

HEALTH MANAGEMENT ASSOCIATES

THE
**MICHIGAN
UPDATE**
2025 

JANUARY

WWW.HEALTHMANAGEMENT.COM



Table of Contents

MEDICAID MANAGED CARE ENROLLMENT ACTIVITY 3

MI HEALTH LINK..... 4

SPECIAL NEEDS PLANS..... 7

MEDICAID POLICIES 7





MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of January 1, 2025, there were **1,762,537 Medicaid beneficiaries, including 557,036 Healthy Michigan Plan (HMP) beneficiaries**, enrolled in the nine Michigan Medicaid Health Plans (HMOs). As the table below shows, this is an overall **decrease of 611** since December 1, 2024. The number of HMP beneficiaries enrolled in HMOs **increased by 1,410** and the number of non-HMP beneficiaries **decreased by 2,021**.

The total number of Medicaid beneficiaries, including Healthy Michigan Plan (HMP) beneficiaries enrolled in the nine Michigan Medicaid Plans in January 2025 is 245,871 less than in January 2024. The count of HMP beneficiaries enrolled in the nine Michigan Medicaid Health Plans (HMOs) in January 2025 is 117,662 less than January 2024. The drop in Medicaid enrollment may be from continued impacts of the PHE unwind as well as a stronger state economy, steady job growth, and low unemployment according to University of Michigan economists.

	Jan 2024	Mar 2024	May 2024	July 2024	Sep 2024	Dec 2024	Jan 2025
All Medicaid Beneficiaries Enrolled	2,008,408	1,927,334	1,841,137	1,772,065	1,783,527	1,763,148	1,762,537
• Total HMP Enrollees	674,698	635,140	588,352	558,714	561,835	555,626	557,036
• Total CSHCS/ Medicaid Enrollees	26,983	27,063	27,124	26,644	27,428	27,816	27,713
• Total Medicare/ Medicaid Enrollees (Duals)	36,828	34,446	32,976	31,410	33,656	30,555	29,087
• Total MICHild Enrollees	41,411	43,610	47,442	49,179	55,477	60,432	61,457

The number of beneficiaries identified as mandatory managed care enrollees but not yet enrolled in a Medicaid HMO has varied dramatically over the last few years, from a low of 41,894 in June 2023 to a high of 149,746 in May 2020. **In January 2025, the number of mandatory but not yet enrolled beneficiaries was 90,922, which is 8,634 more than December 2025.**

As the enrollment reports for January ([pdf](#), [xls](#)) reflect, every county in the state is served by at least one Medicaid HMO. Auto-assignment of beneficiaries into the HMOs is available in every county. In addition to the HMOs with smaller service areas, there is one HMO – McLaren Health Plan – authorized to serve all counties in the Lower Peninsula, and Blue Cross Complete authorized to serve all but two of the Lower Peninsula counties. Beneficiaries in all 15 counties in the Upper Peninsula are auto assigned, through federal “Rural Exception” authority, to the one HMO serving these counties, Upper Peninsula Health Plan.

The plans with the highest total enrollment in January 2025 were Meridian Health Plan of Michigan with about 20 percent of the total (358,287 enrollees), Molina Healthcare of Michigan with about 17 percent (294,712 enrollees), Blue Cross Complete of Michigan with about 16 percent of the total number of enrollees (286,304), and UnitedHealthcare Community Plan with 14 percent (251,105 enrollees).





Healthy Michigan Plan (HMP)

The **total count of HMP enrollees in the Medicaid HMOs increased in January 2025 by 1,410 from December 2024 to 557,036**. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in January 2025 were Blue Cross Complete with about 19 percent of the total, Meridian Health Plan of Michigan with about 18 percent, and Molina Healthcare of Michigan with about 15 percent of the total number of enrollees.

