

February 16, 2018

BENE OR GUARDIAN
BENE OR GUARDIAN ADDRESS 1
BENE OR GUARDIAN ADDRESS 2
CITY STATE, ZIP CODE

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

Beneficiary ID Number: <BENEFICIARY ID NUMBER>

Dear <BENE OR GUARDIAN NAME>:

You are getting this notice because your health care coverage is changing.

You are currently enrolled into a Healthy Michigan Plan health plan. As part of the Healthy Michigan Plan, you are asked to do a Health Risk Assessment (HRA) with your primary care provider (PCP) and pick a healthy behavior every year.

Our records show that you have NOT picked a healthy behavior in the last 12 months. If you do not pick a healthy behavior now, your medical coverage will change and you will lose some of your current benefits. Your health plan will change from a Healthy Michigan Plan health plan to a MI Marketplace Option health plan. This change is based on the following provisions: 42 USC 1315; 42 CFR 440.310.

The MI Marketplace Option health plans have fewer benefits and will not include dental and vision coverage.

Who has to join a MI Marketplace Option health plan?

People who meet all the following criteria:

- Have been enrolled in a Healthy Michigan Plan health plan for at least one year,
- Have not picked a healthy behavior as part of a Health Risk Assessment (HRA) in the last 12 months,
- Are age 21 or older,
- Have household income over 100% of the Federal Poverty Level, AND
- Are not medically exempt or exempt for another reason (see FAQ form included with this letter).

Our records show that you meet all of these criteria. This means your health care coverage is scheduled to change.

What happens next?

You will get a letter from Michigan ENROLLS telling you how to enroll in a MI Marketplace Option health plan. If you pick your own MI Marketplace Option health plan, your coverage could change as early as May 2018. If you take no action, a MI Marketplace Option health plan will be chosen for you and your benefits will change in June 2018.

Can I prevent this change?

Yes. If you pick a healthy behavior now you will not have fewer benefits and will not lose your Healthy Michigan Plan health plan. Call the Health Risk Assessment (HRA) Unit as soon as possible to complete a Healthy Michigan Plan HRA and pick a healthy behavior. The HRA Unit can be reached at 1-833-420-8278 Monday through Friday, 8:00 AM – 5:00 PM. Don't delay.

If you don't do an HRA and pick a healthy behavior now, you will have to enroll in a MI Marketplace Option Health Plan.

What if I don't agree that I should be in a MI Marketplace Option health plan?

If you do not think you meet all of the criteria for joining a MI Marketplace Option health plan on the first page of this notice, you may appeal the decision with the Michigan Department of Health and Human Services (MDHHS).

To ask for an appeal, send a request in writing to:

Michigan Department of Health and Human Services
Appeals Section
PO Box 30807
Lansing, MI 48909

You can use the form included with this notice or write your own letter. On your request, make sure you note that this is about the MI Marketplace Option. Your request should also include your name, address, telephone number, case number and Medicaid ID number. For more information, please review the Frequently Asked Questions document and Request for Hearing form included in this mailing.

You have 90 days from the date of this notice to ask for an appeal. If you want to keep your Healthy Michigan Plan coverage during your appeal, you must ask for an appeal by April 16, 2018.

A hearing is an impartial review of the decision made by MDHHS that you believe is wrong. At the hearing you can explain to an Administrative Law Judge why you think MDHHS made a mistake.

After MDHHS gets your request, you may be contacted to see if your issue can be resolved before a formal hearing. If MDHHS cannot resolve your issue, you will get a Notice of Hearing from the Michigan Administrative Hearing System (MAHS). The Notice of Hearing will tell you the date and time of the hearing and give you additional instructions about the hearing. To get ready for the hearing you can:

- Review the hearing summary that you get from MDHHS before your hearing. The hearing summary is a copy of all the information from your case file that was used to make the decision.
- Have someone represent you during the hearing such as a friend, relative, or lawyer. You can also represent yourself.
- Send documents or other information or have witnesses explain where you think MDHHS made a mistake.

