

# Medicaid rebid provider FAQs

## Q: What is the Medicaid rebid?

A: The Medicaid rebid is a competitive process run by the Michigan Department of Health and Human Services (MDHHS) which determines where health plans can offer their Medicaid products in Michigan. For the purposes of the rebid, Michigan is divided into 10 “Prosperity Regions,” each of which allows one or more health plans to serve the Medicaid members living there.

## Q: When do the changes for this rebid take effect?

A: The post-rebid changes take effect on **Oct. 1, 2024**. They will be in effect until the next rebid, which will not occur until at least 2029.

## Q: What’s changing for Priority Health?

A: As a result of the rebid, Priority Health maintained access to Regions 4 (West Michigan) and 10 (Detroit Metro), gained access to Regions 2 and 3 (Northern Michigan) and lost access to Region 8 (Southwest Michigan).

The following chart illustrates what changes are taking place in each region, including other health plans:

REGION	2/3	4	5	6	7	8	9	10
Area	NW/NE	West	E. Central	East	S. Central	SW	SE	Detroit Metro
NEW ENTRANTS	BCC Priority	None	BCC	None	Aetna HAP United	None	HAP	None
DISPLACED PLANS	United Meridian	None	United	None	BCC Meridian Molina	Molina Priority	Molina	None
PLANS MAINTAINED	McLaren Molina	BCC McLaren Meridian Molina Priority United	McLaren Meridian Molina	BCC HAP McLaren Meridian Molina United	McLaren	Aetna McLaren Meridian United	Aetna BCC McLaren Meridian United	Aetna BCC HAP McLaren Meridian Molina Priority United
TOTAL MEDICAID ENROLLMENT (JAN 2024)	92,698	269,289	113,447	191,079	79,646	152,000	138,706	844,801
MEMBERS DISRUPTED	50,299	None	11,191	None	40,350	39,340	13,931	None

## Q: Roughly how many members will be impacted?

A: Over a hundred thousand members will be disrupted across the state of Michigan. Specific to Priority Health, we anticipate approximately 30,000 Medicaid members leaving Priority Health in Region 8 and approximately 18,000 joining in Regions 2 and 3 on October 1, 2024.

## Q: How will members whose plan is being displaced be affected?

A: Members whose plan is being displaced will need to either choose a new health plan at [healthcare4mi.com](https://healthcare4mi.com) by September 17 or be auto-assigned to a new one.

## Q: Are other plan types impacted?

A: No, **only Medicaid plans are impacted**. There are no changes coming to any other Priority Health plan type, including Medicare and Dual-eligible Special Needs Plans (D-SNP).

**Q: How will MDHHS be communicating with Medicaid members?**

A: A [letter](#) will be sent in late August to all Medicaid members whose plan will be exiting their region. The letter will include information about how and when to choose a new plan.

**Q: Will MDHHS be communicating to providers?**

A: No, MDHHS will not be communicating to providers. You can find information on MDHHS’s site for Medicaid providers at [michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/medicaid-providers](https://michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/medicaid-providers).

**Q: How will members be assigned if the member doesn’t choose a new plan?**

A: Members who don’t choose a plan by the deadline given to them by MDHHS will be auto-assigned to one of the new plans entering the region. In regions where there are multiple new entrants, members will be distributed between them using an algorithm based on each plan’s quality scores. Plans with higher scores will get more members assigned.

For instance, in Regions 2 and 3, members who had been with United and Meridian (the two displaced plans in these regions) who don’t choose a new plan will be auto-assigned randomly to one of the new entrants, Blue Cross or Priority Health, with more members going to the higher-scoring plan.

**Q: Are there resources to help my patients find a new plan?**

A: We encourage you to print copies of this informative [MDHHS guide to Michigan Medicaid health plans](#) and distribute them to members choosing a new Medicaid plan. The MDHHS guide provides quality ratings for each Michigan Medicaid health plan so that your patients can make an informed decision.

**Q: Where can I direct members for more information about Priority Health Medicaid?**

A: You can direct your Priority Health Medicaid patients to our Michigan Medicaid page at [priorityhealth.com/michigan-medicaid](https://priorityhealth.com/michigan-medicaid).

**Q: In which counties can Priority Health offer Medicaid after Oct. 1?**

A: As of Oct. 1, we’ll be offering Medicaid in the following counties in each Prosperity Region:

Region 2 (new)	Region 3 (new)	Region 4	Region 10
<ul style="list-style-type: none"> <li>• Antrim</li> <li>• Benzie</li> <li>• Charlevoix</li> <li>• Emmet</li> <li>• Grand Traverse</li> <li>• Kalkaska</li> <li>• Leelanau</li> <li>• Manistee</li> <li>• Missaukee</li> <li>• Wexford</li> </ul>	<ul style="list-style-type: none"> <li>• Alcona</li> <li>• Alpena</li> <li>• Cheboygan</li> <li>• Crawford</li> <li>• Iosco</li> <li>• Montmorency</li> <li>• Ogemaw</li> <li>• Oscoda</li> <li>• Otsego</li> <li>• Presque Isle</li> <li>• Roscommon</li> </ul>	<ul style="list-style-type: none"> <li>• Allegan</li> <li>• Barry</li> <li>• Ionia</li> <li>• Kent</li> <li>• Lake</li> <li>• Mason</li> <li>• Mecosta</li> <li>• Montcalm</li> <li>• Muskegon</li> <li>• Newaygo</li> <li>• Oceana</li> <li>• Osceola</li> <li>• Ottawa</li> </ul>	<ul style="list-style-type: none"> <li>• Macomb</li> <li>• Oakland</li> <li>• Wayne</li> </ul>

Since we’re exiting Region 8, we’ll no longer be serving Medicaid members in the following counties:

- Berrien
- Branch
- Calhoun
- Cass
- Kalamazoo
- St. Joseph
- Van Buren

The following map shows Priority Health’s Medicaid service areas before and after Oct. 1, 2024:



**Q: Can providers in Region 8 still see Medicaid members from other regions?**

A: Yes, the rebid has no impact on provider enrollment, only member eligibility areas. If you are part of the Priority Health Medicaid network in any region of the state, you will continue to be able to see Medicaid members from anywhere in Michigan.

