



Michigan Health & Human Services Market System Profile: 2025



Health & Human Services System Market Profile Overview

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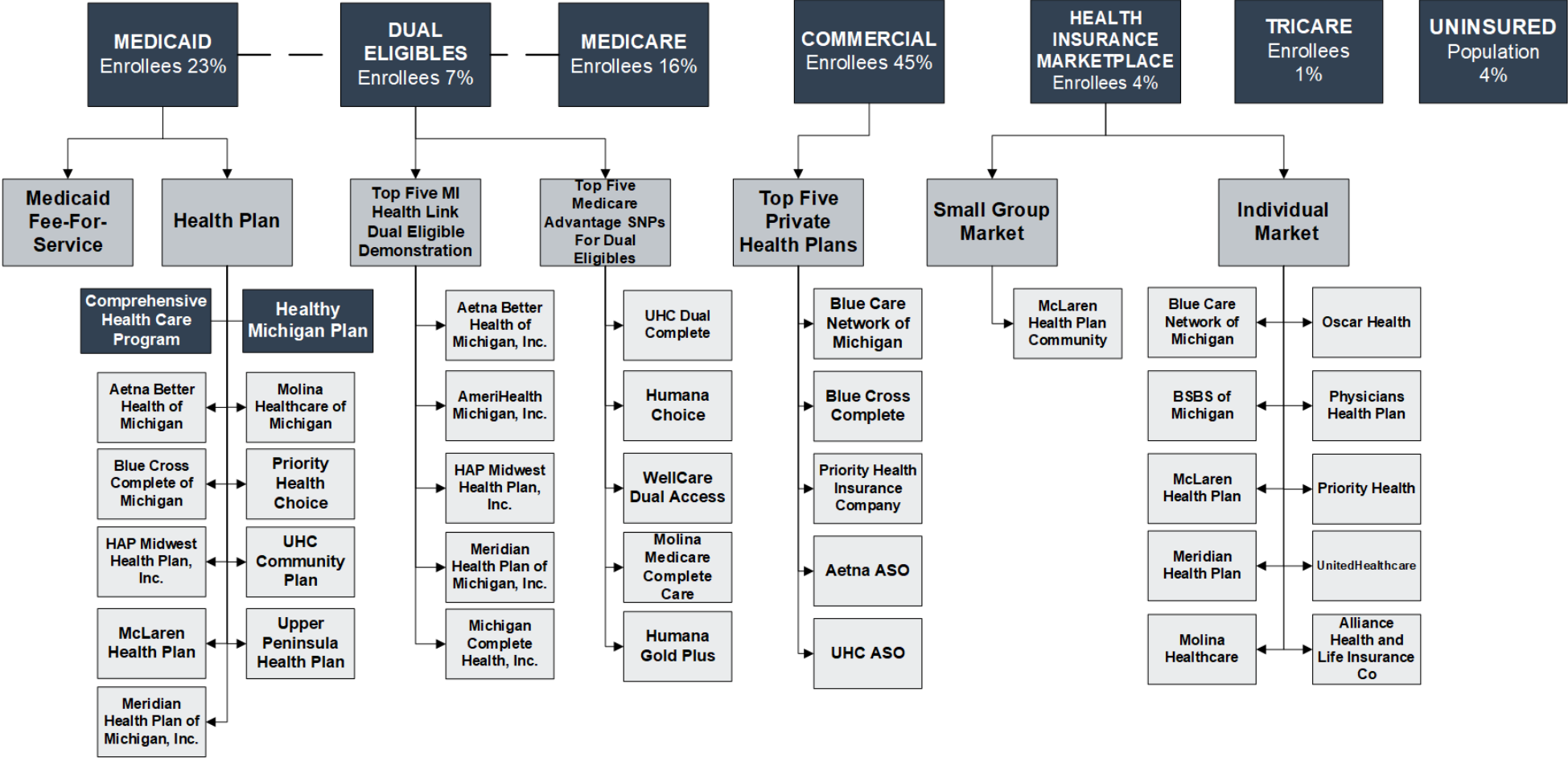
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A. Executive Summary

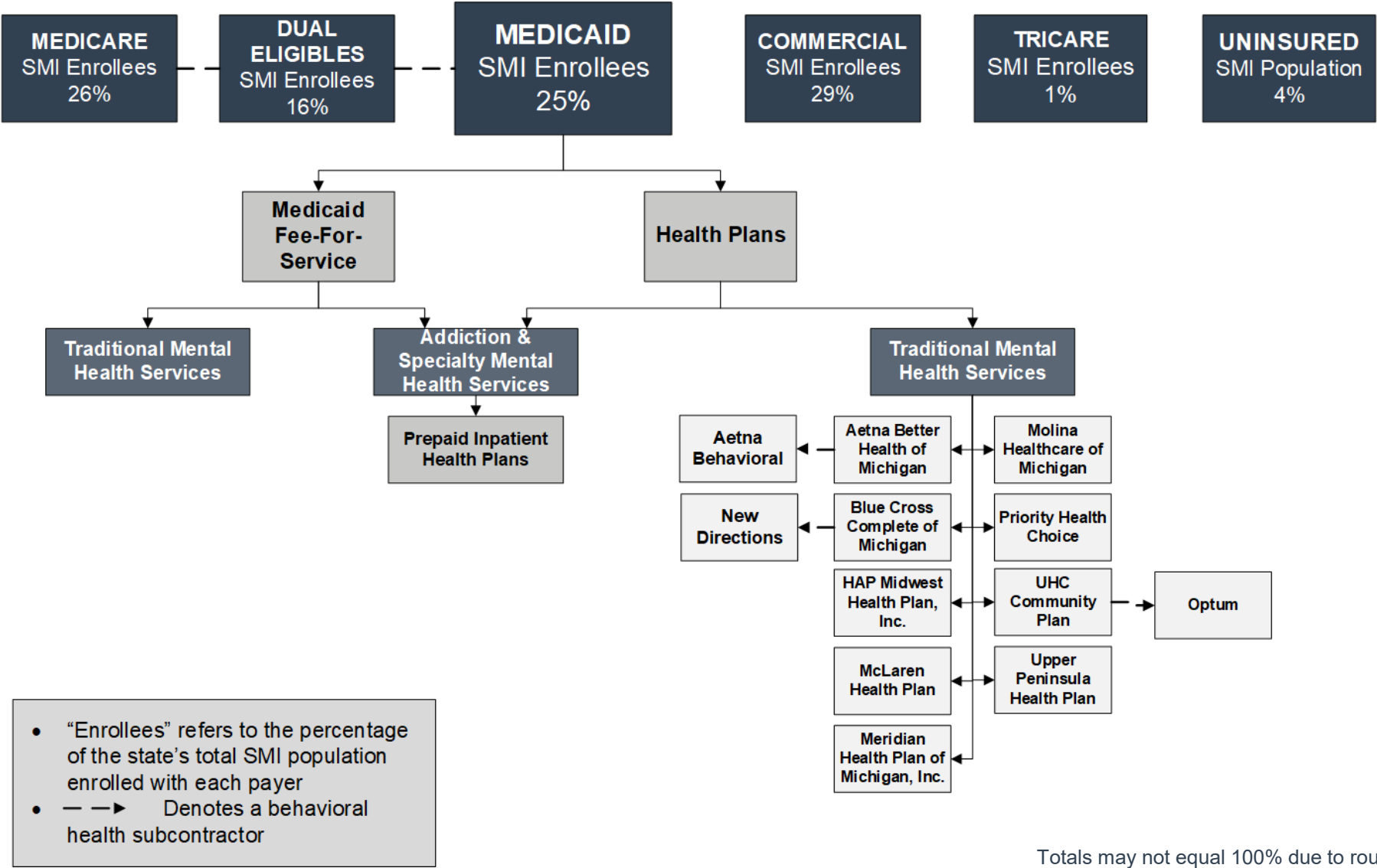
A.1. Michigan Physical Health Care Coverage by Payer

Total Michigan Population- 10,037,261
Estimated SMI Population- 602,236



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Michigan Behavioral Health Care Coverage by Payer



Totals may not equal 100% due to rounding.

A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home	✓	The state has three health home programs for individuals with SMI, individuals with opioid disorders, and individuals with chronic and behavioral health conditions.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	MI Health Link, the states dual eligible demonstration is transitioning to a Highly Integrated Dual Eligible Special Needs Plan with a start date of January 1, 2026.
Managed Long-Term Services and Supports (MLTSS)	✓	Services provided through Michigan's Habilitation Supports and MI Choice waivers are managed by prepaid inpatient health plans.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Michigan currently has 26 CCBHCs participating in the demonstration program.
Other Care Coordination Initiative		None

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Department of Health and Human Services is responsible for safety-net services for the physical health population.

Mental Health Services

- The Michigan Department of Health and Human Services contracts with 46 Community Mental Health Services Programs (CMHSPs) to provide mental health services to safety-net population.
- As required by state law, the CMHSPs are created by individual counties or groups of counties, and are funded by a combination of federal, state, and county monies.

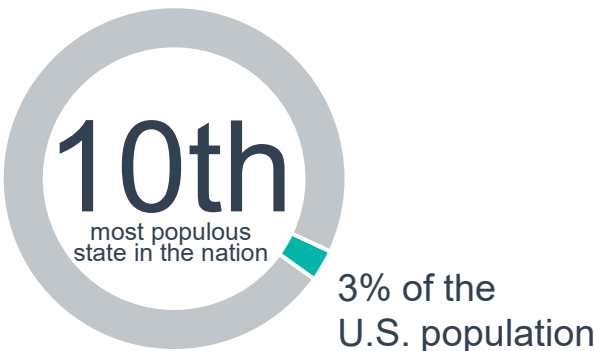
Addiction Treatment Services

- Prepaid inpatient health plans (PIHPs) are required by contract to provide addiction prevention and treatment services on an FFS basis to uninsured persons using community grants funding.

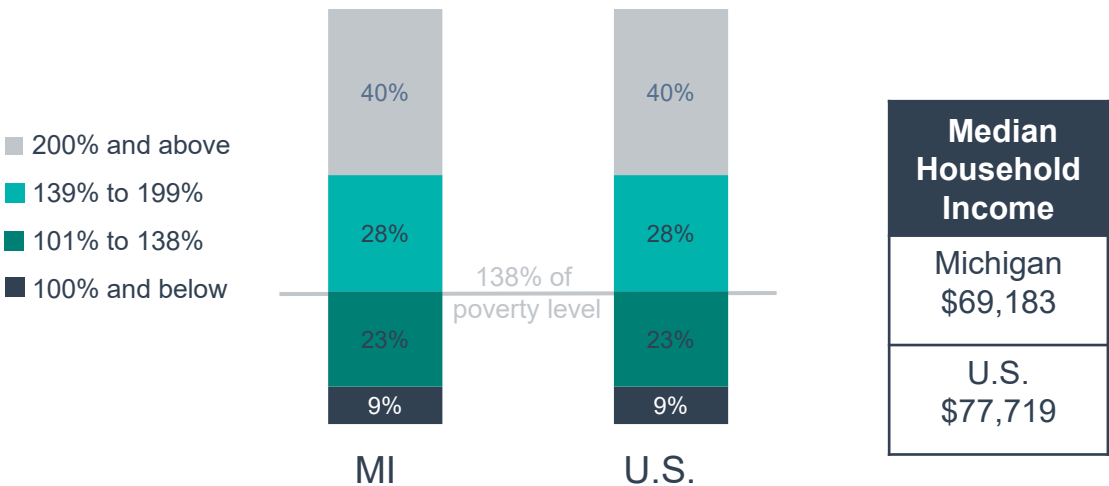
B. Michigan Health Financing System Overview

B.1. Population Demographics

Total Michigan Population- 10,037,261
Estimated SMI Population- 602,236



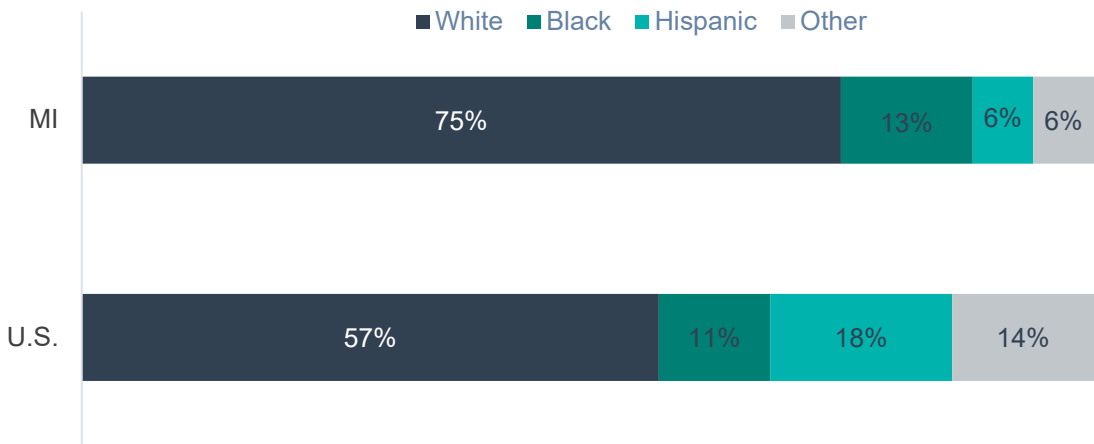
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

