



Member Handbook

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McLaren Health Plan • Member Handbook

TABLE OF CONTENTS

Welcome	2
Your Rights	3
Your Duties	4
Patient Advocate and Advance Directive	4
How to Get Medical Care.....	5
Do I Need a Referral	7
Special Needs.....	7
Services Covered by Medicaid	8
Services Not Covered.....	9
Services Covered by McLaren Health Plan	9
Most Often Asked Questions about Covered Services	
• Doctor Services	10
• Durable Medical Equipment.....	10
• Emergency Care and Urgent Care.....	10
• Children’s Special Health Care Services	10
• Eye Care	11
• Family Planning.....	11
• Federally Qualified Health Clinic Services	11
• Health Education	11
• Hospice	11
• Hospital Care	11
• Lab, X-ray and Tests	11
• Other Services.....	12
• Out of Area Care.....	12
• Pregnancy	12
• Transportation.....	13
• Well Child Care, Including Lead Information	13
• When You Need a Medication.....	14
• Women’s Routine and Preventative Health Services.....	14
Member Complaint/Grievance and Appeals.....	15
Fair Hearing Process.....	17
For Your Information	17
• New Medical Care.....	17
• Website.....	18
• If You Receive a Bill	18
• When Your Family Size Changes	18
• Women, Infant, and Children (WIC) Good Food Program	18
• Physicians Payments and Incentives	18
• Fraud and Abuse	19
• Service Area.....	19
Privacy Notice	20

Welcome

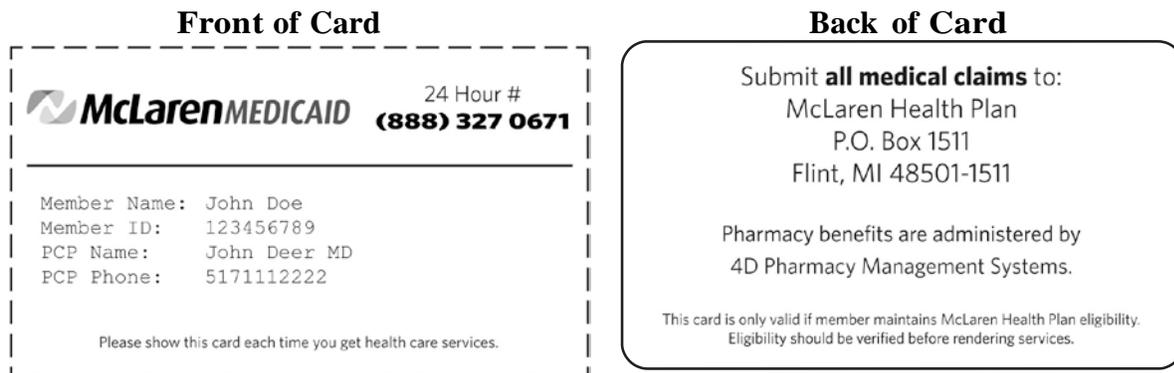
Welcome to McLaren Health Plan. McLaren Health Plan will help you get your health care. When you join McLaren Health Plan, each family member should pick a primary care provider from our list of doctors. This will be your primary care provider. If for some reason you do not choose a doctor, McLaren Health Plan will help you pick one close to your home. If you do not like who we chose, you can call Customer Service at (888) 327-0671.

This Member Handbook gives you helpful tips about McLaren Health Plan. Please read this book and keep it in a safe place in case you need it again.

Your McLaren Health Plan Identification Card

You will have two identification cards (ID cards). One is for McLaren Health Plan and the other for Medicaid. The Medicaid card is plastic and has mihealth written on it. You will get a regular plastic Medicaid card from the State to use for dental care or services you still get through Medicaid. Call Medicaid at (800) 642-3195 if you did not get a plastic Medicaid card or if you have a question about the services Medicaid will cover.

If there is a mistake on your McLaren Health Plan ID card, or if it is lost or stolen, please call McLaren Health Plan Customer Service at (888) 327-0671. This is what your McLaren Health Plan card looks like:



It is important that you carry both your ID cards. Showing your cards will help make sure bills for your health care are mailed to **McLaren Health Plan or to Medicaid** and not sent to you.

McLaren Health Plan Customer Service

Customer service can help you. You can call us during normal hours or after hours. Normal hours are Monday-Friday from 8:30 a.m. to 5:00 p.m. You can call us at (888) 327-0671 to ask questions. We can also help you get a new ID card or find a provider.

Your Privacy

McLaren Health Plan (MHP) cares about your privacy. We have a privacy notice available to all of our members. We have policies and procedures in place that protect the privacy of your information:

- Every MHP employee signs a statement when they are hired that states they are required to keep member information private
- Every MHP employee receives training every year on keeping information private
- MHP only allows employees who are authorized with a password access to electronic information
- Paper information is stored in secure locations
- Only employees who need to see information to manage your health care have access to it

MHP's Privacy Notice is located on page 20 of this Member Handbook and is also listed on our website at McLarenHealthPlan.org. If you have questions, please call Customer Service at (888) 327-0671.