MAHS will decide your appeal within 90 days of your request. If you think this timeframe could jeopardize your life or health, you may qualify for an expedited (fast) hearing. If you want an expedited (fast) hearing, write this on your hearing request form. Be sure to write why you think you need a faster decision.

If you have any questions about the hearings process, including the expedited (fast) hearing, you can call MAHS toll-free at 1-877-833-0870.

What do I do if I have questions?

Please read through the Frequently Asked Questions that are included with this letter. If you have more questions or need help, call the Beneficiary Help Line at 1-800-642-3195. Persons with hearing and speech disabilities may call our TTY number at 1-866-501-5656. Office hours are Monday through Friday 8 AM to 7 PM.

Sincerely,

Medical Services Administration
Michigan Department of Health and Human Services

Enclosures

Frequently Asked Questions
MSA-745 - MI Marketplace Option
MSA-801 - Hearing Request - MI Marketplace Option Transition Only

Authority: Title XIX of the Social Security Act, MCL 400.105d(24).	Completion: VOLUNTARY, but required if requested action is to be considered.
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, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.	

Frequently Asked Questions (FAQ) about MI Marketplace Option **www.michigan.gov/mimarketplaceoption**

This FAQ document has important information about how the MI Marketplace Option works, such as who must enroll, how to choose a health plan and what benefits are available.

Keep this FAQ for future reference. You can get more information and any updates at www.michigan.gov/mimarketplaceoption.

GENERAL INFORMATION

What is MI Marketplace Option?

MI Marketplace Option is a health care program through the Michigan Department of Health and Human Services (MDHHS). If you have been enrolled in a Healthy Michigan Plan (HMP) health plan for at least one year, have not picked a healthy behavior as part of an annual HMP Health Risk Assessment (HRA) within the last year, and meet other criteria mentioned below, you will have to move to the MI Marketplace Option and join a MI Marketplace Option health plan.

Who has to join a MI Marketplace Option health plan?

Starting April 1, 2018, people who meet all of the following criteria will need to join a MI Marketplace Option health plan:

- Have not picked a healthy behavior as part of a Healthy Michigan Plan Health Risk Assessment (HRA) within the last year
- Have been enrolled in any HMP health plan for at least one year.
- Are age 21 or older
- Are not Medically Exempt. For more information regarding this, see section titled, **Medical Exemption**.
- Have household income over 100% of the Federal Poverty Level (FPL). Here is a chart that shows the monthly income for different household sizes living at 100% of the Federal Poverty Level:

Household Size	1	2	3	4	5	6
Monthly income is about:	\$1,005	\$1,353	\$1,701	\$2,050	\$2,398	\$2,746

Who does not need to go to the MI Marketplace Option?

People who are currently in a Healthy Michigan Plan will NOT go to the MI Marketplace Option if they meet any one of these criteria:

- Are 19 or 20 years old
- Have a household income under 100% of the Federal Poverty Level

- Have been enrolled in Healthy Michigan Plan health plan(s) for less than 12 months
- Have completed an annual HMP HRA and selected a healthy behavior
- Have done a Healthy Behavior Wellness Program with your HMP health plan
Your HMP health plan will have more information on this
- Have gone to the doctor and completed a healthy behavior in the last year (for example, received a flu shot, got a diabetes screening or got a prescription to try to quit smoking) while in an HMP health plan
- Have a medical condition that meets Medical Exemption criteria
- Have completed a MI Marketplace Medical Exemption Request form and received confirmation of receipt from MDHHS
- Are a member of a federally recognized Indian tribe or are an Alaskan native.
- Are currently pregnant and have notified your local MDHHS office of the pregnancy and due date
- Are living in a nursing facility, receiving hospice services, or receiving Home Help services

What if my personal information has recently changed?

