HEALTH MANAGEMENT ASSOCIATES



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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of August 1, 2024, there were **1,777,626 Medicaid beneficiaries, including 559,841 Healthy Michigan Plan (HMP) beneficiaries,** enrolled in the nine Michigan Medicaid Health Plans (HMOs). As the table below shows, this is an overall **increase of 5,561** since July 1, 2024. The number of HMP beneficiaries enrolled in HMOs **increased by 1,127** and the number of non-HMP beneficiaries **increased by 4,434.**

The total number of Medicaid beneficiaries, including Healthy Michigan Plan (HMP) beneficiaries enrolled in the nine Michigan Medicaid Plans in August 2024 is 448,147 less than in August 2023. The count of HMP beneficiaries enrolled in the nine Michigan Medicaid Health Plans (HMOs) in August 2024 is 234,808 less than August 2023.

	Aug 2023	Oct 2023	Dec 2023	Feb 2024	Apr 2024	July 2024	Aug 2024
All Medicaid							
Beneficiaries Enrolled	2,265,773	2,147,630	2,051,444	1,965,154	1,891,647	1,772,065	1,777,626
Total HMP Enrollees	794,649	744,710	696,317	653,735	615,320	558,714	559,841
Total CSHCS/							
Medicaid Enrollees	28,699	27,857	27,397	27,220	27,138	26,644	27,294
Total Medicare/							
Medicaid Enrollees							
(Duals)	42,153	40,294	39,551	35,996	34,032	31,410	33,840
Total MIChild							
Enrollees	36,786	39,346	41,936	42,029	46,305	49,179	50,674

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 August 2024, the number of mandatory but not yet enrolled beneficiaries was 63,033, which is 11,594 more than July 2024.

As the enrollment reports for August (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 August 2024 were Meridian Health Plan of Michigan with about 22 percent of the total (393,568 enrollees), Molina Healthcare of Michigan with about 18 percent



(314,376 enrollees), Blue Cross Complete of Michigan with about 16 percent of the total number of enrollees (283,259), and UnitedHealthcare Community Plan with 14 percent (250,029 enrollees).

Healthy Michigan Plan (HMP)

The total count of HMP enrollees in the Medicaid HMOs increased in August 2024by 1,127 over July 2024 to 559,841. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in August 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 **27,294 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs in August 2024**, an increase of 650 since July 2024. All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in August 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 **50,674 MIChild beneficiaries enrolled in the Medicaid HMOs in August 2024**, an increase of 1,495 since July 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 33,840 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in August 2024 in Medicaid HMOs for their Medicaid benefits. The number of enrolled duals increased by 2,430 between July 2024 and August 2024. All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. UnitedHealthCare Community Plan had about 23 percent of the total number enrollees, while Molina Healthcare of Michigan had about 20 percent of the total number of enrollees, while Meridian Health Plan of Michigan had about 19 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 August 2024, the MI Health Link enrollment total was 32,553 a decrease of 545 enrollees since July 2024.

The tables below illustrate MI Health Link enrollment by month from 2022 to the most current data. Enrollment fluctuations are clear. August 2024 had the lowest enrollment over the past 30 months with 32,553 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
July 2024	August 2024				
33,098	32,553				

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

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		2,772	1,403	3,638	7,813
AmeriHealth Michigan			602	1,926	2,528
HAP CareSource			918	2,750	3,668
Meridian Health Plan of MI		2,618	777	2,036	5,431
Molina Healthcare of MI			1,726	7,391	9,117
Upper Peninsula Health Plan	3,996				3,996
Total	3,996	5,390	5,426	17,741	32,553

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

MDHHS also reports 67,442 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
 - o 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 July 2024	Total Enrollees August 2024
Humana Inc.	Humana Choice (PPO)	54,889	55,344
	Humana Choice (PPO)		
	Humana Gold Plus (HMO)		
UnitedHealth Group, Inc.	UHC Dual Complete MI (PPO)	41,585	41,179
	 UHC Dual Complete MI (HMO-POS) 		
	 UHC Dual Complete MI (HMO-POS) 		
CVS Health Corporation	Aetna Medicare Assure Premier (HMO)	21,737	22,609
Centene Corporation	Wellcare Complete Dual Access (HMO)	12,513	12,486
	Wellcare Dual Access Open (PPO)		
	Wellcare Dual Access (HMO)		
	Wellcare All Dual Assure (HMO)		
Molina Healthcare, Inc.	Molina Medicare Complete Care (HMO)	11,803	11,643
	Molina Medicare Complete Care Select (HMO)		
Corewell Health (Priority Health	Priority Medicare D-SNP (HMO)	9,904	9,567
Choice, Inc)	Priority Medicare D-SNP Advantage (HMO)		
Henry Ford Health System (Health Alliance Plan)	HAP Medicare Complete Duals (HMO)	636	645
McLaren Health Care Corporation	McLaren Medicare Inspire Duals (HMO)	515	510
Commonwealth Care Alliance	CCA Medicare Maximum (HMO)	468	466
Zing Health Consolidator, Inc.	Zing Dual Complete Select MI (HMO)	408	374
	 Zing Dual Complete Open Choice MI (PPO) 		
	Total	154,458	154,823





Chronic Condition Special Needs Plan (C-SNP)

There are seven C-SNP plans in the Michigan market as of August 2024. HumanaChoice – Diabetes and Heart has the highest number of enrollees (8,142) in August 2024.

