

HEALTH MANAGEMENT ASSOCIATES

THE **MICHIGAN UPDATE** 2023

MARCH



Table of Contents

MEDICAID MANAGED CARE ENROLLMENT ACTIVITY 3

MI HEALTH LINK 5

MICHIGAN MEDICARE ADVANTAGE PLANS 7

HEALTHY MICHIGAN PLAN ENROLLMENT 9

MEDICAID POLICIES 10





MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

As of March 1, 2023, there were **2,289,756 Medicaid beneficiaries, including 804,872 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 8,087** since February 1, 2023. The number of HMP beneficiaries enrolled in HMOs **increased by 4,630** and the number of non-HMP beneficiaries **decreased by 3,457**. As the table below illustrates, while **managed care enrollment growth has slowed, it continues to grow and is 78,379 higher in March 2023 than in March 2022**.

The count of HMP beneficiaries enrolled in the nine Michigan Medicaid Health Plans (HMOs) in March 2023 is **31,304** more than in March 2022. The count of non-HMP enrollees has also increased during the same period.

During the COVID-19 pandemic, this increase was attributable to both the economic impact of the pandemic and federally incentivized pause in annual eligibility determinations. Michigan is currently refining plans for re-initiating the determinations in April 2023 as required by the Consolidated Appropriations Act, 2023. While it is expected that total enrollment will decrease as annual redeterminations are completed, it is not clear by how much. KFF estimates that Medicaid enrollment may decrease by between 5 and 13% depending on new enrollees and people losing then regaining eligibility. Essentially, up to 13% of current Medicaid beneficiaries are expected to lose coverage during the PHE Unwinding. [10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision | KFF](#)

	Mar 2022	May 2022	July 2022	Sept 2022	Nov 2022	Feb 2023	Mar 2023
All Medicaid Beneficiaries Enrolled	2,211,377	2,227,140	2,239,913	2,256,765	2,274,722	2,281,669	2,289,756
• Total HMP Enrollees	773,568	778,405	782,520	788,228	794,457	800,242	804,872
• Total CSHCS/ Medicaid Enrollees	26,613	27,055	27,387	27,537	27,712	28,021	28,141
• Total Medicare/ Medicaid Enrollees (Duals)	46,882	47,126	47,433	47,527	47,651	44,827	44,243
• Total MIChild Enrollees	35,921	35,855	35,897	36,006	36,007	35,819	35,956

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 45,305 in July 2018 to a high of 149,746 in May 2020. **In March 2023 the number of mandatory but not yet enrolled beneficiaries was 49,957 down** from 57,467 in February 2023.





As the enrollment reports for March ([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 March 2023 were Meridian Health Plan of Michigan with about 24 percent of the total, Molina Healthcare of Michigan with about 17 percent, Blue Cross Complete of Michigan with about 15 percent of the total number of enrollees, and UnitedHealthcare Community Plan with about 14 percent.

Healthy Michigan Plan (HMP)

The **total count of HMP enrollees in the Medicaid HMOs in March 2023 was 804,872 an increase of 4,630** over the count for February 2023. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in March 2023 were Meridian Health Plan of Michigan with about 23 percent of the total, Blue Cross Complete with about 18 percent, and Molina Healthcare of Michigan with about 15 percent of the total number of enrollees.

CSHCS/Medicaid

The 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 **28,141 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs in March 2023**, an increase of **120** since February 2023. All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in March 2023 were Molina Healthcare of Michigan with about 20 percent, Meridian Health Plan of Michigan with about 18 percent and Blue Cross Complete with about 17 percent of the total number of enrollees.

MiChild

There were **35,956 MiChild beneficiaries enrolled in the Medicaid HMOs in March 2023**, an increase of 137 since February 2023. 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 25 percent of the total, and Priority and Molina Healthcare of Michigan both 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 **44,243 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in March 2023 in Medicaid HMOs** for their acute care Medicaid benefits. The number of enrolled duals **decreased by 584** between February 2023 and March 2023. All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in March 2023 were Meridian Health Plan of Michigan with about 25 percent of the total, Molina Healthcare of Michigan with about 21 percent, and UnitedHealthCare Community Plan with about 18 percent of the total number of enrollees.

