

Michigan Department of Health and Human Services Medicaid Renewals FAQ



What can people with Medicaid do right now?

Be sure your address, phone number, and email address are up to date. The best way to update your information is online at Michigan.gov/MIBridges. You can also call your local MDHHS office. Visit the [MDHHS County Office webpage](#) to find your local office information. If you do not have an online account for MI Bridges to access your Medicaid case or report changes, visit Michigan.gov/MIBridges to sign up for a MI Bridges account. You can also locate organizations that can help you by searching for Community Partners.

**If you already have a MI Bridges account, creating new accounts will limit the information you can see. We strongly suggest using your original account if you are the Head of Household. Remember! Head of Households can see case information and report changes to the case information. If you are not Head of Household, you will only be able to see resource information.*

Report any changes to your household or income. You can report changes at Michigan.gov/MIBridges. Or, call your local MDHHS office. Visit the [MDHHS County Office webpage](#) to find your local office information.

If you get a renewal packet, be sure to fill it out, sign the forms, and send them by the due date with any proof we need. If you do not complete your renewal, you may lose your Medicaid coverage. If we complete a review and you no longer qualify, you can choose to buy healthcare coverage through HealthCare.gov.

As a result of a newly enacted federal law, MDHHS will be working to [restart Medicaid redeterminations](#) in the coming months. The law does not address ending the COVID-19 Public Health Emergency, which is still in effect. You can read the federal law, [Consolidated Appropriations Act](#) or this [federal bulletin](#) for more information.

How can I get more information?

MDHHS will continue to provide messaging to you through mailed letters, MI Bridges, emails, text messages and social media.

What if I lose coverage?

We want all Michiganders to get covered and stay covered. If after a full renewal, you are no longer eligible for Medicaid, MICHild, or Healthy Michigan Plan you will receive:

- Notice when your enrollment ends.
- Information on [how to appeal](#).
- Information about options for purchasing other health care coverage. Visit [HealthCare.gov](#) to learn more.

What are the other health care coverage options if I lose Medicaid coverage?

You may qualify for a Special Enrollment Period to purchase healthcare coverage at [HealthCare.gov](#) if you or anyone in your household experiences a qualifying life change, such as losing health coverage in the past 60 days OR expecting to lose coverage in the next 60 days. Through expanded premium subsidies, 4 out of 5 enrolled Americans are able to find health insurance through [HealthCare.gov](#) for less than \$10 per month. Visit [HealthCare.gov](#) or call 1-800-318-2596 (TTY: 1-855-889-4325) to learn more.

Free local assistance is also available to help you sign up for a plan. Visit [LocalHelp.HealthCare.gov](#) to set up a time to talk in-person, over the phone, or by email.

Would Medicaid Health Plan members also update their contact information in MI Bridges to ensure they receive communication from both the Health Plan and Medicaid?

Yes, Medicaid Health Plan members would also update their contact information in [MI Bridges](#) to ensure they receive all eligibility renewal information and other documents from MDHHS. It's important to note when reporting a new address in MI Bridges to update both the 'Profile' and the 'Report My Changes' section. The 'Report My Changes' section is what the local MDHHS office utilizes to update the address for the case.

What type of information will be sent in text messages to beneficiaries? If a beneficiary hasn't received any text messages in the past, how do they sign up?

Text messages are sent from MI Bridges to notify a beneficiary they have documentation to review within MI Bridges. The text message does not give any specific information about what type of documentation needs to be completed. If the beneficiary

does not currently receive text messages, they can sign up within their [MI Bridges account](#).

For a beneficiary who lives in a county that is part of Universal Case Load (UCL), should they contact the local MDHHS county office? Or is there different contact information?

Beneficiaries who reside in a county that is part of Universal Case Load should contact **1-844-464-3447**.

How do I know which contact method I selected in MI Bridges to receive notices and forms? How do I change the method?

Beneficiaries can review their notification preferences in MI Bridges, under 'settings'. This will indicate the language selection, notification types, and the option to opt-in to receive text messages. MI Bridges user help can be found online by visiting [MI Bridges](#).

Will you be sending all currently enrolled beneficiaries a letter informing them of the eligibility renewal process? If so, when?

MDHHS is finalizing beneficiary communications, including a beneficiary awareness letter, which will be mailed the month before eligibility renewals are set to restart. This letter is intended to inform beneficiaries that eligibility renewals will resume, the potential impact on their coverage, and describe the resumption of renewal and redetermination actions.

In the coming months, MDHHS will begin [mailing beneficiary eligibility renewal letters](#) monthly based on the anniversary of their eligibility determination.

How will the beneficiary alert letter be mailed?

The letter will be sent based on the zip code. All zip codes for one region are sorted and then mailed together.

If there is an authorized representative for a beneficiary, will they also receive the eligibility renewal notice? Or is this only sent to the beneficiary?