Parent Organization	Plan Name	Specialty Diseases	Total Enrollees July 2024	Total Enrollees Aug 2024
Humana Inc.	HumanaChoice – Diabetes and Heart (PPO)	Cardiovascular disorders Chronic heart failure Diabetes	7,471	8,142
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 	862	922
UnitedHealth Group, Inc. (Sierra Health and Life Insurance Company)	Erickson Advantage Champion (HMO – POS)	Cardiovascular disordersChronic Heart FailureDiabetes	273	260
Innovative Long Term Care Management, Inc. (Align Senior Care MI, LLC)	Memory Care (HMO)Align Kidney Care (HMO)	Dementia End Stage Renal Disease	107	108
		Total	8,713	9,432

Institutional Special Needs Plan (I-SNP)

There are three I-SNPs in Michigan with a total of 2,196 enrollees as of August 2024. This is an increase of 35 since July 2024. Senior Care has the most enrollees (1,056) compared to Longevity Health Plan (990) and Erickson Advantage Guardian (150).

		Total Enrollees	Total Enrollees
Parent Organization	Plan Name	July 2024	Aug 2024
Innovative Long Term Care Management,	Senior Care (HMO)	1,033	1,056
Inc. (Align Senior Care MI, LLC)			
Longevity Health Founders, LLC.	Longevity Health Plan (HMO)	974	990
UnitedHealth Group (Sierra Health and Life	Erickson Advantage Guardian (HMO –	154	150
Insurance Company)	POS)		
	Total	2,161	2,196



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 <u>website</u> shows nine new policies issued in August:

- MMP 24-28, PACE Expansion Criteria
- MMP 24-30, Updates to the MDHHS Medicaid Provider Manual
- MMP 24-31, Implementation of MichiCANS
- MMP 24-33, Non-Emergency Medical Transportation (NEMT) for Medicaid Health Plan (MHP)
 Enrollees
- MMP 24-35, Cost Report Late File Penalty
- MMP 24-37, Termination of COVID-19 Home Test Kit Coverage and Special Reimbursement for COVID-19 Specimen Collection and Clinic Vaccine Administration
- <u>MMP 24-38</u>, Implementation of the MichiCANS for Medicaid-Funded Specialty Behavioral Health Services
- MMP 24-39, Medicaid Program Rate Updates Fiscal Year (FY) 2025; Federally Qualified Health Center (FQHC) Reimbursement Update
- MMP 24-41, Establishment of Intensive Care Coordination with Wraparound (ICCW)

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

- <u>2421-HCBS</u>, Update to the Community Transition Services Chapter of the Michigan Department of Health and Human Services Medicaid Provider Manual
- <u>2429-BCCHPS</u>, Implementation of MichiCANS
- <u>2441-Budget</u>, Medicaid Program Rate Updates Fiscal Year (FY) 2025; Federally Qualified Health Center (FQHC) Reimbursement Update

MDHHS released 10 Medicaid Provider L-letters of potential interest in July, per their website.

- L 24-38 Changes to Home Help Authorizations and Payments Delayed
- <u>L 24-40</u> Notice of Intent to Submit a Section 1915(b) Waiver Amendment Request for the Comprehensive Health Care Program (CHCP)
- <u>L 24-41</u> Notice of Intent to Submit a Section 1915(b) Waiver Amendment Request for the Healthy Kids Dental (HKD) Program
- <u>L 24-43</u> Direct Care Worker Nursing Facility Wage Increase Payments
- L 24-45 Reimbursement for Vaccine Administration
- <u>L 24-46</u> Paternity Confinement Expenses







- <u>L 24-47</u> Reimbursement for Speech and Oral Function Therapy, Prosthetic Devices, and Non-Physician Behavioral Health Services
- L 24-48 Section 1915(b) and 1915(c) MI Health Link Waiver Renewal Applications
- <u>L 24-50</u> Reimbursement Rate Update for Private Duty Nursing
- <u>L 24-53</u> Notice of September 18, 2024, Durable Medical Equipment and Medical Supply Medicaid Provider Liaison Meeting

For additional information, contact **Cammie Cantrell**.





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