

| MONTHLY REPORT | | |
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| NAME OF STATE/TERRITORY: MICHIGAN | | |
| SUBMISSION DATE: 04/07/2025 | | |
| REPORTING PERIOD: 03/2025 | | |
| RENEWALS INITIATED | NUMBER | STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA |
| 4. Total beneficiaries for whom a renewal was initiated in the reporting period | 193,647 | |
| RENEWALS AND OUTCOMES | NUMBER | STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA |
| 5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d) | 208,069 | |
| 5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)] | 158,680 | |
| 5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis | 115,926 | |
| 5a(2) Number of beneficiaries renewed using a pre-populated renewal form | 42,754 | |
| 5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace) | 5,148 | |
| 5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond) | 1,701 | Does not include those who failed to respond to the renewal request, as Michigan opted to hold closure on those citing 42 CFR 435.912(e). Other administrative closures were processed as planned. |
| 5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed | 42,540 | Michigan opted to hold closures for one month on all renewals that did not respond citing 42 CFR 435.912(e). Michigan is attempting additional outreach and the March renewals that do not respond will be closed by the end of April 2025. |
| 6. Month in which renewals due in the reporting month were initiated | January | |
| 7. Number of beneficiaries due for a renewal as the current month and any prior months whose renewal has not yet been completed | 73,482 | |
| MEDICAID FAIR HEARINGS | NUMBER | STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA |
| 8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period | 12 | |

PRA Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is collecting this mandatory report under the authority in sections 1902(a)(4)(A), 1902(a)(6) and 1902(a)(75) of the Social Security Act (the Act), 42 CFR § 431.16 to ensure proper and efficient administration of the Medicaid program and section 2101(a) of the Act to promote the administration of the Children's Health Insurance Program (CHIP) in an effective and efficient manner. This reported information will be used to assess the state's plans for processing renewals when states begin restoring routine Medicaid and CHIP operations after the COVID-19 public health emergency ends. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #66). The time required to complete this information collection is estimated to average 17 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.