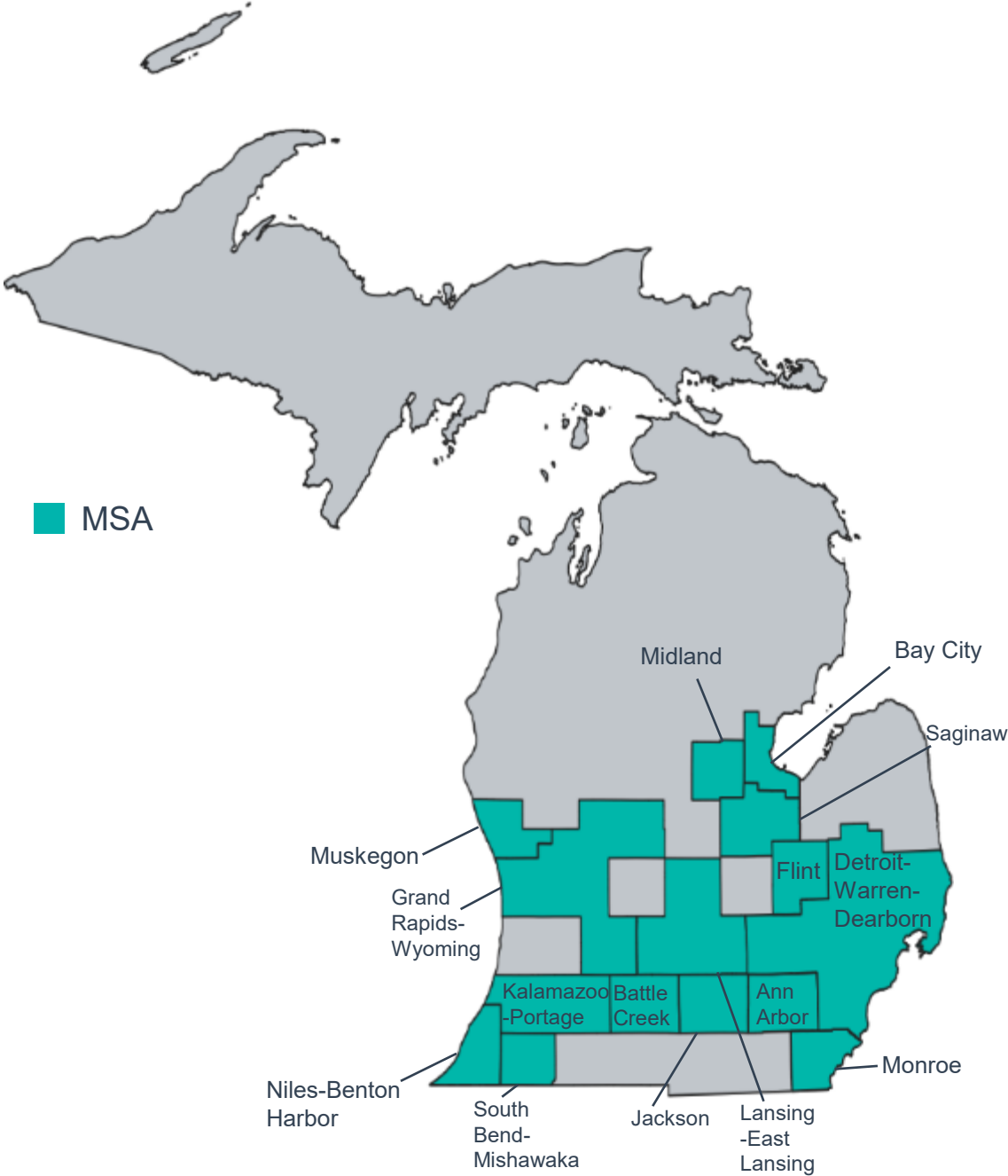


Michigan & U.S. Racial Composition

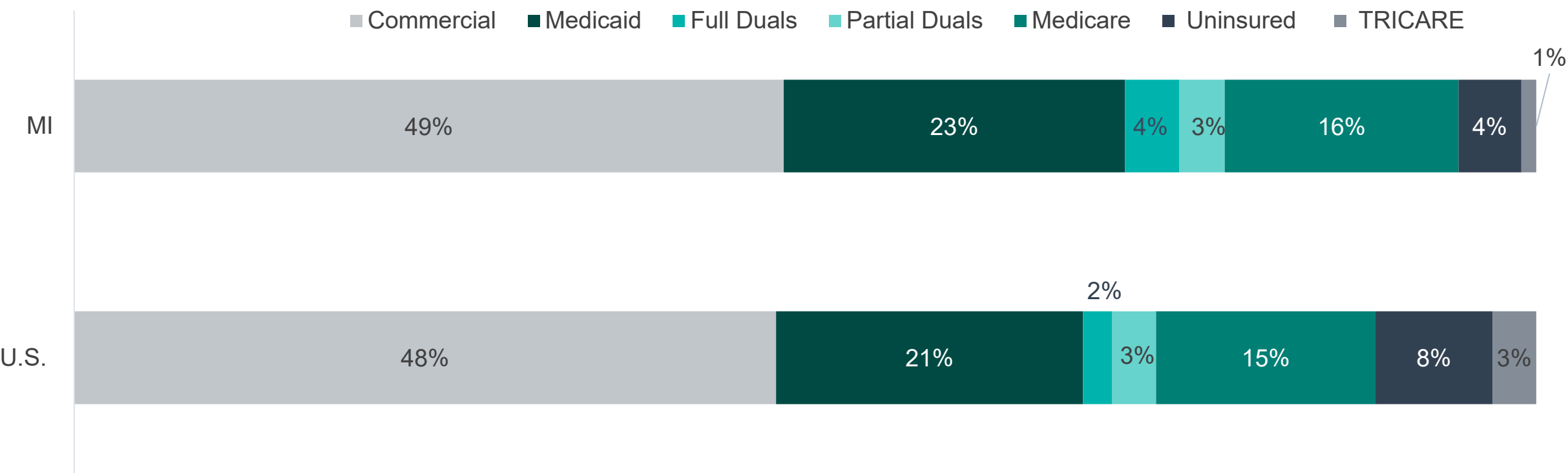


B.2. Population Centers

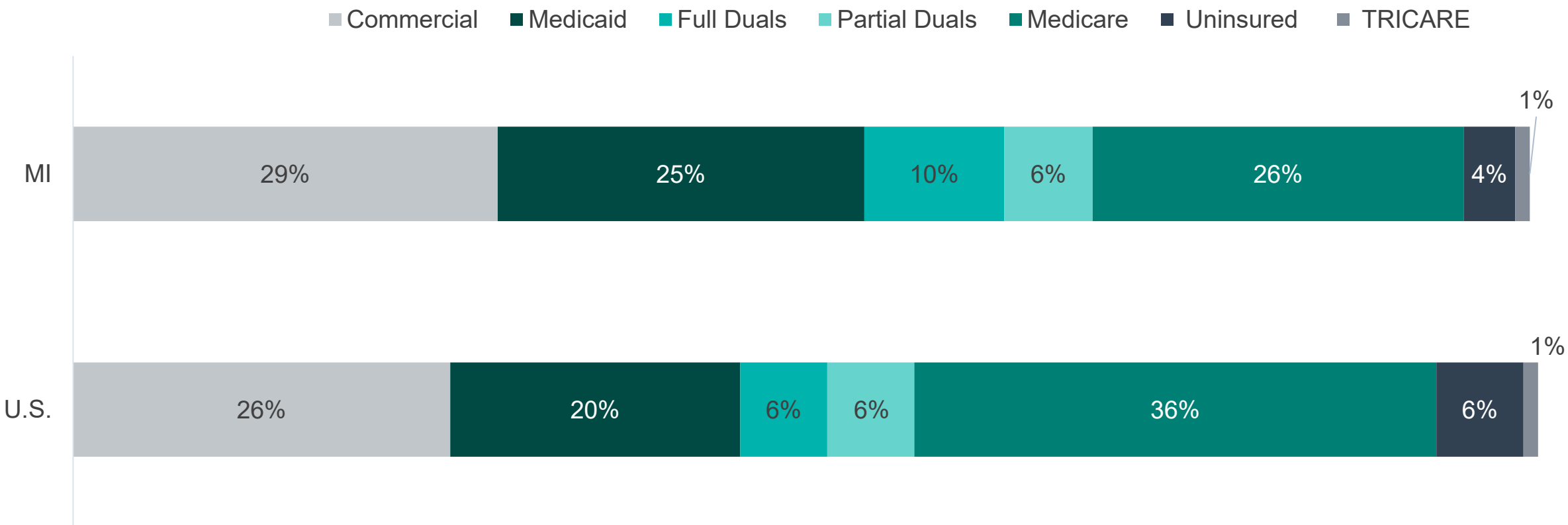
Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent Of Population
Total MSA Population	8,756,650	88%
Detroit-Warren-Dearborn, MI	4,400,578	44%
Grand Rapids-Kentwood, MI	1,094,198	11%
Lansing-East Lansing, MI	479,971	5%
Flint, MI	402,279	4%
Ann Arbor, MI	373,875	4%
South Bend-Mishawaka, IN-MI	325,294	3%
Kalamazoo-Portage, MI	264,780	3%
Holland-Grand Haven, MI	261,957	3%
Saginaw, MI	187,714	2%
Muskegon, MI	176,565	2%
Other MSAs	789,439	8%



B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Michigan Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Medicare Fee-For-Service (FFS)	Medicare	861,929
Blue Care Network of Michigan HMO	Commercial	580,176
Priority Health Insurance Company	Commercial	577,264
Medicaid FFS	Medicaid	544,567
Medicare Plus Blue	Medicare Advantage	475,674
BCBS of Michigan Mutual Insurance Company	Medicare Advantage	472,126
Priority Health	Commercial	453,724
Blue Cross Complete	Commercial	382,187
MeridianHealth	Medicaid managed care	347,279
Molina Healthcare of Michigan	Medicaid managed care	292,668

*Medicaid enrollment as of April 2025; TRICARE as of December 2023; Commercial as of November 2023; Medicare enrollment as of September 2024

B.4. Largest Michigan Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	861,929	112,051
Medicare Plus Blue	Medicare Advantage	475,674	61,838
BCBS of Michigan Mutual Insurance Company	Medicare Advantage	472,126	61,376
Medicaid FFS	Medicaid	544,567	47,922
HumanaChoice	Medicare advantage	167,748	35,227
MeridianHealth	Medicaid managed care	347,279	30,561
Blue Care Network of Michigan HMO	Commercial	580,176	28,429
Priority Health Insurance Company	Commercial	577,264	28,286
Molina Healthcare of Michigan	Medicaid managed care	292,668	25,755
Blue Cross Complete	Medicaid managed care	292,230	25,716
UnitedHealthcare Community Plan	Medicaid managed care	255,698	22,501

*Medicaid enrollment as of April 2025; TRICARE as of December 2023; Commercial as of November 2023; Medicare enrollment as of September 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace Percent	4%
Type Of Marketplace	Federal & State
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://www.healthcare.gov/small-businesses/
	1-800-706-7893

2025 Individual Market Health Plans	
1.	Alliance Health and Life Insurance Company
2.	Blue Care Network
3.	Blue Cross Blue Shield of Michigan
4.	McLaren Health Plan
5.	Meridian (Ambetter)
6.	Molina Healthcare
7.	Oscar Health
8.	Physicians Health Plan
9.	Priority Health
10.	UnitedHealthcare

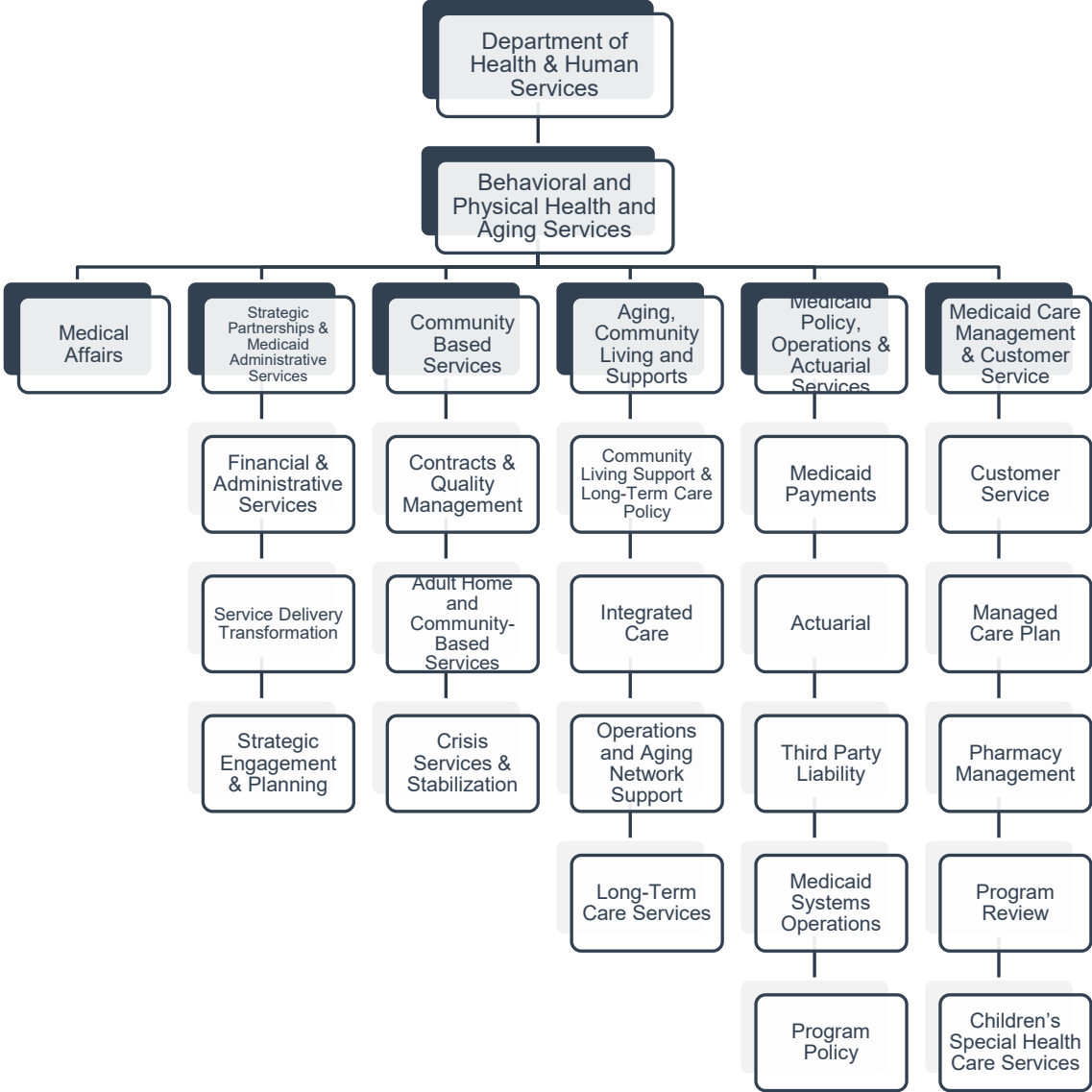
2025 Small Group Market Health Plans	
1.	McLaren Health Plan Community

B.6. Accountable Care Organizations

Medicare Shared Savings ACOs	
1. Advantage ACO	16. McLaren High Performance Network, LLC
2. AdvantagePoint Health Alliance – Great Lakes, LLC	17. Mosaic ACO
3. Beaumont ACO	18. OSF Healthcare System
4. Bellin Health Partners, Inc	19. Partners in Care ACO LLC
5. CCA ACO LLC	20. PMC ACO
6. CHA ACO, LLC	21. POM ACO
7. Chesapeake MSSP	22. ProMedica Health Network, Inc
8. CHSPSC ACO 21, LLC	23. Aledade 93 National MSSP Enhanced
9. Elite Patient Care, LLC	24. Space Coast ACO
10. Five Star ACO, LLC	25. Stellar Health ACO
11. Genesys PHO, LLC	26. TEAM ACO
12. Independence Health Accountable Care Organization	27. The Accountable Care Organization, Ltd
13. Indiana Lakes ACO	28. Trinity Health Integrated Care
14. Main Street Rural Health Cottonwood ACO LLC	29. UOP ACO, LLC
15. McAuley Health Partners ACO, LLC	30. USMM Accountable Care Partners, LLC
	31. West Michigan Accountable Care Organization, LLC

