



Provider newsletter

Spring 2026



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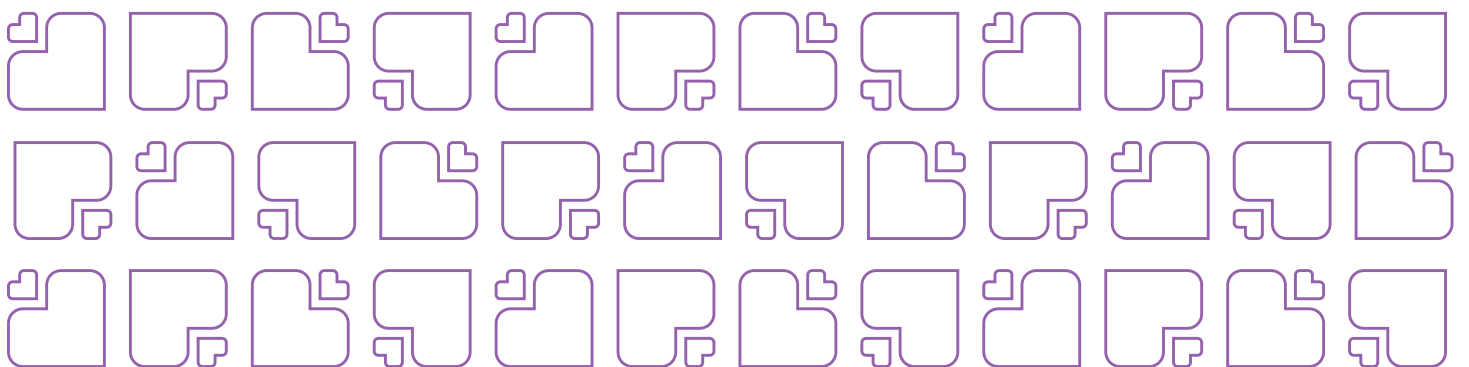
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Aetna Better Health wants to support our health care providers as we work together to reach health care goals. We offer a variety of webinars and training opportunities throughout the year to help you and your staff stay up to date on essential responsibilities. Additional tools and resources can be found in your provider manual.

We use the MCG criteria to ensure consistency in hospital-based utilization practices. The guidelines span the continuum of patient care and describe best practices for treating common conditions. The MCGs are updated regularly as each new version is published. UM Criteria is electronically available to practitioners and copies of individual guidelines are available for review upon request.

You can request a copy of the Medical Necessity Criteria. Call us at **1-866-316-3784** or visit our website at [AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth/michigan).



Accessibility of services

Access to primary care

Using valid methodology, Aetna collects and performs an annual analysis of data to measure its performance against its standards for access to:

1. Regular and routine care appointments.
2. Urgent care appointments.
3. After-hours care.

Access to behavioral healthcare

Using valid methodology, Aetna annually collects and analyzes data to evaluate access to appointments for behavioral healthcare for:

1. Care for a non-life-threatening emergency within 6 hours.
2. Urgent care within 48 hours.
3. Initial visit for routine care within 10 business days.
4. Follow-up routine care



Access to specialty care

Using valid methodology, Aetna annually collects and analyzes data to evaluate access to appointments for:

1. High-volume specialty care.
2. High-impact specialty care.



Population health

Population health management programs are available to help support members in their health care journey. Our Care Management team supports members throughout their health care journey by partnering with providers to ensure coordinated, holistic care. Members enrolled in care management receive an individualized care plan designed to address their clinical, behavioral, and social needs.

Our Care Management Team works closely with you and your patients to:

- Coordinate care and support across providers
- Connect members to community resources and specialty services
- Help members better understand and manage their symptoms
- Arrange services after normal business hours when medically necessary
- Support children with special health care needs, including preventive, specialty, and developmental care



Care Management support is available for members managing chronic or complex conditions, including but not limited to:

- Asthma
- Chronic Kidney Disease
- COPD
- Coronary Artery Disease
- Depression
- Diabetes
- Heart Failure
- Hepatitis C
- Hypertension
- HIV
- PrEP
- Sickle Cell Disease
- Cell Gene Therapy

Members are identified for care management based on clinical needs and opportunities to improve health outcomes, and participation is tailored to each member's individual situation.

