

Michigan Complete Health (Medicare-Medicaid Plan) offered by Michigan Complete Health, Inc.

## ***Annual Notice of Changes for 2019***

### **Introduction**

You are currently enrolled as a member of Michigan Complete Health (Medicare-Medicaid Plan). **Next year, there will be some changes to the plan's benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them.** Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.



**If you have questions**, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com).

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## A. Disclaimers

- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or refer to the Member Handbook.

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## B. Reviewing Your Medicare and Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section F2 for more information.

If you leave our plan, you will still be in the Medicare and Michigan Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 24 to see your choices).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Michigan Complete Health, you will go back to getting your Medicare and Michigan Medicaid services separately.

**NOTE:** If you are in a drug management program, you may not be able to join a different plan. See Chapter 5, Section G3, page 129 of your *Member Handbook* for information about drug management programs.



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## **B1. Additional Resources**

- **ATTENTION:** If you do not speak English, language assistance services, free of charge, are available to you. Call 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- In addition to asking for materials in other languages and formats, you can also ask that we send you future materials in this same language or format. To get these materials, please call Member Services.

## **B2. Information about Michigan Complete Health:**

- Michigan Complete Health is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Coverage under Michigan Complete Health qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement for MEC.

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- Michigan Complete Health is offered by Michigan Complete Health, Inc. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Michigan Complete Health, Inc. When it says “the plan” or “our plan,” it means Michigan Complete Health Medicare- Medicaid Plan.



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### **B3. Important things to do:**

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in section D, page 8 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D, page 9 for information about changes to our drug coverage.
- **Check to see if your providers and pharmacies will be in our network next year.**
  - Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C, page 7 for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

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**If you decide to stay with Michigan Complete Health:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (see section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F, page 19 to learn more about your choices.

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## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2019.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com). You may also call Member Services at 1-844-239-7387 (TTY: 711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. Member Services hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 Section D, page 34 of your *Member Handbook*.

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## D. Changes to benefits for next year

### D1. Changes to benefits for medical services

We are changing our coverage for certain health care services next year. The table below describes these changes.

	2018 (this year)	2019 (next year)
<p><b>Over-the-Counter (OTC) items</b></p> <p><b>The plan covers limited OTC items available by mail.</b></p>	<p>The Plan covers up to <b>\$20</b> per month of items available by mail.</p> <p>Any unused amount cannot be carried over to the next month.</p> <p>Products are for member use only.</p>	<p>The Plan covers up to <b>\$20</b> per month of items available by mail.</p> <p>Any unused amount cannot be carried over to the next month.</p> <p>You can order up to 5 of the same item per month.</p> <p>Products are for member use only.</p>
<p><b>Hearing Aid Services</b></p>	<p>Hearing aids and exams to fit hearing aids are not covered.</p>	<p>For adults aged 21 and older, the plan pays for evaluation and fitting for a hearing aid twice per year and pays for a hearing aid once every five years.</p> <p>Referral and authorization are required.</p>

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## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com). You may also call Member Services at 1-844-239-7387 (TTY: 711) for updated drug information or to ask us to mail you a *List of Covered Drugs*. Member Services hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to see if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at 1-844-239-7387 (TTY: 711) to ask for a list of covered drugs that treat the same condition. Member Services hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
  - This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 30 days of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 days of medication. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*, Section D1, page 116.)

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- When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have a current formulary exception that has been approved by our plan in 2018, and you remain a member of Michigan Complete Health for the next calendar year, check to see if your drug is on the formulary in 2019. If your drug is not on the formulary, you will need to request a new exception during 2019. To learn what you must do to ask for an exception, see Chapter 9, Section 6.4, page 186 of the *2019 Member Handbook* or call Member Services at 1-844-239-7387 from 8 a.m. to 8 p.m., seven days a week. TTY users call 711. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

### **Changes to prescription drug costs**

There are no changes to the amount you pay for prescription drugs in 2019. Read below for more information about your prescription drug coverage.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** To see if your drugs will be in a different tier, look them up in the Drug List.



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Michigan Complete Health (Medicare-Medicaid Plan) ANNUAL NOTICE OF CHANGES FOR 2019

The following table shows your costs for drugs in each of our three (3) drug tiers.

