



MI Health Link

FREQUENTLY ASKED QUESTIONS FOR ENROLLEES TABLE OF CONTENTS

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How do I enroll in MI Health Link? How do I change my plan?

Answer: It's easy to join MI Health Link! Call Michigan ENROLLS toll free at 1-800-975-7630 to enroll.

You must also call Michigan ENROLLS to opt-out, disenroll, or change health plans. TTY users may call 1-888-263-5897. The office hours are Monday through Friday (except holidays) 8AM to 7PM ET. Wait times are usually shorter before 10 AM, after 2 PM, and later in the week.

You will be sent at least two letters about being enrolled in a MI Health Link health plan. The health plan will help your Medicare and Medicaid services work better together.

The MI Health Link plan includes all the benefits you currently receive under Medicare and Medicaid.

If you are eligible for automatic enrollment, you will receive letters that will state when your MI Health Link coverage begins. You will automatically be enrolled in the MI Health Link plan that your letter specifies. The letter will also let you know the effective date of your enrollment.

You do not need to do anything if you want to join the MI Health Link plan your letter specifies. Enrolling into this health plan will not change your Medicare or Medicaid eligibility. You will receive a plan ID card from your MI Health Link health plan. You must use your MI Health Link health plan when you need medical services and prescription drugs starting on the date you are enrolled.

You can choose to not be enrolled in the MI Health Link health plan. You may choose a different health plan that will include your Medicare, Medicaid, and prescription drug benefits.

If you do not want to be enrolled in MI Health Link, you need to let Michigan ENROLLS know that you would like to **disenroll**, by the date stated on your letter. If you would also like to be excluded from future automatic enrollment in MI Health Link, you need to let Michigan ENROLLS know that you would like to **opt out**. Disenrollments and optouts are effective the first day of the next month no matter which day of the month you call.

If you do not join MI Health Link you can keep your current Medicare, Medicare prescription drug coverage, and will receive regular Medicaid. Call Michigan ENROLLS toll-free at 1-800-975-7630 (TTY: 1-888-2635897) Monday-Friday from 8 AM to 7 PM. You can also call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

[Click here to learn more about MI ENROLLS](#)

How do I continue with my current personal care (home help) provider?

Answer: If you are newly enrolled into a MI Health Link health plan and have been receiving home help or personal care services, these services can be continued. It is important that you contact the health plan, also known as the Integrated Care Organization (ICO) that you are enrolled with, to make sure the ICO knows of your current services and to prevent any lapse in payment to your provider. The ICO will keep your current providers as well as the services you are receiving until they are able to complete a new Personal Care Assessment and person-centered plan with you or up to 90 days after your enrollment, whichever is sooner. Your personal care service provider must be part of your health plan's network to be reimbursed for the services they provide you. The ICO can help your provider enroll. You can call the customer service telephone number located on your insurance card for more information and help.

[Click here for more information about continuity of care](#)

[Click here for information for Individuals providing personal care services/home help](#)

How does MI Health Link ensure you receive the care you need?

For members that have both Medicare and Medicaid, MI Health Link ensures you receive services needed for your health care, [behavioral health care](#), [home and community-based services](#) needs, nursing home care, and medications all in one comprehensive plan. MI Health Link improves health care quality and access to care by more effectively aligning programs and bridging the divide between programs for you.

An important part of the MI Health Link program is person-centered coordination. The care coordination process ensures that you receive the care that you need through:

- Assessment of your health history and status.
- Development of your Individual Integrated Care and Supports Plan (IICSP) through person-centered planning, creation, and maintenance of an Individual Care Bridge Record to promote the storage and sharing of information across your providers.
- Collaboration between you and members of your Integrated Care Team, with ongoing monitoring and advocacy.

As a MI Health Link member, you are given a [Care Coordinator](#) to help establish priorities and to link all of your doctors, pharmacies, behavioral health care and long term care supports and services through your health plan. The Care Coordinator will help make sure that your doctors and other providers work together to meet your needs and honor your choices. The Care Coordinator connects you to supports and services that you need to be healthy and to live where you wish. This person will

assist with your care plan, answer your questions, help get appointments and services, arrange transportation, and more.

With MI Health Link, there are no co-pays or deductibles for in-network services or medications. Through use of a single card, MI Health Link benefits include:

- No co-pays for in-network services, including medications
- No deductibles for in-network services
- Medications
- Care coordination
- Behavioral health care
- Dental care
- Hearing care
- Medicare care
- Vision care
- Home and community-based services
- Personal care services (i.e. home help)
- Transportation for covered medical services
- Medical equipment and supplies
- Nursing facility care

All MI Health Link services and supports are delivered by Integrated Care Organizations (ICOs) and existing Prepaid Inpatient Health Plans (PIHPs). MI Health Link provides an organized and coordinated delivery system that:

- Improves the quality of services and enrollee satisfaction
- Provides seamless access to all services and supports

- Eliminates barriers to home and community-based supports and services
- Creates care and supports coordination that communicates across all areas of the delivery system
- Streamlines administrative processes for you and providers

To ensure that you receive the person-centered benefits that you need and desire, regular assessments and discussions are conducted with you.