Your Rights

You have rights as a McLaren Health Plan member. You also have duties as a McLaren Health Plan member. McLaren Health Plan employees and providers are aware of these rights and duties and agree to follow them. If you do not understand your rights and duties, please call Customer Service at (888) 327-0671.

Your Rights

- The right to confidentiality
- The right to be treated with respect and dignity and the right to privacy including to be free from restraint and seclusion
- The right to have a primary care provider at all times
- The right to a current listing of network providers and access to a choice of specialists within the network who can treat chronic problems
- The right to get routine OB/GYN and pediatric services without a referral if the OB/GYN or pediatric specialist is a participating provider
- The right to receive Federally Qualified Health Clinic (FQHC) services
- The right to continue receiving services from a provider who is no longer in the McLaren Health Plan network if it is medically necessary
- The right for female members who are pregnant to continue coverage with a provider who is no longer in the McLaren Health Plan network (that includes up to 6 weeks after you have your baby)
- The right to have no "gag rules" from McLaren Health Plan (doctors are free to discuss all medical treatment even if they are not covered services)
- The right to participate in decision making regarding your health care

Your Rights (Continued)

- The right to refuse treatment, to get a second opinion, and to receive a copy of your medical record upon request
- The right to know how McLaren Health Plan pays its doctors
- The right to be provided with a telephone number and address to obtain additional information about payment methods, if desired
- The right to tell us if you have a complaint about McLaren Health Plan, the care provided, and the right to appeal a decision to deny or limit coverage
- The right to know that you or your doctor cannot be penalized for filing a complaint or appeal about your care
- The right to receive information about the structure and operation of McLaren Health Plan, including the services, providers of care, and your rights and duties
- The right to make suggestions regarding McLaren Health Plan member's rights and duties
- The right to have your medical record kept confidential by McLaren Health Plan and your provider
- The right to be free from other discrimination prohibited by State and federal regulations

Your Duties

- You should schedule appointments in advance and be on time
- If you need to cancel an appointment with any doctor's office, call as soon as possible
- You should use the hospital emergency room **only** for emergency care (if possible, you should call your doctor before going to the emergency room)
- You need to give all the information that you can to your doctors and McLaren Health Plan so they can care for you in the best way
- You need to ask questions if you do not understand the care you are getting
- You need to talk about your care and help your doctors plan what you will be receiving
- You need to complete the treatments that you have agreed to and follow all plans of care
- You should tell the Department of Human Services (DHS) and Customer Service right away with any change in address or telephone number
- You should help McLaren Health Plan assist you with your health care by telling us any problems you have with services
- You should tell us your suggestions in writing or by contacting Customer Service for assistance
- You must carry your McLaren Health Plan member ID card at all times

Patient Advocate and Advance Directive

Many people are worried about what to do if they become very sick or hurt and cannot tell others what kind of care they would like. Some people do not want life support if they are in a coma and will be on machines for the rest of their life. Other people want to make sure that all possible medical care is given to them, even if they are in a coma for the rest of their life. In addition to picking a person to be an advocate for you in these situations, more people are writing down what they want other people to do for them.

This is often called an advance directive. Now is a good time to write down your advance directives because you can make your wishes known while you are healthy.

Your doctor's office has an advance directive form for you to fill out to tell your doctor what you want done. Your advance directive often includes a do-not-resuscitate order. Some people do this after talking to their doctor about their health status. It gives written notice to health care workers who may be treating you should you stop breathing or your heart stops. Your doctor can help you with this if you are interested.

If notice of your do-not-resuscitate order is given and is not followed, the treating person or organization can be subject to civil or criminal liability. Please follow the complaint process on page 15 if this happens. If you have any questions about McLaren Health Plan policies, call Customer Service at (888) 327-0671 and they will help you understand this process.

No one can force you to fill out the advance directive form. If you do fill out the form, you can change it at any time. McLaren Health Plan wants to make sure you know your rights under the law. This is not legal advice.

For complaints about how your provider follows your wishes, write or call:

Bureau of Health Professions (BHP), Complaint & Allegation Division
P.O. Box 30670
Lansing, MI 48909-8170
(517) 241-2389
bhpinfo@michigan.gov

The BHP Complaint & Allegation website is www.michigan.gov/healthlicense (click on "file a complaint").

For complaints about how your health plan follows your wishes, call:

Office of Financial and Insurance Regulation
(877) 999-6442
www.michigan.gov/ofir

How to Get the Medical Care You Need

Your Primary Care Provider (PCP)

When you join McLaren Health Plan, you pick a doctor from our list of doctors. You can choose from the list of family practice doctors, pediatricians, or internal medicine doctors. This will be your PCP. The name of your PCP will be on your ID card. It is your responsibility to see your PCP within 60 days of becoming a McLaren Health Plan member. It is a good idea to meet with your PCP so you can talk about your past medical history. This way, when you do get sick, your PCP will already know important information about you. Both your PCP and McLaren Health Plan are available by phone 24 hours a day for questions about care after normal business hours. McLaren Health Plan's toll free number is (888) 327-0671. Be sure to contact your PCP to find out his/her after hours number. If emergency care is needed, call 911 (see Page 10 for more information).

