

MMM Diamante Choice Platino (HMO SNP) *offered by* MMM Healthcare, LLC

Annual Notice of Changes for 2017

You are currently enrolled as a member of MMM Diamante Extra Platino. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

Additional Resources

- This information is available for free in other languages.
- Please contact our Member Services number at 787-620-2397 (Metro Area), 1-866-333-5470 (toll free) for additional information. (TTY users should call 1-866-333-5469) Hours are Monday through Sunday, from 8:00 a.m. to 8:00 p.m.
- Member Services also has free language interpreter services available for non-English speakers.
- *Servicios al Afiliado tiene servicios gratuitos de intérprete de idiomas para personas que no hablan inglés.*
- Upon request, this information may be available in different formats, like Braille, Spanish language, large print and other formats. Please contact our Member Services number if you need plan information in another format or language.
- Minimum essential coverage (MEC): Coverage under this Plan qualifies as minimum essential coverage (MEC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information on the individual requirement for MEC.

About MMM Diamante Choice Platino

- MMM Healthcare, LLC is a coordinated care plan with a Medicare Advantage contract and a contract with the Puerto Rico Medicaid program. Enrollment in MMM depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means MMM Healthcare, LLC. When it says “plan” or “our plan,” it means MMM Diamante Choice Platino.

MMM-MKD-MIS-4250-071316-E

H4003 – MMM Healthcare, LLC Y0049_2017 1127 0001 1 File & Use 09062016 CMS Accepted

Think about Your Medicare Coverage for Next Year

Medicare allows you to change your Medicare health and drug coverage. It's important to review your coverage each fall to make sure it will meet your needs next year.

Important things to do:

- Check the changes to our benefits and costs to see if they affect you.** Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in Sections 2.1 and 2.5 for information about benefit and cost changes for our plan.
 - Check the changes to our prescription drug coverage to see if they 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. Look in Section 2.6 for information about changes to our drug coverage.
 - Check to see if your doctors and other providers will be in our network next year.** Are your doctors in our network? What about the hospitals or other providers you use? Look in Section 2.3 for information about our Provider and Pharmacy Directory.
 - Think about your overall health care costs.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
 - Think about whether you are happy with our plan.**
-

If you decide to stay with MMM Diamante Choice Platino:

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 can switch at any time. If you enroll in a new plan, your new coverage will begin on the first day of the month after you request the change. Look in Section 3.2 to learn more about your choices.

Summary of Important Costs for 2017

The table below compares the 2016 costs and 2017 costs for MMM Diamante Choice Platino in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes* and review the attached Evidence of Coverage to see if other benefit or cost changes affect you.**

Cost	2016 (this year)	2017 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 2.1 for details.</p>	\$0 monthly premium	\$0 monthly premium
<p>Doctor office visits</p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$0 copay per visit</p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$0 copay per visit</p>
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p>	\$0 copay	\$0 copay
<p>Part D prescription drug coverage (See Section 2.6 for details.)</p>	<p>Deductible: \$0</p> <p><u>Copayment</u> during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> Covered Drugs : \$1 copay 	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> Covered Drugs : \$0 copay
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	\$3,250	\$3,250

**Annual Notice of Changes for 2017
Table of Contents**

Think about Your Medicare Coverage for Next Year 2

Summary of Important Costs for 2017 3

**SECTION 1 Unless You Choose Another Plan, You Will Be
Automatically Enrolled in MMM Diamante Choice Platino in
2017 5**

SECTION 2 Changes to Benefits and Costs for Next Year 5

Section 2.1 – Changes to the Monthly Premium 5

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount..... 6

Section 2.3 – Changes to the Provider Network..... 6

Section 2.4 – Changes to the Pharmacy Network..... 7

Section 2.5 – Changes to Benefits and Costs for Medical Services 7

Section 2.6 – Changes to Part D Prescription Drug Coverage 9

SECTION 3 Deciding Which Plan to Choose..... 12

Section 3.1 – If you want to stay in MMM Diamante Choice Platino..... 12

Section 3.2 – If you want to change plans 12

SECTION 4 Deadline for Changing Plans..... 13

SECTION 5 Programs That Offer Free Counseling about Medicare 13

SECTION 6 Programs That Help Pay for Prescription Drugs 13

SECTION 7 Questions?..... 14

Section 7.1 – Getting Help from MMM Diamante Choice Platino 14

Section 7.2 – Getting Help from Medicare 14

Section 7.3 – Getting Help from Medicaid..... 15

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in MMM Diamante Choice Platino in 2017

