



Enrollee Protections and MI Health Link

1. What protections are offered to MI Health Link enrollees?

People enrolled in MI Health Link will have the following protections:

Choice of Providers	MI Health Link Ombudsman Program
Choice of Health Plans (except in the UP)	24/7 Nurse Line and Behavioral Health Line
Person Centered Planning	Grievance and Appeal Rights
Services that support self-determination	Privacy, security and confidentiality
MI Health Link Advisory Committee	Enrollment Assistance/Options Counseling
Health Plan Advisory Council	ADA / Civil Rights Act / No discrimination
Continuity of Care Requirements	No Balance Billing or Cost Sharing (nursing facility Patient Pay Amount will still apply)
Care Coordinator for each Enrollee	

2. How will I have a choice of providers?

The health plan must allow people enrolled in MI Health Link to continue to see their current health care providers for at least 90 days. The health plan is required to encourage providers to join the network during the continuity of care period. There are protections for people in nursing homes and for those receiving personal care services to continue with their current providers. The health plan is also responsible for assisting people who are enrolled with selecting a primary care provider if the person does not already have one.

3. What are the continuity of care requirements?

When people enroll in MI Health Link, they are able to continue to see their current health care providers and receive the same level of services, including prescription drugs, for a period of time. Prescriptions must be filled at a pharmacy that is part of the plan's network. Time frames vary by the service or provider type. People currently receiving services through the Pre-Paid Inpatient Health Plan (PIHP) Specialty Services and Supports Program and the Habilitation Supports Waiver have longer time periods to see some providers. For a detailed explanation of the continuity of care requirements, visit www.michigan.gov/MIhealthlink >> MI Health Link Resources Toolkit >> Provider Continuity of Care Requirements.

4. What is the advantage to having a Care Coordinator?

The MI Health Link health plans must employ or contract with nurses and social workers to serve as Care Coordinators to assist people who are enrolled in the program with all aspects of care and service delivery. For a person with minimal needs, the Care Coordinator can be available to help work with providers or to simply answer questions. For a person with more complex needs, the Care Coordinator will work with the person's providers to coordinate services, encourage communication and information sharing, assist the person with scheduling appointments and assure needed services are delivered. The Care Coordinator is also available for everyone enrolled in the program to answer questions, coordinate supports and services to meet the person's needs and ensure that issues get the attention they deserve. The Care Coordinator is your "go-to" person for MI Health Link.

5. Do I lose any grievance or appeal rights by joining MI Health Link?

No. All existing Medicare and Medicaid grievance and appeal rights are available to MI Health Link enrollees. MDHHS and CMS worked together on a process that gives enrollees the most helpful protections from both the Medicare and Medicaid programs. MI Health Link will use one set of notices to streamline the appeals process. All of the notices will tell you what steps you can take and will give you contact information if you have any questions or need help with the process.

6. What is the MI Health Link Advisory Committee?

MDHHS will create an advisory committee to provide feedback on MI Health Link. Membership will represent the diverse interests of enrollees and stakeholders. Applications are being accepted and enrollees who are selected to participate will be offered the assistance they need to take part in the committee. To learn more about this opportunity, go to www.michigan.gov/MIhealthlink >> MI Health Link Advisory Committee (under Other Resources).

7. What is the Health Plan Advisory Council?

Each MI Health Link health plan must create an Advisory Council for MI Health Link. One third of the membership must be individuals enrolled in MI Health Link and the majority must be people who are enrolled, family members and advocates. Interested individuals who are enrolled in MI Health Link should contact their MI Health Link health plan to learn how to apply.

8. What will the MI Health Link Ombudsman do for enrollees?

MDHHS is developing a new MI Health Link Ombudsman Program which will address enrollee concerns and resolve complaints, offer education about the program, and refer individuals to appropriate resources. The program staff will be available to everyone who is enrolled in MI Health Link or is eligible to enroll through a toll-free phone number.