Making an Appointment

Call your PCP's office to make an appointment or to see if you can just walk in. Call as far ahead of time as you can. Tell your PCP's office you are a McLaren Health Plan member. Tell them why you need to come in and have a paper and pencil ready so you can write down the date and time. **Be on time** for the visit.

If you need to change the appointment, call your PCP's office as soon as possible (at least one day's notice) and be sure to write down the new date and time. If you need help with transportation to medical appointments, call Customer Service at (888) 327-0671.

How to See a Specialist

Your PCP should decide if you need to see a specialist. If the specialist does **not** participate with McLaren Health Plan, a written referral is needed. Your PCP will fill out a form called a "referral". **Your PCP is the only one who can ask for a referral to a specialist who does not participate with McLaren Health Plan.**

Changing Your PCP

Your PCP is a big part of your good health. We hope you will choose your PCP carefully. If you are unhappy with your PCP, please let them know what concerns you have.

If you decide to change PCPs, you will need to:

- Pick another PCP from the McLaren Health Plan list of providers
- Call Customer Service at (888) 327-0671 to let them know the PCP you have selected

If you need help in finding a new PCP, Customer Service can help you.

Having a Specialist as a PCP

Patients with a chronic disease often need to see a specialist to obtain care. In limited cases, it may be better for the specialist to be your PCP. You should call Customer Service at (888) 327-0671 if you think you need a specialist as your PCP. The specialist must agree to be your PCP.

For Your Information

Many doctors and other providers of health care will be taking care of you. The McLaren Health Plan Provider Directory lists health care provider names, addresses, telephone numbers, specialties, and board certifications. If you want to know more about a provider's qualifications, such as medical schools attended or residency information, call Customer Service at (888) 327-0671. If you want a printed copy of anything on our website, please call Customer Service.

Do I Need a Referral?

McLaren Health Plan cares about you and your health. You have picked a PCP to handle your health care. McLaren Health Plan has a referral process that helps your PCP know what is going on with you. Most of the time, you need a written referral before you have services, but in some cases you don't. Your PCP knows when a referral is needed and when it isn't. You do not need a written referral from your PCP to visit or receive services in the office of an In-Network Specialist*. If you think you need a second opinion you can get one from another in-network provider. If you want a second opinion from an out of network provider, call McLaren Health Plan for assistance. It is still recommended that you work with your PCP.

Your PCP can help you get the most effective, high quality care. If you have a question about a certain health care service that may need a referral, call Customer Service at (888) 327-0671. Any health care that you receive must be medically necessary. McLaren Health Plan pays for many covered services. Your PCP is the best person to decide which health care services are medically necessary.

The next two pages give short lists of:

- What Medicaid covers
- What McLaren Health Plan covers
- What is **not covered** at all

Some of the services listed might need more explaining, so we have included additional information to help you understand the service. **Remember**, you must use your Medicaid card for services covered by Medicaid.

*These In-Network services still require a referral:

- Injectable medications given in the office of an In-Network specialist

Special Needs

If you or your child have special needs, call Customer Service and ask to speak to "your nurse." Every McLaren Health Plan member has a nurse assigned to them. Special needs can be something that makes you or your child require some extra help, and your nurse is there to help you with those special needs. If you need help understanding the written materials, or need interpretation services, call Customer Service at (888) 327-0671. Please note, if a provider speaks a language besides English, it is listed by their name in the Provider Directory.

If you are deaf, hard of hearing or have speech problems and you can access a TTY line, the number is (800) 356-3232. If you cannot access a TTY line, call 711 and Michigan Relay will assist you. Both lines are available 24 hours a day.

Member materials are available in other languages and formats, if needed. Please call Customer Service at (888) 327-0671 to request copies.

Childrens Special Health Care Services (CSHCS)

Children who qualify for CSHCS can now get the care they need as McLaren Health Plan members. McLaren Health Plan works closely with local health departments, PCPs, and specialists to provide full service care and access to community resources, case management, transportation, doctor visits and many more services. Please call Customer Service to find out more at (888) 327-0671.

Services Covered by Medicaid (not McLaren Health Plan)

Here is a list of medical services that McLaren Health Plan **will not** pay for, but they are still covered because you qualify for Medicaid. Use your plastic Medicaid ID card for these services. If you have any questions, talk to your caseworker about these services.

- Care for Developmental Disabilities (provided through Community Mental Health or school district)
- Custodial Care in a Nursing Home
- Dental Care*
- Home and Community Based Waiver Program Care
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility), after 45 days
- Inpatient Psychiatric Care
- Maternal Infant Health Program Services
- Mental Health Care, Over 20 Outpatient Visits Each Calendar Year
- Pharmacy and Related Services Prescribed by Providers Under the State's Contract for Specialty Behavioral Services or the State's Contract for Specialty Services for Persons with Developmental Disabilities
- Outpatient Partial Hospital Psychiatric Care
- Personal Care or Home Help
- Rides for Care Not Covered by McLaren Health Plan, but covered by Medicaid
- Services Given by a School District
- Substance Abuse Treatment**
- Mental Health Services According to Guidelines under Policy for Serious Mental Illness/Severe Emotional Disturbance
- Traumatic Brain Injury Program Service

*Medicaid covers some dental care. Call Customer Service at (888) 327-0671 for help in finding a dentist.