You can learn about these programs online at [AetnaBetterHealth.com/Michigan/population-health-programs.html](https://www.aetna.com/better-health/michigan/population-health-programs.html) or in your provider handbook.



SHOARS: STI/HIV Operations and Resources System

We encourage all providers to stay informed about the STI/HIV Operations and Resources System (SHOARS)—a centralized platform offering tools, guidance, and updates to support your work in sexual health and HIV prevention. SHOARS helps streamline reporting, access to resources, and coordination with public health initiatives.

For more information, please visit your local health department’s SHOARS portal or contact your regional public health liaison.

STI/HIV Operations and Resource System (SHOARS)

Continuing education with CME Outfitters

Aetna is proud to partner with CME Outfitters to offer free continuing education opportunities for providers in our network. These courses cover a wide range of topics, including:

- Health equity and DEI
- Behavioral health
- Chronic disease management
- Reproductive health and family planning

Explore the CVS Health DEI Education Hub and other accredited CME courses at:

cmeoutfitters.com/cvs-health-dei-education-hub

Stay current, earn credits, and enhance your practice with high-quality, evidence-based education.



Promote 211 & register your services

Help members access you through 211

211 is a vital community resource that connects individuals to local services, including housing, food, mental health support, and HIV prevention services like PrEP (Pre-Exposure Prophylaxis).

If your practice offers PrEP, we strongly encourage you to register your services with **211**. This ensures that individuals seeking HIV prevention support can easily find and access your care.

Why register?

- Increase visibility of your services to those most in need
- Support statewide HIV prevention efforts
- Help reduce barriers to care for vulnerable populations

Visit 211.org or contact your local **211** administrator to get started.

Women's health specialists

Aetna Better Health of Michigan allows women direct access to women's health specialists for routine and preventive health care services. "Direct access" means that the organization cannot require women to obtain a referral or prior authorization as a condition to receiving such services from specialists in the network.

Women's health specialists include, but are not limited to:

- Obstetricians.
- Gynecologists.
- Certified nurse midwives.

Routine and preventive health care services include, but are not limited to:

- Prenatal care.
- Breast exams.
- Mammograms.
- Pap tests.



Direct access does not prevent the organization from requesting or requiring notification from the practitioner for data collection purposes.

Care Management

We offer a Care Management program that supports members across the continuum of care, by assigning a dedicated care manager once identified. Providers may refer patients to Care Management at any point, including during transitions of care or when additional clinical, behavioral, or social support is needed.

Referrals may be submitted by physicians, hospital discharge planners, other treating providers, or caregivers. Members may also self refer by calling us **1-866-316-3784 (TTY:711)**

To support collaborative care management with provider partners and reduce care fragmentation, Aetna Better Health of Michigan and participating providers will share responsibility for delivering coordinated, patient-centered care. Each party will work collaboratively to ensure timely communication, clear accountability, and seamless transitions across care settings in support of patient outcomes and experience. Roles and responsibilities are outlined below and will be reviewed at least annually or when processes change. This collaborative approach is intended to help reduce patient frustration, improve accountability, and support improved health outcomes.

Role/Function	Health Plan Responsibilities	Provider Partner Responsibilities
Designated Point of Contact	Assign care management contact(s) and provide contact information.	Assign practice contact(s) and ensure availability for coordination activities and timely response.
Identification & Outreach	Identifying populations and stratifying members based on risk, clinical needs, and social drivers of health.	Support outreach by validating member status, encouraging engagement, and coordinating with the member's care team as needed.
Referrals to Care Management	Maintain a defined referral intake process and confirm receipt, triage, and assignment. Communicate enrollment status and next steps to the provider partner.	Refer eligible members using the defined process and provide relevant clinical context.
Care Plan Development & Updates	Develop an individualized care plan with the member/caregiver and share relevant care plan components and goals with the provider partner.	Engaging patients in recommended care plans and reinforcing care management interventions.

