



**MeridianComplete
(Medicare-Medicaid Plan)
2021 Summary of Benefits**

MeridianComplete (Medicare-Medicaid Plan): **Summary of Benefits 2021**

Introduction

This document is a brief summary of the benefits and services covered by MeridianComplete. 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 MeridianComplete. 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 MeridianComplete for 2021. 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 MeridianComplete at **1-855-323-4578 (TTY: 711) 8 a.m. to 8 p.m., seven days a week.** 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 www.mhplan.com.

- ❖ MeridianComplete is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat MeridianComplete members, except in emergency situations. Please call our customer service number or see you *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.
- ❖ Under MeridianComplete you can get your Medicare and Michigan Medicaid services in one health plan. A Care Coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call **1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.** 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 MeridianComplete at **1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.** 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.

If you have questions, please call MeridianComplete at 1-855-323-4578 TTY users should call 711), 8 a.m. to 8 p.m., seven days a week.



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Michigan Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Care Coordinator?	MeridianComplete's 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 supports and services?	Long term supports and services are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

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Frequently Asked Questions (FAQ)	Answers
Will you get the same Medicare and Michigan Medicaid benefits in MeridianComplete that you get now?	<p>You will get your covered Medicare and Michigan Medicaid benefits directly from MeridianComplete. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. If you are currently getting services for mental health, substance use, or intellectual/developmental disability needs, you will continue to get these services the same way you do now.</p> <p>When you enroll in MeridianComplete, you and your care team will work together to develop an Individual Integrated Care and Supports Plan (IICSP) to address your health and support needs. You can keep seeing your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your IICSP is being completed. When you join our plan, if you are taking any Medicare Part D prescription drugs that MeridianComplete does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for MeridianComplete to cover your drug, if medically necessary.</p>

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<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with MeridianComplete and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in MeridianComplete’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of MeridianComplete’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read MeridianComplete’s <i>Provider and Pharmacy Directory</i>.</p> <p>If MeridianComplete is new for you, you can continue seeing the doctors you go to now while your IICSP is being developed.</p>
<p>What happens if you need a service but no one in MeridianComplete’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, MeridianComplete will pay for the cost of an out-of-network provider.</p>
<p>Where is MeridianComplete available?</p>	<p>The service area for this plan includes: Berry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren Counties, Michigan. You must live in one of these areas to join the plan.</p>
<p>Do you pay a monthly amount (also called a premium) under MeridianComplete?</p>	<p>You will not pay any monthly premiums to MeridianComplete for your health coverage. (You will be required to keep paying any monthly Freedom to Work program premium you have. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00.)</p>

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Frequently Asked Questions (FAQ)	Answers
What is prior authorization?	<p>Prior authorization means that you must get approval from MeridianComplete before you can get a specific service or drug or see an out-of-network provider. MeridianComplete 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.</p> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan's network. If you don't get approval, MeridianComplete may not cover the services. You don't need a referral to see certain specialists, such as women's health specialists.</p> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>Whom should you contact if you have questions or need help?</p> <p>(continued on the next page)</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call MeridianComplete Member Services:</p> <p>CALL 1-855-323-4578</p> <p>Calls to this number are free.</p> <p>8 a.m. to 8 p.m., seven days a week.</p> <p>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.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free.</p> <p>8 a.m. to 8 p.m., seven days a week.</p> <p>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.</p>

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Whom should you contact if you have questions or need help?

(continued from previous page)

If you have questions about your health, please call the 24 Hour Nurse Advice line:

CALL 1-855-323-4578

Calls to this number are free. **8 a.m. to 8 p.m., seven days a week.**

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.

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. **8 a.m. to 8 p.m., seven days a week.**

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 about behavioral health services and resources, please call the PIHP General Information Line. If you need immediate behavioral health services, please call the Behavioral Health Crisis Line for the local Prepaid Inpatient Health Plan (PIHP).

CALL PIHP General Information Line

1-800-676-5814

Calls to this number are free. Monday – Friday, 8 a.m. to 8 p.m.

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.

If you have questions, please call MeridianComplete at 1-855-323-4578 TTY users should call 711), 8 a.m. to 8 p.m., seven days a week.



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Frequently Asked Questions (FAQ)	Answers
<p data-bbox="121 269 583 344">Whom should you contact if you have questions or need help?</p> <p data-bbox="121 376 571 409">(continued from previous page)</p>	<p data-bbox="718 269 1499 302">CALL Behavioral Health Crisis Line 1-800-675-7148</p> <p data-bbox="856 334 1234 367">Calls to this number are free.</p> <p data-bbox="856 399 1264 431">24 hours a day, 7 days a week.</p> <p data-bbox="718 464 911 496">TTY 711</p> <p data-bbox="856 529 1856 604">This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p data-bbox="856 636 1234 669">Calls to this number are free.</p> <p data-bbox="856 701 1264 734">24 hours a day, 7 days a week.</p>

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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 to see a doctor	Visits to treat an injury or illness	\$0	Referral rules may apply.
	Wellness visits, such as a physical	\$0	
	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	
	"Welcome to Medicare" preventive visit (one time only)	\$0	
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)
<p>You need drugs to treat your illness or condition</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 copay for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see MeridianComplete's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended day supplies (90 day) are available through mail order and at some retail pharmacy locations. There is no copay for extended day supplies of covered drugs.</p>
	<p>Brand name drugs</p>	<p>\$0 copay for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see MeridianComplete's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended day supplies (90 day) are available through mail order and at some retail pharmacy locations. There is no copay for extended day supplies of covered drugs.</p>
	<p>Over-the-counter drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see MeridianComplete's <i>List of Covered Drugs</i> (Drug List) for more information.</p>
	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p>
<p>You need therapy after a stroke or accident</p>	<p>Occupational, physical, or speech therapy</p>	<p>\$0</p>	<p>Prior authorization and referral rules may apply.</p>

