

Michigan Medicaid

March 21, 2024

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Agenda

- Michigan's Medicaid Program.
- Medicaid Adult Dental Redesign.
- Public Health Emergency Unwinding and Redeterminations.
- Healthy Moms, Healthy Babies.
- 2025 Budget Investments.

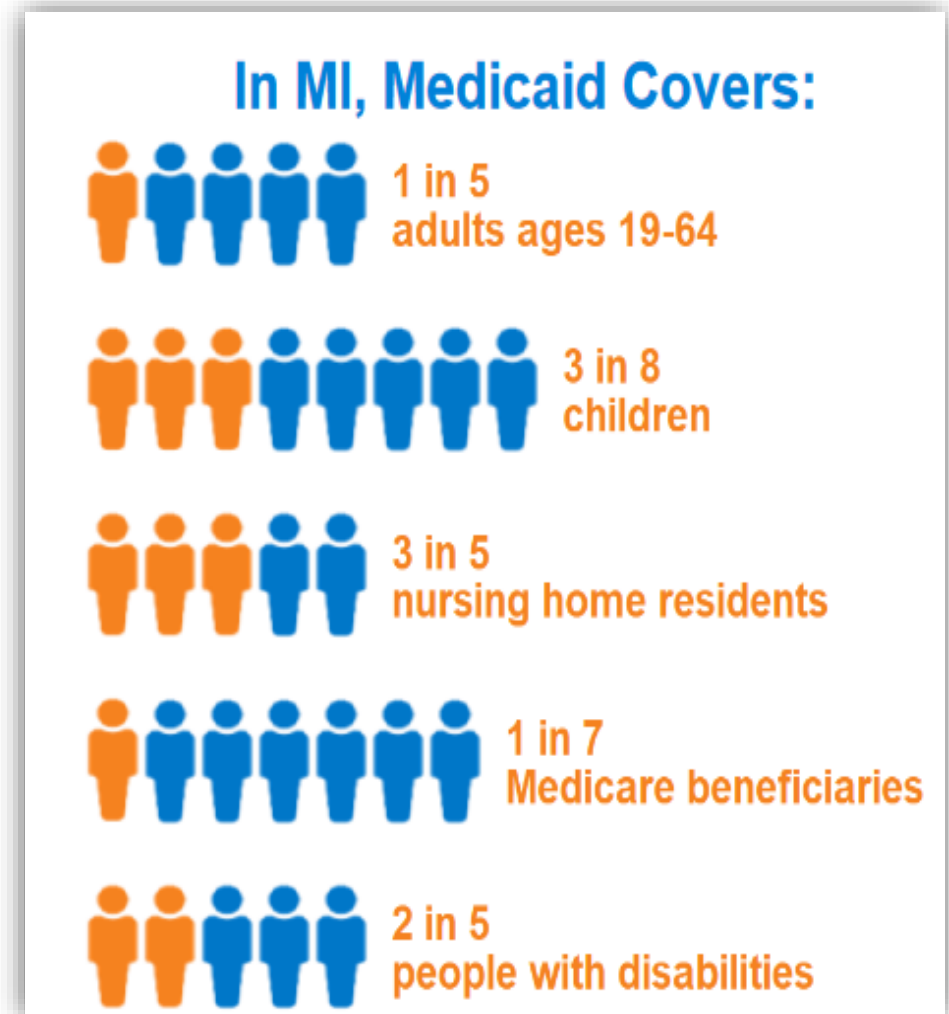


Michigan's Medicaid Program

In Fiscal Year (FY) 2022, Michigan's Medicaid program afforded health coverage to over **3 million Michiganders** each month.

This included:

- **1.02 million children;**
- **326,000 people** living with disabilities; and,
- **157,000 seniors.**

