

Health, Wellness and You

September 2022



 **McLaren**
HEALTH PLAN

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MEDICARE

“Health, Wellness and You” is the member newsletter for McLaren Health Plan Inc. Medicaid, Healthy Michigan, Individual and Community members, collectively referred to as “members.” It is published twice per year by McLaren Health Plan Inc., which shall be referred to as “MHP” throughout this newsletter.

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Customer Service

Monday through Friday, 9 a.m. to 6 p.m.
888-327-0671 (TTY: 711)
Fax: 833-540-8648

We want to answer your questions and help you get the care you deserve. Please call Customer Service if you have questions about the content of this newsletter, need a printed copy of anything on our website or need verbal help with the provider directory. We’ve recently updated member handbooks and would be happy to send you a printed copy upon request. We have free interpretation and translation services available. Call 711 to access the TTY line if you are deaf, hard of hearing or have speech problems. Michigan Relay will assist you. This service is available 24 hours a day. Call us if you have special vision needs. We also have self-management tools that could help. We are interested in learning if these tools meet your needs. Call us and let us know if you have used them and if they have helped you.

Online

www.McLarenHealthPlan.org

Click on Contact Us in the Featured Links section on the homepage.

Our website contains the most up-to-date information about COVID-19. It also includes useful member information, such as our Privacy Notice; provider directories; Rights and Responsibilities statement; healthy reminders; services covered by McLaren Health Plan; what to do when you need a medication; information about our quality programs; our Clinical Practice Guidelines and much more.

McLaren CONNECT is our member portal and has recently been updated. Once you register, you can check your coverage and benefits, review claims, view and print ID cards, search the provider directory and more. The portal is easy to use. The Quick Links tab allows for easy access to Frequently Asked Questions, how to change your PCP, make payments and contact Customer Service. To register or log on, go to mclarenhealthplan.org and click on McLaren CONNECT in the upper left corner.

Mail

McLaren Health Plan
G-3245 Beecher Road
Flint, MI 48532

Note: Our lobby is closed due to the COVID-19 pandemic. If you need to make a payment, please mail it to the appropriate lockbox listed below:

MCLAREN HEALTH ADVANTAGE

P.O. Box 771981
Detroit, MI 48277-1981

MCLAREN HEALTH PLAN

P.O. Box 771982
Detroit, MI 48277-1982

MCLAREN HEALTH PLAN COMMUNITY

P.O. Box 771983
Detroit, MI 48277-1983

Member Handbooks

Your McLaren Health Plan member handbook is available on our website. Go to McLarenHealthPlan.org, click on Are You a Member?, choose your plan, click on Member Materials, then your handbook. The handbooks are updated annually and include benefit details about your plan. For a complete list of your covered benefits and exclusions from coverage, please refer to your Certificate of Coverage and any applicable riders. Call Customer Service if you would like a printed copy of any of your member materials.

Address Update

Medicaid beneficiaries: Please report any change in phone number, email or address to the Michigan Department of Health and Human Services (MDHHS). You can do this by going to www.newmibridges.michigan.gov. You will need to create an account if you don’t have one by choosing Register. Please report changes in both the Profile section and the Report Changes section. Your local office will use the Report Changes area to update your address for your case.

All other McLaren Health Plan members: Please report any changes in phone number, email or address to Customer Service by calling 888-327-0671 (TTY: 711).

FROM NANCY JENKINS

President and CEO of McLaren Health Plan

At one of our member appreciation days this summer, a McLaren Health Plan outreach team member struck up a conversation with a worried mom. She had a special needs child and was struggling financially and emotionally. I'll never forget what our outreach team member said to this mom: "Don't worry, we got you." She then proceeded to tell the mom how she was going to help her find the right services for her child and get her the support she needed as the sole primary caretaker. She took the mom's phone number and promised to follow up the next business day. And she did.

That's a perfect example of what makes McLaren Health Plan different. It's important to know you can count on our team to do more than pay your claims or order you a new ID card. Need help to find affordable housing? Job skills training? We can put you in touch with programs and services in your area.

Do you have more than one chronic disease that makes it difficult to coordinate care among your doctors? We can help with that, too.

The National Committee for Quality Assurance (NCQA)* recently awarded McLaren Health Plan its Multicultural Health Care Distinction.* Multicultural Health Care recognizes organizations that lead the market in providing culturally and linguistically sensitive services and work to reduce health care disparities.