Role/Function	Health Plan Responsibilities	Provider Partner Responsibilities
Documentation & Sharing Information	Maintain documentation of care management activities and communicate relevant updates to provider partners consistent with privacy, consent, and data-sharing requirements.	Accurately document care coordination and follow up activities in the medical record and provide requested clinical information to support coordinated, patient-centered care.
Social Determinants of Health (SDOH) Coordination	Provide SDOH resource navigation and community referrals.	Screen for social risks when appropriate; coordinate referrals and document outcomes.
Gaps in Care Coordination	Communicating care gaps and care management engagement status to provider partners.	Review care gap reports shared by the health plan and take appropriate clinical action within the scope of practice.
Transitions of Care	Coordinate post-discharge outreach, medication reconciliation support, and share discharge-related information with provider partners when available.	Schedule timely follow-up visits, review discharge instructions and reconcile medications as clinically appropriate.

Availity Portal ♥

The Availity Portal offers secure online access to and the ability to manage business transactions through a single, easy to use site. Availity features include but are not limited to:

- Claim Submission and Status
- Eligibility and Benefits Search
- Authorization Request
- Case Management Link
- Grievance Submission
- Panel Roster

[AetnaBetterHealth.com/
michigan/providers/portal.html](https://www.AetnaBetterHealth.com/michigan/providers/portal.html)



Fraud, waste and abuse

Know the signs — and how to report an incident

Health care fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person.

Abuse means provider practices are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Healthcare program is doing something that results in needless costs.

Waste goes beyond fraud and abuse. Most waste does not involve a violation of law. It relates primarily to mismanagement, inappropriate actions and inadequate oversight. Some examples are:

- Inefficient claims processing and health care administration
- Preventable hospital readmissions
- Medical errors
- Unnecessary emergency room visits
- Hospital-acquired infections or conditions

Everyone has a duty to report suspected fraud, waste and abuse.

Penalties

Criminal health care fraud. Persons who knowingly make false claims may be subject to:

1. Criminal fines up to \$250,000
2. Prison for up to 20 years
3. Being suspended from Michigan Medicaid

If the violations resulted in death, the individual may go to prison for years or for life. For more information, refer to 18 U.S.C. Section 1347.



Anti-Kickback Statute. The Anti-Kickback Statute bans knowingly and willingly asking for, getting, offering or making payments (including any kickback, bribe or rebate) for referrals for services that are paid, in whole or in part, under a federal health care program (including the Medicare program). For more information, refer to 42 U.S.C. Section 1320a-7b(b).

How to report fraud, waste and abuse

If you suspect a colleague, member or other individual of fraud, waste or abuse, report it. You can report anonymously on the Aetna Better Health of Michigan Fraud, Waste and Abuse Hotline at **1-855-421-2082**. You may also write to:

Aetna Better Health of Michigan

28588 Northwestern Highway, Suite 380B
Southfield, MI 48034

You may also anonymously report fraud, waste and abuse to the Michigan Department of Health and Human Services' Office of the Inspector General by calling **1-855-643-7283**, going online at Michigan.gov/Fraud or writing to:

Office of the Inspector General

P.O. Box 30062
Lansing, MI 48909

You do not have to leave your name when you report fraud, waste or abuse.

Grievances and appeals

Aetna Better Health has an Inquiry, Grievance, and Appeals process for members and providers to dispute a claim authorization or an Aetna Better Health decision. Our process includes both administrative and clinical decisions. A provider has 90 days from the Notice of Action to file an appeal and 90 days to file a grievance. Members have 60 days from the Notice of Action to file an appeal, and members can file a grievance at any time. Members and providers have a one-level internal appeal process through Aetna Better Health.

There are no punitive actions to members or providers for filing a complaint. Members and providers have the right to submit written comments at all levels of the process.

Provider inquiries and grievances

To ensure a high level of satisfaction, we will provide a mechanism for providers to express dissatisfaction with a decision. Providers may express questions or dissatisfactions through our provider inquiry and grievances process.

If a provider has questions regarding member benefits or eligibility, claim status or payment, remittance advice, authorization inquiries, etc., please access the provider portal or contact Claims Inquiry/Claims Research (CICR). Provider inquiries are typically handled and resolved during the initial contact.

To submit a dissatisfaction regarding an issue with Aetna Better Health, you may contact our Provider Experience Department at **1-866-314-3784 (TTY: 711)**. Complaints received will be documented and forwarded to appropriate personnel for resolution. The resolution will be registered and conveyed to the complainant within our internal system.

