

Medicaid Eligibility Changes for Certain Immigrants: What Community Based Organizations Need to Know to Help Immigrant Families

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What is Changing

Medicaid Eligibility Changes for Certain Immigrants

Beginning October 1, 2026, federal law changes Medicaid eligibility for certain immigrants. This presentation explains what is changing, who is affected, and what coverage options remain available in Michigan.

Overview

- Federal law changes which immigrants may receive full scope Medicaid.
- These changes apply in every state, including Michigan.
- The law changes Medicaid eligibility. The law does not change immigration status, immigration benefits, or an individual's legal presence in the United States.

These changes are part of broader Medicaid eligibility changes taking effect in 2027, including six-month renewals and work/community engagement requirements.

Implications

- Many community-based organizations will begin receiving questions from individuals who have heard that immigrants are losing Medicaid.
- Some immigrants will lose full Medicaid, but many will not.
- Michigan must review everyone's case and follow a specific eligibility process before reducing or terminating coverage. (See Slide 11.)
- Some people who lose full Medicaid can still receive coverage through Emergency Services Only or qualify through another pathway.

What Changed Under Federal Law (1/2)

Beginning October 1, 2026, a new federal law—known as the One Big Beautiful Bill Act or H.R. 1—narrows which immigration statuses may receive federally funded full Medicaid benefits.

Background

- Historically, federal Medicaid law allowed many categories of qualified noncitizens¹ to receive federally funded full Medicaid benefits if they met all other Medicaid eligibility requirements.
- H.R. 1 changes that framework by eliminating federal funding for full Medicaid and CHIP to a much smaller group of immigrants.

Who Continues To Be Eligible for Full Coverage:

- U.S. citizens
- U.S. nationals
- Lawful permanent residents (LPRs)
- Cuban/Haitian Entrants
- Compact of Free Association (COFA) migrants

Note: Special Immigrant Visa (SIV) holders legally residing in the U.S. will not be eligible for full coverage unless they adjust to LPR status and, as applicable, meet the 5-year bar (see slide 12 for details).

¹Defined under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.

What Changed Under Federal Law (2/2)

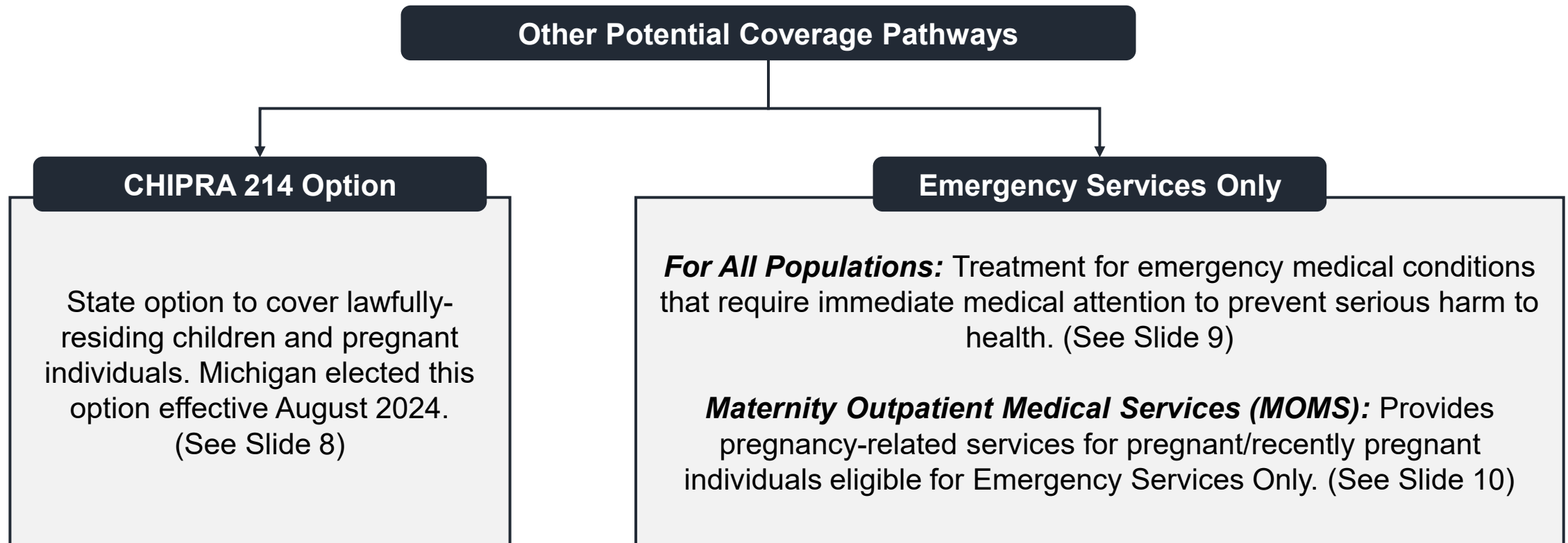
The following noncitizens will no longer be eligible for federally funded full Medicaid benefits. Lawfully residing children and pregnant individuals may be eligible for alternative coverage through the CHIPRA-214 option.

