



QUALIFYING MEMBERS TO BE ENROLLED IN A MEDICARE-MEDICAID ALIGNMENT INITIATIVE JANUARY 2023

The Centers for Medicare & Medicaid Services has notified the Illinois Department of Healthcare and Family Services (HFS) and Meridian that all Illinois Medicare Advantage D-SNP lookalike health plans are to end effective January 1, 2023. The state has identified those members who qualify for both Medicare and Medicaid programs. They will be moving those members who qualify to a Medicare-Medicaid Alignment Initiative (MMAI). It is a program that combines Medicare and Medicaid. Members have the option of keeping MMAI. It can replace a current Wellcare (Medicare only) health plan.

What is MMAI?

MMAI is a healthcare plan that covers Medicare, Medicaid, and prescription drug benefits. Our MMAI plan is called Meridian Medicare-Medicaid Plan (MMP). It is one of the MMAI plans offered in Illinois. Meridian MMP and Wellcare are both part of Centene Corporation. That means the plan will change, but members will keep the same insurance group.

Do members enrolled have to stay with the MMAI/Meridian MMP plan?

There are options available to meet members' healthcare needs. Keeping a current Wellcare Medicare plan is one of the options. Impacted members can change health plans by calling Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576), Monday to Friday 8 a.m. to 6 p.m.

Will there be a gap in members' coverage?

No. There will be no gap in members' coverage.

Can members keep their current provider with Meridian MMP?

Yes. Members can keep seeing their current provider for up to 180 days once enrolled in MMAI. This includes if a provider is out of network. This is to prevent a disruption in treatment. After 180 days, they will need prior authorization to see that provider.

What if members need to see a provider that is out of network?

They must get prior authorization from Meridian MMP before they can:

- Get a specific service
- Get a specific drug
- See an out-of-network provider

Members can use providers outside of the Meridian MMP network, without prior authorization if:

- They have an emergency
- Urgently need care
- Need out-of-area dialysis services

What if members need to see a specialist?

They will need a referral from their primary care provider to see a specialist. They will **not** need a referral to see:

- Dermatologists
- Podiatrists
- Chiropractors
- Audiologists (for routine hearing exams)
- Optometrists (for routine vision exams)

What about member prescriptions?

Meridian MMP's pharmacies will provide all prescription drugs. Members must use a Meridian MMP pharmacy to get their prescriptions. To check if a pharmacy is in Meridian MMP's network, call Member Services at 1-855-580-1689 (TTY: 711) Monday-Friday, 8 a.m. to 8 p.m. CST. 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 use the [pharmacy search tool](#).

Can members keep taking current medications with Meridian MMP?

Yes. They will have access to a 30-day supply at a retail pharmacy or a 31-day supply at a long-term care pharmacy of any Part D drugs they are currently taking during their first 90 days in the plan. There is a \$0 copay for all Part D prescription medications covered by the plan.

Members have access to the Medicaid-covered drugs they take during their first 90 days in the plan if:

- They are taking a drug that is not on our List of Covered Drugs
- Health plan rules don't let them get the amount ordered by their doctor
- The drug requires prior approval by Meridian MMP

Do members have to pay for Meridian MMP?

No. If they are using a Meridian MMP provider, they will not have to pay a:

- Plan premium
- Deductible
- Copay

To ask if a current provider is in the Meridian MMP network, please call 1-855-580-1689 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m., or use the [provider finder](#).

What does the Meridian MMP plan cover?

Members will continue to get the same great care. The plan still covers:

- Doctor visits
- Prescriptions
- Hospital services
- 27/7 Nurse Line
- Transportation
- Medical supplies
- Hearing services
- Eye care services
- Dental services
- Therapy
- Hospice care
- Home health care
- Lab tests and X-rays
- Behavioral health services

Who can members contact to talk about options?

- **Meridian MMP Member Services**

1-855-580-1689 (TTY: 711)

Monday to Friday, 8 a.m. to 8 p.m. CST, 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.

mmp.ILmeridian.com

- **Illinois Client Enrollment Services**

1-877-912-8880

Call 1-866-565-8576 if you use TTY

Monday to Friday, 8 a.m. to 7 p.m.

EnrollHFS.Illinois.gov

What happens next?

Qualifying members will receive a Meridian MMP Welcome Kit and member ID card. They only need one ID card for access to all MMAI services. This includes Medicare, Medicaid, and pharmacy.