After following these steps, if you are still dissatisfied, you may have the right to file an appeal. Please refer to the **appeals** section for instructions on filing an appeal.



Members and providers also have the right to request and receive a written copy of Aetna Better Health utilization management criteria in cases where the appeals are related to a clinical decision/denial.

If required, Aetna Better Health members will receive assistance from our Member Services Department to file either a grievance or an appeal.

A member may request or file a continuation of benefits during an Aetna Better Health Plan appeal review or a State Fair Hearing when the period covered by the original authorization has not expired, and the Member files for continuation of benefits, on or before the later of the following:

1. Within 10 Days of the Contractor's mailing the Adverse Benefit determination notice
2. The effective date of the proposed Adverse Benefit determination notice. If the Health Plan's action is upheld in a hearing, the member may be liable for the cost of any disputed services furnished while the appeal was pending determination.



Maternity health programs

Timely prenatal and postpartum care are critical to ensuring the best possible health outcomes for both mothers and babies. An initial prenatal visit during the first trimester—scheduled on or before the member's start date or within 42 days of enrollment with Aetna Better Health of Michigan—is recommended to help establish comprehensive care early in the pregnancy.

In addition, a postpartum visit should be scheduled prior to hospital discharge, with the appointment set to occur 7–48 days after delivery. This ensures continued monitoring and support for the health and well being of both mom and baby during the early postpartum period.

Aetna Better Health of Michigan provides a range of programs designed to support new parents with resources and guidance throughout pregnancy and the postpartum period.

Doulas are a covered Medicaid benefit

If you support a pregnant member, please be sure to share information on doula services. We cover different types of doula services, including community-based doulas, prenatal doulas, labor and birth doulas, and postpartum doulas.

For a full list of covered services please see MDHHS Policy Bulletin: MMP 22-47.

A doula is a trained birth professional who helps families have safe, healthy and positive birth experiences. Doulas provide non-clinical emotional, physical, and informational support to pregnant people and their families before, during, and after birth.

Maven

Maven is a virtual clinic for women and families, offering 24/7 access to over 30 types of specialists including OB-GYNs, doulas, lactation consultants, mental health providers, fertility educators, pediatricians, and more. Please encourage your members to download the Maven Clinic app to go to mavenclinic.com to sign up for free.



Doula services have been shown to positively impact the social determinants of health, support birth equity, and decrease existing health and racial disparities. With your support, we can work to reduce infant and maternal mortality and birth inequities. You can also refer members to Mae, a digital health platform that can assist in matching members with a doula specializing in culturally specific pregnancy care.

For more information on Doulas, just go to AetnaBetterHealth.com/Michigan/find-provider and scroll to middle of the page and look for “**Doula**”.



BabySmart

The BabySmart program provides members with pregnancy and new parent resources, support, tools, health coaching and rewards. Members who join BabySmart and receive a welcome gift just for joining (all pregnant members and new parents).

Dental services

The membership has dental benefits included within their plan. Primary care providers should include discussions of dental health during their wellness visits and remind members to utilize their dental benefits by receiving their semi-annual cleanings and visit with a participating dentist. For more information on their dental plan, please review the provider handbooks for further information.

Dental benefits for adult Medicaid beneficiaries were expanded and redesigned in the spring of 2023. Providers may be eligible for incentives for members that we see diagnostic and preventive dental services as part of our 2026 Pay-For-Quality Program. We are asking all providers to remind our members to ensure they know about the benefit and the importance of oral health and how it directly impacts overall wellbeing. Members also receive a **\$50** incentive reward for completing a preventative, diagnostic, or restorative dental visit (one reward per year).

The following services are covered:

- X-rays
- Teeth cleanings
- Fillings
- Extractions
- Dentures
- Deep teeth cleanings
- Sealants
- Root Canals
- Crowns
- Care to keep your gums healthy

Members can call our member services line at **1-866-316-3784** to be connected with a dental provider or be directed to our dental service assistance partner DentaQuest at dentaquest.com/en/find-a-dentist.

Blood pressure monitor benefit

Aetna members are eligible to receive a blood pressure monitor at no extra cost with a prescription written by their provider and filled through their network pharmacy. ABH-MI offers free non-emergency transportation services to members needing transportation assistance.





