meridian

Meridian Medicare-Medicaid Plan (MMP)

2024 summary of benefits

Meridian Medicare-Medicaid Plan (MMP): Summary of Benefits 2024

Introduction

This document is a brief summary of the benefits and services covered by Meridian Medicare-Medicaid Plan (MMP). 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 Meridian Medicare-Medicaid Plan (MMP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a summary of health services covered by Meridian for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can get a copy of the *Member Handbook* by calling Meridian at 1-855-580-1689 (TTY: 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. Or you can access the *Member Handbook* on our website mmp.ILmeridian.com.

- Meridian Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- Out-of-network/non-contracted providers are under no obligation to treat Meridian members, except in emergency situations. Please call our Member Services number or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.
- Under Meridian you can get your Medicare and Medicaid services in one health plan. A Meridian 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 Meridian *Member Handbook*.
- 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.
- This document is available for free in other languages and formats like large print, braille, or audio. Call **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.
- To always get this document and other material in another language or format, now and in the future, please call Member Services. This is called a "standing request." We will document your choice. If you later want to change the language and/or format choice, please call Meridian at **1-855-580-1689** (TTY: **711**). Hours are 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.

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 Illinois Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and 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 Meridian Care Coordinator?	A Meridian Care Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are services provided through a Long-Term Care Facility or through a Home and Community-Based Waiver. Enrollees have the option to get long-term services and supports (LTSS) in the least restrictive setting when appropriate, with a preference for the home and the community, and in accordance with the Enrollee's wishes and Care Plan.

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Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Medicaid benefits in Meridian that I get now?	You will get your covered Medicare and Medicaid benefits directly from Meridian. 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. You will get almost all of your covered Medicare and Medicaid benefits directly from Meridian, but you may get some benefits the same way you do now, outside of the plan. When you enroll in Meridian, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. During this time, if this is your first time in a Medicare-Medicaid Plan, you will be able to continue using the doctors you go to now for 180 days. If you changed to Meridian from a different Medicare-Medicaid Plan, you will be able to continue using the doctors you go to now for 90 days. When you join our plan, if you are taking any Medicare Part D prescription drugs that Meridian does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Meridian to cover your drug, if medically necessary.
Can I use the same doctors I use now?	Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Meridian 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 Meridian's network.** • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Meridian's plan. To find out if your doctors are in the plan's network, call Member Services or read Meridian's *Provider and Pharmacy Directory* on the plan's website at mmp.ILmeridian.com. If Meridian is new for you, you can continue using the doctors you use now for 90 or 180 days depending on your continuity of care period.

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Frequently Asked Questions (FAQ)	Answers
What happens if I need a service but no one in Meridian'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, Meridian will pay for the cost of an out-of-network provider.
Where is Meridian available?	The service area for this plan includes: Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Champaign, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, De Witt, DeKalb, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, Massac, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, and Woodford Counties, Illinois. You must live in one of these areas to join the plan.
Do I pay a monthly amount (also called a premium) under Meridian?	You will not pay any monthly premiums to Meridian for your health coverage.

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Frequently Asked Questions (FAQ)	Answers
What is prior authorization (PA)?	PA means that you must get approval from Meridian before you can get a specific service or drug or use an out-of-network provider. Meridian 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, Section D2 of the *Member Handbook* to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the *Member Handbook* 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, Meridian may not cover the services. You don't need a referral to use certain specialists, such as women health specialists. Refer to Chapter 3, Section B of the *Member Handbook* to learn more about when you will need a referral from your PCP.
Do I pay a deductible?	No. You do not pay deductibles in Meridian.
Do I have a coverage gap for drugs?	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.

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Frequently Asked Questions (FAQ)	Answers
Who 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 Meridian Member Services:** **CALL** 1-855-580-1689 Calls to this number are free. 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. Member Services also has free language interpreter services available for people who do not speak English. **TTY** 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. 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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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help? (continued from previous page) (continued on the next page)	**If you have questions about your health, please call the Nurse Advice Call line:** **CALL** 1-855-580-1689 Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year. We have free interpreter services for people who do not speak English. **TTY** 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. 24 hours a day, 7 days a week, 365 days a year. **If you need immediate behavioral healthcare or are experiencing a mental health crisis, please contact the CARES Hotline:** **CALL** 1-800-345-9049 Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year. We have free interpreter services for people who do not speak English. **TTY** 1-866-794-0374 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. 24 hours a day, 7 days a week, 365 days a year.

