

MeridianComplete (Medicare-Medicaid Plan) offered by MeridianHealth Plan of Illinois

Annual Notice of Changes for 2022

Introduction

You are currently enrolled as a member of MeridianComplete (Medicare-Medicaid Plan). Next year, there will be some changes to the plan's benefits, coverage, rules and cost. 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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If you have questions, please call MeridianComplete at 1-855-580-1689 (TTY users should call 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ilmeridian.com



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A. Disclaimers

- ❖ 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 MeridianComplete Member Handbook.

B. Reviewing your Medicare and 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. Refer to section E2 for more information.

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

- You will have a choice about how to get your Medicare benefits (go to page 16).
- You will get your Medicaid benefits through fee-for-service or a HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) health plan (go to page 18 for more information).

If you have questions, please call MeridianComplete at 1-855-580-1689 (TTY users should call 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ilmeridian.com



B1. Additional resources

- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call MeridianComplete at 1-855-580-1689 (TTY users should call 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-580-1689 (los usuarios de TTY deben llamar al 711). Los representantes están disponibles para ayudarle de lunes a viernes de 8 a. m. a 8 p. m. Los fines de semana y los días feriados estatales o federales, es posible que se le solicite que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratis.
- You can get this information for free in other formats, such as large print, braille, or audio. Call 1-855-580-1689 (TTY users should call 711), Monday-Friday , 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- To make a standing request, change a standing request or make a one time request for materials in a language other than English or in an alternate format, please call Meridian at 1-855-580-1689 (TTY users should call 711). Hours are from Monday-Friday , 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

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B2. Information about Meridian

- MeridianComplete is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- Coverage under Meridian 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 www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- MeridianComplete is offered by MeridianHealth Plan of Illinois. When this Annual Notice of Changes says “we,” “us,” or “our,” it means MeridianHealth Plan of Illinois. When it says “the plan” or “our plan,” it means MeridianComplete.

If you have questions, please call MeridianComplete at 1-855-580-1689 (TTY users should call 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ilmeridian.com



B3. Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in section D for information about benefit and cost 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 D2 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - To get additional information on drug prices, visit www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage. (Click the “dashboards” link in the middle of the Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.)
 - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

If you have questions, please call MeridianComplete at 1-855-580-1689 (TTY users should call 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ilmeridian.com



- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - 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 Meridian:

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 E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E2, page 15 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 mmp.ilmeridian.com. You may also call Member Services at 1-855-580-1689 (TTY:711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. Hours are from Monday-Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you have questions, please call MeridianComplete at 1-855-580-1689 (TTY users should call 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ilmeridian.com



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 and costs for next year

D1. Changes to benefits and costs for medical services

We are changing our coverage for certain medical services and what you pay for these covered medical services next year. The following table describes these changes.

	2021 (this year)	2022 (next year)
Diabetes supplies and services	<p>You pay a \$0 copay</p> <p>Diabetic glucometer and supplies are limited to Accu-Chek and OneTouch when obtained at a pharmacy. Other brands are not covered unless pre-authorized.</p>	<p>You pay a \$0 copay</p> <p>Covered diabetic glucometer and supplies are not limited to one brand.</p>
Nursing Home Services	<p>You pay a \$0 copay</p> <p>The maximum amounts of "patient pay" will vary facility-to-facility and month-to-month depending on the specific facility rate and the number of days in each month.</p> <p>The Maximum Patient Pay Amount for NHS is \$8,167.88</p> <p>The Maximum Patient Pay Amount for IMDS is \$8,167.88</p>	<p>You pay a \$0 copay</p> <p>The maximum amounts of "patient pay" will vary facility-to-facility and month-to-month depending on the specific facility rate and the number of days in each month.</p> <p>The Maximum Patient Pay Amount for NHS and IMDS is \$11,470.</p>

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	2021 (this year)	2022 (next year)
Over-the-Counter (OTC) Items	<p>You pay a \$0 copay</p> <p>As an extra benefit, our plan covers up to \$100 per calendar quarter for eligible over-the-counter (OTC) items available via mail.</p> <p>This OTC benefit is limited to one order per benefit period. Any unused amount does not carry over to the next benefit period.</p> <p>You can order up to nine of the same items per three calendar months unless otherwise noted in the catalog. There is no limit on the number of total items in your order.</p> <p>This benefit can only be used to order OTC products for the member.</p> <p>Please contact the plan at the number at the bottom of the page for more information.</p>	<p>You pay a \$0 copay</p> <p>As an extra benefit, our plan covers up to \$25 per calendar month for eligible over-the-counter (OTC) items available via mail and in select CVS pharmacy retail stores.</p> <p>You can order up to three of the same items per calendar month unless otherwise noted in the catalog. There is no limit on the number of total items in your order.</p> <p>Any unused amount cannot be carried over to the next benefit period.</p> <p>Multiples of single items may be limited, per order.</p> <p>Please contact the plan at the number at the bottom of the page for more information.</p>

