

Michigan Complete Health (Medicare-Medicaid Plan) | 2021 *Provider and Pharmacy Directory*

Introduction

This *Provider and Pharmacy Directory* includes information about the provider and pharmacy types in Michigan Complete Health and listings of all the plan's providers and pharmacies as of the date of this Directory. The listings contain provider and pharmacy address and contact information as well as other details such as days and hours of operations, specialties, and skills. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	3
B. Providers	6
B1. Key terms.....	6
B2. Primary Care Provider (PCP).....	8
B3. Long-term supports and services (LTSS).....	9
B4. How to identify providers in Michigan Complete Health's network.....	9
B5. How to find Michigan Complete Health providers in your area	10
B6. List of network providers	10
C. Michigan Complete Health's network providers	13
D. List of network pharmacies	14
D1. How to identify pharmacies in Michigan Complete Health network.....	15
D2. Long-term supplies of prescriptions.....	15
E. Michigan Complete Health's Network Pharmacies	16
E1. Mail order pharmacy.....	17



If you have questions, please call Michigan Complete Health 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. The call is free. **For more information**, visit mmp.michigancompletehealth.com.

E2. Home infusion pharmacies 19

E3. Long-term care pharmacies 20

E4. Specialty pharmacies 20



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A. Disclaimers

- ❖ Michigan Complete Health (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ This Directory lists health care professionals (such as doctors, nurse practitioners, and psychologists), facilities (such as hospitals or clinics), and support providers (such as Adult Day Health and Home Health providers) that you may see as a Michigan Complete Health member. We also list the pharmacies that you may use to get your prescription drugs.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Michigan Complete Health members, except in emergency situations. Please call our Member Services number or see your Member Handbook for more information, including the cost-sharing that applies to out-of-network services.
- ❖ We will refer to these groups as “network providers” in this Directory. These providers signed a contract with us to provide you services. This is a list of Michigan Complete Health’s network providers for Macomb and Wayne counties.
 - Macomb County: Armada, Armada Township, Bruce Township, Center Line, Chesterfield Township, Clinton Township, Eastpointe, Fraser, Grosse Pointe Shores (Village of), Harrison Township, Lenox Township, Macomb Township, Memphis, Mount Clemens, New Baltimore, New Haven, Ray Township, Richmond, Richmond Township, Romeo, Roseville, Shelby Township, St. Clair Shores, Sterling Heights, Utica, Warren, and Washington Township.
 - Wayne County: Allen Park, Belleville, Brownstown Charter Township, Canton Charter Township, Dearborn, Dearborn Heights, Detroit, Ecorse, Flat Rock, Garden City, Gibraltar, Grosse Ile Township, Grosse Pointe, Grosse Pointe Farms, Grosse Pointe Park, Grosse Pointe Shores, Grosse Pointe Woods, Hamtramck, Harper Woods, Highland Park, Huron Charter Township, Inkster, Lincoln Park, Livonia, Melvindale, Northville, Northville Charter Township, Plymouth, Plymouth Township, Redford Charter Township, River Rouge, Riverview, Rockwood, Romulus, Southgate, Sumpter Township, Taylor, Trenton, Van Buren Charter Township, Wayne, Westland, Woodhaven, and Wyandotte.
- ❖ This Directory lists providers of both Medicare and Medicaid services.



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- ❖ 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 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. The call is free.
- ❖ Michigan Complete Health (Medicare-Medicaid Plan) wants to make sure you understand your health plan information. We can explain the information in your preferred language. We can send future materials to you in alternate formats if you ask for it this way. This is called a “standing request.” We will document your choice.

Please call us if:

- You want to get your materials in an alternate format.
or
- You want to change the format that we send you materials.

If you need help understanding your plan materials, please contact Michigan Complete Health Member Services at 1-844-239-7387 (TTY: 711). 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 is up-to-date as of the day you do your search, but you need to know that:
 - Some Michigan Complete Health network providers may have been added or removed from our network after this Directory was published.
 - Some Michigan Complete Health providers in our network may no longer be accepting new members. If you are having trouble finding a provider who will accept new members, call Member Services at 1-844-239-7387 from 8 a.m. to 8 p.m., seven days a week, and we will help you. 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.



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- To get the most up-to-date information about Michigan Complete Health’s network providers in your area, visit mmp.michigancompletehealth.com 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. The call is free.

Doctors and other health care professionals in Michigan Complete Health’s network are listed in the *Primary Care Provider and Specialty* sections. Pharmacies in our network are listed on pages in the *Pharmacy* section.



