

# GET IT, KEEP IT, KNOW IT, USE IT

What you need to know about your Medicaid Healthy Michigan Plan.

## OPEN ALL MAIL FROM MDHHS IMMEDIATELY!

You should receive a “mihealth card” in the mail



### What is Medicaid (Healthy Michigan Plan)?

Healthy Michigan Plan (HMP) is a health care coverage for adult residents of Michigan ages 19 to 64 that meets income guidelines.

### What does it cover?

- ✓ Doctor Visits
- ✓ Preventive & Wellness Services/Screenings
- ✓ Prescription Drug Coverage
- ✓ Hospital & Emergency Services
- ✓ Transportation to Medical Appointments
- ✓ Labs & X-rays
- ✓ Dental
- ✓ Vision
- ✓ Mental Health & Substance Abuse Treatment
- ✓ Maternity Care

## MEDICAID CONTACT INFORMATION:

Michigan Enrolls	Beneficiary Help Line	MDHHS Genesee County Local Office
1-888-367-6557	1-800-642-3195	1-844-464-3447
WHEN TO CONTACT:		
<ul style="list-style-type: none"> <li>○ Pick your Medicaid Health Plan</li> <li>○ Pick your doctor</li> <li>○ Replace your MI Health card</li> </ul>	<ul style="list-style-type: none"> <li>○ General questions about Medicaid benefits</li> <li>○ Questions about claims</li> <li>○ Report a complaint</li> </ul>	<ul style="list-style-type: none"> <li>○ Report any changes</li> <li>○ Verification Checklist</li> <li>○ Questions about your MDHHS case or paperwork</li> </ul> <p style="text-align: right;">-Status of application -Verification Checklist</p>

### STEP 1 – PICK YOUR MEDICAID HEALTH PLAN

You will receive a letter in the mail from MI Enrolls asking you to pick one of the health plans below:

- If you want to keep your current doctor, call them to see what health plan they accept
- Fill out and return the letter or call MI Enrolls with your doctor and health plan choice



- If you do not choose one of these plans and/or a doctor, one will be chosen for you

# GET IT, KEEP IT, KNOW IT, USE IT

What you need to know about your Medicaid Healthy Michigan Plan.

## **YOU MUST DO THIS TO KEEP YOUR COVERAGE!**

### **Step 2 – COMPLETE YOUR HEALTHY BEHAVIORS**

You will get a packet in the mail with your health plan card and information. When you do:

- Call the doctor listed on your health plan card
  - Schedule your **free** wellness visit, even if you are not sick
- Complete the Health Risk Assessment paperwork that is also in your health plan packet
  - Bring this paperwork with you to your **free** wellness visit with your doctor

**To keep your coverage, you must do at least one or more of the following Healthy Behaviors each year:**

- |  |                                |
|--|--------------------------------|
| ✓ Annual wellness visit with your doctor | ✓ Flu vaccine                  |
| ✓ Dental check-up                        | ✓ Cancer/HIV/STI/TB Screenings |

### **Step 3 – PAY YOUR PREMIUM**

- You may have a monthly fee for coverage
- If you do, you will receive your first bill 6 months after you sign up and a new bill every 3 months after that
- Payments are due on the 15<sup>th</sup> of every month
- Payments can be made by returning the payment coupon with a check or money order or online at [www.healthymichiganplan.org](http://www.healthymichiganplan.org) using your bank account
- **No premium payment = No coverage**
- Report any income and household member changes to MDHHS at 1-844-464-3447
  - *Example: If your income goes down, so will your payment*

### **Step 4 - REPORT YOUR WORK**

- **To keep your Medicaid Healthy Michigan Plan coverage, you must:**
  - Complete 80 hours of work, community service or education/job training per month
  - Report these hours monthly through MI Bridges online at [Michigan.gov/mibridges](http://Michigan.gov/mibridges) or at your local MDHHS office kiosk in the lobby
- **You may be exempt (excused) and not have to report hours. For example, if you are:**

✓ A caretaker of a family member under the age of six or a dependent or non-dependent with a disability	✓ Incarcerated within the last six months
✓ Full-time student	✓ Pregnant
✓ Receiving unemployment benefits	✓ On disability benefits
	✓ You believe you are too sick to work

I can help you with all of this! My name is \_\_\_\_\_  
and my phone number is \_\_\_\_\_