- Refugees
- Asylees
- Noncitizens paroled into the US for at least one year
- Noncitizens granted withholding of deportation
- Noncitizens granted conditional entry prior to 4/1/1980
- Noncitizens subject to battery or extreme cruelty by their US citizen or LPR relative
- Trafficking victims
- Amerasian immigrants
- Lawfully residing veterans/active-duty service members and certain family members
- American Indians born in Canada or American Indians who are members of a federally recognized tribe
- Humanitarian parolees¹
- Other lawfully residing noncitizens

¹Including certain Afghan and Ukrainian parolees.

Other Potential Coverage Pathways

Losing one eligibility pathway does not automatically mean someone loses all Medicaid coverage. Before reducing or ending benefits, Michigan must determine whether the individual qualifies under another Medicaid pathway.



Michigan's CHIPRA 214 Option Preserves Coverage for Many Families



Michigan's election of CHIPRA 214¹ is one of the most important protections available under the new federal law.

Who CHIPRA-214 Covers:

- States may cover lawfully-residing children and pregnant individuals under the CHIPRA 214 option. Michigan elected the CHIPRA 214 option before H.R. 1 was enacted.
- As a result, qualified noncitizens who would lose Medicaid coverage as refugees, asylees, trafficking victims, and parolees are covered when they are lawfully-residing children or pregnant individuals.

The CHIPRA 214 Option Does Not Apply To:

- An adult qualified noncitizen who is not pregnant, such as an adult asylee. This individual retains eligibility for Emergency Services Only. (See next slide.)

¹CHIPRA = Children's Health Insurance Program Reauthorization Act of 2009 ([CHIPRA](#)).

²A child or pregnant individual is "lawfully-residing" if they're "lawfully-present" as described in State Health Official Letters [10-006](#) and [12-002](#).

Emergency Services Only: What Coverage Remains?

Individuals who no longer qualify for full Medicaid may still qualify for Emergency Services Only (ESO) coverage, provided they meet all other eligibility criteria (e.g., residency, income, and work requirements [if an expansion adult]).

Covered Services

- Services necessary to treat emergency medical conditions, i.e., a sudden condition requiring immediate medical attention to prevent serious jeopardization of health or serious impairment or dysfunction.

Services Not Covered

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

! Community organizations should help individuals understand that ESO is an important safety net, but not a substitute for comprehensive health coverage.

Maternity Outpatient Medical Services (MOMS)

Michigan also operates MOMS, a coverage program that provides prenatal and postpartum outpatient pregnancy-related services to individuals who are pregnant/postpartum and eligible for ESO.

Eligible Population

- Individuals who are pregnant or up to two months postpartum
- Eligible for ESO
- Income at or below 195% FPL

Coverage Period

- Duration of pregnancy and up to two months postpartum

Covered Services

As it relates to outpatient pregnancy and postpartum-related services, includes:

- Prenatal care and pregnancy-related care
- Pharmaceuticals and prescription vitamins
- Radiology and ultrasound
- Professional fee for labor and delivery
- Outpatient hospital care
- Postpartum care through two calendar months
- Other pregnancy-related services approved by the Medical Services Administration (MSA)

How Michigan Will Determine Whether Coverage Continues

Starting in August 2026, Michigan will complete several eligibility steps before reducing or terminating Medicaid coverage.

