



STATE OF MICHIGAN

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GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

FOR IMMEDIATE RELEASE:
June 22, 2023

MEDIA CONTACT: Bob Wheaton
517-241-2112
WheatonB@michigan.gov

**Michigan taking additional actions to preserve Medicaid eligibility as
renewal process resumes following COVID-19**
Enrollees reminded to return renewal packets on time to keep their coverage

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) is taking new actions to preserve Medicaid eligibility for those residents who must complete renewal forms by the end of June.

The additional MDHHS efforts to help Michiganders keep their coverage are possible as a result of the federal government releasing new flexibilities and strategies late last week to state officials to lessen the impact of the resumption of Medicaid renewals.

Medicaid beneficiaries who received renewal packets with a deadline of June 30 are still being reminded to complete and return their forms by that date to avoid losing coverage, as required by federal law. However, MDHHS will not disqualify anyone from coverage for not returning the paperwork until the end of July under the new guidance from the federal Centers for Medicare & Medicaid Services.

MDHHS is implementing this change only for beneficiaries up for renewal in June and during this additional time will review and adopt additional strategies authorized by the federal government for outreach to beneficiaries to preserve their Medicaid coverage.

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 health care 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 still be able to obtain health care benefits through another program.

Starting this month Medicaid and Healthy Michigan Plan beneficiaries must renew their coverage this year, as was the case before the COVID-19 public health emergency, to comply with federal legislation that requires states to resume redetermination of Medicaid eligibility.

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

"We want to be sure that as many Michiganders as possible can continue to receive Medicaid coverage so that they can keep their families healthy," said MDHHS Director Elizabeth Hertel.

"We are pleased that our federal partners are giving us the option to delay any cancellation of coverage until the end of July so that we have more time to reach out to Medicaid beneficiaries who were required to return their renewal documents but have not yet done so," Hertel said. "However, we are still emphasizing that anyone who has not returned June renewal forms should do so by the end of this month rather than waiting until July."

More than 3 million Michiganders, including 1 million Healthy Michigan enrollees, benefitted 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 health care 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, but also for each family member in the household.

MDHHS advises all Medicaid enrollees to check their renewal month at www.michigan.gov/MIbridges.

The State of Michigan is committed to doing what it can to help Michiganders find quality, affordable health care coverage in light of the changes by the federal government.

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.

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What Michigan Medicaid beneficiaries need to do to prepare:

1. Make sure your address, phone number and email address are up to date at www.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 www.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 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 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 through stakeholder communications, social media and constituent webinars.

More information about the how benefits connected to the COVID-19 Public Health Emergency are changing can be found at www.Michigan.gov/2023BenefitChanges.

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