



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

March 4, 2015

<Provider Name>
<Provider Address1>
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<Provider City> <state> <zipcode5-zip4>

Dear Nursing Home Administrator:

Your residents who are dually eligible for both Medicare and Medicaid may have recently received a letter informing them of their eligibility for MI Health Link. MI Health Link is a new program offered by the Michigan Department of Community Health (MDCH) in partnership with the Centers for Medicare and Medicaid Services (CMS) through which all Medicare and Medicaid services are coordinated, provided, and paid for through health plans called Integrated Care Organizations (ICOs).

Individuals who enroll in MI Health Link will have the advantage of having all Medicare and Medicaid services coordinated through an ICO care coordinator who will work with providers of services, including nursing facilities, to ensure that enrollees have access to all covered benefits, and in some instances, additional benefits.

To assist your residents who are eligible for the program understand what MI Health Link is and what it has to offer, we have included a brochure that can be shared with them and their families or responsible parties. Additional printed copies of the brochure can be requested via e-mail to msa-forms@michigan.gov. We also have multiple resources available that can respond to questions about My Health Link:

- MDCH has contracted for specialized outreach services to people residing in nursing facilities and facility staff. Outreach specialists can provide on-site presentations to answer questions about the program and explain options to eligible residents. To schedule a presentation, contact the Specialized Outreach program coordinator, Anita Salustro by calling 517-614-8388 or by sending an e-mail to anita@mymdrc.org.
- The Michigan Medicare Medicaid Assistance Program (MMAP) can answer questions and provide people eligible for MI Health Link with detailed options counseling. MMAP can be reached toll-free at 1-800-803-7174.
- Eligible individuals can call Michigan ENROLLS, the MDCH enrollment broker, at 1-800-975-7630 (select option #3 to select a health plan) to learn about enrollment options. TTY users may call 1-888-263-5897. Enrollment counselors can assist callers with enrolling in the program by choosing an ICO and selecting a primary care physician.
- If a person elects to not enroll in the program, he or she may call Michigan ENROLLS at the same toll-free number to opt-out of the program.

Each eligible individual has the right to decide if he or she wishes to participate in MI Health Link.

Only the individual or his or her legally authorized representative (durable power of attorney for healthcare) and guardians who are authorized to make healthcare decisions can call Michigan ENROLLS to enroll in MI Health Link and join an ICO or opt-out of the program. Unless the eligible individual is on the call and gives verbal authorization for another person on the line to speak for him or her, that person will be asked to submit proof of his or her role as a legal representative under a durable power of attorney or guardianship. If there is no legally authorized representative for the person, a DCH-1183 Authorization to Disclose Protected Health Information form can be completed and submitted to MDCH. The form can be found online at www.michigan.gov/hipaa >> Authorization to Disclose Protected Health Information. Providers, including nursing facilities, physicians, social workers, or other health providers are not permitted to make an enrollment decision for an eligible individual. Also, enrollments and opt-outs are processed on an individual basis. Mass mailings or calls for multiple eligible individuals cannot be processed by Michigan ENROLLS.

Additional information for both beneficiaries and providers can found on the MI Health Link website at www.michigan.gov/MIHealthLink. Updated program information is frequently added to this site and it can be a valuable resource in understanding what MI Health Link has to offer.

MI Health Link is an opportunity for beneficiaries to experience coordination of all Medicare and Medicaid covered health services. Nursing facilities will play an important role in assisting CMS and MDCH in achieving the shared goal of streamlining systems, reducing costs, and enhancing quality of care and life for those we serve. If you have questions, you may send them to IntegratedCare@michigan.gov.

Sincerely,



Stephen Fitton, Director
Medical Services Administration

enclosure

What to Expect

If you are eligible for MI Health Link you will receive a letter that will explain:

- Your choices in MI Health Link
- Things to consider
- Who to contact for help
- How to enroll



If you have general questions about your MI Health Link enrollment options you may call the Michigan Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174

For more information visit:

www.michigan.gov/MIHealthLink

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Additional information may be found on the Michigan Department of Community Health website: www.michigan.gov/mihealthlink

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Linking Medicare and Medicaid for you



Michigan Department
of Community Health



Rick Snyder, Governor
Nick Lyon, Director

What is MI Health Link?



MI Health Link is a new health care option with built-in care coordination for Medicare and Medicaid services.

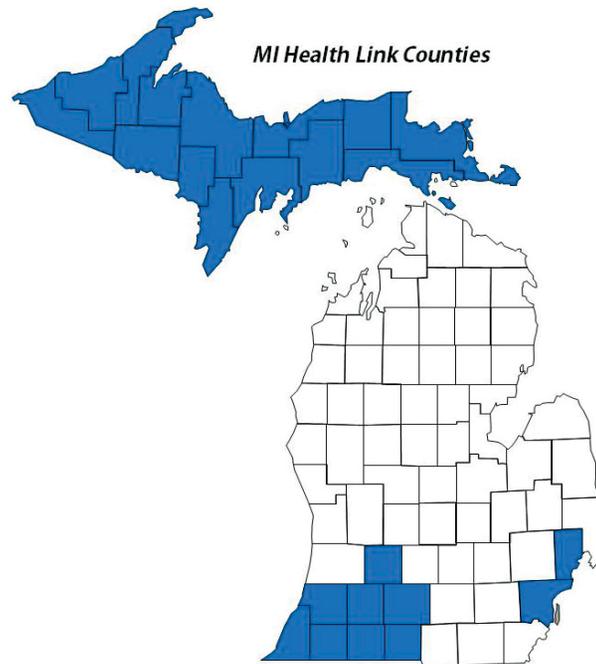
MI Health Link offers:

- Medical services
- Medications
- Dental services
- Vision services
- In-home services
- Equipment to help with activities of daily living
- Community-based long-term care services
- Community mental health services
- Nursing home care

Are you eligible for MI Health Link?

You may be eligible if you:

- Live in the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne or any county in the Upper Peninsula
- Are age 21 or older
- Have full Medicare and full Medicaid
- Are not enrolled in hospice



Why Choose MI Health Link?

- You will not pay any co-payments or deductibles for in-network services including prescriptions (nursing home patient pay amounts still apply).
- You have one plan and one card for all your Medicare and Medicaid benefits.
- You will have your own Care Coordinator who will:
 - work with you to create a personal care plan based on your goals
 - answer your questions and make sure that your health care issues get the attention they deserve
 - connect you to supports and services you need to be healthy and live where you want
- You can include your existing case manager or supports coordinator in your integrated care team.
- You will keep your current rights and services if you enroll.