C. Medicaid Administration, Governance & Operations

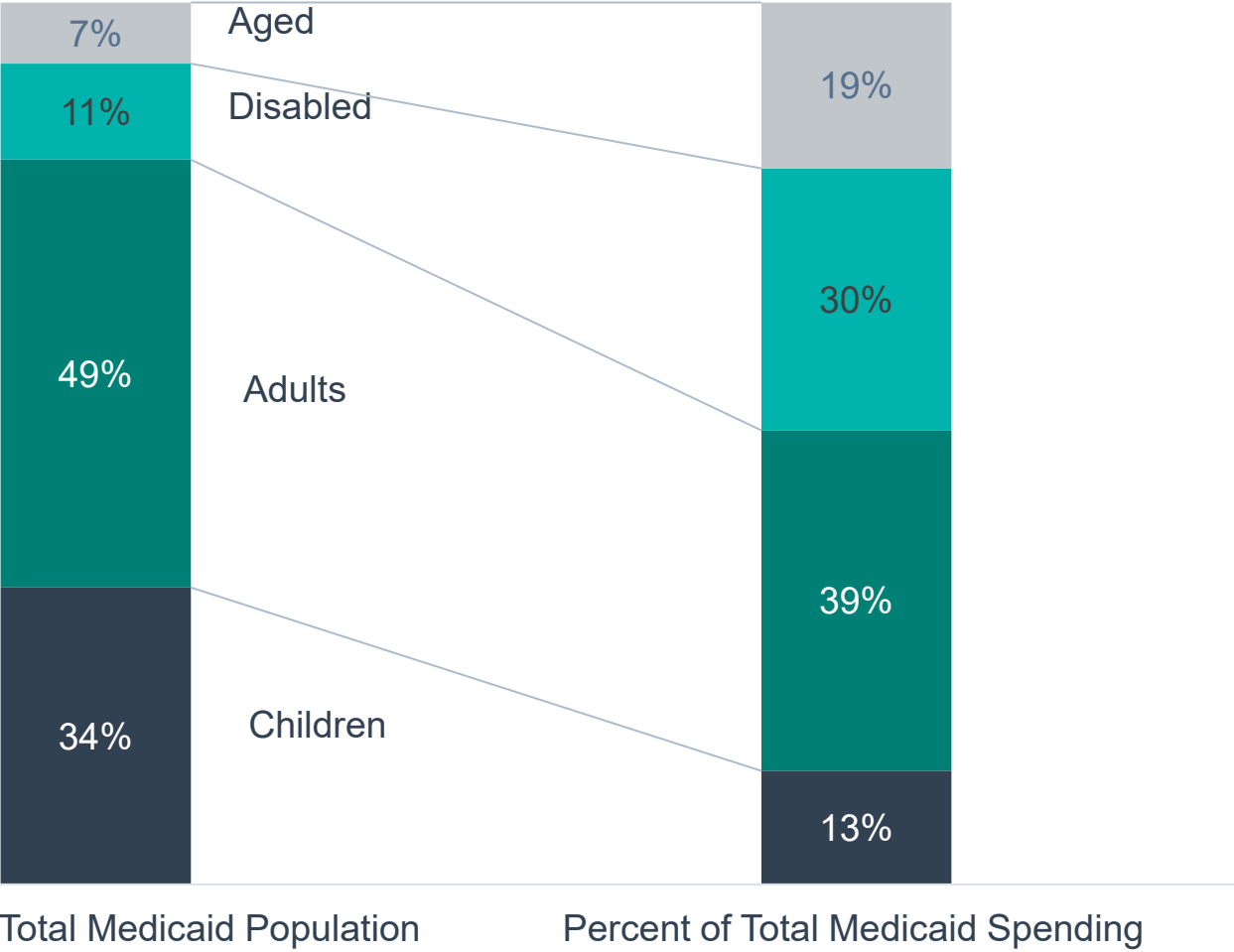
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Elizabeth Hertel	Director	Michigan Department of Health and Human Services	hertele@michigan.gov
Meghan Hodge-Groen	Chief for Health Services	MDHHS	roenm2@michigan.gov
Michelle Popowich	State Office Administrator	MDHHS, OIG Office of Medicaid Program Integrity	popowichm@michigan.gov
Brian Keisling	Senior Deputy Director	MDHHS, Bureau of Medicaid Policy, Operations, & Actuarial Services	keislingb@michigan.gov
Erin Emerson	Senior Policy Executive	MDHHS, Office of Strategic Partnerships & Medicaid Administrative Services	emersone@michigan.gov
Penny Rutledge	State Bureau Administrator	MDHHS, Bureau of Medicaid Care Management & Customer Service	rutledgep@michigan.gov

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2022		
	U.S.	MI
All populations	\$8,813	\$7,099
Children	\$3,786	\$2,711
Adults	\$5,443	\$4,917
Expansion adults	\$7,569	\$5,897
Blind and disabled	\$25,483	\$19,423
Aged	\$19,191	\$20,365

Based on 2022 data.

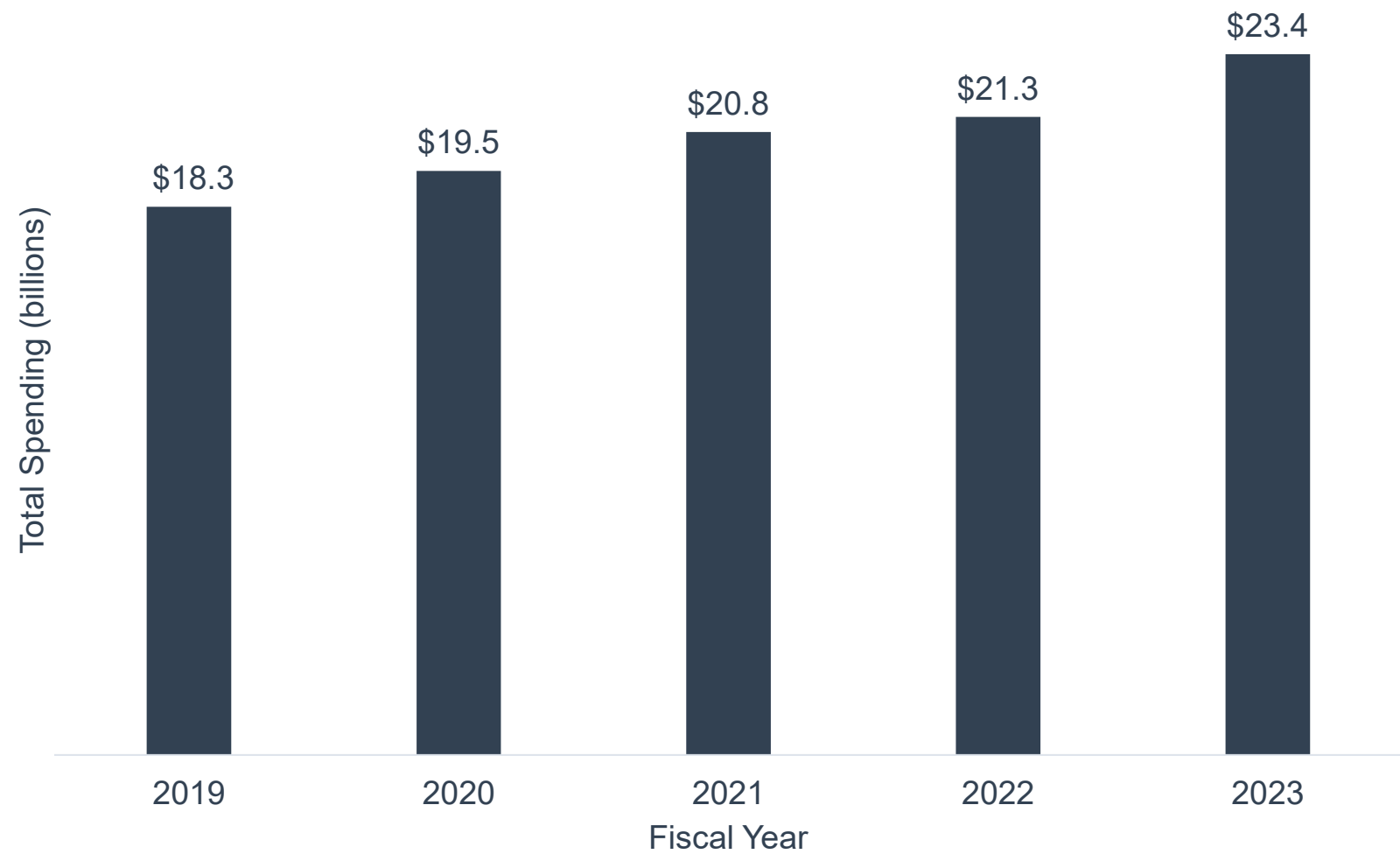
Totals may not equal 100% due to rounding.

C.2. Medicaid Program Spending

Budget Item	SFY23 Spending	Percent Of Budget
Managed care and premium assistance	\$15,540,000,000	67%
Institutional LTSS	\$2,537,000,000	11%
Hospital	\$1,142,000,000	5%
Home- and community-based LTSS	\$1,098,000,000	5%
Medicare premiums and coinsurance	\$821,000,000	4%
Other acute services	\$803,000,000	3%
Drugs	\$760,000,000	3%
Clinic and health center	\$334,000,000	1%
Physician services	\$269,000,000	1%
Dental	\$36,000,000	<1%
Other Practitioner	\$21,000,000	<1%
Budget Total: \$23,362,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	65.1%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	Yes

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	April 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of Federal Poverty Level (FPL); Parents at 54% of FPL Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	Public Act 107 of 2013
Number Of Individuals Enrolled In The Expansion Group (June 2024)	742,156
Number Of Enrollees Newly Eligible Due To Expansion	695,212
Benefits Plan For Expansion Population	The alternative benefit plan provides full state plan services and additional prescription drug, dental services, and vision benefits to all Healthy Michigan members in the expansion population.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies for individuals of child-bearing age
9. Physician services
10. Medical and surgical services of a dentist
11. Home health services
12. Nurse midwife services
13. Nurse practitioner services
14. Pregnancy services, including tobacco cessation programs
15. Free standing birth centers
16. Non-emergency transportation to medical care

Michigan's Optional Benefits

1. Optometry services
2. Chiropractic services
3. Podiatry services
4. Physical, occupational, or speech therapy
5. Clinic services
6. Dental services
7. Prescription drugs
8. Dentures, prosthetics, and orthotics
9. Eyeglasses
10. Diagnostic services
11. Rehabilitative services
12. Targeted case management
13. Durable medical equipment
14. Skilled nursing and inpatient hospital services for individuals over age 65 in IMD
15. Inpatient psychiatric facility services for individuals under 22 years old
16. Hospice care
17. Nursing facility services for patients under 21 years old

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (April 2025)	544,567	1,755,241
SMI Enrollment	- Michigan does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, most of the SMI population is enrolled in managed care. - Estimated 76% of SMI population is enrolled in managed care, and 24% in FFS.	
Management	- Traditional physical and behavioral health services: MDHHS - Specialty behavioral health services: Prepaid Inpatient Health Plans (PIHPs)	- Traditional physical and behavioral health services: 10 health plans - Specialty behavioral health services: PIHPs
Payment Model	- Physical and behavioral health services: FFS - Specialty behavioral health services: Capitated rate	- Physical and behavioral health services: Capitated rate - Specialty behavioral health services: Capitated rate
Geographic Service Area	Statewide	Statewide; One health plan is responsible for the upper peninsula region, and the remaining ten health plans share coverage of the rest of the state

Total Medicaid: 2,299,808 | Total Medicaid With SMI: 202,383

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution		As of April 2025: 24% in fee-for-service (FFS), 76% in managed care
SMI population inclusion in managed care		- Michigan does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care. - Estimated 24% of population in FFS, 76% in managed care
Dual eligible population inclusion in managed care		- Managed care is mandatory for dual eligibles in dual eligible demonstration counties and voluntary in other counties. - Estimated 25% of population in FFS, 75% in managed care
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Included in the health plan’s capitation rate
Specialty behavioral health	Covered by at-risk prepaid inpatient health plans (PIHP)	Excluded from the health plan’s capitation rate; covered by at-risk PIHPs
Pharmaceuticals	Covered FFS by the state	Antipsychotics, psychotropics, and addiction disorder treatment drugs are provided FFS by the state. All other drugs are included in the health plan’s capitation rate.
Long-term services and supports (LTSS)	Michigan’s Habilitation Supports and MI Choice waivers are covered by at-risk PIHPs. All other LTSS services are covered FFS by the state.	Excluded from health plan’s capitation rate, but services covered through Michigan’s Habilitation Supports and MI Choice waivers are covered by at-risk PIHPs.

D.1. Medicaid Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home	✓	The state has three health home programs for individuals with SMI, individuals with opioid disorders, and individuals with chronic and behavioral health conditions.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	MI Health Link the states dual eligible demonstration is transitioning to a Highly Integrated Dual Eligible Special Needs Plan.
Managed Long-Term Services and Supports (MLTSS)	✓	Services provided through Michigan's Habilitation Supports and MI Choice waivers are managed by prepaid inpatient health plans.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Michigan currently has 26 CCBHCs participating in the demonstration program.
Other Care Coordination Initiative		None

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			✓
Children			✓
Blind and disabled individuals			✓
Aged individuals			✓
Dual eligibles		✓*	
Medicaid expansion			✓
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Individuals in foster care	✓ (Individuals in residential settings or incarcerated)		✓
Other populations	• Individuals receiving home- and community-based services • Individuals receiving emergency services only • Medicare premium payments only • Individuals in traumatic brain injury residential rehabilitation program • Individuals with commercial managed care coverage • Hospice • Emergency and inpatient services for incarcerated individuals	• Native Americans • Persons with migrant status	Pregnant women

*Dual eligibles in dual demonstration counties have the option to enroll in the dual demonstration or FFS. Those who live outside the dual demonstration counties have the option to enroll in Medicaid managed care or FFS.

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of April 2025 was 544,567.

