

# Welcome!

- Today's presentation will be recorded and distributed.
- Please use the Q&A to ask questions. As time allows, we will address questions. If we don't get to all questions, we will provide answers in the follow-up email.
- Per MDHHS policy, we cannot approve AI Notetakers during our meetings.
- You can turn on closed captions by clicking the more actions (three dots), select language and speech, and then choose turn on live captions.
- MDHHS expects that all comments and questions will be respectful. We will maintain a zero-tolerance for unprofessionalism. Individuals may be removed from the meeting if not adhering to the expectations.

# Medicare Advantage Plans

2026 SHIP Counselor Recertification



# Agenda

MA Plans & Recertification

- Medicare Advantage
  - Overview
  - Rules
  - Comparisons
  - Enrollments
  - Quality Assurance
  - Reporting Counseling
- Recertification Process & Timeline

# Medicare Advantage

Also known as Medicare Part C

- CMS contracts with private insurers to provide coverage as an alternative to Original Medicare.
- Many plans include prescription drug coverage as part of the plan; but not all
- Plans must cover at least what Original Medicare covers, but may choose to offer additional benefits
- Common extra benefits:
  - Dental, vision, hearing, transportation, over the counter allowances, fitness memberships, & more
    - Counseling Tip: It can be helpful to refer to the plan website & documents for additional details about extra benefits.

# Enrollment Rules

For Medicare Advantage plans

- Potential enrollees must have Medicare Parts A **AND** B
- Enrollment can be done through:
  - Medicare.gov
  - 1-800-Medicare
  - Calling the plan
  - Insurance agent/broker

# Open Enrollment Periods

Medicare Advantage

- Annual Enrollment Period
  - October 15-December 7
  - Changes made go into effect on January 1
  - Important for beneficiaries to review plans during this time and make changes if needed/wanted
  - If no changes are made, same plan will continue
  - Opportunity to make changes in plan type
- Medicare Advantage Open Enrollment Period
  - January 1-March 31
  - Only for those already enrolled in a Medicare Advantage plan
  - Changes go into effect the first of the following month

# Special Enrollment Periods

SEP

Medicare Part D & Medicare Advantage

- [Helpful information about Special Enrollment Periods](#)
- These periods are based on qualifying life events or changes to Medicare coverage.
- Depending on the type of enrollment period, will determine what changes can be made and how long they the SEP lasts.
- These are additional opportunities throughout the year to make changes to plan enrollment
  - Counseling Tip: If someone wants to make a change to their Medicare Advantage plan outside of the fall Open Enrollment period, screen them for SEP eligibility.

# Trial Right Period

- Individuals who enroll in a Medicare Advantage coverage for the first time have an opportunity to change during their first 12 months.
- During the 12-month period if someone decides they don't like the coverage, they can switch back to Original Medicare.
- They can also buy a Medigap plan without Medical underwriting.
- Two scenarios when this applies:
  1. Someone joined a Medicare Advantage plan when first eligible for Medicare and during that first year they want to switch to Original Medicare.
  2. Someone dropped a Medigap policy to join a Medicare Advantage plan for the first time and during their first year they want to switch back.

# Medicare Advantage Plan Options

# Types of Plans

And how it may affect their access to services

- Health Maintenance Organization (HMO)
  - Specific network of providers with little or no coverage outside the network.
- Preferred Provider Organization (PPO)
  - Provides in & out-of-network coverage.
- Private Fee-for-Service (PFFS) plan
  - Can see providers who accept Medicare & agree to the plans payment terms.
- Special Needs Plans (SNP)
  - Designed for individuals with specific needs with tailored benefits, provider networks and to manage specific needs.

# Special Needs Plans

Availability will vary in different areas of Michigan

- Dual Eligible Special Needs Plans (D-SNP)
  - For individuals with Medicare & Medicaid
- Chronic Condition Special Needs Plans (C-SNP)
  - For individuals with specific chronic conditions
- Institutional Special Needs Plans (I-SNP)
  - For individuals who live in a facility such as a nursing home or require a nursing home level of care.

