Chapter 2: Important phone numbers and resources

Introduction

This chapter gives you contact information for important resources that can help you answer your questions about <plan name> and your health care benefits. You can also use this chapter to get information about how to contact your Care Coordinator and others that can advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

[If applicable, plans should modify this chapter to include contact information for other health services.]

[Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, “refer to Chapter 9, Section A, page 1.” An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

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# How to contact your Care Coordinator

A Care Coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You are assigned a Care Coordinator when you enroll with <plan name>. Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you are getting from us, you can call your Care Coordinator. **Your Care Coordinator is your “go-to” person** for <plan name>.

Our goal in <plan name> is to meet your needs in a way that works for you. This is why we call our program “person-centered.” The person-centered planning process is when you work with your Care Coordinator to create a care plan that is about **your** goals, choices, and abilities. When you create your care plan, you are welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## A1. When to contact your Care Coordinator

* Questions about your health care
* Questions about getting behavioral health services, transportation, and long term supports and services (LTSS)
* Questions about any other supports and services you need

[Plans should include information on eligibility requirements for LTSS.]

Sometimes you can get help with your daily health care and living needs. [Plans should revise this section as necessary to list the specific services that are available.] You might be able to get these services:

* Skilled nursing care
* Physical therapy
* Occupational therapy
* Speech therapy
* Personal Care Services
* Home health care

Refer to Chapter 4 [plans may insert reference, as applicable] for additional information about Home and Community-Based waiver services.

# How to contact <plan name> Member Services

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [MMP web address is optional.] |

## B1. When to contact Member Services

* Questions about the plan
* Questions about claims, billing, or Member ID Cards

[If plans have different numbers for the functions listed below, plans should insert separate charts with the additional contact information.]

* Coverage decisions about your health care
* A coverage decision about your health care is a decision about:
* your benefits and covered services, **or**
* the amount we will pay for your health services.
* Call us if you have questions about a coverage decision about health care.
* To learn more about coverage decisions, refer to Chapter 9 [plans may insert reference, as applicable].
* Appeals about your health care
* An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake.
* To learn more about making an appeal, refer to Chapter 9 [plans may insert reference, as applicable].
* Complaints about your health care
* You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with the health plan. You can also make a complaint about the quality of the care you got to us or to the Quality Improvement Organization (refer to Section F below [plans may insert reference, as applicable]).
* If your complaint is about a coverage decision about your health care, you can make an appeal (refer to the section above [plans may insert reference, as applicable]).
* You can send a complaint about <plan name> right to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](https://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* To learn more about making a complaint about your health care, refer to Chapter 9 [plans may insert reference, as applicable].
* Coverage decisions about your drugs
* A coverage decision about your drugs is a decision about:
* your benefits and covered drugs, **or**
* the amount we will pay for your drugs.
* This applies to your Part D drugs, Michigan Medicaid prescription drugs, and Michigan Medicaid over-the-counter drugs.
* For more on coverage decisions about your prescription drugs, refer to Chapter 9 [plans may insert reference, as applicable].
* Appeals about your drugs
* An appeal is a way to ask us to change a coverage decision.

[Plans should include contact information for appealing Michigan Medicaid drugs and Part D drugs. If the contact information is the same, plans should modify the information so only one number is given to appeal all drugs. If applicable, explain how Michigan Medicaid drugs are labeled in the Drug List.]

* For more on making an appeal about your prescription drugs, refer to Chapter 9 [plans may insert reference, as applicable].
* Complaints about your drugs
* You can make a complaint about us or any pharmacy. This includes a complaint about your prescription drugs.
* If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. (Refer to the section above[plans may insert reference, as applicable].)
* You can send a complaint about <plan name> right to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* For more on making a complaint about your prescription drugs, refer to Chapter 9 [plans may insert reference, as applicable].
* Payment for health care or drugs you already paid for

[Plans with an arrangement with the state may add language to reflect that the organization is not allowed to reimburse members for Michigan Medicaid-covered benefits. Plans adding this language should include reference to the plan’s Member Services.]

* For more on how to ask us to pay you back, or to pay a bill you got, refer to Chapter 7 [plans may insert reference, as applicable].
* If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. Refer to Chapter 9 [plans may insert reference, as applicable] for more on appeals.

# How to contact the 24 Hour Nurse Advice Line

[Plans should include a brief description and information about what the 24 Hour Nurse Advice Line is.]

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## C1. When to contact the 24 Hour Nurse Advice Line

* Questions about your health care

# How to contact the Behavioral Health General Information Line and Behavioral Health Crisis Line

Behavioral health services will be available to <plan name> members. Members getting services through the PIHP will continue to get them according to their plan of care. <Plan name> will provide the personal care services previously provided by the Department of Health and Human Services (DHHS) Home Help program. Other medically necessary behavioral health, intellectual/developmental disability, and substance use disorder services, including psychotherapy or counseling (individual, family, and group) when indicated, are available and coordinated through the health plan and PIHP. There is no wrong door to receive these services.

If you have questions about your behavioral health services, contact < plan name>. If you need immediate assistance, or are experiencing a behavioral health crisis, dial 988 to reach the Suicide and Crisis Lifeline or contact one of the crisis resources listed below.

