

## **Medicaid Beneficiaries Continue to Have An Extra Month to Submit Eligibility Renewal Paperwork**

### **Michigan Working to Preserve Healthcare Coverage as Renewal Process Resumes**

The Michigan Department of Health and Human Services (MDHHS) announced that Medicaid beneficiaries with upcoming deadlines for returning renewal forms will have an extra month to submit paperwork to avoid loss of healthcare coverage due to not responding. This timeline will continue monthly going forward through May 2024 and includes individuals with a Monday, July 31 deadline.

“MDHHS is taking proactive steps to ensure that Medicaid recipients have as much time as possible to submit their renewal paperwork,” said MDHHS Director Elizabeth Hertel. “Our goal is to preserve health benefits for all qualifying residents and will continue to use every option available to achieve that outcome.”

Today’s action is the latest effort by MDHHS to preserve Medicaid and Healthy Michigan Plan eligibility for residents as requirements for annual renewals have resumed following the COVID-19 pandemic. MDHHS will work with the Centers for Medicare & Medicaid Services (CMS) to delay procedural terminations for future months to ensure beneficiaries have adequate time to complete and submit renewal paperwork.

Previously, the department gave Medicaid beneficiaries who had been asked to return forms by June 30 another month, with a new deadline of Monday, July 31 before they would be disqualified for not responding. That approach was successful with approximately 15,000 additional renewals in July and, as a result, MDHHS decided to apply that strategy going forward to this first year of eligibility renewals after the pandemic.

That deadline for the June cohort doesn’t extend further based on today’s announcement. Additional information about new due dates can be found in the [Eligibility Timeline](#) .

Additional MDHHS efforts to help Michiganders keep their coverage are possible as a result of the CMS approving new flexibilities and strategies to state officials to lessen the impact of the

resumption of Medicaid renewals.

MDHHS advises families to return any renewal paperwork they receive from the department even if they believe they are no longer eligible for Medicaid. Some members of a household can obtain healthcare coverage even when others are not eligible. For example, a child may be eligible for [MiChild](#) , even if their parent is not eligible for other Medicaid programs. Or some Michiganders may have income that is over the income limit for one program and will still be able to obtain healthcare benefits through another program.

Starting in June this year, Medicaid and Healthy Michigan Plan beneficiaries were required to renew their coverage, as was the case before the COVID-19 Public Health Emergency, to comply with federal legislation.

Renewals for traditional Medicaid and the Healthy Michigan Plan are staggered to take place monthly starting in June 2023 and running through May 2024. MDHHS will send monthly renewal notices three months before a beneficiary's renewal date.

More than 3 million Michiganders, including 1 million Healthy Michigan enrollees, benefited from keeping their Medicaid coverage without redeterminations on eligibility during the COVID-19 pandemic.

During the federal COVID-19 Public Health Emergency, Congress enacted the Families First Coronavirus Response Act that required state Medicaid agencies to continue healthcare coverage for all medical assistance programs, even if someone's eligibility changed. Michigan's Medicaid caseload grew by more than 700,000 people during the public health emergency. This requirement was ended by the federal Consolidated Appropriations Act of 2023 signed Dec. 29, 2022.

MDHHS will assess a household's eligibility for all Medicaid programs—not just for the programs in which an individual is currently enrolled, and also for each family member in the household.

MDHHS advises all Medicaid enrollees to check their renewal month at [Michigan.gov/MIbridges](https://Michigan.gov/MIbridges).

Michiganders who no longer qualify for Medicaid will receive additional information about other affordable health coverage options available, including on HealthCare.gov. Affected Michiganders will be able to shop for and enroll in comprehensive health insurance as they transition away from Medicaid, and many Michiganders can purchase a plan for less than \$10 per month.

## **What Michigan Medicaid Beneficiaries Need to Do to Prepare**

1. Make sure your address, phone number and email address are up to date at [Michigan.gov/MIbridges](https://Michigan.gov/MIbridges). You can also call your local MDHHS office. If you do not have an online account for MI Bridges to access your Medicaid case or report changes, [visit Michigan.gov/MIbridges](https://Michigan.gov/MIbridges) to sign up for an account. You can also locate organizations that can help you by searching for community partners.
2. Report any changes to your household or income. You can report changes at [Michigan.gov/MIbridges](https://Michigan.gov/MIbridges) or by calling your [local MDHHS office](#).
3. If you get a renewal packet, be sure to fill it out, sign the forms and return it by the due date with any proof needed. NOTE: If you do not complete and return the renewal, you may lose Medicaid coverage.

The Michigan Department of Insurance and Financial Services (DIFS) is working with MDHHS to help impacted Michiganders get affordable, comprehensive health insurance if they are determined to be no longer eligible for Medicaid. DIFS can answer questions about purchasing a health insurance plan. Call DIFS at 877-999-6442, Monday through Friday from 8 a.m. to 5 p.m. or visit [Michigan.gov/StayCovered](https://Michigan.gov/StayCovered) to learn more.

To ensure beneficiaries are aware of upcoming federal redetermination requirements and help them keep their coverage if eligible, MDHHS has launched a multimedia advertising campaign. This includes radio, audio streaming, outdoor, mobile and social media ads, including minority

media outlets and stakeholder communications. The department is also working with other state government departments in its efforts to get the word out to beneficiaries.

More information about the how benefits connected to the COVID-19 Public Health Emergency are changing can be found at [Michigan.gov/2023BenefitChanges](https://Michigan.gov/2023BenefitChanges) .