



STATE OF MICHIGAN

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## **MDHHS renews Medicaid for another 130,000 people, bringing total to more than 1.2 million**

### ***Efforts continue to ensure enrollees submit paperwork to keep coverage***

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) renewed Medicaid and Healthy Michigan Plan coverage for an additional 130,688 people whose eligibility was up for redetermination in January, bringing the total to more than 1.2 million.

The department is continuing its efforts to continue providing Medicaid coverage to eligible Michiganders following resumption of the renewal process last June. Previously during the COVID-19 pandemic, people continued to receive the coverage without having to renew every year under the Families First Coronavirus Act enacted by Congress. The federal Consolidated Appropriations Act of 2023 ended the pause on annual redeterminations, resulting in states being required to resume annual renewals.

Over the past several months MDHHS has used numerous strategies allowed by the federal Centers for Medicare and Medicaid Services to help make the process easier for those up for renewal and to reduce the number of residents at risk of losing coverage.

These include:

- Renewing Medicaid eligibility for people receiving benefits under the Supplemental Nutritional Assistance Program or Temporary Assistance for Needy Families program without conducting separate income determinations.
- Permitting managed care plans to assist enrollees in completing renewal forms.
- Reinstating eligibility for people who were disenrolled for procedural reasons and are subsequently redetermined to be eligible for Medicaid during a 90-day reconsideration period.
- Extending renewals to May 2024 for beneficiaries undergoing life-saving treatment, such as dialysis or for cancer.
- Extending automatic reenrollment into a Medicaid managed care plan to up to 120 days.

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- Providing beneficiaries an extra month to submit paperwork to avoid loss of health care coverage.

“I’m pleased that we have been able to preserve access to health care by renewing Medicaid and Healthy Michigan Plan coverage for more than 1.2 million Michiganders,” said MDHHS Director Elizabeth Hertel. “We will continue to do everything that we can to inform beneficiaries about the need to return renewal paperwork so they don’t lose their benefits.”

The latest data on Medicaid renewals can be found [on MDHHS’ online dashboard](#). The dashboard – which is updated monthly – shows that 1,240,537 million people have been renewed to date. The department is awaiting completed enrollment forms from another 78,185 people who were up for renewal in January and have until the end of February to return their paperwork.

There were 10,786 people disenrolled in January because they were no longer eligible and 1,698 whose eligibility was not renewed for procedural reasons – such as not providing requested verification documents like driver’s license, pay stubs and bank statements. MDHHS can reinstate eligibility back to the termination date for those who were disenrolled based on a procedural reason and are subsequently found to still be eligible for Medicaid during a 90-day reconsideration period.

MDHHS advises all Medicaid enrollees to check their renewal month and renew online at [Michigan.gov/MIbridges](#). MDHHS will send renewal notices four months before a beneficiary’s renewal date and follow up with text messages, phone calls and emails.

Families should return any renewal paperwork 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.

MDHHS will assess a household’s eligibility for all Medicaid programs – not just for the programs in which someone is currently enrolled, and for each family member in the household. Michiganders who no longer qualify will receive additional information about other affordable health coverage options available, including on [HealthCare.gov](#). Affected Michiganders can shop for and enroll in comprehensive health insurance as they transition away from Medicaid. Many can purchase a plan for less than \$10 per month. Michigan Medicaid beneficiaries can learn more, including what they need to do to prepare for renewals, on the [Medicaid Benefit Changes website](#).

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