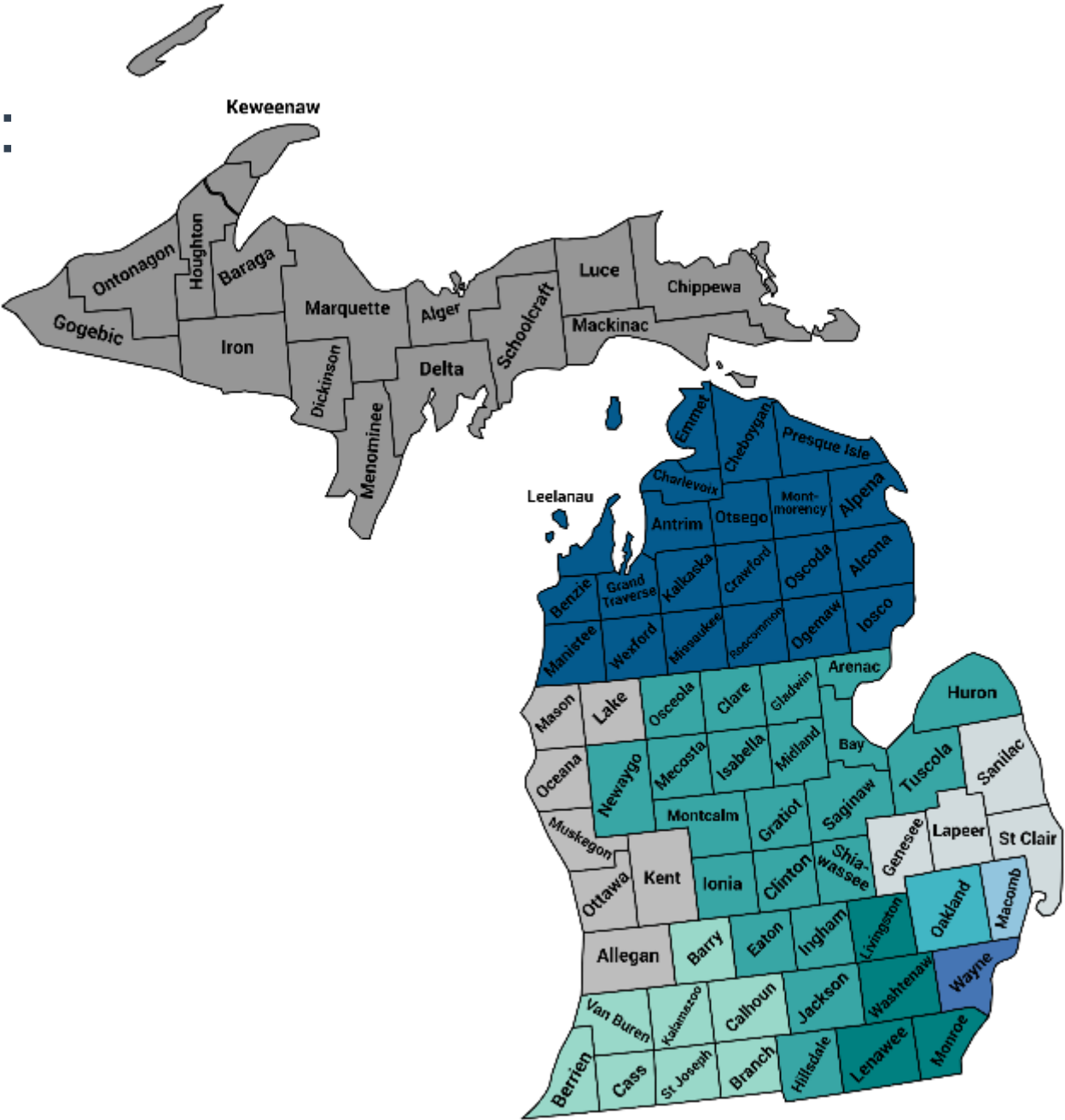
D.2. Medicaid FFS Program: Behavioral Health Benefits

- Michigan delivers addiction treatment and specialty mental health services to the FFS population through prepaid inpatient health plans (PIHPs).
- Community Mental Health Services Programs (CMHSPs), which are operated at the county or joint county level, are the building blocks of the Medicaid behavioral health service delivery system.
- Large CMHSPs—generally those serving more than 20,000 Medicaid enrollees—and regional affiliations of smaller CMHSPs operate as PIHPs and receive capitated payments for addiction treatment services and specialty mental health services.
 - A chart listing the PIHPs, their component CMHSPs, and their service areas can be found in [section H.4](#).
- PIHPs contract with CMHSPs and other provider organizations to deliver addiction treatment services and specialty mental health services.
- Individuals receive mental health services through the FFS system if they demonstrate:
 - Mild to moderate psychiatric symptoms, or signs of sufficient intensity to cause subjective distress or mildly disordered behavior
 - Minor or temporary functional limitations or impairments
 - Minimal clinical instability
- If enrollees demonstrate more severe symptoms, they receive specialty behavioral health services through the local PIHP, and do not have a choice of plan.

D.2. Medicaid FFS Program: PIHP Regions

Prepaid Inpatient Health Plan Regions		
	Region	PIHP
	1	NorthCare Network
	2	Northern Michigan Regional Entity
	3	Lakeshore Regional Entity*
	4	Southwest Michigan Behavioral Health
	5	Mid-State Health Network
	6	CMH Partnership of Southeast Michigan
	7	Detroit Wayne Mental Health Authority
	8	Oakland Community Health Network
	9	Macomb County Mental Health Services
	10	Region 10

*Due to budgetary issues, Lakeshore Regional Entity is currently on a month-to-month contract



D.2. Medicaid FFS Program: Behavioral Health Benefits

Benefits Provided Through The FFS System	State Plan Benefits Provided By The PIHP	1915 (b3) Waiver Services Provided By The PIHP**
1. Mental health outpatient visits 2. Psychotropic and addiction disorder treatment and drugs 3. Acute medical detoxification services 4. Behavioral Health Targeted Case Management 5. Community Support Services for individuals with SEM, SMI, or I/DD 6. Peer-Delivered or Peer-Operated Support Services 7. Psychiatric Diagnostic Evaluation services for beneficiaries under 21	1. Inpatient hospital psychiatric services 2. Outpatient partial hospitalization psychiatric care 3. Intensive outpatient counseling 4. Assertive community treatment 5. Clubhouse model programs 6. Crisis residential services 7. Intensive crisis stabilization services 8. Individual, group, and family therapy 9. Crisis intervention 10. Outpatient addiction treatment services 11. Pharmacological supports 12. Inpatient and residential addiction disorder treatment services* 13. Targeted case management	1. Assistive technology 2. Community living services 3. Enhanced pharmacy 4. Environmental modifications 5. Family support and training 6. Housing assistance 7. Peer support services 8. Respite care services 9. Skill building assistance 10. Support and service coordination 11. Supported/integrated employment services 12. Fiscal intermediary services 13. Wrap-around services for children with SED 14. Treatment planning

*Coverage of residential treatment in an institution of mental disease (IMD) is allowed via an 1115 demonstration.

**Additional services available through 1915 (b) waiver savings

D.2. Medicaid FFS Program: SMI Population

- Michigan does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, most of the SMI population is enrolled in managed care.
- As of April 2025, *OPEN MINDS* estimates that 24% of the SMI population was enrolled in FFS.
- Individuals with SMI are eligible to receive specialty mental health services through their regional PIHP.

D.2. Medicaid FFS Program: Pharmacy Benefit

Michigan FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Magellan
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, the Michigan Pharmaceutical Product List (MPPL). The state has moved to a merged PDL between FFS and Managed Care.
State Uses A PDL For Mental Health Drugs	Yes, anticonvulsants, antidepressants, antipsychotics, and antixylotics are included on the general pharmacy PDL
State Uses A PDL For Addiction Treatment Drugs	Yes, included on the general pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are covered on the general pharmacy PDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Although antipsychotics are included on the PDL all antipsychotics are preferred. • Quantity limits, safety, and clinical edits apply to other mental health drugs. • On May 1, 2019, the state began to allow an initial 14-day prescription for medication assisted treatment (MAT) without prior authorization. All MAT drugs require clinical prior authorization.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, individuals are enrolled in the Beneficiary Monitoring Program (BMP) if they mis-utilize emergency room, pharmacy, or physician services. Under the program, beneficiaries may be restricted to one provider organization, clinical professional, or pharmacy. They may also be restricted from refilling medications until 95% of the medication is consumed in accordance with the prescribed instructions. Placement is for a minimum of 24 months.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of April 2025 was 1,755,241.
- **Comprehensive Health Care Program (CHCP):** Michigan's managed care program for children, parents/caretakers, and the aged, blind, and disabled population.
 - CHCP enrollment as of April 2025 was 1,203,487.
 - Nine health plans are fully at-risk for providing physical health benefits.
 - Individuals have the choice of the health plans available in their region.
- **Healthy Michigan Plan (HMP):** Michigan's alternative Medicaid expansion plan for adults between the ages of 19 and 64 who have income less than 138% of the FPL.
 - HMP enrollment as of April 2025 was 551,754.
 - Individuals are enrolled in the 9 health plans available in the CHCP.
 - Individuals have the choice of the health plans available in their region.
- The health plans are required to increase the number of value-based arrangements they have with provider organizations each year. The state has not set a threshold for the amount or number of payments that must be in these arrangements.

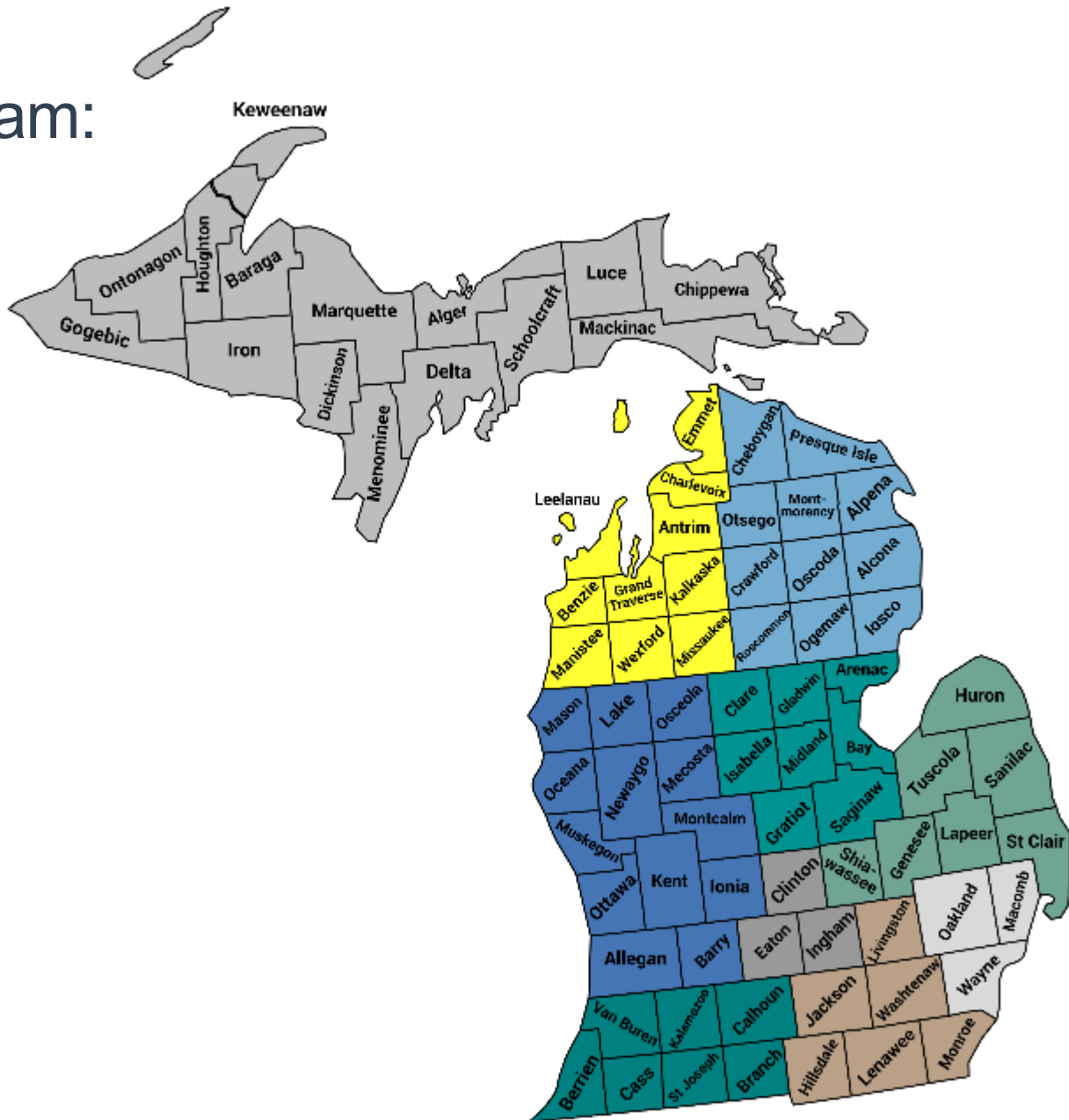
D.3. Medicaid Managed Care Program: Healthy Michigan Plan

- The Healthy Michigan Plan (HMP) is Michigan's alternative Medicaid expansion plan for adults between the ages of 19 and 64 who have an income less than 133% of the FPL.
- HMP is authorized through a section 1115 demonstration waiver.
- All HMP enrollees must pay copayments that are not collected at the time of service, but rather are totaled by the state and billed quarterly based on the prior six months of utilization. Enrollees pay these totaled copayments over a three-month period. Contributions are not required during the first six months of enrollment.
 - Individuals with incomes over 100% of the FPL are required to make a monthly contribution—not to exceed 2% of their income—into a MI Health Account. After the health plans pay for a certain number of services, varying by individual, the health plan can access money in the account to pay for services.
 - All HMP beneficiaries can reduce their copayments and contributions by completing healthy behaviors.
 - Coverage is not denied if individuals do not make payments.

D.3. Medicaid Managed Care Program: Health Plan Regions

Medicaid Managed Care Health Plan Regions

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7
- Region 8
- Region 9
- Region 10



Note, the managed care regions do not align with behavioral health PIHP regions.

D.3. Medicaid Managed Care Program: Health Plans By Region

Region	Counties	Managed Care Organizations
1	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	Upper Peninsula Health Plan
2	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, UnitedHealthcare Community Plan
3	Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, UnitedHealthcare Community Plan
4	Allegan, Barry, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa	Blue Cross Complete of Michigan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Priority Health Choice, UnitedHealthcare Community Plan
5	Arenac, Bay, Clare, Gladwin, Gratiot, Isabella, Midland, Saginaw	McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, UnitedHealthcare Community Plan
6	Genesee, Huron, Lapeer, Sanilac, Shiawassee, St. Clair, Tuscola	Blue Cross Complete of Michigan, HAP Empowered Health Plan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, UnitedHealthcare Community Plan
7	Clinton, Eaton, Ingham	Blue Cross Complete of Michigan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan

D.3. Medicaid Managed Care Program: Health Plans By Region (cont.)

Region	Counties	Managed Care Organizations
8	Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren	Aetna Better Health of Michigan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Priority Health Choice, UnitedHealthcare Community Plan
9	Hillsdale, Jackson, Lenawee, Livingston, Monroe, Washtenaw	Aetna Better Health of Michigan, Blue Cross Complete of Michigan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, UnitedHealthcare Community Plan
10	Macomb, Oakland, Wayne	Aetna Better Health of Michigan, Blue Cross Complete of Michigan, HAP Empowered Health Plan, McLaren Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Total Health Care, UnitedHealthcare Community Plan

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health Profit status: For-profit Parent company: Aetna/ CVS Behavioral health subcontractor: Aetna Behavioral Pharmacy benefits manager: CVS Caremark Region: 8, 9, 10 Enrollment share: 3%	Blue Cross Complete of Michigan Profit status: Non-profit Parent company: None Behavioral health subcontractor: Perform Rx Pharmacy benefits manager: None Region: 4, 6, 7, 9,10 Enrollment share: 17%	HAP Empowered Health Plan Profit status: For-profit Parent company: Health Alliance Behavioral health subcontractor: None Pharmacy benefits manager: Express Scripts Region: 6,10 Enrollment share: 2%
McLaren Health Plan Profit status: Non-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefits manager: MedImpact Region: 2-10 Enrollment share: 13%	Meridian Health Plan of Michigan, Inc. Profit status: For-profit Parent company: Centene-WellCare Health Plans* Behavioral health subcontractor: None Pharmacy benefits manager: Express Scripts Region: 2-10 Enrollment share: 20%	Molina Healthcare of Michigan Profit status: For-profit Parent company: Molina Healthcare Behavioral health subcontractor: None Pharmacy benefits manager: CVS Caremark Region: 2-10 Enrollment share: 17%

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Priority Health Choice	
1.	Profit status: Non-profit
2.	Parent company: None
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: Express Scripts, Inc.
5.	Region: 4, 8
6.	Enrollment share: 12%

UnitedHealthcare Community Plan	
1.	Profit status: For-profit
2.	Parent company: UnitedHealth
3.	Behavioral health subcontractor: Optum
4.	Pharmacy benefits manager: OptumRx
5.	Region: 2-6, 8-10
6.	Enrollment share: 15%

Upper Peninsula Health Plan	
1.	Profit status: For-profit
2.	Parent company: None
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: Magellan RX
5.	Region: 1
6.	Enrollment share: 2%

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Health plans are responsible for providing outpatient mental health visits and psychiatric screening and stabilization in the emergency room for individuals not subsequently admitted.
- Acute medical detoxification services are provided FFS by the state.
- Prepaid inpatient health plans (PIHPs) provide all other addiction treatment and specialty mental health services.
- Health plans must coordinate with appropriate PIHPs to ensure specialty mental health services are provided.
- Psychotropic and addiction treatment drugs are provided FFS by the state. All other drugs are included in the health plan's capitation rate.

