



HAP Empowered MI Health Link (Medicare-Medicaid Plan) Offered by HAP Empowered Health Plan, Inc.

Annual Notice of Changes for 2022



If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, TTY: 711, seven days a week, 8 AM to 8 PM. The call is free. **For more information**, visit <u>www.hap.org/mihealthlink</u>.

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Introduction

You are currently enrolled as a member of HAP Empowered MI Health Link (Medicare-Medicaid Plan). Next year, there will be some changes to the plan's coverage. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

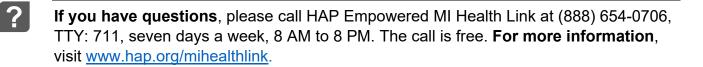
Under HAP Empowered MI Health Link, you can get your Medicare and Michigan Medicaid services in one health plan. A Care Coordinator will help manage your health care needs.

B. Reviewing Your Medicare and Michigan Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section F2 for more information.

If you leave our plan, you will still be in the Medicare and Michigan Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to page 11).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave HAP Empowered MI Health Link, you will go back to getting your Medicare and Michigan Medicaid services separately.



B1. Additional Resources

- You can also get this document for free in other formats, such as large print or audio. Call (888) 654-0706, TTY: 711, seven days a week, 8 AM to 8 PM. The call is free.
- You may also make a standing request to get this document and other communications now and in the future, in a language other than English or in an alternate format. To make a standing request, please call (888) 654-0706, TTY: 711, seven days a week, 8 AM to 8 PM. The call is free. Your request will be kept on file, and you may always call the number above if you ever change your mind.

B2. Information about HAP Empowered MI Health Link

- HAP Empowered MI Health Link is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Coverage under HAP Empowered MI Health Link is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at <u>www.irs.gov/affordable-care-act/individuals-and-families</u> for more information on the individual shared responsibility requirement.
- HAP Empowered MI Health Link is offered by HAP Empowered Health Plan, Inc. When this *Annual Notice of Changes* says "we," "us," or "our," it means HAP Empowered Health Plan, Inc. When it says "the plan" or "our plan," it means HAP Empowered MI Health Link.

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If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, TTY: 711, seven days a week, 8 AM to 8 PM. The call is free. **For more information**, visit <u>www.hap.org/mihealthlink</u>.

B3. Important things to do:

- Check if there are any changes to our benefits that may affect you.
 - $_{\odot}$ Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Refer to section D for information about benefit changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Refer to section D2 for information about changes to our drug coverage.
- Check if your providers and pharmacies will be in our network next year.
 - Are your doctors, including specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to section C for information about our *Provider and Pharmacy Directory.*
- Think about your overall costs in the plan.
 - \circ $\,$ How do the total costs compare to other coverage options?

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Think about whether you are happy with our plan.

If you decide to stay with HAP Empowered MI Health Link:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan. If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Refer to section F, page 11 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2022.

We strongly encourage you to **review our current Provider and Pharmacy Directory** to find out if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at <u>www.hap.org/mihealthlink</u>. You may also call Customer Service at (888) 654-0706, TTY: 711 for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.



D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain health care services next year. The table below describes these changes.

	2021 (this year)	2022 (next year)
Over-the-counter (OTC) drugs and supplies provided by Nations OTC.	Not covered	\$0 copay. There is a \$75 allowance every quarter with rollover of unused amounts throughout the year, not to exceed \$300 per year and not to carry over into next plan year.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at <u>www.hap.org/emp/hap-empowered/mi-health-link/prescription/covered-drugs</u>. You may also call Customer Service at (888) 654-0706, TTY: 711, for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Service at (888) 654-0706, TTY: 711, or contact your Care Coordinator to ask for a list of covered drugs that treat the same condition.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, TTY: 711, seven days a week, 8 AM to 8 PM. The call is free. **For more information**, visit <u>www.hap.org/mihealthlink</u>.

- This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If coverage for your drug changes and you receive a temporary supply of a drug, we will contact your doctor in writing. Your doctor can switch you to a different drug covered by the plan or ask us to make an exception for you to cover your current drug.

If you have already been approved to receive a medication, your approval is valid through the date listed on your approval letter. Most exceptions are approved for one year.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2022. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier. To know if your drugs will be in a different tier, find them in the Drug List.

The following table shows your costs for drugs in each of our two drug tiers.



