

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!

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**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.**

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



**Don't lose  
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.

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**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).**

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### **You are exempt (excused).**

Our records show that you are exempt (excused) from telling us each month about work or qualifying activities like job search.

### **What do I have to do?**

You do not have to do anything right now. Your exemption will last for **12** months or until your next HMP renewal date, whichever is first.

**Remember:** If your exemption ends, you will need to meet the new requirement, unless you renew the exemption. Be sure to read all letters from the Michigan Department of Health and Human Services.

***Continued on the back*** ►

## What happens next?

- In December 2019, we will send you more information about HMP changes.
- In January 2020, we will send a letter about your exemption and the date your exemption ends.

## What if I still have questions?

To learn more, go to [HealthyMichiganPlan.org](https://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



Learn more online at  
[HealthyMichiganPlan.org](https://HealthyMichiganPlan.org)



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



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](mailto: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 <a href="https://bit.ly/2pBS4YG">https://bit.ly/2pBS4YG</a>, 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 <a href="https://bit.ly/2IKsHMS">https://bit.ly/2IKsHMS</a>.</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: <a href="https://bit.ly/2g9zzpU">https://bit.ly/2g9zzpU</a> 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a></p>
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MDHHS is an equal opportunity provider.