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B. Providers

B1. Key terms

This section explains key terms you'll see in our *Provider and Pharmacy Directory*.

- **Providers** are health care professionals and support providers such as doctors, nurses, pharmacists, therapists, and other people who provide care and services. **Services** include medical care, long-term supports and services (LTSS), supplies, prescription drugs, equipment and other services.
 - The term “providers” also includes facilities such as hospitals, clinics, and other places that provide medical services, medical equipment, and long-term supports and services.
 - Providers that are a part of our plan's network are called **network providers**.
- **Network providers** are the providers that have contracted with us to provide services to members in our plan. The providers in our network generally bill us directly for care they give you. When you see a network provider, you usually pay nothing for covered services.
- A **Primary Care Provider** (PCP) is a physician, physician assistant, nurse practitioner, general practitioner, primary care clinic, or internal medicine physician who gives you routine health care. Your PCP will keep your medical records and get to know your health needs over time. Your PCP will also give you a **referral** if you need to see a specialist or other provider.
- **Specialists** are doctors who provide health care services for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:
 - Oncologists care for patients with cancer.
 - Cardiologists care for patients with heart conditions.
 - Orthopedists care for patients with certain bone, joint, or muscle conditions.
- You may need a **referral** to see a specialist or someone that is not your PCP. A **referral** means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP. If you don't get a referral, Michigan Complete Health may not cover the service.
 - Referrals from network PCP are not needed for:
 - Emergency care;



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- Urgently needed care;
 - Kidney dialysis services that you get at a Medicare-certified dialysis facility when you are outside the plan’s service area; or
 - Services from a women’s health specialist.
- Additionally, if you are eligible to get services from Indian health providers, you may see these providers without a referral. We must pay the Indian health provider for those services even if they are out of our plan’s network.
 - More information on referrals is available in Chapter 3 of the *Member Handbook*.
- Your provider may need **prior authorization** or an approval from Michigan Complete Health before you get certain services. Covered services that need prior authorization are marked in the Benefits Chart in Chapter 4 of your Member Handbook. Some drugs are covered only if you get prior authorization from us. Covered drugs that need prior authorization are marked in the *List of Covered Drugs*.
 - You also have access to a **Care Coordinator** and a **Care Team** that you choose.
 - A **Care Coordinator** helps you manage your medical providers and services.
 - The Care Coordinator ensures that the person-centered planning process is complete and will be responsible for:
 - Assessing your needs for supports and services
 - Coordinating Care Team meetings, as needed or as requested by you
 - Developing and Individual Integrated Care and Supports Plan (IICSP), also known as a plan of care, based on the person-centered planning process
 - Ongoing care coordination to help you get access to, and timely delivery of, supports and services that are in line with your personal goals
 - Granting access to your medical record to care team members at your direction



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- Your **Care Team** includes you, your chosen allies or legal representative, your Primary Care Provider, Care Coordinator, LTSS Coordinator or PIHP Supports Coordinator (as applicable), and other as needed. The Care Team works with you to develop, implement, and maintain your care plan and to coordinate the delivery of services and benefits as needed. Everyone on the Care Team works together to make sure your care is coordinated. This means that they make sure tests and labs are done once and the results are shared with the appropriate providers. It also means that your PCP should know all medicines you take so that he or she can reduce any negative effects. Your PCP will always get your permission before sharing your medical information with other providers.

B2. Primary Care Provider (PCP)

You can get services from any provider who is in our network and accepting new members.

First, you will need to choose a Primary Care Provider. You may be able to have a specialist act as your PCP. Specialists who perform primary care functions, including specialists who provide primary care in FQHCs, rural health clinics, health departments and other similar community clinics, can serve as your PCP. To request a PCP, you can 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. You may also call your care Coordinator 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.

To choose a PCP, go to the list of providers and choose a provider:

- that you use now, **or**
- who has been recommended by someone you trust, **or**
- whose offices are easy for you to get to.
- If you want help in choosing a PCP, please 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. The call is free. Or, visit mmp.michigancompletehealth.com/findadoctor.
- If you have questions about whether we will pay for any medical service or care that you want or need, call Member Services and ask **before** you get the service or care.



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B3. Long-term supports and services (LTSS)

As a Michigan Complete Health member, you may be able to get long-term supports and services (LTSS), such as home health, personal care, nursing home services, and home and community based services (such as adult day program, respite, expanded community living supports, preventive nursing services, private duty nursing, and other services). LTSS help people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

You should discuss long-term supports and services with your Care Coordinator to determine which services you qualify for and how to access them.

