

HEALTH MANAGEMENT ASSOCIATES

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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of September 1, 2020, there were **1,972,839 Medicaid beneficiaries, including 651,134 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 19,402** since August 1, 2020. The number of HMP beneficiaries enrolled in HMOs increased by 13,438 and the number of non-HMP beneficiaries increased by 5,964.

As the table below illustrates, **managed care enrollment has grown significantly** over the last several months and is about **206,000 higher in September 2020 than in March 2020**. Managed care enrollment in September 2020 is more than 240,000 higher than in September 2019.

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 September 2020 is more than 110,000 higher than in March 2020, and more than 127,000 higher than a year ago, in September 2019. The count of non-HMP enrollees has also increased 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.

	Sept. 2019	Dec. 2019	March 2020	June 2020	July 2020	Aug. 2020	Sept. 2020
All Medicaid Beneficiaries Enrolled	1,731,594	1,743,905	1,766,779	1,880,759	1,927,140	1,953,437	1,972,839
• Total HMP Enrollees	523,849	528,713	540,935	596,382	621,998	637,696	651,134
• Total CSHCS/ Medicaid Enrollees	23,616	23,944	24,292	25,750	25,570	25,233	24,924
• Total Medicare/ Medicaid Enrollees (Duals)	39,012	39,569	39,293	40,724	41,168	41,427	41,446
• Total MIChild Enrollees	38,608	38,618	38,909	35,351	35,663	35,764	35,795

The number of beneficiaries identified as mandatory managed care enrollees but not yet enrolled in a Medicaid HMO has varied dramatically over the last two years, from a low of 45,305 in July 2018 to a high of 149,746 in May 2020. This figure has dropped steadily since May, and in September 2020 the number of mandatory but not yet enrolled beneficiaries was 62,603, down from 73,080 in August 2020.

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 2020 were Meridian Health Plan of Michigan with about 27 percent of the total, Molina Healthcare of Michigan with about 18 percent, and UnitedHealthcare Community Plan 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 September 2020 was 651,134, an increase of 13,438** over the count for August 2020. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in September 2020 were Meridian Health Plan of Michigan with about 25 percent of the total, Blue Cross Complete with almost 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 **24,924 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs in September 2020, a decrease of 309** since August 2020. All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in September 2020 were Meridian Health Plan of Michigan with about 23 percent of the total, Molina Healthcare of Michigan with about 21 percent, and Blue Cross Complete with about 15 percent of the total number of enrollees.

MiChild

There were **35,795 MiChild beneficiaries enrolled in the Medicaid HMOs in September 2020, an increase of 31** since August 2020. 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 about 28 percent of the total, Molina Healthcare of Michigan with about 15 percent, and Blue Cross Complete with about 13 percent of the total number of enrollees.

Medicare/Medicaid

Aside from Michigan’s Medicare/Medicaid financial alignment demonstration, MI Health Link, there were an additional **41,446 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in September**



2020 in Medicaid HMOs for their acute care Medicaid benefits. As the table above reflects, the number of enrolled duals increased by 19 between August and September 2020. All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in September 2020 were Meridian Health Plan of Michigan with about 30 percent of the total, Molina Healthcare of Michigan with about 22 percent, and McLaren Health Plan with about 14 percent of the total number of enrollees.

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 in **September 2020, the MI Health Link enrollment total was 39,055, a decrease of 151 enrollees since August 2020.**

The tables below illustrate MI Health Link enrollment by month during 2018 and 2019 and for the first nine 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 August 2020 when there were 39,206 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	June 2020
36,647	37,575	37,006	36,864	37,675	37,898
July 2020	August 2020	Sept. 2020			
38,473	39,206	39,055			

There are seven ICOs serving one or more of the demonstration regions. The table below provides enrollment information by region for each ICO for **September 2020**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,220	961	3,383	7,564
AmeriHealth Michigan			656	2,200	2,856
HAP Empowered Health Plan			1,019	3,534	4,553
Meridian Health Plan of MI		5,031			5,031
MI Complete Health			642	2,234	2,876
Molina Healthcare of MI			2,110	9,889	11,999
Upper Peninsula Health Plan	4,176				4,176
Total	4,176	8,251	5,388	21,240	39,055

The plans with the highest enrollment in September 2020 were Molina Healthcare of Michigan with about 31 percent of the total, Aetna Better Health of Michigan with about 19 percent, and Meridian Health Plan of Michigan with about 13 percent of the total number of enrollees.

