# MeridianComplete
# (Medicare-Medicaid Plan)
# 2022 Summary of Benefits

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

## Introduction

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

## Table of Contents

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

## A. Disclaimers

This is a summary of health services covered by MeridianComplete for 2022. 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 1-855-580-1689 (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.

- MeridianComplete 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 MeridianComplete 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 MeridianComplete you can get your Medicare and Medicaid services in one health plan. A MeridianComplete 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 MeridianComplete *Member Handbook*.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. 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.
- 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 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 1-855-580-1689 (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.

## 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. |

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

| 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.<br><br>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 go to 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 going to them.<br><br>• Providers with an agreement with us are “in-network.” **You must use the providers in Meridian’s network.**<br><br>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Meridian's plan.<br><br>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.<br><br>If Meridian is new for you, you can continue using the doctors you go to now for 90 or 180 days depending on your continuity of care period. |

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

| 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. |
| **What is prior authorization?** | Prior authorization 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.<br><br>Refer to Chapter 3, of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the *Member Handbook* to learn which services require a prior authorization. |

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| **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.<br><br>Refer to Chapter 3, of the *Member Handbook* to learn more about when you will need a referral from your PCP. |

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

| 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:**<br><br>**CALL** 1-855-580-1689<br><br>Calls to this number are free.<br><br>Monday–Friday, 8 a.m. to 8 p.m.<br><br>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.<br><br>Member Services also has free language interpreter services available for people who do not speak English.<br><br>**TTY** 711<br><br>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.<br><br>Calls to this number are free.<br><br>Monday–Friday, 8 a.m. to 8 p.m.<br><br>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. |

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| **Who should I contact if I have questions or need help? (continued from previous page)** | **If you have questions about your health, please call the Nurse Advice Call line:**<br><br>**CALL** 1-855-580-1689<br><br>Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.<br><br>We have free interpreter services for people who do not speak English.<br><br>**TTY** 711<br><br>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.<br><br>Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.<br><br>**If you are in need of Screening, Assessment and Support Services (SASS) or are experiencing a mental health crisis, please contact the CARES Line:**<br><br>**CALL** 1-800-345-9049<br><br>Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.<br><br>We have free interpreter services for people who do not speak English.<br><br>**TTY** 1-866-794-0374<br><br>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.<br><br>Calls to this number are free. 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 | |
| | 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) |
|---|---|---|---|
| **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 90-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.<br><br>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.<br><br>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. |
| | Brand name drugs | $0 copay for up to a 90-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.<br><br>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.<br><br>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. |

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

| 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 | 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.<br><br>Prior authorization may be required. |
| **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.<br><br>No prior authorization or referral necessary for emergency room services. |

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

| 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.<br><br>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 a not life threatening.<br><br>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. |
| **You need eye care** | Eye exams | $0 | Routine eye exam:1 every year. Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening). |
| | 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. |

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need dental care** | Dental check-ups | $0 | Meridian covers dental services in accordance with the state Medicaid program. Prior authorization rules may apply.<br><br>The plan also covers preventive dental services. Preventive services include:<br>• 2 oral exams every year<br>• 2 cleanings every year, and<br>• 1 set of dental x-rays every 12 to 36 months.<br>Prior authorization may be required. |
| **You need hearing/auditory services** | Hearing screenings | $0 | Plan covers exam to diagnose and treat hearing and balance issues.<br><br>Routine hearing exam: 1 every year. |
| | Hearing aids | $0 | Hearing aid fitting/evaluation: 1 every 3 years.<br><br>Prior authorization 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 | Covered diabetic glucometer and supplies are not limited to one brand.<br><br>Prior authorization rules may apply. |

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

| Health need or problem | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **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 | Prior authorization and referral rules may apply. |
| **You need long-term mental health services** | Inpatient care for people who need mental health care | $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. |

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

| 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** | 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. |
| | 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<br><br>(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 health care 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. |

# MeridianComplete (Medicare-Medicaid Plan): Summary of Benefits 2022

| 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** | Family Planning Services | $0 | |
| | Tobacco Cessation Counseling | $0 | Up to 12 sessions every year. Referral rules may apply. |
| | Over-the-Counter (OTC) | $0 | The plan covers up to $25 per calendar month. OTC items are available by mail or at select CVS pharmacy retail stores.<br><br>The OTC benefit is limited to one order per benefit period. Unused balance at the end of each calendar month will be forfeited.<br><br>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. |
| | Telehealth Services | $0 | Prior Authorization rules may apply. |
| | Fitness Benefit | $0 | |

## 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 prior approval 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
Attn: Medicare Pharmacy 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
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 contact the State of Illinois Fraud Hotline at 1-855-217-1895 (TTY: 1-888-261-2887). You can call this number for free, 24 hours a day, 7 days a week.

| Language Services |
| --- |
| ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-580-1689 (TTY: 711). |
| ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-580-1689 (TTY: 711). |
| UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-580-1689 (TTY: 711). |
| 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請 電1-855-580-1689（TTY：711)。 |
| 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-580-1689 (TTY: 711) 번으로 전화해 주십시오. |
| PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-580-1689 (TTY: 711). |
| ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-580-1689 (رقم هاتف الصم والبكم: 711). |
| ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-580-1689 (TTY: 711). |
| **સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો** 1-855-580-1689 (TTY: 711). |
| خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-855-580-1689 (TTY: 711). |
| CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-580-1689 (TTY: 711). |
| ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-580-1689 (TTY: 711). |
| ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-580-1689 (TTY: 711) पर कॉल करें। |
| ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-580-1689 (ATS: 711). |
| ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-580-1689 (TTY: 711). |
| ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-580-1689 (TTY: 711). |