[Click here for more information on assessments](#)

Behavioral Health Benefits are provided through MI Health Link (Rev 3/2015)

What are behavioral health services?

Answer: Behavioral health services assist people with needs related to a mental illness, intellectual/developmental disability and/or substance use disorder. Sometimes these services are referred to as mental health services.

Who is eligible to receive behavioral health services?

Answer: Behavioral health services are provided for people with a mental illness, intellectual/developmental disability and/or substance use disorder.

Who provides behavioral health services under MI Health Link?

Answer: For MI Health Link enrollees, behavioral health services covered by Medicaid will be managed by Michigan Pre-paid Inpatient Health Plans (PIHPs), organizations that the Michigan Department of Health and Human Services contracts with to administer Medicaid covered behavioral health benefits. Behavioral Health services covered by Medicare will be managed by the member's health plan.

What behavioral health services are covered by MI Health Link?

Answer: All Medicaid and Medicare behavioral health services are covered by MI Health Link. All existing Medicare and Medicaid behavioral health services will continue to be provided for people currently receiving care and who enroll in MI Health Link. For MI Health Link program information, visit www.michigan.gov/MIHealthLink

How do I access behavioral health services if I enroll in MI Health Link?

Answer: You may contact your MI Health Link health plan, the Prepaid Inpatient Health Plan (PIHP) or the local Community Mental Health Services Provider to access services. There is no wrong place to start to get the services you need.

What is the benefit to enrolling in MI Health Link?

Answer: Care coordination is a primary benefit of MI Health Link. The MI Health Link health plan Care Coordinator will collaborate with existing behavioral health case managers, supports coordinators, and providers to ensure all aspects of care (including behavioral health, medical, prescription drugs, long term care supports and services) are well-coordinated. Also, there are no co-payments or deductibles for plan covered drugs.

If I currently receive behavioral health services, will they change under MI Health Link?

Answer: No, if you are currently receiving behavioral health services through the Community Mental Health Services Provider, these services will not be interrupted, and the providers will not change.

Will there be changes to my non-behavioral health services under MI Health Link?

Answer: People joining MI Health Link are protected by continuity of care requirements. This means people can continue to see their existing providers and receive the same amount of services once enrolled in MI Health Link for a set time period.

[Click here for more information about continuity of care requirements](#)

Do I have to leave the Habilitation Supports Waiver to enroll in MI Health Link?

Answer: No, Habilitation Supports Waiver participants do not have to leave the Habilitation Supports Waiver to enroll in MI Health Link. Medicaid behavioral health services, including those provided through the Habilitation Supports Waiver will not be affected by enrolling in MI Health Link.

I like my supports coordinator. Can I continue to work with her or him if I enroll in MI Health Link?

Answer: Yes, you can continue working with your existing behavioral health supports coordinator or case manager when enrolled in MI Health Link. You will also have access to a MIHealth Link Care Coordinator who can help you coordinate other service needs such as scheduling medical appointments and transportation. Your behavioral health supports coordinator or case manager can work together with your MI Health Link Care Coordinator following the person-centered planning process to coordinate care and arrange supports and services for you.

Will MI Health Link follow the person-centered planning process?

Answer: Yes, the person-centered planning process will continue to be part of the delivery of behavioral health and long-term care services, and it is also required for physical health services. You will still decide who is

involved in the person-centered planning process and setting your care goals.

What is the definition for “medically necessary” for MI Health Link?

Answer: Services must be provided in a way that offers all protections to covered individuals under Medicare and Michigan Medicaid. MI Health Link will follow the Medicare and Medicaid definitions for medically necessary and the MI Health Link health plan will apply whichever is most beneficial to the enrollee when making service delivery decisions. Medical necessity for MI Health Link Medicaid services includes, but is not limited to, those supports and services designed to assist the enrollee to attain or maintain a sufficient level of functioning to enable the enrollee to live in his or her community.

How Hospice Benefits are Provided Through MI Health Link (Rev 11/2016)

If I am getting hospice services, can I enroll in MI Health Link?

Answer: No, if you are currently getting hospice services, you are not eligible to enroll in MI Health Link.

What if I want to get hospice services after I enroll in MI Health Link?

Answer: Once you are enrolled in MI Health Link, if you have a terminal illness, you may decide you want to get hospice services. The hospice agency will assist you in completing the forms that state you want to get hospice care. You should inform your MI Health Link Care Coordinator when you choose hospice services.

Can I continue in MI Health Link if I elect hospice services?

Answer: Yes, if you choose to get hospice services, you can stay in MI Health Link.

When can I start to get hospice services from MI Health Link?

Answer: You can begin your hospice services immediately. Your hospice provider will notify Medicare and the MI Health Link health plan that you are getting hospice services.

What if I am in a nursing home and choose to get hospice services?