Lead screening and prevention:

Key information for providers

Lead exposure continues to pose a significant risk to young children, with potential long term impacts on cognitive development, behavior, and overall health. As a clinician, early identification and intervention are essential to preventing adverse outcomes.

Required lead testing for pediatric patients

Aetna Better Health of Michigan covers lead testing at no cost for enrolled children. Please ensure the following screening guidelines are completed:

- Universal screening at ages 12 and 24 months for all children.
- Catch-up testing for children 36–72 months who have not been previously screened.
- Testing for all children under 6 years old who have never been screened.
- Testing for children up to age 6 with known or suspected exposure to lead sources.

Counseling families on reducing lead exposure

You play a critical role in advising caregivers on minimizing environmental lead risks. Consider discussing the following:

In the home

- Encourage families living in or frequently visiting homes built before 1978 to contact their landlord or local health department for lead-based paint evaluation.
- Recommend routine cleaning of floors and high-touch surfaces using warm water and all-purpose cleaners to reduce household dust.

List continued on next page →



- Advise caregivers who work in occupations involving lead to change clothes and shower before returning home, and to keep work clothing separate.
- Suggest removing shoes at the entrance to reduce contaminated soil entering the home.
- Refer families to the EPA's guidance on safe lead removal: [EPA.gov/lead](https://www.epa.gov/lead)

Toys and personal items

- Remind caregivers to wash children's toys regularly.
- Reinforce the importance of handwashing with soap and water after play and before meals.
- Advise avoiding toy metal jewelry.
- Encourage families to stay aware of product recalls through the Consumer Product Safety Commission: [CPSC.gov](https://www.cpsc.gov)

Food and nutrition

- Recommend using cold tap water for drinking, infant formula preparation, and cooking, as hot water may contain higher lead levels.
- Counsel caregivers on providing foods rich in calcium, iron, and vitamin C (e.g., yogurt, leafy greens, beans) to reduce lead absorption.
- Advise avoiding imported candies or spices that could contain lead.

Additional resources for providers and families

For more detailed guidance and educational materials, visit the CDC's lead information page: [CDC.gov/nceh/lead/tips/sources.html](https://www.cdc.gov/nceh/lead/tips/sources.html)

Aetna Better Care[®] Rewards Program













Aetna Better Health[®]
of Michigan










Overview

The Aetna Better Care Rewards program is part of the Aetna Better Health[®] of Michigan program for Medicaid members. Medicaid members can earn reward points for completing certain healthy activities, then use their reward points to go shopping in the Aetna Better Care Rewards online store.

Rewards

	Adolescent Immunizations (age 13 and under) Complete all required adolescent immunizations by your child's 13th birthday	250 points (\$25 value)
	Adult Dental Visit (age 21+) Complete an annual dental visit with your dental provider	500 points (\$50 value)
	Adult PCP Checkup (age 20+) Complete a checkup with your primary care provider (PCP)	500 points (\$50 value)
	Breast Cancer Screening (women, ages 40-74) Complete a mammogram	500 points (\$50 value)
	Cervical Cancer Screening (ages 21-64) <ul style="list-style-type: none">• Ages 21-64, complete a Pap test• Ages 30-64 and high-risk, complete a human papillomavirus (HPV) test• Ages 30-64 and high-risk, complete Pap+HPV cotest	500 points (\$50 value)
	Child Flu Shot (ages 0-2) Complete two separate doses of flu vaccine before the child's 2nd birthday	Up to 300 points (\$30 value) 150 points (\$15 value) per flu shot
	Childhood Immunization Series (ages 0-2) Complete childhood vaccination series against DTap, HiB, polio, HepB, chicken pox, PCV, MMR, HepA, and rotavirus	250 points (\$25 value)
	Diabetes Kidney Health Evaluation (ages 18-85) Diagnosis of type 1 or 2 diabetes Complete a qualified kidney health evaluation	250 points (\$25 value)
	Diabetes Testing (ages 18-75) Diagnosis of type 1 or 2 diabetes Complete an HbA1c test and a diabetic eye exam	250 points (\$25 value)
	HPV Vaccines (age 13 and under) Complete two or three doses of the HPV vaccine series by your child's 13th birthday	500 points (\$50 value)

Members can visit AetnaBetterCareRewards.com/MI or call **1-877-473-5147 (TTY: 1-844-200-2094)** to get started today!