# Types of D-SNP

Michigan has HIDE SNP & CO D-SNP

- Fully Integrated Dual Eligible Special Needs Plans (FIDE SNP)
- Highly Integrated Dual Eligible Special Needs Plans (HIDE SNP)
- Coordination-Only Dual Eligible Special Needs Plans (CO-DSNP)

# Plan Networks

Impact on out-of-pocket costs

- Plan networks will determine the cost a beneficiary pays for a service
  - If a provider is in network for a PPO plan, they will likely pay a lower cost than seeing an out-of-network provider for the same service
  - HMO plans only cover in-network services, so they must see an in-network provider
- Networks do not apply to urgent or emergency care.

# Questions to Ask

Share your best practices!

- Do you see specialists?
- Do you have a pharmacy you prefer?
- What benefits are most important?
- Do you travel?
- Have you confirmed your primacy care physician is in-network?

# Medicare Advantage vs. Medigap

- Medigaps
  - Help pay Medicare deductibles, coinsurances, and copayments.
  - Each lettered Medigap offers a different set of standardized benefits.
  - Premiums vary depending on the plan chosen & company cost structure.
- **Reminder:** There is a Medigap plan finder tool available in the SHIP TA Center to help compare options!

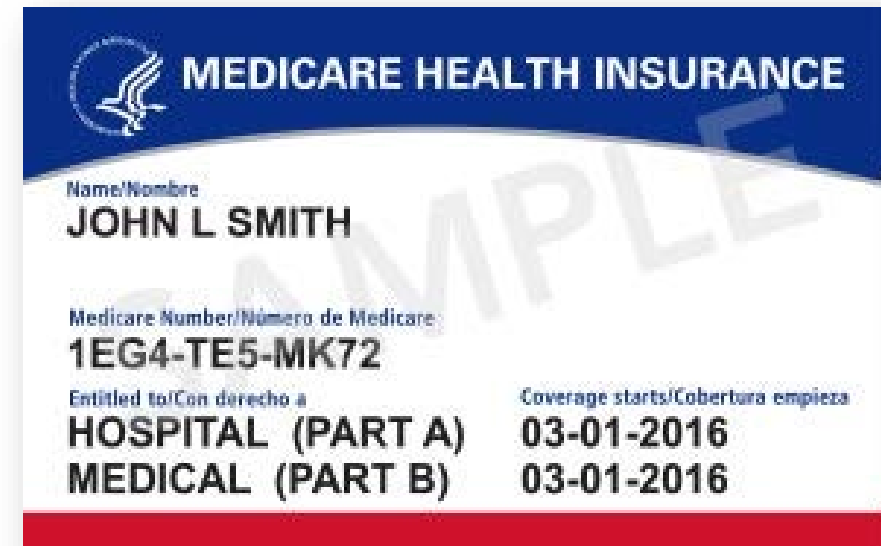
✔ = Plan covers 100%     
 ✘ = Plan doesn't cover     
 % = Amount the plan covers

Benefits	Medigap plans									
	A	B	C	D	F	G	K	L	M	N
Part A coinsurance & hospital costs	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Part B copays/coinsurance	✔	✔	✔	✔	✔	✔	50%	75%	✔	✔
Blood (first 3 pints)	✔	✔	✔	✔	✔	✔	50%	75%	✔	✔
Part A hospice	✔	✔	✔	✔	✔	✔	50%	75%	✔	✔
Skilled nursing facility	✘	✘	✔	✔	✔	✔	50%	75%	✔	✔
Part A deductible	✘	✔	✔	✔	✔	✔	50%	75%	50%	✔
Part B deductible	✘	✘	✔	✘	✔	✘	✘	✘	✘	✘
Part B excess charges	✘	✘	✘	✘	✔	✔	✘	✘	✘	✘
Foreign travel emergency	✘	✘	80%	80%	80%	80%	✘	✘	80%	80%