Report all changes that may affect your coverage to MDHHS. Changes could include an address change, pregnancy and due date, birth of a child, death, marriage or divorce, change in income or change in your other insurance. You may also visit www.michigan.gov/mibridges and use the “Report My Changes” function to update your status or check on your current case information.

How are the MI Marketplace Option health plans different from the HMP health plans?

The MI Marketplace Option health plans do NOT cover dental, vision or hearing aids. The drugs that are covered by these plans may be different. The doctors that work with each plan may be different. Your monthly payment for MI Marketplace Option may be different than what you pay as part of Healthy Michigan Plan.

What can I do to stay in my Healthy Michigan Plan health plan?

Call the HRA Unit as soon as possible to complete an HMP HRA and pick a healthy behavior. The HRA Unit can be reached at 1-833-420-8278 Monday through Friday, 8:00 AM – 5:00 PM. Don’t delay.

If you don’t do an HRA and pick a healthy behavior now you will have to enroll in a MI Marketplace Option Health Plan.

Remember, you should complete a health risk assessment and select a healthy behavior every year to avoid having to change to the MI Marketplace Option.

May I complete a healthy behavior after I'm already in a MI Marketplace Option health plan?

Yes. You may do so by calling the HRA Unit as soon as possible at 1-833-420-8278 to complete an HMP HRA and select a healthy behavior. The HRA Unit is available Monday through Friday, 8:00 AM – 5:00 PM.

Once you've done this, you will be able to go back to a Healthy Michigan Plan health plan the next calendar year (after MI Marketplace Option open enrollment). You may also have your premiums reduced by 50% for the remainder of your enrollment in the MI Marketplace Option health plan.

BENEFITS

What services do the MI Marketplace Option health plans cover?

MI Marketplace Option health plans cover the Essential Health Benefits (EHB). MI Marketplace Option health plans do not cover dental, vision, or other non-EHB services.

Essential Health Benefits covered by the MI Marketplace Option health plan network include:

Ambulatory patient services

- Primary care provider services
- Specialist/Referral care services
- Outpatient hospital services
- Home health care services
- Hospice care
- Podiatry care
- Chiropractic services

Emergency services

- Emergency room services
- Emergency transportation/ambulance
- Urgent Care Centers or facilities

Hospitalization

- Inpatient hospital services (e.g., hospital stay, physician and surgical services)

Maternity care

- Prenatal and postpartum care
- Delivery and inpatient services for maternity care

Mental health and substance use disorder services, including behavioral health treatment

- Mental/behavioral health inpatient & outpatient services
- Substance use disorder inpatient & outpatient services

Prescription drugs

- Prescription drugs and supplies (MI Marketplace Option health plans may not cover the same drugs as HMP. If there are medicines you need, look at the drugs covered by the MI Marketplace Option health plan(s) in your area before you enroll.)

Rehabilitative and habilitative services and devices

- Inpatient rehabilitation services
- Outpatient rehabilitation and habilitative services
- Skilled Nursing Facility
- Durable medical equipment, medical supplies, prosthetics and orthotics

Laboratory services

- Laboratory testing services

Preventive and wellness services and chronic disease management

- Includes immunizations/vaccines

Other Benefits

People enrolled in a MI Marketplace Option health plan are eligible to receive certain additional benefits directly from Medicaid if needed. These are called “wrap-around services.” Wrap-around services will not be provided through the MI Marketplace Option health plans. When using these benefits, be sure to have your Medicaid mihealth card. Always keep this card. If you lose your card, call 1-800-642-3195.

The benefits/wrap-around services are:

Non-Emergency Medical Transportation (NEMT): You can get help with transportation to and from non-emergency medical appointments if you have no other way of getting there. If you need transportation to or from MI Marketplace Option covered services and:

- If you live in Macomb, Oakland, or Wayne County - call LogistiCare Solutions at 1-866-569-1902, TTY 1-855-288-3133, Monday through Friday from 8:00 a.m. to 5:00 p.m.
- If you live in any other county, contact your local MDHHS office for help with transportation.