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- These guidelines are designed to assist health plans and PIHPs in determining who is responsible for benefits. Health plans and PIHPs are expected to make critical clinical decision-making processes based on the written local agreement, common sense, and the best treatment path for the beneficiary.

Health Plan’s General Area Of Responsibility For Outpatient Mental Health Services
1. Beneficiaries experiencing or demonstrating mild or moderate psychiatric symptoms, or signs of sufficient intensity to cause subjective distress or mildly disordered behavior, with minor or temporary functional limitations and minimal clinical instability. 2. Beneficiaries whose functional disabilities related to a past serious mental illness have substantially subsided if there has been no serious exacerbation of the condition within the past 12 months. 3. Beneficiaries who retain signs and symptoms of previous serious mental illness, and currently need ongoing routine medication management without further specialized services and supports.

PIHP’s General Area Of Responsibility For Outpatient Mental Health Services
1. Beneficiaries who currently have — or have had — a serious mental illness within the past 12 months. 2. Beneficiaries who had a serious mental illness longer than 12 months ago and who require specialized services to address clinically significant residual symptoms and impairments — or to prevent relapse.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Benefits Provided By The Health Plans
1. Outpatient mental health visits 2. Psychiatric screening and stabilization in the emergency room for patients not subsequently admitted

Benefits Provided FFS By The State
1. Psychotropic and addiction treatment drugs 2. Acute medical detoxification services

State Plan Benefits Provided By The PIHPs
1. Inpatient hospital psychiatric services 2. Outpatient partial hospitalization psychiatric care 3. Intensive outpatient counseling 4. Assertive community treatment 5. Clubhouse model programs 6. Crisis residential services 7. Intensive crisis stabilization services 8. Individual, group, and family therapy 9. Crisis intervention 10. Outpatient addiction treatment services 11. Pharmacological supports 12. Addiction disorder treatment services* 13. Targeted case management 14. Sub-acute detoxification

*Coverage of residential treatment in an institution of mental disease (IMD) is allowed via a 1115 demonstration.

1915 (b3) Waiver Services Provided By The PIHPs**
1. Assistive technology 2. Community living supports 3. Non-prescription pharmacy 4. Environmental modifications 5. Family support and training 6. Housing assistance 7. Peer supports 8. Respite care services 9. Skill building assistance 10. Support and service coordination 11. Supported/Integrated employment 12. Fiscal intermediary services 13. Wraparound services for children and adolescents

**Additional services available through 1915 (b) waiver savings

D.3. Medicaid Managed Care Program: SMI Population

- Michigan does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, most of the SMI population is enrolled in managed care.
- As of April 2025, *OPEN MINDS* estimates that 76% of the SMI population was enrolled in managed care.
- Individuals with SMI are eligible to receive specialty mental health services through the PIHPs.
- Medicaid expansion population, if medically frail, must be offered the full array of state plan benefits. Medically frail individuals include adults with serious mental illness and chronic addiction disorders.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

- The state has gone through with plans for a single, unified PDL for both managed care and FFS

Michigan Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Included in the health plan’s capitation rate.
Responsible For Financing Mental Health Pharmacy Benefit	Mental health drugs and most addiction treatment drugs are excluded from the health plan’s capitation rate and covered FFS by the state.
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	Managed care plans are required to use the new merged PDL.
Health Plan Uses A PDL For Mental Health Drugs	Yes, the state includes anticonvulsants, antidepressants, antipsychotics, and antixylotics are included on its FFS PDL, the Michigan Pharmaceutical Product List (MPPL).
Health Plan Uses A PDL For Addiction Treatment Drugs	Yes, included on the State FFS PDL, MPPL.
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	• Although antipsychotics are included on the PDL all antipsychotics are preferred. • Quantity limits, safety, and clinical edits apply to other mental health drugs. • On May 1, 2019, the state began to allow an initial 14-day prescription for medication assisted treatment (MAT) without prior authorization. All MAT drugs require clinical prior authorization.
Health Plan Allowed To Implement Pharmacy Lock-In Program	The health plan contract does not contain information related to the development of a pharmacy lock-in program.

D.4. Medicaid Program: Care Coordination Initiatives

			
Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home	Other Care Coordination Initiative
None	Michigan has health home programs for individuals with: • Serious and persistent mental illness • Opioid use disorder	None	None

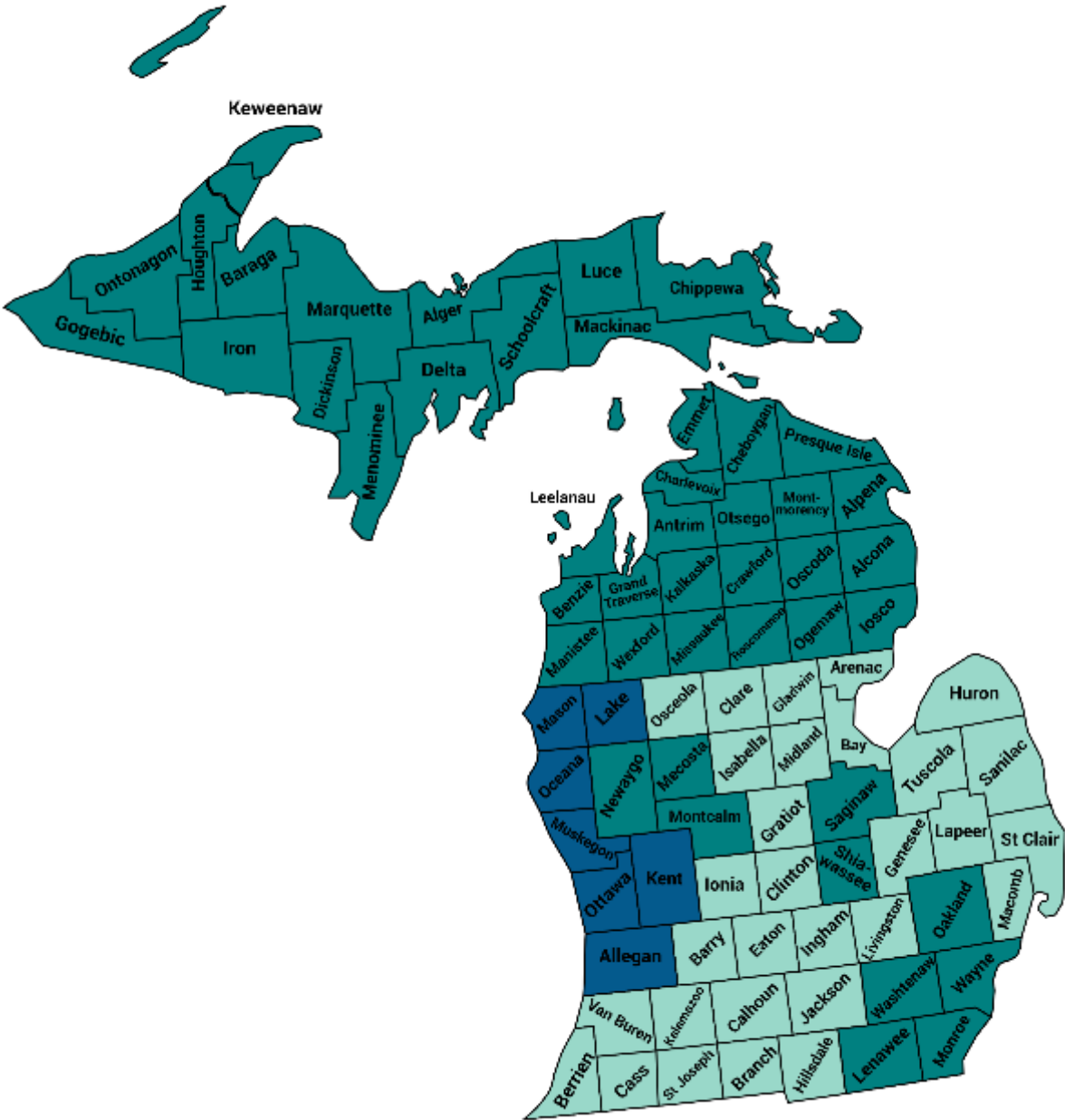
D.4. State Medicaid Health Home Characteristics

Chronic Care Management For Individuals With Serious & Persistent Mental Health Conditions Health Home Overview	
Target Population	Individuals with one or more serious and persistent mental health condition
Enrollment Model	Automatic assignment based on claims data with opt-out
Geographic Service Area	Fourty-six counties (see map on slide 51)
Care Delivery Model	• Community Mental Health Service Programs (CMHSPs) serve as health homes • Delivery of six core health home services • Michigan’s Integrated Care Analytics Program will allow access to claims and encounter data to support care coordination. • The PIHPs and health plans must establish coordination agreements to assure continuity of care for health homes enrollees.
Payment Model	• PIHPs contract with CMHSPs for delivery of health home services • Monthly case rate of \$389.97 for at least one health home encounter paid by the state to the CMHSP
Practice Performance & Improvement	• Reduction in Ambulatory Care: Emergency Department Visits • Increase in Controlling Blood Pressure • Access to Preventative/ Ambulatory Health Services

D.4. State Medicaid Health Home Characteristics

Opioid Health Home Overview	
Target Population	Individuals with an opioid use disorder and have—or are at-risk of developing—another chronic condition
Enrollment Model	- Opt-out enrollment for individuals enrolled in medication assisted treatment (MAT); however, individual must consent to share health information and verify their diagnosis - Opt-in enrollment for individuals not enrolled in MAT
Geographic Service Area	Available in 76 counties (see map on slide 51)
Care Delivery Model	- PIHPs act as the lead entity, and are responsible for enrollment, high level care coordination, and paying the health home provider organizations - Office-based Opioid Treatment (OBOT) and opioid treatment programs (OTP) provide the health home services - Delivery of six health home core services
Payment Model	- PMPM: \$364.48 - PMPM with P4P: \$382.79
Practice Performance & Improvement	- Initiation and engagement of alcohol and other drug (AOD) dependence treatment, initiation of AOD treatment within 14 days. - Follow-up after Emergency Department visit for alcohol or other drug dependence, follow-up within 7 days after discharge. - Emergency Department utilization for SUD per 1,000 Medicaid beneficiaries.

D.4. State Medicaid Health Home Counties



Health Home Counties	
	Counties with both Behavioral Health Homes and Opioid Health Homes
	Counties not included in health homes programs
	Counties participating in Opioid Health Homes only

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Effective Date	Expiration Date
Flint Michigan Section 1115 Demonstration	Authorizes Michigan to expand Medicaid to all pregnant women and children up to age 21 with incomes up to—and including—400% of the federal poverty level who are currently served by the Flint water system or were served by the Flint water system after April 2014.	1115	03/03/2016	09/30/2026
Michigan 1115 Behavioral Health Demonstration	Authorizes Michigan to expand services available to consumers with SMI, SED, and addiction disorders.	1115	10/01/2019	06/30/2025
MI HealthLink (MI-19)	Coordinates supports and services for individuals who are dually eligible for both Medicare and Medicaid programs and reside in any one of the four demonstration regions.	1915 (b)	01/01/2025	12/31/2029
Michigan Comprehensive Health Care Program (MI-0011)	Authorizes the state's managed care program for children, parents/ caretaker relatives, and the aged, blind, and disabled population.	1915 (b)	01/01/2024	12/31/2028
MI Choice (MI-0018)	Authorizes the state's designated waiver agencies to provide managed long-term services and supports to individuals enrolled in the MI Choice Waiver.	1915 (b)	10/01/2023	09/30/2028
Healthy Kids Dental Waiver (MI-15)	Across the state of Michigan, Healthy Kids Dental is available to children who have Medicaid and are under the age of 21.	1915 (b)	04/01/2025	03/31/2027
Michigan Reentry Services Demonstration	Improve care for adults and youth transitioning from correctional facilities into the community.	1115	12/27/2020	12/31/2029

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
MI Choice Waiver (0233.R06.00)	Individuals who are physically disabled ages 18 to 64, and individuals ages 65+	20,543	Michigan Department of Health and Human Services (MDHHS), Medical Services Administration	Yes, operates concurrently with the MI Choice 1915 (b) waiver
MI Habilitation Supports Waiver (0167.R07.00)	Individuals any age with developmental disabilities	8,268	MDHHS, Behavioral Health and Development Disabilities Administration and Medical Service Administration	Yes, operates concurrently with the 1915 (b) Managed Specialty Services and Supports Program waiver and Healthy Michigan 1115 demonstration waivers
MI Health Link HCBS Waiver (1126.R02.00)	Individuals who are physically disabled ages 21 to 64, and individuals ages 65+	3,531	MDHHS, Medical Services Administration	Yes, operates concurrently with the MI Health Link 1915 (b) waiver
MI Waiver for Children with Serious Emotional Disturbances (0438.R04.00)	Individuals with serious emotional disturbances ages 0 to 21	969	MDHHS, Medical Services Administration	Yes, operates concurrently with the Children with Serious Emotional Disturbances 1915 (b) waiver
MI Children's Waiver Program (4119.R07.00)	Individuals with autism ages 0 to 17, and individuals with I/DD ages 0 to 17	669	MDHHS, Behavioral Health and Development Disabilities Administration and Medical Service Administration	Yes, operates concurrently with the Children's Waiver Program 1915 (b) waiver

D.6. Medicaid Program: New Initiatives

- There are no new or pending initiatives currently.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (September 2024)	861,929	1,369,919
SMI Enrollment	<i>OPEN MINDS</i> estimates 61% of the population in Medicare Advantage, 39% in Traditional Medicare.	
Management	- Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care - Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	Part A & B cover up to 80%, remaining costs can be paid out of pocket	Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 2,231,848 | Total Medicare With SMI: 468,688

