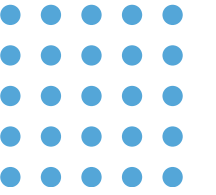


MEDICAID CHANGES

Keep West Michigan Covered. Together.

West Michigan Medicaid Task Force



ABOUT THE TASK FORCE

Mission: Ensure that those who are eligible for Medicaid in West Michigan receive and maintain coverage.

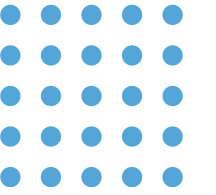
Vision: Create a supportive network to prevent individuals from losing health care coverage that is critical to their overall well-being.

Workgroups:

- Community Navigation & Medicaid Support Collaborative
- Information & Outreach Coordination Work Group
- Monitoring & Evaluation Work Group
- Keeping Muskegon Covered Work Group

www.westmimedicaid.org

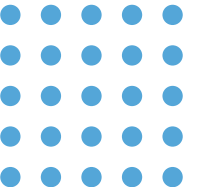




WHAT IS MEDICAID?

Medicaid is a public health insurance program that is jointly administered by the federal and state governments, helping people with limited income access affordable health care services, including doctors' visits, hospital care, vision, dental and prescription coverage.

Medicaid covers a wide range of people, including children, pregnant individuals, working adults, individuals with limited incomes, older adults including those who are also eligible for Medicare (dual eligible), and people with disabilities.

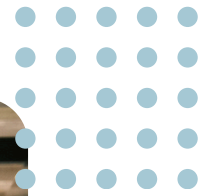


MICHIGAN MEDICAID PROGRAMS

MiChild is a healthcare program for children under age 19. There is a \$10 per family monthly cost for the program. The program is run by the Michigan Department of Health and Human Services and is Michigan's version of the federal Children's Health Insurance Program (CHIP).

Healthy Michigan Plan (HMP) provides free or low-cost health care to low-income Michigan residents between 18 and 65 years old. You may be able to join a Healthy Michigan Plan if your income is at or below 133% of the federal poverty line. Healthy Michigan Plan does not apply to people who are pregnant or people who already qualify for Medicare or another Medicaid plan.

Plan First! is a limited-benefit Michigan Medicaid program that provides free family planning and reproductive health services to low-income residents. It covers contraception, testing and treatment for sexually transmitted infections (STI), and wellness (routine screening, pregnancy testing, counseling, and preconception health). It does **not** cover general medical care, hospital stays, or treatment for unrelated illnesses.



CHANGES TO MEDICAID

The Michigan Department of Health and Human Services (MDHHS) is making these changes because of a law called H.R. 1, also known as the One Big Beautiful Bill Act, that was passed by Congress and signed by President Trump July 4, 2025. H.R. 1 adds restrictions to how Medicaid and SNAP work across the nation, including in Michigan.



Immigrant Eligibility



Work Requirements

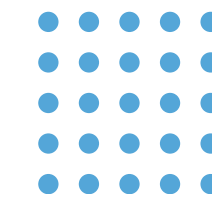


Renewals



Retroactive Coverage

IMMIGRANT ELIGIBILITY



October 1, 2026

Who continues to receive Medicaid?

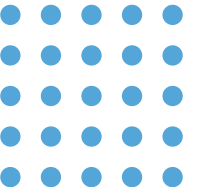
The following immigration statuses will continue to qualify for full Medicaid coverage, if all other eligibility requirements are met:

- Lawful permanent residents (LPRs) after the 5-year waiting period,
- Cuban/Haitian entrants,
- Compact of Free Association (COFA) migrants.

Most pregnant individuals and children under the age of 21 who lawfully reside in Michigan will also continue to receive full coverage.

Individuals in these categories do not need to take any action unless they receive a notice from the state.

IMMIGRANT ELIGIBILITY



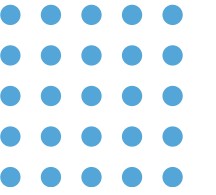
October 1, 2026

Who is no longer eligible?

People who do not have lawful permanent resident status will lose Medicaid eligibility if they are in one of these groups:

- Refugees
- Asylees
- Amerasian immigrants
- People whose deportation or removal order has been withheld
- Victims of trafficking
- Certain Afghan and Ukrainian parolees, including:
 - People paroled under the Afghan Allies Protection Act of 2006
 - Afghans with humanitarian parole between July 31, 2021, and September 30, 2023
 - Ukrainians with humanitarian parole between February 24, 2022, and September 30, 2024

IMMIGRANT ELIGIBILITY



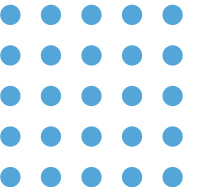
October 1, 2026

Who is no longer eligible?

