



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

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June 29, 2018

Jennifer Kostasich, Project Officer  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Mail Stop S2-01-16  
Baltimore, Maryland 21244-1850

Dear Ms. Kostasich,

Re: Project Number 11-W-00302/5 – Flint Michigan Section 1115 Demonstration

Enclosed is the annual report for the Flint Michigan Section 1115 Demonstration. It covers the second demonstration year. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

Should you have any questions related to the information contained in this report, please contact Jacqueline Coleman. She may be reached by phone at (517) 284-1190, or by e-mail at [colemanj@michigan.gov](mailto:colemanj@michigan.gov).

Sincerely,



Penny Rutledge, Director  
Actuarial Division

cc: Ruth Hughes  
Angela Garner

Enclosure (21)

# Flint Michigan Section 1115 Demonstration Annual Report

Demonstration Year: 2 (03/01/2017 – 02/28/2018)

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## Introduction

On March 3, 2016 the Centers for Medicare and Medicaid Services (CMS) approved Michigan Department of Health and Human Services' (MDHHS) application to expand Medicaid coverage for individuals impacted by lead exposure in the Flint water system through February 28, 2021. Through the demonstration, entitled "Flint Michigan Section 1115 Demonstration" and the associated state plan amendments, State Medicaid eligibility expanded to low-income children and pregnant women who were served by the Flint water system during a specified period of time and who would not otherwise be eligible for Medicaid. This population consists of children in households with incomes from 212 percent of the federal poverty level (FPL) up to and including 400 percent of the FPL and pregnant women in households with incomes from 195 percent up to and including 400 percent of the FPL.

The demonstration population receives care primarily through Medicaid managed care plans and receives all state plan benefits including, for children, Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Individuals receiving benefits under the demonstration are exempt from cost sharing and premiums. Targeted Case Management and home lead investigation services are available to children and pregnant women served by the Flint water system during the defined period who have been determined eligible for Medicaid. The provision of specialized services are limited to certain providers as allowable under the approved demonstration.

## Enrollment and Benefits Information

Enrollment into the Flint Medicaid waiver program began May 9, 2016. Beneficiaries already eligible for Medicaid were contacted by mail with information on expanded services provided by the waiver. Potential enrollees can apply for the program via the MDHHS website, by calling a toll-free number or by visiting any MDHHS County office or an area navigator site. Healthcare coverage and application information for people impacted by the Flint water system can be found on the MDHHS website.<sup>1</sup>

Demonstration enrollment activity is detailed in this section of the report. For reporting purposes, the Children enrollment group is defined as demonstration enrollees under the age of 21. Pregnant women are identified using pregnancy indicators in the MDHHS data warehouse. To avoid duplication, pregnant women are excluded from the Children enrollment group.

The following table, Table 1, shows enrollment in the demonstration by month.

Month	Pregnant Women	Children	Pregnant Women and Children
March 2017	707	27,702	28,409
April 2017	648	27,605	28,253
May 2017	584	27,561	28,145
June 2017	806	28,671	29,477
July 2017	734	28,498	29,232

<sup>1</sup> <http://www.michigan.gov/mdhhs/0,5885,7-339-71547-384168--,00.html>

<b>DY 2 Flint Demonstration Enrollment by Month Continued</b>			
Month	Pregnant Women	Children	Pregnant Women and Children
August 2017	685	28,467	29,152
September 2017	623	28,093	28,716
October 2017	572	27,949	28,521
November 2017	518	27,725	28,243
December 2017	469	27,534	28,003
January 2018	457	27,403	27,860
February 2018	429	27,322	27,751

Table 2 displays Flint demonstration new enrollment by month. This includes individuals who may have previously been enrolled in other Medicaid programs but are new to the Flint demonstration.

<b>Table 2: DY 2 Flint Demonstration New Enrollment by Month</b>			
Month	Pregnant Women	Children	Pregnant Women and Children Total
March 2017	86	1,596	1,682
April 2017	63	368	431
May 2017	63	304	367
June 2017	326	1,502	1,828
July 2017	58	304	362
August 2017	76	280	356
September 2017	60	233	293
October 2017	65	200	265
November 2017	60	195	255
December 2017	50	190	240
January 2018	51	168	219
February 2018	46	144	190
DY 2 Total	1,004	5,484	6,488

Table 3 shows Flint demonstration re-enrollments by month. Re-enrollments include individuals who have disenrolled and re-enrolled in the Flint demonstration. Individuals under the re-enrollment category also include individuals that may have previously been enrolled in other Medicaid programs.

<b>Table 3: DY 2 Flint Demonstration Re-Enrollment by Month</b>			
Month	Pregnant Women	Children	Pregnant Women and Children Total
March 2017	27	878	905
April 2017	14	315	329
May 2017	14	266	280
June 2017	19	295	314

<b>DY 2 Flint Demonstration Re-Enrollment by Month Continued</b>			
Month	Pregnant Women	Children	Pregnant Women and Children Total
July 2017	9	647	656
August 2017	22	367	389
September 2017	21	394	415
October 2017	25	397	422
November 2017	22	382	404
December 2017	17	360	377
January 2018	35	383	418
February 2018	20	387	407
DY 2 Total	245	5,071	5,316

Table 4 contains Flint demonstration disenrollment by month. Disenrollment for a reporting month contains individuals with program enrollment in the prior reporting month that do not have program enrollment for the current reporting month. For example, individuals defined as disenrolled in October 2017 were enrolled in the demonstration in September 2017 but were not enrolled in October 2017. Demonstration disenrollment is often the result of failure to timely return redetermination paperwork and transferring to another Medicaid program.

<b>Table 4: DY 2 Flint Demonstration Disenrollment by Month</b>			
Month	Pregnant Women	Children	Pregnant Women and Children Total
March 2017	158	627	785
April 2017	136	780	916
May 2017	141	614	755
June 2017	123	742	865
July 2017	139	772	911
August 2017	147	678	825
September 2017	143	1,001	1,144
October 2017	141	741	882
November 2017	136	801	937
December 2017	116	741	857
January 2018	98	682	780
February 2018	94	612	706
DY 2 Total	1,572	8,791	10,363

Additional demonstration disenrollment reports by month have been included as attachments. Enrollment maps depicting the geographic distribution of demonstration enrollees for the quarter have also been included as attachments to this report. The attached reports will not necessarily align numerically with the figures reported in the quarterly report tables due to differences in the timing of data retrieval and specifications.

MDHHS monitors the Flint demonstration population's usage of Medicaid benefits to assure access to care. The following access to care metrics utilize the same enrollment group definitions for children and pregnant women as described for tables 1 – 3. It should be noted that the Children Under 6 category below is a subgroup of the Children category.

The following table lists the cumulative, unduplicated count of Flint demonstration enrollees since the waiver begin date of May 9, 2016 through the end of the reporting year, February 28, 2018. The table displays the total number of those enrolled with a visit to a provider with a primary care associated specialty. This includes practitioners with a specialty of family medicine, general medicine, internal medicine or pediatrics. This metric includes any procedure rendered by a primary care provider (PCP).

<b>Table 5: DY 2 Cumulative Flint Demonstration PCP Utilization</b>			
<b>May 2016 – February 2018</b>			
Enrollment Group	Cumulative Enrollment	Cumulative Count of Enrollees with PCP Visit(s)	Cumulative Percentage of Enrollees with PCP Visit(s)
Children	35,431	30,022	85%
Children Under 6	13,726	12,830	93%
Pregnant Women	2,817	2,602	92%
<b>Total</b>	<b>38,248</b>	<b>32,624</b>	<b>85%</b>

Table 5 indicates the monthly count of PCP visits for the Flint demonstration population.

