



# MICHIGAN ENROLLS

Questions? Call 1-800-975-7630  
TTY 1-888-263-5897

**Keep this notice for your records**

<LetterDate>  
Case Number: <CaseID>



00000

<BeneFull>  
<Line1>  
<Line2>  
<City>, <State> <Zip>

Dear <BeneFull>:

## IMPORTANT REMINDER: YOU ARE BEING ENROLLED INTO A NEW HEALTH AND DRUG PLAN FOR YOUR MEDICARE AND MEDICAID SERVICES

[1]

You recently were sent a letter about being enrolled in a new MI Health Link health plan - <HealthPlan>. This plan will help your Medicare and Medicaid services work together better. The new plan includes all the benefits you currently receive under Medicare and Medicaid.

### Your new coverage starts <StartDate>

You will automatically be enrolled in <HealthPlan> on <StartDate>. You do not need to do anything if you want to join <HealthPlan>. Enrolling into this health plan will **not** change your Medicare or Medicaid eligibility.

**You will receive a plan ID card from <HealthPlan>.** Starting <StartDate>, you need to show your new plan ID card when you get services. You must use your new health plan when you need medical services and prescription drugs on or after <StartDate>.

You can choose to not be enrolled in this new plan. **If you do not want to be enrolled, you need to contact us no later than <EndDate>.**

### How will this change affect me?

- You will have one plan for all your Medicare and Medicaid provider and pharmacy benefits.
- You will not pay a plan premium, deductible or copayment when you get services from a provider or pharmacy in your health plan's provider network. Every health plan has a network of providers like doctors, dentists, hospitals and personal care providers who provide your health care services. If your providers are not in the plan's network, they can join it. You may need to see a different provider if your provider does not join your health plan's network.
- Every health plan has a network of dentists who provide your dental care services.
- You can keep getting services and seeing the doctors and other providers you go to now for at least 90 days from <StartDate>. After **<90 days after start date>**, you will only be able to see doctors and providers in <HealthPlan> network.



You will also have access to at least one 30-day supply of the Part D drugs you currently take during your first 90 days in the plan if you are taking a drug that is not on your plan's List of Covered Drugs, if health plan rules do not let you get the amount ordered by your doctor, or if the drug requires prior approval by <HealthPlan>.

- You will have your own Care Coordinator who will ask you about your health care needs and choices and will work with you to create a personal care plan based on your goals.
- Your Care Coordinator will help you get what you need, when you need it. This person will answer your questions and make sure that your health care issues get the attention they deserve.
- If you need help to live or stay in the community instead of in a nursing home, you may have access to home and community based supports and services if they are medically necessary.
- You will have care coordination of physical and behavioral health care benefits.
- You will be able to call a free, 24 hour nurse help line.
- You will be able to get free, confidential help from an independent ombudsman who helps people if they need information or have any issues or complaints with their health plan.

[1]

### **How will this change affect my current personal care provider?**

If you are getting personal care services through the Home Help program offered by the Michigan Department of Health and Human Services, you will begin getting these services through <PlanName> on <StartDate>. You may keep your current caregiver. <PlanName> will send you a welcome letter that will tell you how you can keep your current caregiver. Please ask your caregiver to contact the health plan to ensure timely payment for services.

### **What should I do now?**

#### **You have options:**

**1. Keep this enrollment with - <HealthPlan>**

If you want to be enrolled and receive both your Medicare and Medicaid benefits from <PlanName>, there is nothing more you need to do. You will receive a welcome kit from <PlanName> with more information.

**2. Join a different plan that will include your Medicare, Medicaid, and prescription drug benefits.**

Call Michigan ENROLLS at 1-800-975-7630 (TTY: 1-888-263-5897), Monday-Friday from 8AM to 7PM before <CutoffDate> and tell them you don't want to be in <PlanName> and you want to join a different plan.

**3. Keep your Medicare the way it is now and discuss other Medicaid options.**

Call Michigan ENROLLS at 1-800-975-7630 (TTY: 1-888-263-5897) before <StartDate>. Tell them you do not want to be in <PlanName>. They can help you keep your current Medicare and Medicare prescription drug coverage and discuss Medicaid options available to you. You can also call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Note:** You can leave your MI Health Link plan at any time and choose another plan. But, once you leave your MI Health Link plan, there are limits for when you can join or leave other types of Medicare plans. For more information, please contact Michigan Medicare/Medicaid Assistance Program (MMAAP) at 1-800-803-7174.

### <HealthPlan> and Medicare Part D

You may have received a letter from your current Medicare Part D prescription drug plan telling you that beginning <StartDate>, your prescription drug plan won't cover your prescription drugs. That is because you are being enrolled in a new health care and drug plan. <HealthPlan> will become your new Medicare Part D plan, which means your last day of coverage in your current prescription drug plan will be <EndDate>. You cannot keep your current Part D plan and be in <HealthPlan> at the same time. You will continue to receive your prescription drug benefits from your current plan through <EndDate>. Your new prescription coverage from the <HealthPlan> will start on <StartDate>. There will be no gap in your prescription drug coverage.

### Where can I get more information?

- **If you have questions about enrollment or disenrollment**, please call Michigan ENROLLS at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. The office hours are Monday through Friday 8 AM to 7 PM.
- **If you have concerns with <PlanName>**, call the MI Health Link Ombudsman Program at 1-888-746-6456. Call 711 if you use TTY. Office hours are Monday through Friday, 8 AM to 5 PM. The MI Health Link Ombudsman is an independent program and the services are free.
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The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

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## What if I am not the person this letter is addressed to?

You may have received this letter because you assisted <BeneFull> with completing eligibility paperwork for the Michigan Department of Health and Human Services (MDHHS). If you are not an authorized representative of <BeneFull>, it is your responsibility to provide this letter to <BeneFull> in a timely matter so that he or she can make an enrollment decision. In addition, you should advise <BeneFull> to provide updated information to MDHHS so that they can receive these notices and other information directly.

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