	HRSN Screening (newly eligible members, ages 18-64) Complete Aetna Better Health of Michigan's Health-Related Social Needs (HRSN) Screening within 90 days of enrollment	500 points (\$50 value)
	Lead Screenings (ages 0-2) Complete a blood test for lead poisoning in the first 12 months of your child's life. Complete a second screening between 13 and 24 months	Up to 500 points (\$50 value) 250 points (\$25 value) per blood test
	New Member PCP Visit (age 20+) Complete a PCP visit within 60 days of enrollment	500 points (\$50 value)
	Pediatric Sickle Cell Screening (ages 2-16) Complete at least one transcranial doppler ultrasound (TCD) screening per year	500 points (\$50 value)
	Postpartum Checkup (age 18+) Complete a postpartum care visit 7-84 days after delivery	500 points (\$50 value)
	Prenatal Checkup (age 18+) Complete a prenatal care visit in the first trimester or within 42 days of plan enrollment	500 points (\$50 value)
	Step-Up Challenge (age 10+) Complete the 3-week walking challenge	250 points (\$25 value)
	Well-Baby Checkups (ages 0-15 months) <ul style="list-style-type: none"> • Complete 3 well-baby visits in the first 6 months • Complete 3 well-baby visits between 6 and 15 months 	Up to 500 points (\$50 value) 250 points (\$25 value) per age group
	Well-Child/Adolescent Checkups (ages 3-21) Complete an annual well-care visit with a PCP or an OB/GYN	500 points (\$50 value)

BabySmart ///

BabySmart is offered to all pregnant women and new parents. The BabySmart program provides important pregnancy and new parent resources, support, tools, and rewards. BabySmart members can enroll in health coaching. Health coaches meet with members virtually to provide personalized support. Members who join BabySmart will also get a welcome gift just for joining!

DiabetesSmart ///

DiabetesSmart is available to members with risk factors for diabetes (including a body mass index of 25 or higher) as well as members who have been diagnosed with type 1 or type 2 diabetes. The DiabetesSmart program provides members with resources, tools, and support to help them improve their health. Members with a diagnosis of type 1 or type 2 diabetes can also participate in health coaching and earn rewards. DiabetesSmart health coaches meet with members virtually to provide personalized health education, help them set health goals, and share resources and support. Members with type 1 or type 2 diabetes will also get a welcome gift just for joining DiabetesSmart!

Members can visit [AetnaBetterCareRewards.com/MI](https://www.aetna.com/bettercare/rewards) or call **1-877-473-5147 (TTY: 1-844-200-2094)** to get started today!



Food and nutrition service programs

Eating well is essential for staying healthy. Learn more about these food and nutrition service programs that you may be eligible for. If eligible, you can use most programs for up to 6 months (or longer, if you have an approved medical need).



Medically tailored meal delivery

Get two meals each day with delivery to your home. We'll tailor these meals to your health needs with help from a registered dietician.



Healthy meal delivery

Get two meals each day with delivery to your home.



Healthy food pack

Choose from a mix of healthy foods and get weekly delivery to your home.



Produce prescription

Receive a voucher to use toward buying fresh fruits and vegetables.



How to qualify

You may be eligible for any of these programs if you have a medical condition that makes it challenging for you to:

- Get enough food when you need it
- Shop for and cook healthy meals



Pharmacy

The Michigan Department of Health and Human Services (MDHHS) implemented a Single Pharmacy Drug List (PDL) back in 2020 and it affects all Michigan Medicaid Health Plans including Aetna Better Health. The PDL contains a listing of drugs that are covered by Michigan Medicaid as preferred and nonpreferred.

The link to the complete PDL can be found on our website at [AetnaBetterHealth.com/michigan/providers/pharmacy.html](https://www.aetnabetterhealth.com/michigan/providers/pharmacy.html). Not all covered drugs are listed on the PDL, MDHSS still covers drugs through the Michigan Medicaid Common Formulary. A link to the common formulary may also be found on our website.