<b>Table 6: DY 2 Monthly Flint Demonstration PCP Visits</b>			
Month	Pregnant Women Visits	Children Visits	Total
March 2017	471	11,392	11,863
April 2017	378	8,885	9,263
May 2017	386	9,841	10,227
June 2017	538	9,134	9,672
July 2017	448	8,145	8,593
August 2017	376	10,319	10,695
September 2017	239	9,728	9,967
October 2017	245	10,419	10,664
November 2017	252	9,394	9,646
December 2017	229	7,546	7,775
January 2018	228	9,003	9,231
February 2018	189	8,240	8,429
<b>Total</b>	<b>3,979</b>	<b>112,046</b>	<b>116,025</b>

Targeted Case Management services are provided by Genesee Health System and include the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs;
- Development of a specific care plan;
- Referrals and related activities to help obtain needed services;
- Monitoring and follow-up activities.

The following table includes Targeted Case Management service activity as provided by Genesee Health System. Individuals counted as those with ongoing services are defined as individuals receiving a Targeted Case Management-related service other than assessment during the month, including unbilled face-to-face and phone contacts.

<b>Table 7: DY 2 Genesee Health System Targeted Case Management Activity</b>		
Month	Count of Assessments	Count of Enrollees with Ongoing Targeted Case Management
March 2017	5	38
April 2017	4	117
May 2017	5	128
June 2017	2	131
July 2017	5	64
August 2017	4	42
September 2017	8	26
October 2017	5	50
November 2017	8	37
December 2017	4	42
January 2018	6	43
February 2018	7	33

## **Outreach/Innovation Activities to Assure Access**

MDHHS and community partners work together to coordinate and implement outreach for those affected by the Flint water system. Activities have included press conferences, public service announcements, community events, advertisements on radio and television, social media posts, and letters to providers and potential enrollees. The public can access waiver specific information, including weekly enrollment reports, on the department’s website.<sup>2</sup> A variety of resources for Flint families are available on the State’s Flint water website.<sup>3</sup> MDHHS has prominently displayed links to both Flint websites on the MDHHS homepage.<sup>4</sup>

MDHHS provides progress reports to the Medical Care Advisory Council (MCAC) as its post award forum at regularly scheduled quarterly meetings. These meetings offer an opportunity for attendees to provide program comments and suggestions. The MCAC minutes from the demonstration year period have been attached as an enclosure. MCAC meeting agendas and minutes are also available on the MDHHS MCAC website.<sup>5</sup>

<sup>2</sup> <http://www.michigan.gov/mdhhs/0,5885,7-339-71547-376862--,00.html>

<sup>3</sup> <http://www.michigan.gov/flintwater>

<sup>4</sup> <http://www.michigan.gov/mdhhs/>

<sup>5</sup> [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_4860-55742--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-55742--,00.html)



## Operational and Policy Development

This and future annual reports will address policy, administrative or budget issues identified during the demonstration. MDHHS continues to meet regularly with the Medicaid Health Plans to address operational issues and policy developments. This year, MDHHS continued lead abatement and outreach activities in Flint. MDHHS has especially emphasized reaching out to individuals who did not meet with a primary care provider after testing positive for elevated blood lead levels. MDHHS issued a provider letter in May 2017 to notify Medicaid providers regarding inaccurate blood lead level testing results from Magellan Diagnostics lead tests. This provider guidance is attached as an enclosure. This year, MDHHS and its partners developed successful strategies to improve engagement in Elevated Blood Lead Level management and Targeted Case Management programs. Best practices included utilizing existing case managers, sending additional correspondence, and following up with closed cases. Focus groups conducted during the demonstration year assisted the department in identifying barriers to program enrollment. Similar to applicants of other Medicaid programs, individuals reported a lack of program awareness, confusion with the application, and difficulty in completing the application process. Additional insight from the focus groups will be sought with the goal of increasing program awareness and enrollment of the target population.

## Budget Neutrality Monitoring

According to the demonstration special terms and conditions, MDHHS is required to report demonstration expenditures subject to budget neutrality. In this demonstration, this is limited to all demonstration medical assistance expenditures for lead investigation with dates of services within the demonstration's approval period. The following budget neutrality table includes expenditures for March 2016 – December 2016.

<b>Table 8: Flint Demonstration Budget Neutrality Monitoring</b>					
	<b>DY 1 - PMPM</b>	<b>DY 2 - PMPM</b>	<b>DY 3 - PMPM</b>	<b>DY 4 - PMPM</b>	<b>DY 5 - PMPM</b>
Approved Flint Lead Diagnostics PMPM	\$ 10.49	\$ 10.49	\$ 10.49	\$ 10.49	\$ 10.49
Actual Flint Lead Diagnostics PMPM (YTD)	\$ 0.18	-	-	-	-
Total Flint Lead Diagnostics Expenditures (YTD)	\$ 29,940.00	-	-	-	-
Total Flint Demonstration Member Months (YTD)	168,304	-	-	-	-

As of January 1, 2017, Michigan's approved Children's Health Insurance Program (CHIP) Health Services Initiative (HSI) provides funding for lead abatement in the impacted areas of Flint, Michigan. As a result, expenditures subject to budget neutrality in the Flint Demonstration are limited to calendar year 2016. Lead abatement expenditures after 2016, including those associated with environmental diagnostic testing, are reported per CHIP HSI regulatory requirements.

## Consumer Issues

MDHHS utilizes the Beneficiary Helpline as a central point of contact for members to ask questions, report complaints and resolve issues. Information on beneficiary complaints and health plan grievances and appeals are currently collected for other Medicaid programs. In the following table, MDHHS has refined existing reporting mechanisms to measure Flint demonstration member telephone contacts with the department.

Category	Number of Contacts
1095-B Form	48
Obtaining Prescriptions	46
Covered Services	20
Enrollment/Eligibility Not Recognized	19
Enrollment	11
Other	5
Dental	5
Duplicate ID	5
Trauma Edit Questionnaire Response	2
Medical Supplies	2
Flint Attested	2
Total	165

## Demonstration Evaluation

MDHHS has commissioned the Michigan State University Institute for Health Policy (MSU-IHP) to serve as the Flint demonstration independent evaluator. On August 8, 2017, CMS approved the demonstration evaluation design. The complete Demonstration Evaluation Plan is available as an attachment to the Flint Demonstration's approved Special Terms and Conditions. MSU-IHP will conduct demonstration evaluation activities in four domains over a four year evaluation period. The four domains are as follows:

- I. Access to Services
- II. Access to Targeted Case Management
- III. Improved Health Outcomes
- IV. Lead Hazard Investigation

This year, MSU-IHP engaged in evaluation preparatory activities such as, identifying and obtaining target software and equipment, establishing a data management and analysis team, and corresponding with the United States and Michigan Departments of Education regarding available data.

## **Domain I: Access to Services**

Domain I will examine the hypothesis that demonstration enrollees will access services to identify and address physical or behavioral health issues associated with lead exposure at a rate higher than others with similar levels of lead exposure. This year, MSU-IHP engaged in data management team discussions, obtained Medicaid enrollment data, and completed mapping of demonstration enrollees. MSU-IHP continues to collate and program technical specifications for selected measures into analytic and statistical software. Additionally, MSU-IHP will attempt to collaborate with the CDC funded Flint Exposure Registry project about collaborating on a regional survey to reduce survey fatigue in the target population.