B4. How to identify providers in Michigan Complete Health's network

You may need a referral to see someone who is not a Primary Care Provider (PCP). There is more information about referrals in Section B1 of this Directory.

You must get all of your covered services from providers within our network. If you go to providers who are not in Michigan Complete Health's network (without prior authorization or approval from us), you will have to pay the bill.

A **prior authorization** is an approval from Michigan Complete Health before you can get a specific service, drug, or see an out-of-network provider. Michigan Complete Health may not cover the service or drug if you don't get approval.

The exceptions to this rule are when you need urgent or emergency care or dialysis and cannot get to a provider in the plan, such as when you are away from home. You can also go outside the plan for other non-emergency services if Michigan Complete Health gives you permission first.

- You may change providers within the network at any time during the year. If you have been going to one network provider, you do not have to keep going to that same provider. For some providers, you may need a referral from your PCP.
- Michigan Complete Health works with all the providers in our network to accommodate the needs of people with disabilities. As applicable, the list of network providers in this Directory includes information about the accommodations they provide.
- If you need to see a provider and are not sure if they offer the accommodations you need, Michigan Complete Health can help you. Talk to your Care Coordinator for assistance.



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B5. How to find Michigan Complete Health providers in your area

This provider directory is organized by provider type. Look for the type of provider first (for example, PCP, cardiologist, etc.). Then look for your county and city to find a provider close to your home. You can also visit the website at mmp.michigancompletehealth.com for the most current provider listing.

B6. List of network providers

This Directory of Michigan Complete Health's network providers contains:

- **Health care professionals** including primary care providers, who may be physicians, physician assistants, or nurse practitioners; hearing, dental, or vision specialists;
- **Facilities** including hospitals; urgent care centers; skilled nursing facilities/nursing facilities; Prepaid Inpatient Health Plan (PIHP) facilities for needs related to behavioral health, intellectual/developmental disability, and/or substance use; and
- **Support providers** including adult day programs; assistive technology; chore services; community transitions; environmental modifications; home-delivered meals; LTSS and non-LTSS home health agencies; medical supplies; non-medical transportation; personal care; preventive nursing; private duty nursing; respite care.

Providers are listed in alphabetical order by last name. In addition to contact information, provider listings also include specialties and skills, for example, such as languages spoken or completion of cultural competence training.

Cultural competence training is additional instruction for our health care providers that helps them better understand your background, values, and beliefs to adapt services to meet your social, cultural, and language needs.



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Accessibility Information

Below is information used in the provider directory to indicate accessibility at a provider office or building site. This information is not a promise that every doctor will always have the access that you may need. If you have a disability, you should call the doctor’s office to talk about your access needs.



Accessibility Requirements:

All Criteria Met: if the provider meets all (49) Critical Elements (CE) for disability access in four (4) main areas:
 Parking, Exterior Building, Interior Building, and Programmatic Access.

Some Criteria Met: if the provider does not meet 1 or more of the CEs.

No Criteria Met: if provider reports having no disability access for all of the CEs.


Details Pending: if there is no data to support any of the 4 main areas.

Indicator	Definition	Criteria
P	Parking	Parking spaces and van-accessible space(s) are accessible. Curbs to on-site parking, public transportation, and the sidewalk at the site entrance have curb ramps.
EB	Exterior Building	There is an accessible ramp to the building. Curb ramps and other ramps to the building are wide enough for a wheelchair/scooter. There are handrails on both sides of the ramp. Doors are wide enough for wheelchair/scooter to enter and the doors have handles that are easily opened.

(This section is continued on the next page.)



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IB	Interior Building	Doors are wide enough for a wheelchair/scooter and have handles that are easily opened. There are interior ramps that have handrails. If an elevator is present, it must be free for public use. The elevator has easy-to-hear sounds and Braille buttons within reach. The elevator is large enough for a wheelchair/scooter to turn around. The restroom is accessible, has doors wide enough for wheelchair/scooter and are easy to open. Offices have accessible equipment and clear for space where the equipment is for side transfers by wheelchair or scooter users. Lift equipment exists when needed. If office has a chair lift, it can be used without help.
PA	Programmatic Access	Programmatic access includes, but is not limited to: accessible communication and materials in other formats given in a timely manner, staff help with follow-up visit planning, and other disability-related support (people with disabilities who cannot wait in waiting room are seen right away).
~	Rx	This pharmacy can provide an extended day supply.
+	New patients	Physician is currently accepting new patients.
#	Existing only	Physician is currently accepting existing patients only.
*	No patients	Physician is not currently accepting patients at this time.
	Bus route	Provider indicated this location is on bus route.