Please review the formulary for any restrictions or recommendations regarding prescription drugs before prescribing a medication to an Aetna Better Health of Michigan patient such as quantity limits and step therapy protocols. Drugs not listed on the PDL/CF will require a prior authorization for an exception and should include an explanation of why a non-formulary drug is needed and include relevant medical records. MDHSS has a list of PDL/CF criteria which can be found on our website.

Interpreter services

As always, Aetna Better Health of Michigan is committed to providing support to both our members and providers with specific language needs. To assist you, ABHMI provides interpretation services to help providers facilitate member interactions with members who have Limited English Proficiency (LEP). Aetna Better Health of Michigan will also provide, upon request, alternative formats of all member-related materials.

To promote the delivery of quality health care services to all LEP members, providers and members may inquire about interpretive services in their community by contacting our Member Services Department at **1-866-316-3784 (TTY: 711)**.

Member language needs

Aetna Better Health of Michigan is committed to meeting the language needs of the members we serve. One of the ways that we do this is by assessing the capacity of our provider network to meet our members' language needs. For those members who do not speak English, it is helpful to know which provider offices offer staff who speak the same language as they do and are confident in their ability to serve non-English speaking patients.

Our Quality Department asks that you please take a moment to answer this brief survey regarding the languages your practice offers. Your participation and feedback is important and very much appreciated. <https://www.surveymonkey.com/r/WYVVRCZ>

Aetna Better Health of Michigan cares about meeting the language needs of the members we serve. We know that language needs can vary by community and region, and that it can be helpful to educate our provider network about the specific language profiles of the service areas in which they provide care.

Aetna Better Health of Michigan uses census, enrollment and community-level data to determine and report on threshold languages within the state of Michigan. Threshold languages are all languages other than English spoken by 5 percent of the population or by 1,000 eligible individuals, whichever is less.

Region 7 (Ingham, Clinton, Eaton)

*Region 7 was awarded to Aetna in 2024 via successful RFP

Region 8 Languages Spoken by Members	ABHMI 2024		ABHMI 2025	
	#	% of Membership	#	% of Membership
English	7,951	98.44%	6,806	98.72%
Spanish	72	0.90%	79	1.16%
Arabic	21	0.26%	19	0.28%
Vietnamese	34	0.05%	2	0.29%
Unknown/Not disclosed/Other	122	1.5%	136	2.0%

Region 8 (Calhoun – Branch – Kalamazoo - St. Joe – Cass - VanBuren - Berrien Counties)

Region 8 Languages Spoken by Members	ABHMI 2023		ABHMI 2024		ABHMI 2025	
	#	% of Membership	#	% of Membership	#	% of Membership
English	9,117	97.65%	5,589	98.65%	4,831	98.01%
Spanish	51	0.55%	72	1.28%	84	1.7%
Arabic	8	0.71%	5	0.08%	13	0.26%
Vietnamese	4	0.35%	3	0.05%	1	0.02%
Unknown/Not disclosed/Other	212	1.9%	161	2.8%	139	2.9%

Region 9 (Hillsdale – Jackson – Livingston – Monroe – Lenawee – Washtenaw)

Region 9 Languages Spoken by Members	ABHMI 2023		ABHMI 2024		ABHMI 2025	
	#	% of Membership	#	% of Membership	#	% of Membership
English	4,812	98.28%	4,291	98.31%	4,324	99.11%
Spanish	21	0.44%	16	0.37%	33	0.76%
Arabic	4	0.08%	2	0.05%	2	0.05%
Vietnamese	1	0.02%	2	0.05%	0	0.00%
Unknown/Not disclosed/Other	211	4.4%	167	3.9%	152	3.5%

Region 10 (Wayne – Oakland – Macomb)

Region 10 Languages Spoken by Members	ABHMI 2023		ABHMI 2024		ABHMI 2025	
	#	% of Membership	#	% of Membership	#	% of Membership
English	33,141	97.81%	29,314	98.18%	27,381	98.72%
Spanish	176	0.53%	205	0.70%	160	0.58%
Arabic	151	0.45%	168	0.57%	194	0.70%
Vietnamese	4	0.12%	3	0.10%	1	0.04%
Unknown/Not disclosed/Other	431	1.3%	413	1.4%	394	1.4%