## **Domain II: Access to Targeted Case Management**

Domain II will assess if demonstration enrollees who access Targeted Case Management services will access needed medical, social, educational, and other services at a rate higher than others with similar levels of lead exposure. This year, MSU-IHP worked to establish a business associate agreement with Genesee Health System. Technical specifications for this domain's measures are in process of being collated and programed into analytic and statistical software.

## **Domain III: Improved Health Outcomes**

Domain III will evaluate the hypothesis that demonstration enrollees will have improved health outcomes compared to others with similar levels of lead exposure. There were no targeted evaluation activities during this reporting year.

## **Domain IV: Lead Hazard Investigation**

Domain IV will examine if the lead hazard investigation program reduces estimated expected ongoing or re-exposure to lead hazards in the absence of this program. There were no targeted evaluation activities during this reporting year.

## **Enclosures/Attachments**

1. March 2017 Flint Demonstration Disenrollment Report (CM-100)
2. April 2017 Flint Demonstration Disenrollment Report (CM-100)
3. May 2017 Flint Demonstration Disenrollment Report (CM-100)
4. June 2017 Flint Demonstration Disenrollment Report (CM-100)
5. July 2017 Flint Demonstration Disenrollment Report (CM-100)
6. August 2017 Flint Demonstration Disenrollment Report (CM-100)
7. September 2017 Flint Demonstration Disenrollment Report (CM-100)

8. October 2017 Flint Demonstration Disenrollment Report (CM-100)
9. November 2017 Flint Demonstration Disenrollment Report (CM-100)
10. December 2017 Flint Demonstration Disenrollment Report (CM-100)
11. January 2018 Flint Demonstration Disenrollment Report (CM-100)
12. February 2018 Flint Demonstration Disenrollment Report (CM-100)
13. Geographic Distribution Enrollment Map: Pregnant Women
14. Geographic Distribution Enrollment Map: Children
15. Geographic Distribution Enrollment Map: Children Under 6
16. June 2017 MCAC Meeting Minutes
17. August 2017 MCAC Meeting Minutes
18. December 2017 MCAC Meeting Minutes
19. February 2018 MCAC Meeting Minutes
20. FDA Issues Safety Warning About Magellan LeadCare® Analyzers with CDC Recommendations

## State Contacts

If there are any questions about the contents of this report, please contact one of the following people listed below.

Jacqueline Coleman, Waiver Specialist

Phone: (517) 284-1190

Carly Todd, Analyst

Phone: (517) 284-1196

Andrew Schalk, Federal Regulation & Hospital Reimbursement Section Manager

Phone: (517) 284-1195

Penny Rutledge, Actuarial Division Director

Phone: (517) 284-1191

Actuarial Division

Bureau of Medicaid Operations and Actuarial Services

MSA, MDHHS, P.O. Box 30479

Lansing, MI 48909-7979

Fax: (517) 241-5112

## **Date Submitted to CMS**

June 29, 2018

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 03/01/2017

Run Date: 05/01/2017  
 Run Time: 2:20:13PM

1. Monthly count of disenrollment because of transfer to another eligibility group:	291
2. Monthly count of disenrollment other than transfer to another Medicaid group:	475
3. Monthly count of beneficiaries due for renewal:	966
4. Number of beneficiaries due for renewal who did not renew:	892
5. Number of beneficiaries due for renewal who lost eligibility:	245
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 02/28/2017	Count: 42,578
03/01/2017 Thru 03/04/2017	Count: 210
03/05/2017 Thru 03/11/2017	Count: 225
03/12/2017 Thru 03/18/2017	Count: 232
03/19/2017 Thru 03/25/2017	Count: 214
03/26/2017 Thru 03/31/2017	Count: 187

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 04/01/2017

Run Date: 07/18/2017  
 Run Time: 11:28:34AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	339
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2. Monthly count of disenrollment other than transfer to another Medicaid group:	296
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3. Monthly count of beneficiaries due for renewal:	990
4. Number of beneficiaries due for renewal who did not renew:	886
5. Number of beneficiaries due for renewal who lost eligibility:	195

6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:					
05/07/2016	Thru	03/31/2017	Count:	43,611	
04/01/2017	Thru	04/01/2017	Count:	90	
04/02/2017	Thru	04/08/2017	Count:	256	
04/09/2017	Thru	04/15/2017	Count:	225	
04/16/2017	Thru	04/22/2017	Count:	233	
04/23/2017	Thru	04/29/2017	Count:	235	
04/30/2017	Thru	04/30/2017	Count:	11	

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 05/01/2017

Run Date: 07/18/2017  
 Run Time: 11:43:36AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	278
2. Monthly count of disenrollment other than transfer to another Medicaid group:	439
3. Monthly count of beneficiaries due for renewal:	1179
4. Number of beneficiaries due for renewal who did not renew:	1056
5. Number of beneficiaries due for renewal who lost eligibility:	201
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 04/30/2017	Count: 44,661
05/01/2017 Thru 05/06/2017	Count: 408
05/07/2017 Thru 05/13/2017	Count: 275
05/14/2017 Thru 05/20/2017	Count: 254
05/21/2017 Thru 05/27/2017	Count: 241
05/28/2017 Thru 05/31/2017	Count: 102

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 06/01/2017

Run Date: 07/18/2017  
 Run Time: 11:54:30AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	318
2. Monthly count of disenrollment other than transfer to another Medicaid group:	520
3. Monthly count of beneficiaries due for renewal:	1108
4. Number of beneficiaries due for renewal who did not renew:	998
5. Number of beneficiaries due for renewal who lost eligibility:	258
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 05/31/2017	Count: 45,941
06/01/2017 Thru 06/03/2017	Count: 1,938
06/04/2017 Thru 06/10/2017	Count: 233
06/11/2017 Thru 06/17/2017	Count: 217
06/18/2017 Thru 06/24/2017	Count: 202
06/25/2017 Thru 06/30/2017	Count: 200

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 07/01/2017

Run Date: 11/20/2017  
 Run Time: 5:38:14AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	368
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2. Monthly count of disenrollment other than transfer to another Medicaid group:	372
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3. Monthly count of beneficiaries due for renewal:	1178
4. Number of beneficiaries due for renewal who did not renew:	1086
5. Number of beneficiaries due for renewal who lost eligibility:	233

6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:					
05/07/2016	Thru	06/30/2017	Count:	48,655	
07/01/2017	Thru	07/01/2017	Count:	84	
07/02/2017	Thru	07/08/2017	Count:	194	
07/09/2017	Thru	07/15/2017	Count:	236	
07/16/2017	Thru	07/22/2017	Count:	197	
07/23/2017	Thru	07/29/2017	Count:	169	
07/30/2017	Thru	07/31/2017	Count:	60	

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 08/01/2017

Run Date: 11/20/2017  
 Run Time: 6:36:07AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	320
2. Monthly count of disenrollment other than transfer to another Medicaid group:	704
3. Monthly count of beneficiaries due for renewal:	1932
4. Number of beneficiaries due for renewal who did not renew:	1720
5. Number of beneficiaries due for renewal who lost eligibility:	655
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 07/31/2017	Count: 49,595
08/01/2017 Thru 08/05/2017	Count: 257
08/06/2017 Thru 08/12/2017	Count: 254
08/13/2017 Thru 08/19/2017	Count: 230
08/20/2017 Thru 08/26/2017	Count: 218
08/27/2017 Thru 08/31/2017	Count: 178

