



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

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DIRECTOR

October 2, 2017

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

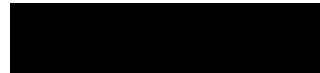
Dear Ms. Kostasich,

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

Enclosed is the quarterly report for the Flint Michigan Section 1115 Demonstration. It covers the second quarter of calendar year 2017. 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.

Sincerely,



Penny Rutledge, Director
Actuarial Division

cc: Ruth Hughes
Angela Garner

Enclosure (9)

Flint Michigan Section 1115 Demonstration
Quarterly Report

Demonstration Year: 1 (03/01/2017 – 02/28/2018)
Calendar Year Quarter: 1 (04/01/2017 – 06/30/2017)

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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.¹

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. Demonstration disenrollment reports by month have been included as attachments. Additionally, maps depicting the geographic distribution of demonstration enrollees for the quarter have 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.

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

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

Table 1: Flint Demonstration Enrollment by Month			
Enrollment Group	April 2017	May 2017	June 2017
Pregnant Women	651	587	810
Children	27,611	27,540	28,606
Total	28,262	28,127	29,416

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.

Table 2: Flint Demonstration New Enrollment by Month				
Enrollment Group	April 2017	May 2017	June 2017	Total
Pregnant Women	63	63	328	454
Children	334	285	1,512	2,131
Total	397	348	1,840	2,585

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.

Table 3: Flint Demonstration Re-Enrollment by Month				
Enrollment Group	April 2017	May 2017	June 2017	Total
Pregnant Women	14	14	19	47
Children	303	240	310	853
Total	317	254	329	900

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 quarter, June 30, 2017. 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).

Table 4: Cumulative Flint Demonstration PCP Utilization**May 2016 – June 2017**

Enrollment Group	Cumulative Enrollment	Cumulative Count of Enrollees with PCP Visit(s)	Cumulative Percentage of Enrollees with PCP Visit(s)
Children	33,672	25,852	77%
Children Under 6	12,980	11,389	88%
Pregnant Women	2,355	1,988	84%
Total	36,027	27,840	77%

Table 5 indicates the monthly count of PCP visits for the reporting quarter's Flint demonstration population.

Table 5: Monthly Flint Demonstration PCP Visits

Enrollment Group	April 2017	May 2017	June 2017
Children	8,088	8,509	7,035
Pregnant Women	274	300	287
Total	8,362	8,809	7,322

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.

Table 6: Genesee Health System Targeted Case Management Activity

Month	Count of Assessments	Count of Enrollees with Ongoing Targeted Case Management
April 2017	4	117
May 2017	5	128
June 2017	2	131
Cumulative Total	169	470

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.² A variety of resources for Flint families are available on the State's Flint water website.³ MDHHS has prominently displayed links to both Flint websites on the MDHHS homepage.⁴

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 June 2017 MCAC meeting minutes have been included as an attachment. MCAC meeting agendas and minutes are also available on the MDHHS MCAC website.⁵

Operational and Policy Development

This and future quarterly reports will address policy, administrative or budget issues identified during the demonstration. This quarter, MDHHS issued a provider letter notifying providers of the U.S. Food and Drug Administration alert on May 17, 2017 regarding inaccurate lead level testing results from Magellan LeadCare® Analyzers. Providers were informed of the type of tests that yielded inaccurate results and that blood lead retesting as a result, is a Medicaid covered service. The May 18, 2018 letter to providers has been attached to this report. MDHHS plans to perform additional targeted outreach to providers most impacted by the alert.

This quarter, focus groups of Flint residents were conducted to gain an understanding of the barriers that exist for this population. Themes reported from the first three focus groups included a lack of eligibility criteria awareness, confusion on the application, and difficulty in following through with the application. These issues are similar to those reported among applicants and members of other Medicaid programs. MDHHS is working with focus group administrators to attain additional insight and more actionable information from future focus groups.

Budget Neutrality Monitoring

In accordance with the demonstration special terms and conditions, MDHHS will provide a completed budget neutrality monitoring spreadsheet with future quarterly reports as expenditure data is available. 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. MDHHS is working internally to collect and report this data with the level of detail specified by the demonstration special terms and conditions.

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

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

⁴ <http://www.michigan.gov/mdhhs/>

⁵ http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-55742--,00.html

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. The Other category below included complaints pertaining to dental, Flint Demonstration attestation, level of care designation, incident reporting, online forms, and transportation.