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 March 2023, the MI Health Link enrollment total was 41,319** a decrease of **747** enrollees since February 2023.

The tables below illustrate MI Health Link enrollment by month from 2021 to the most current data. Enrollment fluctuations are clear. The lowest count on the tables was in January 2021 when there were 39,250 enrollees; November 2022 saw the highest enrollment with 45,188 enrollees.

Jan. 2021	Feb. 2021	March 2021	April 2021	May 2021	June 2021
39,250	39,374	39,150	39,934	39,958	40,015
July 2021	Aug. 2021	Sept. 2021	Oct. 2021	Nov. 2021	Dec. 2021
40,260	40,294	41,941	41,317	41,512	41,250

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
42,501	42,066	41,319



There are seven ICOs serving one or more of the demonstration regions. The table below provides enrollment information by region for each ICO for **March 2023**

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,212	1,452	4,021	8,685
AmeriHealth Michigan			738	2,269	3,007
HAP Empowered Health Plan			1,114	3,453	4,567
Meridian Health Plan of MI		4,823	842	2,712	8,377
Molina Healthcare of MI			2,234	9,854	12,088
Upper Peninsula Health Plan	4,595				4,595
Total	4,595	8,035	6,380	22,309	41,319

The plans with the highest enrollment in March 2023 were Molina Healthcare of Michigan with about 29 percent of the total, Aetna Better Health of Michigan with about 21 percent, and Meridian Health Plan of Michigan with about 20 percent of the total number of enrollees.

During March 2023, about 95 percent of the MI Health Link enrollees were living in a community setting, and the remaining 5 percent of enrollees resided in a facility. About 6 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 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 March 2023, about 27 percent of the demonstration’s participants were voluntarily enrolled.

MDHHS also reports 58,263 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.

MI Health Link Transition

As noted in the November 2022 Michigan Update, the Michigan Department of Health and Human Services (MDHHS) is planning for the transition of the duals demonstration program (MI Health Link to an





integrated D-SNP model. This is required by CMS Final Rule 1492 (42 CFR Parts 417, 422 and 423). In February, MDHHS sent a letter to CMS stating that it will be transitioning to a highly integrated dual eligible or HIDE model and will integrate long term services and supports. MDHHS has decided not to integrate behavioral health benefits into the new model.

MDHHS is exploring development of a new managed care program, including procurement of HIDE + LTSS SNPs in early 2024. Selection of the HIDE + LTSS SNPs will occur by October 31, 2024, for a January 1, 2026 contract start date. MDHHS indicates plans for integrated materials, robust quality oversight, and a Beneficiary Advisory Committee to improve program improvements and quality initiatives.

MICHIGAN MEDICARE ADVANTAGE PLANS

There are multiple types of Medicare Advantage Special Needs Plans (SNPs). Chronic Condition SNPs (C-SNPs) serve Medicare beneficiaries with specific chronic medical conditions. Institutional SNPs (I-SNPs) focus on Medicare beneficiaries residing in institutions. Plans that focus on Medicare beneficiaries dually eligible for Medicaid are called Dual Eligible SNPs (D-SNPs). All three types of plans provide Medicare benefits, and all are available in Michigan.

As of March 2023, there are a total of 120,391 Michigan enrollees in various Medicare Advantage Special Needs Plans (SNPs). This is an increase of 3,732 over February 2023. Unlike other Medicare Advantage plans, eligible individuals can enroll in a SNP year-round.

Dual Eligible Special Needs Plan (D-SNP)

D-SNPs continue to be the most popular type of SNP in Michigan. As of March 2023, there are 18 D-SNPs in the Michigan market with a total of 118,412 enrollees. This is a jump from last year's total of 85,470 D-SNP enrollees. While most of these coordination-only D-SNP plans continue to be HMOs, there are three PPO plans offered in the Michigan market this year. Michigan currently does not have fully integrated dual eligible SNPs (FIDEs) or highly integrated dual SNPs (HIDEs).

Not all duals enrolled in Michigan's D-SNPs are eligible to receive full Medicaid benefits. Some enrollees only receive assistance from the Medicaid program with their Medicare cost-sharing and/or monthly premiums.