\$8,000      \$4,000  
 Out-of-pocket limit in 2026

# Medicare Advantage vs. Original Medicare

- Original Medicare
  - Part A defined benefits
  - Part B defined benefits
  - Most doctors/providers accept Medicare
  - Standardized premium structure
  - Does not include drug coverage



# Comparing Options

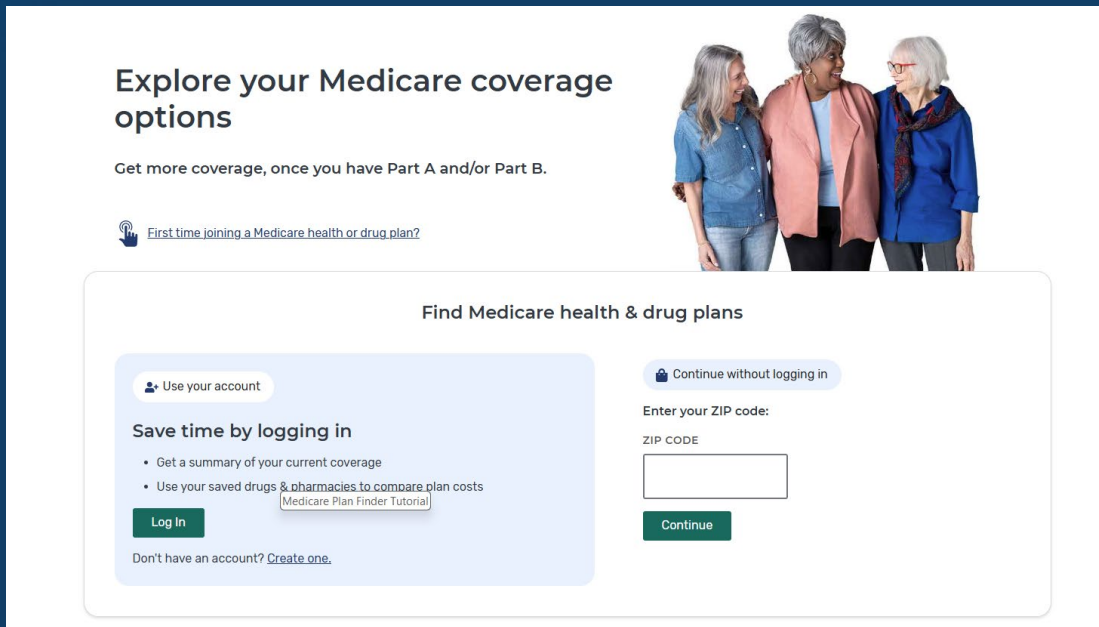
What are your best practices for helping to beneficiaries compare coverage options?

- Comparing out-of-pocket costs between the different options
- Will networks have an impact on how they receive care?
- What other coverages do they have?
- What does their monthly budget look like?
- What are their most used healthcare services?
- What are their preferences?
- What are their concerns about each plan type?

# Reviewing Plans

# Medicare Plan Finder Tool

Search tool available on Medicare.gov to review plan options



The screenshot shows the Medicare Plan Finder tool interface. At the top, it says "Explore your Medicare coverage options" and "Get more coverage, once you have Part A and/or Part B." Below this is a link for "First time joining a Medicare health or drug plan?". The main heading is "Find Medicare health & drug plans". There are two main paths: "Use your account" and "Continue without logging in". The "Use your account" path includes a "Log In" button and a link to "Create one." if the user doesn't have an account. The "Continue without logging in" path includes a "Continue" button and a "ZIP CODE" input field. A "Medicare Plan Finder Tutorial" link is also visible.