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 09/01/2017

Run Date: 11/20/2017  
 Run Time: 6:40:18AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	318
2. Monthly count of disenrollment other than transfer to another Medicaid group:	499
3. Monthly count of beneficiaries due for renewal:	1503
4. Number of beneficiaries due for renewal who did not renew:	1398
5. Number of beneficiaries due for renewal who lost eligibility:	326
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 09/30/2017	Count: 50,732
09/01/2017 Thru 09/02/2017	Count: 120
09/03/2017 Thru 09/09/2017	Count: 247
09/10/2017 Thru 09/16/2017	Count: 238
09/17/2017 Thru 09/23/2017	Count: 227
09/24/2017 Thru 09/30/2017	Count: 209

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 10/01/2017

Run Date: 01/16/2018  
 Run Time: 7:07:00AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	282
2. Monthly count of disenrollment other than transfer to another Medicaid group:	494
3. Monthly count of beneficiaries due for renewal:	1353
4. Number of beneficiaries due for renewal who did not renew:	1246
5. Number of beneficiaries due for renewal who lost eligibility:	298
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 09/30/2017	Count: 51,751
10/01/2017 Thru 10/07/2017	Count: 308
10/08/2017 Thru 10/14/2017	Count: 201
10/15/2017 Thru 10/21/2017	Count: 258
10/22/2017 Thru 10/28/2017	Count: 164
10/29/2017 Thru 10/31/2017	Count: 85

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 11/01/2017

Run Date: 01/16/2018  
 Run Time: 7:49:43AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	315
2. Monthly count of disenrollment other than transfer to another Medicaid group:	538
3. Monthly count of beneficiaries due for renewal:	1268
4. Number of beneficiaries due for renewal who did not renew:	1194
5. Number of beneficiaries due for renewal who lost eligibility:	321
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 10/31/2017	Count: 52,767
11/01/2017 Thru 11/04/2017	Count: 168
11/05/2017 Thru 11/11/2017	Count: 205
11/12/2017 Thru 11/18/2017	Count: 176
11/19/2017 Thru 11/25/2017	Count: 117
11/26/2017 Thru 11/30/2017	Count: 174

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 12/01/2017

Run Date: 01/16/2018  
 Run Time: 7:56:33AM

1. Monthly count of disenrollment because of transfer to another eligibility group:	240
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2. Monthly count of disenrollment other than transfer to another Medicaid group:	556
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3. Monthly count of beneficiaries due for renewal:	1629
4. Number of beneficiaries due for renewal who did not renew:	1540
5. Number of beneficiaries due for renewal who lost eligibility:	336

6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:					
	05/07/2016	Thru	11/30/2017	Count:	53,607
	12/01/2017	Thru	12/02/2017	Count:	107
	12/03/2017	Thru	12/09/2017	Count:	213
	12/10/2017	Thru	12/16/2017	Count:	244
	12/17/2017	Thru	12/23/2017	Count:	168
	12/24/2017	Thru	12/30/2017	Count:	112
	12/31/2017	Thru	12/31/2017	Count:	1

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 01/01/2018

Run Date: 06/24/2018  
 Run Time: 11:07:25PM

1. Monthly count of disenrollment because of transfer to another eligibility group:	246
2. Monthly count of disenrollment other than transfer to another Medicaid group:	376
3. Monthly count of beneficiaries due for renewal:	1292
4. Number of beneficiaries due for renewal who did not renew:	1209
5. Number of beneficiaries due for renewal who lost eligibility:	250
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 12/31/2017	Count: 54,379
01/01/2018 Thru 01/06/2018	Count: 231
01/07/2018 Thru 01/13/2018	Count: 248
01/14/2018 Thru 01/20/2018	Count: 181
01/21/2018 Thru 01/27/2018	Count: 190
01/28/2018 Thru 01/31/2018	Count: 129

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 02/01/2018

Run Date: 06/24/2018  
 Run Time: 11:27:39PM

1. Monthly count of disenrollment because of transfer to another eligibility group:	238
2. Monthly count of disenrollment other than transfer to another Medicaid group:	449
3. Monthly count of beneficiaries due for renewal:	1343
4. Number of beneficiaries due for renewal who did not renew:	1249
5. Number of beneficiaries due for renewal who lost eligibility:	258
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 01/31/2018	Count: 55,358
02/01/2018 Thru 02/03/2018	Count: 126
02/04/2018 Thru 02/10/2018	Count: 235
02/11/2018 Thru 02/17/2018	Count: 157
02/18/2018 Thru 02/24/2018	Count: 195
02/25/2018 Thru 02/28/2018	Count: 117