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of September 2024: 61% Medicare Advantage, 39% in traditional Medicare.
SMI population inclusion in managed care	Estimated 61% of population in Medicare Advantage, 39% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of population is enrolled in C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of September 2024 was 2,231,848.
- An estimated 16% of the state's total population is enrolled in Medicare, compared with about 18% of the U.S. population who are enrolled in Medicare.
- *OPEN MINDS* estimates approximately 36% of the state's SMI population are enrolled in a Medicare plan.
- For 2025, there are 210 Medicare Advantage plans available.
- There were 26 insurers that were actively selling Medigap plans in Michigan as of 2024.
- 1,910,571 Medicare beneficiaries in Michigan — 85% of the state's total Medicare population — had Medicare Part D prescription drug coverage as of 2024. Almost 1.1 million beneficiaries had Part D coverage under Medicare Advantage plans, and over 818,000 had stand-alone Medicare Part D prescription drug coverage.
 - There are 16 stand-alone Medicare Part D prescription drug plans for sale in Michigan for 2025, with premiums starting as low as \$0.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs	
1. Advantage ACO	16. McLaren High Performance Network, LLC
2. AdvantagePoint Health Alliance – Great Lakes, LLC	17. Mosaic ACO
3. Beaumont ACO	18. OSF Healthcare System
4. Bellin Health Partners, Inc	19. Partners in Care ACO LLC
5. CCA ACO LLC	20. PMC ACO
6. CHA ACO, LLC	21. POM ACO
7. Chesapeake MSSP	22. ProMedica Health Network, Inc
8. CHSPSC ACO 21, LLC	23. Aledade 93 National MSSP Enhanced
9. Elite Patient Care, LLC	24. Space Coast ACO
10. Five Star ACO, LLC	25. Stellar Health ACO
11. Genesys PHO, LLC	26. TEAM ACO
12. Independence Health Accountable Care Organization	27. The Accountable Care Organization, Ltd
13. Indiana Lakes ACO	28. Trinity Health Integrated Care
14. Main Street Rural Health Cottonwood ACO LLC	29. UOP ACO, LLC
15. McAuley Health Partners ACO, LLC	30. USMM Accountable Care Partners, LLC
	31. West Michigan Accountable Care Organization, LLC

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics				
	Fee-For-Service (FFS)	Managed Care	Dual Demonstration – MI Health Link	PACE
Enrollment (April 2024)	281,438		32.025	5,440
SMI Enrollment	59,101		6,725	1,142
Management	- Traditional physical and behavioral health services: MDHHS - Specialty behavioral health services: PIHPs	- Traditional physical and behavioral health services: 11 health plans - Specialty behavioral health services: PIHPs	- Traditional physical and behavioral health services: Seven health plans - Specialty behavioral health services: PIHPs	10 non-profit organizations
Payment Model	- Physical and behavioral health services: FFS - Specialty behavioral health services: Capitated rate	- Physical and behavioral health services: Capitated - Specialty behavioral health services: Capitated rate	- Physical and behavioral health services: Blended capitated rate - Specialty behavioral health services: Capitated rate	Blended capitated rate
Geographic Service Area	Statewide	Statewide; one health plan is responsible for the upper peninsula region, and the remaining ten health plans share coverage of the rest of the state.	Four regions comprising 25 counties	Certain ZIP codes

Total Dual Eligible Enrollment: 286,878 | Total Dual Eligible Enrollment With SMI: 60,244

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	April 2024 Enrollment	Estimated SMI Enrollment
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	22,489	4,723
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	20,196	4,241
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	19,006	4,314
WellCare Dual Access	Meridian Health Plan of Michigan, Inc	Medicare Advantage D-SNP	13,257	2,784
Molina Medicare Complete Care	Molina Healthcare of Michigan	Medicare Advantage D-SNP	12,709	2,669
PriorityMedicare	Priority Health Choice, Inc	Medicare Advantage D-SNP	9,903	2,080
UnitedHealthcare Dual Complete Choice	UnitedHealthcare	Medicare Advantage D-SNP	8,612	1,809
Health Alliance Plan Empowered Health Plan, Inc	None	Medicare Advantage D-SNP	4,467	938
WellCare Dual Access Open	Meridian Health Plan of Michigan, Inc	Medicare Advantage D-SNP	3,035	637
Molina Medicare Complete Care Select	Molina Healthcare of Michigan	Medicare Advantage D-SNP	2,089	439

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of April 2024 was 286,878.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- D-SNP enrollment as of April 2024 is 118,332, SMI enrollment for D-SNP is 24,850.
- The MI Health Link demonstration program will conclude on December 31, 2025. A New program called MI Coordinated Health, a highly integrated dual eligible special needs plan (HIDE D-SNP), will replace it in January 2026.
- MI Coordinated Health will be available to individuals enrolled in both Medicare and Medicaid in select counties in 2026 before expanding statewide in 2027. Current MI Health Link enrollees will have the option of moving into MI Coordinated Health with no break in coverage.
- Nine health plans were selected to administer program benefits on the state's behalf. The seven-year contracts include three, one-year optional extensions. Contracts were awarded based on the state's 10 Prosperity Regions, with the Detroit Metro Prosperity Region awarded on an individual county basis and Barry County included in Region 8 due to historic MI Health Link service regions.

F.3. Dual Eligible Medicaid Financing & Delivery System

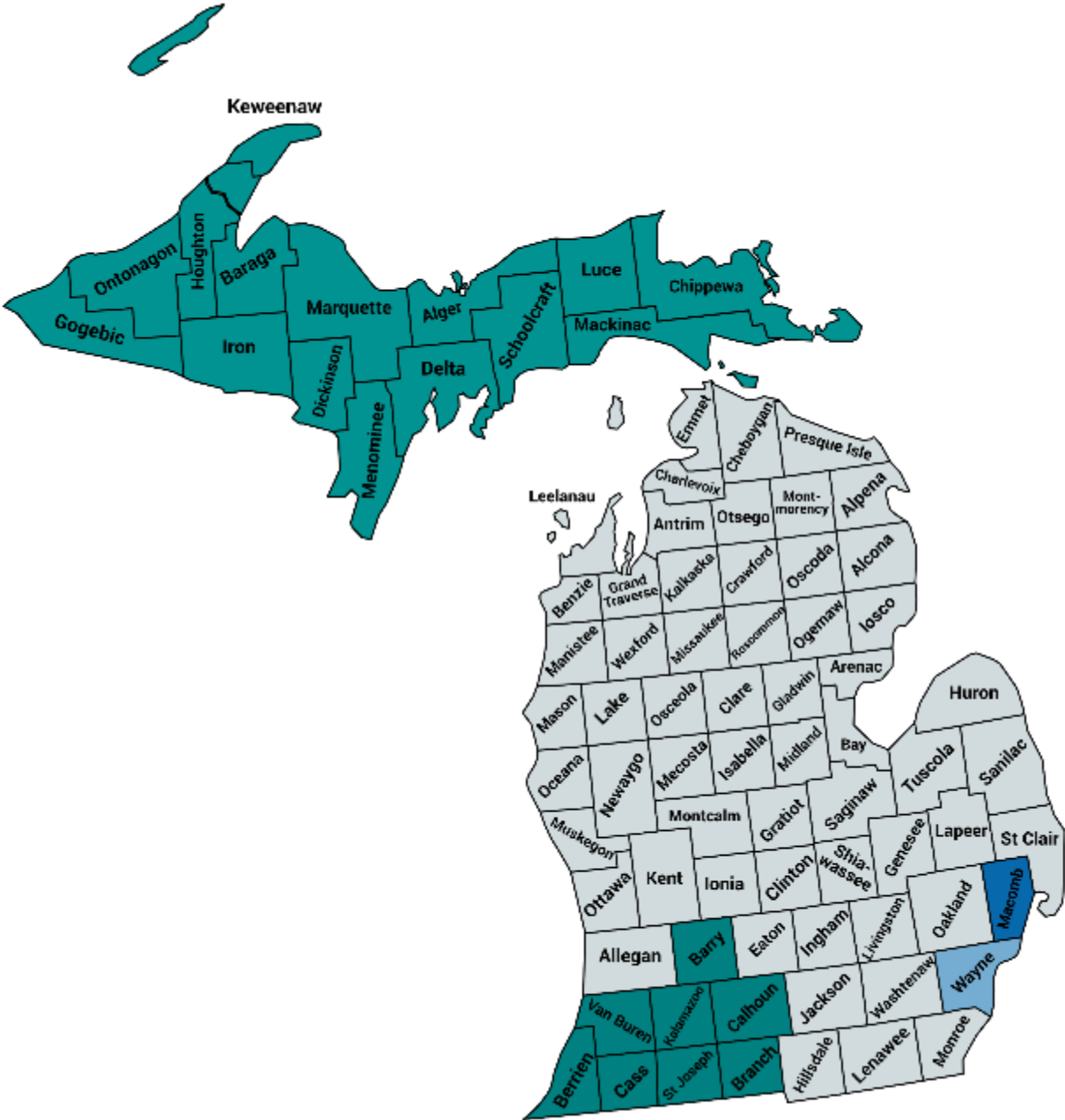
MI Health Link Dual Eligible Demonstration Overview	
Target Population	Full benefit dual eligibles, aged 21 and over, in the selected regions. Excludes: • Individuals who reside in a state psychiatric hospital • Individuals without full Medicaid or Medicare coverage • Individuals who have a special disenrollment waiver from managed care
Geographic Service Area	Four regions consisting of 25 counties.
Enrollment Model	• Individuals are passively enrolled with the ability to opt-out • Individuals enrolled in PACE, MI Choice Waiver, or Money Follows the Person may disenroll from these programs and opt-in to MI Health Link.
Care Delivery Model	• Care is delivered through Integrated Care Organizations (ICOs), which are like Medicaid health plans. • Prepaid inpatient health plans (PIHPs) deliver Medicaid specialty behavioral health services. • PIHPs are given the first opportunity to subcontract for Medicare behavioral health services and to provide care coordination to dual eligibles with intellectual/developmental disabilities (I/DD) or behavioral health issues. • Care Bridge: Care coordination framework for the demonstration. • Person-centered care coordination team, led by an ICO care coordinator • Facilitates access to services identified in the individual’s integrated care and supports plan • Establishes an integrated care bridge record, which shares consumer information across providers

F.3. Dual Eligible Medicaid Financing & Delivery System

MI Health Link Dual Eligible Demonstration Overview	
Benefits	• Expanded long-term services and supports (LTSS) • All Medicare and Medicaid covered services
Payment Model	• Three capitated monthly payments per enrollee: Medicare Parts A/B and Part D by CMS and Medicaid by the state • The State contracts directly with PIHPs for delivery of Medicaid behavioral health services • ICOs must give the PIHPs the first opportunity to subcontract for Medicare behavioral health services • Quality withhold of 1% in year one (CY 2015-2016), 2% in year two (CY 2017), and 3% in the remaining years of the demonstration.
Practice Performance & Improvement	AHRQ, CMS, NCQA, HEDIS, CAHPS measures
Program Evaluation	CMS has released performance data on whether each health plan received the withhold amount in 2020. • Aetna, Amerihealth, HAP Empowered, Michigan Complete Health, Molina and Upper Peninsula Health Plan all reached 95% compliance. • Meridian reached 100% compliance.

F.3. Dual Eligible Medicaid Financing & Delivery System: MI Health Link Regions

Region	MI Health Link Plans
Region 1	Upper Peninsula Health Plan
Region 4	- Aetna Better Health of Michigan - Meridian Health Plan
Region 7	- Aetna Better Health of Michigan - Amerihealth - Michigan Complete Health - HAP Midwest Health Plan - Molina Healthcare
Region 9	- Aetna Better Health of Michigan - Amerihealth - Michigan Complete Health - HAP Midwest Health Plan - Molina Healthcare



F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- There are no new or pending initiatives currently.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (July 2022)	54,436
Estimated SMI Enrollment	11,431
Management	• Traditional physical and behavioral health services: Nine free standing programs with limited benefits. • Specialty behavioral health services: PIHPs
Payment Model	• Physical and behavioral health services: Blended capitated rate • Specialty behavioral health services: Capitated rate
Geographic Service Area	Four regions comprising 25 counties

Total LTSS Enrollment: 54,436 | Total LTSS Enrollment With SMI: 11,431

* Long-Term Services & Supports

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment*
Disabled adults			✓
Disabled children			✓
Blind individuals			✓
Aged individuals			✓
Dual eligibles		✓*	
Individuals with I/DD			✓
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Other HCBS Recipients			✓
Other populations	- Individuals receiving home- and community-based services - Individuals receiving emergency services only - Medicare premium payments only - Individuals in traumatic brain injury residential rehabilitation program - Individuals with commercial managed care coverage - Hospice - Emergency and inpatient services for incarcerated individuals	- Native Americans - Persons with migrant status	Pregnant women

*Dual eligibles in dual demonstration counties have the option to enroll in the dual demonstration or FFS. Those who live outside the dual demonstration counties have the option to enroll in Medicaid managed care or FFS.

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Michigan provides long-term services and supports through the MI Choice/MI Habilitation Waiver and the Michigan Managed Specialty Support & Services Program (MSSP).
 - The MI Choice Waiver authorizes the state's designated waiver agencies to provide MLTSS for individuals ages 18 or older.
 - The MI Habilitation Supports waiver provides comprehensive long-term services and supports for individuals with developmental disabilities.
- In total, approximately 17% of the MLTSS population receive services through the MI Choice or Habilitation Supports waivers under limited benefit capitated health plans.
- As of July 2022, enrollment in MI Choice was 54,436

G.3. Medicaid LTSS Program: Health Plan Characteristics

Aetna Better Health Profit status: For-profit Parent company: Aetna/ CVS Behavioral health subcontractor: Aetna Behavioral Pharmacy benefits manager: CVS Caremark Region: 8, 9, 10 Enrollment share: 3%	Blue Cross Complete of Michigan Profit status: Non-profit Parent company: None Behavioral health subcontractor: Perform Rx Pharmacy benefits manager: None Region: 4, 6, 7, 9,10 Enrollment share: 17%	HAP Empowered Health Plan Profit status: For-profit Parent company: Health Alliance Behavioral health subcontractor: None Pharmacy benefits manager: Express Scripts Region: 6,10 Enrollment share: 2%
McLaren Health Plan Profit status: Non-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefits manager: MedImpact Region: 2-10 Enrollment share: 13%	Meridian Health Plan of Michigan, Inc. Profit status: For-profit Parent company: Centene-WellCare Health Plans* Behavioral health subcontractor: None Pharmacy benefits manager: Express Scripts Region: 2-10 Enrollment share: 20%	Molina Healthcare of Michigan Profit status: For-profit Parent company: Molina Healthcare Behavioral health subcontractor: None Pharmacy benefits manager: CVS Caremark Region: 2-10 Enrollment share: 17%

Totals may not equal 100% due to rounding.

G.3. Medicaid LTSS Program: Health Plan Characteristics

Priority Health Choice	
1.	Profit status: Non-profit
2.	Parent company: None
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: Express Scripts, Inc.
5.	Region: 4, 8
6.	Enrollment share: 12%

UnitedHealthcare Community Plan	
1.	Profit status: For-profit
2.	Parent company: UnitedHealth
3.	Behavioral health subcontractor: Optum
4.	Pharmacy benefits manager: OptumRx
5.	Region: 2-6, 8-10
6.	Enrollment share: 15%

Upper Peninsula Health Plan	
1.	Profit status: For-profit
2.	Parent company: None
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: Magellan RX
5.	Region: 1
6.	Enrollment share: 2%

Totals may not equal 100% due to rounding.

