

Michigan Department of Health and Human Services
PO Box 30809
Lansing MI 48909



<First Name> < Last Name>
<Address Line 1>
<Address Line 2>
<City> <State> <Zip Code> <Zip Plus 4>



Important!

Starting **January 1, 2020, Michigan law will require some people in Healthy Michigan Plan (HMP) to tell us each month about 80 hours of work or activities like job search.**

Read the enclosed letter to learn how to keep your health care coverage.



Date: <Month><Day>, <Year>

Name: <First name> <Last name>

Beneficiary ID: <Beneficiary ID>

Dear <First name><Last name>,

You have health coverage through Healthy Michigan Plan (HMP), a Michigan Medicaid program. This letter is about changes to HMP.

Starting January 1, 2020, Michigan law will require some people in HMP to tell us each month about 80 hours of work or activities like job search.

If you don't, you could lose your health care coverage unless you are exempt (excused).

You are not exempt (excused) right now.

Our records show that you are **not** exempt (excused). You will need to tell us each month about work or activities like job search.

An exemption would excuse you from telling us each month about work or activities to keep your HMP coverage. If you think you should be exempt because you have a medical condition or are disabled, pregnant, or have another reason, follow the 3 steps below.

How do I claim an exemption?

- 1 Read** the Exemption Form that came with this letter.

If you think you have an exemption:

- 2 Fill out** the form before January 31, 2020.
- 3 Send** the form to:

MDHHS Special Processing Office
Suite 1405
PO Box 30800
Lansing, MI 48909

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What do I have to do?



Fill out
the form

If you think you should be exempt (excused) because you have a medical condition, are disabled or pregnant, or have another reason, fill out and send the Exemption Form by **January 31, 2020**.



Check for
mail

In December 2019, we will send you more information about HMP changes. We will tell you how to tell us about your work or activities. You may get another letter in January 2020, telling you if you have an exemption.

What if I still have questions?

To learn more, go to HealthyMichiganPlan.org. If you still have questions, call the Beneficiary Help Line at **1-800-642-3195** (TTY: 1-866-501-5656). You can call Monday through Friday, 8 a.m. to 7 p.m.

Thank you,

Medical Services Administration
Michigan Department of Health and Human Services



Fill out the Exemption
Form and send it to us by
January 31, 2020



Learn more online at
HealthyMichiganPlan.org



More questions?
Call us at **1-800-642-3195**
(TTY: 1-866-501-5656)

Nondiscrimination

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.

- **In person or mail:**

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

- **Phone: 517-284-1018** (Main), TTY users call 711
- **Fax:** 517-335-6146
- **Email:** 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.</p> <p>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.