- The Medicare Plan Finder tool is available to review Medicare Part D & Medicare Advantage plan options.
- This is a tool we can use as counselors to help beneficiaries review their plan options
- Beneficiaries can create a login to Medicare.gov using their Medicare number, there is also a guest option.
  - Beneficiaries may choose to give us permission to log into their account with them, but we cannot save their login information in STARS

# Medicare.gov Accounts

Beneficiary Medicare accounts

- Gives additional details about the beneficiaries current and past coverages
- Gives details about any cost assistance they are receiving
- Auto-populates prescription information based on previous fills
- Saves information entered in the Medicare Plan Finder
- Provides details about plan costs
- Provides access to MSNs
- Get at least verbal permission from beneficiary to sign into/create an account.
  - Document the permission!
- Account is linked to their Medicare number, will not be able to create multiple accounts. You can do an account recovery if needed.

# Medicare.gov Enhanced Log In



- New options to create Medicare.gov accounts
- Can still use previous Medicare.gov logins already created or connect the account to the new identification services offered.
- These programs are used by other government agencies, some people may already have a login for the systems for access to other accounts.
- If they do choose one of the new options, they will be prompted to verify their identity either online or in person at UPS or USPS locations.
  - REAL ID, State-issued photo ID, or US passport.
  - Social Security Number.
  - photo or video of self.

# Medicare.gov Enhanced Log In Cont.



## Choose which service works for you

	<b>ID.me</b> <a href="#">Learn more about ID.me</a>	<b>CLEAR®</b> <a href="#">Learn more about CLEAR</a>	<b>Login.gov</b> <a href="#">Learn more about Login.gov</a>
Works with other government services	✓	✓	✓
Can create an account outside the United States	✓	✓	
Can sign-in with fingerprint or face	✓	✓	✓
No mobile phone required	✓		✓
Works with some private healthcare systems	✓	✓	

# Provider Directories

- CMS now requires Medicare Advantage plans to submit their provider directories.
- Information submitted by plans is now integrated into the Medicare Plan Finder tool on Medicare.gov
- In addition, there is a temporary Special Enrollment Period (SEP) associated with the integration.
- This SEP is applicable if:
  - Someone relied on information in the provider directory
  - Enrolled in a Medicare Advantage plan through the plan finder
  - Within 3 months of coverage starting, discovered their provider was not in the plans network
- They will need to contact 1-800-Medicare to ask for help & utilize the SEP. This temporary SEP will be available 1/1/26 through 12/1/26.
- If eligible, they can switch to another Medicare Advantage plan or return to Original Medicare and choose a Part D plan

# Medicare Advantage Appeals

# Steps to Appeal

Levels of appeals beneficiaries can submit

- 1. Ask plan to reconsider
- 2. Review by an independent review entity
- 3. Decision by the Office of Medicare Hearings and Appeals
- 4. Review by the Medicare Appeals Council
- 5. Judicial Review in Federal District Court

## Documents to Review

- Explanation of Benefits
- Important Message from Medicare About Your Rights
- Notice of Discharge
- Notice of Denial of Medical Coverage
- Notice of Medicare Non-Coverage

# Reporting & Case Support

# Counseling Reporting

Medicare Advantage (MA and MA-PD)

- Appeals/Grievances
- Benefit Explanation
- Chronic Conditions Special Needs Plans
- Claims/Billing
- Disenrollment
- Dual Eligible Special Needs Plans
- Eligibility/Screening
- Enrollment

- Document your counseling session in STARS!
- Choose the appropriate topic discussed from the Medicare Advantage section.
- Don't forget to follow the PDEO process for reporting savings!

# Help with Complex Cases

- BFFC-QIO
- Medicare Ombudsman
- Plan
- 1-800-Medicare
- State SHIP Staff
- Program Managers
- Other Counselors

# New Job Aids!

- Now with a new format based on feedback
- Found in the Share Point Job Aids folder for 2026
  - MI Options Documents>SHIP and MIPPA>Job Aids>2026
- 2026 Extra Help Low Income Subsidy Job Aid
  - Also known as the yellow paper job aid
- 2026 Medicare Savings Program Job Aid
  - Also known as the purple paper job aid
- Other job aids available in folder like Original Medicare benefits, Part D cost comparisons, and Part D penalty cheat sheet.