When you call, tell them you need transportation for a “MI Marketplace Option service.” Transportation help must be approved before you can get it.

Family Planning Services and Supplies: The MI Marketplace Option health plans cover family planning services and supplies. If you want to get these services from a Medicaid provider that is not in your MI Marketplace Option health plan network, Medicaid will cover these services.

For questions about these services, call the Beneficiary Helpline at 1-800-642-3195.

What are family planning services and supplies?

The MI Marketplace Option covers family planning services with no out-of-pocket cost. Both men and women can get family planning services. These services help you plan when to have a baby or help prevent an unwanted pregnancy. The MI Marketplace Option covers:

- Doctor visits related to family planning
- Exams related to family planning
- Pregnancy testing
- Birth control counseling
- Birth control methods (condoms, birth control pills)
- Testing for sexually transmitted infections
- HIV/AIDS testing and services

ENROLLMENT

What MI Marketplace Option health plans are available?

The MI Marketplace Option health plans available in 2018 are:

- Blue Cross® Premier PPO Silver Extra
- McLaren Silver Standard
- Meridian Healthy Silver
- McLaren Silver
- Totally You - Value
- MyPriority Surety
- Meridian Smart Silver

Different plans are available in different counties. People moving to MI Marketplace Option health plans will receive an enrollment packet from Michigan ENROLLS that lists the health plan choices where you live.

How do I choose a MI Marketplace Option health plan?

You will receive an enrollment packet from Michigan ENROLLS that lists the health plan choices where you live. The enrollment packet will give more information about how to enroll. Call Michigan ENROLLS at 1-800-975-7630, TTY 1-888-263-5897 for help with choosing a plan.

When choosing a MI Marketplace Option health plan, look for a health plan that works with your providers and offers the medications you need. The hospitals and providers who work with the new health plans may be different from the hospitals and providers that work with any other health plan you may have been covered by previously.

For more information about the plans available, go to www.michigan.gov/mimarketplaceoption.

Can I keep my doctor?

The providers who work with the MI Marketplace Option health plans may be different from the providers who work with your HMP health plan. For more information about the plans available, and what providers they work with, go to www.michigan.gov/mimarketplaceoption. You can also call Michigan ENROLLS at 1-800-975-7630, TTY 1-888-263-5897 for help with finding which doctors work with which plans.

When will my new plan start?

Michigan ENROLLS will let you know when you need to make a health plan selection. Another letter will come letting you know the date you can start using your health plan.

Can I change my MI Marketplace Option health plan?

You can change your MI Marketplace Option health plan during the first 30 days of your enrollment. After 30 days, you have to stay in your health plan until your eligibility for the MI Marketplace Option changes or the next open enrollment period.

When is MI Marketplace Option Open Enrollment?

The MI Marketplace Option follows the open enrollment dates set by the federal government each year. In 2017, the open enrollment period was November 1 through December 15. Michigan ENROLLS will tell you when it is time to choose again and what plans you can choose from.

What should I do if I am in the MI Marketplace Option and find out I am pregnant?

If you think you may be pregnant, see your doctor as early as possible. If you find that you are pregnant while in the MI Marketplace Option health plan, the plan will cover your medical services. Pregnant women do not have to pay co-pays for pregnancy-related services. Pregnant women may choose to receive medical services through the Medicaid program, rather than the MI Marketplace Option; to do so, contact your local MDHHS office to report your pregnancy and due date.

MEDICAL EXEMPTION

I have a serious health condition. What should I do?