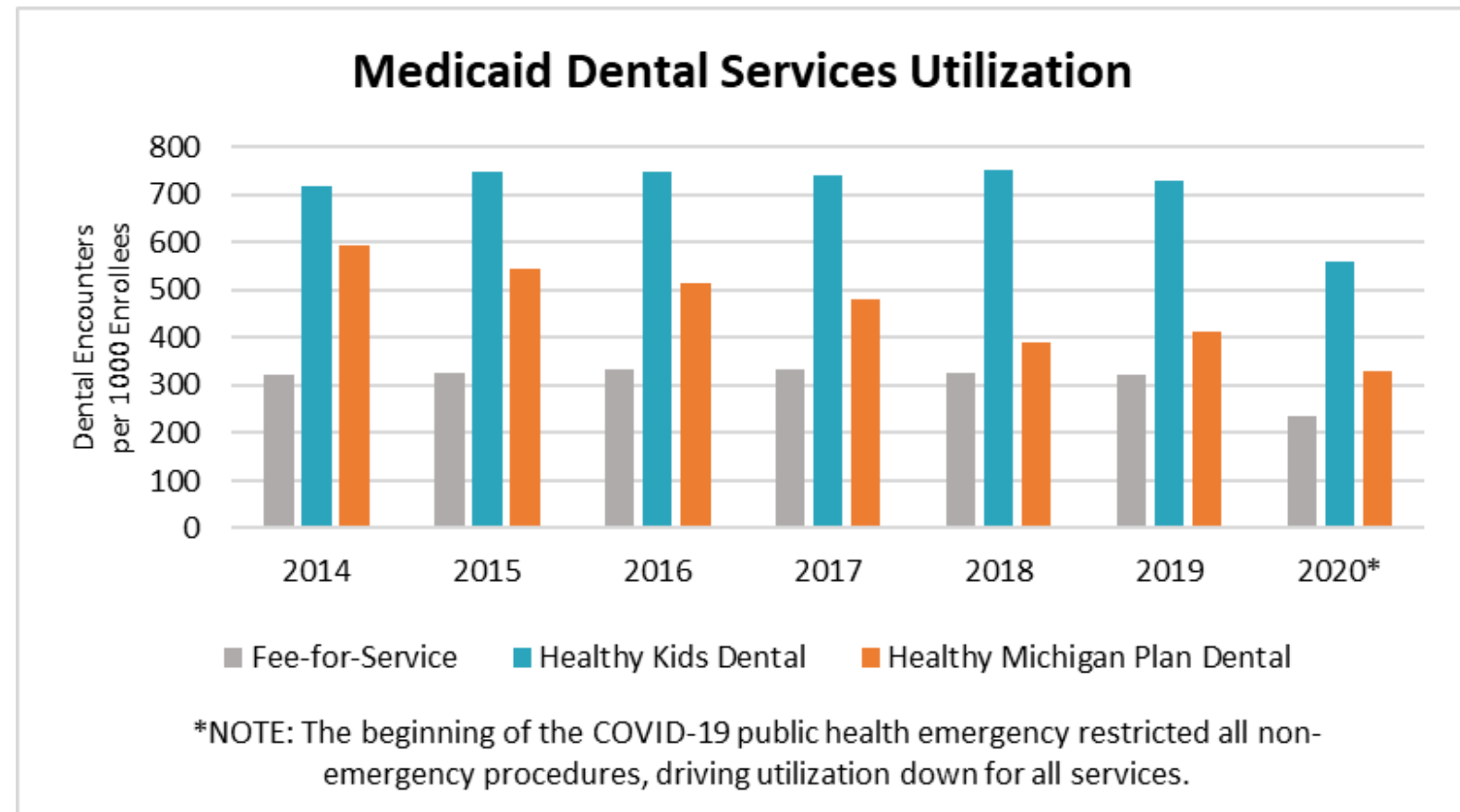


A white dental model of a molar tooth is positioned on the left side of the frame. To its right, a dental mirror with a circular head and a long, thin handle with a textured grip lies horizontally. The background is a solid, light blue color.

Medicaid Adult Dental Redesign

Medicaid Dental Services Background

Historically, Michigan's Medicaid adult dental program was challenged by disparities in access and chronically low utilization.

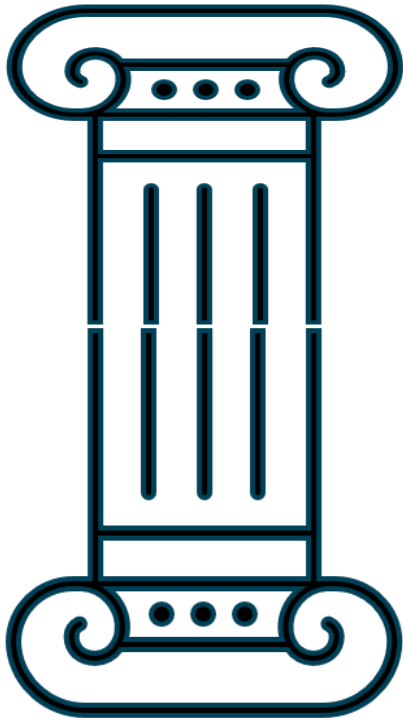


FY 2023 Dental Budget Investment

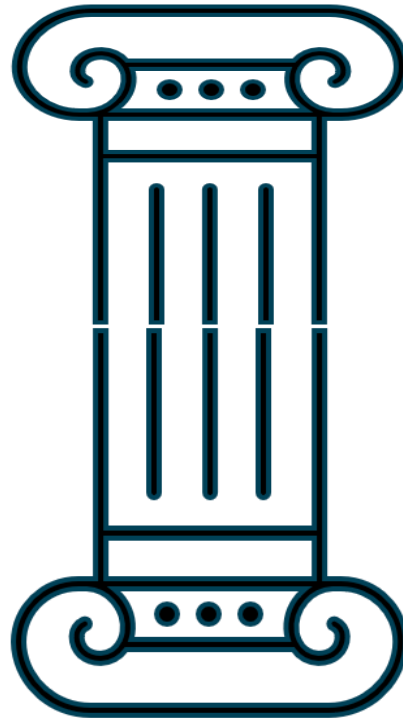
- In recognition of the disparities in dental access, the FY 2023 budget included \$85.1 million Gross and \$47.7 million General Fund (GF).
- The dental redesign represented the first significant investment in improving the adult dental program in decades.
- After consultation with a broad array of stakeholders, MDHHS submitted an adult dental redesign proposal to the legislature in October 2022.
 - High Level: Integrate the adult dental benefit into the Medicaid health plans with a robust set of policy enhancements and accountability measures.

Medicaid Dental Redesign Pillars

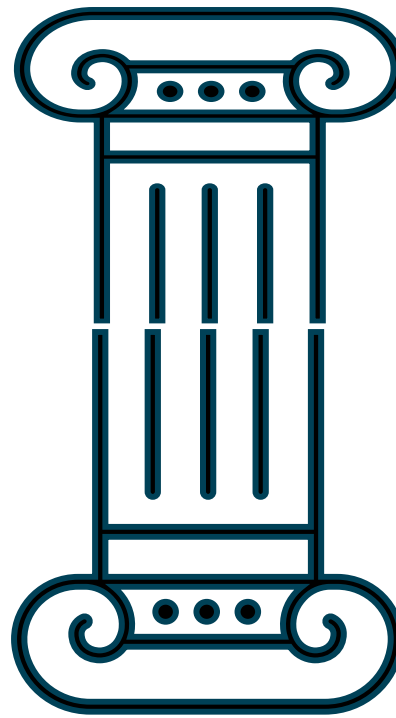
**Increased reimbursement
rates for providers.**



