



**HAP Midwest MI Health Link
Medicare-Medicaid Plan HMO
Offered by HAP Midwest Health Plan, Inc.**

2017 Annual Notice of Changes

If you have questions, please call HAP Midwest MI Health Link at (888) 654-0706, TTY 711, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.

H9712_2017 MMP ANOC/Handbook APPROVED



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HAP Midwest MI Health Link Medicare-Medicaid Plan HMO offered by HAP Midwest Health Plan, Inc.

Annual Notice of Changes for 2017

You are currently enrolled as a member of HAP Midwest MI Health Link. Next year, there are no changes to the plan's benefits, coverage, rules, and costs. However, you should still read this Annual Notice of Changes to learn about your coverage choices.

A. Think about 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 can leave the plan at any time.

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

- You will have a choice about how to get your Medicare benefits (go to page 9 to see your options).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave HAP Midwest MI Health Link, you will go back to getting your Medicare and Michigan Medicaid services separately.

If you have questions, please call HAP Midwest MI Health Link at Call (888) 654-0706 or TTY 711, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



Additional Resources

- You can also get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call (888) 654-0706 or TTY 711 seven days a week, 8 a.m. to 8 p.m. The call is free.
- To receive information in an alternate format on a regular basis, please contact Customer Service at (888) 654-0706 or TTY 711 seven days a week, 8 a.m. to 8 p.m. The call is free.

About HAP Midwest Health Plan, Inc.

- HAP Midwest Health Plan, Inc. is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Coverage under HAP Midwest MI Health Link plan qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) *website at www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision* for more information on the individual shared responsibility requirement for MEC.
- This HAP Midwest MI Health Link plan is offered by HAP Midwest Health Plan, Inc. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means HAP Midwest Health Plan, Inc. When it says “the plan” or “our plan,” it means HAP Midwest MI Health Link.

If you have questions, please call HAP Midwest MI Health Link at Call (888) 654-0706 or TTY 711, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



Disclaimers

Limitations and restrictions may apply. For more information, call HAP Midwest MI Health Link Customer Service. This means that you may have to pay for some services and that you need to follow certain rules to have HAP Midwest MI Health Link pay for your services.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits may change on January 1 of each year.

Under HAP Midwest 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.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the HAP Midwest MI Health Link Member Handbook.

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Important things to do:

- Check if there are any changes to our benefits that may affect you.** 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. Look in sections A and B 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. Look in section B for information about changes to our drug coverage.
- Check to see if your providers and pharmacies will be in our network next year.** Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use? Look in section A for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan.** How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.**

If you decide to stay with HAP Midwest 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 can switch plans at any time. If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section C, to learn more about your choices.

If you have questions, please call HAP Midwest MI Health Link at Call (888) 654-0706 or TTY 711, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



B. Changes to the network providers and pharmacies

We have not made any changes to our network of providers and pharmacies for next year.

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

C. Changes to benefits for next year

Changes to benefits for medical services

There are no changes to your benefits for medical services. Our benefits will be exactly the same in 2017 as they are in 2016.

Changes to prescription drug coverage

Changes to our Drug List

We sent you a copy of our 2017 *List of Covered Drugs* in this envelope. The *List of Covered Drugs* is also called the “Drug List.”

We have not made any changes to our Drug List for next year. The drugs included on our Drug List will be the same in 2017 as in 2016. However, we are allowed to make changes to the Drug List from time to time throughout the year with approval from Medicare and/or the state. See the 2017 Drug List for more information.

Review the Drug List to make sure your drugs will be covered next year and to see 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 or TTY 711 to ask for a list of covered drugs that treat the same condition. This list can help your provider find a covered drug that might work for you.
- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. You can ask for an exception before next

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year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement). To learn what you must do to ask for an exception, see Chapter 9 of the *2017 Member Handbook* or call Customer Service at (888) 654-0706 or TTY 711. If you need help asking for an exception, you can contact Customer Service or your Care Coordinator.

- **Ask the plan to cover a temporary supply** of the drug. In some situations, we will cover a **one-time**, temporary supply of the drug during the first 90 days of the calendar year. This temporary supply will be for up to 90 days. (To learn more about when you can get a temporary supply and how to ask for one, see 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.