You may be eligible for a medical exemption. A medical exemption is for people who have any of the following:

- A physical, mental, or emotional health condition that limits a daily activity (like bathing, dressing, daily chores, etc.)
- A physical, intellectual, or developmental disability that impairs the ability to perform one or more activities of daily living

- A physical, mental or emotional health condition that requires frequent monitoring
- A disability determination based on Social Security criteria (SSDI)
- A chronic substance use disorder
- A serious and complex medical condition or special medical needs

If you have a medical exemption and have completed the MI Marketplace Option Medical Exemption Request form, you will not be enrolled in a MI Marketplace Option health plan. You will remain in a Healthy Michigan Plan health plan.

If you believe you should have a medical exemption, complete and return the MI Marketplace Option Medical Exemption Request form included with this notice. You can have an authorized representative or your physician complete the form for you. MDHHS will review Medical Exemption requests at any time.

COSTS

Will I have premiums or copays for the MI Marketplace Option health plan?

Yes. You will have a monthly cost for your coverage. The cost will include a premium that will be based on your income plus \$2.67 which is an average monthly co-pay amount that is applied to all MI Marketplace Option enrollees. Each month that you have an amount owed, you will receive an invoice from Michigan ENROLLS. The invoice will tell you how much to pay, when the payment is due and how to pay.

Contact Michigan ENROLLS at 1-800-975-7630, TTY 1-888-263-5897 for questions about your invoice.

What if I don't pay?

If you don't pay your required MI Marketplace Option cost-sharing, MDHHS may take any amounts owed from your state income tax refund or lottery winnings.

MI Marketplace Option enrollees will not lose coverage for failure to pay.

How can I pay less for my MI Marketplace Option coverage?

If you complete an HMP HRA and pick a Healthy Behavior, your premiums may be cut in half for the rest of the calendar year.

GRIEVANCE AND APPEALS

I don't agree that I have to enroll in the MI Marketplace Option. What can I do?

MDHHS sent you a notice with this FAQ that explains how to ask for a hearing, along with a hearing request form for the MI Marketplace Option Transition. Read this notice, the form, and the instructions carefully. If you still have questions, visit www.michigan.gov/mimarketplaceoption or call 1-800-642-3195, TTY 1-866-501-5656.

What if I have a complaint about my services or doctor?

Your health plan will send a welcome packet when you enroll. The welcome packet from your health plan will provide information on how you can file a complaint or an appeal.

What if my MI Marketplace Option health plan denies my services?

If your health plan takes an action you don't agree with, you may either file a complaint or ask for an appeal from the health plan. The health plan's welcome packet will include this information.

If the health plan's internal process does not fix the problem, you can ask for a review by the Department of Insurance and Financial Services. Visit <https://difs.state.mi.us/Complaints/> for more information.

You may also file any complaints or concerns about your health care or your health care providers by contacting the MDHHS Beneficiary Helpline at 1-800-642-3195, TTY 1-866-501-5656.

What if MDHHS denies a service (like transportation or family planning)?

You can appeal a denial, like MDHHS not paying a bill or not approving a service. MDHHS will send you notice of this denial and tell you how to request a hearing.

If you have questions about hearings, call 1-877-833-0870.

Where can I get more information now?

Visit www.michigan.gov/mimarketplaceoption or call 1-800-642-3195 (TTY 1-866-501-5656).

Michigan Department of Health and Human Services (MDHHS)
**MI MARKETPLACE OPTION MEDICAL EXEMPTION REQUEST
COMPLETION INSTRUCTIONS**

This form helps MDHHS identify beneficiaries who are eligible for or already enrolled in the MI Marketplace Option and have special health-related needs. MDHHS will use this form to give beneficiaries a “Medical Exemption”. Having a Medical Exemption means you will have a Healthy Michigan Plan health plan, instead of a MI Marketplace Option health plan, as long as you are eligible.

A beneficiary, or his or her authorized representative or physician, should use this form to ask MDHHS for a Medical Exemption. The instructions below describe how to do this.

MDHHS will review Medical Exemption requests at any time. This form must be filled out completely and legibly for MDHHS to process it. Use one form per person/request.