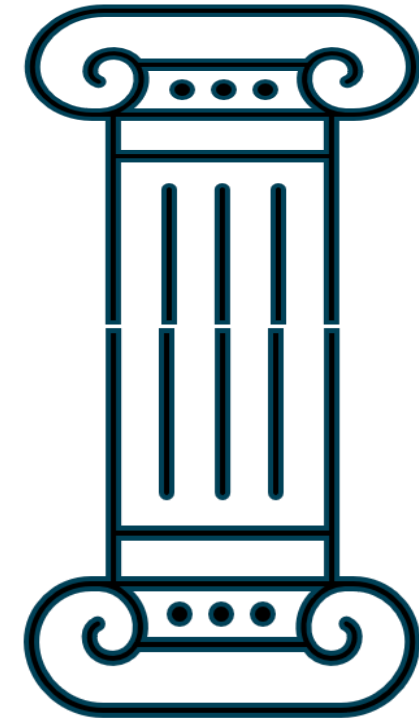
**Improved access and
provider participation.**



**Enhanced care
coordination.**



**Building a robust dental
benefit package.**



Increased Reimbursement Rates for Providers

Key Changes



Increasing fee-for-service reimbursement rates to 100% of average commercial rates.

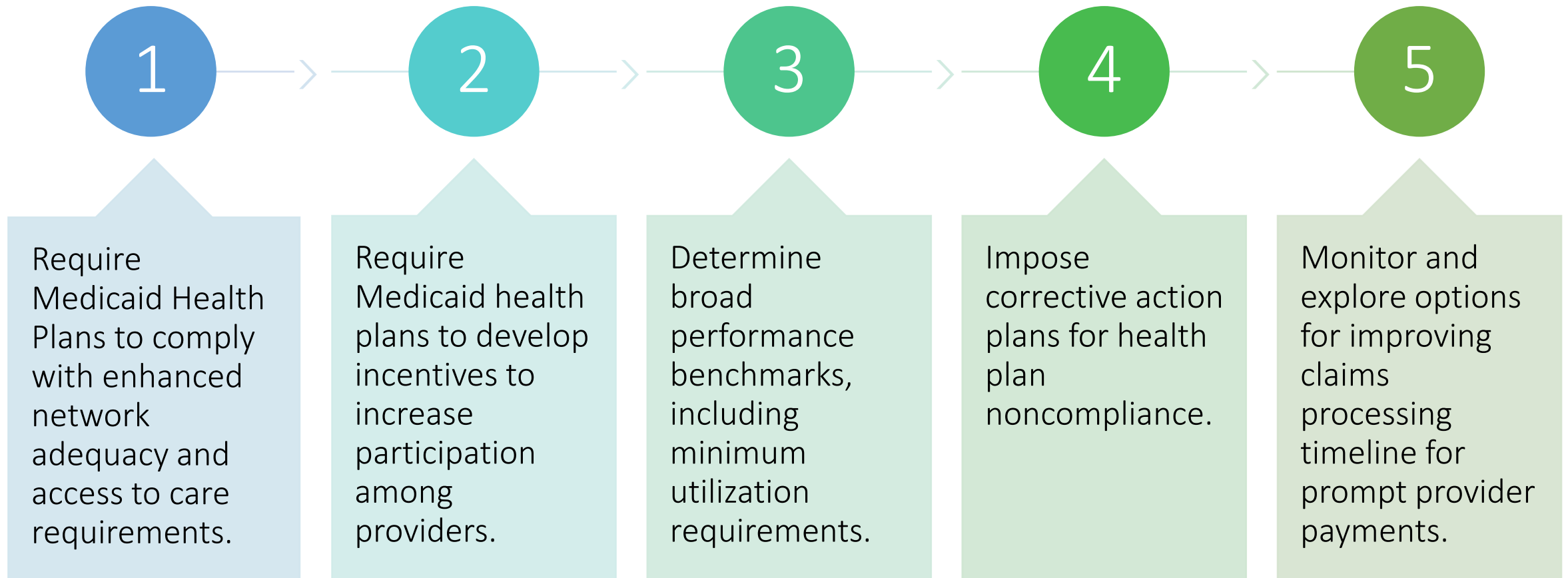


Contractually require Medicaid health plans to adopt and adhere to a minimum fee schedule aligning with 100% of average commercial rates.



Implement a process to rebase rates annually, thereby maintaining parity with the commercial market.

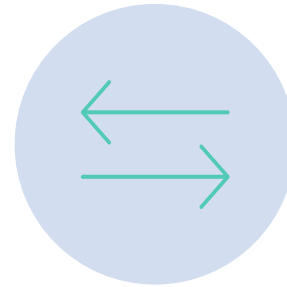
Improved Access and Provider Participation



Enhanced Care Coordination



Add dental-specific care coordination requirements to Medicaid health plan contracts and require submission of dental care coordination plans.



Require bidirectional sharing of pertinent beneficiary-level health information between Medicaid health plans and dental health plans.



Leverage non-emergency medical transportation infrastructure.



Explore development and implementation of shared metrics between Medicaid health plans and Healthy Kids dental programs.

Building a Robust Dental Benefit Package

- Expand the scope of covered benefits to include a broader array of preventive and restorative dental services, including:



- Conduct provider outreach and education around these benefit enhancements.

Dental Redesign Implementation Timeline

January 1,
2023

- Reimbursement rate changes.

April 1, 2023

- Medicaid health plan coverage responsibility.
- Benefit package enhancements.

Ongoing

- Annual rate rebasing.
- Provider outreach and engagement.
- Medicaid health plan contract monitoring.
- Continuous quality improvements.

FY 2023 Impact

Nearly 500 newly enrolled dental providers – an 11.5% increase to date.