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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help? (continued from previous page)	**If you have thoughts of suicide, ongoing anxiety or depression, concerns about the use of alcohol or drugs, or thoughts of hurting yourself or others, dial or text 988, the National Suicide Prevention Lifeline network, available 24/7 across the United States, to speak to a counselor:** **CALL** 988 Calls to this number are free. Counselors are available 24 hours a day, 7 days a week, 365 days a year. **TTY** Dial 711 then 988 or use your preferred relay service 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. Counselors are available 24 hours a day, 7 days a week, 365 days a year **TEXT** 988 Texts to this number are free. Counselors are available 24 hours a day, 7 days a week, 365 days a year. **CHAT** suicidepreventionlifeline.org/chat Counselors are available 24 hours a day, 7 days a week, 365 days a year.

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	Referral rules may apply.
	Wellness visits, such as a physical	$0	None.
	Transportation to a doctor's office	$0	Prior Authorization rules may apply.
	Specialist care	$0	Referral rules may apply.
	Care to keep you from getting sick, such as flu shots	$0	None.
	"Welcome to Medicare" preventive visit (one time only)	$0	None.
You need medical tests	Lab tests, such as blood work	$0	Prior Authorization rules may apply.
	X-rays or other pictures, such as CAT scans	$0	Prior Authorization rules may apply.
	Screening tests, such as tests to check for cancer	$0	No prior authorization or referral necessary for Medicare-approved preventive screenings.

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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 (This service is continued on the next page)	Generic drugs (no brand name)	$0 copay for up to a 100-day supply	There may be limitations on the types of drugs covered. Please refer to Meridian's *List of Covered Drugs* (Drug List) for more information. **Important Message About What You Pay for Vaccines –** Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's *List of Covered Drugs (Formulary).* Our plan covers most Part D vaccines at no cost to you. *S*ome prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply. An extended-day supply of some drugs is available through mail order and certain retail pharmacies. Please refer to our Drug List to view those drugs available for an extended-day supply.

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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) (This service is continued on the next page)	Brand name drugs	$0 copay for up to a 100-day supply	There may be limitations on the types of drugs covered. Please refer to Meridian's *List of Covered Drugs* (Drug List) for more information. Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply. An extended-day supply of some drugs is available through mail order and certain retail pharmacies. Please refer to our Drug List to view those drugs available for an extended-day supply.