BENEFICIARY INSTRUCTIONS

This form lists the health-related reasons that would make you “Medically Exempt” from the MI Marketplace Option. If any of these reasons apply to you, fill out this form and send it to MDHHS.

Your doctor does not need to sign this form. You can ask for a Medical Exemption on your own. Here is how:

- Fill out Sections I and III of the form, or have someone help you.
- Make sure you sign and date the form.
- Return the form to MDHHS.

MDHHS will tell you if your request is approved or if you have to send more information.

If you have questions about this form or need help filling it out you can call the Beneficiary Help-Line at **1-800-642-3195** or TTY **1-866-501-5656**.

AUTHORIZED REPRESENTATIVE INSTRUCTIONS

If you are a beneficiary’s authorized representative you can ask for Medical Exemption on the beneficiary’s behalf. A physician does not need to sign the form. However, MDHHS may ask you for a letter of authority to process this request. Remember to:

- Fill out Sections I and IV of the form. Make sure you sign and date the form.
- Return the form to MDHHS.

PHYSICIAN INSTRUCTIONS

- Complete Sections I and V of this form. Be sure to sign and date the form.
- The beneficiary must consent to the request by signing and dating the form in Section III. If the beneficiary is unable to sign, his/her authorized representative must sign the form in Section IV.
- Return the form to MDHHS.

RETURN COMPLETED FORM TO: Michigan Enrolls
PO Box 30412 Or Fax to: 517-324-0710
Lansing, MI 48909

MI MARKETPLACE OPTION MEDICAL EXEMPTION REQUEST

Michigan Department of Health and Human Services (MDHHS)

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

SECTION I – BENEFICIARY INFORMATION

Beneficiary Name	Date of Birth	Medicaid ID Number	Telephone Number	
Address (No., Street, Apt./Lot No.)		City	State	ZIP Code

SECTION II – MEDICALLY EXEMPT CRITERIA

By signing the form below *(beneficiary signs Section III or authorized representative signs Section IV)*, I attest that the beneficiary listed above meets one or more of the following criteria:

- Has a physical, mental, or emotional health condition that limits a daily activity (like bathing, dressing, daily chores, etc.).
- Has a physical, intellectual, or developmental disability that impairs the ability to perform one or more activities of daily living.
- Has a physical, mental or emotional health condition that requires frequent monitoring.
- Has a disability determination based on Social Security criteria (SSDI).
- Has a chronic substance use disorder.
- Has a serious and complex medical condition or special medical needs.

SECTION III – BENEFICIARY SIGNATURE

Signature	Date
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SECTION IV – TO BE COMPLETED BY THE AUTHORIZED REPRESENTATIVE (FILL OUT THIS SECTION IF THE AUTHORIZED REPRESENTATIVE IS REQUESTING THE EXEMPTION OR IF A PHYSICIAN IS REQUESTING THE EXEMPTION AND THE BENEFICIARY IS UNABLE TO SIGN)

Authorized Representative Name	Relationship to Beneficiary (may need a letter of authority)	Telephone Number		
Address (No., Street, Apt./Lot No., Ste. No.)		City	State	ZIP Code
Signature			Date	

SECTION V –TO BE COMPLETED BY PHYSICIAN (FILL OUT THIS SECTION ONLY IF THE PHYSICIAN IS REQUESTING THE EXEMPTION) *Note: Beneficiary or authorized representative must also sign the form.*

Physician Name	NPI Number	Telephone Number	
Address (No., Street, Ste. No.)	City	State	ZIP Code
Signature		Date	

DEPARTMENT USE ONLY	
Date Received	Date Processed
Authority: Title XIX of the Social Security Act, MCL 400.105d(24).	Completion: VOLUNTARY, but required if requested action is to be considered.
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.	

HEARING REQUEST FOR MI MARKETPLACE OPTION TRANSITION ONLY

This form is for Healthy Michigan Plan beneficiaries who have been identified for transition into the MI Marketplace Option. Do not use this form for any other types of State Fair Hearings.