	2018 (this year)	2019 (next year)
<p><b>Drugs in Tier 1</b> (Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 2</b> (Brand Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 3</b> (Non-Medicare Prescription and Over-the-Counter Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>

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## E. Administrative changes

Administrative changes may change how you get your services, items, or prescription drugs. Read below for more information about these changes.

	2018 (this year)	2019 (next year)
<b>Vision Care</b> <b>Contact Lenses</b>	Contact Lenses  No Prior Authorization (approval in advance) is required.	Contact Lenses  Prior Authorization (approval in advance) may be required. Please contact the plan for details.

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<p><b>Adult Day Program</b></p> <p>The plan covers structured day activities at a program of direct care and supervision if you qualify. This service:</p> <ul style="list-style-type: none"> <li>• provides personal attention, and</li> <li>• promotes social, physical and emotional well-being</li> </ul> <p>Services are furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the plan of care, in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the enrollee.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral may be required. Please contact the plan for details.</p> <p>Enrollment in State waiver program required.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required.</p> <p>Enrollment in State waiver program required.</p>
<p><b>Assistive Technology</b></p> <p>The plan covers technology items used to increase, maintain, or improve functioning and promote independence if you qualify.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p>

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<p>Some examples of services include:</p> <ul style="list-style-type: none"> <li>• van lifts</li> <li>• hand controls</li> <li>• computerized voice system</li> <li>• communication boards</li> <li>• voice activated door locks</li> <li>• power door mechanisms</li> <li>• specialized alarm or intercom</li> <li>• assistive dialing device</li> </ul> <p>Coverage for Assistive Technology Devices is limited to \$5,000 per year.</p> <p>Coverage for Assistive Technology Van Lifts and Tie Downs is limited to \$15,000 (either per lifetime or duration of the plan or duration of membership in the plan).</p>	<p>A referral may be required. Please contact the plan for details.</p> <p>Enrollment in State waiver program required.</p>	<p>A referral is not required.</p> <p>Enrollment in State waiver program required.</p>
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<p><b>Chore Services</b></p> <p>The plan covers services needed to maintain your home in a clean, sanitary, and safe environment if you qualify. Examples of services include:</p> <ul style="list-style-type: none"> <li>• heavy household chores (washing floors, windows, and walls)</li> <li>• tacking loose rugs and tiles</li> <li>• moving heavy items of furniture</li> <li>• mowing, raking, and cleaning hazardous debris such as fallen branches and trees</li> </ul> <p>The plan may cover materials and disposable supplies used to complete chore tasks.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral may be required. Please contact the plan for details.</p> <p>Enrollment in State waiver program required.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required.</p> <p>Enrollment in State waiver program required.</p>
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<p><b>Community Transition Services</b></p> <p>The plan will pay for one-time expenses for you to transition from a nursing home to another residence where you are responsible for your own living arrangement. You must stay in the nursing home for 90 consecutive days to get this service. Covered services may include:</p> <ul style="list-style-type: none"> <li>• housing or security deposits</li> <li>• utility hook-ups and deposits (excludes television and internet)</li> <li>• furniture (limited)</li> <li>• appliances (limited)</li> <li>• moving expenses (excludes diversion or recreational devices)</li> <li>• cleaning including pest eradication, allergen control, and over-all cleaning</li> </ul> <p>This service does not include ongoing monthly rental or mortgage expense, regular utility charges, or items that are intended for purely diversional or recreational purposes. Coverage is limited to once per year.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral may be required. Please contact the plan for details.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required.</p>
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<p><b>Environmental Modifications</b></p> <p>The plan covers modifications to your home if you qualify. The modifications must be designed to ensure your health, safety and welfare or make you more independent in your home. Modifications may include:</p> <ul style="list-style-type: none"> <li>• installing ramps and grab bars</li> <li>• widening of doorways</li> <li>• modifying bathroom facilities</li> <li>• installing specialized electric systems that are necessary to accommodate medical equipment and supplies</li> </ul>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral may be required. Please contact the plan for details.</p> <p>Enrollment in State waiver program required.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required.</p> <p>Enrollment in State waiver program required.</p>
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<p><b>Expanded Community Living Supports</b></p> <p>To get this service, you <b>MUST</b> have a need for prompting, cueing, observing, guiding, teaching, and/or reminding to help you complete activities of daily living (ADLs) like eating, bathing, dressing, toileting, other personal hygiene, etc.</p> <p>If you have a need for this service, you can also get assistance with instrumental activities of daily living (IADLs) like laundry, meal preparation, transportation, help with finances, help with medication, shopping, go with you to medical appointments, other household tasks. This may also include prompting, cueing, guiding, teaching, observing, reminding, and/or other support to complete IADLs yourself.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral may be required. Please contact the plan for details.</p> <p>Enrollment in State waiver program required.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required.</p> <p>Enrollment in State waiver program required.</p>
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<p><b>Fiscal Intermediary Services</b></p> <p>The plan will pay for a fiscal intermediary (FI) to assist you to live independently in the community while you control your individual budget and choose the staff to work with you. The FI helps you to manage and distribute funds contained in the individual budget. You use these funds to purchase home and community based services authorized in your plan of care. You have the authority to hire the caregiver of your choice.</p> <p>Available only to enrollees participating in arrangements that support self-determination. Providers of other services to the enrollee, his or her family, or guardians may not provide Fiscal Intermediary services to the enrollee.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral may be required. Please contact the plan for details.</p> <p>Enrollment in State waiver program required.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required.</p> <p>Enrollment in State waiver program required.</p>
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<p><b>Home delivered meals</b></p> <p>The plan covers up to two prepared meals per day brought to your home if you qualify.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral may be required. Please contact the plan for details.</p> <p>Enrollment in State waiver program required.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required.</p> <p>Enrollment in State waiver program required.</p>
<p><b>Non-medical Transportation</b></p> <p>The plan covers transportation services to enable you to access waiver and other community services, activities, and resources, if you qualify.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral may be required. Please contact the plan for details.</p> <p>Enrollment in State waiver program required.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required.</p> <p>Enrollment in State waiver program required.</p>

