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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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At one-year mark, more than 1.6 million Michigan residents have Medicaid coverage renewed

More than 137,000 beneficiaries renew coverage in April

LANSING, Mich. – As the redetermination process reaches the one-year mark, the Michigan Department of Health and Human Services (MDHHS) renewed Medicaid and Healthy Michigan Plan coverage for an additional 137,685 people whose eligibility was up for renewal in April, bringing the total to more than 1.6 million residents who have retained insurance coverage.

The department is continuing its efforts to maintain Medicaid coverage for eligible Michiganders. During the COVID-19 pandemic, people continued to receive Medicaid without having to renew annually under the Families First Coronavirus Act. The federal Consolidated Appropriations Act of 2023 ended the pause on annual redeterminations. Michigan reinstated the renewal process beginning in May 2023.

“Our state has employed a variety of successful strategies to help ensure families continue to have access to Medicaid and the Healthy Michigan Plan, including providing beneficiaries an extra month to submit paperwork. This has prevented an average of 21,000 beneficiaries a month from losing their coverage,” said Elizabeth Hertel, MDHHS director. “Maintaining health care coverage for as many residents as possible continues to be our goal, whether it’s for routine check-ups or to address health care challenges.”

Strategies that have helped make the renewal process easier and reduced the number of residents at risk of losing coverage have been approved through June 2025 by the federal Centers for Medicare and Medicaid Services. 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.
- 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.
- Providing beneficiaries an extra month to submit paperwork to avoid loss of health care coverage.
- Renewing Medicaid eligibility based on a simplified asset verification process.
- Continuing robust beneficiary outreach via phone, text and email.

The latest data on Medicaid renewals can be found on MDHHS' [online dashboard](#). The dashboard, which is updated monthly, shows that 1,683,308 million people have been renewed to date. The department is awaiting completed enrollment forms from another 95,070 people who were up for renewal in March and have until the end of May to return paperwork.

There were 15,737 people disenrolled in April because they were no longer eligible and 2,579 whose eligibility was not renewed for procedural reasons, such as not providing verification documents like a driver's license, pay stubs and bank statements. MDHHS can reinstate eligibility back to the termination date for those disenrolled based on a procedural reason and are subsequently found to still be eligible during a 90-day reconsideration period.

MDHHS advises all Medicaid enrollees to check their renewal month and renew online at [Michigan.gov/MIBridges](https://www.michigan.gov/MIBridges).

The renewal process will continue annually going forward. Families should return renewal paperwork 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.

Those who no longer qualify will receive additional information about other affordable health coverage options available, including on [HealthCare.gov](https://www.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. 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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