

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 <u>www.healthymichiganplan.org</u> 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 <u>every year</u>. 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 <u>www.healthymichiganplan.org</u> >>> 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 <u>www.healthymichiganplan.org</u> for updates.

What if I have more questions?

- MDHHS will send more information later this year. Watch your mail and go to <u>www.healthymichiganplan.org</u> 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 <u>www.michigan.gov/mibridges</u> 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 <u>www.healthymichiganplan.org</u> 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

Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available. Call 800-642-3195 (TTY users call TTY:866-501-5656).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-642-3195 (TTY:866-501-5656).
Arabic	ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم -642-800 3195 (رقم هاتف الصم والبكم:-TTY:5656-501)
Chinese	注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 800-642- 3195(TTY:866-501-5656)
Syriac (Assyrian)	رەھةَ ܐ: ܐܢ ܐ̈سdە̈ܢ ܟֵܐ ܗ̈ܡֵܡﺒdە̈ܢ لِعَتَܐ ܐ̈dەi َتَܐ، ܡܢ ﺑdە̈ܢ ܕڣڟﺒdە̈ܢ سِلخِdֵ̈ܐ ܕִۻִידd̈̈ܐ בلِعَتَﮧ جَحِتَﮧبd. منهُܢ خِل جِسَتَﮧ (TTY:866-501-5656) 2008
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phỉ dành cho bạn. Gọi số 800-642-3195 (TTY:866-501-5656).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-642-3195 (TTY: 866-501-5656).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수
	있습니다. 800-642-3195 (TTY:866-501-5656) 번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা
	পরিষেবা উপলব্ধ আছে। ফোন করুন ১-800-642-3195 (TTY ১-866-501-5656)
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-642-3195 (TTY:866-501-5656).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 800-642-3195 (TTY:866-501- 5656).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-642-3195 (TTY:866- 501-5656).
Japanese	注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 800-642-3195(TTY:866-501-5656)まで、お電話にてご連絡ください
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-642-3195 (телетайп 866-501- 5656).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 800-642-3195 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 866-501-5656).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-642-3195 (TTY: 866-501-5656).

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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
 - o 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), <u>MDHHS-ComplianceOffice@michigan.gov</u>

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

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

MDHHS is an equal opportunity provider.