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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)	Over-the-counter drugs	$0 copay for up to a 100-day supply	There may be limitations on the types of drugs covered. Please refer to Meridian's *List of Covered Drugs* (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 *Member Handbook* for more information on these drugs. Prior authorization rules may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization and referral rules may apply.
You need emergency care (This service is continued on the next page)	Emergency room services	$0	Meridian covers out-of-network emergency care. You may get covered emergency care whenever you need it, anywhere in the United States or its territories. Emergency room care is for a medical issue that is a threat to your life, or that could cause serious harm if not treated right away. No prior authorization or referral necessary for emergency room services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued)	Ambulance services	$0	Ambulance services for emergencies do not require a referral or prior authorization. Prior authorization is required for ambulance services in non-emergency situations.
	Urgent care	$0	Meridian covers out-of-network urgent care in the United States. Urgent care is for medical issues that require prompt medical attention but are not life threatening. No prior authorization or referral necessary for urgent care.
You need hospital care	Hospital stay	$0	Prior authorization rules may apply.
	Doctor or surgeon care	$0	Prior authorization and referral rules may apply.
You need help getting better or have special health need	Rehabilitation services	$0	Prior authorization and referral rules may apply.
	Medical equipment for home care	$0	Prior authorization rules may apply.
	Skilled nursing care	$0	Prior authorization rules may apply.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	$0	Plan covers exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening). Routine eye exam:1 every year.
	Glasses or contact lenses	$0	Eyeglasses (frames and lenses): 1 every two years. Contact lenses: 1 every year. Eyeglasses or contact lenses after cataract surgery.
You need dental care	Dental check-ups	$0	Meridian covers dental services in accordance with the state Medicaid program. Prior authorization rules may apply. The plan also covers preventive dental services. Preventive services include: • 2 oral exams every year • 2 cleanings every year, and • 1 set of dental x-rays every 12 to 36 months. Prior authorization rules may apply.
You need hearing/auditory services	Hearing screenings	$0	Plan covers exam to diagnose and treat hearing and balance issues. Routine hearing exam: 1 every year.
	Hearing aids	$0	Hearing aid fitting/evaluation: 1 every year. Hearing aids: 1 every 3 years. Prior authorization rules may apply.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	$0	Prior authorization rules may apply.
	Diabetes supplies and services	$0	Diabetic glucometer and supplies are limited to OneTouch when obtained at a Pharmacy. Other brands and continuous glucose monitoring systems are not covered unless pre-authorized. Quantity limits may apply.
You have a mental health condition	Mental or behavioral health services	$0	Prior authorization and referral rules may apply.
You have a substance abuse problem	Substance abuse services	$0	Referral rules may apply.
You need long-term mental health services	Inpatient care for people who need mental healthcare	$0	Prior authorization rules may apply.
You need durable medical equipment (DME)	Wheelchairs	$0	Prior authorization rules may apply.
	Nebulizers	$0	Prior authorization rules may apply.
	Crutches	$0	Prior authorization rules may apply.
	Walkers	$0	Prior authorization rules may apply.
	Oxygen equipment and supplies	$0	Prior authorization rules may apply.

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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 (This service is continued on the next page)	Meals brought to your home	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply. The Plan offers home-delivered meals immediately following an inpatient hospital stay. The benefit covers 3 meals a day for up to 14 days, with a maximum of 42 meals per occurrence. The Plan also offers home-delivered meals as part of a supervised program for members with a chronic condition. To qualify, the member must have chronic heart failure, COPD, AIDS, asthma, CAD, diabetes and/or hypertension. The benefit covers 3 meals per day for up to 28 days for a maximum of 84 meals per month. The chronic meals benefit can be received for up to 3 months. Referral rules may apply.

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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)	Home services, such as cleaning or housekeeping	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Changes to your home, such as ramps and wheelchair access	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Home healthcare services	$0	Prior authorization rules may apply.
	Services to help you live on your own	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Adult day services or other support services	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Assisted living or other housing services	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Nursing home care	$0	Prior authorization rules may apply.
Your caregiver needs some time off	Respite care	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
Additional covered services (This service is continued on the next page)	Family Planning Services	$0	None.
	Tobacco Cessation Counseling	$0	Up to 12 sessions every year of tobacco cessation counseling is provided for pregnant women. Referral rules may apply.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Over-the-Counter (OTC)	$0	The plan covers up to $50 per calendar month. OTC items are available by mail or at select CVS pharmacy retail stores. The OTC benefit is limited to one order per benefit period. Unused balance at the end of each calendar month will be forfeited. You can order up to 3 of the same item per calendar month unless noted in the catalog. There is no limit on the number of total items in your order. This benefit can only be used to order OTC products for the member.
	Telehealth Services	$0	Prior Authorization rules may apply.
	Fitness Benefit	$0	Membership in Health Club/Fitness Classes: Orientation and access to facilities that offer a variety of physical activity for members to develop a personal fitness plan. The general goal of this program is for members to achieve their personal fitness goals based on their individual needs.

D. Benefits covered outside of Meridian

This is not a complete list. Call Member Services to find out about other services not covered by Meridian but available through Medicare or Medicaid.