People who do not have lawful permanent resident status will lose Medicaid eligibility if they are in one of these groups:

- Parolees who have been in the U.S. for at least one year
- Certain American Indians admitted for permanent residence
- Lawfully residing active-duty service members, honorably discharged veterans, and their families
- Abused spouses and children (under the Violence Against Women Act)

IMMIGRANT ELIGIBILITY



October 1, 2026

Who transitions to ESO?

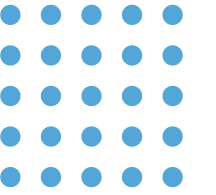
Individuals whose immigration statuses do not fall within one of the eligible categories will transition to Emergency Services Only (ESO) coverage.

Emergency Services Only coverage includes treatment for emergency medical conditions. An emergency medical condition is one with severe symptoms that require immediate medical attention to prevent serious harm to health.

Emergency Services Only coverage does **NOT** cover:

- Routine doctor visits
- Preventive care
- Ongoing treatment for chronic conditions
- Most prescription medications
- Non-emergency procedures

WORK REQUIREMENTS



January 1, 2027

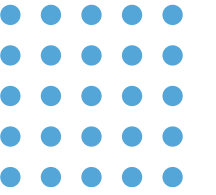
Who do work requirements apply to?

Work requirements only apply to people ages 19 – 64 who are on the Healthy Michigan Plan (HMP).

Exemptions

- Already subject to work requirements for food (SNAP) benefits.
- Already meeting work requirements for cash (TANF) benefits.
- Pregnant or gave birth within the past 12 months.
- A parent or caregiver of a child age 13 or under.
- A caregiver of a person(s) with a disability (someone who needs help with daily activities).
- An American Indian or Alaska Native (AI/AN).
- A person that was in foster care at age 18 and is currently younger than age 26.
- A disabled veteran.
- In a treatment program for a substance use disorder.
- In jail or prison now or in the past three months.
- A person with complex health needs, also referred to as medically frail.
- Living with a substance use disorder.
- Living with a physical, intellectual or developmental disability that makes it hard to do daily activities.
- Living with a mental health disorder.
- Living with a serious health condition that requires regular treatment.

WORK REQUIREMENTS



January 1, 2027

Who do work requirements apply to?

Work requirements only apply to people ages 19 – 64 who are on the Healthy Michigan Plan (HMP).

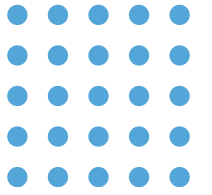
Exemptions

Experiencing temporary hardship, which is a short-term situation that may make it hard to work or complete other qualifying work activities. In these cases, you may not need to meet work requirements for a limited period of time.

Temporary hardships include:

- Receiving care in a facility such as a hospital, nursing facility, psychiatric hospital, facility for people with intellectual disabilities, etc.
- Traveling outside of your community of residence for medical care for yourself or a dependent because it is not available in your community.
- Living in federally declared disaster areas.
- Living in an area with a high unemployment rate.

WORK REQUIREMENTS



January 1, 2027

MEET THE MINIMUM MONTHLY INCOME

You meet work requirements if you earn at least \$580* in at least one month during the review period.

This includes all forms of earned income including jobs and self-employment. Make sure you report your job and all income on your application.

*This is not an income limit for Medicaid eligibility. You can find more information about general Medicaid eligibility at Health Care Programs Eligibility.

How do you meet work requirements?

OR

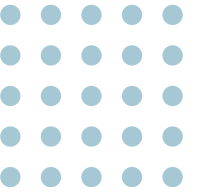
COMPLETE 80 HOURS OF APPROVED ACTIVITIES

You can also meet work requirements by completing at least 80 hours of approved activities in one month during the review period. Approved activities include:

- Paid or unpaid employment.
- Internship or work program.
- Volunteering or community service.
- Attending a high school or GED program.
- Attending a college or vocational program.