On January 1, 2017, MMM Healthcare, LLC will be combining MMM Diamante Extra Platino with one of our plans, MMM Diamante Choice Platino.

If you do nothing to change your Medicare coverage in 2016, we will automatically enroll you in our MMM Diamante Choice Platino. This means starting January 1, 2017, you will be getting your medical and prescription drug coverage through **MMM Diamante Choice Platino**. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare.

The information in this document tells you about the differences between your current benefits in MMM Diamante Extra Platino and the benefits you will have on January 1, 2017 as a member of MMM Diamante Choice Platino.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2016 (this year)	2017 (next year)
Medicare Part B monthly premium reduction	\$6.00	\$15.00
Monthly premium	\$0 monthly premium	\$0 monthly premium
(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)		

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you ever lose your low income subsidy ("Extra Help"), you must maintain your Part D coverage or you could be subject to a late enrollment penalty if you ever chose to enroll in Part D in the future. If you have a higher income as reported on your last tax return (\$85,000 or more), you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2016 (this year)	2017 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$3,250	<p>\$3,250</p> <p>Once you have paid \$3,250 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.</p>

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider and Pharmacy Directory is located on our website at www.mmm-pr.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. **Please review the 2017 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialist (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- When possible we will provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.

- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan please contact us so we can assist you in finding a new provider and managing your care.

Section 2.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Provider and Pharmacy Directory is located on our website at www.mmm-pr-com. You may also call Member Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. **Please review the 2017 Provider and Pharmacy Directory to see which pharmacies are in our network.**

Section 2.5 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* only tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your *2017 Evidence of Coverage*. A copy of the *Evidence of Coverage* was included in this envelope.

Cost	2016 (this year)	2017 (next year)
Acupuncture	Acupuncture is <u>not</u> covered.	You pay \$15 copay for each routine visit. Up to 6 routine visits per year, with maximum benefit amount of up to \$500 per year.

Cost	2016 (this year)	2017 (next year)
Chiropractic services	<p>You pay a \$0 copay for each Medicare covered visit.</p> <p>You pay a \$15 copay for Non Medicare covered routine visits.</p> <p>Up to 6 routine visits per year, with a plan maximum benefit amount of up to \$750 per year.</p>	<p>You pay a \$0 copay for each Medicare covered visit</p> <p>You pay a \$10 copay for Non Medicare covered routine visits.</p> <p>Up to 6 routine visits per year, with a plan maximum benefit amount of up to \$750 per year.</p>
Dental Services	<p>Maximum annual coverage of \$500 for removable prosthodontia</p>	<p>Maximum annual coverage of \$1,000 for removable prosthodontia</p>
Diabetes self-management training, diabetic services and supplies	<p>You pay 20% of the total cost for diabetes supplies and therapeutic shoes or inserts.</p>	<p>You pay 0% of the total cost for diabetes supplies and therapeutic shoes or inserts.</p>
Durable medical equipment and related supplies	<p>You pay 0% to 20% of the total cost for durable medical equipment.</p> <ul style="list-style-type: none"> • 0% of the total cost for supplies • 5% of the total cost for all other durable medical equipment • 5% of the total cost for wheelchairs • 10% of the total cost for hospital beds • 20% of the total cost for power wheelchairs 	<p>You pay 5% to 10% of the total cost for durable medical equipment.</p> <ul style="list-style-type: none"> • 5% of the total cost for supplies • 5% of the total cost for all other durable medical equipment • 5% of the total cost for wheelchairs • 5% of the total cost for hospital beds • 10% of the total cost for power wheelchairs
Hearing services	<p>Hearing aids are <u>not</u> covered.</p>	<p>Up to a maximum benefit of \$400 for hearing aids every year for both ears combined.</p>