Approximately 23% increase in the number of dental providers offering services to Medicaid beneficiaries.

More than 29% increase in the number of Medicaid dental visits.

Approximately 144% increase in the average reimbursement per dental visit.

Public Health Emergency (PHE) Unwinding and Redeterminations

PHE Unwind Overview

2020

- January: Public Health Emergency begins.
- March: Families First Coronavirus Relief Act (FFCRA).
- Continuous coverage requirement effective January 1, 2020, through the end of the PHE.

2021

- October: Public Act 87 of 2021 appropriates one-time funding of \$20.9 million in FY 2022 for enhanced FMAP redetermination compliance.

2022

- October: Public Act 166 of 2022 appropriates one-time funding of \$10 million in FY 2023 for enhanced FMAP redetermination compliance.
- December: Congress passes Consolidated Appropriations Act.
- Decouples Medicaid continuous enrollment from the end of the PHE.

2023

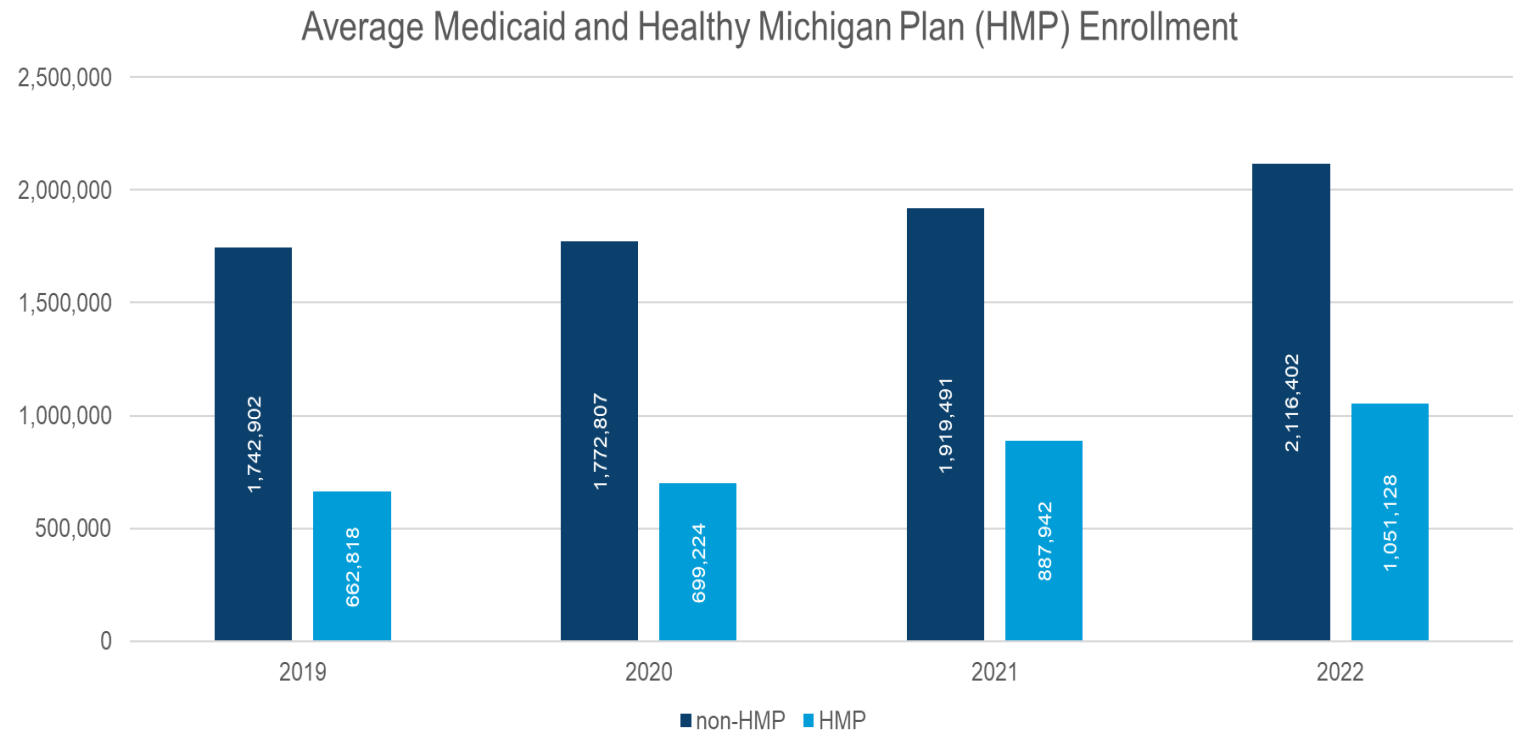
- March 31: Last day of Medicaid continuous enrollment provisions.
- April: MDHHS begins to restart renewals.
- July: First month beneficiaries have coverage terminations in Michigan.

2024

- June: Final closures for last PHE unwind cohort.
- June: Medicaid renewals return to regular 12-month renewal schedule.

PHE Medicaid Enrollment Growth

- March 2020 enrollment: 2,395,319
- May 2023 Enrollment: 3,214,910
- 819,591 additional individuals covered (34.2% increase)



Keeping Residents Covered

Goal: The department's highest priority is to keep as many Medicaid beneficiaries enrolled and provide a smooth transition to the Marketplace to those no longer eligible.



MDHHS is working to reach this goal through:

Enhancing the ex parte renewal process to increase the number of individuals renewed automatically.

Adopting special CMS waivers and flexibilities during the unwinding period.

Conducting robust outreach through mail, phone, text messages, and email.

Conducting a statewide media campaign.

Partnering with our contracted Managed Care Organizations.

Education and Outreach



Media campaign: Radio, social media, minority media outlets.