Other services covered by Medicare or Medicaid	Your costs
Some hospice care services	$0

E. Services that Meridian, Medicare, and Medicaid do not cover

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

Services not covered by Meridian, Medicare, or Medicaid	
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Services considered not "reasonable and necessary," according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.
A private room in a hospital, except when it is medically necessary.	Private duty nurses.
Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.	Surgical treatment for morbid obesity, except when it is medically necessary and Medicare pays for it.
Radial keratotomy and LASIK surgery.	Acupuncture

F. Your rights as a member of the plan

As a member of Meridian, 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.
  - get information in other formats (e.g., large print, braille, audio).
  - be free from any form of physical restraint or seclusion.
  - not be billed by 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:
  - description of the services we cover
  - how to get services
  - how much services will cost you
  - 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:
  - choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
  - use a women's health care provider without a referral.
  - get your covered services and drugs quickly.
  - know about all treatment options, no matter what they cost or whether they are covered.
  - refuse treatment, even if your doctor advises against it
  - stop taking medicine.
  - ask for a second opinion. Meridian 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:
  - 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.
  - have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
  - get emergency services without PA in an emergency.
  - 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:
  - ask for and get a copy of your medical records in a way that you can understand and ask for your records to be changed or corrected.
  - 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:
  - file a complaint or grievance against us or our providers.
  - ask for a state fair hearing.
  - get a detailed reason for why services were denied.

For more information about your rights, you can read the Meridian *Member Handbook*. If you have questions, you can also call Meridian Member Services at **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.

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

If you have a complaint or think Meridian should cover something we denied, call Meridian at **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. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Meridian *Member Handbook*. You can also call Meridian Member Services.

Complaints, grievances and appeals can be submitted in writing to the addresses below. Additionally, you can call us or fax your appeal to one of the numbers listed below.

Appeals for Part D (Drugs)

Meridian Medicare-Medicaid Plan (MMP)
Attn: Medicare Part D Appeals
P.O. Box 31383
Tampa, FL 33631-3383

Phone: 1-855-580-1689 (TTY: 711)
Fax: 1-866-388-1766

Appeals for Part C (Medical and Part B Drugs) and Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)

Meridian Medicare-Medicaid Plan (MMP)
Appeals & Grievances
Medicare Operations
7700 Forsyth Blvd
St. Louis, MO 63105

Phone: 1-855-580-1689 (TTY: 711)
Fax: 1-844-273-2671

H. What to 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 Meridian Member Services at **1-855-580-1689** (TTY: **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.
- 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.

- You may also call our plan's toll-free Fraud Hotline at 1-866-364-1350 (TTY: 711). The Fraud Hotline operates 24 hours a day, seven days a week. All calls are strictly confidential.

Multi-Language Insert
Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at **1-855-580-1689** (TTY: **711**). Hours are from Monday through 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. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos al **1-855-580-1689** (TTY: **711**), de lunes a viernes, de 8 a.m. a 8 p.m. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Se le devolverá la llamada al siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，您僅需於週一至週五上午 8 點至晚上 8 點致電 **1-855-580-1689** (TTY：**711**) 與我們聯絡。週末及州或聯邦假日時，可能會要求您留言。我們將在下一個工作日內回電給您。會說中文的人員可以幫助您。此為免費服務。

Chinese (Mandarin): 我们提供免费的口译服务，可解答您对我们的健康计划或药物计划存有的任何疑问。要获得口译服务，请致电 **1-855-580-1689** (TTY：**711**)。我们的工作时间为周一至周五上午 8 点至晚上 8 点。如逢周末和州或联邦节假日，您可能需要留言。您的来电将在下一个工作日内得到回复。您可获得中文普通话口译员的帮助。这是一项免费服务。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa **1-855-580-1689** (TTY: **711**) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