CSHCS/Medicaid

MDHHS requires children (and a few adults) receiving services from both the Children’s Special Health Care Services (CSHCS) program and the Medicaid program to enroll in Medicaid HMOs. There were **27,713 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs in January 2025**, a decrease of 103 since December 2024. All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in January 2025 were Molina Healthcare of Michigan with about 21 percent, Priority Health Choice had about 18 percent of the total number of enrollees, Blue Cross Complete and Meridian Health Plan of Michigan each had about 16 percent.

MiChild

There were **61,457 MiChild beneficiaries enrolled in the Medicaid HMOs in January 2025**, an increase of 1,025 since December 2024. All Medicaid HMOs have MiChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in January were Meridian Health Plan of Michigan with about 21 percent of the total, and Molina Healthcare of Michigan and Priority Health each with about 15 percent of the total number of enrollees.

Medicare/Medicaid

Aside from Michigan’s Medicare/Medicaid financial alignment demonstration, MI Health Link, there were an additional **29,087 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in January 2025 in Medicaid HMOs** for their Medicaid benefits. The number of enrolled duals **decreased by 1,468** between December 2024 and January 2025. All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. Molina Healthcare of Michigan had about 21 percent of the total number of enrollees, while UnitedHealthCare Community Plan had about 19 percent of the total number enrollees, and Meridian Health Plan of Michigan had about 17 percent.

MI HEALTH LINK

In previous editions of *The Michigan Update* we have written about Michigan’s implementation of an integrated healthcare delivery system demonstration for adults dually eligible for Medicare and Medicaid (duals). The demonstration, called MI Health Link, operates in four regions of the state. The entire Upper





Peninsula is one region; eight counties in the southwest corner of the state (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren) form another region; and Macomb County and Wayne County are two single-county regions. Medicaid and Medicare physical healthcare services (including long-term services and supports) are provided by HMOs that have contracts as Integrated Care Organizations (ICOs) to serve the duals.

The number of MI Health Link enrollees continues to fluctuate, with increases in some months and decreases in others. The Michigan Department of Health and Human Services (MDHHS) reports that in **January 2025, the MI Health Link enrollment total was 30,850** a decrease of **868 enrollees** since December 2024.

The tables below illustrate MI Health Link enrollment by month from 2023 to the most current data. Enrollment fluctuations are clear. November 2024 had the lowest enrollment over the past 30 months with 31,383 enrollees, May 2023 saw the highest enrollment with 44,216 enrollees.

Jan. 2023	Feb. 2023	March 2023	April 2023	May 2023	June 23
42,501	42,066	41,319	44,033	44,216	43,399
July 2023	Aug. 2022	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023
42,410	41,434	40,210	38,796	37,645	37,305

Jan. 2024	Feb. 2024	Mar. 2024	Apr. 2024	May 2024	June 2024
37,657	36,491	34,935	36,305	35,239	33,904
July 2024	Aug. 2024	Sept. 2024	Oct. 2024	Nov. 2024	Dec. 2024
33,098	32,553	32,243	31,548	31,383	31,718

There are six ICOs serving one or more of the demonstration regions. The table below provides enrollment information by region for each ICO for **January 2025**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		2,986	1,438	3,559	7,983
AmeriHealth Michigan			756	2,182	2,938
HAP CareSource			955	2,731	3,686
Meridian Health Plan of MI		2,355	768	1,841	4,964
Molina Healthcare of MI			3	7,146	7,149
Upper Peninsula Health Plan	4,130				4,130
Total	4,130	5,341	3,920	17,459	30,850

The plans with the highest enrollment in January 2025 were Molina Healthcare of Michigan with about 23 percent of the total, Aetna Better Health of Michigan with about 26 percent, and Meridian Health Plan of Michigan with about 16 percent of the total number of enrollees.





During January 2025, about 93 percent of the MI Health Link enrollees were living in a community setting, and the remaining 7 percent of enrollees resided in a facility. About 8 percent of the total enrollees living in a community setting were receiving home and community-based long-term services and supports through the MI Health Link HCBS program waiver; however, a significant number of the other enrollees living in a community setting received in-home services and supports from the ICOs through the Medicaid State Plan personal care benefit called Home Help.