"The prevalence of racial and ethnic disparities has been a barrier to improving the quality of health care of many Americans for too long," said NCQA President Margaret E. O'Kane. "Organizations achieving Multicultural Health Care Distinction are leaders in closing this gap and NCQA commends them for their dedication."

What this means to you is our team is dedicated to helping you in the most appropriate way. We can get you materials in alternate languages or have an



interpreter come to your doctor visit. It's all part of what makes us different, in a good way. We got you.

Be well,
Nancy

**NCQA awards distinction to organizations that meet or exceed its rigorous requirements for multicultural health care. NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care. NCQA's website (www.ncqa.org) contains information to help consumers, employers and others make more-informed health care choices. NCQA can be found online at www.ncqa.org, on Twitter at @ncqa, on Facebook at facebook.com/NCQA.org and on LinkedIn at linkedin.com/company/ncqa.*

COMMUNITY PARTNERSHIPS HELP MEMBERS ACCESS HEALTHY FOODS AND MORE

McLaren Health Plan partnered with farmers markets throughout the state and wow! — it's been an exciting summer, with more to come this fall!

"Our goal is to help our members — and the community at large — learn about the wonderful programs and services available through local farmers markets," said Tasha Oliver, director of Medicaid Services at McLaren Health Plan.

Partnering markets include those in Mt. Pleasant, Boyne City, Frankenmuth, Davison, St. Louis, Lapeer and Lansing. While farmers markets are best known for providing fresh fruits and vegetables, many also have free cooking classes and other programs and services. Most participate in the "Double Up Bucks" program where eligible people can get twice the amount of fruits and vegetables when using their WIC and SNAP benefits as payment. McLaren Health Plan partnered with markets to help bring awareness of how eating fresh produce can help with overall good health.

In Lansing, the McLaren Health Plan partnership goes even further at the Allen Neighborhood Center, a nonprofit organization that brings health-related programs and services

to an underserved area. There's a clinic offering health education and outreach, suburban growing initiatives and an incubator kitchen for entry-level food entrepreneurs.

Every Monday from 8:30 a.m. to 1 p.m., the center hosts a food pantry called the Breadbasket, offering free food to those in need. There's even affordable apartments for rent on-site!

"We fully support the programs and services the Allen Neighborhood Center provides," said Ms. Oliver. "With its goals to improve the health and well-being of participants, create a sense of belonging and community pride in a safe and sustainable neighborhood, it makes perfect sense for McLaren Health Plan to get involved."

For more information about our farmers market initiatives, go to www.mclaren.org/main/events?taxonomy=Community-Event.

For information about the Allen Neighborhood Center, go to www.allenneighborhoodcenter.org/.



Program Offers Access to Community Services



McLaren Health Plan helps connect people in need with programs and services in their area.

This free service, available at [GetHelp.McLaren.org](https://gethelp.mclaren.org), is open to all members. It's easy to use! Put in your ZIP code and we will connect you to thousands of community resources like housing support, access to healthy foods, job assistance, legal services and more.

Sometimes the worry of paying bills, making rent or not having enough food can contribute to a decrease in your overall health and well-being. We got you — help is only a click away!

You Can Still Get a COVID Vaccine or Booster

You may already have had COVID. Your symptoms may have been mild. It doesn't mean your symptoms will be mild if you get COVID again. You could suffer from a number of complications the second time around. If you haven't received the COVID vaccine, please consider doing so. It's safe. It's effective. And there's no cost to you. Go to michigan.gov/coronavirus to find a location near you. You also can find answers to important questions about the vaccine, such as:

- Why getting the vaccine is important.
- What to expect when you get the vaccine.
- Do I need a booster?
- Should I get the vaccine if I've already had COVID-19?

Medicare Advantage Plans Available

McLaren Health Plan offers Medicare Advantage plans (Part C). Medicare Advantage plans provide Medicare Part A and Part B benefits (except hospice) and include prescription drug coverage.

Please visit mclarenhealthplan.org/medicare or call 833-358-2404 for more information.

Help Available for Internet, Laptop Purchase

The Affordable Connectivity Program (ACP) is a government benefit program. It helps make sure certain households can afford the internet service they need for work, school, health care and more.

Eligible households get a discount of up to \$30 per month toward internet service. There's also a one-time discount of up to \$100 to purchase a laptop.

Who Is Eligible for the ACP?