If the beneficiary has an authorized representative that was reported to MDHHS and is listed in MI Bridges, MDHHS will send all mail including the eligibility renewal packet

and notice of case action to the authorized representative. If a beneficiary would like to add, change, or delete an authorized representative they can utilize the 'Report My Changes' section in [MI Bridges](#) and report it under 'Any Other Change'. Or call the local MDHHS office. Visit the [MDHHS County Office webpage](#) to find local office information.

If the MI Bridges email alert is undeliverable, can the beneficiary get an eligibility renewal packet by mail?

If the MI Bridges e-mail alert is undeliverable, beneficiaries who have opted into the electronic notification and provided a valid cell phone number will receive a text message. When the text message is undeliverable, or for beneficiaries who have not provided a valid cell phone number, the beneficiary will default back to receiving eligibility renewal packets by mail.

When would a beneficiary receive an automatic or passive eligibility renewal and not receive a renewal packet?

Automatic or passive renewals are completed when MDHHS has enough current information available in the eligibility system that we do not need to contact the beneficiary to request any additional proof. In that instance, the beneficiary will receive a Health Care Coverage notice indicating that their Medicaid coverage will continue.

What process is MDHHS using to verify eligibility if a beneficiary was automatically or passively renewed?

MDHHS looks for current (within the last 12 months) information within the eligibility system to determine if it has enough to complete an automatic or passive renewal. If all necessary information is already available and the beneficiary appears to still be eligible, the renewal is automatically completed. This generally happens because the beneficiary is receiving services from other assistance programs with the Department (such as SNAP) and has provided updated information for those programs that can be used for the Medicaid determination.

Does the eligibility renewal packet indicate which renewal month a beneficiary is in?

The eligibility renewal packet does not list the renewal month for the beneficiary. The eligibility renewal packet is mailed the month before the renewal month. When a

beneficiary receives an eligibility renewal packet, they can infer from the mail date their renewal month is the following month.

Will the beneficiary eligibility renewal month be the same month it was before the pandemic? For instance, if the beneficiary renewed in October will it remain October when eligibility renewals begin again?

For most beneficiaries, the eligibility renewal will be in the same month it was before the public health emergency (PHE). For some limited cases, a review may be completed earlier – for example, beneficiaries who fail to pay premiums may be asked to complete the renewal earlier than their pre-pandemic renewal month. Beneficiaries who report changes after renewals resume may also have their renewal done before their pre-pandemic renewal month.

During the eligibility renewal period, will the beneficiary continue receiving benefits until a determination is made?

Yes. Beneficiaries will continue to be eligible for and receive Medicaid benefits until an eligibility renewal is completed.

During the eligibility renewal process, will beneficiaries be required to provide historic information as it relates to income and other factors during the PHE time frame? Or will only current information that pertains to income be required as of the date of redetermination following the resumption of renewals?

The renewal will not look at historical information. All renewals will look at current circumstances (e.g., income, assets when needed, family members, etc.) when determining ongoing eligibility.

What should a beneficiary do if they move after the eligibility renewal packet has been mailed, or think they should have received a renewal packet but didn't?

If the beneficiary didn't receive a renewal packet and has a MI Bridges account, they can go to MI Bridges to complete their renewal information there. If they are not registered within MI Bridges and are unable to get registered, then they will need to contact their local MDHHS office to request the renewal packet be mailed. They may also need to check if they can get more time to complete the renewal. If a beneficiary has opted to only receive electronic notifications, they will not receive a mailed renewal packet.

If the mailed eligibility renewal packet is returned to the sender, how will this impact eligibility for the beneficiary?

If the Medicaid eligibility renewal packet is returned to the sender with no forwarding address, and MDHHS has no other way to contact the individual, their Medicaid benefits will be initiated to close at the end of the month of their eligibility renewal.

When does a beneficiary need to return their eligibility renewal packet?

Eligibility renewal packets are typically due within 30 days of the mailing of the packet. The due date is printed on the eligibility renewal packet. Beneficiaries should return their completed eligibility renewal packet and all requested information by that due date to ensure that their Medicaid coverage will continue uninterrupted.

Is there a blank printable version of the MDHHS-1010 (Redetermination) and DHS-1004 (Health Care Coverage Supplemental Questionnaire) available online?

There is no online version of the MDHHS-1010 or DHS-1004 available. Beneficiaries will need to complete their eligibility renewal packet by mail or electronically in [MI Bridges](#).

If a beneficiary receives a verification checklist as part of their eligibility renewal process, how long do they have to return the required information?

The Verification Checklist typically has a due date of 10 days from the date it is mailed.

When a beneficiary receives the eligibility renewal packet, is the only choice to mail the completed packet back? Is there any option to provide the eligibility renewal packet electronically?

Beneficiaries that are registered with [MI Bridges](#) can choose to complete their eligibility renewal online. Information about renewing online is included on the eligibility renewal packet that is sent out. The eligibility renewal packet can also be faxed to **517-346-9888**.

Will eligibility renewal packets be available in multiple language options?

Yes, the MDHHS-1010 Redetermination form is available in English, Arabic, and/or Spanish. The beneficiary needs to identify the requested written language.

Will MDHHS take into consideration the postal service delays when processing eligibility renewal packets?