**Drug and Alcohol Abuse Care: If you think that you or a covered family member may need this type of care, speak with your PCP. Some warning signs can be drinking alcohol every day, using illegal drugs, or being unable to stop either one by yourself.

Medicaid covers substance abuse care, including:

- Screening and Exam
- Detoxification
- Intensive Outpatient Counseling and Other Outpatient Services
- Methadone
- Residential Services

Call Customer Service at (888) 327-0671 and they can give you a number to call for help.

Services NOT Covered by McLaren Health Plan or Medicaid:

- Abortions or Cosmetic Surgery by Choice
- Try Out Drugs, Tests, or Equipment
- Unneeded Care
- Care That Needed a Referral but Didn't Have a Referral
- Treatment for Infertility

Services Covered by McLaren Health Plan

- Ambulance when Necessary
- Blood Lead Tests and Follow-Up
- Certified Nurse Midwife
- Certified Pediatric & Family Nurse Practitioner Services
- Chiropractic Services (up to 18 visits per calendar year, additional visits require prior authorization)
- Diagnostic Services (lab, X-ray, other imaging)
- Durable Medical Equipment and Supplies
- Emergency Services, Including Transportation
- End Stage Renal Disease Services
- Family Planning
- Health Education
- Hearing and Speech
 - **Hearing Aids*
- Home Health Services
- Hospice Services
- Immunizations (shots)
- Inpatient Hospital Services
- Medically Necessary Weight Reduction
- Mental Health Care (Up to 20 outpatient visits per calendar year)
- Office Visits to Your Doctor
- Orthotic Services
- Out of State Services, When Authorized
- Outpatient Hospital Services (especially pregnancy related and well child visits)
- Parenting and Birthing Classes
- Pharmacy Services
- Podiatry
- Prosthetic Services
- Sexually Transmitted Disease (STD) Treatment
- Intermittent or Short-Term Restorative or Rehabilitative Services (in a Nursing Facility), up to 45 days; Restorative or Rehabilitative Services (in a place other than a nursing facility)
- Specialist Visits with Referrals
- Therapy (speech, language, physical and occupational) Services
- Tobacco Cessation Treatment
- Transplant Services
- Transportation
- Vision Services
- Well Child Visits Under Age 2

****These services are not covered for members age 21 and older. These services are covered benefits for children under the age of 21.***

You can call Customer Service at (888) 327-0671 if you have any questions about the above services. If you do not understand the limits, or if you are told something is not covered, please call Customer Service for more information.

Most Often Asked Questions about Covered Services

Customer Service can help you with most of your questions. The Customer Service representatives know all about McLaren Health Plan. They can help you connect with your PCP. They can connect you with your McLaren Health Plan nurse if you have questions about your medical care. Customer Service can be reached at (888) 327-0671.

We have listed some questions that many people call about. Please see the list below to help you understand your health care services. Remember, if you are told a service is not a covered benefit, call Customer Service to verify.

Doctor Services: What's covered?

- Office Visits
- Routine Physicals
- Routine Immunizations (shots)
- Healthy Baby Care/Healthy Child Care (Well Child visits)

If your doctor has a question regarding your benefits, have him/her call Customer Service at (888) 327-0671.

Durable Medical Equipment and Supplies

When needed, McLaren Health Plan covers durable medical equipment (equipment that can be used for a long time) and medical supplies (supplies that cannot be re-used). Your doctor will give you a referral for these services.

Emergency and Urgent Care

Emergency care is when something bad happens that causes you to need medical care right away. When you have an emergency, or if your health is in danger, if you do not see a doctor at once, **call 911 or go to the nearest hospital.**

Some examples of emergencies are:

- Bad Burns or a Bad Cut
- Bad Car Accident
- Bleeding That Won't Stop
- Broken Bones
- Choking
- Gunshot Wound
- Heart Attack
- Poisoning
- Trouble Breathing

You can call your PCP if you are unsure of an emergency.

Child and Adolescent Health Centers and Programs (CAHCP), Rural Health Clinics (RHCs) and Tribal Health Centers

CAHCP, RHC, or Tribal Health Center services are covered for members without a referral. McLaren Health Plan will pay for the covered services you get from these programs. You will need to let the center know that your child has McLaren Health Plan.

Eye Care Includes:

- One Eye Exam Every **24** Months
- One Pair of Glasses Every **24** Months
- A Large Choice of Frames

You can go to a McLaren Health Plan eye care center without a referral from your PCP. If you are a diabetic, you can go to an In-Network eye professional every year without a referral.

You can find a list of McLaren Health Plan In-Network eye care centers in the McLaren Health Plan Provider Directory at McLarenHealthPlan.org or you can call Customer Service at (888) 327-0671.

