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THE

2024

MICHIGAN Update

MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of July 1, 2024, there were **1,772,065 Medicaid beneficiaries, including 558,714 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 24,980** since June 1, 2024. The number of HMP beneficiaries enrolled in HMOs **decreased by 11,108** and the number of non-HMP beneficiaries **decreased by 13,872**

The total number of Medicaid beneficiaries, including Healthy Michigan Plan (HMP) beneficiaries enrolled in the nine Michigan Medicaid Plans in July 2024 is 542,248 less than in July 2023. The count of HMP beneficiaries enrolled in the nine Michigan Medicaid Health Plans (HMOs) in July 2024 is 247,784 less than July 2023.

	July 2023	Sept 2023	Nov 2023	Jan 2024	Mar 2024	June 2024	July 2024
All Medicaid							
Beneficiaries Enrolled	2,314,313	2,209,795	2,092,146	2,008,408	1,927,334	1,797,045	1,772,065
 Total HMP Enrollees 	816,498	769,236	718,242	674,698	635,140	569,822	558,714
• Total CSHCS/							
Medicaid Enrollees	28,859	28,574	27,505	26,983	27,063	26,792	26,644
 Total Medicare/ 							
Medicaid Enrollees							
(Duals)	42,823	41,141	39,828	36,828	34,446	32,022	31,410
Total MIChild							
Enrollees	36,317	38,127	41,831	41,411	43,610	48,095	49,179

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 July 2024, the number of mandatory but not yet enrolled beneficiaries was 51,439, which is 7,305 less than June 2024.

As the enrollment reports for July (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 are three HMOs – McLaren Health Plan, Meridian Health Plan of Michigan, and Molina Healthcare of Michigan – authorized to serve all counties in the Lower Peninsula and a fourth – UnitedHealthcare Community Plan – authorized to serve all but three 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 plan service areas will change effective October 1, 2024 with the initiation of new contracts after the state managed care procurement process was concluded in late Spring.

The plans with the highest total enrollment in July 2024 were Meridian Health Plan of Michigan with about 22 percent of the total (393,309 enrollees), Molina Healthcare of Michigan with about 18 percent (313,455

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enrollees), Blue Cross Complete of Michigan with about 16 percent of the total number of enrollees (281,550), and UnitedHealthcare Community Plan with 14 percent (248,592 enrollees).

Healthy Michigan Plan (HMP)

The total count of HMP enrollees in the Medicaid HMOs declined in July 2024 for the twelfth consecutive month, reflecting the impacts of restarting redeterminations, after increases for the first seven months of 2023. July's count was 558,714 which is a decrease of 11,108 from June 2024. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in July 2024 were Meridian Health Plan of Michigan with about 20 percent of the total, Blue Cross Complete with about 19 percent, and Molina Healthcare of Michigan with about 16 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 **26,644 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs in June 2024**, a decrease of 148 since June 2024. All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in July 2024 were Molina Healthcare of Michigan with about 22 percent, Priority Health Choice had about 18 percent of the total number of enrollees, Blue Cross Complete had about 17 percent, and Meridian Health Plan of Michigan had about 16 percent.

MIChild

There were **49,179 MIChild beneficiaries enrolled in the Medicaid HMOs in July 2024**, an increase of 1,084 since June 2024. All Medicaid HMOs have MIChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in July were Meridian Health Plan of Michigan with about 24 percent of the total, Molina Healthcare of Michigan with about 16 percent, and Priority Health 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 **31,410 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in July 2024 in Medicaid HMOs** for their Medicaid benefits. The number of enrolled duals **decreased by 612** between June 2024 and July 2024. All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. Molina Healthcare of Michigan, and UnitedHealthCare Community Plan each had about 21 percent of the total number of enrollees, while Meridian Health Plan of Michigan had about 20 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 July 2024, the MI Health Link enrollment total was 33,098 a decrease of 806 enrollees since June 2024.

The tables below illustrate MI Health Link enrollment by month from 2022 to the most current data. Enrollment fluctuations are clear. July 2024 had the lowest enrollment over the past 30 months with 33,093 enrollees, November 2022 saw the highest enrollment with 45,188 enrollees.