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

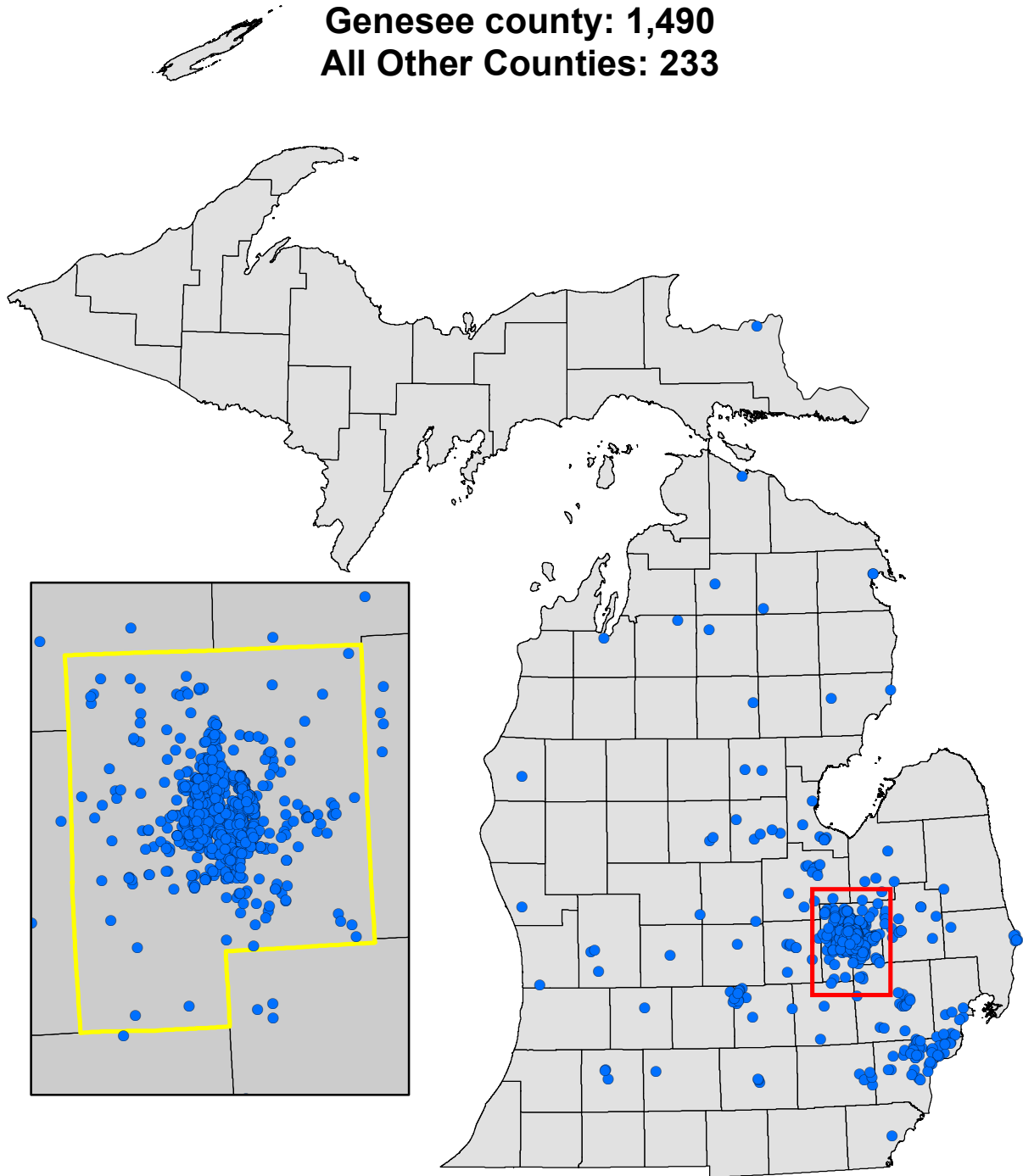
# Flint Demonstration Waiver Enrollees

Pregnant

March 2017 - February 2018

**Genesee county: 1,490**

**All Other Counties: 233**



Source: MDHHS Data Warehouse  
Retrieved on June 8, 2018

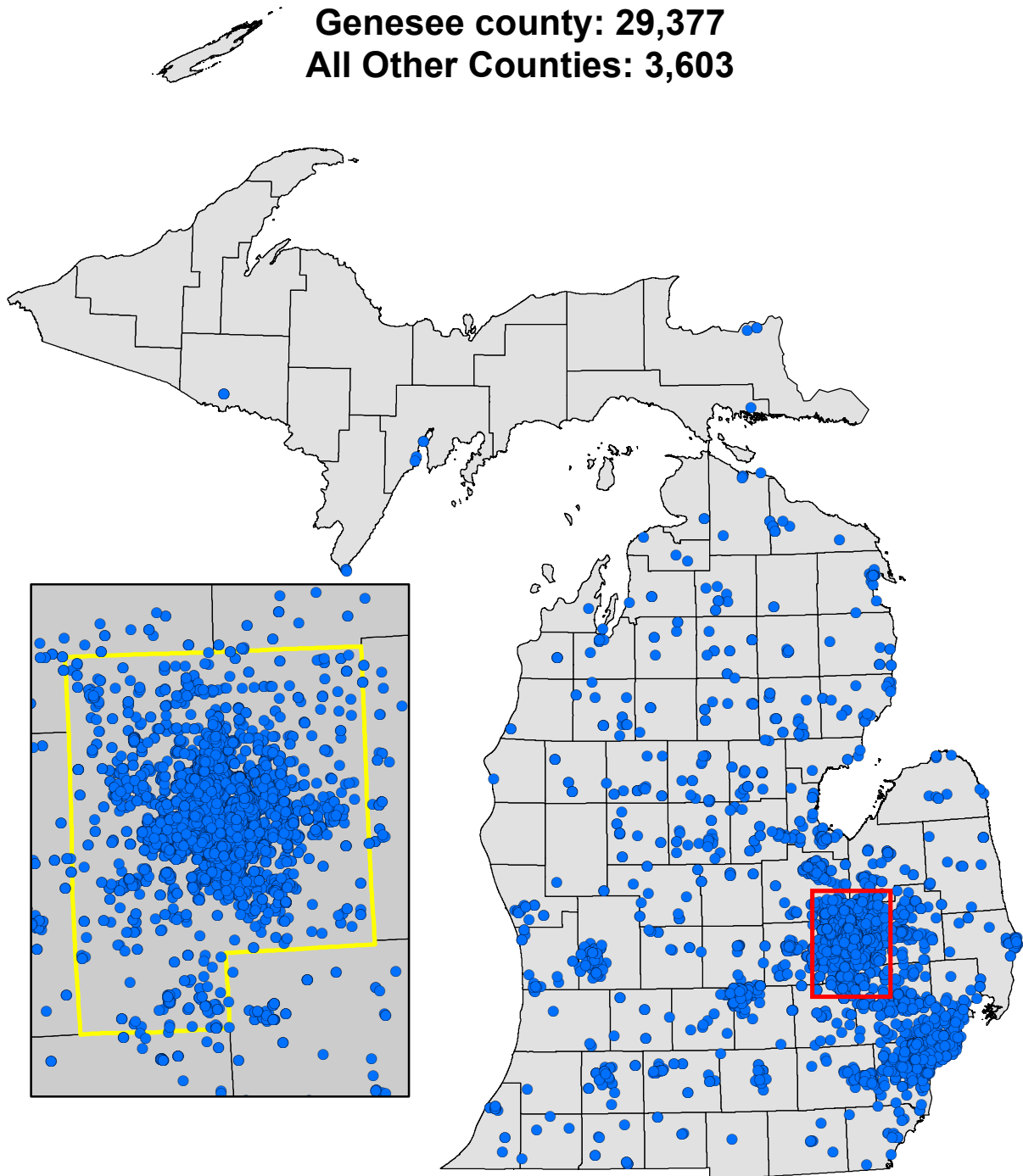
MDHHS - Actuarial Division  
June 8, 2018