# Annual SHIP Counselor Recertification




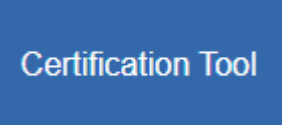
# Recertification Process

- Annual requirement for all SHIP counselors (not just Michigan)
- Opportunity to revisit topics & test our knowledge.
- You must complete the recertification exam in the SHIP TA Center.
- Updates will be sent out to agencies throughout the process. If you have questions, please reach out.
- To pass the exam you need to score an 80% or greater
- You have multiple attempts.

# Accessing the Exam

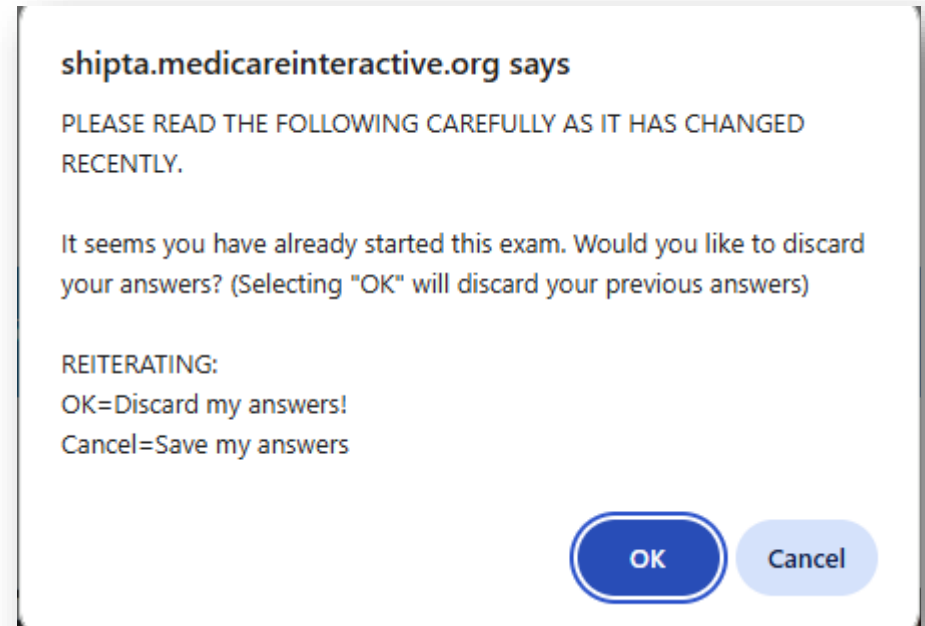
- Let's look at the SHIP TA Center, I will show you a few tips!

## Steps:

1. Login to your SHIP TA Center account at [www.SHIPhelp.org](http://www.SHIPhelp.org)
2. Click on the green “Training and Certification (OCCT)” button in the upper right hand of the home page. 
3. Click on the blue tab titled “Certification Tool” 
4. On your exam list you will find an exam titled “2026 SHIP Counselor Recertification Exam”, click take exam.

# Taking the Exam

- 30 questions
- All multiple choice
- Click on your answer & it will highlight
- Answered can be saved.
  - Important to read the pop-up. Click cancel!
- A passing score is 80% or greater.
- Can be taken multiple times if needed.
- Where do these questions come from?
  - National question bank developed by the SHIP TA Center & panels of experts.



# Important Dates & Deadlines

- April 8- Access to recertification exam
- June 30- Deadline to complete exam
  
- Don't wait until last minute.
- However, things come up, life happens, if you need an extension, please reach out to your program manager & have them contact Jessica Fleming!

# Resources to Help

- [Medicare.gov](#)
- [Medicare & You Handbook](#)
- [Medicare Interactive](#)
- [SHIP TA Center Resources](#)
- This presentation
- Anything you find helpful
  - Just like in counseling, if you aren't sure on an answer, use your resources to find out.

