HAP CareSource[™] MI Health Link (Medicare-Medicaid Plan)

2025 Summary of Benefits







Introduction

This document is a brief summary of the benefits and services covered by HAP CareSource MI Health Link (Medicare-Medicaid Plan). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of HAP CareSource MI Health Link. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers	2
B. Frequently Asked Questions	3
C. Overview of Services	12
D. Services covered outside of HAP CareSource MI Health Link	23
E. Services that HAP CareSource MI Health Link, Medicare, and Michigan Medicaid do not cover	24
F. Your rights as a member of the plan	24
G. How to file a complaint or appeal a denied service	26
H. What do you do if you suspect fraud	27

1

A. Disclaimers

This is a summary of health services covered by HAP CareSource MI Health Link for 2025. This is only a summary. Please read the *Member Handbook* for the full list of benefits. An up-to-date copy of the 2025 Member Handbook is available on our website at **HAPCareSource.com**. You may also call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. to ask us to mail you a 2025 Member Handbook.

- ◆ HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Under HAP CareSource 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 *Member Handbook*.
- We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter just call us at 1-833-230-2057 (TTY: 1-833-711-4711 or 711). Someone that speaks your language can help you. This is a free service.
- You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-833-230-2057 (TTY: 1-833-711-4711 or 711), 8 a.m. 8 p.m., Monday Friday. The call is free.
- You may also make a standing request to get this document and other communications now or in the future, in a language other than English or in an alternate format. To make a request, please call 1-833-230-2057 (TTY: 1-833-711-4711 or 711), 8 a.m. – 8 p.m., Monday – Friday. 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.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers		
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Michigan Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.		
What is a 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 HAP CareSource MI Health Link. 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 HAP CareSource MI Health Link.		
	Our goal in HAP CareSource MI Health Link 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.		

11 Jou have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free. For more information, visit HAPCareSource.com.

Frequently Asked Questions (FAQ)	Answers			
What types of providers can be a Care Coordinator?	HAP CareSource MI Health Link Care Coordinators can be a Michigan licensed registered nurse, nurse practitioner, physician's assistant, limited licensed or fully licensed Bachelor's or Master's prepared social worker, or clinical nurse specialist.			
What are long term supports and services?	Long term supports and services are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.			
Will I get the same Medicare and Michigan Medicaid benefits in HAP CareSource MI Health Link that I get now?	You will get your covered Medicare and Michigan Medicaid benefits directly from HAP CareSource MI Health Link. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. If you are currently getting services for mental health, substance use, or intellectual/developmental disability needs, you will continue to get these services the same way you do now.			
	When you enroll in HAP CareSource MI Health Link, you and your care team will work together to develop an Individual Integrated Care and Supports Plan (IICSP) to address your health and support needs. You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your IICSP is being completed. When you join our plan, if you are taking any Medicare Part D prescription drugs that HAP CareSource MI Health Link does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for HAP CareSource MI Health Link to cover your drug, if medically necessary.			

Frequently Asked Questions (FAQ)	Answers
Can I use the same doctors I use now?	Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with HAP CareSource MI Health Link and have a contract with us, you can keep using them.
	 Providers with an agreement with us are "in-network." You must use the providers in HAP CareSource MI Health Link's network.
	 If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of HAP CareSource MI Health Link's plan.
	To find out if your doctors are in the plan's network, call Member Services or read HAP CareSource MI Health Link's <i>Provider and Pharmacy Directory</i> on the plan's website at HAPCareSource.com .
	If HAP CareSource MI Health Link is new for you, you can continue using the doctors you use now while your IICSP is being developed.

Frequently Asked Questions (FAQ)	Answers
What happens if I need a service but no one in HAP CareSource MI Health Link's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, HAP CareSource MI Health Link will pay for the cost of an out-of-network provider.
Where is HAP CareSource MI Health Link available?	The service area for this plan includes: Macomb and Wayne Counties in Michigan. You must live in one of these areas to join the plan.
Do I pay a monthly amount (also called a premium) under HAP CareSource MI Health Link?	You will not pay any monthly premiums to HAP CareSource MI Health Link for your health coverage. (You will be required to keep paying any monthly Freedom to Work program premium you have. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting <u>www.michigan.gov/mdhhs/0,5885,7-339-73970_5461,00</u> .)

Frequently Asked Questions (FAQ)	Answers
What is prior authorization (PA)?	PA means that you must get approval from HAP CareSource MI Health Link before you can get a specific service or drug or use an out-of-network provider. HAP CareSource MI Health Link may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.
What is a referral?	A referral means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP or use other providers in the plan's network. If you don't get approval, HAP CareSource MI Health Link may not cover the services. You don't need a referral for certain specialists, such as women's health specialists. Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.
Do I pay a deductible?	No. You do not pay deductibles in HAP CareSource MI Health Link.