During September 2020, about 95 percent of the MI Health Link enrollees were living in a community setting, and the remaining five percent of enrollees resided in a nursing facility. Almost six 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 September 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 19 percent; and Molina Healthcare of Michigan had almost 18 percent of total enrollees residing in nursing facilities during September.

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 September 2020, almost 18 percent of the demonstration's participants were voluntarily enrolled.

MDHHS also reports that about 61,000 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

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 2020 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 53 enrollees in September 2020. Align Senior Care Michigan is offering a C-SNP focused on beneficiaries with diabetes or cardiac issues and had 14 enrollees in September. Both enrollment figures are unchanged from August 2020. Align is also offering an I-SNP and had 149 enrollees in September 2020, a decrease of two enrollees since August.

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 September 1, 2020, these four D-SNPs had a combined enrollment of 33,075 duals for whom they provide Medicare services.

About 42 percent of the duals enrolled in a Michigan D-SNP (13,822 individuals) in September 2020 were enrolled with Molina; more than 32 percent (10,658 individuals) were enrolled with Meridian; nearly 17 percent (5,586 individuals) were enrolled with UnitedHealthcare; and about 9 percent (3,009 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, two additional D-SNPs serve Michigan – Humana Medical/Dental Plan and Health Alliance Plan (HAP) of Michigan. Humana had 9,805 enrollees as of September 1, 2020 and HAP had 93 enrollees. These enrollment totals are not counted in the aforementioned statistics. 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 (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 **799,829 as of September 28, 2020**, the last counting day of the month. This is an **increase of 16,755 since August 31, 2020**, the last counting day in August. **The enrollment count for September 28, 2020 is the highest ever enrollment count for the program and almost 108,000 higher than one year ago.**

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

STATE BUDGET

In the last two editions of *The Michigan Update*, we have reported that Governor Gretchen Whitmer and Legislative leaders have been working to resolve not only the budget shortfall for the current fiscal year ending this month but also to finalize the budget for the state's fiscal year beginning October 1, 2020. The former was resolved in August. The latter was resolved during late September and largely with no one outside of Governor Whitmer, her top staff and a few key legislators involved in the deliberations before making the budget decisions public. This was a dramatic shift from one year ago when negotiations became very acrimonious between Governor Whitmer and Republican legislative leaders.



A significant improvement in forecasted revenues over predictions from a few months ago, use of remaining federal funds provided through the Coronavirus Aid, Relief, & Economic Security (CARES) Act, along with some funding shifts allowed a reduction in General Fund (GF) spending by \$250 million. House Bill 5396 was passed very quickly by both Legislative chambers and forwarded to Governor Whitmer for signature on September 28, 2020.

The Michigan Department of Health and Human Services (MDHHS) budget for the new fiscal year (FY) is \$28.5 billion (\$5.09 billion in State GF), which is an 8.1 percent increase over FY 2019-2020 (a 6.7 percent GF increase). There were some increases in the budget as well as some reductions. A few of the highlights include:

Caseload and Actuarial Soundness Adjustments

- An increase of \$896 million (\$100 million GF) for traditional Medicaid and \$994 million (\$121.9 million GF) for the Healthy Michigan Plan to accommodate rising caseloads
- An increase of \$43.2 million (\$40.4 million GF) for cash, food and other assistance programs to accommodate rising public assistance caseloads
- An additional \$207.8 million (\$61.6 million GF) to make an estimated two percent actuarial soundness adjustment for the Medicaid Health Plans, Prepaid Inpatient Health Plans and other programs
- A \$33.7 million (\$12.1 million GF) reduction as savings from a two-way risk corridor for the two Healthy Kids Dental managed care plans

Medicaid Health Plans

- A \$30.6 million reduction (\$11 million GF) as savings through assumed recovery of health care costs from liable third parties
- A \$190.8 million reduction (\$47.7 million GF) as anticipated savings through implementation of a single preferred drug list, i.e., the same list of covered drugs will be used both for beneficiaries receiving care through the Medicaid Health Plans and on a fee-for-service basis; a report to the Legislature of actual expenditures and savings is required as well as relevant adjustments in rates paid to the plans
- A \$141.4 million reduction (\$36 million GF) due to assumed lower patient usage of Medicaid benefits since the COVID-19 pandemic has discouraged beneficiaries from seeking care