G.4. Medicaid LTSS Program: Health Benefits

Benefits Provided By The Health Plans
1. Outpatient mental health visits 2. Psychiatric screening and stabilization in the emergency room for patients not subsequently admitted

Benefits Provided FFS By The State
1. Psychotropic and addiction treatment drugs 2. Acute medical detoxification services

State Plan Benefits Provided By The PIHPs
1. Inpatient hospital psychiatric services 2. Outpatient partial hospitalization psychiatric care 3. Intensive outpatient counseling 4. Assertive community treatment 5. Clubhouse model programs 6. Crisis residential services 7. Intensive crisis stabilization services 8. Individual, group, and family therapy 9. Crisis intervention 10. Outpatient addiction treatment services 11. Pharmacological supports 12. Addiction disorder treatment services* 13. Targeted case management 14. Sub-acute detoxification

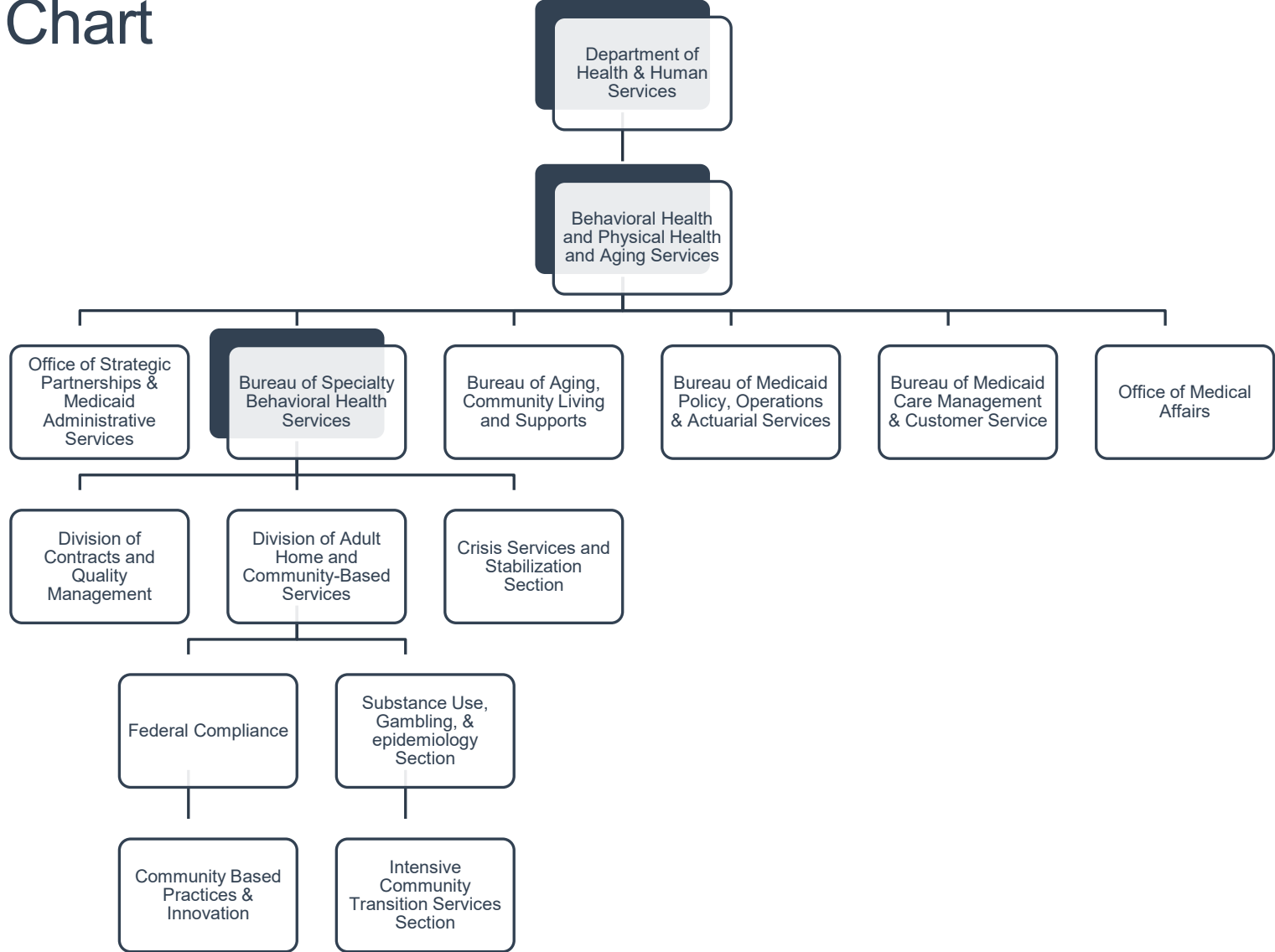
1915 (b)(3) Waiver Services Provided By The PIHPs**
1. Assistive technology 2. Community living supports 3. Non-prescription pharmacy 4. Environmental modifications 5. Family support and training 6. Housing assistance 7. Peer supports 8. Respite care services 9. Skill building assistance 10. Support and service coordination 11. Supported/Integrated employment 12. Fiscal intermediary services 13. Wraparound services for children and adolescents

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- There are no new initiatives currently

H. State Behavioral Health Administration & Finance System

H.1. Behavioral and Physical Health and Aging Services Administration: Organization Chart



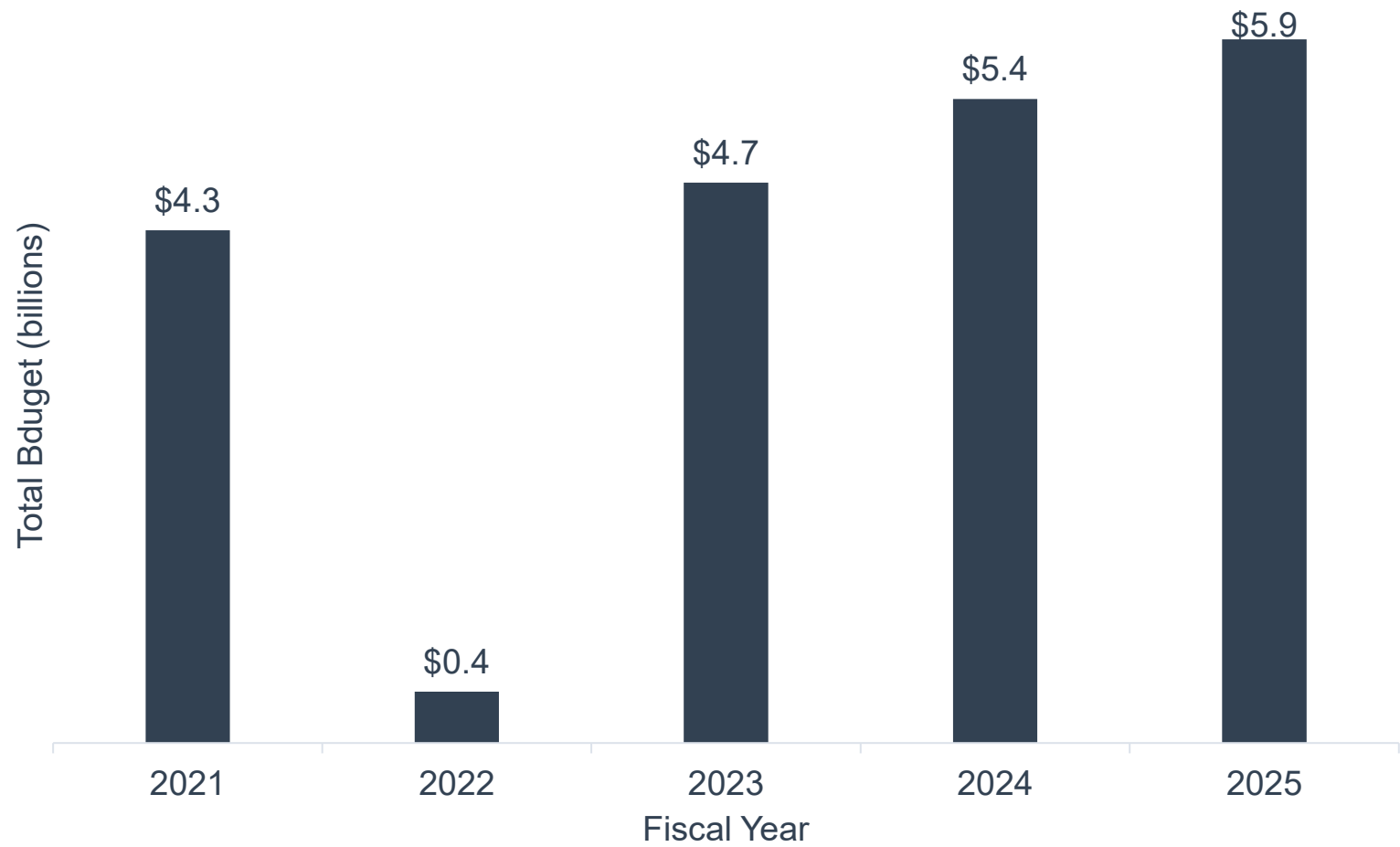
H.1. Behavioral and Physical Health and Aging Services Administration: Key Leadership

Name	Position	Department	Email
Elizabeth Hertel	Director	Michigan Department of Health and Human Services	hertele@michigan.gov
Meghan Hodge-Groen	Senior Deputy Director	MDHHS, Behavioral and Physical Health and Aging Services Administration	groenm@michigan.gov
Kristen Morningstar	State Bureau Administrator	MDHHS, Bureau of Specialty Behavioral Health Services	morningstark@michigan.gov
Belinda Hawks	State Division Administrator	MDHHS, Division of Adult Home and Community-Based Services	hawksb@michigan.gov

H.2. Behavioral and Physical Health and Aging Services Administration: Budget

Budget Item	SFY 2025 Requested Budget	Percent Of Budget
Medicaid mental health services	\$3,357,455,500	57%
Certified Community Behavioral Health Clinic demonstration	\$891,062,700	15%
Healthy Michigan Plan – behavioral health	\$535,508,300	9%
Autism services	\$483,715,500	8%
State psychiatric hospitals	\$369,390,100	6%
Community mental health non-Medicaid services	\$125,578,200	2%
Medicaid substance use disorder services	\$98,752,100	2%
Behavioral health community supports and services	\$40,972,800	1%
Federal mental health block grant	\$24,483,900	<1%
Community substance use disorder prevention, education and treatment	\$8,033,400	<1%
State disability assistance program substance use disorder services	\$2,018,800	<1%
Behavioral health administration and program support	\$125,100	<1%
Total Budget: \$5,937,096,400		

H.2. Behavioral and Physical Health and Aging Services Administration: Budget Over Time

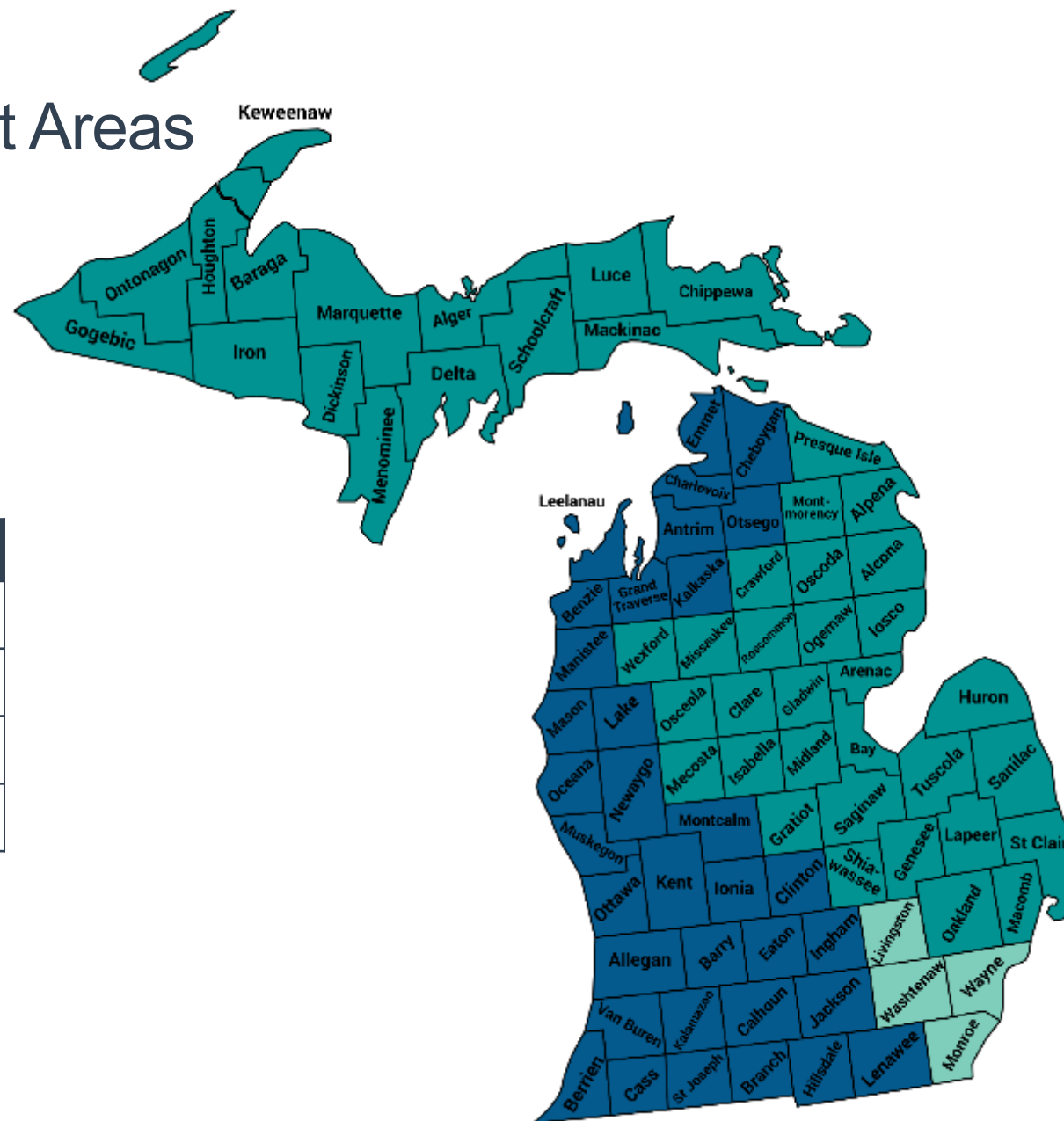


In 2022 state allocated \$237 million less than FY 2021.