Frequently Asked Questions (FAQ)	Answers			Answers	
Whom should I contact if I have questions or need help? (continued on the next page)	If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call your Care Coordinator or HAP CareSource MI Health Link				
	Member	Services:			
	CALL	1-833-230-2057			
		Calls to this number are free. 8 a.m. – 8 p.m., Monday – Friday. After hours and holidays, please leave a message and someone will return your call within two days.			
		Member Services also has free language interpreter services available for people who do not speak English.			
	ТТҮ	1-833-711-4711 or 711			
		This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.			
		Calls to this number are free. 8 a.m. – 8 p.m., Monday – Friday.			

Frequently Asked Questions (FAQ)	Answers		
Whom should I contact if I have	If you have questions about your health, please call the 24-Hour Nurse Advice line:		
questions or need help? (continued from previous page)	CALL	1-833-687-7370	
		Calls to this number are free. 24 hours a day, seven days a week.	
	ттү	1-833-711-4711 or 711	
		This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.	
		Calls to this number are free. 8 a.m. – 8 p.m., Monday – Friday.	

Frequently Asked Questions (FAQ)	Answers		
Whom should I contact if I have questions or need help? (continued from previous page)	If you have questions about behavioral health services and resources, please call CALL Macomb County: Macomb County Community Mental Health (MCCMH) 1-855-996-2264 8 a.m. – 7:45 p.m., 7 days a week (excluding major public holidays) Wayne County: Detroit Wayne Integrated Health Network (DWIHN) 1-800-490-9698 8 a.m. – 4:30 p.m., Monday – Friday Calls to this number are free. We have free interpreter services for people who do not speak English. TTY Macomb County: Macomb County Community Mental Health (MCCMH)		
	 711 8 a.m. – 7:45 p.m., 7 days a week (excluding major public holidays) Wayne County: Detroit Wayne Integrated Health Network (DWIHN) 1-800-630-1044 8 a.m. – 4:30 p.m., Monday – Friday This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988. 		

Frequently Asked Questions (FAQ)	Answers	
Whom should I contact if I have		Behavioral Health Crisis Line
questions or need help? (continued from previous page)	CALL	Macomb County: 1-586-307-9100
		Wayne County: 1-800-241-4949
		Calls to this number are free. 24 hours a day, Monday – Friday. We have free interpreter services for people who do not speak English.
	ттү	Macomb County: 711
		Wayne County: 1-800-630-1044
		This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.

C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	Prior authorization is required for some services.
	Specialist care	\$0	Referrals are required.
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	

Health need or problem	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization and referrals are required for some services.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization and referrals are required for some services.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization and referrals are required for some services.
You need drugs to treat your illness or condition (continued on the next page)	Generic drugs (no brand name)	\$0 copay for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to HAP CareSource MI Health Link's <i>List of Covered Drugs</i> (Drug List) for more information. To get the most up-to-date information about what drugs are covered, you can visit the plan's website at HAPCareSource.com.
			Extended-day supplies are available for most drugs through your retail pharmacy and our mail order pharmacy option for up to a 102-day supply at no cost to you.

Health need or problem	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Brand name drugs	\$0 copay for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to HAP CareSource MI Health Link's <i>List of Covered Drugs</i> (Drug List) for more information.
			Extended-day supplies are available for most drugs through your retail pharmacy and our mail order pharmacy option for up to a 102-day supply at no cost to you.
	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please refer to HAP CareSource MI Health Link's <i>List of Covered Drugs</i> (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.
			Step therapy and prior authorization are required for some services.

Health need or problem	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization and referrals are required for some services.
You need emergency care	Emergency room services	\$0	Emergency room services are provided both in and out-of-network. Prior authorization and referrals are not required.
	Ambulance services	\$0	Prior authorization is required for non-emergency transportation.
	Urgent care	\$0	Urgent care services are provided both in and out-of-network. Prior authorization and referrals are not required.
You need hospital	Hospital stay	\$0	Prior authorization is required for some services.
care	Doctor or surgeon care	\$0	Prior authorization and referrals are required for some services.

