

- Report changes that may affect your coverage to the health plan and the DHS office. This could be an address change, birth of a child, death of a family member, marriage, or divorce.
- Promptly apply for Medicare or other insurance when you are eligible.
- Report other insurance benefits you have to the Beneficiary Helpline 1-800-642-3195.

Questions About Your Health Plan Enrollment

If you have questions, complaints or concerns about your health care or your health care provider, there are things you can do.

1. You can call or write a letter to your health plan about your complaint or concern. Often, they can help you immediately. If you are not satisfied, you have the right to file a grievance. Be sure to read your health plan's member handbook for more instructions.
2. You can also write or call the Michigan Department of Community Health (MDCH) Beneficiary Helpline about your questions, complaints or concerns. You can request a change in health plans, ask for a medical exception, a for cause disenrollment or a beneficiary complaint form.

You can appeal a health plan decision you do not agree with by requesting a hearing.

Michigan Department of Community Health
Medical Services Administration
Beneficiary Helpline
PO Box 30470
Lansing, MI 48909-9753
or call: 1-800-642-3195

You can take any of these actions at any time.

Reporting Medical Beneficiary Fraud

You may be prosecuted for fraud if you:

- withhold information on purpose or give false information when applying for Medicaid or other medical assistance programs, or
- do not report changes that affect your eligibility to your DHS specialist.

If you are found guilty under Federal law, you can be fined as much as \$10,000 or can be sent to jail for up to a year or both. Also, your Medicaid or other medical benefits may be suspended for one year. Federal penalties are contained in Section 1909 of the Social Security Act.

You can also be prosecuted for fraud under State law. If you are found guilty, you can be sent to jail, fined and ordered to repay the State monies paid on your behalf for health care. And if you are convicted of a felony under the State law, your jail sentence may be up to four years.

Report cases of suspected fraud to the Department of Human Services (DHS) Office of the Inspector General by calling 1-800-222-8558. You do not have to give your name.

Reporting Medicaid Provider Fraud

A health care provider who is enrolled in the Medicaid program is also subject to Federal and State penalties for Medicaid fraud. Report any provider you suspect of billing for a service he or she did not perform or providing a service that is not needed.

Report suspected provider fraud to:

Michigan Department of Community Health
Program Investigation Section
PO Box 30479
Lansing, MI 48909
or call the 24-hour hotline:
1-800-428-0005

You do not have to give your name.

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 (TTY 1-866-501-5656).
Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono 1-800-642-3195 (TTY 1-866-501-5656)
Arabic: 1-800-642-3195 (TTY 1-866-501-5656)

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥



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Your Rights and Responsibilities

Your



If you receive Medicaid and belong to a health plan

Eligible for Medicaid



When you get Medicaid, you are receiving health care benefits from the State of Michigan.

It is important to know what your rights and responsibilities are for this program.

You need to know these things to be sure you receive the best possible care and treatment.

Know the process...

1. If you are found eligible for Medicaid, you will receive information from MICHIGAN ENROLLS. This information will tell you how to sign up for a health plan.
2. You must choose a health plan that is listed for your area. If you have a serious medical condition under active treatment with a doctor who is not in a health plan, you may not be required to join a health plan. You should contact MICHIGAN ENROLLS with any questions you have about this process.
3. You need to choose a primary care provider (PCP), like a doctor, who works with your health plan. If you do not choose, a doctor will be assigned to you.
4. You must complete the enrollment information and mail the form to MICHIGAN ENROLLS, or call MICHIGAN ENROLLS at 1-888-367-6557, or go to an informational meeting in your area.
5. You will receive a card and more information from the health plan you have chosen.

Under Medicaid You Have the Right to:

- Receive quality health care.
- Be treated with respect.
- Be seen by a primary provider who will arrange the care you need.
- Get all the facts from your primary provider about your health and treatment.
- Know about all treatments even if they are not covered by Medicaid.

- Refuse treatment.
- A second medical opinion.
- Be told what services are covered by Medicaid.
- Know if a co-payment is required.
- Know how your health plan works and the services available.
- Know the names and backgrounds of your health care providers.
- Choose your primary provider.
- Change your primary provider by following the rules of the health plan.
- Change plans for any reason during the first 90 days of enrollment.
- Change plans during a certain time of the year.
- Request a disenrollment form to change your health plan if you have “good cause.”
- Get help with any special needs you may have.
- Get help with any special language needs you may have.
- Tell your primary provider how you wish to be treated if you ever become too ill to decide for yourself.
- Be told in writing when and why benefits are being reduced or stopped.
- Have your medical records kept confidential.
- Get a copy of your medical records.
- Voice your concern about the service or care you receive.
- Contact your health plan with any questions or complaints that you may have.
- Use the health plan’s grievance procedure to resolve problems.
- Contact the Michigan Department of Community Health with any questions or complaints that you may have.
- Appeal any denial or reduction of Medicaid eligibility or service.

Medically Necessary Transportation

Make your request as soon as you can. You can get help with getting a ride if:

- You do not have a way to get to and from a doctor visit; or
- You do not have a way to get medical items or services that are covered by Medicaid.

Dental

Dental services are covered by Medicaid. It is a separate benefit and is not part of your Medicaid health plan. Dental services are different for those 21 and over from those who are under age 21. You will have to contact dentists in your area to see if they accept Medicaid. Depending on the county you live in, people under age 21 may have dental services covered by Delta Dental through the “Healthy Kids Dental” program. You can contact dentists in your area to see if they accept Healthy Kids Dental for treatment. Contact your local DHS office to arrange transportation for dental visits. In some cases, the rides you need must be approved in advance.

Under Medicaid You Have the Responsibility to:

- Show your health plan and mihealth card to all providers before receiving services.
- Never let anyone use your cards.
- Choose a primary provider. Then contact and make an appointment with the provider you have chosen.
- Make appointments for routine checkups and vaccinations (shots).
- Keep your appointments.
- Provide complete information about your past medical history.
- Provide complete information about current medical problems.
- Ask questions about your care.
- Follow your provider’s medical advice.
- Respect the rights of other patients and health plan employees.
- Use emergency room services only when you believe an injury or illness could result in lasting injury or death.
- Notify your primary provider if emergency treatment was necessary and make an appointment for follow-up care if needed.
- Make prompt payment for services not covered by Medicaid.