

MDHHS Pauses Medicaid Disenrollments through July Family Physicians Asked to Help Spread Word of Redetermination Restart

During the pandemic, Congress passed federal law preventing states from terminating a person's Medicaid coverage, even if they no longer qualified. Now that the COVID-19 public health emergency has ended, states are required to restart their regular processes for renewing individuals' Medicaid coverage. This means processing three years of renewals to determine who is/is not eligible to keep their coverage, and to connect those no longer Medicaid-eligible with information about other affordable health coverage options.

The challenge of this task is underscored by initial data. Michigan Department of Health and Human Services (MDHHS) estimates more than 3 million Michiganders benefited from keeping their Medicaid coverage during the pandemic pause on eligibility redeterminations.

Nationally, as of June 29, Kaiser Family Foundation reports more than 1.5 million people were dropped from Medicaid in 27 states; 71% of all people disenrolled had their coverage terminated for procedural reasons, such as not having updated contact information on file with the state and not returning required paperwork by the deadline.

To minimize procedural terminations, MDHHS has extended the June 30 deadline for Medicaid and Healthy Michigan Plan beneficiaries to return their redetermination paperwork. These individuals now have until the end of July to return their packets.

MDHHS is continuing to stagger monthly renewals through May 2024, sending notices three months before a beneficiary's renewal date. For example, individuals with August as their renewal month were sent an awareness letter in May; their renewal packet will be sent in July. If they are found to not be eligible for Medicaid or they have not returned their packet by Aug. 31, their last date of coverage is Aug. 31. [Click here for MDHHS' eligibility notification timeline](#)

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Medicaid enrollees are advised to check their renewal month at michigan.gov/MIBridges.

Family physicians are asked to play an important role in the Medicaid renewal process by spreading the word (by email, text, and in person) that Medicaid renewals have restarted and that beneficiaries should update their information with MDHHS. The department is assessing each household's eligibility for all Medicaid programs—not just for the programs in which an individual is currently enrolled—and for each family member in the household.

Please consider [posting this document](#) in patient waiting areas and/or providing it to Medicaid beneficiaries in your care.

As explained in MDHHS' [awareness letter](#), Michigan Medicaid beneficiaries need to:

1. Make sure their address, phone number, and email address are up to date at [michigan.gov/MIBridges](#) or by calling their [local MDHHS office](#).

2. Report any changes to their household or income at [Michigan.gov/MIBridges](#) or by calling their [local MDHHS office](#).

3. If they get a renewal packet in the mail or via text, be sure to fill it out, sign the forms, and return it by the due date with any proof needed. Failing to complete and return the renewal paperwork by the deadline may result in loss of Medicaid coverage.

Individuals may call MDHHS' Beneficiary Help Line at 1.800.642.3195 ((TTY: 1-866-501-5656), Monday- Friday, 8 am-7 pm, or visit [michigan.gov/2023benefitchanges](#) to learn more.