Several of the Medicaid HMOs in Michigan are federally contracted as D-SNPs and some of their parent organizations are also offering D-SNPs in the state. According to federal reports, Blue Cross Complete and Upper Peninsula Health Plan continue to be the only Medicaid-contracted health plans that do not offer a D-SNP product either directly or through a parent organization.

The plans with the most enrollees are UnitedHealthcare Dual Complete (23,330) and Humana Choice (21,288). New to the Michigan D-SNP market, Zing Health's Dual Complete Plus MI plan has 44 enrollees.





Parent Organization	Plan	Total Number of Enrollees – Dec 22	Total Number of Enrollees – Mar 23
Humana, Inc.	<ul style="list-style-type: none"> Humana Choice (PPO) Humana Gold Plus (HMO) 	28,836	36,860
UnitedHealth Group	<ul style="list-style-type: none"> UnitedHealthcare Dual Complete Choice (PPO) UnitedHealthcare Dual Complete (HMO) UnitedHealthcare Dual Complete Select (HMO) 	24,913	32,350
Centene (formerly Meridian Health Plan of Michigan)	<ul style="list-style-type: none"> Wellcare Dual Access Open (PPO) Wellcare Dual Access (HMO) 	16,292	14,900
Molina Healthcare	<ul style="list-style-type: none"> Molina Medicare Complete Care (HMO) Molina Medicare Complete Care Select (HMO) 	14,445	13,953
Corewell Health	<ul style="list-style-type: none"> Priority Medicare D-SNP (HMO) Priority Medicare D-SNP + Kroger (HMO) 	9,645	10,635
CVS Health Corporation	Aetna Medicare Assure Premier (HMO)	6,240	7,798
Henry Ford Health System/Health Alliance Plan	HAP Medicare Complete Duals (HMO)	638	714
McLaren Health Care Corporation	McLaren Medicare Inspire Duals (HMO)	226	329
Commonwealth Care Alliance	CCA Medicare Maximum (HMO)	206	321
Centene Corporation	Ascension Complete Michigan D-SNP (HMO)	250	308
Zing Health	Zing Dual Complete Plus MI (HMO)	22	44
Total		101,713	118,412

Chronic Condition Special Needs Plan (C-SNP)

There are eight C-SNP plans in the Michigan market, but only three health plans have enrollees as of March 2023. This year, there has been a decrease in C-SNP enrollees compared to last year. There was a total of 1,054 C-SNP enrollees in February 2022, compared to 776 enrollees in March 2023.

Erickson Advantage Champion has the highest number of enrollees (598), but their enrollment is distributed across an 11-state service area where Erickson Senior Living facilities are located that includes Oakland County. Centene (formerly Meridian Health Plan of Michigan) did not offer a C-SNP in the Michigan market this year. Honest HMO of Michigan is a new contract offering four C-SNPs for beneficiaries with diabetes, cardiovascular disorders, chronic heart failure, and End Stage Renal Disease (ESRD). As of March, these plans did not have any enrollees.





Parent Organization	Health Plan	Specialty Diseases	Total Number of Enrollees – Feb 23	Total Number of Enrollees – Mar 23
UnitedHealth Group	Erickson Advantage Champion (HMO – POS)	<ul style="list-style-type: none"> • Cardiovascular disorders • Chronic heart failure • Diabetes 	706	598
Zing Health	Zing Essential Wellness Diabetes and Heart MI (HMO)	<ul style="list-style-type: none"> • Cardiovascular disorders • Chronic heart failure • Diabetes 	99	124
Innovative Long Term Care Management, Inc.	<ul style="list-style-type: none"> • Align Connect (HMO) • Align Kidney Care (HMO) 	<ul style="list-style-type: none"> • Dementia • End Stage Renal Disease 	20	54
		Total	825*	776

**This total excludes the 2022 C-SNP HMO enrollment offered by Centene (formerly Meridian Health Plan of Michigan). As of December 2022, that plan had 84 enrollees.*

Institutional Special Needs Plan (I-SNP)

There are three I-SNPs in Michigan with a total of 1,203 enrollees as of March 2023. This is an increase compared to the 1,149 enrollees in February 2023. Longevity Health Plan has the most enrollees (641) compared to Align Thrive (437) and Erickson Advantage Guardian (125).