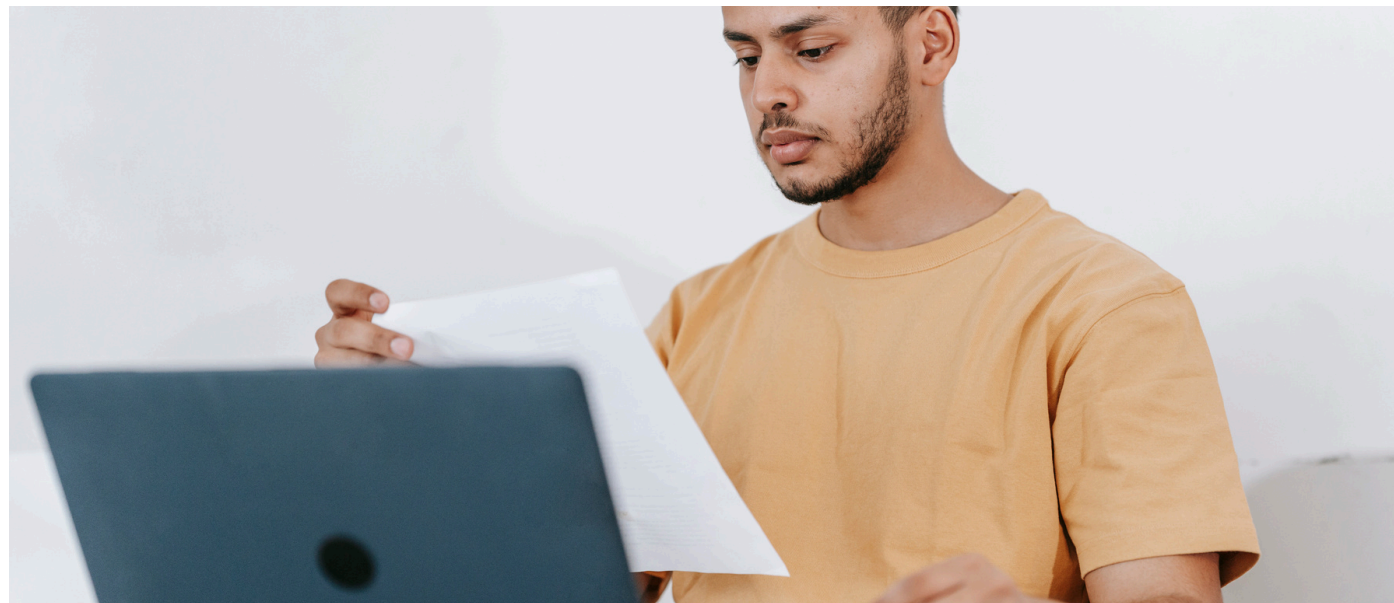
You can combine activities to reach 80 hours in a single month. You must report your activities and the number of hours completed to MDHHS.

RENEWALS



January 1, 2027

What is changing?

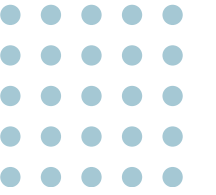


The state will need to check eligibility every six months instead of annually for people enrolled in HMP.

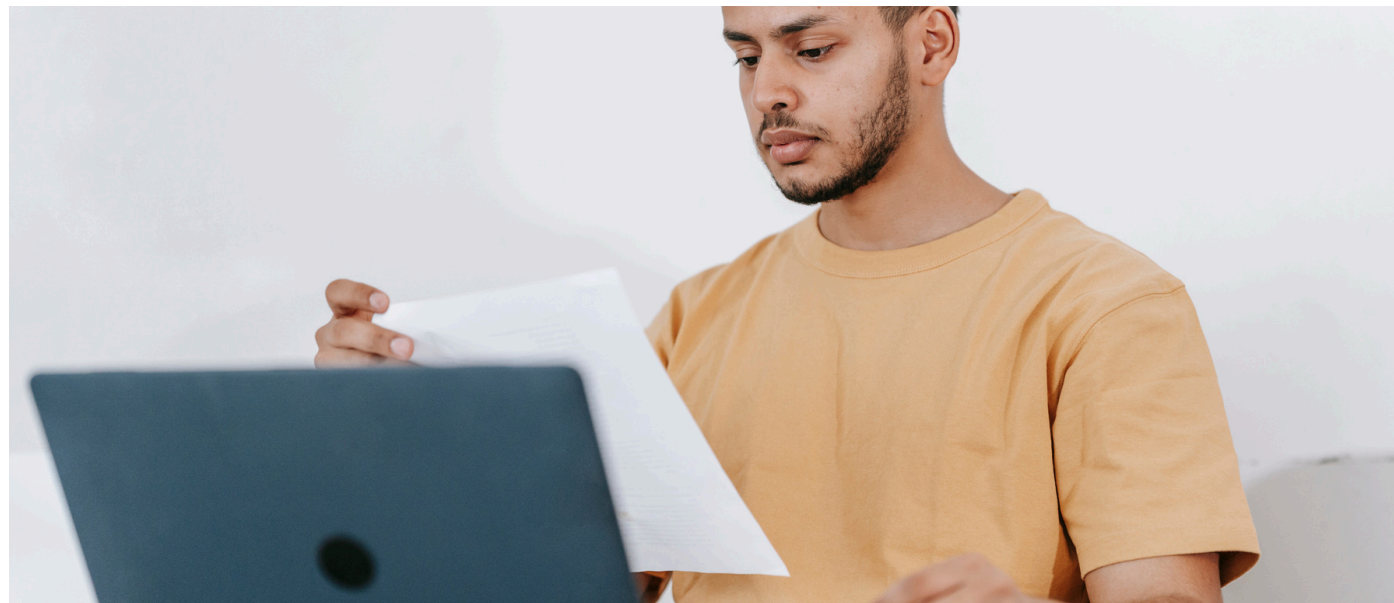
Implications:

- Members may receive more requests to confirm information, such as income or household size.
- It will be important for members to update their contact information and respond to notices from the state timely.