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<p><b>Personal Emergency Response System</b></p> <p>The plan covers an electronic in home device that secures help in an emergency. You may also wear a portable “help” button to allow for mobility. The system is connected to your phone and programmed to signal a response center once a “help” button is activated.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral may be required. Please contact the plan for details.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required.</p>
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**If you have questions**, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com).

<p><b>Preventive Nursing Services</b></p> <p>The plan covers nursing services provided by a registered nurse (RN) or licensed practical nurse (LPN). You must require observation and evaluation of skin integrity, blood sugar levels, prescribed range of motion exercises, or physical status to qualify. You may get other nursing services during the nurse visit to your home. These services are not provided on a continuous basis.</p> <p>Limited to no more than two hours per visit.</p> <p>Enrollees receiving Private Duty Nursing services are not eligible to receive Preventive Nursing Services. This service must not duplicate Home Health Services.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral may be required. Please contact the plan for details.</p> <p>Enrollment in State waiver program required.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required.</p> <p>Enrollment in State waiver program required.</p>
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**If you have questions**, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com).



<p><b>Respite Care Services</b></p> <p>You may get respite care services on a short-term, intermittent basis to relieve your family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care.</p> <p>Relief needs of hourly or shift staff workers should be accommodated by staffing substitutions, plan adjustments, or location changes and not by respite care.</p> <p>Respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work elsewhere full time.</p> <p>This service is unlimited.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral may be required. Please contact the plan for details.</p> <p>Enrollment in State waiver program required.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>A referral is not required.</p> <p>Enrollment in State waiver program required.</p>
<p><b>Mail Order Automatic Refill Program</b></p>	<p>N/A</p>	<p>In 2019, you have the option to sign up for automated prescription refills from our mail order pharmacies. The mail order pharmacy will contact you prior to shipping each refill.</p>

**If you have questions**, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com).



## F. How to choose a plan

### F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2019.

### F2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

**NOTE:** Effective January 1, 2019, if you are in a drug management program, you may not be able to join a different plan. See Chapter 5, Section G3, page 129 of your *Member Handbook* for information about drug management programs.

These are the four ways people usually end membership in our plan:

<p><b>1. You can change to:</b></p> <p><b>A different Medicare-Medicaid Plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call <b>Michigan ENROLLS toll-free at 1-800-975-7630</b>. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.</p> <p>Your coverage in our plan will end the last day of the month after you tell us you want to leave.</p>
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**If you have questions**, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com).