Any formulary exceptions that were requested for the current coverage year are only good through December 31, 2016. A new exception request must be made by you or your physician to determine if your prescription will be covered in 2017. Please See Chapter 9 of the Member Handbook to see how to ask for an exception.

If you have questions, please call HAP Midwest MI Health Link at Call (888) 654-0706 or TTY 711, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2017. 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 see if your drug will be in a different tier, look them up in the Drug List.

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

	2016 (this year)	2017 (next year)
<p>Drugs in Tier 1 (Generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your co-pay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your co-pay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 (Brand Name Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your co-pay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your co-pay for a one-month (30-day) supply is \$0 per prescription.</p>

D. Deciding which plan to choose

If you want to stay in HAP Midwest MI Health Link

We hope to keep you as a member next year.

To stay in our plan you don't need to do anything. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2017.

If you have questions, please call HAP Midwest MI Health Link at Call (888) 654-0706 or TTY 711, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



If you want to change plans

You can end your membership at any time 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:

<p>1. You can change to:</p> <p>A different Medicare-Medicaid Plan</p>	<p>Here is what to do:</p> <p>Enroll in the new Medicare-Medicaid Plan by calling Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 711. Office hours are Monday through Friday, 8 AM to 7 PM.</p> <p>You will automatically be disenrolled from HAP Midwest MI Health Link when your new plan's coverage begins.</p>
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If you have questions, please call HAP Midwest MI Health Link at Call (888) 654-0706 or TTY 711, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



2. You can change to:

A Medicare health plan (such as a Medicare Advantage Plan or Programs of All-inclusive Care for the Elderly (PACE))

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven 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 Midwest MI Health Link when your new plan's coverage begins.

If you have questions, please call HAP Midwest MI Health Link at Call (888) 654-0706 or TTY 711, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



<p>3. You can change to:</p> <p>Original Medicare <i>with</i> a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">▪ 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 (MMAAP). <p>You will automatically be disenrolled from HAP Midwest MI Health Link when your Original Medicare coverage begins.</p>
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If you have questions, please call HAP Midwest MI Health Link at Call (888) 654-0706 or TTY 711, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



<p>4. You can change to:</p> <p>Original Medicare <i>without</i> a separate Medicare prescription drug plan</p> <p>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.</p> <p>You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call the Michigan Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">▪ 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). <p>You will automatically be disenrolled from HAP Midwest MI Health Link when your Original Medicare coverage begins.</p>
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E. Getting help

Getting help from HAP Midwest MI Health Link

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

Read your *2017 Member Handbook*

The *2017 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.

If you have questions, please call HAP Midwest MI Health Link at Call (888) 654-0706 or TTY 711, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



Visit our website

You can also visit our website at www.midwesthealthplan.com/MIHealthLink. 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*).

Getting help from the state enrollment broker

You can call **Michigan ENROLLS toll-free at 1-800-975-7630** to learn about MI Health programs. Persons with hearing and speech disabilities may call the TTY number at 711. Office hours are Monday through Friday, 8 AM to 7 PM.

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 Midwest MI Health Link. The MI Health Link Ombudsman Program is not connected with us or with any insurance company or health plan. The phone number for the Michigan Ombudsman Program is (888) 746-6456. The services are free.

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

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. The SHIP is not connected with us or with any insurance company or health plan. 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). Call MMAP 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.

Getting help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227).

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.

Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage

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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, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

Read Medicare & You 2017

You can read *Medicare & You 2017* 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 (<http://www.medicare.gov>) 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.

Getting help from Michigan Medicaid

Call Michigan ENROLLS toll-free at 1-800-975-7630 to learn about MI Health programs. Persons with hearing and speech disabilities may call the TTY number at 711. Office hours are Monday through Friday, 8 AM to 7 PM.

Getting help from the Quality Improvement Organization (QIO)

Our state uses an organization called KEPRO 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 KEPRO at 1-855-408-8557 or TTY 1-855-843-4776. 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. KEPRO is not connected with our plan.

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