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	2021 (this year)	2022 (next year)
Preventive Dental Services	<p>You pay a \$0 copay</p> <p>The plan covers dental services in accordance with the state Medicaid program. Actual number and frequency of services may vary based on medical necessity.</p>	<p>You pay a \$0 copay</p> <p>The plan covers the following preventative benefit:</p> <ul style="list-style-type: none"> • Two oral exams are covered every year • Two cleanings are covered every year • One dental x-ray is covered every year
Step Therapy	<p>Step therapy is not covered.</p>	<p>You pay a \$0 copay</p> <p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment.</p> <p>Please contact the plan at the number at the bottom of the page for more information.</p>

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D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at mmp.ilmeridian.com. You may also call Member Services at 1-855-580-1689 (TTY: 711) for updated drug information or to ask us to mail you a *List of Covered Drugs*. Hours are from Monday-Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

The *List of Covered Drugs* is also called the “Drug List.”

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 Member Services at 1-855-580-1689 (TTY: 711). Hours are from Monday-Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Or contact your care coordinator 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 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, refer to Chapter 9 of the *2022 Member Handbook* or call Member Services at 1-855-580-1689 (TTY: 711). Hours are from Monday-Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

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- If you need help asking for an exception, you can contact Member Services or your care coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care coordinator.
- 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 (up to 31 days for Long-Term Acute Care (LTAC)). (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 we approved your formulary exception in 2021, your authorization may still be valid. Please refer to your approval letter which contains the end date of your formulary exception. If you cannot find your approval letter or have any questions related to the timeframe of approvals, please reference the phone numbers provided in this document and contact our Member Services department.

Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under Meridian. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.	During this stage, the plan pays all of the costs of your drugs through December 31, 2022.
You begin this stage when you fill your first prescription of the year.	You begin this stage when you have paid a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$7,050**. At that point, the Catastrophic Coverage Stage begins. The plan covers all your

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drug costs from then until the end of the year. Refer to Chapter 6 of your *Member Handbook* for more information on how much you will pay for prescription drugs.

D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

Changes to prescription drug costs

We moved some of the drugs on the Drug List to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our 3 drug tiers. These amounts apply **only** during the time when you are in the Initial Coverage Stage.

	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 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.

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	2021 (this year)	2022 (next year)
Drugs in Tier 3 (Non-Medicare Prescription and Over-the-Counter Drugs) Cost for a one-month supply of a drug in Tier 3 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.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$7,050**. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your *Member Handbook* for more information about how much you will pay for prescription drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$7,050** for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

We moved some of the drugs on the Drug List to a lower or higher drug tier.

The following table shows your costs for drugs in each of our 3 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.

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	2021 (this year)	2022 (next year)
Drugs in Tier 2 (Brand 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.
Drugs in Tier 3 (Non-Medicare Prescription and Over-the-Counter Drugs) Cost for a one-month supply of a drug in Tier 3 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.

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

E2. How to change plans

If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join a different Medicare-Medicaid Plan. You can enroll in the new Medicare-Medicaid Plan by calling Illinois Client Enrollment Services Monday through Friday from 8 a.m. to 6 p.m. at 1-877-912-8880. TTY users should call 1-866-565-8576. The call and help are free.

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.

If you have questions, please call MeridianComplete at 1-855-580-1689 (TTY users should call 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ilmeridian.com



E3. What if you don't want to join a different Medicare-Medicaid Plan

If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Meridian, you will go back to getting your Medicare and Medicaid services separately.

E4. How you will get Medicare services

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Medicare-Medicaid Plan:

<p>1. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Here is what to do:</p> <p>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.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free. <p>You will automatically be disenrolled from Meridian when your new plan's coverage begins.</p>
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<p>2. You can change to:</p> <p>Original Medicare with 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, 7 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 Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free. <p>You will automatically be disenrolled from Meridian when your Original Medicare coverage begins.</p>
<p>3. You can change to:</p> <p>Original Medicare without 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 have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Senior Health Insurance Program (SHIP) at 1-800-252-8966. TTY users should call 1-888-206-1327.</p>	<p>Here is what to do:</p> <p>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.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free. <p>You will automatically be disenrolled from Meridian when your Original Medicare coverage begins.</p>

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F. How you will get Medicaid services

If you leave the Medicare-Medicaid Plan, you will either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services.