Most MI Health Link enrollees are passively enrolled; they are auto assigned to a health plan based on their eligibility but can opt out of the demonstration at any time. Beneficiaries may also voluntarily enroll in the demonstration; during January 2025, about 26 percent of the demonstration’s participants were voluntarily enrolled.

MDHHS also reports 64,808 duals eligible for participation in the demonstration have chosen to opt out. These individuals receive their Medicaid benefits on a fee-for-service basis but retain the option to voluntarily enroll, or re-enroll, in the demonstration at any time.

More than half of the MI Health Link enrollees are individuals under the age of 65. These younger individuals qualified for Medicare and Medicaid based on a disability.

MDHHS has decided to transition MI Health Link to a Highly Integrated Dual Eligible + Long Term Services and Supports Special Needs Plan (HIDE + LTSS SNP) model effective 1/1/2026. Awards were made in October 2024 to nine health plans to administer the new MI Coordinated Health program, based on the state’s ten prosperity regions for the 2026 launch before expanding statewide in 2027. In December those awards were withdrawn, and plans were given a second opportunity to bid. Those bids were due on November 21st and a new round of awards were announced in December 2024. The same nine plans were awarded as the previous round, with some additional regions.





MI COORDINATED HEALTH (HIDE MLTSS) AWARDS – UPDATED 12/6

Bidder/ Plan	1	2	3	4	5	6	7	8	9	10 – Oakland	10 – Macomb	10 – Wayne
Aetna				X		X	X	X	X	X	X	X
Amerihealth										X	X	X
HAP Caresource						X	X		X	X	X	X
Humana		X	X	X	X	X	X		X	X	X	X
Meridian		X	X	X	X	X	X	X	X	X	X	X
Molina		X	X	X	X	X	X	X	X	X	X	X
Priority		X	X	X	X	X	X	X	X	X	X	X
United		X	X	X	X	X	X	X	X	X	X	X
UPHP	X											
Zing												

X = Award added in December

© 2024 Health Management Associates, Inc. All Rights Reserved.

SPECIAL NEEDS PLANS

There was no information available on the CMS website for January. We hope to publish updated enrollment data in our February edition of *The Michigan Update*.

MEDICAID POLICIES

The Michigan Department of Health and Human Services (MDHHS) issued several publications that are available for review on the department’s [website](#).

The department’s [website](#) shows three new policies issued in January:

- [MMP 25-01](#), Clarification of Enrollment Requirement for Prescribers
- [MMP 25-02](#), Emergency Services Only Ventilator Services
- [MMP 25-03](#), Bone Anchored Hearing Device Policy Update

The [website](#) shows three proposed policies for which the public comment period is still open.

- [2455-DMEPOS](#), Upper Extremity Prostheses
- [2446-EPSDT](#), American Academy of Pediatrics Periodicity Schedule Update 2024
- [2458-Injectables](#), Physician Administered Drugs Administered for Off-Label Indications





MDHHS released five Medicaid Provider L-letters of potential interest in January, per their [website](#).

- [L 24-81](#), Time Study Submission Requirements
- [L 25-01](#), Primary Care Practitioner Services Incentive Payment Update
- [L 25-02](#), Non-Emergency Medical Transportation (NEMT) Mileage Rate Increase
- [L 25-04](#), Notice of correction to the December 1, 2024, Nursing Facility Per Diem List
- [L 25-05](#), Third Party Liability in Medicaid: Clarification of Michigan Compiled Law (MCL) 500.283(3) of Public Act 593 of 2006

For additional information, contact [Cammie Cantrell](#).





HMA

HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations.

Every client matters. Every client gets our best. With more than 20 offices and over 600 multidisciplinary consultants coast to coast, our expertise, our services, and our team are always within client reach.