# Questions?

# Resources

- <https://www.ncoa.org/article/what-is-a-dual-eligible-special-needs-plan-d-snp/>
- <https://www.medicare.gov/publications/11219-Understanding-Medicare-Advantage-Medicare-Drug-Plan-Enrollment-Periods.pdf>
- <https://www.humana.com/medicare/medicare-resources/medicare-advantage-trial-period>
- <https://www.medicare.gov/medigap-supplemental-insurance-plans/#/m/?year=2026&lang=en>
- <https://www.medicareinteractive.org/resources/original-medicare-with-a-medigap-vs-medicare-advantage>
- <https://www.cms.gov/newsroom/fact-sheets/medicare-gov-enhanced-log>
- <https://www.medicare.gov/account/login/help>

# Thank You!

*This program is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,566,634 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.*





## 2026 SHIP Counselor Recertification Exam

Recertification exam for Michigan SHIP Counselors for grant year 2026/2027. This exam must be completed by June 30, 2026 in order to maintain your current certification.

---

1. If a Medicare Advantage Plan is not paying for services in whole or in part, the beneficiary should receive:

- An Appointment of Representative Form (ARF)
- An Advanced Beneficiary Notice (ABN)
- A Notice of Denial of Medical Coverage (NDMC)
- An Explanation of Benefits (EOB)

2. Which type of coverage may or may not include prescription drug coverage as part of the benefits packages of its plans?

- Medigap
- Original Medicare
- Medicare Savings Programs
- Medicare Advantage

3. When choosing between Original Medicare and Medicare Advantage, what does a beneficiary NOT need to take into consideration?

- Whether they want all standard Medicare Part A and Part B benefits
- Which providers they see
- Whether they want to purchase a Medigap policy
- How they want to receive their prescription drug coverage

4. Part C does not have to include:

- Hospital insurance
- Coverage for physical therapy
- Coverage for durable medical equipment
- Part D prescription drug coverage

5. Some Medicare Advantage Plans may require:

- Beneficiaries to stay within a network of doctors and hospitals
- Prior authorization before a visit to a specialist is covered
- Prior authorization before receiving certain items or procedures
- All of the answer choices are correct

6. Tabitha was in Spain, had a health emergency, and required a five-day hospital stay. She has a Medicare Advantage Plan. Her Medicare Advantage Plan will:

- Probably not cover any of the costs related to this emergency, unless the plan offers foreign travel emergency coverage
- Cover 80% of the costs of her hospital stay
- Cover 20% of the costs of her hospital stay
- Cover the full cost of her hospital stay

7. When can a person join a Medicare Advantage Plan?

- During the Open Enrollment Period
- When they are first eligible for Medicare
- During Special Enrollment Periods
- All of the answer choices are correct

8. Which of the following is NOT a way to enroll in a Medicare Advantage Plan?

- Calling Social Security
- Filling out the plan's paper application and mailing it back to the plan
- Online at [www.medicare.gov](http://www.medicare.gov)
- Calling the plan and enrolling over the phone

9. Which of the following is not a type of Special Needs Plan (SNP)?

- Chronic Condition SNP (C-SNP)
- Homebound SNP (H-SNP)
- Institutional SNP (I-SNP)
- Dual Eligible SNP (D-SNP)

10. Which is NOT a type of Medicare Advantage Plan?

- Medicare Special Needs Plan (SNP)
- Medicare Skilled Nursing Facility (SNF) Plan
- Medicare Private Fee-for-Service (PFFS) Plan
- Medicare Health Maintenance Organization (HMO)

11. Frank has narrowed his Medicare enrollment choices down to a Medicare Advantage PPO. As a SHIP counselor, which of the following should you tell Frank about PPOs?

- Frank's provider can decide on a visit-by-visit basis whether or not to accept the plan
- Frank may see out-of-network providers, but he may pay more for care
- Frank must see providers that are in network or the plan won't pay
- Frank will be assigned a care coordinator to help manage his care

12. Which is true about how Medicare Advantage (MA) Plans work?

- The individual may have to see certain providers or go to certain hospitals to get covered care
- Although the individual will get all Medicare-covered services through their MA Plan, benefits and cost sharing may be different from Original Medicare
- Some MA Plans pay all or part of the beneficiary's Part B premium, but in most cases the individual still needs to pay the Part B premium
- All of the answer choices are correct

13. Joe and his wife, Susan, are both 67 years old and enrolled in a Medicare Advantage Plan in Maryland, where they reside. They also live in Florida for part of the year. After their most recent visit to Florida, in January, they began receiving bills from the doctor they saw there for their flu shots. Why are they receiving bills?