Behavioral Health Care

- An additional \$19.1 million (\$2.7 million GF) to pay for more staff and system improvements in behavioral health services to improve children's mental health services as required in the *K.B. v. Lyon* legal settlement, with the majority of the funds targeted toward systems upgrades
- A \$5 million (all GF) increase to add 60 positions for direct care staffing at four of the state's psychiatric hospitals and centers



- A \$23.4 million increase (\$2.5 million GF) to expand the number of Behavioral Health Homes by 9,245 enrollees
- Boilerplate language requires MDHHS to explore implementing Medicaid Health Homes for individuals with intellectual or developmental disabilities and also requires the department to explore the feasibility of implementing a standalone Medicaid delivery system for individuals with intellectual or developmental disabilities; both provisions require a report of findings to the Legislature.

Other Highlights

- An increase of \$352.6 million (no GF) to provide a 21.37 percent rate increase in Medicaid outpatient hospital reimbursements utilizing provider tax revenue, with related adjustments resulting in GF savings of \$15.7 million
- A \$23.5 million (\$12.6 million GF) increase to fund a change in policy for the Healthy Moms, Healthy Babies Medicaid benefit; the policy change extends Medicaid eligibility from two months following delivery to coverage for a full year and also expands access to behavioral health care and home visiting programs for pregnant women, new mothers and at-risk families
- An additional \$150 million (\$40 million GF) to extend the \$2 per hour wage increase for direct care workers for three more months, including Medicaid-eligible behavioral health direct care workers, skilled nursing facility employees, and area agency on aging direct care employees
- An additional \$20 million from federal Coronavirus Relief Funds for personal protective equipment in nursing facilities, which will be allocated on a per licensed bed basis
- An increase of \$8.7 million (\$3.1 million GF) to provide a 10 percent rate increase for private duty nursing services for Medicaid children
- A reduction of \$1.2 million (\$400,700 GF) in funding for the non-emergency medical transportation contract for services in Macomb, Oakland, and Wayne Counties, which were re-bid at a lower cost
- Elimination of longstanding boilerplate language requiring a lifetime ban on food assistance for people with more than one drug felony

Additional information about these provisions is available on the Legislature's [website](#).

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

STATE RECEIVES \$80 MILLION IN OPIOID RESPONSE GRANTS

On September 28, 2020, Governor Gretchen Whitmer [announced](#) receipt of \$80 million in federal funding to respond to the ongoing opioid crisis. The funds will support prevention, treatment and harm reduction services, with a focus on evidence-based practices that save lives.

The funding includes \$36.4 million from the new State Opioid Response II (SOR II) grant and \$43.1 million from an extension of the current State Opioid Response I (SOR I) grant through September 2021. The



Behavioral Health and Developmental Disabilities Administration's Office of Recovery Oriented Systems of Care in the Michigan Department of Health and Human Services will be receiving and administering the grants funds, which will be used to support an expansion in naloxone distribution, treatment programs, treatment in correctional facilities and more.

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

COVID-19 – LONG-TERM CARE

In the July edition of *The Michigan Update*, we wrote about a Rapid Response Staffing Resource program the Michigan Department of Health and Human Services (MDHHS) put into place to help long-term care facilities facing staff shortages due to COVID-19. On September 15, 2020, MDHHS [announced](#) an expansion of the program.

Initially the program was available in 11 counties and offered 72 hours or less of consecutive staffing assistance. The program has now been expanded statewide and offers up to 120 hours of staffing support. Up to five staff members per shift can be requested, and the staffing is available to assisted living centers, homes for the aged and adult foster care homes in addition to nursing facilities. Additional information about the program is available through a link in the announcement.

Also on September 15, 2020, MDHHS [announced](#) an expansion of state assistance and reimbursement to Homes for the Aged in Michigan to encourage and support their regular testing of residents for COVID-19. Additional information about this assistance is available through a link in the announcement.