# Flint Demonstration Waiver Enrollees

0-20 Years Old

March 2017 - February 2018

**Genesee county: 29,377**  
**All Other Counties: 3,603**



Source: MDHHS Data Warehouse  
Retrieved on June 8, 2018

MDHHS - Actuarial Division  
June 8, 2018

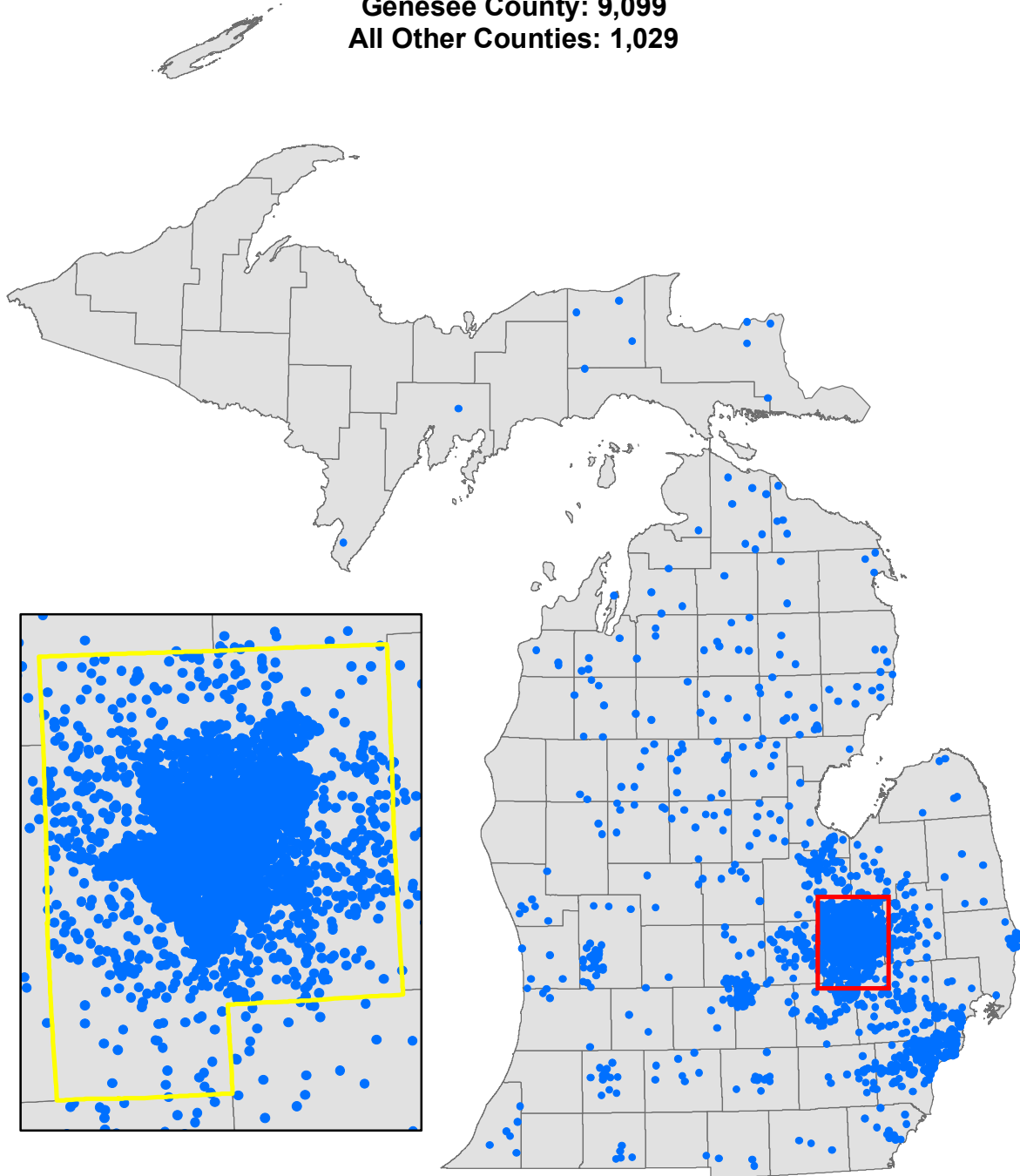
# Flint Demonstration Waiver Enrollees

0-5 Years Old

July - September 2017

Genesee County: 9,099

All Other Counties: 1,029



Source: MDHHS Data Warehouse  
Retrieved on October 25, 2017

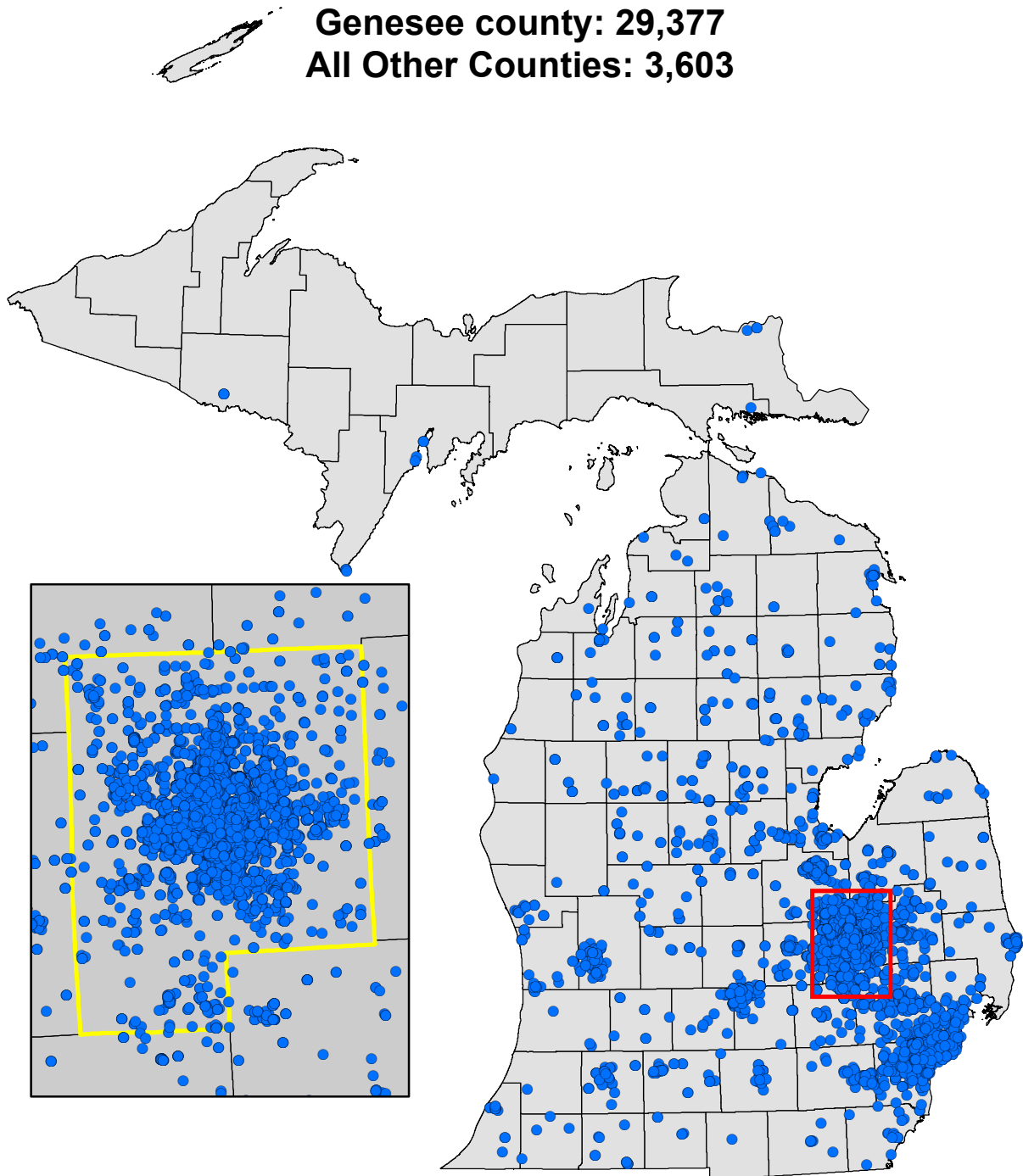
MDHHS - Actuarial Division  
October 25, 2017