Category	Number of Contacts
Obtaining Prescriptions	12
Other	6
1095-B Form	4
Health Plan Enrollment Not Recognized	3
Total	25

Quality Assurance/Monitoring Activity

MDHHS monitors performance for the Medicaid Health Plans that are licensed and approved to provide coverage to Michigan's Medicaid beneficiaries. Quality measures are based on data submitted by the health plans. Future quarterly reports will include available quality assurance and monitoring reports specific to the Flint demonstration.

Demonstration Evaluation

MDHHS has commissioned the Michigan State University Institute for Health Policy (MSU-IHP) to serve as the Flint demonstration independent evaluator. In accordance with the demonstration special terms and conditions, MDHHS and MSU-IHP submitted an evaluation proposal to CMS. MDHHS continues to engage in discussion with CMS regarding the evaluation design for the Flint demonstration. This quarter, evaluators and CMS provided feedback and revisions to the demonstration evaluation design.

Enclosures/Attachments

1. April 2017 Flint Demonstration Disenrollment Report (CM-100)
2. May 2017 Flint Demonstration Disenrollment Report (CM-100)
3. June 2017 Flint Demonstration Disenrollment Report (CM-100)
4. Quarterly Geographic Distribution Enrollment Map: Pregnant Women
5. Quarterly Geographic Distribution Enrollment Map: Children
6. Quarterly Geographic Distribution Enrollment Map: Children Under 6

7. June 2017 MCAC Meeting Minutes
8. MDHHS Provider Letter 17-20: 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.

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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

