

Key messages: Six-month renewal

Updated: 06/15/2026

Summary

Federal rules are changing how often some adults must renew Medical Assistance. Starting in 2027, some adults will need to have their eligibility renewed every six months instead of once a year.

These rules do not apply to everyone with Medical Assistance. They apply to certain adults in the adult expansion population. This generally means adults ages 21 to 64 who do not have dependent children, are not pregnant and do not qualify for Medical Assistance based on a disability.

Minnesota is required to implement this federal change. Our focus is on helping people understand whether the change applies to them, when they need to renew, what information they may need to provide and where to get help so eligible people can stay covered.

Core messages

- Minnesota is required to implement new federal rules that will require some adults with Medicaid — called Medical Assistance in Minnesota — to renew their coverage more often.
- These rules do not apply to everyone. They apply to certain adults in the Medical Assistance adult expansion population, which generally means adults ages 21 to 64 who do not have dependent children, are not pregnant and do not qualify for Medical Assistance based on a disability.
- Our goal is to make sure people understand whether this change applies to them, when they need to renew, what steps they need to take and where to get help so eligible people can stay covered.

What's changing?

- In July 2025, H.R.1, the federal 'One Big Beautiful Bill Act,' was passed, requiring some people enrolled in Medical Assistance to renew their coverage more often.

- Starting in 2027, some adults will need to have their Medical Assistance eligibility renewed every six months instead of once a year. This means people who are affected may need to:
 - Complete the renewal process twice a year.
 - Respond to Medical Assistance notices and requests for information more often.
 - Provide updated information about income, household size or other eligibility factors when asked.
 - Meet new work reporting or community engagement requirements at renewal, unless they qualify for an exemption.
- For many people, this change will not happen by itself. The same adults who are subject to six-month renewals may also be subject to new work reporting and community engagement requirements. That means some people may need to renew coverage more often and report work, school, volunteering, job training, income or an exemption at the same time.
- Minnesota will share more details as federal guidance is finalized and state implementation plans are completed.

Who may be affected?

- These changes apply to some adults in Medical Assistance’s adult expansion population. This generally includes adults who are:
 - Ages 21 to 64.
 - Not living with dependent children.
 - Not pregnant.
 - Not eligible for Medical Assistance based on a disability.
 - This is the same general group that may also face new work reporting and community engagement requirements.
- People who are affected by the change will receive notices before the new renewal schedule applies to them. For many people who are already enrolled, the change will likely apply when they renew coverage in 2027.

Who will not be affected?

- Six-month renewal requirements do not apply to everyone with Medical Assistance.
- Most people will not be affected by this change if they:
 - Are 65 or older.
 - Are under age 21.
 - Are pregnant.
 - Have dependent children.
 - Have been determined disabled by the Social Security Administration or the State Medical Review Team.
 - Are American Indian or Alaska Native.

- There may be other situations where someone is not subject to six-month renewals. Minnesota will explain who is affected and who is not in notices, online information and other materials as more details are finalized.

The biggest risk is not whether someone is still eligible. It is whether they can successfully complete the renewal process more often.

- Many people who will be affected may still qualify for Medical Assistance. The challenge is that more frequent renewals create more chances for people to lose coverage because of paperwork, missed notices, missing information or deadlines.
- Even if someone remains eligible for Medical Assistance, they could lose coverage if they:
 - Miss a renewal notice.
 - Do not return a renewal form when one is required.
 - Do not respond to a request for more information.
 - Miss a deadline.
 - Have outdated contact information and do not receive important notices.
- More frequent renewals add steps to a system that many people already find difficult to navigate. Health coverage will depend not only on continued eligibility, but also on completing each required step on time.

Why this matters

More frequent renewals increase the risk that eligible people lose coverage for administrative reasons, not because they no longer qualify.

When people lose coverage and later regain it, this is often called “churn.” Churn creates instability for people and families. It can interrupt access to prescriptions, delay treatment, disrupt relationships with doctors and clinics, and make it harder for people to manage ongoing health needs.

Coverage gaps can also increase costs across the health care system. When people lose coverage, they may delay care or rely on emergency services. That can lead to worse health outcomes and higher costs.

More frequent renewals can also increase workload for county and Tribal eligibility workers, call centers, navigators and other partners. More renewals mean more notices, more questions, more paperwork, more requests for help and more opportunities for delays or errors.

What people may need to do

- People who are affected may need to renew their Medical Assistance coverage every six months.
- Some renewals may be completed using information the state already has. In those cases, a person may not need to return a renewal form. But people still need to read every notice they receive because they may need to confirm information, report changes or respond if more information is needed.

- People may need to provide updated information about things like:
 - Income.
 - Household members.
 - Address or contact information.
 - Access to other health insurance.
 - Work reporting or community engagement information, if those rules apply.
 - Exemptions from work reporting or community engagement requirements, if applicable.
- If someone receives a renewal notice or request for information, they should respond right away. Waiting until the deadline can increase the risk of a gap in coverage.

What people can do now

- People do not need to renew every six months yet. But they can take steps now to help avoid problems later.
 - People with Medical Assistance should:
 - Watch the mail for Medical Assistance notices.
 - Read notices carefully and respond right away.
 - Keep their contact information up to date: <https://mn.gov/dhs/mycontactinfo/>
 - Know when their renewal is due and renew on time: <https://mn.gov/dhs/renewmycoverage/>
 - Get help from a navigator: <https://www.mnsure.org/help/find-assister/index.jsp>
 - Learn more about federal changes: <https://mn.gov/dhs/federalchanges/>
- Keeping contact information up to date is especially important. If a person moves, changes phone numbers or changes email addresses, they should update their information right away so they do not miss important notices about their coverage.

What Minnesota is working on

- Minnesota is waiting for additional federal guidance and is preparing to implement these changes.
- The state is working to:
 - Explain who is affected and who is not.
 - Prepare notices, website updates, frequently asked questions and training materials.
 - Help people understand when they need to renew and what they need to do.
 - Use existing information where possible to complete renewals without asking people for paperwork.
 - Coordinate six-month renewal messages with work reporting and community engagement messages.
 - Partner with eligibility workers, enrollment assisters, call center staff, counties, Tribal Nations, health plans and community partners.
 - Reduce confusion and help eligible people avoid gaps in coverage.
- More information will be shared as federal guidance is finalized and Minnesota's implementation plans are completed.