Family Planning Services

Family Planning means helping you not get pregnant until you want to get pregnant. You do not need a referral for Family Planning. You can get Family Planning at your doctor's office, at the health department, or another family planning place. You can get advice, exams, and supplies. Family Planning does not include abortions.

Federally Qualified Health Clinic (FOHC) Services

FQHC services are contracted and available to all McLaren Health Plan members. The specific listing of FQHC services is found in the McLaren Health Plan Provider Directory.

Health Education

McLaren Health Plan has a lot of books and classes to help you stay healthy. We can help you learn more about Family Planning, how to stop smoking, new parenting, breast feeding, CPR, weight loss, first aid, babysitting, asthma, diabetes, and more. We have books about Alcoholics and Narcotics Anonymous for any member who asks. Call Customer Service at (888) 327-0671.

Hospice

Hospice care is covered for members who are dying. Your PCP can help you get hospice services or call Customer Service at (888) 327-0671.

Hospital Care

Inpatient hospital care means that you have to stay in the hospital overnight or longer. Outpatient hospital care is when you go to the hospital for a test or surgery but do not stay overnight. Your PCP will contact McLaren Health Plan about all inpatient hospital care, except for a real emergency. You need a referral from your PCP for all outpatient hospital care.

Lab, X-ray and Other Tests

McLaren Health Plan covers many labs, X-rays, and other tests. You will need a referral from your doctor for some of the testing. Call Customer Service at (888) 327-0671 if you have questions.

Other Services

These services are covered when medically necessary:

- Ambulance
- Emergency and Urgent Care
- Home Health Care
- Outpatient Mental Health Services, up to 20 visits a year*
- Physical Therapy
- Transportation
- Vision and Hearing Services**

*McLaren Health Plan pays for up to 20 visits for Outpatient Mental Health Services. You are not required to have a referral from your PCP for these visits. However, sometimes the mental health practitioner wants a referral number. Your regular Medicaid card may cover you for additional mental health services. Please call Customer Service at (888) 327-0671 or your PCP to help you set up visits to see these providers.

**For members 21 and older: Hearing aids are not covered.

Out of Area Care

If you go out of state or outside of the county that you live in, McLaren Health Plan will cover **emergency care**. If you have an emergency, go to the nearest hospital. All other out-of-area care needs a referral from your PCP.

Pregnancy

If you think you might be pregnant, call your PCP right away. Once your PCP is sure you are pregnant, you will have a private talk about your health. Your PCP can help you find a specialist, or call Customer Service at (888) 327-0671 and ask for “your nurse.” McLaren Health Plan has a program called “Early Care Healthy Families.” This program has a lot of information for you. We want to talk with you!

There also is a program called “Maternal Infant Health Program.” This is a program for women who may need extra help when they are pregnant. These are special people trained to help you understand what is happening to you and they can help you get supplies that you may need. Your PCP can get you into this program, or call Customer Service at (888) 327-0671 and ask for “your nurse.”

After your baby is born, you must call your caseworker to sign up your newborn in the Medicaid program. After you call your caseworker, you should also call McLaren Health Plan with your baby’s name and ID number. After the baby is registered with McLaren Health Plan, you will get a new McLaren Health Plan ID card for your baby.

Transportation

McLaren Health Plan must provide emergency and non-emergency medically necessary transportation for you to get medical care.

- If you have a medical emergency call 911
- If you need non-emergency, medically necessary transportation, call Customer Service at (888) 327-0671 for information about McLaren Health Plan's transportation guidelines

If you do not have a way to get to and from the doctor or you do not have a way to get to treatment that is covered by McLaren Health Plan, you can get help with rides. Some of the time you need a referral from your PCP. We need time to set up your ride and some important information from you to be able to get you a ride. If transportation is needed outside of your county, there is a special review process. It is also important to remember that if you cancel your appointment, you need to call McLaren Health Plan to cancel your transportation.

Some services are covered by Medicaid fee for service, not by McLaren Health Plan. These services include dental, substance abuse, and some mental health services. If you live in Wayne, Oakland or Macomb County and need a ride to those services, call Logisticare at (866) 569-1902. They are open Monday through Friday from 8:00 a.m. to 5:00 p.m. If you live in any other county, you should contact your local DHS office for help with a ride.

Well Child Care (EPSDT)

McLaren Health Plan doctors will help your kids stay healthy by giving them regular checkups and shots to keep them from getting bad diseases. Your PCP will let you know when you need to bring your kids in for these checkups and shots. Remember, **kids need six visits by age 2!** Well Child checkups are important because they can find health and learning problems early and help stop some problems from happening. At every well child checkup, the PCP should ask you about your child's growth and development. Services are available until the child reaches the age of 21. Call your PCP for an appointment.

Lead screening is a very important test that should be included with well visits for all children. The screening should occur at 12 months and 24 months of age. Your child is at risk for lead poisoning for many reasons. **Ordinary dust and dirt contains lead.** Children who put their fingers, toys, or anything else in their mouths can get poisoned. Lead in your child's blood can cause health and behavioral problems. Growing bodies absorb lead more easily. Get a lead screening. **All children should be screened by age 2,** but it is never too late to check for lead poisoning.

