enrollment of 24,628 duals** for whom they provide Medicare services.



About 51 percent of the duals enrolled in a Michigan D-SNP (12,485 individuals) in November 2019 were enrolled with Molina; about 38 percent (9,450 duals) were enrolled with Meridian; and 2,693 duals (about 11 percent of the total) were enrolled with UnitedHealthcare. 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 1,912 enrollees as of November 1, 2019 and HAP had 54 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 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 **663,701 as of November 25, 2019**, the last counting day of the month. This is an **increase of 2,138 since October 28, 2019**, the last counting day in October.

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MICHIGAN BUDGETS FOR FISCAL YEAR (FY) 2019-2020

In the October 2019 edition of *The Michigan Update*, we reported that a partial shutdown of Michigan state government on October 1 was avoided when Governor Gretchen Whitmer, a Democrat, signed into law all state budgets on September 30. The Governor, stating her dissatisfaction with many of the provisions in the budget bills, made a possibly unprecedented number of vetoes – 147 items across all budgets – including 48 vetoes in the budget for the Michigan Department of Health and Human Services (MDHHS), the agency responsible for all public assistance and healthcare programs, including Medicaid and behavioral health. In total, the vetoes cut almost a billion dollars from the budgets and impacted several critical services and funding streams. Last month's newsletter details some of those budget cuts.



The Governor’s vetoes did not “sit well” with the Republican-controlled Legislature, but there has been some progress within the last few days on developing supplemental appropriation bills to restore some of the cuts the Governor made through vetoes. While not yet final, it appears some of the major health-related items to see funding restored will include rural hospital and health care programs, the autism navigator, expanded lead paint abatement efforts, and administrative funds to support the Healthy Michigan Plan work requirement implementation. Regarding the work requirements funding, the amount appropriated is considerably less than the Governor had requested but is considered a compromise.

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

DRUG CARVE-OUT

The Michigan Department of Health and Human Services (MDHHS) released a proposed policy on September 30, 2019 that would remove administration of the pharmacy benefit from Medicaid HMOs and as of December 1, 2019 transfer the function to the pharmacy benefit manager for fee-for-service Medicaid, which is Magellan Rx. On November 13, 2019, media outlets reported that a spokesperson for MDHHS said the policy would not be implemented on December 1, 2019. The spokesperson said the state must first review and consider the hundreds of comments received and evaluate the potential effects of implementing the proposed change.

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

WORKFORCE AND COMMUNITY ENGAGEMENT REQUIREMENTS

In previous editions of *The Michigan Update*, most recently last month, we have reported on Michigan’s workforce and community engagement requirements, which are scheduled for implementation on January 1, 2020. The requirements, 80 hours of work, job search or community engagement activities each month, will impact many adults age 19-62 with Healthy Michigan Plan (HMP – Medicaid expansion program) coverage that do not meet any of the criteria for an exemption from this requirement. The requirements will not apply to beneficiaries in this age group with “traditional” Medicaid program eligibility.

Michigan Department of Health and Human Services (MDHHS) staff continue to develop and disseminate information for impacted beneficiaries as well as community organizations and providers that will hopefully assist the beneficiaries in both understanding the requirements and complying with the necessary reporting to ensure they do not lose healthcare benefits. Staff have held numerous forums across the state in recent weeks to explain the new policy.



The department has scheduled a webinar for providers on December 17, 2019, from 3:00 to 4:00 p.m. Attendees will be given information about the upcoming changes and will be given an opportunity to submit questions. Registration is required and is available at this [link](#). The webinar will be recorded and posted for later viewing at this [link](#).

On November 22, 2019, 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 Director Seema Verma. The State of Michigan was not named in the lawsuit. The case argues that federal Medicaid law requires that any waivers of federal law and regulation granted must advance the Medicaid law's basic purpose of expanding health care. The case argues that waivers to impose work requirements, like the waiver granted to Michigan, fails in that mission. The lawsuit was filed in the U.S. District Court in Washington, D.C., the same court where similar lawsuits were filed over the question of work requirements in Kentucky, Arkansas, Indiana, and New Hampshire.

In a [Special Message to the Legislature](#), Governor Gretchen Whitmer has asked that they approve suspending implementation of the work requirements policy until the litigation has been resolved. As this newsletter is being released, legislative leaders have not agreed to a delay.

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

THE FUTURE OF BEHAVIORAL HEALTH IN MICHIGAN

On December 4, 2019, the Michigan Department of Health and Human Services (MDHHS) [announced](#) 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 proposes an integrated health plan approach that will launch in 2022. In concept, the state will contract with 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. The department's next steps will be to solicit feedback from the many stakeholders impacted by such a change. MDHHS is scheduling four open forums in January 2020. Links to the department's vision and other information are available through the announcement.

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

OPIOID USE DISORDER

In mid-November, media outlets reported Governor Gretchen Whitmer announced at a press conference that she and key leaders in her administration have developed a strategic plan to focus on preventing opioid abuse, increasing access to treatment, reducing harm, assuring equity with efforts targeting populations with a higher risk of drug abuse, dealing with pregnant women and new mothers, and working with individuals in jails or prisons.



One of the key policies in the strategic plan relates to the requirement for prescribers to obtain prior authorization for medications to assist people suffering from opioid use disorder (OUD). On December 2, 2019, the Michigan Department of Health and Human Services [announced](#) that the Medicaid prior authorization requirement for medications used to treat OUD, including buprenorphine, has been removed, effective immediately.

