

March 16, 2015

<Provider Name>
<Provider Address1>
<Provider Address2>
<Provider City> <state> <zipcode5-zip4>

Dear Provider of Medicaid Adult Home Help Services:

RE: Adult Home Help Services and the new MI Health Link program

This letter is to let you know about a new program called MI Health Link and how it impacts you as a provider of personal care services. The person you provide personal care services to through the Home Help program could be enrolled in MI Health Link. This letter tells you how you can continue to provide services and get paid if the person enrolls in MI Health Link.

What will change?

People who are enrolled in the MI Health Link program will be able to receive the same personal care services they get now, but the **services will be paid for by the MI Health Link health plan instead of the State of Michigan**. People will be able to keep their current providers if they choose, but the providers must have an agreement with the health plan to get paid for the services they provide.

Is my client eligible for MI Health Link?

MI Health Link is for people who are enrolled in both Medicare and Medicaid, are age 21 or older, and live where the program is offered (the counties of Alger, Baraga, Barry, Berrien, Branch, Calhoun, Cass, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Kalamazoo, Keweenaw, Luce, Mackinac, Macomb, Marquette, Menominee, Ontonagon, Schoolcraft, St. Joseph, Van Buren and Wayne).

What should I do if my client enrolls in a MI Health Link health plan?

First, ask your client if he/she wants you to continue to provide his or her personal care services when enrolled in MI Health Link.

1. If yes, ask your client in which MI Health Link health plan he/she is enrolled. This can be found in the welcome letter from the health plan to your client, the member handbook or on the client's ID card. The health plan phone numbers are below.
2. **You must call the MI Health Link health plan** to discuss enrollment as a network provider to receive payment for the personal care services you provide.
3. The MI Health Link health plan will conduct a background check and will enter into an agreement with you to provide personal care services if you meet the plan's provider criteria. **Providers must meet State of Michigan requirements for personal care providers including passing a background check.**

4. The MI Health Link health plan will explain
 - What information you must provide to receive payment for the services you delivered.
 - How often you need to submit the information.
 - How soon you will be paid after submitting.
5. **Do not stop providing services** while you enroll as a provider with the health plan as enrollee protections require the health plan to provide the same services by the same provider for 90 days after enrollment. If your client is in the Habilitation Supports Waiver, he or she will receive the same care from the same providers for 180 days after enrollment.
6. **Do not call the Department of Human Services (DHS) or the Michigan Department of Community Health (MDCH)** as the MI Health Link health plan is responsible for paying you for personal care services you provide for this client. You will receive your check from the health plan and not from the State.

The phone numbers for each MI Health Link health plan are listed below:

Aetna Better Health	313-465-1551
AmeriHealth	402-658-8758
Fidelis	224-330-0343 (after 5/1/2015: 248-729-5903)
HAP Midwest Health Plan	313-586-6055
Meridian Health Plan	313-324-3700 extension 1485
Molina Healthcare	248-925-1745
Upper Peninsula Health Plan	906-225-1187

If you have questions or concerns, please contact MDCH Provider Support at 1-800-979-4662 Monday through Friday 8:00 AM to 7:00 PM), the Beneficiary Help Line (Monday through Friday 8 AM to 7 PM) at **1-800-642-3195**, or email INTEGRATEDCARE@michigan.gov. You may also find other information by going to the MI Health Link website at <http://michigan.gov/mihealthlink>.

Sincerely,


Stephen Fitton, Director
Medical Services Administration