A simple finger stick test can screen your child's blood. Ask your doctor about this test or call Customer Service at (888) 327-0671. We can help you get the test at your PCP's office.

When You Need a Medication

Sometimes, your doctor feels that you need medication. We have a list of medications that work well for you. The list is called a Drug Formulary. There are many medications on McLaren Health Plan's Drug Formulary. However, sometimes the medication your doctor thinks is the best treatment for you is not on the Drug Formulary.

We have a way to get those medications for you. Your doctor can fill out a prior-authorization request form for McLaren Health Plan to review. McLaren Health Plan will tell your doctor if the medication request has been approved. Sometimes, McLaren Health Plan will give your doctor another choice of medication.

It is important for you to know that McLaren Health Plan has worked hard to provide a Drug Formulary that will meet your needs. Your doctor knows about the Drug Formulary. To get medications fast, ask your doctor to use the McLaren Health Plan Drug Formulary.

Some medications that you may need are covered by McLaren Health Plan and some are covered by Medicaid. Medications covered by McLaren Health Plan do not have a copayment. Remember to take your McLaren Health Plan ID card and your Medicaid ID card with you to the Pharmacy. If you have any questions, call Customer Service at (888) 327-0671.

We have included in your new member materials a QUICK CHECK LIST for the most frequently used medications. Always take this with you when seeking medical care. If you have to go to urgent care, the emergency room, a hospital, or to see a specialist, take your QUICK CHECK LIST with you. This will make it easier for the doctors treating you to know what medications are most frequently used and are easily covered by McLaren Health Plan.

Remember, McLaren Health Plan covers medications. If you have a prescription that you are trying to fill and you are told it is not covered by the pharmacy, call your PCP or Customer Service at (888) 327-0671. Most likely it is a medication that is not on the Drug Formulary. Most medications that are not on the Drug Formulary have suitable alternatives. We can help you.

When you need a medication:

- Make sure the doctor giving you the prescription knows about the Drug Formulary
- Show your QUICK CHECK LIST if they do not know about the Drug Formulary
- If you are told a medication is not covered, call your PCP or Customer Service at (888) 327-0671.

Women's Routine and Preventive Health Services

McLaren Health Plan pays for annual physicals and cancer screenings. All women should have physicals and pap tests every year. Along with the pap test, a screening for Chlamydia should be performed. Women age 50 and older also need a mammogram annually. Call your PCP to schedule these important tests. If you have any questions, call Customer Service at (888) 327-0671.

Member Complaint/Grievance Procedure

A complaint/grievance is something you are unhappy with. You can call or write to McLaren Health Plan when you have a problem. We would like to hear what you think so we can make our services better. We want to know if you have a complaint about a doctor's office. You can tell us if you think the office was not clean or safe. You can also tell us if there was not enough space in the waiting room or the exam room. In this case, Customer Service will help you.

To report a grievance, call Customer Service at (888) 327-0671. They will help you fill out a form to begin looking into the problem.

McLaren Health Plan has a process for complaints/grievances. A special person handles the complaints/grievances. We will get back to you within 30 calendar days, except if waiting that long would hurt your health. In those cases, we will get back to you within 3 calendar days.

Member Appeals Procedure

If McLaren Health Plan has decided to deny, terminate, or reduce any covered service, you can file an appeal. You can call or write to McLaren Health Plan when you want to appeal a denial by calling Customer Service at (888) 327-0671. If needed, Customer Service can help you file an appeal. A special committee will discuss your problem. You also have the right to go to a hearing if you wish (see Fair Hearing Process).

If you want to request an appeal with McLaren Health Plan's Appeals Committee, you or your authorized representative must send your request **in writing within 90 calendar days** of McLaren Health Plan's answer to your complaint or denial of services. If you choose to have an authorized representative request an appeal for you, you must sign an authorized representative form. The authorized representative form is on our website at McLarenHealthPlan.org or you can get one by calling Customer Service at (888) 327-0671. McLaren Health Plan cannot start the appeals process until we receive your signed authorized representative form.

You have the right to submit written comments, documents, or other information relevant to the appeal with your appeal request.

Once McLaren Health Plan receives your appeal request, we will send you a letter within 5 calendar days telling you that we received your appeal. The letter will also tell you about the appeals process and the time and location of the appeal meeting. You or your authorized representative will be given the opportunity to speak before the committee in person or by telephone.

If your appeal request is about a denial for medical services, McLaren Health Plan will make sure that a Physician Advisor who was not involved in the denial reviews the appeal case.

McLaren Health Plan will also make sure that the Physician Advisor that reviews the appeal case has the appropriate clinical expertise.

McLaren Health Plan has 30 calendar days to complete the process regarding your concern. McLaren Health Plan may use a 10 business day extension only when we have not received requested additional information from a health care facility or doctor and the extension helps the member or if the member requests the extension.