INSTRUCTIONS

A hearing is an impartial review of a decision made by the Michigan Department of Health and Human Services (MDHHS) or one of its contract agencies that a beneficiary believes is wrong.

- MDHHS sent you a notice about moving to the MI Marketplace Option. This notice also told you how to ask for a hearing. You can use this form to ask for a hearing about your move to the MI Marketplace Option. You have 90 days from the date of the MDHHS notice to ask for this hearing.
- Read ALL instructions before completing the attached form.

Complete **Section I** using the name of the beneficiary (even if the beneficiary has a guardian or conservator).

Complete **Section II and III** only if you want someone to represent you at the hearing. You may choose to have another person represent you at a hearing.

- This person can be anyone you choose but he/she must be at least 18 years of age.
- You **MUST** give this person written and signed permission to represent you.
- You may give written permission by checking **Yes** in **Section II** and **having the person who is representing you complete Section III. You MUST still complete and sign Section I.**
- Your legal guardian or conservator may represent you. **A copy of the court order naming the guardian or conservator must be included with this request or it cannot be processed.** You can have a lawyer represent you. MDHHS will not pay for any legal expenses.
- Be sure to SIGN THE FORM and keep a copy of this form with the date that you mailed or faxed it.
- Return completed form to:

Michigan Department of Health and Human Services
Appeals Review Section
PO Box 30807
Lansing MI 48909
Or
Fax Number: 517-241-7973

Make a copy of the request and any other document(s) you attach for your records with the date that you mailed or faxed it.

HEARING REQUEST
FOR MI MARKETPLACE OPTION TRANSITION ONLY
Michigan Department of Health and Human Services (MDHHS)
Appeals Review Section
PO Box 30807
Lansing, MI 48909
Fax: 517-241-7973

SECTION I – BENEFICIARY INFORMATION

Beneficiary Name		Date of Birth	Medicaid ID Number	Social Security Number	
Address (No., Street, Apt./Lot No.)			City	State	ZIP Code
Telephone Number	Email Address (Optional)		What is the primary language spoken in your home?		
I want to ask for a hearing about moving from the Healthy Michigan Plan to the MI Marketplace Option. The reasons below are why I think this decision is wrong. Send in additional information if needed.					
Beneficiary or Legal Guardian Signature			Date Signed		
Do you have physical or other conditions requiring special arrangements for you to participate in a hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes (If so, please explain here) _____ Will you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language needed: _____					

SECTION II – REPRESENTATION

Has someone agreed to represent you at a hearing? <input type="checkbox"/> No, I will be representing myself. <input type="checkbox"/> Yes (Please have the authorized hearing representative complete and sign section III below.)

SECTION III – AUTHORIZED REPRESENTATIVE INFORMATION

Authorized Hearing Representative Name (Please Print)		Relationship to Beneficiary		Telephone Number	
Address (No., Street, Apt./Lot No., Ste. No.)		City		State	ZIP Code
Signature of Authorized Hearing Representative				Date Signed	

This form is available online at: www.michigan.gov/mdhhs >> Assistance Programs >> Medicaid >> Program Resources >> Michigan Administrative Hearing System for the Department of Health and Human Services

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.

If you do not understand this, call the Michigan Department of Health and Human Services at 877-833-0870.

877-833-0870

Si no entiende esta información comuníquese al Michigan Department of Health and Human Services al 877-833-0870.

إذا كنت لا تفهم هذا، فخطبك الاتصال بـ Michigan Department of Health and Human Services (وزارة الصحة والخدمات الإنسانية) على رقم الهاتف 877-833-0870.

Completion: Is Voluntary

DEPARTMENT USE ONLY

Date Received

Date Processed

This form is available online at: www.michigan.gov/mdhhs >> Assistance Programs >> Medicaid >> Program Resources >> Michigan Administrative Hearing System for the Department of Health and Human Services