Toolkit for community and provider partners.

Dedicated website at Michigan.gov/2023benefitchanges for all beneficiary and stakeholder information.

Convening regular meetings with key partners and statewide associations.

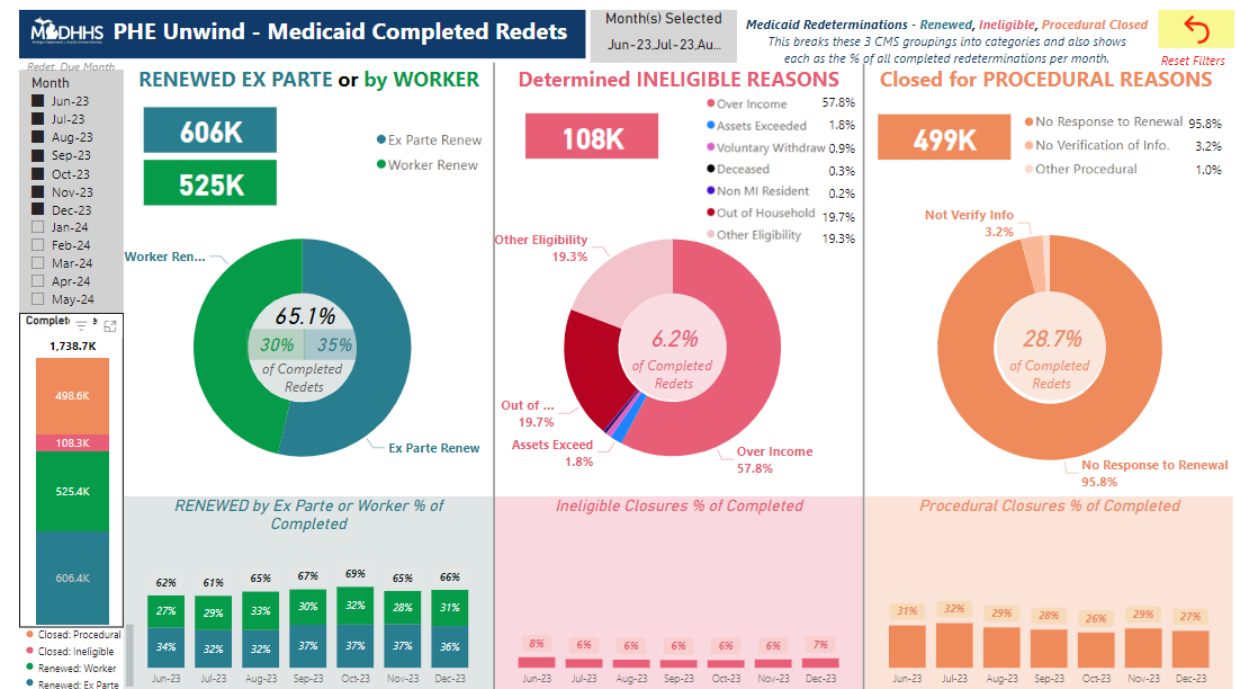
Biweekly email updates, briefings to inform, educate, and support our legislative partners.


Hosting educational webinars and partnering with community organizations to support broad awareness and engagement.

Proactive phone and email outreach to beneficiaries who have not returned paperwork and could be subject to closure.

Medicaid Renewals and Closures

- More than 1.4 million beneficiaries have been renewed through February 2024.
 - On pace for similar enrollment to pre-pandemic levels of 2.4 million individuals (25% of Michiganders).
- Stable renewal numbers month to month, with an average renewal rate of 65% for each monthly cohort.





Healthy Moms, Healthy Babies

2024 Investment Updates

- Nearly 45,000 postpartum moms now have access to 12 months of continuous postpartum Medicaid coverage.
- 12,768 Michiganders received family planning or related services through the Plan First benefit since July 2023.
- 38,524 enhanced home visits for families enrolled in the statewide Maternal Infant Health Program (MIHP) occurred resulting in families being:
 - 44% less likely to report cutting meals due to cost.
 - 16% less likely to report going without essential utilities.
 - 36% less likely to report being unemployed.
- Issued \$5 million in Regional Perinatal Quality Collaboratives funding to community-based organizations and other entities serving families.
- Michigan Medicaid began reimbursing for doula services in February 2023 as part of the Michigan Doula Initiative.

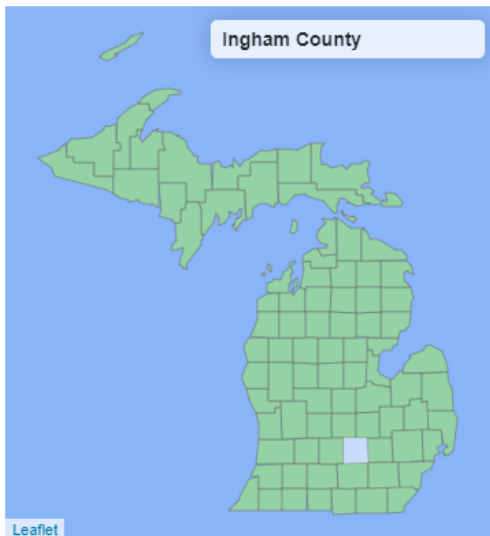
Michigan Doula Registry

Ingham County

Select any county by clicking on the map, using the dropdown, or using the advanced search below. Once the selection is made, the location and contact information for doulas in the registry will appear.

