



## Enrollee Protections and MI Health Link

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

People enrolled in MI Health Link have the following protections:

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

### 2. Can I continue seeing my provider through continuity of care?

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 to support continuity of care. Prescriptions must be filled at a pharmacy that is part of the plan's network. Time frames vary by the service or provider type, but 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. For a detailed explanation of the continuity of care requirements, visit [www.michigan.gov/MIhealthlink](http://www.michigan.gov/MIhealthlink) >> MI Health Link Resources Toolkit >> Provider Continuity of Care Requirements.

### 3. 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. Each MI Health Link enrollee will have a Care Coordinator ensure effective

integration and coordination between providers. Care Coordinators provide a wide range of services, including but not limited to, (1) conducting the Health Risk Assessment, (2) assuring the Person-Centered Planning Process is complete, (3) preparing the Individualized Care Plan, (4) coordinating care transitions, and (5) leading the Integrated Care Team. 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.

#### **4. 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 uses 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.

#### **5. What is the MI Health Link Advisory Committee?**

MDHHS has created an advisory committee to provide feedback and inform program direction for MI Health Link. Membership represents the diverse interests of enrollees and stakeholders. To learn more or apply to participate in the advisory committee, go to [www.michigan.gov/MIhealthlink](http://www.michigan.gov/MIhealthlink) >> MI Health Link Advisory Committee (under Other Resources).

#### **6. What is the Health Plan Advisory Council?**

Each MI Health Link health plan is required to have an Advisory Council for MI Health Link to inform program direction and improvements. 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.

#### **7. What does the MI Health Link Ombudsman do for enrollees?**

The MI Health Link Ombudsman Program addresses enrollee concerns, resolves complaints, offers education about the program, assists with filing complaints/grievances/appeals, and refers individuals to appropriate resources. The program staff are available to everyone who is enrolled in MI Health Link through the toll-free phone number: 1-888-746-6456 (staffed Monday through Friday from 8 am to 5 pm, except holidays)