# Flint Demonstration Waiver Enrollees

0-20 Years Old

March 2017 - February 2018

**Genesee county: 29,377**  
**All Other Counties: 3,603**



Source: MDHHS Data Warehouse  
Retrieved on June 8, 2018

MDHHS - Actuarial Division  
June 8, 2018

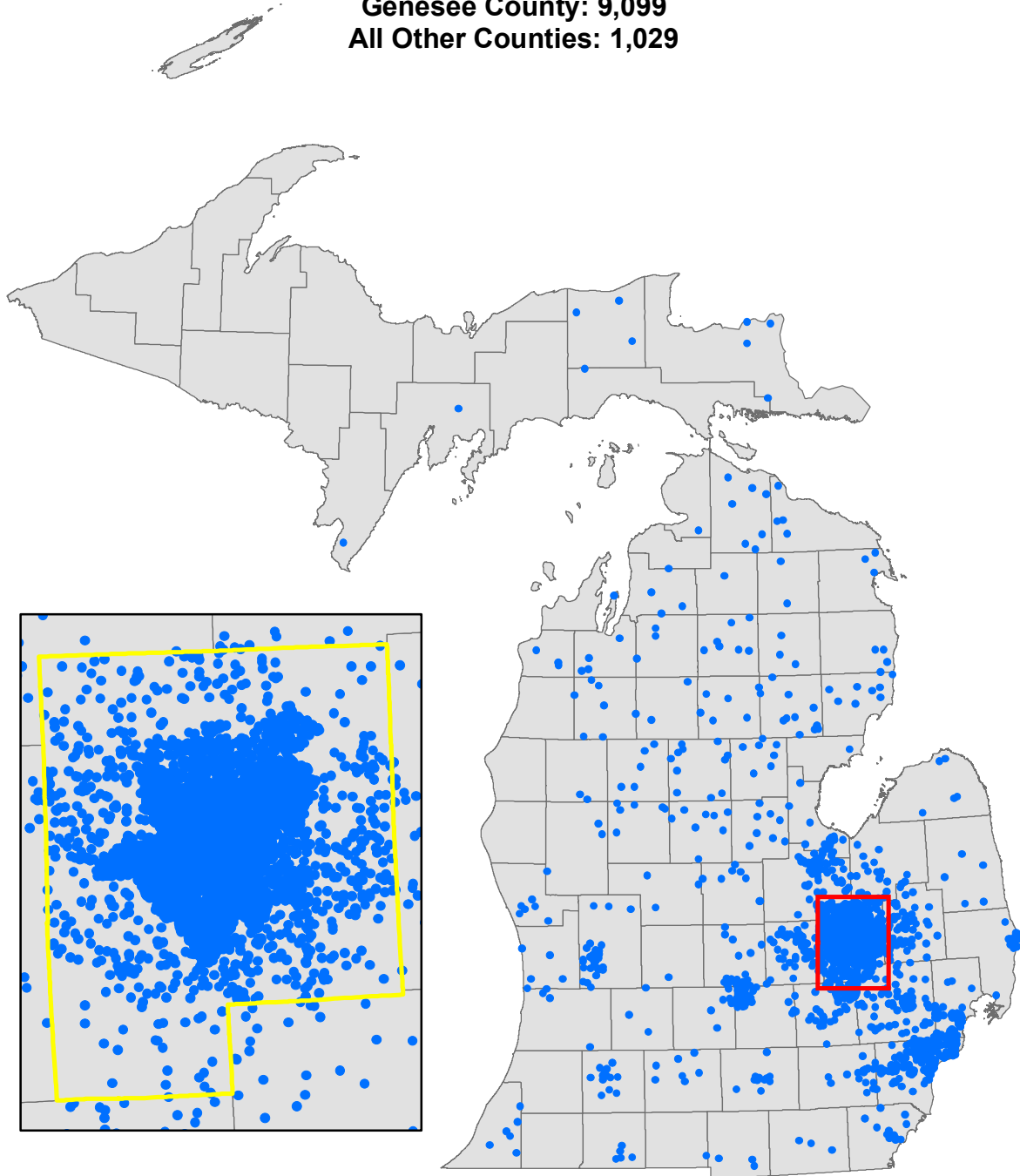
# Flint Demonstration Waiver Enrollees

0-5 Years Old

July - September 2017

Genesee County: 9,099

All Other Counties: 1,029



Source: MDHHS Data Warehouse  
Retrieved on October 25, 2017

MDHHS - Actuarial Division  
October 25, 2017



Michigan Department of  
Health & Human Services

RICK SNYDER, GOVERNOR  
NICK LYON, DIRECTOR

Michigan Department of Health and Human Services  
Medical Services Administration

**Medical Care Advisory Council**

Meeting Minutes

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**Date:** Monday, June 26, 2017

**Time:** 8:30 a.m. – 12:00 p.m.

**Where:** Peckham Industries  
3510 Capital City Blvd.  
Lansing, MI 48906-2102

**Attendees:** **Council Members:** Robin Reynolds, Marilyn Litka-Klein, Barry Cargill, Dominick Pallone, Deb Brinson, Alison Hirschel, Warren White, Amy Zaagman, Stacy Hettiger (for Rebecca Blake), Michelle Best (for Amy Hundley), Linda Vail, Emily Schwarzkopf, Pam Lupo, Robert Sheehan, Dave LaLumia, Kimberly Singh, April Stopczynski, Jeffrey Towns

**Staff:** Chris Priest, Farah Hanley, Lynda Zeller, Erin Emerson, Dick Miles, Kathy Stiffler, Dave Schneider, Jackie Prokop, Pam Diebolt, Marie LaPres, Cindy Linn

**Other Attendees:** Mary Vizcarra, Salli Pung

**Welcome, Introductions, Announcements**

Robin Reynolds opened the meeting and introductions were made.

**Federal Updates**

Chris Priest reported that the U.S. Senate has released its own version of a bill to repeal and replace the Affordable Care Act (ACA) and discussed the ways in which it would impact the Medicaid program if adopted. If enacted, the bill would:

- Allow states that have not yet expanded Medicaid eligibility to do so at the regular Federal Matching Assistance Percentage (FMAP) rate;
- Gradually decrease the FMAP rate in current expansion states to the regular FMAP beginning in 2021, which, over time, would result in an estimated cost of \$800 million General Fund for the State of Michigan;
- Immediately implement cuts to the Disproportionate Share Hospital (DSH) pool that were included as part of the Affordable Care Act (ACA) in states that expanded Medicaid eligibility, while non-expansion states would be exempt from DSH pool cuts;
- Transform the Medicaid program to a per-capita cap model and exclude children who receive a disability eligibility determination;
- Change the base year calculation to allow states to choose eight consecutive fiscal quarters from 2014 through the third quarter of FY 2017 to set their base rate;

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Meeting Minutes

June 26, 2017

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- Require the federal Department of Health and Human Services (HHS) to consult with the states before issuing new guidance related to Medicaid;
- Allow states to expand access to mental health and substance use disorders at the regular match rate;
- No longer require states to offer up to 90 days of retroactive Medicaid eligibility for new enrollees beginning October 1, 2017; and
- Gradually reduce states' provider tax limit to 5%.

MDHHS staff and meeting attendees discussed the proposed legislation at length.

### **Budget/Boilerplate Update**

#### **2017 Updates**

The legislature has approved a supplemental Fiscal Year (FY) 2017 budget, which includes funding to implement the pilots approved in the FY 2018 budget around the integration of physical health and behavioral health services.

#### **2018 Proposed Budget**

The FY 2018 budget has been approved by the legislative conference committee and forwarded to the governor for review. Farah Hanley indicated that nearly all of the priorities established by MDHHS leadership and the governor for the department were approved in the final legislative draft of the budget, which include:

- Funding for the MDHHS Integrated Service Delivery (ISD) initiative to develop a universal caseload concept, which will affect caseworkers in the field, enable the establishment of a universal call center, and support necessary systems changes;
- Full funding for Medicaid Health Plan actuarial soundness (which assumes that the ACA insurer fee will not be reinstated);
- Full funding for the Medicaid program at the Department's caseload projections for FY 2018;
- \$500,000 to support a public transit pilot in areas of the state where Non-Emergency Medical Transportation (NEMT) services are currently unavailable;
- \$5.7 million for a direct primary care pilot program in Wayne, Oakland, Macomb, Washtenaw and Livingston counties that will work directly with providers to provide services at a lower per-member-per-month payment;
- \$240,000 for the I Vaccinate program to minimize the occurrence of vaccine-preventable diseases;
- \$45 million to fund a direct care worker wage increase of \$0.50;
- Funding for 72 additional staff at state psychiatric hospitals;
- Funding for a new Caro Psychiatric hospital, which was approved through the capital outlay process;



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- Funding for the Psychiatric Residential Transition Unit to assist children in the Hawthorn Center for Children in preparing for the community;
- Funding for 95 additional adult services workers;
- An increase in the foster care provider administrative rate;
- Funding for a vapor intrusion office, drinking water unit, and childhood lead poisoning prevention unit within the Population Health Administration;
- Funding for out-state dental clinics; and
- Funding for pregnancy prevention programs.

In addition, a few reductions included in the FY 2018 budget were noted as well, including:

- A \$750,000 reduction in funding for the Mental Health and Wellness Commission; and
- A reduction in funding for university autism programs.

