HEALTH MANAGEMENT ASSOCIATES

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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of April 1, 2024, there were **1,891,647 Medicaid beneficiaries, including 615,320 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 35,687** since March 1, 2024. The number of HMP beneficiaries enrolled in HMOs **decreased by 19,820** and the number of non-HMP beneficiaries **decreased by 15,867**.

The total number of Medicaid beneficiaries, including Healthy Michigan Plan (HMP) beneficiaries enrolled in the nine Michigan Medicaid Plans in April 2024 is 416,336 less than in April 2023. The count of HMP beneficiaries enrolled in the nine Michigan Medicaid Health Plans (HMOs) in April 2024 is 198,227 less than April 2023.

	Apr 2023	June 2023	Aug 2023	Oct 2023	Dec 2023	Mar 2024	Apr 2024
All Medicaid Beneficiaries Enrolled	**2,307,983**	**2,313,776**	**2,265,773**	**2,147,630**	**2,051,444**	**1,927,334**	**1,891,647**
• Total HMP Enrollees	813,547	816,219	794,649	744,710	696,317	635,140	615,320
• Total CSHCS/ Medicaid Enrollees	28,640	28,698	28,699	27,857	27,397	27,063	27,138
• Total Medicare/ Medicaid Enrollees (Duals)	43,838	43,255	42,153	40,294	39,551	34,446	34,032
• Total MIChild Enrollees	36,250	35,844	36,786	39,346	41,936	43,610	46,305

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 April 2024, the number of mandatory but not yet enrolled beneficiaries was 57,652, which is 3,796 less than March 2024.**

As the enrollment reports for April (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 April 2024 were Meridian Health Plan of Michigan with about 22 percent of the total (423,877 enrollees), Molina Healthcare of Michigan with about 18 percent (336,280 enrollees), Blue Cross Complete of Michigan with about 16 percent of the total number of enrollees (298,005), and UnitedHealthcare Community Plan with about 14 percent (264,165 enrollees).

Healthy Michigan Plan (HMP)

The **total count of HMP enrollees in the Medicaid HMOs declined in April 2024 for the ninth consecutive month, reflecting the impacts of restarting redeterminations, after increases for the first seven months of 2023. April's count was 615,320 which is a decrease of 19,820** from March 2024. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in April 2024 were Meridian Health Plan of Michigan with about 21 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 **27,138 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs in April 2024**, an increase of 75 since March 2024. All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in April 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 **46,305 MIChild beneficiaries enrolled in the Medicaid HMOs in April 2024**, an increase of 2,695 since March 2024. All Medicaid HMOs have MIChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in March were Meridian Health Plan of Michigan with about 24 percent of the total, Molina Healthcare of Michigan, and Priority Health each with about 16 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 **34,032 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in April 2024 in Medicaid HMOs** for their Medicaid benefits. The number of enrolled duals **decreased by 414** between March 2024 and April 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 April 2024, the MI Health Link enrollment total was 36,305** a decrease of **1,370 enrollees** since March 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
37,657	36,491	34,935	36,305

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

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,170	1,545	4,012	**8,727**
AmeriHealth Michigan			680	2,196	**2,876**
HAP CareSource			1,015	3,115	**4,130**
Meridian Health Plan of MI		2,987	810	2,349	**6,146**
Molina Healthcare of MI			1,923	8,227	**10,150**
Upper Peninsula Health Plan	4,276				**4,276**
Total	**4,276**	**6,157**	**5,973**	**19,899**	**36,305**

The plans with the highest enrollment in April 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 April 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; and during April 2024, about 26 percent of the demonstration's participants were voluntarily enrolled.

MDHHS also reports 66,213 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.

MEDICAID MANAGED CARE FINAL RULE AND ENSURING ACCESS TO MEDICAID SERVICES FINAL RULE

In April, CMS published both the Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality Final Rule (CMS-2439-F) and the Ensuring Access to Medicaid Services Final Rule (CMS-2443-F). Taken together, these two final rules create new flexibilities and requirements aimed at enhancing accountability for improving access and quality in Medicaid and the Children's Health Insurance Program (CHIP) across the fee-for-service and managed care delivery systems and provide targeted regulatory flexibility in support of this goal.

While these are significant new rules with many important implication five key takeaways include:

- **In lieu of services and setting (ILOSs)**
  The final rule makes clear that CMS remains committed to the conviction that ILOSs can play an important role in supporting state and MCO efforts to address many unmet physical, behavioral, developmental, long-term care and other enrollee needs. The rule also presents an opportunity to leverage ILOSs to improve population health, reduce health inequities and lower total healthcare costs in Medicaid and CHIP.

- **The Medicaid and CHIP quality rating system (MAC QRS)**
  CMS finalized most proposed provisions related to mandatory quality measures, the process used to update these measures, the ability of states to include additional measures, and the ability of states to apply an alternative QRS if desired. States will be required to collect from MCOs the data necessary to calculate ratings for each measure and ensure that all data collected are validated. This will require MCOs to assess their capability to produce the mandated data upon request by states and, to the extent possible, to assess baseline performance where necessary.

- **Medical Loss Ratios (MLRs)**
  The final rule aligns Medicaid and CHIP MLR QIA reporting requirements with the private market to ensure that only those expenses that are directly related to healthcare QIAs are included in the MLR numerator. MCOs will need to model the impact of QIA expenditures that are no longer available for inclusion in the MLR numerator to ensure that a resulting failure to meet any minimum MLR requirements can be avoided, and, if it is projected to occur, a strategy can be developed and executed to avert the problem. CMS made this requirement effective as of the effective date of the final rule with no delay because it believes it is critical to the fiscal integrity of Medicaid and CHIP, adding urgency to MCO compliance action here.

