

HEALTH MANAGEMENT ASSOCIATES

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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of September 1, 2019, there were **1,731,594 Medicaid beneficiaries, including 523,849 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 12,767** since August 1, 2019. The number of HMP beneficiaries enrolled in HMOs increased by 7,350, and the number of non-HMP enrollees increased by 5,417. As the table also shows, the September 2019 enrollment total is almost 58,000 below the total for September 2018.

	Sept. 2018	Nov. 2018	Jan. 2019	March 2019	May 2019	July 2019	August 2019	Sept. 2019
All Medicaid Beneficiaries Enrolled	1,789,450	1,755,709	1,751,429	1,761,472	1,724,124	1,725,780	1,718,827	1,731,594
• Total HMP Enrollees	550,742	540,098	526,431	536,784	521,784	519,784	516,499	523,849
• Total CSHCS/Medicaid Enrollees	21,416	19,040	22,020	21,026	22,310	22,953	23,371	23,616
• Total Medicare/Medicaid Enrollees (Duals)	39,563	38,965	39,261	38,756	38,301	39,034	38,743	39,012
• Total MIChild Enrollees	34,873	34,847	36,448	35,860	35,364	36,866	37,673	38,608

The number of beneficiaries identified as mandatory managed care enrollees but not yet enrolled in a Medicaid HMO has varied dramatically during the past 14 months, from a low of 45,305 in July 2018 to a high of 111,082 in January 2019. In September 2019, the number of mandatory but not yet enrolled beneficiaries was 82,425, a drop of 4,138 since August.

As the enrollment reports for September ([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 September were Meridian Health Plan of Michigan with 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 523,849 HMP beneficiaries enrolled as of September 1, 2019 in the Medicaid HMOs. This is an **increase of 7,350 since August 1, 2019**. As the table above shows, while there have been some increases and decreases over the last several months, the September count of enrollees is almost 27,000 below the count for September 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. Enrollment of HMP beneficiaries in the Medicaid HMOs has also 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 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 September 1, 2019, there were 34,189, a decrease of 2,862 since August.

All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest enrollment in September 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 **23,616 joint CSHCS/Medicaid beneficiaries enrolled as of September 1, 2019** in the Medicaid HMOs, **an increase of 245 since August 1, 2019**.

All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in September were Meridian Health Plan of Michigan and Molina Healthcare of Michigan, each with more than 22 percent of the enrollees (Meridian only had three more enrollees than Molina), and UnitedHealthcare Community Plan with almost 14 percent of the total enrollees.

MiChild

There were **38,608 MiChild beneficiaries enrolled as of September 1, 2019** in Medicaid HMOs. As the table above reflects, the number of enrolled MiChild beneficiaries **increased by 935 between August 1, 2019 and September 1, 2019**.



All Medicaid HMOs have MICHild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in September 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 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 **39,012 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled as of September 1, 2019** in Medicaid HMOs for their acute care Medicaid benefits. As the table above reflects, the number of enrolled duals **increased by 269 between August 1, 2019 and September 1, 2019.**

All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in September were Meridian Health Plan of Michigan with almost 31 percent of the total, Molina Healthcare of Michigan with more than 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 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 September 1, 2019, the MI Health Link enrollment total was 37,295, an increase of 674 enrollees since August 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, and the enrollment total for September 2019 is the highest this calendar year. This fluctuation could be tied to the months during which the department processes passive enrollments.

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	July 2019	August 2019	Sept. 2019
34,367	34,444	33,672	33,145	33,095	35,612	34,771	36,621	37,295

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 **September 1, 2019**.

MI Health Link Enrollment	Upper Pen. Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,304	869	3,221	7,394
AmeriHealth Michigan			638	2,246	2,884
HAP Empowered, Inc.			972	3,598	4,570
Meridian Health Plan of MI		5,001			5,001
MI Complete Health / Fidelis			517	1,954	2,471
Molina Healthcare of MI			1,880	9,079	10,959
Upper Peninsula Health Plan	4,016				4,016
Total	4,016	8,305	4,876	20,098	37,295

As of September 1, 2019, Molina Healthcare of Michigan had the most enrollees, both voluntarily and passively enrolled (more than 29 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, 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. Over 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.

While all plans have enrollees receiving care in nursing facilities, Aetna Better Health of Michigan had the largest share during September 2019; over 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 almost 18 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 September 1, 2019, the voluntary enrollment percentage was 26.2, a slight reduction from the previous few months.

MDHHS also reports that a little more than 60,000 duals eligible for participation in the demonstration have chosen to opt out. These individuals receive their Medicaid benefits on a fee-for-service basis but retain the option to voluntarily enroll, or re-enroll, in the demonstration at any time.

More than half of the MI Health Link enrollees are individuals under the age of 65. These younger individuals qualified for Medicare and Medicaid based on a disability.

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

MICHIGAN D-SNPS

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 September 1, 2019, these three D-SNPs had a combined enrollment of 23,737 duals** for whom they provide Medicare services.