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

HEALTH INFORMATION NETWORKS TO MERGE

On November 9, 2019, media outlets announced that Michigan’s two health information sharing networks, Michigan Health Information Network (MiHIN) and Great Lakes Health Network (GLHC) plan to combine their resources and merge by the end of the calendar year. A health information sharing network is designed to help make it easier for hospitals, physicians and other health care providers and companies to exchange electronic patient data through secure online connections. Such data includes hospital admissions, discharge and transfer information and other health information. Such sharing is designed to improve coordination of care and better tracking of chronic conditions, reduce duplication of services by providers, and result in lower costs and improved patient care quality and health status.

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

MARCH OF DIMES REPORT CARD

On November 4, 2019, the March of Dimes released its [2019 Report Card](#) that, provides data on the current state of maternal and infant health in the United States. Data shows that the preterm birth rate in the United States has worsened for a fourth year, from 9.63 percent in 2015 to 10.02 percent in 2018. The Report Card provides information on a state basis and for some of the country’s major cities. Oregon received an “A -” for its efforts to reduce preterm births, the only state in the country to receive this grade. Michigan, with a preterm birth rate of 10.0%, received a “C”.

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MICHIGAN MEDICAID NURSING FACILITY REIMBURSEMENT SYSTEM

The Michigan Auditor General recently released a [Performance Audit Report](#) for the Michigan Department of Health and Human Services (MDHHS) related to its administration of Medicaid payments to nursing facilities. The report found that the department’s long-term care “cost reimbursement methodology is complicated, labor intensive, ineffective, and inefficient.” The report recommended that the state develop and implement a simpler system and MDHHS agreed.

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



MI CHOICE WAIVER

The Michigan Department of Health and Human Services recently released a Medicaid program policy bulletin outlining changes in policies and services related to the MI Choice home and community-based services waiver program that helps elderly and disabled Medicaid beneficiaries to live in a community rather than institutional setting. The revised chapter reflects policy changes approved by the Centers for Medicare & Medicaid Services during the recent waiver renewal process. The policy bulletin (MSA 19-17) can be accessed at the link in the Medicaid Policies article below. Updates include:

- Removal of Community Transition Services and addition of language relating to other requirements for individuals transitioning from a nursing facility to a community setting
- Addition of new services
 - Community Health Worker
 - Community Transportation
- Addition to existing services
 - Respiratory Care to Private Duty Nursing (PDN) (to allow Respiratory Therapists as PDN providers for respiratory care)
 - Nursing facilities as Respite settings
- Changes to frequency of reassessment, care plan development/updates, and contact with participants
- Removal of language related to Nursing Facility Level of Care Determination and Retrospective Review
- Clarification regarding institutional stays and MI Choice enrollment
- Clarification on enrollment capacity
- Clarification regarding home and community-based settings (revised language related to the person-centered service plan and what it must include)
- Additional language related to self-determination
- Clarification regarding provider networks
- Reporting and audit requirements to comply with federal managed care regulation
- Addition of language requiring the waiver agencies to check the List of Sanctioned Providers when doing background checks for providers
- Updates to three critical incidents
- Updates to requirements for grievances and appeals to comply with federal requirements

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 seven final policies and two proposed policies that merit mention. Two of the final policies were released simultaneously for public comment. They are available for review on the department's [website](#).

- **MSA 19-17** advises **MI Choice Waiver Agencies** of revisions to the **MI Choice Waiver Chapter** of the Medicaid Provider Manual. (See separate article that identifies some of the changes.)
- **MSA 19-24** notifies **Nursing Facilities, County Medical Care Facilities and other Long-Term Care Facilities** of **changes** to the **Nursing Facility Cost Reporting & Reimbursement Chapter and the Hospice Chapter** of the Medicaid Provider Manual. Implementation is contingent upon federal approval of a State Plan Amendment.
- **MSA 19-30** advises **Durable Medical Equipment Providers, Practitioners, Medicaid Health Plans and Integrated Care Organizations** of policy updates regarding **documentation requirements for home oxygen therapy**.
- **MSA 19-33** informs **All Providers** of **quarterly updates** to the Medicaid Provider Manual. The bulletin also advises that **prior authorization is no longer required for monaural or binaural CROS/BICROS hearing aids** included in the MDHHS Volume Purchase Contract if other requirements are met.
- **MSA 19-34** notifies **Practitioners, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics and Others** of updates to policies related to **coverage of disposable hearing aid batteries**.
- **MSA 19-35** informs **All Providers and Bridges Eligibility and Administrative Manual Holders** that **new work requirements will be implemented on January 1, 2020 for certain adult Medicaid beneficiaries with Healthy Michigan Plan health care coverage**.
- **MSA 19-36** advises **Bridges Eligibility Manual Holders** that MDHHS will pursue **restrictions on Medicaid eligibility for individuals convicted of certain crimes related to the Medicaid program**.
- A proposed policy (**1939 NEMT**) has been issued that would **allow other licensed providers to verify the need for non-emergency medical transportation** and only require the Medical Verification for Transportation form for special transportation. The policy will also **define transportation provider qualifications for beneficiaries who transport themselves**. Comments are due to MDHHS by December 30, 2019.
- A proposed policy (**1928 BHDDA**) has been issued that provides information on the renewal applications for **three Medicaid mental health services waivers**: the Children's Waiver Program, (CWP), the Habilitation Supports Waiver (HSW), and the Waiver for Children with Serious Emotional Disturbances (SEDW).

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



- **L 19-42** was released November 22, 2019 as a notice to providers that MDHHS is **removing the prior authorization requirement for selected Opioid Use Disorder medications** identified as “preferred agents” on the Michigan Preferred Drug List.
- **L 19-44** was released December 2, 2019 as a notice to Tribal Chairs and Health Directors of the department’s **intent to submit an extension request to the Centers for Medicare & Medicaid Services to extend the Flint Michigan Section 1115 Demonstration Waiver for ten years.**

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HMA HEALTH MANAGEMENT ASSOCIATES

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