Parent Organization	Plan	Total Number of Enrollees – Feb 23	Number of Enrollees – Mar 23
Longevity Health Founders, LLC	Longevity Health Plan (HMO)	616	641
Innovative Long Term Care Management, Inc.	Align Thrive (HMO)	410	437
UnitedHealth Group	Erickson Advantage Guardian (HMO – POS)	123	125
	Total	1,149	1,203

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 **1,075,348 as of March 27, 2023. This is an increase of 6,713 since March 1, 2023. The enrollment count for March 27, 2023, is the highest ever for the program.**





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 [website](#) shows four new final policies issued in March.

- [MMP-23-10](#), issued March 2, 2023: Telemedicine Policy Post-COVID-19 Public Health Emergency
- [MMP 23-13](#), issued March 2, 2023: Changes to Medicaid Dental Coverage+
- [MMP 23-14](#), issued March 2, 2023: Updates to the MDHHS Medicaid Provider Manual; Medicaid Eligibility Requirements; Federal Public Health Emergency
- [MMP 23-16](#), issued March 23, 2023: Behavioral Health Home (BHH) Expansion

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

- [2309-LTC](#): Provider Enrollment of Electronic Visit Verification (EVV)-Required Personal Care Services Providers
- [2303-BH](#): Behavioral Health Home (BHH) Expansion
- [2219-Eligibility](#): Resuming Renewals for all Medicaid Programs
- [2218-Eligibility](#): Repealing the Suspension of Medicaid Closures
- [2306-MiDPP](#): Michigan Diabetes Prevention Program (MiDPP)
- [2305-F2F](#): COVID-19 Response: Reversal of Temporary COVID-19 Relaxation of Face-to-Face Requirement Policies and Update of Face-to-Face and In Person Definitions
- [2308-ESO](#): Termination of Non-Emergency Follow-up Services per Bulletin MSA 20-24 – COVID-19 Response: Emergency Services Only Beneficiaries and Coverage of Testing and Treatment of COVID-19
- [2302-DMEPOS](#): Revisions to Continuous Glucose Monitoring Systems (CGMS) Policy

MDHHS released 10 L-Letters of potential interest, which are available on their [website](#).

- [L 23-25](#); Michigan Department of Health and Human Services (MDHHS) Temporary Extension to the Disaster Relief Policies for COVID-19 Public Health Emergency (PHE) Specific to Care and Recover Centers (CRC) Payments
- [L 22-68](#); Sections 1915(b)/(c) MI Health Link Waiver Amendments
- [L 22-57](#); Notice of Intent to Amend Section 1915(b)/(c) MI Health Link Waivers
- [L 23-19](#); Rescind of "Guidance on Well Child Visits and Telemedicine"
- [L 23-17](#); Aging Targeted Case Management (TCM) Services State Plan Amendment (SPA)





- [L 23-21](#); Notice of Intent to Submit a State Plan Amendment for the Michigan Department of Health and Human Services (MDHHS) to Authorize a Temporary Extension to the Disaster Relief Policies for COVID-19 Public Health Emergency (PHE) Specific to Pharmacy Flexibilities
- [L 23-18](#); Michigan Department of Health and Human Services (MDHHS) Temporary Extension to the Disaster Relief Policies for COVID-19 Public Health Emergency (PHE) Specific to Rate Increases to Incontinence Volume Purchase Contract and Non-Sterile Gloves
- [L 23-15](#); Medicaid and Children's Special Health Care Services (CSHCS) Coverage of Disposable External Ambulatory Insulin Delivery System (e.g., Omnipod)
- [L 23-16](#); Intent to Submit a State Plan Amendment (SPA) Request for Community Health Worker (CHW) Services
- [L 23-20](#); Notice of April 12, 2023, Prosthetic and Orthotic Medicaid Provider Liaison Meeting

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





HMA HEALTH MANAGEMENT ASSOCIATES

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.