Health need or problem	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization and referrals are required for some services.
	Medical equipment for home care	\$0	Prior authorization and referrals are required for some services.
	Skilled nursing care	\$0	Prior authorization and referrals are required.
You need eye care	Eye exams	\$0	Routine eye exams are covered once every two years.
	Glasses	\$0	The plan will pay for an initial pair of eyeglasses. Replacement glasses are offered once every year. Prior authorization is required

Health need or problem	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, and other periodontal maintenance	\$0	 Oral exams and cleanings Covered once every six months. Fluoride Six applications of silver diamine fluoride per lifetime. X-rays Bitewing radiographs are covered once every twelve months. Occlusal radiographs are covered once every three years per arch (for members under 21). Panoramic radiographs are covered once every five years (for members five and over) Full mouth/complete series covered based on medical necessity. Periodontics Covered once every year. Prior authorization is required for some services.

Health need or problem	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory	Hearing screenings	\$0	
services	Hearing aid evaluation and fitting	\$0	Prior authorization and referrals are required.
	Hearing aids	\$0	Contact your Care Coordinator for assistance obtaining this service. For adults aged 21 and older, the plan pays for the evaluation and fitting for a hearing aid twice per year and pays for a hearing aid once every five years. Prior authorization and referrals are required.
You have a chronic	Services to help manage your disease	\$0	
condition, such as diabetes or heart disease	Diabetes supplies and services	\$0	Diabetic supplies and services are limited to specified manufacturers. Blood glucose test strips and meters:
			Abbott Diabetes and Trividia products
			Continuous glucose monitors (CGMs): Abbott Freestyle and Dexcom
			Prior authorization is required for some services and supplies.

If you have questions, please call HAP CareSource MI Health Link at 1-833-230-2057 (TTY: 1-833-711-4711 or 711), 8 a.m. – 8 p.m., Monday – ? Friday. The call is free. For more information, visit HAPCareSource.com.

Health need or problem	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition	Behavioral health services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP). Contact your Care Coordinator or Member Services for more information. Prior authorization is required for some services.
You have concerns related to substance use	Substance use services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP). Contact your Care Coordinator or Member Services for more information. Prior authorization is required for some services.
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization is required for some services and supplies.
	Nebulizers	\$0	Prior authorization is required for some services and supplies.
	Crutches	\$0	Prior authorization is required for some services and supplies.
	Walkers	\$0	Prior authorization is required for some services and supplies.
	Oxygen equipment and supplies	\$0	Prior authorization is required for some services and supplies.

Health need or problem	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued on the next page)	Meals brought to your home	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization and referrals are required.
	Chore services, such as heavy household chores and mowing and raking	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Preventive nursing services	\$0	Prior authorization and referrals are required. Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization is required
	Private duty nursing services to provide skilled nursing services in your home	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization and referrals are required for some services.
	Fiscal intermediary services to help you control your budget and choose the staff to work with you	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization and referrals are required.

If you have questions, please call HAP CareSource MI Health Link at 1-833-230-2057 (TTY: 1-833-711-4711 or 711), 8 a.m. – 8 p.m., Monday – ? Friday. The call is free. For more information, visit HAPCareSource.com.

Health need or problem	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)	Environmental modifications to your home, such as adding ramps and widening doorways	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization and referrals are required.
	Expanded community living supports to help you complete activities of daily living and instrumental activities of daily living	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization is required
	Personal care services (You may be able to choose your own personal care assistant. Call Member Services for more information.)	\$0	Contact your Care Coordinator for assistance obtaining this service. Prior authorization is required
	Personal Emergency Response System (PERS)	\$0	Contact your Care Coordinator for assistance obtaining this service. Prior authorization and referrals are required.
	Assistive technology	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization and referrals are required.
	Home health care services	\$0	Prior authorization and referrals are required.

Health need or problem	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)	Adult day services or other support services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization and referrals are required.
You need a place to live with people available to help you	Nursing home care	A Patient Pay Amount (PPA) may be required.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards. Prior authorization and referrals are required.
Your caregiver needs some time off	Respite care	\$0	Prior authorization and referrals are required.
Additional covered services	Flex Allowance	\$0	The Flex Allowance debit card provides up to \$80 every month to spend on eligible Over-the- Counter (OTC) items, dental, hearing, and vision expenses at approved locations. Unused amounts rollover to the following month and will expire at the end of the year.
	Meal Benefit	\$0	Community Well members receive a maximum of 2 meals per day for 14 days following each inpatient or skilled nursing facility stay.

D. Services covered outside of HAP CareSource MI Health Link

This is not a complete list. Call your Care Coordinator or Member Services to find out about other services not covered by HAP CareSource MI Health Link but available through Medicare or Michigan Medicaid.