- 1 Identify the affected cohort.** MDHHS will first identify all beneficiaries receiving full Medicaid or CHIP who are not U.S. citizens or U.S. nationals, and whose immigration status is not LPR, Cuban/Haitian entrant, or COFA migrant, and who are not covered under a CHIPRA 214 election.
- 2 Reverify *ex parte* through the Federal Hub.** MDHHS will submit a new request to reverify satisfactory immigration status without beneficiary involvement using available data from federal sources such as the Hub “Verify Lawful Presence” (VLP) or DHS Systematic Alien Verification for Entitlements (SAVE).
- 3 Request information only where necessary.** If electronic verification fails, MDHSS will request documentation limited to the change at issue and give the beneficiary reasonable time to respond. If they respond with a new declaration of satisfactory immigration status and the state is unable to verify, it will provide a 90-day reasonable opportunity period during which it will continue verification efforts, including, if necessary, requesting documentation from the individual.
- 4 Consider all bases before acting.** MDHHS will evaluate every remaining basis of eligibility, including the CHIPRA 214 option, ESO, and MOMS, before terminating or reducing coverage.
- 5 Provide notice and hearing rights.** MDHHS will provide advance notice of adverse action and an opportunity for a fair hearing or CHIP review before terminating coverage or reducing benefits.*

What Is Not Changing for Legal Permanent Residents (LPRs)

Many qualified noncitizens are subject to a five-year waiting period before becoming eligible for full Medicaid or CHIP benefits. However, some noncitizens are exempted from the five-year waiting period. LPRs who are exempt from the five-year waiting period include:

- Children receiving foster care or adoption assistance
- Individuals admitted as an Amerasian immigrant
- Individuals granted Iraqi or Afghan special immigrant status
- Lawfully residing children or pregnant individuals
- Asylees and refugees
- Cuban/Haitian entrants and COFA migrants
- Victims of trafficking and their spouse, child, sibling, or parent or individuals with a pending application for a victim of trafficking visa
- Individuals granted withholding of deportation
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Veterans or active-duty military and their spouses or unmarried dependents who also have “qualified noncitizen” status

Coverage Transition Scenarios

Scenario 1: Refugee Who Adjusted to Lawful Permanent Resident (LPR) Maintains Full Medicaid

Member Overview



- Daniel is a 38-year-old adult who was admitted as a refugee in 2019 and adjusted to LPR status in 2021.
- In September 2026, he is enrolled in full Medicaid in the adult group and the State's file still codes him as a refugee because it retained his original qualified noncitizen designation and never updated after his adjustment.

Redetermination Process



- In August 2026, Daniel is flagged as potentially affected by the upcoming H.R. 1 policy change because the State's record shows refugee rather than LPR status for him.
- The State submits a data verification request to the Federal Hub which returns Daniel's current status as a LPR with a 2021 grant date.
- As a refugee who adjusted to LPR, Daniel is exempt from the five-year waiting period.

Outcome



- Daniel is a Medicaid eligible noncitizen.
- Daniel's full Medicaid coverage continues without change and the State notifies him that he remains eligible.

Scenario 2: Adult Asylee Whose Full Medicaid Coverage Ends



Member Overview

- Fatima is a 42-year-old single adult who was granted asylum in 2022 and has been enrolled in full Medicaid in the adult group since 2023. She is not pregnant.
- In September 2026, the State's file records her verified immigration status as an asylee.



Redetermination Process

- In August 2026, the State identifies Fatima as potentially affected by the upcoming H.R. 1 policy change because of her asylee status.
- The State submits a data verification request to the Federal Hub which confirms her asylee status.
- The State sends Fatima a request for information. Fatima confirms she remains an asylee and has not adjusted to LPR status.



Consideration of All Bases and Outcome

- The State evaluates every remaining basis of eligibility. Because Fatima is an adult who is not pregnant, the CHIPRA 214 option does not apply, and no other eligibility basis applies.
- The State provides advance notice of adverse action with fair hearing rights before reducing her coverage.
- Fatima's full Medicaid coverage terminates effective October 1, 2026. She remains eligible for Emergency Services Only coverage.¹

¹Per federal law, states must provide emergency Medicaid coverage to individuals who, but for their immigration status, would qualify for full-scope Medicaid.

Scenario 3: Child Eligible Under CHIPRA-214



Member Overview

- In September 2026, Sofia is a 10-year-old who was paroled into the U.S. for at least one year in 2024.
- She is enrolled in full CHIP benefits.



Redetermination Process

- In August 2026, the State identifies Sofia as potentially affected by the upcoming H.R. 1 policy change because of her status, and the State's redetermination must consider all bases of eligibility, including the CHIPRA 214 option.
- The State checks the Federal Hub which confirms her parolee status.