	2021 (this year)	2022 (next year)
Drugs in Tier 1 (Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one- month (30-day) supply is \$0 per prescription .	Your copay for a one- month (30-day) supply is \$0 per prescription.
Drugs in Tier 2 (Brand Name Drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one- month (30-day) supply is \$0 per prescription .	Your copay for a one- month (30-day) supply is \$0 per prescription.
Day supply for opioid medications	Each new fill or refill for prescriptions for opioid medications are limited to a 90 -day supply dispensed for members who received authorization for greater than a 7-day supply.	Each new fill or refill for prescriptions for opioid medications are limited to a 30 -day supply dispensed for members who received authorization for greater than a 7-day supply.

E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to

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Original Medicare, you will automatically stay enrolled as a member of our plan for 2022.

E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

1. You can change to:	Here is what to do:
A different Medicare-Medicaid Plan	Call Michigan ENROLLS toll-free at 1- 800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.
	Your coverage in our plan will end the last day of the month after you tell us you want to leave.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, TTY: 711, seven days a week, 8 AM to 8 PM. The call is free. **For more information**, visit <u>www.hap.org/mihealthlink</u>.

2. You can change to:	Here is what to do:
A Medicare health plan (such as a Medicare Advantage Plan or Program of All-inclusive Care for the Elderly (PACE))	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.
	If you need help or more information:
	 Call the State Health Insurance Assistance Program (SHIP) at 1- 800-803-7174. Persons with hearing and speech disabilities may call 1-888-263-5897. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). You will automatically be disenrolled from HAP Empowered MI Health Link when your new plan's coverage begins.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, TTY: 711, seven days a week, 8 AM to 8 PM. The call is free. **For more information**, visit <u>www.hap.org/mihealthlink</u>.

3. You can change to:	Here is what to do:
Original Medicare with a separate Medicare prescription drug plan	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.
	If you need help or more information:
	 Call the State Health Insurance Assistance Program (SHIP) at 1- 800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). You will automatically be disenrolled from HAP Empowered MI Health Link
	when your Original Medicare coverage begins.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, TTY: 711, seven days a week, 8 AM to 8 PM. The call is free. **For more information**, visit <u>www.hap.org/mihealthlink</u>.

4. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call MMAP at 1-800-803-7174.

Here is what to do:

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.

If you need help or more information:

 Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 1-888-263-5897. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).

You will automatically be disenrolled from HAP Empowered MI Health Link when your Original Medicare coverage begins.

F. How to get help

F1. Getting help from HAP Empowered MI Health Link

Questions? We're here to help. Please call Customer Service at (888) 654-0706, TTY: 711. We are available for phone calls seven days a week, 8 AM to 8 PM. Calls to these numbers are free.

Your 2022 Member Handbook

The 2022 Member Handbook is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

An up-to-date copy of the 2022 *Member Handbook* is available on our website at <u>www.hap.org/mihealthlink</u>. You may also call Customer Service at (888) 654-0706, TTY: 711, to ask us to mail you a 2022 *Member Handbook*.

Our website

You can also visit our website at <u>www.hap.org/mihealthlink</u>. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

F2. Getting help from Michigan ENROLLS

For questions about your enrollment, call **Michigan ENROLLS** toll-free **at 1-800-975-7630**. Persons with hearing *a*nd speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.

F3. Getting help from the MI Health Link Ombudsman Program

The MI Health Link Ombudsman Program can help you if you are having a problem with HAP Empowered MI Health Link. The ombudsman's services are free.

- The MI Health Link Ombudsman Program works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The MI Health Link Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MI Health Link Ombudsman Program is not connected with us or with any insurance company or health plan. Call 1-888-746-MHLO (1-888-746-6456). Office hours are Monday through Friday, 8 AM to 5 PM EST.

F4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP has trained counselors in every state, and services are free. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). MMAP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. MMAP is not connected with us or with any insurance company or health plan.

Call MMAP at 1-800-803-7174. Persons with hearing and speech disabilities may call 1-888-263-5897. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM.

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F5. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (<u>www.medicare.gov</u>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to <u>www.medicare.gov</u> and click on "Find plans.")

Medicare & You 2022

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (<u>www.medicare.gov</u>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

F6. Getting help from Michigan Medicaid

Call the Beneficiary Help Line at 1-800-642-3195. Persons with hearing and speech disabilities may call the TTY number at 1-866-501-5656. Office hours are Monday through Friday, 8 AM to 7 PM.

F7. Getting help from the Quality Improvement Organization (QIO)

Our state uses an organization called Livanta for quality improvement. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. You may call Livanta at 1-888-524-9900 or TTY 1-888-985-8775. Office hours are Monday through Friday, 9 AM to 5 PM, and Saturdays, Sundays, and Holidays 11 AM to 3 PM. The call is free. Livanta is not connected with our plan.

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