Other services covered by Medicare or Michigan Medicaid	Your costs
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services.	\$0
If you live in Macomb County, these benefits are provided by HAP CareSource MI Health Link. Contact your Care Coordinator or Member Services for more information.	
If you live in Wayne County, these benefits are provided by the Detroit Wayne Integrated Health Network (DWIHN). Contact the DWIHN for more information.	
Some hospice care services	\$0

E. Services that HAP CareSource MI Health Link, Medicare, and Michigan Medicaid do not cover

This is not a complete list. Call your Care Coordinator or Member Services to find out about other excluded services.

Services not covered by HAP CareSource MI Health Link, Medicare, or Michigan Medicaid			
Elective abortions and related services	Naturopath services		
Elective cosmetic services	Private room in a hospital or nursing facility, except when it is medically necessary		
Experimental medical and surgical treatments (unless covered by Medicare or under a Medicare approved clinical research study)	Reversal of sterilization procedures and non-prescription contraceptive supplies		
Full-time nursing care in your home	Surgical treatment for morbid obesity, except when it is medically necessary, and Medicare pays for it.		

F. Your rights as a member of the plan

As a member of HAP CareSource MI Health Link, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- You have a right to respect, fairness and dignity. This includes the right to:
 - get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - o get information in other formats (e.g., large print, braille, audio)
 - o be free from any form of physical restraint or seclusion
 - o not be billed by network providers

- You have the right to get information about your health care. This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - o description of the services we cover
 - how to get services
 - o how much services will cost you
 - o names of health care providers and care managers
- You have the right to make decisions about your care, including refusing treatment. This includes the right to:
 - o choose a Primary Care Provider (PCP) and change your PCP at any time during the year
 - o use a women's health care provider without a referral
 - o get your covered services and drugs quickly
 - o know about all treatment options, no matter what they cost or whether they are covered
 - o refuse treatment, even if your doctor advises against it
 - o stop taking medicine
 - o ask for a second opinion. HAP CareSource MI Health Link will pay for the cost of your second opinion visit.
- You have the right to timely access to care that does not have any communication or physical access barriers. This includes the right to:
 - \circ get timely medical care.
 - get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - \circ have interpreters to help with communication with your doctors and your health plan.
- You have the right to seek emergency and urgent care when you need it. This means you have the right to:
 - o get emergency services without PA in an emergency
 - \circ use an out of network urgent or emergency care provider, when necessary

- You have a right to confidentiality and privacy. This includes the right to:
 - o ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - o have your personal health information kept private.
- You have the right to make complaints about your covered services or care. This includes the right to:
 - o file a complaint or grievance against us or our providers
 - ask for a state fair hearing
 - o get a detailed reason for why services were denied

For more information about your rights, you can read the HAP CareSource MI Health Link *Member Handbook*. If you have questions, you can also call HAP CareSource MI Health Link Member Services.

G. How to file a complaint or appeal a denied service

If you have a complaint or think HAP CareSource MI Health Link should cover something we denied, call HAP CareSource MI Health Link at the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the HAP CareSource MI Health Link *Member Handbook*. You can also call HAP CareSource MI Health Link Member Services.

For complaints, grievances, and appeals;

Call **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday.

Write: HAP CareSource MI Health Link Attn: Grievance & Appeals P.O. Box 1025 Dayton, OH 45401

H. What do you do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at HAP CareSource MI Health Link Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at <a href="https://www.heiline.com/heil

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-230-2057**. Someone who speaks your language can help you. This is a free service.





Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-230-2057. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务,帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务,请致电 1-833-230-2057。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問,為此我們提供 免費的翻譯 服務。如需翻譯服務,請致電 1-833-230-2057。我們講中文的人 員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-230-2057. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-230-2057. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-833-230-2057 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-230-2057. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-230-2057 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다. **Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-230-2057. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق .833--833-1 للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 833-يستقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية .

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके कसिी भी प्रश्न के जवाब देने के लिि हमारे पास मुफ्त दुभाषयिा सेवाएँ उपलब्ध हैं. एक दुभाषयिा प्राप्त करने के लिए, बस हमें 1-833-230-2057 पर फोन करें. कोई व्यक्तजोि हनि्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-230-2057. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-230-2057. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-230-2057. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-230-2057. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答え するため に、無料の通訳サービスがありますございます。通訳をご用命に なるには、1-833-230-2057にお電話ください。日本語を話す人 者 が支援い たします。これは無料のサービスです。

TTY: 1-833-711-4711 or 711



MI Health

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Member Services 1-833-230-2057 (TTY: 1-833-711-4711 or 711)

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