Outcome

- Because Sofia is a lawfully residing child under age 19 and the State has elected CHIPRA 214, Sofia continues to be eligible for her full CHIP benefits.
- Sofia retains full CHIP coverage with no reduction on October 1, 2026.
- The State will notify Sofia's family that her coverage continues.

Scenario 4: Pregnant Asylee Retains Full Medicaid Coverage under CHIPRA-214



Member Overview

- In September 2026, Rosa is a 29-year-old who was granted asylum in 2023.
- She is pregnant and enrolled in full Medicaid pregnancy and postpartum coverage.



Redetermination (with the Election)

- In August 2026, the State identifies Rosa as potentially affected by the upcoming H.R. 1 policy change because of her status.
- The Federal Hub confirms Rosa's asylee status.



Consideration of All Bases and Outcome

- Because Rosa is a lawfully residing pregnant individual and the State has elected CHIPRA 214, she retains full Medicaid pregnancy and postpartum coverage with no reduction on October 1, 2026.
- The State will notify her that she remains eligible for the coverage in which she is enrolled.

Special Rules for People with Supplemental Security Income

Certain SSI Recipients May Keep SSI but Lose Medicaid

Certain Supplemental Security Income (SSI) recipients who were automatically deemed eligible for Medicaid may no longer receive Medicaid due to changes in federal law.

Issue

- States, like Michigan, operating under Section 1634 of the Social Security Act may automatically grant Medicaid eligibility to SSI recipients.
- H.R. 1 did not change SSI immigration eligibility rules. H.R.1 did limit which noncitizens qualify for federally funded Medicaid.
- **This means that some individuals may qualify for SSI but may no longer be automatically determined eligible for Medicaid.**

Operational Implications

- Michigan will need to check immigrant eligibility for every individual who is determined eligible for SSI.
- Most noncitizens who still qualify for federally funded Medicaid will continue to be automatically determined eligible.
- Effective October 2026, SSI-eligible individuals who do not meet Medicaid eligibility based on their immigration status will no longer be automatically determined eligible for Medicaid.

Scenario 5: SSI Recipient Loses Full Medicaid Coverage



Member Overview

- In September 2026, Ahmed is a 56-year-old man who receives SSI because of a severe disability.
- He was granted asylum in 2023 and has been enrolled in full Medicaid in the adult group since 2024.



Redetermination

- In August 2026, the State identifies Ahmed as potentially affected by the upcoming H.R. 1 policy change because of his asylee status.
- The State submits a verification check to the Federal Hub which confirms his asylee status.
- The State sends a request for information and Ahmed confirms he remains an asylee and has not adjusted to LPR status.



Outcome

- The State evaluates every remaining basis of eligibility. Because Ahmed does not qualify under another Medicaid category and CHIPRA 214 does not apply, he no longer qualifies for full Medicaid coverage.
- The State provides advance notice of adverse action with fair hearing rights before reducing his coverage.
- Ahmed's full Medicaid coverage terminates effective October 1, 2026. He remains eligible for Emergency Services Only coverage.

Informing Members of Upcoming Changes

How Will Members Know If They Are Affected?

If a member's coverage is changing due to the H.R. 1 immigrant eligibility changes, they will receive a Notice of Case Action by mail, text, or email.

- The notice will explain:
 - The action taken;
 - Effective date;
 - The reasoning for the decision;
 - The legal basis for the change;
 - Changes to their coverage;
 - Details about their new coverage; and
 - How to appeal the decision.

If a member submits documentation to verify eligibility but receives a notice that reduces or terminates their benefits due to not having documentation, they should call 844-464-3447 to talk to a case worker. They may also use the automated system at this number to hear case status updates, including if documentation was received.

How Will Members Know If They Are Affected?

- Members should:
 - **Keep their contact information updated** and [verify their identity](#) in [MI Bridges](#) so they don't miss important notices.
 - **Use their coverage now to get care**—schedule medical, dental and behavioral health appointments; refill prescriptions to the limit allowed.
 - **Watch their mail and respond quickly** to Medicaid renewal packets, letters from their health plan, or local county Medicaid office.
 - **Provide up-to-date, unexpired immigration documents** that verify their eligibility.
 - **Report any changes** that may affect their coverage.
 - **Continue to check the MI Bridges website** for updates. Information will be posted as it becomes available.

Discussion