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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	Emergency room services	\$0	MeridianComplete 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.
	Ambulance services	\$0	Prior authorization is required for non-emergency ambulance services.
	Urgent care	\$0	MeridianComplete 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 and referral rules may apply.
	Doctor or surgeon care	\$0	Prior authorization and referral rules may apply.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization and referral rules may apply.
	Medical equipment for home care	\$0	Prior authorization and referral rules may apply.
	Skilled nursing care	\$0	Prior authorization and 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)
<p>You need eye care</p>	<p>Eye exams</p>	<p>\$0</p>	<p>Routine eye exam: 1 every 2 years.</p> <p>Exams to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).</p>
	<p>Glasses</p>	<p>\$0</p>	<p>Eyeglasses (frames and lenses): 1 every year.</p> <p>Contact lenses: 1 every year.</p> <p>Eyeglasses or contact lenses after cataract surgery.</p> <p>Prior authorization rules may apply.</p>
<p>You need dental care</p>	<p>Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures</p>	<p>\$0</p>	<p>Root canals and crowns are not covered.</p> <p>Cleaning: 1 every six months</p> <p>Dental x-ray(s):</p> <ul style="list-style-type: none"> • Bitewing: once every 12-months • Panoramic: once every five years • Full mouth or complete series: once every five years <p>Oral exam: 1 every six months</p> <p>Comprehensive dental covered with limitations.</p> <p>Prior authorization rules may apply.</p>

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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 hearing/auditory services	Hearing screenings	\$0	Plan covers exam to diagnose and treat hearing and balance issues.
	Hearing aid evaluation and fitting	\$0	The plan covers 2 hearing aid evaluations and fittings every year. Prior authorization and referral rules may apply.
	Hearing aids	\$0	The plan covers 1 hearing aid every 5 years. Prior authorization and referral rules may apply.
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	Prior authorization rules may apply.
You have a mental health condition	Behavioral health services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP)
You have concerns related to substance use	Substance use services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP)
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	Home Delivered Meals (up to 2 meals every day) Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.
	Chore services, such as heavy household chores and mowing and raking	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.
	Preventive nursing services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Up to 2 hrs. per visit, cannot be receiving private duty nursing Authorization and eligibility rules apply.
	Private duty nursing services to provide skilled nursing services in your home	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.
	Fiscal intermediary services to help you control your budget and choose the staff to work with you	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. 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 help living at home (continued)	Environmental modifications to your home, such as adding ramps and widening doorways	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.
	Expanded community living supports to help you complete activities of daily living and instrumental activities of daily living	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.
	Personal care services (You may be able to choose your own personal care assistant. Call Member Services for more information.)	\$0	Prior authorization rules may apply.
	Personal Emergency Response	\$0	Prior authorization rules may apply
	Assistive technology	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Authorization and eligibility rules apply.
	Home health care services	\$0	Prior authorization rules may apply
	Adult day services or other support services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. 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	Nursing home care	A Patient Pay Amount (PPA) may be required.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards. Authorization and eligibility rules apply.
Your caregiver needs some time off	Respite care	\$0	Some services are only available to individuals on the MI Health Link 1915 waiver(c). Non-waiver Respite care limited to 336 hours per year. Authorization and eligibility rules apply.
Additional covered	Community Transition Services	\$0	
	Non-Medical Transportation	\$0	

D. Services covered outside of MeridianComplete

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

Other services covered by Medicare or Michigan Medicaid	Your costs
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services	\$0
Some hospice care services	\$0

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E. Services that MeridianComplete, Medicare, and Michigan Medicaid do not cover

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

Services not covered by MeridianComplete, Medicare, or Michigan 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 Michigan Medicaid, unless these services are listed by our plan as covered services.
A private room in a hospital or nursing facility, except when it is medically needed.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically needed.
Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.	Surgical treatment for morbid obesity, except when it is medically needed and Medicare pays for it.
Radial keratotomy, LASIK surgery, and vision therapy	Acupuncture

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F. Your rights as a member of the plan

As a member of MeridianComplete, 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 network providers
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - 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
 - See 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. MeridianComplete will pay for the cost of your second opinion visit.

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- **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 seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - See 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 to 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 MeridianComplete *Member Handbook*. If you have questions, you can also call MeridianComplete Member Services.

If you have questions, please call MeridianComplete at 1-855-323-4578 TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. 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 www.mhplan.com.



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

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

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

Complaints, grievances and appeals can be submitted in writing to the addresses below:

Appeals for Part D (Drugs)

MeridianComplete
1 Campus Martius, Suite 750
Attn: Appeals
Detroit, MI 48226

Phone: 1-855-580-1693 (TTY: 711)

Fax: 1-844-882-9799

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

MeridianComplete
Appeals & Grievances
Medicare Operations
7700 Forsyth Blvd
St. Louis, MO 63105

Phone: 1-855-323-4578 (TTY: 711)

Fax Number: 1-844-273-2671

H. What do you do if you suspect fraud

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

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

- Call us at MeridianComplete Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at secure.ag.state.mi.us/complaints/medicaid.aspx.

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