- They did not receive the flu shot during the right time of year
- They are not eligible for a flu shot
- They are out of network for their plan
- Their doctor did not accept Medicare

14. Frank is interested in purchasing a Medicare Advantage Plan. Juanita, the sales agent, describes the types of plans that her company sells. Which is NOT a type of Medicare Advantage Plan she would discuss?

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Medicare Summary Notice (MSN)
- Private Fee-for-Service (PFFS)

15. Which type of Medicare Advantage Plan MUST cover prescription drugs?

- Special Needs Plan (SNP)
- Private Fee-for-Service (PFFS)
- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)

16. A member of a Medicare Advantage Plan can go outside a network of providers without paying the bill out of pocket if:

- They see a primary care provider
- They see a provider who does not take assignment
- They receive emergency services
- They continue to see a therapist they saw before they joined their Medicare Advantage Plan

17. A Preferred Provider Organization (PPO):

- Acts like a Health Maintenance Organization (HMO) in every aspect of the provision of care
- Allows a beneficiary the freedom to visit out-of-network providers
- Covers fewer brand-name drugs than other types of Medicare Advantage Plans
- Never offers drug coverage

18. The procedures for prescription drug appeals for PDPs and MA-PDs are:

- Different
- The same
- Different until the Administrative Law Judge (ALJ) level, then the same
- None of the answer choices are correct

19. In which instance will a beneficiary who has a Medicare Advantage Plan have guaranteed issue rights to switch to a Medigap policy?

- When they join their Medicare Advantage Plan at age 65 and want to switch to Original Medicare within the first year of Medicare enrollment
- When their Medicare Advantage Plan changes its coverage and no longer covers needed services
- When they become eligible for LIS/Extra Help
- When they have COBRA coverage that pays first, and the COBRA coverage is ending

20. Yolanda calls her SHIP to discuss her Medigap policy. Her monthly premium was just increased, and she and her husband are concerned they will not be able to afford it. They may decide to give it up and switch to a Medicare Advantage Plan for the first time. They have the option to:

- Leave the Medicare Advantage Plan within 12 months and return to the Medigap policy
- Switch back to a Medigap without underwriting as long as they make the decision within two years of their Medicare Advantage Plan's effective date
- Switch back to a Medigap between January and March each year
- None of the above

21. When looking at the initial Medicare Plan Finder results page, what information is most informative for comparing total costs?

- Drug plan (Part D) monthly premium
- Drug deductible
- Estimated total drug cost + premium cost
- Retail pharmacies in-network

22. Which document identifies why a Medicare Advantage claim was not paid or services were denied?

- Coverage Determination
- Advance Beneficiary Notice (ABN)
- Explanation of Benefits
- Medicare Summary Notice (MSN)

23. Under the standard pre-service Medicare Advantage appeal process, plans have a \_\_\_\_\_ time limit to make a redetermination of the initial organization determination.

- 60-day
- 30-day
- 72-hour
- 24-hour

24. Lijuan has moved across the country and wants to join a Medicare Advantage Plan in her new hometown. She is not sure which, if any, plans are available nearby. Which is the best resource to use to determine this?

