

INSERT DATE

BENE OR GUARDIAN
BENE OR GUARDIAN ADDRESS 1
BENE OR GUARDIAN ADDRESS 2
CITY STATE, ZIP CODE

Beneficiary ID Number: <BENEFICIARY ID
NUMBER>

Dear <BENE OR GUARDIAN NAME>:

The Healthy Michigan Plan (HMP) is changing soon due to a new Michigan law. This letter explains the changes that will begin in January 2020 and tells you what you can do today to prepare.

What are the changes?

HMP members will have to report at least 80 hours per month of work or other community activities to keep their health care coverage. Members will have to report these activities to the Michigan Department of Health and Human Services (MDHHS) each month.

Some HMP members will also have to make new HMP premium payments on time and do an HMP Health Risk Assessment (HRA) to keep their health care coverage. Complete the HRA form with your doctor while you discuss what you can do to get or stay healthy.

What do I need to know now? What will be required of me?

As a reminder, these requirements do not take effect until **January 2020**. As the date gets closer, here are some things you can do now:

- Watch your mail.** MDHHS will tell you more about these changes and how to report your work and community activities later this year. You can also find more information and updates at www.healthymichiganplan.org throughout 2019.
- Get to know your HMP costs.** If you are in a health plan, read your MI Health Account statements carefully. Make any payments by due dates on your statements. Tell MDHHS when something changes that could affect your payment amount, such as changes in income or family size. MDHHS will share more information on HMP premium changes later this year.

- Do a healthy behavior every year.** Schedule a check-up with your doctor every year. If you're in a health plan, complete an HRA. Talk to your doctor about different healthy behavior choices that may work for you, like getting a flu shot or getting screened for cancer. Get a copy of the HRA from your health plan or online at www.healthymichiganplan.org >>> After Enrollment.

Do these changes apply to everyone?

No. Not everyone will be affected by these changes. A member's income, health status, years of HMP coverage and other factors will determine whether some or all of these changes apply. MDHHS will share more information on who is affected by this change later this year. You can also visit www.healthymichiganplan.org for updates.

What if I have more questions?

- MDHHS will send more information later this year. Watch your mail and go to www.healthymichiganplan.org for updates.
- If you would like more information on the HRA and healthy behaviors, call your HMP health plan. The plan's number is on the back of your health plan card.
- Report changes that may affect your coverage to MDHHS by visiting www.michigan.gov/mibridges and using the "Report My Changes" function. You may also contact your local office to report these changes. These changes could be the birth of a child, death, marriage or divorce, change in income or change of your insurance coverage.

If you have questions about this notice, visit www.healthymichiganplan.org or call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Sincerely,

Medical Services Administration
Michigan Department of Health and Human Services

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
P.O. Box 30195
Lansing, MI 48909

517-284-1018 (Main), TTY users call 711, 517-335-6146 (Fax),
MDHHS-ComplianceOffice@michigan.gov

You can also file a civil rights complaint with the responsible federal agency.

<p>If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:</p> <p>U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD)</p> <p>Complaint forms are available at https://bit.ly/2IKsHMS.</p>	<p>If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:</p> <p>Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide the all of the information requested in the form.</p> <p>To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p>Fax: 202-690-7442; or Email: program.intake@usda.gov</p>
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MDHHS is an equal opportunity provider.