Cost	2016 (this year)	2017 (next year)
Over the counter items	Over the counter items are <u>not</u> covered.	You pay \$0 copay. The plan covers: <ol style="list-style-type: none"> 1. Minerals and vitamins 2. First Aid supplies 3. Medicines, ointments and sprays with active medical ingredients that alleviate symptoms 4. Mouth care 5. Blood Pressure Monitor 6. Incontinence Supplies (Adult diapers and under pads) Up to a maximum benefit of \$10 every 3 months.
Prosthetic devices and related supplies	You pay 20% of the total cost for prosthetic devices and related supplies.	You pay 5% of the total cost for prosthetics devices. You pay 0% of the total cost for medical supplies.
Vision care	Supplemental eyewear or contact lenses are <u>not</u> covered.	Up to \$100 maximum benefit for supplemental eyeglasses (frames and lenses) or contact lenses every year.

Section 2.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope.

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 see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

The plan gives affected enrollees guidance regarding how to proceed after a temporary fill is provided, so that an appropriate and meaningful transition can be effectuated by the end of the transition period. Until that transition is actually made, however, either through a switch to an appropriate formulary drug, or decision of an exception request, continuation of drug coverage will be provided, other than for drugs not covered under Medicare Part D.

The plan continues to provide necessary drugs to an enrollee via an extension of the transition period, on a case-by-case basis, to the extent that his or her exception request or appeal has not been processed by the end of the minimum transition period and until such time as a transition has been made.

Exceptions will continue to be covered during the period (generally a calendar year) they were approved for, regardless of when the drug was approved. No new drug exception request needs to be submitted by the start of the year unless the prior authorization expires.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.**

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2016 (this year)	2017 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2016 (this year)	2017 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month 30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Covered Drugs: You pay \$1 per prescription</p> <hr/> <p>Once your total drug costs have reached \$3,310, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Covered Drugs: You pay \$0 per prescription</p> <hr/> <p>Once your total drug costs have reached \$3,700, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages,

look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in MMM Diamante Choice Platino

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2017.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2017 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan and whether to buy a Medicare supplement (Medigap) policy.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2017*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <http://www.medicare.gov> and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, MMM Healthcare, LLC offers Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MMM Diamante Choice Platino.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MMM Diamante Choice Platino.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).

- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

Because you are eligible for both Medicare and Medicaid you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Puerto Rico, the SHIP is called Office of the Ombudsman for the Elderly.

The Office of the Ombudsman for the Elderly is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Office of the Ombudsman for the Elderly counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the Office of the Ombudsman for the Elderly at 787-721-6121 or 1-877-725-4300 (Metro Area), 1-800-981-0056 (Mayagüez Region) and 1-800-981-7735 (Ponce Region). TTY users should call at 787-919-7291. You can learn more about the Office of the Ombudsman for the Elderly by visiting their website (www.oppea.pr.gov/).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Puerto Rico Department of Health's Ryan White Part B Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 787-765-2929 extensions 5106, 5107, 5114, 5115, 5116, 5119, 5132, 5135, 5136, 5137 and 5138.

SECTION 7 Questions?

Section 7.1 – Getting Help from MMM Diamante Choice Platino

Questions? We're here to help. Please call Member Services at 787-620-2397 (Metro Area), 1-866-333-5470 (toll free). (TTY only, call 1-866-333-5469) We are available for phone calls Monday through Sunday, from 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.

Read your 2017 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2017. For details, look in the 2017 *Evidence of Coverage* for MMM Diamante Choice Platino. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is included in this envelope.

Visit our Website

You can also visit our website at www.mmm-pr.com. As a reminder, our website has the most up-to-date information about our provider network (Provider and Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

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.

Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find

information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

Read *Medicare & You 2017*

You can read *Medicare & You 2017* 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 (<http://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.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid, you can call the Health Department, (Puerto Rico's Medicaid Program) at 787-641-4224. TTY users should call 787-625-6955.