If you are not in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you will get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients.

If you are in a nursing facility or are enrolled in an HCBS Waiver, you will be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services.

To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Meridian and join a HealthChoice Illinois MLTSS health plan.

If you don't pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you will be assigned to our company's HealthChoice Illinois MLTSS health plan.

After you are enrolled in a HealthChoice Illinois MLTSS health plan, you will have 90 days to switch to another HealthChoice Illinois MLTSS health plan.

You will get a new Member ID Card, a new *Member Handbook*, and a new *Provider and Pharmacy Directory* from your HealthChoice Illinois MLTSS health plan.

G. How to get help

G1. Getting help from Meridian

Questions? We're here to help. Please call Member Services at 1-855-580-1689 (TTY only, call 711). We are available for phone calls Monday-Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

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 and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

If you have questions, please call MeridianComplete at 1-855-580-1689 (TTY users should call 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ilmeridian.com



The *2022 Member Handbook* will be available by October 15. An up-to-date copy of the *2022 Member Handbook* is available on our website at mmp.ilmeridian.com. You may also call Member Services at 1-855-580-1689 (TTY: 711) to ask us to mail you a *2022 Member Handbook*. Hours are from Monday-Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Our website

You can also visit our website at mmp.ilmeridian.com. 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*).

G2. Getting help from Illinois Client Enrollment Services

Illinois Client Enrollment Services is able to help you with questions related to your membership in Meridian. If you want to go back to getting your Medicare and Medicaid services separately or switch to a different Medicare-Medicaid Plan, Illinois Client Enrollment Services is available to help. You can call Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-866-565-8576. The call and help are free.

G3. Getting help from the Illinois Long-Term Care Ombudsman Program

The Illinois Long-Term Care Ombudsman Program is an ombudsman program that can help you if you are having a problem with Meridian. The ombudsman's services are free. The Illinois Long-Term Care Ombudsman Program:

- is an ombudsman program that 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.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan.

You can call the Illinois Long-Term Care Ombudsman Program at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

If you have questions, please call MeridianComplete at 1-855-580-1689 (TTY users should call 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ilmeridian.com



G4. Getting help from the Senior Health Insurance Assistance Program (SHIP)

You can also call the Senior Health Insurance 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. You can call the SHIP at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

G5. 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 Website

You can visit the Medicare website (www.medicare.gov). 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, go to www.medicare.gov and click on “Find plans.”)

Medicare & You 2022

You can read *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 (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.

G6. Getting help from Medicaid

If you have questions about your Medicaid eligibility, you can:

- Contact the Illinois Department of Human Services (DHS) Customer Help Line. Call 1-800-843-6154 Monday through Friday from 8 a.m. to 5 p.m. TTY users should call 1-866-324-5553.
- Visit www.dhs.state.il.us.

If you have questions, please call MeridianComplete at 1-855-580-1689 (TTY users should call 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ilmeridian.com



G7. How to contact the Quality Improvement Organization (QIO)

Our state has an organization called Livanta BFCC-QIO Program. This is a group of providers and other healthcare professionals who help improve the quality of care for people with Medicare. Livanta BFCC-QIO Program is not connected with our plan.

Contact Livanta BFCC-QIO Program if you have questions about your health care. You can also make a complaint about the care you got if:

- You have a problem with the quality of care,
- You think your hospital stay is ending too soon, or
- You think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

Contact Livanta BFCC-QIO Program at 1-888-524-9900 (TTY users should call 1-888-985-8775) Monday-Friday 9 a.m. to 6 p.m. (EST) or visit their website at <https://livantaqio.com/en>.

If you have questions, please call MeridianComplete at 1-855-580-1689 (TTY users should call 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ilmeridian.com



Language Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-941-0482 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-941-0482 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-941-0482 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請電1-877-941-0482 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-941-0482 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-941-0482 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-941-0482 (رقم هاتف الصم والبكم: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-941-0482 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-941-0482 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-941-0482 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-941-0482 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-941-0482 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-941-0482 (TTY: 711) पर कॉल करें।

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-941-0482 (ATS: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-941-0482 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-941-0482 (TTY: 711).