January 14, 2026 Care Management Committee Zoom Meeting

Meeting summary

Quick recap

The Care Management Committee meeting focused on two main presentations: an update on the PCMH program from DSS, which reported 559 sites with 2,568 providers as of December 2025, and a detailed analysis of medically frail populations under HR1 work requirements, which estimated 78,000-128,000 people could be at risk of losing coverage by 2027. The committee also discussed changes to the PCMH Plus program, including the elimination of shared savings payments while maintaining per-member-per-month payments for FQHCs, and explored potential quality measures for 2026. The conversation ended with a discussion about expanding the committee's scope to include quality and access issues previously handled by a separate committee, and Sheldon raised concerns about new prior authorization rules for prescription drugs that may violate state and federal law.

Next steps

- DSS team: Investigate the possibility of sourcing medical frailty data from Disability Determination Services (DDS) for individuals with pending SSI applications and assess if this data can be utilized for exemption determinations.
- DSS team: Provide an update at the next meeting regarding the 2024 PCMH+ program results, including performance, quality, and potential shared savings payments, pending data readiness.
- DSS team: Share outcome data related to PMPM payments for FQHCs with the committee, to allow evaluation of performance based on those payments.
- DSS team: Send the SPA (State Plan Amendment) communication regarding PCMH+ changes (or the relevant link) to the committee.
- DSS team: Confirm and communicate which quality measures will be applied for calendar year 2026 for PCMH+ and ensure measures are run for 2026 as indicated.
- Steven Colangelo: Send to Rep Lucy Dathan (and/or the committee) the previous suite of healthcare measures that were run on Husky, for reference and follow-up.
- DSS team: Investigate how to identify Medicaid members who are enrolled in Medicare Advantage plans for purposes of PCMH+ eligibility exclusion, and report findings to the committee.
- DSS team: Review and respond to forthcoming letter from advocates regarding prior authorization rules for prescription drugs, and consider revising the system to reduce harm and ensure compliance with state and federal law.
- DSS team: Consider including a summary or update on H.R.1/Work Requirements at future Care Management Committee meetings for those unable to attend the main MAPOC meeting, as appropriate.

- DSS team: Continue to monitor and update the committee on the development of primary care payment redesign proposals and bring thoughts to the committee for comment when ready.

Summary

PCMH Program Progress and Updates

The Care Management Committee meeting began with Rep Robin Comey and Lucy Dathan, co-chairs, welcoming attendees and noting agenda revisions to improve time management and align with MAPOC committee goals. Bill Halsey from DSS informed the committee that they would present information on work requirements and medically frail populations, in addition to the planned PCMH+ update. Laura Demeyer presented the PCMH program status, highlighting an increase in approved practice sites and providers, with 559 total sites and 2,568 providers as of December 2025. The committee discussed recruitment efforts, practice renewals, and engagement metrics, with 90% engagement across all practice types. The conversation ended with an invitation for questions and a brief mention of upcoming presentations on work requirements and medically frail populations.

Medicaid Work Requirements Implementation Plan

The meeting focused on the implementation of work requirements for Medicaid, with a particular emphasis on medically frail individuals and exemptions. Peter Hadler and Bill presented data on the HUSKY D population, noting that 306,000 people are currently enrolled in this category. They discussed the federal government's desire to set parameters for states in defining medically frail individuals, and shared preliminary estimates on how many people might qualify for exemptions under the new work requirements. The team emphasized the need for further policy clarification and operationalization of these requirements, which are set to be implemented by January 1, 2027.

Medicaid Enrollment Impact Analysis

Peter presented a detailed analysis of potential Medicaid enrollment impacts due to work requirements, showing two scenarios: a low data matching scenario affecting 128,000 people (14% of Medicaid enrollment) and a high data matching scenario affecting 78,000 people (9% of Medicaid enrollment). He explained how they identified exempt populations, including 8% receiving SSI, 12% meeting medical frailty criteria, and 23% showing compliance through wage data. The team identified 51,600 people meeting Michigan's diagnostic code-based definition of medical frailty through claims data, with an additional 1,100 self-identified as medically frail, bringing the total to 52,700 potentially eligible for medical frailty exemptions.

Medicaid Eligibility Analysis for Husky D

The meeting focused on analyzing the impact of potential changes to Medicaid eligibility, particularly for the HUSKY D population. Peter and William presented their ongoing work to identify diagnostic

codes that could be used to assess eligibility, emphasizing that this is a work in progress. Rep Lucy Dathan discussed the financial implications, noting that HUSKY D has a PMPM of around $800 and could affect 162,000 people. Ellen Andrews raised questions about diagnostic codes and wage data, to which Peter explained that the wage component is based on DOL data and already includes automated income verification. The team agreed to continue analyzing the data and exploring ways to integrate these findings into the eligibility process.