**Q: How will Medicaid members joining Priority Health be assigned a PCP?**

A: New Priority Health members will be asked to select a PCP during the [online enrollment process](#). If they don't choose a PCP, we will auto-assign a PCP from our list of open providers. The member can always change their PCP later in their member portal or by calling customer service.

**Q: Can a “closed” provider in Priority Health’s network accept new Priority Health Medicaid members, such as in cases where the member has already been seeing that PCP prior to the rebid?**

A: Yes. Our customer service team can help Medicaid members if there is any issue with selecting their desired PCP. If you're a provider in Priority Health's network who sees Medicaid members who have switched to Priority Health as a result of the rebid, please continue to see them and accept their new Priority Health cards. You do not need to change your status from closed to open.

**Q: Would changing our status to “open” make the process of assigning our existing patients to us as their PCPs easier?**

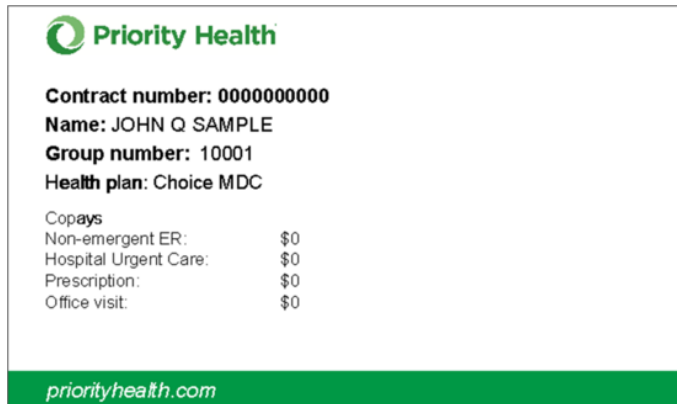
A: We always encourage providers to be open to new patients whenever capacity allows. Just be mindful that when you switch to an open status, you'll be open to *all* new patients, not just ones currently seeing you. You can switch your status from closed to open in prism under the Enrollments & Changes tab.

**Q: If I'm not in Priority Health’s network, can I continue to see my Medicaid patients who have become Priority Health members?**

A: Only temporarily. Our [Transition of Care policy](#) allows new Medicaid members to continue to receive coverage for out-of-network services for up to 90 days after the health plan transition if the member's health would be put at serious risk if they went without care. Please submit a [Transition of Care authorization](#) prior to service. We encourage you to [join our network](#) so you can continue serving our members beyond the 90-day Transition of Care period.

## Q: What will Priority Health Medicaid members' cards look like?

A: The cards will list either Choice MDC (Medicaid) or Choice HMI (Healthy Michigan Plan) as the plan types. Here are some sample card images:



## Q: Where can I find resources for working with Priority Health Medicaid members?

A: We have several resources in our provider manual for you to refer to and bookmark:

- Medicaid program info: [priorityhealth.com/provider/manual/medicaid-programs](https://priorityhealth.com/provider/manual/medicaid-programs)
- Medicaid patient treatment requirements: [priorityhealth.com/provider/manual/standards/provider-standards-medicaid-patient-treatment](https://priorityhealth.com/provider/manual/standards/provider-standards-medicaid-patient-treatment)
- Priority Health's downloadable [Medicaid Provider Manual](#)

## Q: How do I enroll as a Priority Health Medicaid provider?

A: Please visit MDHHS's Community Health Automated Medicaid Process System (CHAMPS) page at [michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/medicaid-providers/champs](https://michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/medicaid-providers/champs) to get credentialed through Michigan. After you are enrolled with the state, you can enroll in Priority Health Medicaid using the "Enrollments & Changes" page in prism.

## Q: How will this change impact the PCP Incentive Program (PIP)?

A: Region 8 Medicaid members will exit the plan as of September 30 and therefore no longer be part of our PIP program. Services previously provided to these members will not be counted in the PIP settlement if the member is no longer with Priority Health. PIP will be settled based on membership with the plan as of December 31, 2024.

Newly enrolled Medicaid members on October 1 will not count toward PIP settlement because they would not meet required enrollment specifications for HEDIS.

## Q: How will this change impact value-based/alternative-payment model (APM) contracts?

A: Priority Health will honor existing Medicaid APMs in Region 8 (where we're losing our Medicaid membership) for 2024 settlement by settling using nine months of data (January 1 to September 30).

## Q: If I need to refer my patients for other care, where can I find other in-network providers?

A: Use our Find a Doctor tool and search for providers in our Healthy Michigan Plan / Priority Health Choice HMI or Medicaid / Priority Health Choice MDC.

## Q: What if I still have other questions about the rebid?

A: Please reach out to your group's Provider Strategy & Services Consultant.