### **Healthy Michigan Plan**

#### **Second Waiver Update**

MDHHS is continuing to move forward with implementing the terms of the second waiver for the Healthy Michigan Plan. Under the terms of the waiver beginning April 1, 2018, individuals who have been enrolled in the Healthy Michigan Plan for at least 12 months, have incomes above 100% of the federal poverty level (FPL) and do not meet the criteria for “medically frail” may:

- Remain on the Healthy Michigan plan if they choose to engage in one or more healthy behaviors; or
- If they do not agree to engage in one or more healthy behaviors, they will receive insurance coverage from the Federally Facilitated Marketplace (FFM).

Insurance carriers interested in offering plans on the FFM for this population filed rates on June 14, 2017, and MDHHS is working with the Department of Insurance and Financial Services (DIFS) to establish a Marketplace option in all counties for Healthy Michigan Plan beneficiaries. As part of this process, many plans filed two sets of rates to account for the possibility that cost-sharing reductions are not approved in federal law. MDHHS also plans to issue a revised Healthy Behaviors Incentives Protocol and Operational Protocol for the MI Health Accounts, as well as a Healthy Michigan Plan Marketplace Operation Operational Protocol related to the implementation of the Second Waiver. MDHHS staff and meeting attendees discussed at length coverage options and the urgency of assuring at least two health plan product offerings in every county for the Healthy Michigan Plan population (except the Upper Peninsula, which only needs one). An exception will be requested of CMS if less than two offerings are available in all Lower Peninsula counties. Plans continue to work to finalize their networks. Staff noted that dental benefits will not be provided through the health plans for members of the Healthy Michigan Plan Marketplace population.

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### Healthy Behaviors Update

Kathy Stiffler shared that MDHHS is working to revise the Health Risk Assessment (HRA) form by removing the option to include beneficiary biometric data (e.g., cholesterol levels, blood pressure, etc.) and convert the HRA to an electronic format from the current paper form. This will allow providers to submit the form directly to MDHHS for staff to forward to the correct health plan. The Department's goal with moving to the new submission system is for timelier processing of HRAs and greater beneficiary participation in healthy behaviors. Currently, 18% of Healthy Michigan Plan beneficiaries have completed an HRA and are engaging in one or more healthy behaviors.

### Other

The current Healthy Michigan Plan §1115 Demonstration Waiver expires on December 31, 2018, and MDHHS is working to submit a request for extension to the Centers for Medicare & Medicaid Services (CMS) by December 31, 2017.

### Medicaid Managed Care

#### Provider Surveys

MDHHS worked with the Michigan State University Institute for Health Policy to develop and distribute a survey to providers related to their experience in working with the health plans. To conduct the survey, MDHHS randomly selected providers to rate their experience working with a specific health plan. Providers who completed a survey of the health plan to which they were assigned were allowed to survey additional health plans of their choosing. The survey was distributed to 5,607 providers (in anticipation of a low response rate) with a statewide target sample of 2,317. However, only 5% of all providers completed a survey, (11% of the target sample). A draft report showing the results of the survey was distributed to meeting attendees. MDHHS staff indicated that while the Department does not plan to publish the report due to the low response rate, some findings will be shared with individual Medicaid Health Plans.

#### Healthy Kids Dental Bid Update

MDHHS is currently accepting bids for a new **Healthy Kids Dental** contract, and has extended the deadline for submissions to July 31, 2017. Award notices will be posted on [www.buy4michigan.com](http://www.buy4michigan.com) in October or November 2017, with a contract start date of April 1, 2018. While Delta Dental is currently the only provider with a contract to provide services to **Healthy Kids Dental** program beneficiaries, the Department aims to award new contracts to more than one statewide vendor. If more than one contract is awarded, a systems change will be required to allow beneficiaries the choice of enrolling in any available plan. Additional information regarding the **Healthy Kids Dental** contract award process is available on the web at [www.buy4michigan.com](http://www.buy4michigan.com).

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### **Prescriber Enrollment – Community Health Automated Medicaid Processing System (CHAMPS)**

Despite ongoing outreach efforts by MDHHS, several prescribers providing services to Medicaid beneficiaries are not currently enrolled in CHAMPS as required by CMS. Compliance was expected July 1, 2013, but implementation has again been postponed to allow more time for prescribers to enroll to avoid medication access issues. Further outreach efforts will be implemented.

### **Behavioral Health Updates**

#### **Parity Rule**

MDHHS staff provided meeting attendees with copies of a printed presentation detailing the Department's efforts to comply with the Mental Health Parity and Addiction Equity Act of 2008 and gave an overview of the document.

#### **Section 298 – Models**

The Stakeholder 298 work group that was convened to discuss the integration of behavioral health and physical health services has submitted a final report containing 72 policy recommendations to the legislature, and it has been forwarded to the Governor for review. MDHHS is now working internally to make preparations for carrying out the recommendations of the report and to develop benchmarks for implementation of the pilots approved in the FY 2018 budget. The Department must also submit a report to the legislature by November 1, 2017 to propose remedies to any potential barriers to implementation.

#### **1115 Waiver Status**

MDHHS submitted a Section 1115 Waiver to CMS in July 2016, which would allow the administration of all behavioral health services under a single waiver authority, and is continuing to work through the approval process with its federal partners.

#### **Other**

Lynda Zeller addressed several other topics related to behavioral health services, including:

- The Behavioral Health and Developmental Disabilities Administration (BHDDA) is working with other areas of MDHHS and stakeholders to identify specific barriers to access to care for inpatient psychiatric services, in order to develop policy to address the issue.
- A letter was issued by the MDHHS Bureau of Community Based Services to offer guidance to providers regarding the department's process for establishing psychiatric Institute for Mental Disease (IMD) rates.

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- BHDDA is working with the National Governor's Association (NGA) to:
  - Explore ways to increase access to health care in rural areas, with an emphasis on behavioral health services; and
  - Improve information sharing among providers related to better care coordination, with a specific focus on behavioral health services.

### **Long Term Care Services and Supports Updates**

Dick Miles provided an update on several initiatives related to Long Term Care that were included in the FY 2018 budget, including:

- The establishment of a nursing facility quality measure initiative to provide a supplemental payment to nursing facilities based on their 5-star ratings from the CMS Nursing Home Compare (NHC) website;
- \$150,000 in funding for an electronic visit verification (EVV) system for personal care service providers beginning in 2019;
- A provision that will allow MDHHS additional flexibility for Program of All Inclusive Care for the Elderly (PACE) expansion outside of the regular budget cycle;
- General fund support to continue the Hospice Residence program;
- \$3.7 million in funding to support housing and outreach specialists related to nursing facility transitions; and
- A provision to allow MDHHS to explore the implementation of managed long term care supports and services.

In addition to long term care services and supports items included in the FY 2018 budget, Mr. Miles also shared the following updates:

- MDHHS is working to submit a renewal request to CMS for the MI Choice Waiver, which currently expires in October 2018.
- The MI Choice program was converted to a capitated payment model in October 2013, and the Department is continuing to provide assistance to MI Choice waiver agencies as needed to help with the transition.
- The Medicaid Home Help program is in the process of converting to a new time and task care management model for providers.
- As of June 26, 2017, approximately 38,000 beneficiaries are enrolled in the MI Health Link demonstration program for individuals who are dually eligible for Medicare and Medicaid. The demonstration is currently authorized through 2020, MDHHS is continuing to evaluate the program and make improvements where necessary.
- The PACE program is continuing to expand with 2,000 beneficiaries currently enrolled, and MDHHS is preparing to open a new PACE center in Newaygo County.

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### **Policy Updates**

A policy bulletin handout was distributed to attendees and several items were discussed.

The meeting was adjourned at 12:00 p.m.