Answer: Hospice services are available in nursing homes. As soon as you decide to get hospice care, Medicare will pay for your hospice services and the MI Health Link health plan will continue to pay for your nursing home stay.

How will services not related to my terminal illness be covered?

Answer: When you choose hospice care, the hospice provider will coordinate your health care with your Care Coordinator and will bill Medicare directly for services. The Health Link health plan will pay for your Medicare Part D and Medicaid services not related to your terminal illness. You will still get the same benefits while enrolled in MI Health Link if you choose to get hospice services.

How do I allow someone to speak on my behalf to MI Enrolls?

Answer: You must speak with the call center staff first to verify your personal information. At this time, you can give verbal authorization for someone to speak with Michigan ENROLLS on your behalf and have that person get on the phone to continue the call. This verbal authorization will be valid only for that day. If you would like to authorize someone to speak on your behalf at another time without your verbal permission, you will need to complete, sign, and submit an Authorization to Release Protected Health Information form (DCH1183) to MDHHS.

If you have a court appointed guardian, durable power of attorney or designated patient advocate, contact Michigan ENROLLS to determine if that person is identified as the guardian or other authorized representative in the system. Michigan ENROLLS will ask specific questions to verify the information contained in its records. If this verification cannot be confirmed, you will need to submit the court issued Letters of Guardianship, durable power of attorney, patient advocate designation or other documents to the Michigan Department of Health and Human Services (MDHHS). Once reviewed and approved, this information will be transmitted to Michigan ENROLLS so you will be able to speak on behalf of the person that is authorized.

[Click here for information on calling MI ENROLLS](#)

What are the benefits of the MI Health Link program?

Answer: MI Health Link is a program that will help people get health care and services covered by both Medicare and Medicaid more easily.

Enrollees enjoy single plan coverage for:

- Behavioral Health Care
- Dental Care
- Medical Care
- Vision Care
- Home & Community-Based Services
- Medical Equipment & Supplies
- Medications
- Nursing Home Care
- Transportation for Covered Medical Services
- Ombudsman Services

Care coordination is also a key benefit of MI Health Link. The care coordinator will get to know the member and help create a personal care plan based on their goals. The care coordinator will connect the member to supports and services they need to be healthy and live where they want.

For more information about MI Health Link service benefits, visit [MI Health Link \(michigan.gov\)](https://michigan.gov), under heading “MI Health Link Services Benefits”.

Why did I get a cancellation letter from my Medicare Part D Drug Coverage Plan?

Answer: When you call to join MI Health Link or the state notifies you that you are being enrolled, you will be disenrolled from your Part D plan. The letter you received is in response to your upcoming enrollment in MI Health Link. You still have Part D coverage until the date specified in the letter.

You will no longer need your Medicare Part D drug coverage because the MI Health Link health plan will provide the drug benefit to enrollees.

[Click here for more information about MI Health Link and Medicare Part D](#)

Who may I call to be an advocate for me and help me problem solve?

Answer: The MI Health Link Ombudsman (MHLO) serves as an advocate and problem-solver for MI Health Link enrollees. Services are free and all enrollee information is kept confidential. Call Toll Free at 1-888-746- 6456, TTY 711, or email help@MHLO.org. Office hours are 8 am to 5 pm EST, Monday through Friday (closed holidays).

How may I submit compliments, comments, suggestions, or questions to the MI Health Link staff?

Answer: We would love to hear from you! Compliments, comments, suggestions, or questions may be directed via email to IntegratedCare@Michigan.gov or via postal mail to:

MI Health Link
Behavioral & Physical Health &
Aging Services Administration
PO BOX 30479
Lansing, MI 48909-7979

How may I obtain health benefit information and counseling?

Answer: Michigan Medicare and Medicaid Assistance Program (MMAP) is the MI State Health Insurance Assistance Program. MMAP counselors work through Area Agencies on Aging to provide high quality and accessible health benefit information and counseling, supported by a statewide network of paid and unpaid skilled professionals. Contact a MMAP counselor by calling 1-800-803-7174.

What Enrollee Protections are in place with MI Health Link?

Answer: People enrolled in MI Health Link will 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, and
- No Balance Billing or Cost Sharing (nursing facility Patient Pay Amount will still apply).

How will I have a choice of providers?

Answer: 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.

What are the continuity of care requirements?

Answer: 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 Prepaid Inpatient Health Plan (PIHP) Specialty Services and Supports Program and the Habilitation Supports Waiver have longer time periods to see some providers.

[Click here for more information about continuity of care requirements](#)

What is the advantage to having a Care Coordinator?

Answer: 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.

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

Answer: 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.

What is the MI Health Link Advisory Committee?

Answer: MDHHS created an advisory committee to provide feedback on MI Health Link. Membership represents 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, visit [MI Health Link Advisory Committee \(michigan.gov\)](https://michigan.gov/MIHealthLinkAdvisoryCommittee)

What is the Health Plan Advisory Council?

Answer: 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.

What will the MI Health Link Ombudsman do for enrollees?

Answer: MDHHS developed a MI Health Link Ombudsman Program to 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.