Jan. 2022	Feb. 2022	March 2022	April 2022	May 2022	June 2022
39,362	38,905	38,588	40,481	40,453	40,350
July 2022	Aug. 2022	Sept. 2022	Oct. 2022	Nov. 2022	Dec. 2022
40,306	42,622	43,113	44,694	45,188	44,573

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
Ī	July 2024					
ſ	33.098					





There are six ICOs serving one or more of the demonstration regions. The table below provides enrollment information by region for each ICO for **July 2024.**

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		2,840	1,417	3,675	7,932
AmeriHealth Michigan			615	1,940	2,555
HAP CareSource			921	2,784	3,705
Meridian Health Plan of MI		2,716	783	2,130	5,629
Molina Healthcare of MI			1,744	7,514	9,258
Upper Peninsula Health Plan	4,019				4,019
Total	4,019	5,556	5,480	18,043	33,098

The plans with the highest enrollment in July 2024 were Molina Healthcare of Michigan with about 28 percent of the total, Aetna Better Health of Michigan with about 24 percent, and Meridian Health Plan of Michigan with about 17 percent of the total number of enrollees.

During July 2024, 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 7 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 July 2024, about 27 percent of the demonstration's participants were voluntarily enrolled.

MDHHS also reports 67,130 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.





DUAL ELIGIBLE SPECIAL NEEDS PLANS (D-SNPS)

D-SNP Terminology

As the focus on dual eligible populations and programs continues to increase, terminology has evolved. The use of "CO D-SNP" is increasingly being used in the industry and CMS regulation

- **D-SNPs:** Dual eligible special needs plans. Represents the entire category of dual eligible SNPs in this presentation. Historically has been more narrowly used in reference to CO-D-SNPs
- **CO D-SNP**: Coordination only dual eligible SNP. Plan has at a minimum a D-SNP Medicare contract + State Medicaid Agency Contract outlining coordination requirements
- Other D-SNP types are further described in the presentation and include:
 - o HIDE-SNP: highly integrated dual eligible SNP
 - FIDE-SNP: fully integrated dual eligible SNP

Dual Population Eligibility Categories

There are quite a few different Dual Eligibility categories CMS has created. These can be grouped into two main categories, which are full benefit dual eligibles and partial duals

- **FBDE:** Full benefit dual eligible. Population that qualifies for full state Medicaid benefits as well as Medicare
- **Partial dual:** Population that only qualifies for the Medicare Savings Program (MSP) that only covers certain Medicare costs, such as Part A & B premiums. Partial duals do not qualify for full Medicaid benefits

There are four main partial dual eligibility categories:

- Qualified Medicare Beneficiary (QMB)
- Specified Low Income Medicare Beneficiary (SLMB)
- Qualified Individual (QI)
- Qualified Disabled and Working Individual (QDWI)





Parent Organization	Plan Name	Total Enrollees June 2024	Total Enrollees July 2024
Humana Inc.	Humana Choice (PPO) Humana Choice (PPO)	54,165	54,889
	Humana Gold Plus (HMO)		
UnitedHealth Group, Inc.	UHC Dual Complete MI (PPO)	41,776	41,585
	UHC Dual Complete MI (HMO-POS)		
CVS Health Corporation	UHC Dual Complete MI (HMO-POS)	20.026	21 727
CVS Health Corporation	Aetna Medicare Assure Premier (HMO)	20,926	21,737
Centene Corporation	 Wellcare Complete Dual Access (HMO) Wellcare Dual Access Open (PPO) Wellcare Dual Access (HMO) Wellcare All Dual Assure (HMO) 	12,540	12,513
Molina Healthcare, Inc.	Molina Medicare Complete Care (HMO)	12,065	11,803
	Molina Medicare Complete Care Select (HMO)		
Corewell Health (Priority Health Choice, Inc)	 Priority Medicare D-SNP (HMO) Priority Medicare D-SNP Advantage (HMO) 	10,087	9,904
Henry Ford Health System (Health Alliance Plan)	HAP Medicare Complete Duals (HMO)	638	636
McLaren Health Care Corporation	McLaren Medicare Inspire Duals (HMO)	505	515
Commonwealth Care Alliance	CCA Medicare Maximum (HMO)	468	468
Zing Health Consolidator, Inc.	Zing Dual Complete Select MI (HMO)	431	408
	Zing Dual Complete Open Choice MI (PPO)		
	Total	153,601	154,458





Chronic Condition Special Needs Plan (C-SNP)

There are seven C-SNP plans in the Michigan market as of July 2024. HumanaChoice – Diabetes and Heart has the highest number of enrollees (7,471) in July 2024.