- SSA.gov
- Medicare & You handbook
- List of plans provided by insurance sales agent
- Medicare Plan Finder

25. What is one major difference between Original Medicare and Medicare Advantage Plans?

- Original Medicare is administered by the federal government, Medicare Advantage Plans are offered by private insurers contracted with Medicare
- Original Medicare covers inpatient services; Medicare Advantage Plans covers outpatient services
- Original Medicare offers Part D; Medicare Advantage Plans do not offer Part D
- Original Medicare Parts A and B cover more inpatient and outpatient services than Medicare Advantage Plans do

26. If a beneficiary has a Medicare Advantage Plan, they may need \_\_\_\_\_ in order to see a specialist.

- To fill out a special form
- To get a referral from their primary care physician
- To get prior authorization from the Centers for Medicare & Medicaid Services (CMS)
- To go to a provider who only sees Medicare patients

27. Medicare Advantage Plans \_\_\_\_\_ Original Medicare

- Supplement
- Don't cover the same services as
- Are an alternative coverage to
- Enroll more beneficiaries than

28. Georgia has a Medicare Advantage Plan and just received a bill from her doctor that she disagrees with. She believes her plan should have paid for her skin biopsy. Georgia calls her doctor's office and they insist that she must pay the full amount. She asks the SHIP counselor to help with an appeal. Where is the best place for Georgia to find instructions about how to submit her initial appeal?

- SSA.gov
- Explanation of Benefits (EOB)
- Medicare Summary Notice (MSN)
- State Insurance Department website or hotline

29. What changes can a beneficiary make during the Medicare Advantage Open Enrollment Period (MA OEP)?

- Switch from Original Medicare to a Medicare Advantage Plan
- Switch stand-alone Part D plans
- Switch from a Medicare Advantage Plan to Original Medicare
- Switch from a Medicare Advantage Plan to another Medicare Advantage Plan OR Original Medicare

30. If you discover that a Medicare Advantage Plan violated Medicare's marketing guidelines, your SHIP should refer it to:

- Their pharmacist
- The Office of Inspector General (OIG)
- Centers for Medicare & Medicaid Services (CMS), using their Complaint Tracking Module (CTM)
- No one. The client should take personal responsibility

## 2026 SHIP Counselor Recertification Webinar Q&A Summary

**Q:** For how many plans on plan finder do the designated necessary providers show? This information seems to fade as we go down the list. Is there a way of restoring the names other than going to the plan website?

**A:** Plans have until 2027 to become compliant with the requirement to upload provider directories into the Medicare Plan Finder. You may find plans that have not yet completed this requirement.

**Q:** How often is the provider list updated on the plan finder?

**A:** Medicare Advantage plan provider directories on the [Medicare Plan Finder](#) (MPF) are updated at least every 30 days based on new CMS rules for 2026, ensuring that changes known to the organization are reflected promptly. Plans must verify data every 90 days and attest annually that the information is accurate.

**Q:** Does the 12 month "trial" work for people who were on Medicare under age 65 (due to a disability status), but are now turning 65... are they starting from scratch and will they get to use the 12-mo trial basis benefit?

**A:** People under the age of 65 do not get guaranteed issue rights for Medigap since plans are not required to enroll individuals under the age of 65. However, when they turn 65, this will initiate a Medigap initial enrollment period when they can enroll in a Medigap with guaranteed issue rights.

**Q:** Please share the process for applying for C-SNP

**A:** Beneficiaries will want to make sure they meet the plan's eligibility requirements and will need to contact the plan for enrollment. They will be asked by the plan to have their physician certify their qualifying chronic condition.

**Q:** Is there a list of the SNP chronic Conditions and what kind of documentation is needed from the client?

**A:** Plans are specific to types of chronic conditions. Depending on where the individual lives and what types of plans are available. They will need to provide verification from their physician of the chronic condition diagnosis. Here is a list of all the potential chronic conditions that a plan can choose to offer coverage for: [CMS List of Chronic Conditions](#)

**Q:** I'm having trouble with accessing SharePoint, who can I reach out to for help?

**A:** If you have any issues with access to MI Options Systems - please use the general email box for assistance: "MDHHS-MiOptionsSupport" [MDHHS-MiOptionsSupport@michigan.gov](mailto:MDHHS-MiOptionsSupport@michigan.gov)

**Q:** When is the exam due?

**A:** The recertification exam is due by June 30, 2026.