



MI Health Link

Keeping You Eligible for MI Health Link:

What You Need to Know about Redetermination and Deeming

1. What is Medicaid Redetermination?

Every year, people in Medicaid have to provide information to their caseworker at MDHHS to show they continue to be eligible for Medicaid. This is called “redetermination.”

2. What happens if I am enrolled in MI Health Link and I do not get my redetermination paperwork in on time or my caseworker does not process it right away?

Sometimes, people do not return their paperwork by the due date or MDHHS staff is not able to review the paperwork that is sent in by the deadline for redetermination. If your paperwork is not entered into the system by the due date, you will lose full Medicaid eligibility.

The good news is that the MI Health Link program allows people to remain enrolled in their health care program for up to three months after the due date to give them a chance to get their redetermination paperwork sorted out with their caseworker. This is called “deeming”.

3. What should I do if I think I am still eligible for full Medicaid?

Submit your Medicaid redetermination paperwork to your caseworker, if you have not done so already. If you have submitted your paperwork, contact your MDHHS local caseworker to discuss your case and see if anything else is needed.

4. How will I know if I am in deeming?

Your MI Health Link health plan will send you a letter that will explain you are in deeming.

5. Does deeming mean I am eligible for Medicaid?

No, you are not deemed eligible for Medicaid until you get your redetermination paperwork sorted out with your caseworker. **You can continue to be enrolled in MI Health Link and receive all of your Medicare and most of your Medicaid health care services.** (see question #13 below)

6. Is deeming a good thing?

Yes, deeming allows you to continue to get your Medicaid services from your MI Health Link health plan. You would not be able to get these services without deeming. Deeming is like a grace period or extension on your redetermination deadline that gives you time to straighten out your paperwork with your caseworker.

7. How long will I be in deeming?

Deeming may last for up to three months. It starts at the time you lost full Medicaid because your paperwork was not entered into the system. If you regain full Medicaid, the deeming period will end and you will continue to be enrolled and receive health care services through your MI Health Link health plan.

8. What happens when deeming ends?

If you do not regain full Medicaid eligibility at the end of the deeming period, you will no longer be enrolled in the MI Health Link health plan. Your MI Health Link health plan will send you a letter explaining you are no longer enrolled.

You will receive your Medicare services through traditional Medicare or you can choose a Medicare Advantage Plan and a Medicare Part D plan. You will no longer be eligible to receive Medicaid services.

9. Can I choose a different Medicare Advantage Plan during deeming?

Yes, you have the right to choose a different Medicare Advantage plan during deeming. If you do that, you will **not** receive any Medicaid benefits. The only way to continue to receive Medicare and Medicaid benefits during deeming is if you stay in your MI Health Link health plan. Your plan will continue to provide you with both Medicaid and Medicare services during deeming.

10. Can I choose a different MI Health Link plan during deeming?

No, you cannot choose a different MI Health Link health plan during deeming. Once you regain full Medicaid eligibility, you may choose a different MI Health Link health plan.

11. What services do I receive during deeming?

The MI Health Link health plan is required to continue to provide Medicare and Medicaid services during the deeming period including personal care, nursing home care, and home and community based services. Other services may be available too.

12. Are any services not covered during deeming?

Medicaid services for behavioral health, intellectual/developmental disability, or substance use disorders may not be covered during deeming. If you have questions about Medicaid behavioral health services and whether you can receive these services during deeming, contact your behavioral health provider. Medicare behavioral health services will still be covered during the deeming period.

13. Will I have to pay for services during deeming?

No. There is no co-pay or deductibles for services provided by a provider in your health plan's network during the deeming period.

14. Will I have to pay any premiums during deeming?

Since you are not Medicaid eligible during deeming, Medicaid will not pay for your Part B premium. If you want to continue your Medicare Part B coverage, you will need to pay the premium.

15. Will I pay for services if I don't regain full Medicaid?

The health plans must pay for all covered Medicaid services during the three month deeming period. Even if you are not able to get full Medicaid coverage back by the end of the three month deeming period, the health plan **cannot** ask you to pay for any services you received during those three months.

16. Will my providers know I am in deeming?

Yes. When your providers check for Medicaid eligibility, they will see a message that tells them you are in deeming status and they should bill the health plan for the services they provide to you.