H.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	Location	Beds
Caro Center	Caro	150
Center for Forensic Psychiatry	Ann Arbor	210
Kalamazoo Psychiatric Hospital	Kalamazoo	150
Walter P. Reuther Psychiatric Hospital	Westland	180
Total		690

State Psychiatric Catchment Areas		
	Region	State Hospital
	1	Caro Center
	2	Kalamazoo Psychiatric Hospital
	3	Walter P. Reuther Psychiatric Hospital



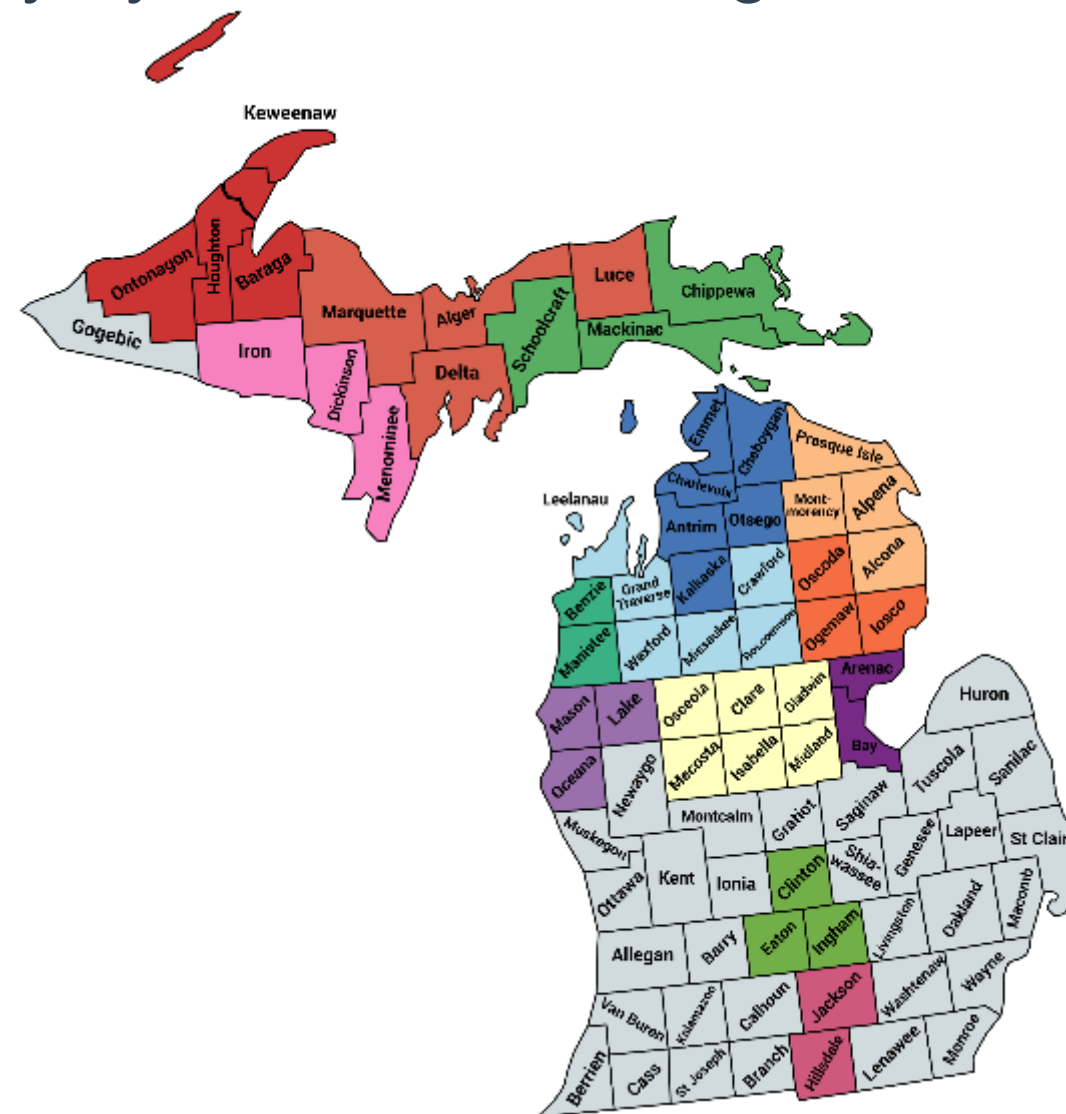
H.4. Behavioral Health Safety-Net Delivery System

- The Michigan Department of Health and Human Services contracts with 46 Community Mental Health Services Programs (CMHSPs) to provide mental health services to safety-net population.
- As required by state law, the CMHSPs are created by individual counties or groups of counties, and are funded by a combination of federal, state, and county monies.
- At a minimum, CMHSPs are required to provide the following services to persons who do not qualify for Medicaid, to the extent permitted by allocated state general funds:
 - Crisis stabilization and response, including a 24-hour, 7-day per week crisis emergency service
 - Identification, assessment, and diagnosis to determine the specific needs of the individual and development of an individual plan of services
 - Planning, coordination, and monitoring to assist the individual in gaining access to services
 - Specialized mental health treatment, which includes therapeutic clinical interactions
 - Recipient rights services
 - Mental health advocacy
 - Prevention activities
 - Other services approved by the state
- CMHSPs also provide mental health services to the Medicaid population.
- Certain CMHSPs serving more than 20,000 Medicaid enrollees and regional affiliations of smaller CMHSPs operate as prepaid inpatient health plans (PIHPs). They receive capitated payments for Medicaid mental health and addiction disorder treatment covered services through a separate contract with the state.
- The PIHP contracts also require the PIHPs to provide safety-net addiction prevention and treatment services to uninsured persons using community grant funds on a fee-for-service (FFS) basis.

H.4. Behavioral Health Safety-Net Delivery System: CMHSP Regions

Community Mental Health Services Programs

	Region	Counties
	Copper Country CMH Services	Baraga, Keweenaw, Houghton, Ontonogan
	Northpointe Behavioral Healthcare Systems	Iron, Dickinson, Menominee
	Pathways Community Mental Health	Alger, Delta, Luce, Marquette
	Hiawatha Behavioral Health	Chippewa, Mackinac, Schoolcraft
	West Michigan CMH System	Lake, Mason, Oceana
	Centra Wellness Network	Benzie, Manistee
	Northern Lakes CMH Authority	Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, Wexford
	CMH for Central Michigan	Clare, Gladwin, Isabella, Mecosta, Midland, Osceola
	North Country CMH Authority	Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, Ostego
	Northeast Michigan CMH Authority	Alcona, Alpena, Montmorency, Presque Isle
	AuSable Valley CMH Authority dba Wellvance	Iosco, Ogemaw, Oscoda
	Bay-Arenac BHA	Arenac, Bay
	CMH Authority of Clinton-Eaton-Ingham Counties	Clinton, Eaton, Ingham
	LifeWays CMH	Hillsdale, Jackson
	Operate county-wide CMHSP	Counties listed on following page



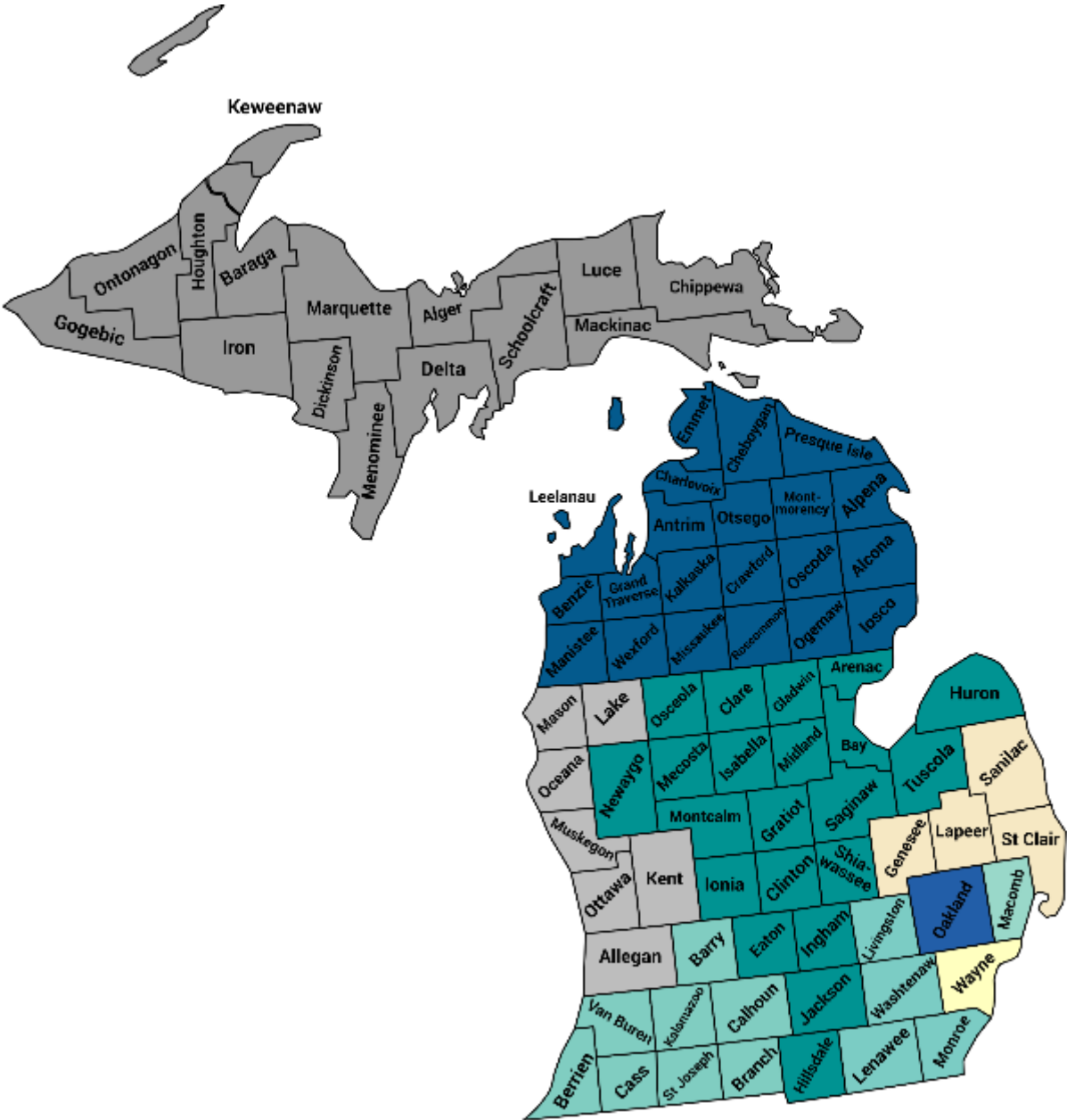
H.4. Behavioral Health Safety-Net Delivery System: CMHSP Regions (cont.)

Community Mental Health Services Programs	
Region	Counties
Allegan County CMH Services	Allegan
Barry County CMH Authority	Barry
Bay-Arenac BHA	Arenac, Bay
Berrien Mental Health Authority dba Riverwood Center	Berrien
CMH of Ottawa County	Ottawa
Community Mental Health & Substance Abuse Services of St. Joseph County	St. Joseph
Detroit Wayne Integrated Health Network	Wayne
Genesee Health System	Genesee
Gogebic CMH Authority	Gogebic
Gratiot Integrated Health Network	Gratiot
HealthWest	Muskegon
Huron Behavioral Health	Huron
Integrated Services of Kalamazoo	Kalamazoo
Lapeer County CMH Services	Lapeer
Lenawee CMH Authority	Lenawee
Livingston County CMH Authority	Livingston
Macomb County CMH Services	Macomb

Community Mental Health Services Programs	
Region	Counties
Monroe CMH Authority	Monroe
Montcalm Care Network	Montcalm
Network180	Kent
Newaygo County Mental Health Center	Newaygo
Oakland Community Health Network	Oakland
Pines Behavioral Health Services	Branch
Saginaw County AMH Authority	Saginaw
Sanilac County CMH	Sanilac
Shiawassee Health and Wellness	Shiawassee
St. Clair County CMH Services	St. Clair
Summit Pointe	Calhoun
The Right Door for Hope, Recovery, and Wellness	Ionia
Tuscola Behavioral Health Systems	Tuscola
VanBuren Community Mental Health Authority	Van Buren
Washtenaw County CMH	Washtenaw
Woodlands Behavioral Healthcare Network	Cass

H.4. Behavioral Health Safety-Net Delivery System: PIHP Regions

Prepaid Inpatient Health Plan Regions		
	Region	PIHP
	1	NorthCare Network
	2	Northern Michigan Regional Entity
	3	Lakeshore Regional Entity
	4	Southwest Michigan Behavioral Health
	5	Mid-State Health Network
	6	CMH Partnership of Southeast Michigan
	7	Detroit Wayne Mental Health Authority
	8	Oakland Community Health Network
	9	Macomb County Mental Health Services
	10	Region 10



H.4. Behavioral Health Safety-Net Delivery System: PIHPs

Region	PIHP	Counties
1	NorthCare Network	Baraga, Houghton, Keweenaw, Ontonagon, Gogebic, Chippewa, Mackinac, Schoolcraft, Dickinson, Iron, Menominee, Alger, Delta, Luce, Marquette
2	Northern Michigan Regional Entity	Iosco, Ogemaw, Oscoda, Benzie, Manistee, Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, Otsego, Alcona, Alpena, Montmorency, Presque Isle, Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, Wexford
3	Lakeshore Regional Entity	Allegan, Muskegon, Ottawa, Kent, Lake, Mason, Oceana
4	Southwest Michigan Behavioral Health	Barry, Berrien, St. Joseph, Kalamazoo, Branch, Calhoun, Van Buren
5	Mid-State Network	Arenac, Bay, Clinton, Eaton, Ingham, Clare, Gladwin, Isabella, Mecosta, Midland, Osceola, Gratiot, Huron, Ionia, Hillsdale, Jackson, Montcalm, Newaygo, Saginaw, Shiawassee, Tuscola
6	CMH Partnership of Southeast Michigan	Lenawee, Livingston, Monroe, Washtenaw
7	Detroit Wayne Mental Health Authority	Wayne
8	Oakland County CMH Authority	Oakland
9	Macomb County Mental Health Services	Macomb
10	Region 10 prepaid inpatient health plan (PIHP)	Genesee, Lapeer, Sanilac, St. Clair

H.5. Behavioral Health System: New Initiatives- Behavioral Health Access

- The Michigan Department of Health and Human Services (MDHHS) is launching an initiative designed to improve access to quality behavioral health care.
- This initiative will help to increase consumer choice and access to services while preserving the Community Mental Health Services Programs (CMHSPs) many Medicaid beneficiaries go to for behavioral health care services today. MDHHS currently contracts with PIHPs as the regional Medicaid managed care entity.
- Through a competitive procurement process, MDHHS will select PIHPs to contract with the state to provide managed care functions for the specialty behavioral health care services.
- In February 2025, MDHHS solicited feedback from Medicaid beneficiaries and their families, advocacy groups, community-based organizations, federally recognized tribal governments, health care providers and other interested parties via an online survey. MDHHS received more than 2,600 responses representing a variety of individuals and partners across Michigan.
- MDHHS plans to issue a request for proposals (RFP) for PIHPs in summer 2025 with the goal of a service start date of Oct. 1, 2026.

I. Appendices

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan v b

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	13% of persons in the Medicare population, not dually eligible for Medicaid	Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2023). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2023. Retrieved March 2023 from https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals ages 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who have trouble living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

I.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

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B.2. Population Centers

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B.3. Population Distribution By Payer: National vs. State

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2. Tricare, 2023 Beneficiaries. Retrieved December 2024. <https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State>
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4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2020). Retrieved December 2024. <https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1¤tTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

I.3. Sources

B.3. SMI Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2025). Serious Mental Illness Prevalence Estimates.

B.4. Largest State Health Plans By Enrollment

1. OPEN MINDS. (2025, March). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved December 2024 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2025). Subscription Database. Available from <http://www.markfarrah.com>

B.4. Largest State Health Plans By Estimated SMI Enrollment

1. OPEN MINDS. (2025, March). Health Plans Database.
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