Ingham

Show only Medicaid Enrolled Doula Providers ☐



[Click here for Advanced Search Options](#)

Elexus Beauchamp



Wise Wombman Collective



Labor and Birth



www.wisewombmancollective.com



wisewombmanco@gmail.com



517-862-4365

Serving:



Eaton County, Ingham County, Monroe County, Van Buren County, Washtenaw and Wayne County

Taylor Bodell



Taylor Bodell Birth Services



Labor and Birth, Postpartum



www.taylorbodellbirthservices.com



taylorbodellbirthservices@yahoo.com



517-908-5241



Medicaid Enrolled Provider

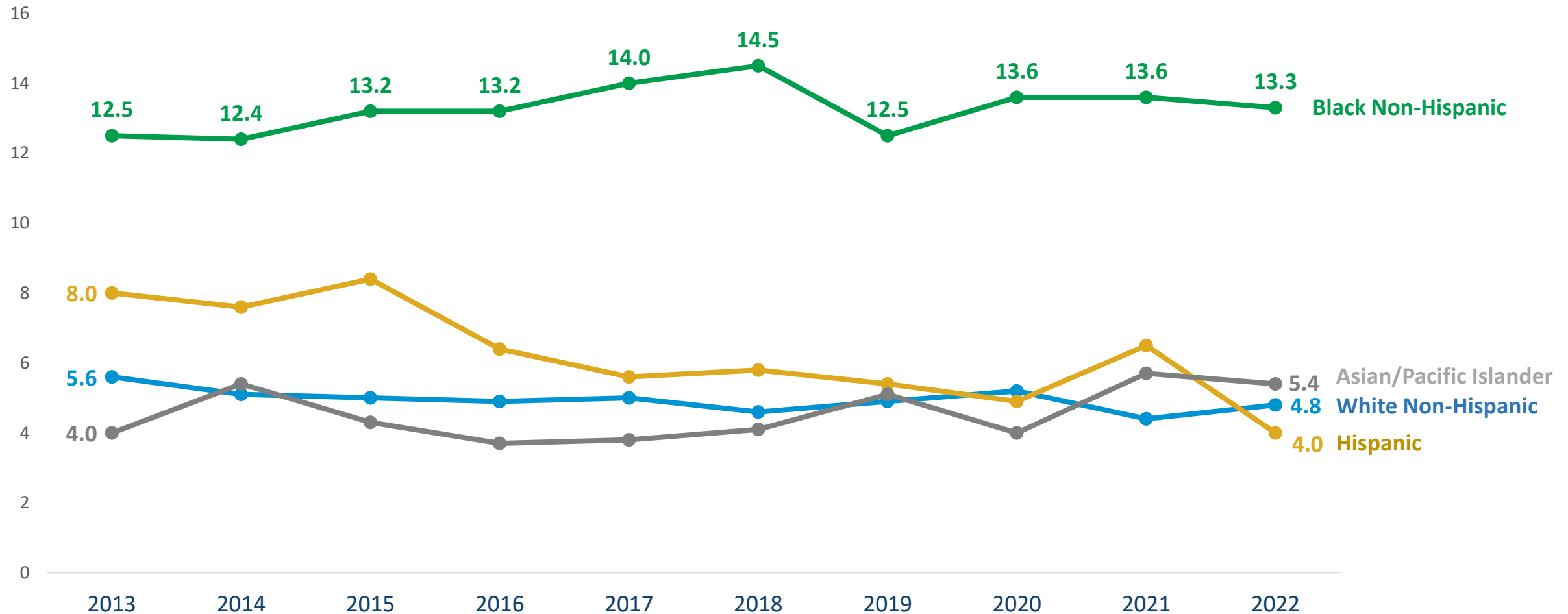
Serving:



Clinton County, Eaton County, Ingham County, Jackson County, Shiawassee and Washtenaw County



Infant Mortality Rate by Maternal Race & Ethnicity (per 1,000 live births)