<p><b>2. You can change to:</b></p> <p><b>A Medicare health plan (such as a Medicare Advantage Plan or Program of All-inclusive Care for the Elderly (PACE))</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <ul style="list-style-type: none"><li>• If you need help or more information: Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).</li></ul> <p>You will automatically be disenrolled from Michigan Complete Health when your new plan's coverage begins.</p>
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**If you have questions**, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com).

<p><b>3. You can change to:</b></p> <p><b>Original Medicare <i>with</i> a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).</li></ul> <p>You will automatically be disenrolled from Michigan Complete Health when your Original Medicare coverage begins.</p>
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**If you have questions**, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com).

<p><b>4. You can change to:</b></p> <p><b>Original Medicare <i>without</i> a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call MMAP at 1-800-803-7174.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). You will automatically be disenrolled from Michigan Complete Health when your Original Medicare coverage begins.</li></ul>
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## G. How to get help

### G1. Getting help from Michigan Complete Health

Questions? We're here to help. Please call Member Services at 1-844-239-7387 (TTY only, call 711). We are available for phone calls from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Calls to these numbers are free.

#### **Your 2019 Member Handbook**

The *2019 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

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**If you have questions**, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com).



An up-to-date copy of the *2019 Member Handbook* is always available on our website at [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com). You may also call Member Services at 1-844-239-7387 (TTY: 711) to ask us to mail you a *2019 Member Handbook*.

### **Our website**

You can also visit our website at [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

## **G2. Getting help from Michigan ENROLLS**

For questions about your enrollment, call **Michigan ENROLLS** toll-free at **1-800-975-7630**. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.

## **G3. Getting help from the MI Health Link Ombudsman Program**

The MI Health Link Ombudsman Program can help you if you are having a problem with Michigan Complete Health. The ombudsman's services are free.

- The MI Health Link Ombudsman Program works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The MI Health Link Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MI Health Link Ombudsman Program is not connected with us or with any insurance company or health plan. Call 1-888-746-MHLO (1-888-746-6456). Office hours are Monday through Friday, 8 AM to 5 PM EST.

## **G4. Getting help from the State Health Insurance Assistance Program (SHIP)**

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP has trained counselors in every state, and services are free. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAAP). MMAAP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. MMAAP is not connected with us or with any insurance company or health plan.

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**If you have questions**, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com).



Call MMAP at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM.

### **G5. Getting help from Medicare**

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Medicare's Website**

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on "Find health & drug plans.")

#### **Medicare & You 2019**

You can read the *Medicare & You 2019* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **G6. Getting help from Michigan Medicaid**

Call the Beneficiary Help Line at 1-800-642-3195. Persons with hearing and speech disabilities may call the TTY number at 1-866-501-5656. Office hours are Monday through Friday, 8 AM to 7 PM.

### **G7. Getting help from your Quality Improvement Organization (QIO)**

The QIO is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. In Michigan, the QIO is an organization called KEPRO. KEPRO is not connected with our plan. You can call KEPRO at 1-855-408-8557 (TTY: 1-855-843-4776). For more information, see Chapter 2, Section F, page 26.

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**If you have questions**, please call Michigan Complete Health at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.michigancompletehealth.com](http://mmp.michigancompletehealth.com).



**Notice of Non-Discrimination.** Michigan Complete Health (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Michigan Complete Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Michigan Complete Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Michigan Complete Health's Member Services at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that Michigan Complete Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Michigan Complete Health's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-844-239-7387 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-239-7387 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-239-7387 (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請電1-844-239-7387 (TTY : 711)。

اوتوئي: سي نيسو جيه نوجيوهيه ليعنه كداهت، كي بهه افطليه  
يلجيه ادناه ليعنه جتنيكه. منو جل مينكه 1-844-239-7387 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-239-7387 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-844-239-7387 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-239-7387 (TTY: 711) 번으로 전화해 주십시오.

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৪৪-২৩৯-৭৩৮৭ (TTY: ৭১১)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-239-7387 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-239-7387 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-239-7387 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-239-7387 (TTY: 711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-239-7387 (TTY: 711).

OBAVJESTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-844-239-7387 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-239-7387 (TTY: 711).