More than 52 percent of the duals enrolled in a Michigan D-SNP (12,367 individuals) in September 2019 are enrolled with Molina; almost 38 percent (9,009 duals) are enrolled with Meridian; and 2,361 duals (almost 10 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 1,413 enrollees as of September 1, 2019 and HAP had 43 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 **661,998 as of September 30, 2019**, the last counting day of the month. This is an increase of **8,392 since August 26, 2019**, the last counting day in August.

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HENRY FORD / HEALTH ALLIANCE PLAN AND TRUSTED HEALTH PLAN MICHIGAN

In the June 2019 edition of *The Michigan Update*, we reported that Henry Ford Health System and Health Alliance Plan (Henry Ford and HAP) had signed a definitive agreement to acquire Trusted Health Plan Michigan (Trusted HP – Michigan), a small Medicaid health plan based in Detroit, formerly known as Harbor Health Plan, Inc., whose approved Medicaid service area includes Wayne, Oakland and Macomb counties. On September 19, 2018, Henry Ford and HAP [announced](#) that all regulatory approvals have been received and the acquisition was effective on September 13, 2019. Another HAP subsidiary, HAP Empowered (formerly HAP Midwest Health Plan), serves Medicaid beneficiaries in Genesee, Huron, Lapeer, Sanilac, Shiawassee, St. Clair, and Tuscola counties.

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



MICHIGAN BUDGET

Although a partial government shutdown was averted when the Legislature completed and in late September presented to Governor Whitmer all Michigan department and agency budgets for the fiscal year that begins October 1, 2019, her action on those budgets was not yet finalized when this edition of *The Michigan Update* was released. It is anticipated that, in addition to some vetoes, the Governor plans to transfer appropriated funds between line items in some of the department budgets. A special State Administrative Board meeting has been scheduled for October 1st to address these transfers, the Board's first-ever use of this authority.

HMA will release a Special Edition of the *Update* focused on the Michigan budget when more information is available.

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

WORKFORCE AND COMMUNITY ENGAGEMENT REQUIREMENTS

In previous editions of *The Michigan Update* 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 – impact many adults age 19-62 with Healthy Michigan Plan (HMP – Medicaid expansion program) coverage who have not been exempted (excused).

The Michigan Department of Health and Human Services (MDHHS) [announced](#) on September 6, 2019 several steps being taken toward implementation of the workforce and community engagement requirements effective next year. MDHHS has established a page on its [website](#) dedicated primarily to these requirements. The site provides additional detail about the requirements as well as information about circumstances that could exempt a beneficiary from them. MDHHS has already sent letters to HMP beneficiaries anticipated to meet exemption requirements and to other beneficiaries expected to be impacted by them. MDHHS has also been providing information to community organizations and providers in the hope they will assist beneficiaries in both understanding the requirements and complying with the required reporting.

Of potential interest as well, on this same website there is a link to additional requirements on HMP beneficiaries beginning next year. These requirements impact many beneficiaries that have received HMP benefits for 48 months or more and have income over 100% of the federal poverty level. To continue HMP coverage, impacted beneficiaries will be required to pay a higher premium (5% rather than 2% of income) and complete certain activities associated with healthy behaviors. Criteria for exemption from these requirements are also listed.

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MICHIGAN RECEIVES \$4 MILLION CDC GRANT

On September 3, 2019, the Michigan Department of Health and Human Services [announced](#) that it is among six state health departments nationwide awarded a five-year grant totaling \$4 million from the U.S. Centers for Disease Control and Prevention supporting the expansion of statewide toxic chemical biomonitoring. Biomonitoring is the measurement of environmental chemicals in body tissues or fluids, such as blood or urine, to determine the amount of chemical that actually enters the body.

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\$1.8 BILLION IN FUNDING TO STATES FOR OPIOID CRISIS

On September 4, 2019, the U.S. Department of Health and Human Services (DHHS) [announced](#) more than \$1.8 billion in funding to states to continue the administration's efforts to combat the opioid crisis by expanding access to treatment and supporting near real-time data in the drug overdose crisis. Michigan's share of the funding is \$7,013,333. The announcement provides additional details about the specific funding sources from within DHHS.

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

IMPROVING MOTHER AND INFANT HEALTH IN MICHIGAN

On September 5, 2019, the Michigan Department of Health and Human Services, in partnership with the Maternal Infant Strategy Group (MISG), [announced](#) release of the *2020-2023 Mother Infant Health and Equity Improvement Plan*. The improvement plan includes comprehensive statewide strategies to align stakeholders around key goals to improve the health of mothers and babies. The plan was developed through public comment, continued engagement and discussion with maternal infant health stakeholders and advice from the MISG. The announcement includes a link to the plan.

