

WHAT YOU NEED TO KNOW ABOUT

MICHIGAN'S MEDICAID WORK REQUIREMENTS



ACCESS

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WHAT IS A MEDICAID WORK REQUIREMENT?

- A work requirement requires you to let your Medicaid program know if you are working at least **80 hours a month**, or if you are exempt from this requirement.
- Individuals and families covered under the Healthy Michigan plan must report every month. **You will have to self-report**, no documentation needs to be provided.

WHEN DOES IT TAKE PLACE?



The program starts:

January 1, 2020

WHO IS AFFECTED?



700,000 Healthy Michigan enrollees.

WHO CAN APPLY FOR AN EXEMPTION?



Healthy Michigan enrollees falling into these categories:

- Age 63 and older
- Full-time students
- Receiving unemployment compensation persons
- Disabled, medically frail, limited due to medical conditions persons
- Caregivers to the disabled and children age 6 and under
- Recently incarcerated (exempt 6 months after release)
- Pregnant women
- "Good cause" exemption eligibility

CAN'T FIND A JOB?



Michigan will qualify these activities as work requirements:

- Employment, including self-employment
- Job training and search activities
- Community service (up to 3 months in a year)
- Educational and vocational training
- Internship
- Tribal employment program
- Substance abuse programs

For more information please call ACCESS 313-216-2200 or visit: <http://bit.ly/MIHealthEquity>

CHANGES TO THE HEALTHY MICHIGAN PLAN 2020

WHAT ARE THE NEW CHANGES?

Change 1: Beginning in **2020**, individuals and families must meet a new work requirement, or prove they are exempt from it, to continue receiving coverage from the Healthy Michigan Plan.

Change 2: Beginning in **2020**, some individuals and families will have to pay a monthly fee (premium) that is 5% of their income and they will have to complete a questionnaire about their health or show they have engaged in healthy behavior.

WHAT IS A WORK REQUIREMENT?

- A work requirement requires you to let your Medicaid program know if you are working at least 80 hours a month or exempt from this requirement.
- Beginning in **2020**, individuals and families covered under the Healthy Michigan Plan must report hours **every month** whether they are working at least **80 hours a month** or if they do not need to meet this requirement. You will have to self report **no documentation needs to be provided**.
- If you do not meet monthly requirements for three months or more, your Medicaid coverage will be suspended for at least a month until you can meet the requirement.

WHAT COUNTS AS WORK?

Employment, including self-employment

Job training and search activities

Vocational training

Educational training

Unpaid work (ex. internship)

Tribal employment program

Substance abuse treatment

Community service (up to 3 months in a year)

EXEMPTIONS:

Age 63 and older

Persons receiving unemployment checks

Disabled, medically frail persons

Caregivers to the disabled

Caregivers to children under 6 years

Fulltime students & pregnant women

Foster care youth under 21

Recently incarcerated individuals

UNDERSTANDING PREMIUMS & HEALTHY BEHAVIOR

- Premiums and healthy behavior only apply to individuals and families who have been enrolled in the Healthy Michigan Plan for **4 years or more since April 1, 2014**. However, the change will take place beginning **January 1, 2020**.
- The premium that you will need to pay varies on how long you have been enrolled in the Healthy Michigan Plan and how much money you make in a month.

If you have been enrolled for 48 months or more and are between **100-138% FPL***:

- Will have to pay a premium of **5%** of income AND complete a health questionnaire OR healthy behavior
- Does not have to pay a copay
- Individuals who fail to pay will be disenrolled until they pay the missed premium amount

If you have been enrolled for less than 48 months and are between **100-138% FPL***:

- Will have to pay a premium of **2%** of income and a copay
- Premium and copay can be reduced if you engage in healthy behavior
- Coverage or services will not be denied for failure to pay

If you have been enrolled for 48 months / less and are at the **100% FPL* or below**:

- Will only have to pay copays and no premiums
- Copay can be reduced if you engage in healthy behavior
- Coverage or services will not be denied for failure to pay

* See chart below for 2019 annual income poverty guidelines

Household Size	FPL Annual	FPL Annual	FPL Annual
	100%	133%	138%
1	\$12,490	\$16,612	\$17,236
2	\$16,910	\$22,490	\$23,336
3	\$21,330	\$28,369	\$29,435
4	\$25,750	\$34,248	\$35,535
5	\$30,170	\$40,126	\$41,635
6	\$34,590	\$46,005	\$47,734
7	\$39,010	\$51,883	\$53,834
8	\$43,430	\$57,762	\$59,933

Add \$4,320 for each person over 8

WHO IS EXEMPT?

- American Indians/ Alaskan Natives exempt from **premiums ONLY**
- Pregnant women are exempt from premiums AND from demonstrating a healthy behavior
- Medically frail individuals are exempt from premiums AND from demonstrating a healthy behavior

WHAT COUNTS AS A HEALTHY BEHAVIOR?

- Preventative care check ups
- Cancer screenings
- HIV screenings
- Hepatitis C screenings
- Osteoporosis screening
- Tuberculosis screening
- Screening for sexually transmitted infections (STIs)
- Getting vaccinated