**Behavioral Health General Information Line:**

[*Plans with multiple PIHP contracts may duplicate the table below to reflect information about multiple contracts.*]

[*Insert plan or PIHP information for relevant county*:]

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## D1. When to contact the Behavioral Health General Information Line

* Questions about behavioral health services
* Where and how to get an assessment
* Where to go to get services
* A list of other community resources

**Behavioral Health Crisis Line:**

[Plans serving members in multiple PIHP regions may duplicate the table below to reflect information about multiple CMHSP crisis lines, including those operated by PIHPs (that are also CMHSPs). Plans in Region 4 should include all CMH Crisis lines for CMHs in Region 4. Plans in Regions 1, 7 and 9 should provide the PIHP Crisis lines.]

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## D2. When to contact the Behavioral Health Crisis Line

* Suicidal thoughts
* Information on mental health/illness
* Substance abuse/addiction
* To help a friend or loved one
* Relationship problems
* Abuse/violence
  + If you are subject to or suspect abuse, neglect or ill treatment, you can **call Adult Protective Services (APS) at 1-855-444-3911 any time day or night** to make a report. APS will investigate within 24 hours after you report it.
* Economic problems causing anxiety/depression
* Loneliness
* Family problems
* If you are experiencing a life or death emergency, please call 9-1-1 or use the nearest hospital.
* [*Insert when applicable:* Questions about substance use disorder services]

# How to contact the State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare.In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).

MMAP is not connected with any insurance company or health plan.

| Contact Type |  |
| --- | --- |
| CALL | 1-800-803-7174 This call is free.  Hours of operation are:  Monday through Friday, 8 AM to 5 PM. |
| TRS | 711  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | 6105 St Joe Hwy #204  Lansing Charter Township, MI 48917 |
| EMAIL | [info@mmapinc.org](mailto:info@mmapinc.org) |
| WEBSITE | [mmapinc.org/](http://mmapinc.org/) |

## E1. When to contact MMAP

* Questions about your Medicare and Michigan Medicaidhealth insurance
* MMAP counselors can answer your questions about changing to a new plan and help you:
* understand your rights,
* understand drug coverage, such as prescription and over-the-counter drugs,
* understand your plan choices,
* make complaints about your health care or treatment, **and**
* straighten out problems with your bills.

# How to contact 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.Livanta is not connected with our plan.

| Contact Type |  |
| --- | --- |
| CALL | 1-888-524-9900This call is free. |
| TTY | 1-888-985-8775  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | Livanta  10820 Guilford Rd., Suite 202  Annapolis Junction, MD 20701 |
| EMAIL | [Email address is optional.] |
| WEBSITE | [www.livantaqio.com](http://www.livantaqio.com) |

## F1. When to contact Livanta

* Questions about your health care
* You can make a complaint about the care you got if you:
* have a problem with the quality of care,
* think your hospital stay is ending too soon, **or**
* think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# How to contact Medicare

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

| Contact Type |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WEBSITE | [www.medicare.gov](http://www.medicare.gov)  This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing homes, doctors, home health agencies, dialysis facilities, inpatient rehabilitation facilities, and hospices.  It includes helpful websites and phone numbers. It also has booklets you can print right from your computer. If you don’t have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website, print it out, and send it to you. |

# How to contact Michigan Medicaid

Michigan Medicaid helps with medical and long term supports and services costs for people with limited incomes and resources.

You are enrolled in Medicare and in Michigan Medicaid. If you have questions about the help you get from Michigan Medicaid, call the Beneficiary Help Line.

[If applicable, plans may also inform members that they can get information about Michigan Medicaid from county resource centers and indicate where members can find contact information for these centers.]

| Contact Type |  |
| --- | --- |
| CALL | Beneficiary Help Line  1-800-642-3195 This call is free.  Office hours are Monday through Friday, 8 AM to 7 PM. |
| TTY | 1-866-501-5656  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | PO Box 30479  Lansing, MI 48909-7979 |

Michigan Medicaid eligibility is determined by the Michigan Department of Health and Human Services. If you have questions about your Michigan Medicaid eligibility or yearly renewal, contact your Department of Health and Human Services Specialist. For general questions about Department of Health and Human Services assistance programs, call 1-855-275-6424 Monday through Friday, 8 AM to 5 PM.

# How to contact the MI Health Link Ombudsman program

The MI Health Link Ombudsman program helps people enrolled in MI Health Link. They work 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 also helps people enrolled in Michigan Medicaid with service or billing problems. They are not connected with our plan or with any insurance company or health plan. Their services are free.

| Contact Type |  |
| --- | --- |
| CALL | 1-888-746-6456 |
| TTY | 711  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| EMAIL | [help@mhlo.org](mailto:help@mhlo.org) |
| WEBSITE | [www.mhlo.org](http://www.mhlo.org) |

# How to contact the Michigan Long Term Care Ombudsman Program

The Michigan Long Term Care Ombudsman Program helps people learn about nursing homes and other long term care settings. It also helps solve problems between these settings and residents or their families.

| Contact Type |  |
| --- | --- |
| CALL | 1-866-485-9393 |
| WRITE | State Long Term Care Ombudsman  15851 South US 27, Suite 73  Lansing, MI 48906 |
| EMAIL | [mltcop.org/contact](https://mltcop.org/contact) |
| WEBSITE | [mltcop.org/](https://mltcop.org/) |

# How to report fraud and abuse

If you suspect that fraud waste or abuse is occurring, please let us know.

[Plan must insert information on how members can report suspected fraud and abuse.]

|  |  |
| --- | --- |
| CALL |  |
| WRITE |  |
| EMAIL |  |
| WEBSITE |  |

# Other resources

[Plans may insert this section to provide additional information resources, such as county aging and disability resource centers, choice counselors, enrollment brokers, or area agencies on aging.]