When McLaren Health Plan makes a decision subject to appeal, McLaren Health Plan will provide a written adverse action notice to you and the requesting provider, if applicable. Adverse action notices for the suspension, reduction, or termination of services must be made at least 12 days prior to the change in services. McLaren Health Plan will continue your benefits if all the following conditions apply:

- The appeal is filed timely, meaning on or before the later of the following:
 - Within 10 days of McLaren Health Plan's mailing the notice of action
 - The intended effective date of McLaren Health Plan's proposed action
- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment
- The services were ordered by an authorized provider
- The authorization period has not expired
- You request an extension of benefits

If McLaren Health Plan continues or reinstates your benefits while the appeal is pending, the benefits will be continued until one of the following occurs:

- You withdraw the appeal
- You do not request a fair hearing within 10 days from when McLaren Health Plan mails an adverse action notice
- A State Fair Hearing decision adverse to you is made
- The authorization expires or authorization service limits are met

If McLaren Health Plan reverses the adverse action decision or the decision is reversed by a State Fair Hearing, McLaren Health Plan will pay for services provided while the appeal was pending and authorize or provide the disputed services promptly, and as expeditiously as your health condition requires.

Expedited Appeal

An expedited appeal can be requested if your doctor believes that the normal appeal timeframes would seriously harm your health or life. An expedited appeal request should be made by calling Customer Service at (888) 327-0671. McLaren Health Plan will tell you and your doctor our decision of your expedited appeal within 72 hours and send you written notice within 2 calendar days. You may request a 10 day extension of an expedited appeal, once you request an extension, McLaren Health Plan may deny the request for an expedited appeal and move the appeal to the 30 day timeframe.

You will receive a written notice from McLaren Health Plan within 3 calendar days of the appeal meeting. The written notice will tell you McLaren Health Plan's decision and the benefit and medical necessity information that was used in making the decision. If your appeal was approved, you will be given information on how to get your benefits.

If, after your appeal, you are still unhappy with the decision that McLaren Health Plan has made about your grievance, you can ask for an external appeal. You must do this within 60 calendar days of receiving our appeal decision. Call Customer Service to get the form you need or call the Department of Insurance and Financial Service at (877) 999-6442.

Fair Hearing Process

You may also file a complaint directly with the Michigan Administrative Hearing System (MAHS) for the Michigan Department of Community Health (MDCH). You must file your complaint with MAHS within 90 days of your denial from McLaren Health Plan.

You do not have to file a complaint with McLaren Health Plan Customer Service before you contact MAHS. Listed below are the steps for MAHS's Medicaid fair hearing process.

Fair Hearing Process

Step 1: Call (877) 833-0870 or email the MAHS at administrativetribunal@michigan.gov to have a hearing request (complaint) form sent to you. You may also call to ask questions about the hearing process.

Step 2: Fill out the request (complaint form) and return it to the address listed on the form.

Step 3: You will be sent a letter telling you when and where your hearing will be held.

Step 4: The results will be mailed to you after the hearing is held. If your complaint is taken care of before your hearing date, you must call to ask for a hearing request withdrawal form. You can call (877) 833-0870 or email MAHS at administrativetribunal@michigan.gov to request that form.

For Your Information

New Medical Care

McLaren Health Plan knows that new medical care options become available. To do our best for our members, we have a process to look at these options to decide if McLaren Health Plan covers the new care. This includes such care as procedures, medications, and devices. This process includes reviewing all of the medical information.

A special committee does the review. This committee considers many things such as:

- Is the care safe?
- Is the care approved by the FDA?
- Is it covered by Medicaid?
- Is there a more cost effective option?

The committee then makes a decision if the new care is covered. If you or your PCP has a question about any new medical care that becomes available, please call Medical Management at (888) 327-0671.

Website

McLaren Health Plan has a website. It is McLarenHealthPlan.org. It is updated all the time. There are a lot of things on the website. You can see the Certificate of Coverage, which tells about covered services. You can see the Provider Directory, which lists our hospitals and doctors. You can also see Clinical Practice Guidelines, which are standards of care for physicians to follow. You can get a printed copy of anything on the website. To get a copy call Customer Service at (888) 327-0671.

If You Receive a Bill

You should not be asked to pay for any authorized covered services. As a McLaren Health Plan member, you do not have a copayment for any covered services. If you receive a bill for an authorized covered service, call Customer Service at (888) 327-0671.

When Your Family Size Changes

Any time your family size changes, call Department of Human Services (DHS). You may want to make sure all family members who can be covered are included. You can call Customer Service at (888) 327-0671 if you need help.

Women, Infant, and Children (WIC) Good Food Program

“WIC” stands for Women, Infants, and Children. WIC is a food program. WIC may give milk, cheese, eggs, cereal, juice, peanut butter, and dry beans to women and children. Babies may get baby formula, cereal, and juice. WIC also has classes in healthy eating and smart food shopping.