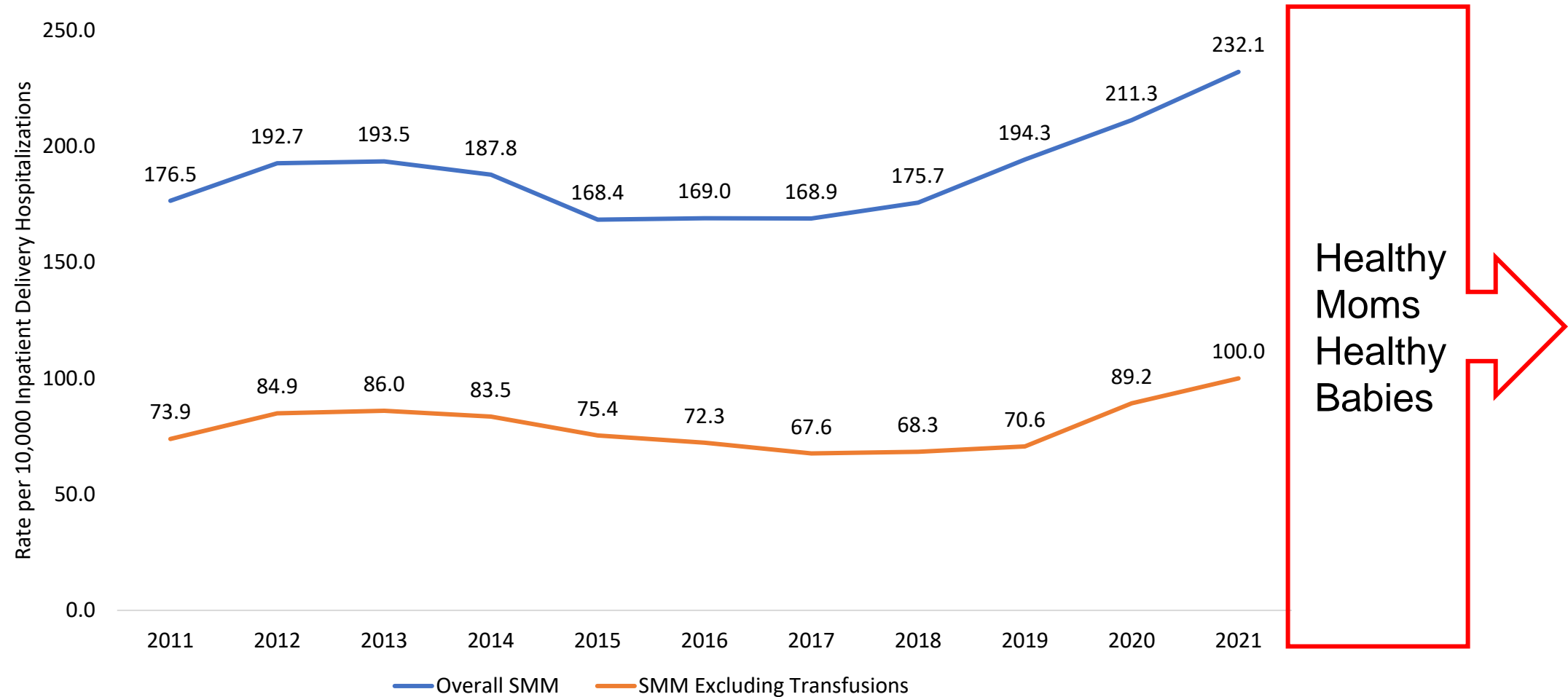


Maternal Mortality: Key Findings 2016-2020

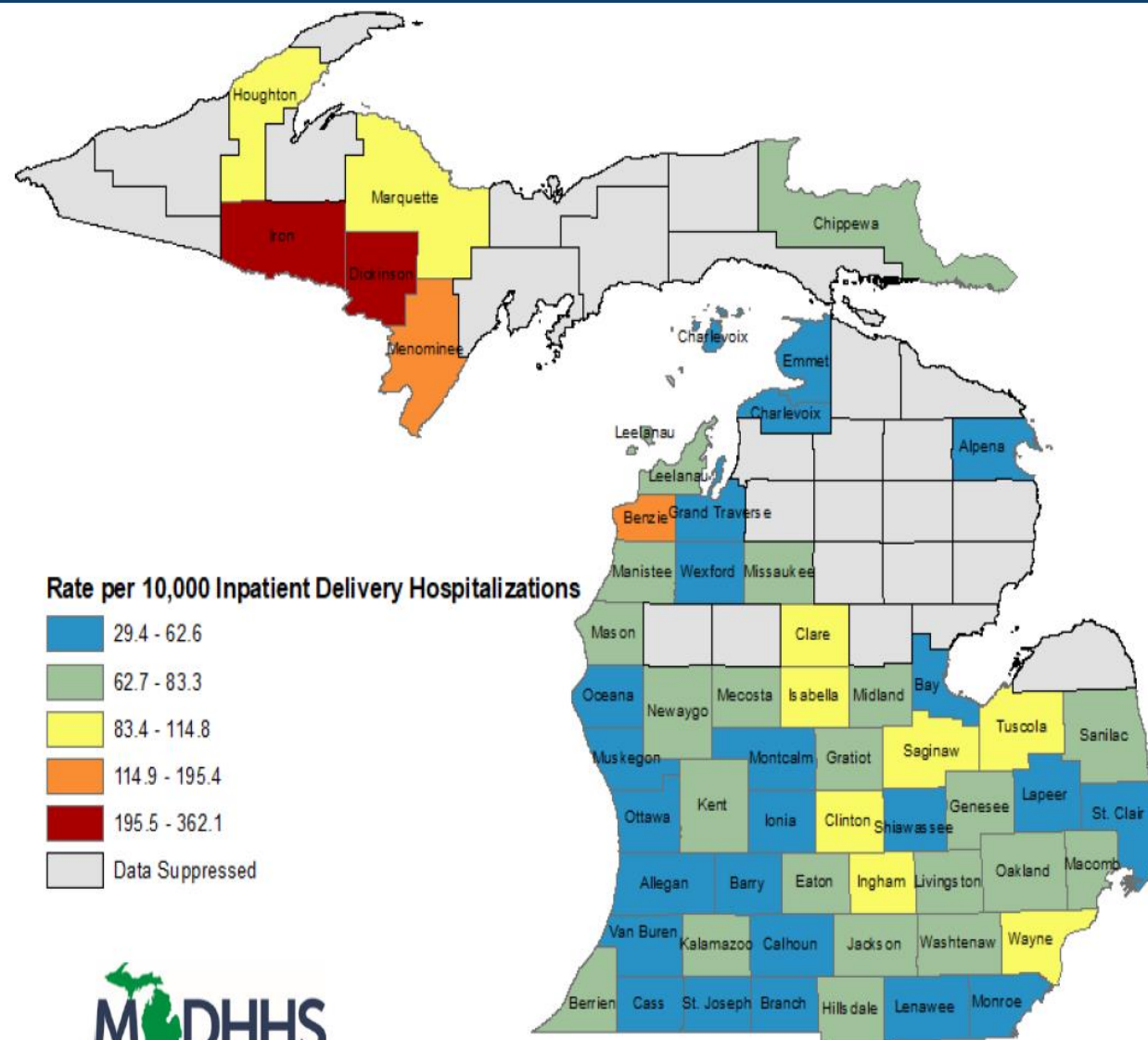
- 442 maternal deaths.
- 106 deaths were identified as pregnancy-related. The most common causes of death were infection, thrombotic/pulmonary embolism, and substance use disorder.
- 305 deaths were identified as pregnancy-associated, not related. The most common causes of death were accidental poisoning/drug overdose, and medical causes not directly related to or aggravated by the pregnancy.
- Disparities exist by race, age, and education level.
- Pregnancy-related deaths: 74.5% were determined to be preventable.
- Pregnancy-associated deaths: 81.8% were deemed to be preventable.