Michigan Complete Health cannot guarantee the accuracy of provider self-reported disability access information as it has not been verified by the health plan through an in-person Accessibility Site Review (ASR). Members are encouraged to contact the provider in advance to ask about disability access, and to contact the health plan immediately if the self-reported information is not accurate.



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C. Michigan Complete Health's network providers

You may get services from any of the providers on this list.



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D. List of network pharmacies

This part of the Directory provides a list of pharmacies in Michigan Complete Health's network. These network pharmacies are pharmacies that have agreed to provide prescription drugs to you as a member of the plan.

- Michigan Complete Health members must use network pharmacies to get prescription drugs.
 - You must use network pharmacies except in emergency or urgent care situations.
 - If you go to an out-of-network pharmacy for prescriptions when it is not an emergency, you will have to pay out of pocket for the service. Read the Michigan Complete Health *Member Handbook* for more information.
- Some network pharmacies may not be listed in this Directory.
 - Some network pharmacies may have been added or removed from our plan after this Directory was published.

For up-to-date information about Michigan Complete Health network pharmacies in your area, please visit our website at mmp.michigancompletehealth.com/findadoctor 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. The call is free.

To get a complete description of your prescription coverage, including how to fill your prescriptions, please read the *Member Handbook* and Michigan Complete Health's *List of Covered Drugs*. The current List of Covered Drugs can be found on our website at mmp.michigancompletehealth.com/formulary. Or you may call Member Services at the number above to have one mailed to you.



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D1. How to identify pharmacies in Michigan Complete Health network

Along with retail and chain pharmacies, your plan's network of pharmacies includes:

- Mail order pharmacies send covered prescription drugs to members through the mail or shipping companies.
- Home infusion pharmacies prepare prescription drugs that are given through a vein, within a muscle, or in another non-oral way by a trained provider in your home.
- Long-term care (LTC) pharmacies serve residents of long-term care facilities, such as nursing homes.

Specialty pharmacies provide members with drugs used to treat complex or rare chronic conditions such as cancer, rheumatoid arthritis, hemophilia, and H.I.V. You are not required to continue going to the same pharmacy to fill your prescriptions.

D2. Long-term supplies of prescriptions

- **Mail Order Programs.** We offer a mail order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.



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E. Michigan Complete Health's Network Pharmacies

This pharmacy directory is organized by pharmacy type, county, and city. Look for the type of pharmacy first (for example, retail, mail order, home infusion, etc.), then look for your county and city to find a pharmacy close to your home. You can also visit the website at mmp.michigancompletehealth.com/findadoctor for the most current pharmacy listing.

You can go to any of the pharmacies in our network unless otherwise noted in each section.



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E1. Mail order pharmacy

You can get prescription drugs shipped to your home through our network mail order delivery program. If the mail order pharmacy gets a prescription directly from a prescriber, they will call you first to confirm you want the drug(s). Please make sure to let the pharmacy know the best way to contact you. Mail order pharmacies are required to get your approval before shipping or delivering any prescriptions that you did not ask for.

You also have the choice to sign up for automated mail order delivery. Typically, you should expect to get your prescription drugs 10 days from the time that the mail order pharmacy gets the order. If you do not get your prescription drug(s) within this time or if you would like to cancel an automatic order, please contact us at 1-844-239-7387 (TTY: 711) 24 hours a day, 7 days a week. Or call your mail order pharmacy, CVS Caremark at 1-888-624-1139, TTY: 711. These calls are free. To learn more about mail order pharmacies, see Chapter 5 of the *Member Handbook*.



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E2. Home infusion pharmacies

To get information on home infusion pharmacies, please 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.



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E3. Long-term care pharmacies

Residents of a long-term care facility, such as a nursing home, may access their prescription drugs covered under Michigan Complete Health through the facility's pharmacy or another network pharmacy. To learn more about drug coverage in special cases, see Chapter 5 of the *Member Handbook*.

Long-term care pharmacies are generally for residents of a long-term care facility and may not be available to all members. To get information on long-term care pharmacies, please 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.



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E4. Specialty pharmacies

Specialty pharmacies provide members with drugs used to treat complex or rare chronic conditions such as cancer, rheumatoid arthritis, hemophilia, and H.I.V.

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