

HEALTH MANAGEMENT ASSOCIATES

THE  
**MICHIGAN**  
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MAY

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### MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of May 1, 2024, there were **1,841,137 Medicaid beneficiaries, including 588,352 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 50,510** since April 1, 2024. The number of HMP beneficiaries enrolled in HMOs **decreased by 26,968** and the number of non-HMP beneficiaries **decreased by 23,542**.

The total number of Medicaid beneficiaries, including Healthy Michigan Plan (HMP) beneficiaries enrolled in the nine Michigan Medicaid Plans in May 2024 is 469,070 less than in May 2023. The count of HMP beneficiaries enrolled in the nine Michigan Medicaid Health Plans (HMOs) in May 2024 is 226,260 less than May 2023.

	May 2023	July 2023	Sep 2023	Nov 2023	Jan 2024	Apr 2024	May 2024
<b>All Medicaid Beneficiaries Enrolled</b>	<b>2,310,207</b>	<b>2,314,313</b>	<b>2,209,795</b>	<b>2,092,146</b>	<b>2,008,408</b>	<b>1,891,647</b>	<b>1,841,137</b>
• Total HMP Enrollees	814,612	816,498	769,236	718,242	674,698	615,320	588,352
• Total CSHCS/ Medicaid Enrollees	28,648	28,859	28,574	27,505	26,983	27,138	27,124
• Total Medicare/ Medicaid Enrollees (Duals)	43,508	42,823	41,141	39,828	36,828	34,032	32,976
• Total MICHild Enrollees	35,967	36,317	38,127	41,831	41,411	46,305	47,442

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 May 2024, the number of mandatory but not yet enrolled beneficiaries was 57,485, which is 167 less than April 2024.**

As the enrollment reports for May ([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 plans with the highest total enrollment in May 2024 were Meridian Health Plan of Michigan with about 22 percent of the total (411,762 enrollees), Molina Healthcare of Michigan with about 18 percent





(327,106 enrollees), Blue Cross Complete of Michigan with about 16 percent of the total number of enrollees (290,191), and UnitedHealthcare Community Plan with about 14 percent (257,553 enrollees).

*Healthy Michigan Plan (HMP)*

The total count of HMP enrollees in the Medicaid HMOs declined in May 2024 for the tenth consecutive month, reflecting the impacts of restarting redeterminations, after increases for the first seven months of 2023. May's count was 588,352 which is a decrease of 26,968 from April 2024. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in May 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 **27,124 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs in May 2024**, a decrease of 14 since April 2024. All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in May 2024 were Molina Healthcare of Michigan with about 22 percent, Blue Cross Complete, and Priority Health Choice each had about 17 percent of the total number of enrollees, while Meridian Health Plan of Michigan had about 16 percent.

*MiChild*

There were **47,442 MiChild beneficiaries enrolled in the Medicaid HMOs in May 2024**, an increase of 1,137 since April 2024. All Medicaid HMOs have MiChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in May 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 **32,976 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in May 2024 in Medicaid HMOs** for their Medicaid benefits. The number of enrolled duals **decreased by 1,056** between April 2024 and May 2024. All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. UnitedHealthCare Community Plan had about 21 percent of the total number of enrollees, while Meridian Health Plan of Michigan, and Molina Healthcare 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 May 2024, the MI Health Link enrollment total was 35,239** a decrease of **1,066 enrollees** since April 2024.

The tables below illustrate MI Health Link enrollment by month from 2022 to the most current data. Enrollment fluctuations are clear. March 2024 had the lowest enrollment over the past 28 months with 34,935 enrollees but enrollment increased in April by 1,370 to 36,305. 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
37,657	36,491	34,935	36,305	35,239



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

<b>MI Health Link Enrollment</b>	<b>Upper Peninsula Region</b>	<b>SW MI Region</b>	<b>Macomb Region</b>	<b>Wayne Region</b>	<b>Total</b>
Aetna Better Health of MI		3,050	1,504	4,017	<b>8,571</b>
AmeriHealth Michigan			654	2,096	<b>2,750</b>
HAP CareSource			983	2,972	<b>3,955</b>
Meridian Health Plan of MI		2,851	827	2,286	<b>5,964</b>
Molina Healthcare of MI			1,846	7,967	<b>9,813</b>
Upper Peninsula Health Plan	4,186				<b>4,186</b>
<b>Total</b>	<b>4,186</b>	<b>5,901</b>	<b>5,814</b>	<b>19,338</b>	<b>35,239</b>

The plans with the highest enrollment in May 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 May 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 May 2024, about 27 percent of the demonstration’s participants were voluntarily enrolled.

