

Medicaid Health Plans must meet the following mandatory minimum requirements in order to qualify for review under the rebid:

1. **Be Licensed, in Good Standing, and Financially Solvent.** Bidders must
 - Be licensed as a Medicaid HMO by the Department of Insurance and Financial Services (DIFS);
 - Hold a current Certificate of Authority covering all counties where HMO intends to bid; and
 - Meet all applicable statutory financial requirements for HMOs as set forth in the Michigan Insurance Code.

2. **Have National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation Commission (URAC) Health Plan Accreditation.** Awarded bidders must be accredited by July 1, 2024, to enroll members in their plan. Bidders with accreditation must provide proof of accreditation status.

3. **Submit a Regional Proposal.** Bidders must submit proposals by region as defined in the RFP, not by individual counties.