October 2, 2017

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

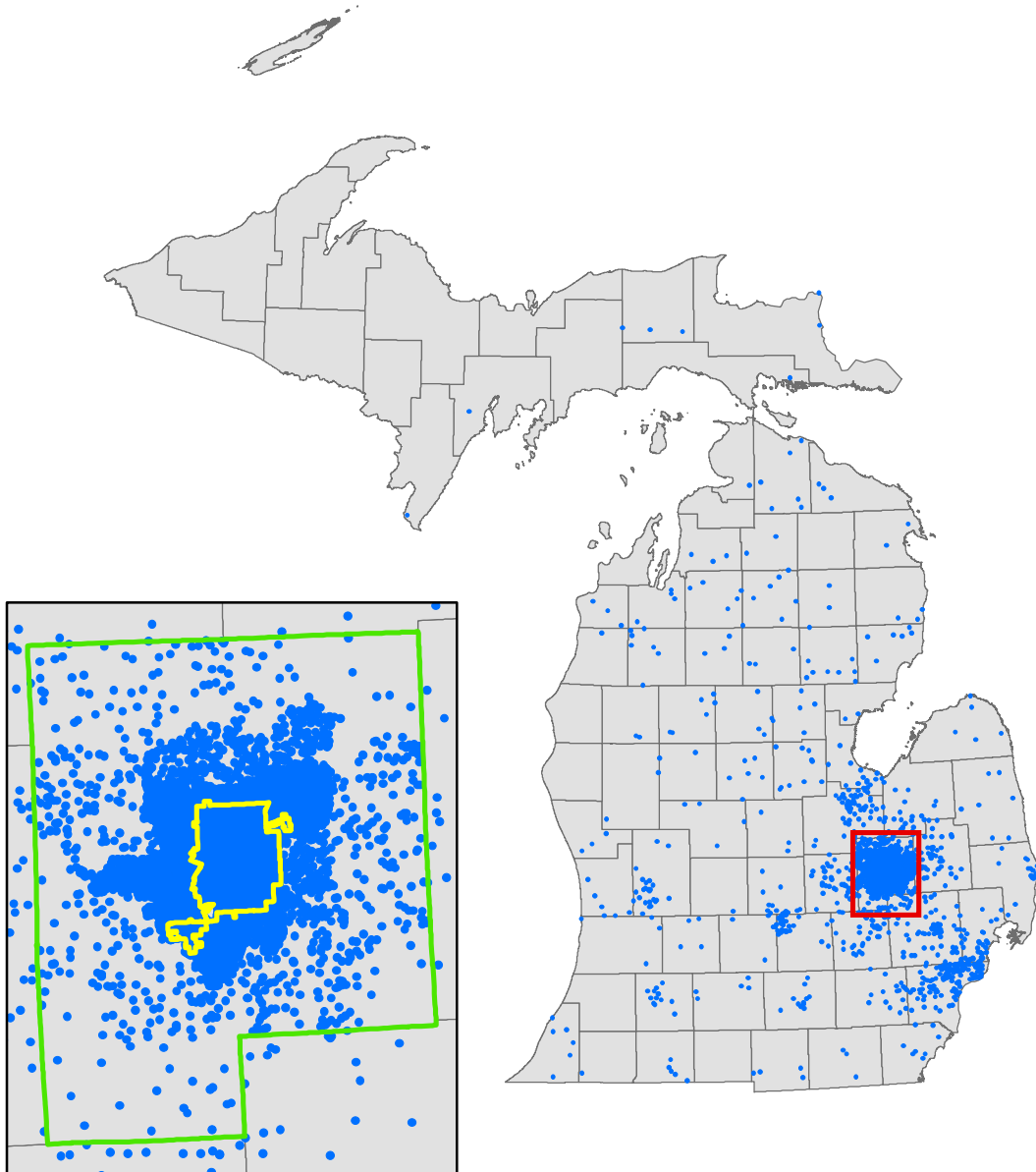
***** END OF THE REPORT *****

Flint Demonstration Waiver Enrollees

0-5 Years Old

April - June 2017

Genesee County: 9,417
All Other Counties: 1,000



Source: MDHHS Data Warehouse
Retrieved on July 31, 2017

MDHHS - Actuarial Division
July 31, 2017

Flint Demonstration Waiver Enrollees

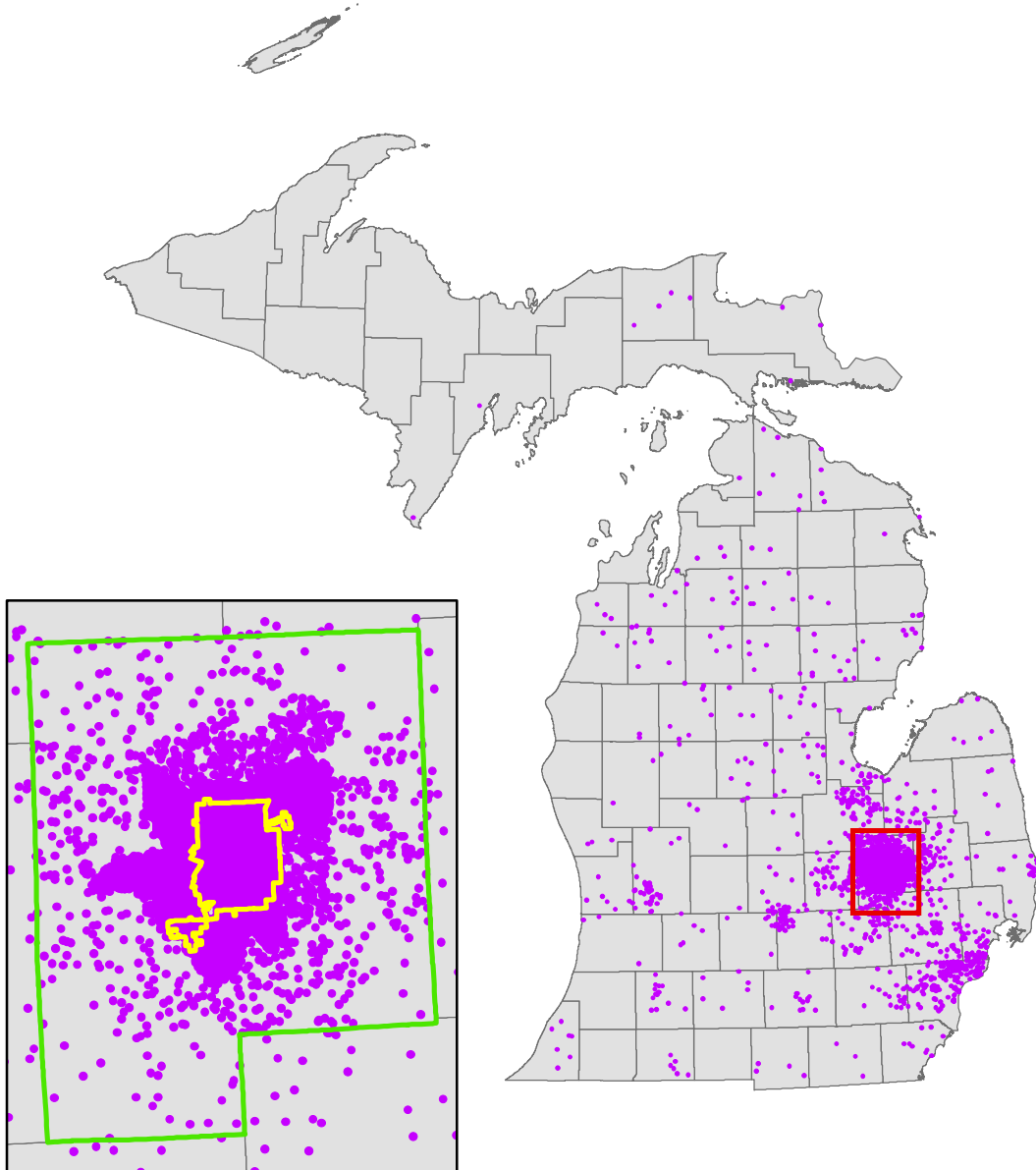
0-20 Years Old*

April - June 2017

Genesee County: 27,336

All Other Counties: 2,472

**Beneficiaries not pregnant during enrollment period*

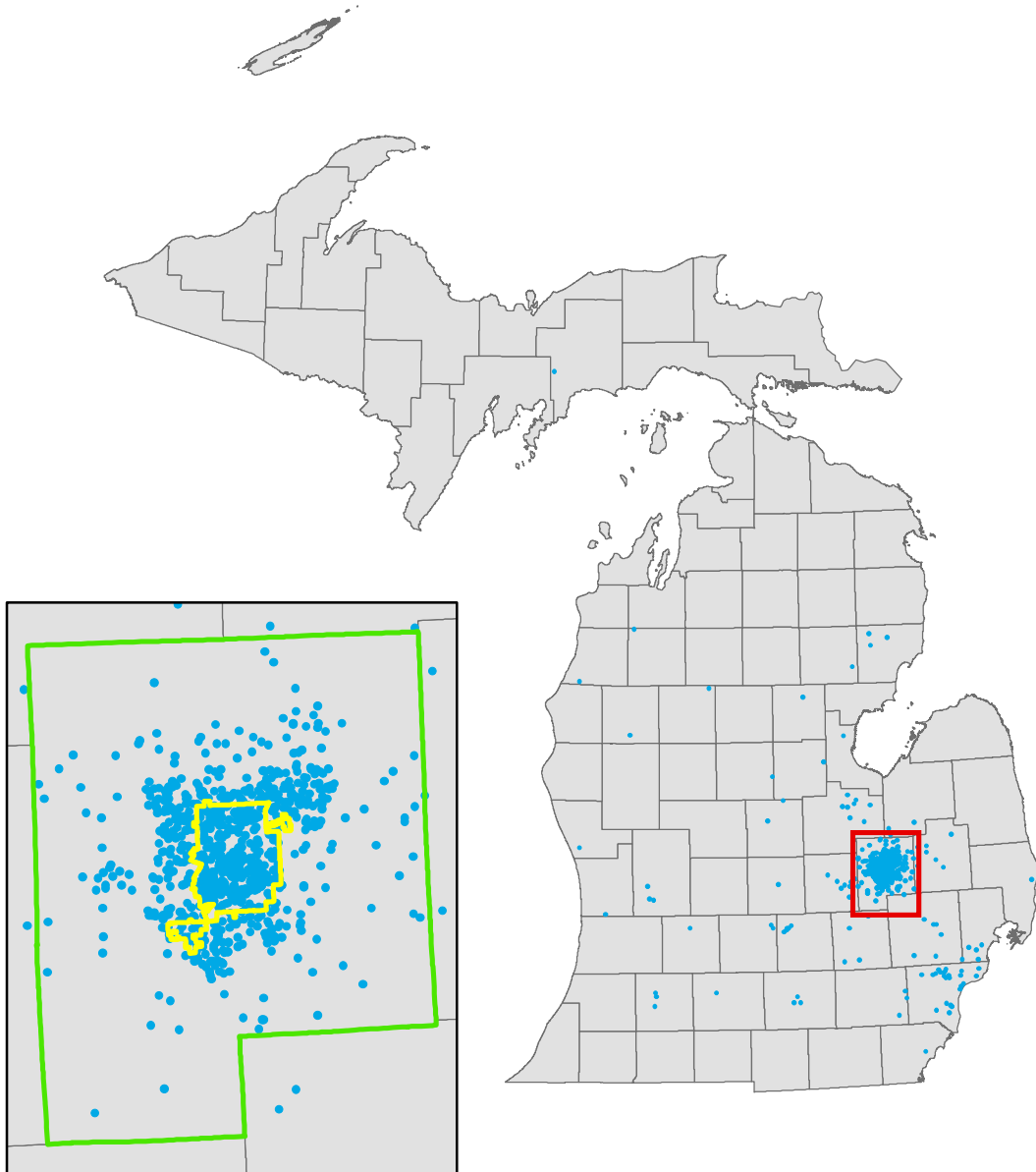


Flint Demonstration Waiver Enrollees Pregnant*

April - June 2017

Genesee County: 831
All Other Counties: 116

**Pregnant on June 30, 2017*



Source: MDHHS Data Warehouse
Retrieved on July 31, 2017

MDHHS - Actuarial Division
July 31, 2017

May 18, 2017

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<Provider City> <State> <zipcode5-zipcode4>

Dear Medicaid Provider:

RE: FDA Issues Safety Warning About Magellan LeadCare® Analyzers with CDC Recommendations

The purpose of this letter is to notify all currently enrolled Medicaid providers about a U.S. Food and Drug Administration (FDA) alert issued on May 17, 2017, regarding inaccurate blood lead level testing results. Certain lead tests manufactured by Magellan Diagnostics may provide inaccurate results for some children and adults. Data indicates that Magellan