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Updated: 09/01/2023

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-855-580-1689** (TTY : **711**) du lundi au vendredi, de 8 h à 20 h. Si vous appelez pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous vous rappellerons le jour ouvrable suivant. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-855-580-1689** (TTY: **711**). Giờ làm việc là từ Thứ Hai đến Thứ Sáu, từ 8 a.m. đến 8 p.m. Vào các ngày cuối tuần và ngày lễ của tiểu bang hoặc liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: **1-855-580-1689** (TTY: **711**). An Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 월요일~금요일, 오전 8시부터 오후 8시까지 **1-855-580-1689**(TTY: **711**) 번으로 당사에 연락해 주십시오. 주말 및 공휴일에는 메시지를 남겨 주시면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-855-580-1689** (TTY: **711**). Часы работы: с 8 a.m. до 8 p.m. с понедельника по пятницу. В выходные и праздничные дни федерального уровня или на уровне штата вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم **1-855-580-1689** (TTY: **711**) من الساعة 8 صباحًا لغاية الساعة 8 مساءً، من الاثنين إلى الجمعة. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وخلال إجازات الولاية أو الإجازات الفيدرالية، وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-855-580-1689** (TTY: **711**) dal lunedì al venerdì, dalle 8:00 alle 20:00. Nei fine settimana e nei giorni festivi statali o federali potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-855-580-1689** (TTY: **711**). O serviço está disponível de segunda-feira a sexta-feira, das 8:00 às 20:00. Se ligar ao fim de semana ou num feriado, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan **1-855-580-1689** (TTY: **711**) soti 8è a.m. rive 8è p.m., Lendi pou Vandredi. Aprè lè biwo yo fèmen, nan wikenn ak pandan jou ferye, yo gendwa mande w pou ou kite yon mesaj. Y ap tounen rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-855-580-1689** (TTY: **711**) w godzinach od 8:00 do 20:00, od poniedziałku do piątku. W weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए बस हमें **1-855-580-1689** (TTY: **711**) पर कॉल करें। कार्य समय पर सोमवार से शुक्रवार सुबह 8 बजे से रात 8 बजे तक। सप्ताहांत और राज्य या संघीय छुट्टियों पर, आपसे एक संदेश छोड़ने के लिए कहा जा सकता है। अगले कार्य दिवस पर आपके कॉल का जवाब दिया जाएगा। हिंदी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、月曜日～金曜日の午前 8 時～午後 8 時に、**1-855-580-1689** (TTY: **711**) までお電話ください。週末、祝日は、留守番電話にメッセージを残す必要がある場合があります。その場合は、次の営業日に折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。

Greek: Διαθέτουμε δωρεάν υπηρεσίες διερμηνέων για να απαντήσουμε σε τυχόν ερωτήσεις που μπορεί να έχετε σχετικά με το πρόγραμμα υγείας ή το πρόγραμμα φαρμάκων. Για να βρείτε διερμηνέα, απλά καλέστε μας στο **1-855-580-1689** (TTY: **711**) από τις 8 π.μ. έως τις 8 μ.μ., από Δευτέρα έως Παρασκευή. Μετά το πέρας του εργάσιμου ωραρίου, τα Σαββατοκύριακα και τις αργίες, ενδέχεται να σας ζητηθεί να αφήσετε μήνυμα. Η κλήση σας θα απαντηθεί εντός της επόμενης εργάσιμης ημέρας. Κάποιος που μιλάει ελληνικά μπορεί να σας βοηθήσει. Πρόκειται για δωρεάν υπηρεσία.

Gujarati: અમારી આરોગ્ય અથવા દવા સંબંધી યોજના વિશે તમને હોઈ શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે દુભાષિયાની મફત સેવાઓ છે. દુભાષિયો મેળવવા માટે, બસ અમને **1-855-580-1689** (TTY: **711**) પર કૉલ કરો. અમારા કામકાજનો સમય સોમવારથી શુક્રવાર સુધી સવારે 8 વાગ્યાથી રાતના 8 વાગ્યા સુધીનો છે. વીકેન્ડ પર અને રાજ્યની કે સંઘીય રજાઓના દિવસે, તમને એક મેસેજ મૂકવા માટે કહેવામાં આવી શકે છે. તમારા કૉલનો વળતો જવાબ કામકાજના આગલા દિવસની અંદર આપવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિ તમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.

Urdu: ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوالوں کا جواب دینے کے لیے ہمارے پاس مفت ترجمان سروسز ہیں۔ مترجم کے لیے ہمیں صرف اس **1-855-580-1689** (TTY: **711**) نمبر پے صبح 8 بجے سے شام 8 بجے تک، پیر تا جمعہ کال کریں۔ اختتام ہفتہ اور ریاستی یا وفاقی تعطیلات میں، آپ کو پیغام بھیجنے کے لیے کہا جا سکتا ہے۔ آپ کی کال اگلے کاروباری دن میں واپس کی جائے گی۔ اردو بولنے والا کوئی بھی شخص آپ کی مدد کر سکتا ہے۔ یہ مفت سروس ہے۔