Eligibility renewal packets are mailed with a due date typically 30 days from the date the packet is mailed. If the beneficiary receives the eligibility renewal packet late due to an unforeseen delay from the postal service, which prevents them from completing and returning the packet before the due date, they will need to contact their MDHHS caseworker to request an extension.

What if a beneficiary is not able to log in to MI Bridges to electronically complete their eligibility renewal?

If a beneficiary has trouble logging into MI Bridges to complete their eligibility renewal, they can contact the MI Bridges helpline at **1-844-799-9876** (TTY: **833-285-5910**) for assistance.

If an eligibility renewal packet is not returned, when will Medicaid eligibility end?

If the renewal packet is not returned, the beneficiary would have Medicaid coverage through the last day of the month of their eligibility renewal.

Will a beneficiary's Medicaid coverage discontinue if their income increased during the COVID-19 public health emergency?

A beneficiary will be evaluated for all Medicaid categories to determine if they are eligible for any services, however, if their income exceeds the income limit for Medicaid, and they do not meet any of the other eligibility criteria for other Medicaid categories, their coverage will be discontinued. If a beneficiary's coverage is discontinued and they do not have any other comprehensive health coverage, they will be referred to the Federal Health Insurance Marketplace where they will be able to purchase insurance and determine if they qualify for any other premium assistance programs or tax credits. Visit [healthcare.gov](https://www.healthcare.gov) to learn more.

Have renewals for beneficiaries that are on other state assistance programs (SNAP, childcare assistance, etc.) been taking place during the PHE? Or will these types of assistance also be part of the renewal process?

While there was a brief period during the first year of the Public Health Emergency when other assistance programs also stopped their renewals, all other assistance programs have continued renewing individuals since the summer of 2020. These other assistance programs may be part of the overall renewal if the renewal date aligns with

the Medicaid eligibility renewal date. If the beneficiary cannot be automatically or passively renewed for their Medicaid coverage, a beneficiary may receive a single renewal packet requesting that they renew Medicaid, SNAP, or other assistance programs.

Can a beneficiary's guardian or someone other than the beneficiary, complete the eligibility renewal packet on their behalf due to the beneficiary being unable to complete the eligibility renewal packet themselves (e.g., hospitalized, incapacitated, no internet, etc.)?

Yes. A beneficiary's guardian or other authorized individuals can complete the eligibility renewal packet on behalf of a beneficiary.

Will Medicaid deductible, also known as a spenddown, return when renewals restart?

Yes, once renewals restart all individuals will go through the eligibility renewal process. If a beneficiary's income is determined in a certain range to place them into a Medicaid deductible, that Medicaid deductible eligibility status will begin again.

Will a beneficiary who had a Medicaid deductible, and met their deductible during the PHE giving them full Medicaid, be returned to deductible status immediately after renewals resume?

Once renewals resume, all individuals (including those with a deductible) will go through the eligibility renewal process before any changes are made to their case. If a deductible beneficiary is eligible for another Medicaid group without a deductible, they will be moved to that group. If a beneficiary is not eligible for a full coverage group without a deductible, the beneficiary will likely remain in a deductible group and will need to meet that deductible every month to gain coverage.

When will Freedom To Work (FTW) and MICHild premium payments restart?

Premium collections for MICHild and FTW were never suspended. It was expected that individuals would continue to pay their premiums for the duration of the PHE. Due to PHE restrictions, the State was unable to end eligibility for individuals who failed to pay their premiums during the PHE. Once individuals have their FTW and MICHild eligibility redetermined upon the conclusion of the PHE, they will be required to make premium payments to maintain eligibility on an ongoing basis.

How will incarcerated beneficiaries receive their eligibility renewal packet notification?

The process for renewing incarcerated individuals will follow the same process as it did before the Public Health Emergency. The eligibility renewal packet will be sent to any authorized individual the beneficiary has on file. If there is no authorized individual on file, the eligibility renewal packet is sent to the address at which the beneficiary resides, which would be the prison or jail.

What accommodation will be made for individuals who turned 65 during the PHE and are now beyond their Medicare enrollment cut-off dates?

CMS issued [guidance on March 3, 2022](#), regarding individuals who missed their initial enrollment period into Medicare. Individuals who missed their Medicare initial enrollment period may only sign up for Medicare during the Medicare general enrollment period, which runs from January 1 to March 31 each year and may be subject to penalties unless they are eligible for a special enrollment period.

If I am receiving specialty treatments or services how will my eligibility renewal be handled? Will I be allowed to complete my treatments or services?

The eligibility renewal is not related to or contingent upon any specialty treatments or services but is an independent review of ongoing Medicaid eligibility.



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 - Qualified sign language interpreters
 - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

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- **Blue Cross Complete of Michigan Member Grievances**
P.O. Box 41789
North Charleston, SC 29423
1-800-228-8554
(TDD/TTY: **1-888-987-5832**)
- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
(TDD/TTY: **1-800-537-7697**)

Complaint forms are available at:
hhs.gov/ocr/office/file/index.html.

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