Medical Frailty and Benefits Eligibility

The meeting focused on discussing medical frailty codes and disability determinations for benefits eligibility. Peter explained that CMS has not approved Michigan's specific codes for medical frailty, though they pointed to existing regulations. The group discussed how people who are not found disabled by the Social Security Administration might qualify for exemptions, with Peter clarifying that the state is not required to make independent disability determinations. Sheldon Toubman raised concerns about income levels for HUSKY C and the discrimination lawsuit pending against the department, as well as the impact of moving from HUSKY D to HUSKY C due to reduced reimbursement rates. The discussion concluded with Sheldon questioning the broader definition of ex parte reviews beyond automated systems, suggesting potential for more labor-intensive behind-the-scenes efforts.

Medically Frail Data Definitions Discussion

The meeting focused on exploring data sources and definitions for medically frail individuals under Medicaid. Peter explained that CMS is primarily focused on facilitating ex parte processes through the Federal Data Services Hub, but they are also considering other data sources. Sheldon raised concerns about educating providers about coding, noting the potential for misuse in Medicare Advantage schemes. Nick Russell suggested exploring medical frailty data from disability determination services for pending SSI applications. The group discussed expectations for federal guidance on defining medically frail, with Peter noting that CMS has until June to provide clarity. Bill emphasized the need to build these definitions into the eligibility system and requested flexibility if the state's definition does not align with the federal one.

Work Requirements and Medical Exemptions

The group discussed an 1115 waiver related to work requirements, with William clarifying that some states have already implemented work requirements and defined medically frail exemptions in their waiver applications. Peter explained that adding 18 additional medical codes would exempt 33,000 more people, bringing the total to around 85,000, though Ellen noted this was still an estimate and could be lower. The discussion concluded with Rep Dathan asking about how the agency plans to determine compliance for individuals outside traditional working environments, such as full-time students or volunteers, with Peter noting that there are still unknowns in this area and the numbers could potentially come down further.

Data Integration for Education Compliance

The meeting focused on exploring data collection methods to confirm compliance with education requirements and exemptions, including medical frailty and caregiving. Peter explained efforts to integrate state and national education databases, while simplified pathways are being considered if data integration is not feasible. The team discussed the impact of work requirements on the HUSKY D population, estimating that 85,000 people could be exempt if additional ICD-10 codes are implemented. Bill mentioned ongoing discussions about primary care payment redesign and PCMH+ program changes, with plans to present future proposals to the committee. David Krol raised a question about the state plan amendment regarding PCMH+ program changes, particularly regarding payments to federally qualified health centers (FQHCs).

PCMH+ Budget and Payment Updates

The committee discussed the discontinuation of shared savings payments while continuing PMPM payments to FQHCs, with Rep. Dathan explaining this was a late budget adjustment and part of broader Medicaid rate discussions. David Krol raised concerns about the budget implications and requested presentations on 2024 PCMH+ results at the next meeting, which Peter agreed to review. The group also discussed quality measures for 2026, with Erica Garcia-Young confirming measures would be posted on the PCMH+ website, and Sheldon emphasized the importance of exploring capitated payment models for care coordination rather than enhanced fee-for-service payments. Steven Colangelo raised questions about identifying Medicare Advantage plan members in PCMH+, which Bill and Peter agreed to investigate further.

Care Management Scope Expansion

The Care Management Committee discussed expanding its scope to include quality and access issues previously handled by the Quality Access Committee, which has not met for some time. Rep Dathan proposed this change to better align with the committee's responsibilities under the Medicaid delivery model and to avoid duplication of efforts with DSS. The committee agreed that quality and access issues should not be separated from care management, and Steven offered to share past healthcare measures data for review. The committee will continue to address HR1 issues and monitor key concerns affecting Husky program recipients, with a focus on person-centered services.

Prescription Drug Authorization Rules Concern

Sheldon raised concerns about the department's new prior authorization rules for prescription drugs, which he believes violate federal and state law. He mentioned that a letter from advocates about this issue is forthcoming. Rep. Dathan said she would bring Sheldon's concerns to the attention of the MAPOC committee and consult with others. The group also discussed a legislative report on weight loss medication implementation, which David Kaplan agreed to share with the group. The next MAPOC meeting is scheduled for February 11th at 10 a.m. via Zoom.

Notes from the meeting chat:

David Krol 10:43 AM
SHVS-Medical-Frailty-Exemption-Step-by-Step_11.14.25.pdf
Checking All the Boxes: A Survey of Medical Frailty Definitions in Alternative Benefit Plans and Section 1115 Work Requirements Demonstrations - National Health Law Program

ellenandrewsx 11:06 AM
Can we add the caregiving exemption to a future meeting agenda?

David Krol 11:23 AM
spa-ct26l--pcmh-updates--website-notice.pdf

Julio Carmona 11:23 AM
20DSS1201FI_CCMC_7.16.20_Executed (005)ss.pdf

Julio Carmona 11:24 AM
This is the 2026 QM's

Sheldon Toubman 11:30 AM
The rationale that we don't include in PCMH individuals who are enrolled in a Medicare Advantage plan because they are getting care coordination through those plans is hollow -- those plans simply do not provide that service (though they claim to do).