Diagnostics' lead tests, when performed on blood drawn from a vein, may provide results that are lower than the actual level of lead in the blood. The FDA believes the issue may date back to 2014. The warning includes the following Magellan Diagnostics' lead testing systems:

- LeadCare®
- LeadCare® II
- LeadCare® Plus
- LeadCare® Ultra

The FDA is warning laboratories and health care professionals that they should not use any Magellan Diagnostics' lead tests with blood drawn from a vein. At this time, the safety alert does not apply to capillary blood lead test results collected from a finger stick or heel stick. The Centers for Disease Control and Prevention (CDC) recommends that health care professionals retest blood lead levels for:

- **Children younger than six years (72 months) of age** at the time of the alert if their test was conducted using blood drawn from a vein using any Magellan Diagnostics' lead testing systems and received a result of less than 10 micrograms per deciliter, and
- **Women who are currently pregnant or nursing** and were tested using blood drawn from a vein using any Magellan Diagnostics' lead testing systems while pregnant or nursing.

For future blood lead testing and retesting, health care providers and public health officials should:

- Send venous samples to Clinical Laboratory Improvement Amendments (CLIA)-compliant laboratories using inductively coupled plasma mass spectrometry (ICP-MS) or graphite furnace atomic absorption spectrometry (GFAAS) (also known as electrothermal atomic absorption spectrometry [ETAAS]) instruments.
- Send capillary samples to CLIA-compliant laboratories using any CLIA compliant analyzer including ICP-MS, GFAAS, or LeadCare® analyzers.

Federal regulations require state Medicaid Programs to offer Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, including blood lead level testing of Medicaid children:

- At 12 and 24 months of age, or
- Between 36 and 72 months of age if not previously tested for blood lead.

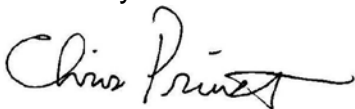
A blood lead risk assessment must also be performed during specific well child visits, with follow up blood lead level testing performed when indicated. **Blood lead retesting performed in response to the FDA alert is covered as a Medicaid EPSDT service.**

Additional resources can be found at:

- [CDC Health Alert Network Notification](#)
- <https://www.cdc.gov/nceh/lead/>
- <https://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm558733.htm>
- <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm558769.htm>

Any questions regarding this letter should be directed to Provider Support, Michigan Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550. For beneficiaries enrolled in a Medicaid Health Plan (MHP), providers may contact the beneficiary's MHP for additional assistance if needed.

Sincerely



Chris Priest, Director
Medical Services Administration