Parent Organization	Plan Name	Specialty Diseases	Total Enrollees June 2024	Total Enrollees July 2024
Humana Inc.	HumanaChoice – Diabetes and Heart (PPO)	 Cardiovascular disorders Chronic heart failure Diabetes 	6,830	7,471
Zing Health Consolidator, Inc.	 Zing Select Diabetes & Heart MI (HMO) Zing Open Choice Diabetes & Heart MI (PPO) Zing ESRD Select MI (HMO) 	 Cardiovascular disorders Chronic heart failure Diabetes End Stage Renal Disease 	803	862
UnitedHealth Group, Inc. (Sierra Health and Life Insurance Company)	Erickson Advantage Champion (HMO – POS)	 Cardiovascular disorders Chronic Heart Failure Diabetes 	285	273
Innovative Long Term Care Management, Inc. (Align Senior Care MI, LLC)	 Memory Care (HMO) Align Kidney Care (HMO) 	 Dementia End Stage Renal Disease 	104	107
		Total	8,022	8,713

Institutional Special Needs Plan (I-SNP)

There are three I-SNPs in Michigan with a total of 2,048 enrollees as of July 2024. This is an increase of 113 since July 2024. Senior Care has the most enrollees (1,033) compared to Longevity Health Plan (974) and Erickson Advantage Guardian (154).

		Total Enrollees	Total Enrollees
Parent Organization	Plan Name	June 2024	July 2024
Innovative Long Term Care Management,	Senior Care (HMO)	962	1,033
Inc. (Align Senior Care MI, LLC)			
Longevity Health Founders, LLC.	Longevity Health Plan (HMO)	929	974
UnitedHealth Group (Sierra Health and Life	Erickson Advantage Guardian (HMO –	157	154
Insurance Company)	POS)		
	Total	2,048	2,161





HEALTHY MICHIGAN PLAN ENROLLMENT

The Michigan Department of Health and Human Services (MDHHS) reports enrollment counts for the Healthy Michigan Plan (HMP), its Medicaid expansion program for low-income non-elderly adults who do not meet eligibility criteria for traditional program coverage, at the beginning of each week on its <u>website</u>. The enrollment number includes beneficiaries enrolled in health plans and beneficiaries not required to enroll in a health plan. Enrollment stood at **718,367 as of July 30, 2024, the last counting day of the month. This is a decrease of 15,117 since June 24, 2024, and a decrease of 377,353 since July 24, 2023.**

MEDICAID POLICIES

The Michigan Department of Health and Human Services (MDHHS) issued several publications that are available for review on the department's <u>website</u>.

The department's <u>website</u> shows five new policies issued in July:

- <u>MMP 24-20</u>, Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Section 214
- <u>MMP 24-22</u>, Graduate Medical Education Innovations Michigan Doctors (MIDOCS) Program Extension
- MMP 24-23, Home Health Update to Acceptable Provider Types
- <u>MMP 24-24</u>, Behavioral Health Home (BHH) Expansion and Addition of Codes to Increase Eligibility for Youth with Serious Emotional Disturbance (SED)
- <u>MMP 24-25</u>, Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) Code Updates
- <u>MMP 24-27</u>, Targeted Case Management Recuperative Care

The <u>website</u> shows 10 proposed policies for which the public comment period is still open.

- 2417-NF, Medicaid Interim Payment (MIP) Program Termination
- <u>2419-Lab</u>, Termination of COVID-19 Home Test Kit Coverage and Special Reimbursement for COVID-19 Specimen Collection and Clinic Vaccine Administration
- <u>2410-Maternal</u>, Medicaid Coverage of Group Prenatal Care Services
- <u>2416-NF</u>, Principal Balance Payment Requirement
- <u>2420-Therapy</u>, Updates to Speech-Language Pathologist Enrollment
- <u>2425-NEMT</u>, Non-Emergency Medical Transportation (NEMT) for Medicaid Health Plan Enrollees
- <u>2424-Pharmacy</u>, End of the Federal Public Health Emergency (PHE) and Final Unwinding of Pharmacy COVID-19 Response Policies
- <u>2423-BCCHPS</u>, Establishment of Intensive Care Coordination with Wraparound (ICCW)
- <u>2427-BH</u>, Recovery Incentives (RI) Pilot
- <u>2428-BCCHPS</u>, Implementation of the MichiCANS for Medicaid-Funded Specialty Behavioral Health Services





MDHHS released three Medicaid Provider L-letters of potential interest in July, per their website.

- <u>L 24-36</u>, Changes to the Non-Emergency Medical Transportation (NEMT) Benefit for Medicaid beneficiaries enrolled in a Medicaid Health Plan (MHP)
- L 24-39, MI Health Link 1915(b) Waiver Amendment Revision of Cost Effectiveness
- <u>L 24-42</u>, Intent to Submit Renewal Applications for the Section 1915(b) and 1915(c) MI Health Link (MHL) Waivers

For additional information, contact Cammie Cantrell.







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