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

STREAMLINED RENEWAL PROCESS

On September 2, 2020, the Michigan Department of Health and Human Services (MDHHS) [announced](#) the launch of a simpler benefits renewal process for beneficiaries receiving food, health care, child care, and cash assistance through the department. Called Project Re:New, the process follows the 2018 launch of a simplified application for benefits, an effort called Project Re:Form. Instead of using a common form and process that includes questions that may not apply to an individual's specific needs, there is a core redetermination form and a short supplemental form specific to each assistance program. Both Project Re:Form and Project Re:New were developed as a collaboration between MDHHS and a Detroit-based company called Civilla.

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

MEDICAID POLICIES

The Michigan Department of Health and Human Services (MDHHS) issued five final and four proposed policies in September that merit mention. Three of the final policies were simultaneously released for public comment. The policies are available for review on the department's [website](#).

- **MSA 20-59** was issued on September 1, 2020 to inform **All Providers of Quarterly Updates to the Medicaid Provider Manual**.
- **MSA 20-60** was issued on September 1, 2020 to announce to **Tribal Health Centers, Medicaid Health Plans, Integrated Care Organizations and Others** a **new provider designation and reimbursement option for Tribal 638 facilities**.
- **MSA 20-62** was issued on September 2, 2020, as part of the state's **COVID-19** response, to advise **Durable Medical Equipment, Prosthetics, Orthotics and Supplies Providers, Home Health Agencies, Practitioners, Pharmacies and Others** of a **Correction to MSA 20-35**. The correction relates to requirements around **certifying and documenting encounters associated with home health services ordered by non-physician practitioners**. This policy was **simultaneously released for public comment (2058-DMEPOS)** with comments due to MDHHS by October 7, 2020.
- **MSA 20-58** was issued on September 17, 2020, as part of the state's **COVID-19** response, to inform **Prepaid Inpatient Health Plans and Community Mental Health Services Programs** of **temporary flexibilities associated with the delivery of services**. This policy was **simultaneously released for public comment (2056-BHDDA)** with comments due to MDHHS by October 22, 2020.
- A proposed policy (**2053-HH**) has been issued that would answer provider questions about payments for **Home Help services on the dates of a facility admission or discharge** and reduce the rate of providers billing for Home Help services rendered on prohibited days. Comments are due to MDHHS by October 15, 2020.
- **MSA 20-61** was issued on September 30, 2020 as part of the state's **COVID-19** response, to inform **Private Duty Nurses, Home Health and Hospice Providers, and Medicaid Health Plans** that certain provisions of **MSA 20-41, released June 29, 2020, are rescinded**. Specifically, the bulletin states that out-of-state nurses, therapists and others as well as nursing students, are no longer able to provide and bill for services to Medicaid beneficiaries through hospice programs in Michigan. This policy was **simultaneously released for public comment (2057-PDN)** with comments due to MDHHS by November 4, 2020.

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

- **L 20-57** was released September 3, 2020 as a notice to Tribal Chairs and Health Directors of the department's **intent to submit a State Plan Amendment** to CMS to **decrease the fee-for-service**



Graduate Medical Education Pool amount from \$62,888,300 to \$31,170,500 effective October 1, 2020.

- **L 20-58** was released September 3, 2020 to clarify for **Nursing Facility** providers the process for **adjustments to the Medicaid Nursing Facility Cost Report** for expenses from **grants and gifts that are not from an endowment**.
- **L 20-55** was released September 4, 2020 to clarify for **Interested Parties** how providers are to **determine the managed care dental benefit for pregnant women** that was established in MSA 18-18 issued June 1, 2020. The letter includes answers to frequently asked questions.
- **L 20-54** was released September 21, 2020, to notify stakeholders of the decision to **extend the deadline to comply with the federal home and community-based settings requirement** (HCBS Final Rule, CMS 2249-F/2296-F) for programs offering **Medicaid Home and Community-Based Services** (HCBS). The deadline has been **extended from March 17, 2022 to the new date of March 17, 2023**.
- **L 20-56** was issued on September 25, 2020 to provide additional clarification related to **Community Living Support (CLS) services**. The letter was a **follow-up to a memo** issued in March to the executive directors of Prepaid Inpatient Health Plans and Community Mental Health Services Programs on use of **procedure code H2015** for all CLS services delivered in **unlicensed settings effective October 1, 2020**.

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