2022 Annual Notice of Changes

Molina Dual Options MI Health Link Medicare-Medicaid Plan

Michigan H7844-001

Serving the following counties: Wayne and Macomb

Effective January 1 through December 31, 2022





Molina Dual Options MI Health Link Medicare-Medicaid Plan offered by Molina Healthcare of Michigan

Annual Notice of Changes for 2022

Introduction

You are currently enrolled as a member of Molina Dual Options. Next year, there will be some changes to the plan's benefits, coverage, and rules. 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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A. Disclaimers

- Molina Dual Options 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.
- Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

B. Reviewing your Medicare and Michigan 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 Michigan Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to page 8).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Molina Dual Options, you will go back to getting your Medicare and Michigan Medicaid services separately.



B1. Additional resources

- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (855) 735-5604, TTY: 711, Monday Friday, 8 a.m. to 8 p.m., EST. The call is free.
- ATENCIÓN: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 735-5604, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., EST. La llamada es gratuita.
- انتباه:ا كنت تتحدث اللغة العربية، نوفر لك خدمات المساعدة اللغوية المجانية. اتصل على5604-735 (855)، لمستخدمي أجهزة الهواتف النصية / أجهزة اتصالات المعاقين: 711، من الاثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت الشرقي. هذه المكالمة مجانية.
- You can also get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., EST. The call is free.
- You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information. To get this document in a language other than English, please contact the State at (800) 642-3195, TTY: 711, Monday Friday, 8 a.m. to 7 p.m., EST to update your record with the preferred language. To get this document in an alternate format, please contact Member Services at (855) 735-5604, TTY: 711, Monday Friday, 8 a.m. to 8 p.m., EST. A representative can help you make or change a standing request. You can also contact your Care Coordinator for help with standing requests.

B2. Information about Molina Dual Options

- Molina Dual Options is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Coverage under Molina Dual Options 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.
- Molina Dual Options is offered by Molina Healthcare. When this Annual Notice of Changes says "we," "us," or "our," it means Molina Healthcare. When it says "the plan" or "our plan," it means Molina Dual Options.

B3. Important things to do

Check if there are any changes to our benefits that may affect you.



- Are there any changes that affect the services you use?
- It is important to review benefit changes to make sure they will work for you next year.
- Refer to in section D for information about benefit 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.
 - Refer to in section D for information about changes to our drug coverage.
- 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?
 - Refer to in section C for information about our Provider and Pharmacy Directory.
- Think about your overall costs in the plan.
 - 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 Molina Dual Options:

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. Refer to in section E, page 16 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 see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.MolinaHealthcare.com/Duals. You may also call Member Services at (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., EST for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.



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, see Chapter 3 of your *Member Handbook*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain health care services next year. The table below describes these changes.

	2021 (this year)	2022 (next year)
Other Health Care Professional Services	Prior Authorization is not required.	Prior Authorization may be required.
Outpatient Blood Services	Prior Authorization is not required.	Prior Authorization may be required.
Over-the-counter (OTC) items	Over-the-counter (OTC) allowance does carry over into next period.	Over-the-counter (OTC) allowance does not carry over to the next period.
Podiatry Services	Prior Authorization is not required.	Prior Authorization may be required.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at www.MolinaHealthcare.com/Duals. You may also call Member Services at (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., EST for updated drug information or to ask us to mail you a *List of Covered Drugs*.

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 (855) 735-5604, TTY: 711, Monday Friday, 8 a.m. to 8 p.m., EST 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 (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., EST.
 - 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

If your formulary exception is approved, you will be notified how long the approval will last. In most cases, approvals are given for one year. You will need to request a new formulary exception once your approval expires.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2022. Read below for more information about your prescription drug coverage.

The following table shows your costs for drugs in each of our three (3) drug tiers.



	2021 (this year)	2022 (next year)	
Drugs in Tier 1	Your copay for a one-month (31-day) supply is \$0 per prescription .	Your copay for a one-month (31-day) supply is \$0 per prescription .	
(generic drug)			
Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy			
Drugs in Tier 2	Your copay for a one-month (31-day) supply is \$0 per prescription.		Your copay for a one-month
(brand name drugs)		(31-day) supply is \$0 per prescription.	
Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy			
Drugs in Tier 3	Your copay for a one-month (31-day) supply is \$0 per prescription .	1 ' '	Your copay for a one-month
(Non-Medicare prescriptions/ Over-The-Counter (OTC) drugs)		(31-day) supply is \$0 per prescription .	
Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy			

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

You can end your membership at any time by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:



Change	What to do	
1. You can change to:	Here is what to do:	
A different Medicare-Medicaid Plan	Call Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.	
	Your coverage in our plan will end the last day of the month after you tell us you want to leave.	
2. You can change to:	Here is what to do:	
A Medicare health plan (such as a Medicare Advantage Plan or Program of All-inclusive Care for	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.	
the Elderly (PACE))	If you need help or more information:	
	Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).	
	You will automatically be disenrolled from Molina Dual Options when your new plan's coverage begins.	
3. You can change to:	Here is what to do:	
Original Medicare with a separate Medicare prescription drug plan	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.	
	If you need help or more information:	
	Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).	
	You will automatically be disenrolled from Molina Dual Options when your Original Medicare coverage begins.	



Change	What to do
4. You can change to:	Here is what to do:
Original Medicare without a separate Medicare prescription drug plan	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.
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. 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 MMAP at 1-800-803-7174.	 If you need help or more information: Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). You will automatically be disenrolled from Molina Dual Options when your Original Medicare coverage begins.

F. How to get help

F1. Getting help from Molina Dual Options

Questions? We're here to help. Please call Member Services at (855) 735-5604, TTY: 711. We are available for phone calls Monday - Friday, 8 a.m. to 8 p.m., EST. Calls to these numbers are free.

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

The 2022 Member Handbook will be available by October 15. An up-to-date copy of the *2022 Member Handbook* is always available on our website at www.MolinaHealthcare.com/Duals. You may also call Member Services at (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., EST to ask us to mail you a *2022 Member Handbook*.



Our website

You can also visit our website at www.MolinaHealthcare.com/Duals. 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*).

F2. Getting help from Michigan ENROLLS

For questions about your enrollment, call **Michigan ENROLLS** toll-free **at 1-800-975-7630**. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.

F3. Getting help from the MI Health Link Ombudsman Program

The MI Health Link Ombudsman Program can help you if you are having a problem with Molina Dual Options. The ombudsman's services are free.

- The MI Health Link Ombudsman Program 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.
- The MI Health Link Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MI Health Link Ombudsman Program is not connected with us or with any insurance company or health plan. Call 1-888-746-MHLO (1-888-746-6456). Office hours are Monday through Friday, 8 AM to 5 PM EST.

F4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP has trained counselors in every state, and services are free. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). MMAP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. MMAP is not connected with us or with any insurance company or health plan.

Call MMAP at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM.

F5. 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's 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 the *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.

F6. Getting help from Michigan Medicaid

Call the Beneficiary Help Line at 1-800-642-3195. Persons with hearing and speech disabilities may call the TTY number at 1-866-501-5656. Office hours are Monday through Friday, 8 AM to 7 PM.

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