RENEWALS

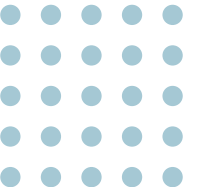


January 1, 2027



Renewals and work requirements

- Work requirements will apply to HMP enrollees with renewal dates on or after March 1, 2027.
- MDHHS will check to see if you're meeting work requirements at each HMP renewal.
- MDHHS will try to automatically renew your coverage using information already available to us about your approved activities, income, or exemption status.
- If MDHHS can verify that you still meet all eligibility requirements, including work requirements, coverage will be renewed automatically.
- If MDHHS does not have enough information to verify that you met work requirements or qualify for an exemption, we will contact you to request more information.



RETROACTIVE COVERAGE

January 1, 2027

Changes for ALL Medicaid members

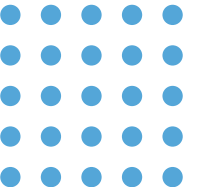
CHANGES

- Medicaid sometimes paid for medical services received before the resident applied for benefits if they qualified during that time frame. This is called retroactive coverage.
- Previously, Medicaid could cover services that occurred up to three months before the application date.
- Under the new rule HMP members may receive coverage for up to one month before applying.

IMPLICATIONS

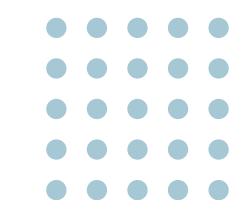
- People who receive medical care before applying for Medicaid may have to pay more of those bills themselves.
- Someone who is hospitalized or receives care earlier than the new retroactive coverage window may not have those services covered.
- Applying for Medicaid as soon as possible will become more important to avoid uncovered medical bills.

WHAT TO DO



Please encourage clients to:

- Update their contact information in MI Bridges.
 - Upload current immigration status documents to MI Bridges.
 - Document pregnancy status and history in MI Bridges.
 - Watch for letters, texts, or emails from MDHHS or communications from their health plan.
 - Respond quickly if MDHHS requests additional information.
-
- Call Michigan Beneficiary Help Line: 1-800-642-3195 for assistance with Mihealth cards, address updates, or general case questions. (TTY 1-866-501-5656.)



FREE/LOW COST HEALTH CARE OPTIONS

FREE CLINICS

Find a clinic:

<https://www.fcomi.org/find-a-clinic>

Holland Free Health Clinic
Love in Action Health and Dental Clinic
Exalta Health
Oasis of Hope Clinic
Community Partners Medical Free Clinic at
Mel Trotter Ministries
New Life Family Health
Cristo Rey Family Health Clinic

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS)

Find a center:

<https://findahealthcenter.hrsa.gov/>

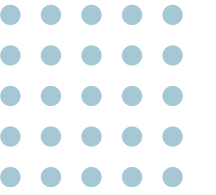
Catherine's Health Center
Cherry Health
Hackley Community Care Center
Muskegon Family Care
Ingham Community Health Centers

EMERGENCY SERVICES ONLY (ESO) MEDICAID

For non-citizens who become ineligible.

Covers life-threatening emergencies only.

- Does not cover:
 - Regular doctor visits
 - Preventative care
 - Ongoing care for long-term illnesses
 - Most prescriptions medicines
 - Non-emergency procedures



RESOURCES

West Michigan Medicaid Task Force

Outreach materials in a variety of languages, partner network of community navigators, monthly community calls, Muskegon work group, and enrollment resources coming soon.

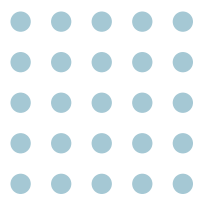
www.westmimedicaid.org

MDHHS Website

Official details of Michigan changes, policies, and procedures. Updated regularly with most recent public information.

<https://www.michigan.gov/mdhhs/assistance-programs/medicaid/medicaid-changes>

<https://www.michigan.gov/healthymiplan/new-medicaid-work-requirements>



THANK YOU

Questions?

Contact Katie at coordinator@westmimedicaid.org