

<Name>
<Address 1>
<Address 2>
<City> <State> <zipcode5-zipcode4>



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.



**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 care coverage through Healthy Michigan Plan (HMP), a Michigan Medicaid program. This letter is about changes to your HMP coverage.

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.

Based on MDHHS records, you must tell us each month about 80 hours of work or other activities. At this time, we do not see that you qualify for an exemption (reason to be excused).

If you don't tell us about work or other activities, you could lose health care coverage.

What do I have to do?

- Complete work or other activities. To find out what activities count for this requirement, read the booklet that came with this letter.
- Between January 25 and February 29, tell us about your January 2020 work or other activities. You can tell us at www.michigan.gov/mibridges. Or call **1-833-895-4355**.
- You will need to do this every month. See the schedule in the enclosed booklet of when to tell us about your work or other activities.

Continued on the back ►

What happens if I do not tell MDHHS about work or activities?

You **must** tell us about work or other activities each month. If you do not report activities for 3 months in one year, you could lose your HMP coverage.

Some HMP members will be exempt (excused) from these requirements. To tell us about an exemption (reason to be excused), you can fill out the form that came with this letter. To learn more about the exemptions (reasons to be excused), such as who qualifies, read the enclosed booklet or go to www.HealthyMichiganPlan.org.

What if I still have questions?

Read the enclosed booklet about work and other activities. This booklet explains how to meet the new requirements. Keep this booklet while you are on HMP. If you have questions, call the Beneficiary Help Line at **1-800-642-3195** (TTY 1-866-501-5656). You can call Monday through Friday from 8 a.m. to 7 p.m.

Thank you,

Medical Services Administration
Michigan Department of Health and Human Services



Read the enclosed
booklet about work and
other activities



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)
- 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 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.