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

\$50 MILLION TO ESTABLISH NEW HEALTH CENTER SITES

On September 11, 2019, the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services [announced](#) more than \$50 million in awards to fund 77 health centers across 23 states and two U.S. territories, targeted toward operational support for new organizations wishing to become HRSA Health Center Program grantees and for existing health centers hoping to establish new service delivery sites.

Michigan received three awards. Baldwin Family Health Care in Baldwin, Institute for Population Health, Inc., in Detroit, and Western Wayne Family Health Centers in Inkster each received \$650,000.



Additional information about the awards, including a complete list of awardees, is available through a link in the announcement.

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

MICHIGAN TO LEVERAGE \$1 MILLION IN FEDERAL FUNDS FOR HEALTH SYSTEMS INTEGRATION

On September 13, 2019, the Michigan Department of Health and Human Services [announced](#) a partnership with the Michigan Department of Licensing and Regulatory Affairs to leverage more than \$1 million in federal funds to continue the statewide integration of electronic health record systems and pharmacy dispensation systems with the Michigan Automated Prescription System (MAPS). The integrations project started in June 2017 with funding scheduled to end August 31, 2019. The additional grant funding allows the project to continue for another year.

Integrating electronic health record systems and pharmacy dispensation systems with MAPS provides prescribers and dispensers with cutting-edge resources, including:

- A seamless, single click connection into the new system's platform where users access one system and avoid multiple logins
- A merging of users' clinical workflow utilizing Appriss' NarxCare, a robust analytics tool and care management program that automatically analyzes MAPS data and a patient's health history, and provides an interactive visualization of usage patterns to help identify potential risk factors
- Tools to increase access to treatment, increase patient engagement, and enable care coordination
- A more efficient process that saves users valuable time and resources

To date, more than 49,000 prescribers and 3,500 pharmacists affiliated with health systems, hospitals, physician offices and pharmacies are integrated with the MAPS.

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

PIHPS ARE CHANGING NAMES

Two of Michigan's Prepaid Inpatient Health Plans are changing their names effective October 1, 2019 to reflect a trend in healthcare that looks at treating people in a holistic manner, which includes addressing behavioral health needs as well as medical, social and other issues in collaboration with community partners.

The Detroit Wayne Mental Health Authority is changing its name to Detroit Wayne Integrated Health Network. Additional information is available on the organization's [website](#).



Kalamazoo Community Mental Health & Substance Abuse Services will be known as Integrated Services of Kalamazoo. Additional information is available on the organization's [website](#).

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HEALTHY MICHIGAN PLAN BOOSTED HEALTH AND WORK ABILITY

On September 25, 2019, the Institute for Healthcare Policy & Innovation at the University of Michigan released the results of a [study](#), which was published in the journal *Psychiatric Services*. The study, which was based on the results of a survey of more than 4,000 low-income adults participating in the Healthy Michigan Plan (Medicaid expansion program), found that participation in the program helped many of them feel healthier and do a better job at work or a job search in just one year after they got their new health coverage. People with behavioral health conditions, including mental health disorders such as depression or addiction to drugs or alcohol, were especially advantaged.

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MEDICAID POLICIES

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

- **MSA 19-21** notifies **Practitioners, Health Departments, Health Centers, Medicaid Health Plans, Prepaid Inpatient Health Plans and Community Mental Health Services Programs** of updated **coverage policies for providers delivering services to children with autism spectrum disorders**. Due to a lack of available and certified behavioral health treatment providers, **MDHHS is extending the deadline for required certifications from September 2020 to September 2025**.
- **MSA 19-22** advises **Prepaid Inpatient Health Plans and Community Mental Health Services Programs** of new **criteria for Substance Use Disorder Crisis Residential Services**.
- **MSA 19-23** clarifies for **Home Health Agency Providers, Medicaid Health Plans, Integrated Care Organizations, and Practitioners** new **prior authorization requirements for home health therapy services**.
- **MSA 19-25** informs **Orthotists, Prosthetists, Durable Medical Equipment Providers, Physicians and other Practitioners, Medicaid Health Plans and Integrated Care Organizations** of revised **standards of coverage for lower extremity orthotics**.
- **MSA 19-27** advises **All Providers** of the **quarterly update to the Medicaid Provider Manual** and clarifies **requirements associated with genetic testing**, fee schedule updates, and retroactive coverage of existing procedure codes.



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

- **L 19-33** was released September 3, 2019 as a notice to Tribal Chairs and Health Directors of the department's **intent to submit a State Plan Amendment (SPA)** to the Centers for Medicare & Medicaid Services (CMS) related to updating the **reimbursement policy for Maternal Infant Health Program services**.
- **L 19-32** was released September 24, 2019 as a notice to Tribal Chairs and Health Directors of the department's **intent to submit a SPA to CMS** related to **including certain active pharmaceutical ingredients (bulk drug substances) and excipients (flavorings, transdermal vehicles)** within the State Plan. This change will allow **coverage of these as a Medicaid pharmacy benefit when part of a compounded prescription**.

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HMA HEALTH MANAGEMENT ASSOCIATES

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