MDHHS also reports 66,552 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.





## 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:
  - **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 Apr. 2024	Total Enrollees May 2024
Humana Inc.	<ul style="list-style-type: none"> <li>Humana Choice (PPO)</li> <li>Humana Choice (PPO)</li> <li>Humana Gold Plus (HMO)</li> </ul>	51,859	52,864
UnitedHealth Group, Inc.	<ul style="list-style-type: none"> <li>UHC Dual Complete MI (PPO)</li> <li>UHC Dual Complete MI (HMO-POS)</li> <li>UHC Dual Complete MI (HMO-POS)</li> </ul>	42,372	41,813
Centene Corporation	<ul style="list-style-type: none"> <li>Wellcare Complete Dual Access (HMO)</li> <li>Wellcare Dual Access Open (PPO)</li> <li>Wellcare Dual Access (HMO)</li> <li>Wellcare All Dual Assure (HMO)</li> </ul>	12,384	12,234
Molina Healthcare, Inc.	<ul style="list-style-type: none"> <li>Molina Medicare Complete Care (HMO)</li> <li>Molina Medicare Complete Care Select (HMO)</li> </ul>	12,211	12,123
Corewell Health (Priority Health Choice, Inc)	<ul style="list-style-type: none"> <li>Priority Medicare D-SNP (HMO)</li> <li>Priority Medicare D-SNP Advantage (HMO)</li> </ul>	10,674	10,346
CVS Health Corporation	Aetna Medicare Assure Premier (HMO)	17,384	19,013
Henry Ford Health System (Health Alliance Plan)	HAP Medicare Complete Duals (HMO)	637	650
McLaren Health Care Corporation	McLaren Medicare Inspire Duals (HMO)	505	503
Commonwealth Care Alliance	CCA Medicare Maximum (HMO)	447	459
Zing Health Consolidator, Inc.	<ul style="list-style-type: none"> <li>Zing Dual Complete Select MI (HMO)</li> <li>Zing Dual Complete Open Choice MI (PPO)</li> </ul>	410	414
<b>Total</b>		<b>148,883</b>	<b>150,419</b>

*Chronic Condition Special Needs Plan (C-SNP)*

There are seven C-SNP plans in the Michigan market as of May 2024.

HumanaChoice – Diabetes and Heart has the highest number of enrollees (5,922), Zing Select Diabetes & Heart MI had 715 enrollees in May 2024.

Parent Organization	Plan Name	Specialty Diseases	Total Enrollees Apr. 2024	Total Enrollees May 2024
Humana Inc.	HumanaChoice – Diabetes and Heart (PPO)	<ul style="list-style-type: none"> <li>Cardiovascular disorders</li> <li>Chronic heart failure</li> <li>Diabetes</li> </ul>	5,104	5,922
Zing Health Consolidator, Inc.	<ul style="list-style-type: none"> <li>Zing Select Diabetes &amp; Heart MI (HMO)</li> <li>Zing Open Choice Diabetes &amp; Heart MI (PPO)</li> <li>Zing ESRD Select MI (HMO)</li> </ul>	<ul style="list-style-type: none"> <li>Cardiovascular disorders</li> <li>Chronic heart failure</li> <li>Diabetes</li> <li>End Stage Renal Disease</li> </ul>	654	715





UnitedHealth Group, Inc. (Sierra Health and Life Insurance Company)	Erickson Advantage Champion (HMO – POS)	<ul style="list-style-type: none"> <li>• Cardiovascular disorders</li> <li>• Chronic Heart Failure</li> <li>• Diabetes</li> </ul>	301	294
Innovative Long Term Care Management, Inc. (Align Senior Care MI, LLC)	<ul style="list-style-type: none"> <li>• Memory Care (HMO)</li> <li>• Align Kidney Care (HMO)</li> </ul>	<ul style="list-style-type: none"> <li>• Dementia</li> <li>• End Stage Renal Disease</li> </ul>	107	107
<b>Total</b>			<b>6,166</b>	<b>7,038</b>

### *Institutional Special Needs Plan (I-SNP)*

There are three I-SNPs in Michigan with a total of 1,878 enrollees as of May 2024. This is an increase of 101 since April 2024. Longevity Health Plan has the most enrollees (870) compared to Senior Care (855) and Erickson Advantage Guardian (153).