- **Network Adequacy**
  The final rule makes clear that CMS has been persuaded that it needs to increase oversight of network adequacy and overall access to care through a new quantitative network adequacy standard. To

measure network adequacy, the agency intends to implement wait time standards, complemented by secret shopper surveys to support enforcement.

- **State directed payments (SDPs)**
  CMS is adopting its proposal in the final rule to use the average commercial rate as a limit for SDPs for inpatient and outpatient hospital services, nursing facility services, and professional services at academic medical centers. CMS believes that this approach represents a reasonable limit that is supportive of appropriate fiscal guardrails, while still affording states the flexibility to achieve SDP policy goals. States and providers will need to account for this requirement, along with others, as SDPs are developed going forward.

Parent Organization	Plan Name	Total Enrollees Mar. 2024	Total Enrollees Apr. 2024
Humana Inc.	• Humana Choice (PPO) • Humana Choice (PPO) • Humana Gold Plus (HMO)	52,963	51,859
UnitedHealth Group, Inc.	• UHC Dual Complete MI (PPO) • UHC Dual Complete MI (HMO-POS) • UHC Dual Complete MI (HMO-POS)	43,705	42,372
Centene Corporation	• Wellcare Complete Dual Access (HMO) • Wellcare Dual Access Open (PPO) • Wellcare Dual Access (HMO) • Wellcare All Dual Assure (HMO)	12,524	12,384
Molina Healthcare, Inc.	• Molina Medicare Complete Care (HMO) • Molina Medicare Complete Care Select (HMO)	12,464	12,211
Corewell Health (Priority Health Choice, Inc)	• Priority Medicare D-SNP (HMO) • Priority Medicare D-SNP Advantage (HMO)	10,988	10,674
CVS Health Corporation	Aetna Medicare Assure Premier (HMO)	17,370	17,384
Henry Ford Health System (Health Alliance Plan)	HAP Medicare Complete Duals (HMO)	682	637
McLaren Health Care Corporation	McLaren Medicare Inspire Duals (HMO)	494	505
Commonwealth Care Alliance	CCA Medicare Maximum (HMO)	464	447
Zing Health Consolidator, Inc.	• Zing Dual Complete Select MI (HMO) • Zing Dual Complete Open Choice MI (PPO)	362	410
	Total	**152,016**	**148,883**

Chronic Condition Special Needs Plan (C-SNP)

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

HumanaChoice – Diabetes and Heart has the highest number of enrollees (5,104), Zing Select Diabetes & Heart MI had 654 enrollees in April 2024.

Parent Organization	Plan Name	Specialty Diseases	Total Enrollees Mar. 2024	Total Enrollees Apr. 2024
Humana Inc.	HumanaChoice – Diabetes and Heart (PPO)	• Cardiovascular disorders • Chronic heart failure • Diabetes	4,669	5,104
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	585	654
UnitedHealth Group, Inc. (Sierra Health and Life Insurance Company)	Erickson Advantage Champion (HMO – POS)	• Cardiovascular disorders • Chronic Heart Failure • Diabetes	308	301
Innovative Long Term Care Management, Inc. (Align Senior Care MI, LLC)	• Memory Care (HMO) • Align Kidney Care (HMO)	• Dementia • End Stage Renal Disease	116	107
		Total	**5,678**	**6,166**

Institutional Special Needs Plan (I-SNP)

There are three I-SNPs in Michigan with a total of 1,777 enrollees as of April 2024. This is an increase of 44 since March 2024. Longevity Health Plan has the most enrollees (825) compared to Senior Care (808) and Erickson Advantage Guardian (144).

Parent Organization	Plan Name	Total Enrollees Mar. 2024	Total Enrollees Apr. 2024
Longevity Health Founders, LLC.	Longevity Health Plan (HMO)	849	825
Innovative Long Term Care Management, Inc. (Align Senior Care MI, LLC)	Senior Care (HMO)	731	808
UnitedHealth Group (Sierra Health and Life Insurance Company)	Erickson Advantage Guardian (HMO – POS)	151	144
	Total	**1,731**	**1,777**

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 **805,743 as of April 22, 2024, the last counting day of the month. This is a decrease of 36,834 since March 25, 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 one new policy issued this month:

- MMP 24-10, Issued April 5, 2024: Children's Special Health Care Services (CSHCS) Eligibility Expansion up to Age 26

The website shows four proposed policies for which the public comment period is still open.

- 2414-EVV, -Electronic Visit Verification (EVV) Personal Care Services and Medicaid Managed Care Home Health Care Services Implementation
- 2408-Hospital, Graduate Medical Education (GME) Innovations Michigan Doctors (MIDOCS) Program Extension
- 2407-PACE, Program of All-Inclusive Care for the Elderly (PACE) Expansion Criteria
- 2404-DMEPOS, Revision to Children's/Adolescent Products

MDHSHS released four Medicaid Provider L-letters of potential interest in April, 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 24-19, Behavioral Health Home (BHH) Update
- L 24-20, Substance Use Disorder Health Home
- L 24-28, State Plan Amendment to Change the Non-Emergency Medical Transportation (NEMT) Benefit for Managed Care Enrollees

For additional information, contact Cammie Cantrell.

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