



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

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GOVERNOR

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Michigan provides Medicaid enrollees with information about options as eligibility requirements restart following recent federal legislation

Eligibility redetermination packets to start being mailed to beneficiaries depending on renewal date

LANSING, Mich. – Medicaid beneficiaries will have to renew their coverage this year, starting in June, as Michigan resumes Medicaid eligibility redeterminations to comply with federal legislation.

During the federal COVID-19 Public Health Emergency, Congress enacted the Families First Coronavirus Response Act that required state Medicaid agencies 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.

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.

Renewals for traditional Medicaid and the Healthy Michigan Plan will take place monthly starting in June 2023 and run through May 2024. Monthly renewal notices will be sent three months prior to a beneficiaries' renewal date starting with June renewal dates. Beneficiaries can check their renewal month at www.michigan.gov/MIBridges.

"MDHHS is strongly committed to ensuring Michiganders who are eligible for Medicaid coverage remain enrolled," said Elizabeth Hertel, Michigan Department of Health and Human Services director. "More than three million Michiganders, including one million Healthy Michigan enrollees, have benefitted from keeping their Medicaid coverage without redeterminations on eligibility during the COVID-19 pandemic. MDHHS is preparing to assist residents who will be affected by changes in their coverage."

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Here is 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://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](https://www.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 committed to working with MDHHS and our partners nationwide to help impacted Michiganders get the affordable, comprehensive health insurance they need,” said DIFS Director Anita Fox. “DIFS stands ready to 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/HealthInsurance](https://www.michigan.gov/HealthInsurance) to learn more.”

To ensure beneficiaries are aware of upcoming federal redetermination requirements and help them keep their coverage if eligible, MDHHS is launching a multi-media advertising campaign. This will include radio, audio streaming, outdoor, mobile and social media ads, including minority media outlets and stakeholder communications.

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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