Parent Organization	Plan Name	Total Enrollees Apr. 2024	Total Enrollees May 2024
Longevity Health Founders, LLC.	Longevity Health Plan (HMO)	825	870
Innovative Long Term Care Management, Inc. (Align Senior Care MI, LLC)	Senior Care (HMO)	808	855
UnitedHealth Group (Sierra Health and Life Insurance Company)	Erickson Advantage Guardian (HMO – POS)	144	153
<b>Total</b>		<b>1,777</b>	<b>1,878</b>

## 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 [website](#). The enrollment number includes beneficiaries enrolled in health plans and beneficiaries not required to enroll in a health plan. Enrollment stood at **766,757 as of May 28, 2024, the last counting day of the month. This is a decrease of 24,089 since May 1, 2024.**

## 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 nine new policies issued this month:

- [MMP 24-12](#), issued May 2, 2024: Drugs and Therapeutics Carved Out of Hospital Diagnosis Related Group (DRG) Payment
- [MMP 24-13](#), issued May 1, 2024: Non-Available Bed Plan Policy Extension
- [MMP 24-14](#), issued May 1, 2024: Changes to Dental Frequency Verification Process

- [MMP 24-15](#), issued May 8, 2024: Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) Code Updates
- [MMP 24-16](#), issued May 31, 2024: Prior Authorization Changes to Enteral Formulas/Enteral Supplies
- [MMP 24-17](#), issued May 31, 2024: SSP Chapter Rewrite and Update
- [MMP 24-18](#), issued May 31, 2024: Revisions to Children's/Adolescent Products
- [MMP 24-19](#) issued May 31, 2024: Updates to the MDHHS Medicaid Provider Manual
- [MMP 24-21](#) issued May 31, 2024: Electronic Visit Verification (EVV) Personal Care Services and Medicaid Managed Care Home Health Care Services Implementation

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

- [2409-CSHCS](#), Targeted Case Management Services for Children's Special Health Care Services (CSHCS) Enrollees with Medical Complexity
- [2415-LTC](#), Home Health Update to Acceptable Provider Types
- [2412-BH](#), Behavioral Health Home (BHH) Expansion and Addition of Codes to Increase Eligibility for Youth with Serious Emotional Disturbance (SED)
- [2411-BH](#), Substance Use Disorder Health Home
- [2418-NF](#), Cost Report Late File Penalty

MDHSHS released 12 Medicaid Provider L-letters of potential interest since our last newsletter, per their [website](#).

- [L 24-14](#), Electronic Visit Verification (EVV) Information and Implementation Timeline
- [L 24-18](#), Targeted Case Management Services for Children's Special Health Care Services (CSHCS) Beneficiaries with Qualifying Medical Complexity and Fragility
- [L 24-21](#), Submissions of Renewal Applications for Children's Waiver Program (CWP), Habilitation Supports Waiver (HSW), Waiver for Children with Serious Emotional Disturbances (SEDW); Section 1915(i) State Plan Amendment (SPA), Parent Support Partner (PSP) SPA, and Targeted Case Management (TCM) SPA
- [L 24-22](#), Nursing Facility Quality Measure Initiative Resident Satisfaction Survey Data
- [L 24-23](#), Physical, Occupational, and Speech-Language Therapy for Beneficiaries Diagnosed with Autism Spectrum Disorder
- [L 24-24](#), Reminder of balance billing prohibition and prevention of improper billing of protected Medicare-Medicaid Enrollees in managed care.
- [L 24-26](#), State Plan Amendment and Alternative Benefit State Plan Amendment Request for Recuperative Care Targeted Case Management
- [L 24-28](#), State Plan Amendment to Change the Non-Emergency Medical Transportation (NEMT) Benefit for Managed Care Enrollees
- [L 24-29](#), Direct Care Worker Wage Increase
- [L 24-30](#), Cost Report Late File Penalty



- [L 24-32](#), State Plan Amendment on Incontinence Volume Purchase Contract and Non-Sterile Gloves Rate
- [L 24-33](#), Notice of June 12, 2024, Durable Medical Equipment and Medical Supply Medicaid Provider Liaison Meeting

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





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