[Maternal Deaths in Michigan, 2016-2020](#)

Severe Maternal Morbidity (SMM) and SMM Excluding Transfusions



Severe Maternal Morbidity excluding Transfusions, 2017-2021



Data Source: Michigan Department of Health and Human Services, Michigan Resident Inpatient Files created by the Division for Vital Records and Health Statistics, using data from the Michigan Inpatient Database obtained with permission from the Michigan Health and Hospital Association Service Corporation (MHASC), 2011-2021.

Fiscal Year 2025 Budget Investments

Healthy Moms, Healthy Babies

One-Time

\$10.4M Gross

\$8.9M GF

Description

- Maternal Infant Health Program (MIHP) is a statewide, evidence-based Medicaid-funded home visitation program for pregnant and postpartum people, infants, and caregivers.
- MIHP serves more than 15,000 Medicaid-eligible pregnant people and 20,000 infants, annually.
- There are currently 68 MIHP agencies representing 98 sites across the state.
- Increase Medicaid rate to doulas for longer deliveries, increase reimbursed number of doula visits, increase the number of doula trainings and continuing education opportunities, and support doula connections.
- Further expand access to CenteringPregnancy.
- Regional Perinatal Quality Collaboratives issue funds directly to communities for local efforts to improve maternal and infant health.

Proposed Investment

- \$3.3 million (\$918,700 GF) to increase reimbursement rates to MIHP service providers for additional care management services.
- \$2 million (\$545,100 GF) for increases in Medicaid reimbursement for doula care.
- \$2.9 million one-time (\$1.4 million GF) for doula training and outreach.
- \$7.5 million one-time GF to continue state grants for CenteringPregnancy and the Regional Perinatal Quality Collaboratives.

Outcomes

- Achieve equitable birth outcomes.
- Provide enhanced services to more than 11,000 individuals.
- Decrease health and racial disparities.

Medicaid Birth Recovery



Description

- Michigan is one of only three states that recovers birth expenses paid by Medicaid from the fathers of children whose biological parents are unwed.
- 40% of births in Michigan are paid for by Medicaid and over 20,000 collections are made monthly from unwed fathers.
- Recovering birth expenses from Medicaid's most vulnerable families disproportionately impacts marginalized racial groups.
- By ending this practice, Michigan can promote connection between unwed fathers and their newborn children, thereby removing obstacles to financially and emotionally supporting their children.

Proposed Investment

- \$13.7 million gross (\$4.8 million GF) to replace lost revenue from ending Michigan's Medicaid birth expenses recovery program.

Outcomes

- Provide additional income to families in need.
- Keep families together.

MiHealthy Life – Medicaid Health Plan Improvements

Ongoing

\$20M Gross

\$7.6M GF



Description

- Children enrolled in Medicaid must receive immunizations from a Vaccines For Children (VFC) provider, per federal requirements.
- Participation in the VFC program is decreasing as fewer parents are taking kids for vaccinations.
- Vaccination rates for Michigan children on Medicaid are lower than those on commercial insurance.
- In 2020, 1.9 million Michiganders faced food insecurity, including 1 in 7 children.
- Medicaid Health Plan (MHP) enrollees are among those most vulnerable to food insecurity.
- MHPs may provide medically appropriate, cost-effective alternatives to medical state plan services through In Lieu of Services (ILOS), which pay for services that address health-related social needs.
- ILOS can pay for home-delivered meals that meet the dietary needs of qualifying enrollees.

Proposed Investments

- \$7 million gross (\$2.5 million GF) to increase reimbursement rates for Vaccines For Children providers.
- \$10 million (\$3.5 million GF) to incentivize MHPs to impact food insecurity through ILOS.
- \$3 million (\$1.6 million GF) to improve program monitoring, evaluation, and accountability.

Outcomes

- Reduce health disparities.
- Increase childhood vaccination rates.
- Reduce food insecurity.
- Ensure health plan compliance with new contractual requirements.

Medicaid Community Reentry



Description

- Michigan will be formally seeking federal approval of a five-year Section 1115 demonstration to improve the transition of incarcerated individuals back into the community.
- Federal opportunity provides state Medicaid programs the flexibility to cover a package of pre-release services for up to 90 days for those returning to the community.
- Includes case management, Medication Assisted Treatment and counseling, and prescription medications.
- Targets a population that has been historically underserved and adversely affected by persistent poverty and inequality.

Proposed Investment

- \$30.5 million gross (\$5.6 million GF) to implement a Medicaid community reentry program upon approval of the federal waiver.

Outcomes

- Increase access to services prior to release and continuity of care upon transition into the community.
- Improve health outcomes.
- Lower risk of recidivism.

Questions & Discussion

MDHHS Contact Information:

Chardaé Burton
Director of Legislative Affairs
517-243-3221
BurtonC5@michigan.gov

A photograph of three children inside a yellow school bus, waving their hands out the windows. The children are smiling and appear happy. The image has a blue tint overlay.

Thank you!

Additional Resources

PHE Unwinding Resources and Phone Numbers

- MDHHS Website: Michigan.gov/2023BenefitChanges
 - Information for providers and beneficiaries.
- DIFS Website: Michigan.gov/StayCovered
 - Information on Marketplace coverage.
- MI Bridges Help Desk: (844) 799-9876
 - Available 8 a.m. – 5 p.m., Monday – Friday.
 - Assistance accessing MI Bridges account.
- Local Office/UCL Phone Number: (844) 464-3447
 - 9 a.m. – 3 p.m., Monday – Friday.
 - Call to reach a specialist.