You or your kids may be able to get WIC if you are pregnant or breast feeding, recently had a baby, have children from newborn to age 5 and:

- Are also on Medicaid or food stamps
- Live in Michigan
- The Health Department thinks you need good food

WIC is free and can help you and your kids stay healthy. Please call (800) 262-4784 to get the phone number of the WIC clinic near you or call Customer Service at (888) 327-0671 for assistance.

Physician Payments and Incentives

You may ask how we pay our doctors, especially if you think it changes how your doctor treats you. Call McLaren Health Plan Customer Service if you have any questions. McLaren Health Plan makes decisions about the use of medical services based on if they are appropriate and a covered benefit. No one at McLaren Health Plan, the doctors, or any employee is rewarded for making the decisions to not give you care. We want you to get all the care you need.

There are no incentives for anyone at McLaren Health Plan to deny you care. This is an important message. If you have any questions about this, call Customer Service at (888) 327-0671.

Beneficiary Monitoring Program (BMP)

BMP is a program that reviews the use of Medicaid Services. We look at certain types of Medicaid services to assess appropriate use. We look to see if the services are needed for your medical condition. We also provide education on the correct way to use Medicaid services.

You may be placed in BMP if any of the following are not needed for your medical condition:

- Too many emergency department visits
- Going to too many physicians
- Filling too many prescriptions
- Fraud

If you have any questions about BMP, call Customer Service at (888) 327-0671.

Fraud, Waste and Abuse: What You Should Know

Fraud is when members give wrong information to their doctor on purpose. Another example of fraud is when a member lets someone else use their identification card. Abuse is when something is done that causes unnecessary cost to McLaren Health Plan. Waste is asking for services or medications that are not needed and result in extra costs, such as when you have a cold and want your doctor to prescribe an antibiotic.

Health care providers can also commit fraud. Examples are doctors who provide services or prescribe drugs that are not necessary or send out bills for services that they did not provide.

If you think another person or medical provider might be committing fraud or abuse, call McLaren Health Plan's Fraud and Abuse line at (866) 866-2135, email McLaren Health Plan at MHPFraudPrevention@mcclaren.org, write to McLaren Health Plan, P.O. Box 1511, Flint, MI 48501, or contact the State of Michigan at:

Office of Inspector General
P.O. Box 30062
Lansing, MI 48909
By phone at (855) MI-FRAUD (643-7283)
Or online at www.michigan.gov/fraud

If you don't want to give your name, you don't have to.

Service Area

McLaren Health Plan has an area in which we provide services. This area is approved by the State of Michigan. You may get information about our service area from Customer Service.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding the Type of Information We Have. We get information about you when you enroll in our health plan which is referred to as **Protected Health Information** or **PHI**. It includes your date of birth, gender, ID number, and other personal information. We also get bills and reports from your doctor and other data about your medical care which are also PHI.

Our Privacy Commitment To You. We care about your privacy. The PHI we use or disclose is private. We are required to give you this Notice of Privacy Practices and describe how your PHI may be used and disclosed. Only people who have both the need and the legal right may see your PHI. Many uses and disclosures require your permission or authorization. For example, most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing purposes and disclosure that constitute a sale of PHI require your authorization. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with your permission or authorization.

Uses and Disclosures That Usually Do Not Require Your Authorization:

- **Treatment.** We may disclose medical information about you to coordinate your health care. For example, we may notify your doctor about care you get in an emergency room.
- **Payment.** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask an emergency room for details before we pay the bill for your care.
- **Health Care Operations.** We may need to use and disclose information for our health care operations. For example, we may use information for enrollment purposes or to review the quality of care you get.
- **As Required by Law.** We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas, or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety, or in other kinds of emergencies.

With Your Permission. In most cases, if you give us permission in writing, we may use and disclose your personal information to the extent you have given us authorization. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission. **Note:** We are prohibited from and will not use your genetic information for underwriting purposes even with your permission or authorization.

Your Privacy Rights

You have the following rights regarding your PHI that we maintain.

Your Right to Inspect and Copy. In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.

Your Right to Amend. You may ask us to change your records that are in our possession if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures. You have the right to ask for a list of disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was disclosed with your authorization. **Your Right to Request Restrictions on Our Use or Disclosure of your PHI.** You have the right to ask for limits on how your PHI is used or disclosed. We are not required to agree to such requests.

Your Right to Receive Notification of a Breach. If our actions result in a breach of your unsecured PHI we will notify you of that breach.

Your Right to Request Confidential Communications. You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send you information at your work address instead of your home address.

Genetic Information. Genetic information is health information. We are prohibited from and do not use or disclose your genetic information for underwriting purposes.

Who to Contact. To exercise any of your rights, to obtain additional copies of this Notice or if you have any questions about this Notice please write to:

McLaren Health Plan
Attn: Privacy Officer
P.O. Box 1511
Flint, MI 48501-1511

Additional Information:

Find the Notice on Our Website: You can also view this Notice of Privacy Practices on our website at www.McLarenHealthPlan.org.

Changes to this Notice. We reserve the right to revise this Notice. A revised Notice will be effective for PHI we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever Notice is currently in effect. Any changes to our Notice will be published on our website at www.McLarenHealthPlan.org.