A household is eligible if a member of the household meets at least one of the following:

- Has an income at or below 200% of the federal poverty guidelines
- Enrolled in programs like SNAP, Medicaid, federal public housing assistance, SSI, WIC or Lifeline
- Participates in Tribal-specific programs, such as Bureau of Indian Affairs General Assistance, Tribal TANF or food distribution program on Indian Reservations
- Receives free or reduced-price school breakfast or lunch
- Received a Federal Pell Grant during the current award year
- Is eligible for a participating provider's existing low-income program

Visit fcc.gov/acp for more information about the ACP.

HEALTH INSURANCE TERMS YOU SHOULD KNOW

We understand health insurance terms can be a bit confusing. Review the list below and call Customer Service at 888-327-0671 (TTY: 711) if you have any questions. (Not all terms apply to all McLaren Health Plan benefits.)

Allowed Amount — The highest amount an insurance company will cover (pay) for a service.

Benefit Period — When services are covered under your plan. It also defines the time when benefit maximums, deductibles and coinsurance limits build up. It has a start and end date. It is often one calendar year for health insurance plans.

Example: You may have a plan with a benefit period of Jan. 1 through Dec. 31 that covers 10 physical therapy visits. The 11th or more session will not be covered.

Coinsurance — A certain percent you must pay each benefit period after you have paid your deductible. This payment is for covered services only. You may still have to pay a copay.

Example: Your plan might cover 80% of your medical bill. You will have to pay the other 20%. The 20% is the coinsurance.

Coinsurance Limit (or Maximum) — The most you will pay in coinsurance costs during a benefit period.

Condition — An injury, ailment, disease, illness or disorder.

Contract — The agreement between an insurance company and the policyholder.

Copayment (Copay) — The amount you pay to a health care provider at the time you receive services. You may



have to pay a copay for each covered visit to your doctor, depending on your plan. Not all plans have a copay.

Covered Charges — Charges for covered services that a health plan paid for. There may be a limit on covered charges if you receive services from providers outside your plan's network of providers.

Covered Person — Any person covered under the plan.

Covered Service — A health care provider's service or medical supplies covered by a health plan. Benefits will be given for these services based on plan type.

Deductible — The amount you pay for your health care services before a health insurer pays. Deductibles are based on your benefit period (typically a year at a time).

Example: If your plan has a \$2,000 annual deductible, you will be expected to pay the first \$2,000 toward your health care services. After you reach \$2,000, a health insurer will cover the rest of the costs.

Dependent Coverage — Coverage for your dependents who qualify.

Emergency Medical Condition — A medical problem with sudden and severe symptoms that must be treated quickly. In an emergency, a person with no medical training and an average knowledge of health/medicine could reasonably expect the problem could:

- Put a person's health at serious risk.
- Put an unborn child's health at serious risk.
- Result in serious damage to the person's body and how his or her body works.
- Result in serious damage of a person's organ or any part of the person.

FSA (Flexible Spending Account) — An FSA is often set up through an employer plan. It lets you set aside pretax money for common medical costs and dependent care. FSA funds must be used by the end of the term year. They will be sent back to the employer if you don't use them. Check with your employer's Human Resources team. They

can provide a list of FSA-qualified costs that you can purchase directly or be reimbursed for. A few common FSA-qualified costs include:

- Copays for doctors' visits, chiropractor and psychological sessions
- Hospital fees, medical tests and services (like X-rays and screenings)
- Physical rehabilitation
- Dental and orthodontic expenses (like cleaning, fillings and braces)
- Inpatient treatment for alcohol or drug addiction

HMO (Health Maintenance Organization) — Offers health care services only with specific HMO providers. Under an HMO plan, you might have to choose a primary care doctor. This doctor will be your main health care provider. The doctor will refer you to other HMO specialists when needed.

HRA (Health Reimbursement Account) — An account that lets an employer set aside funds for health care costs. These funds go to reimburse covered services paid for by employees who take part. An HRA has tax benefits for employer and employees.

HSA (Health Savings Account) — An account that lets you save for future medical costs. Money put in the account is not subject to federal income tax when deposited. Funds can build up and be used year to year. They are not required to be spent in a single year. HSAs must be paired with certain high-deductible health insurance plans (HDHP).

Health Assessment — A health survey that measures your current health, health risks and quality of life.

Inpatient Services — Services received when admitted to a hospital and a room and board charge is made.

Institution (Institutional) — A hospital or certain other facility.

Legal Guardian — The person who takes care of a child and makes health care decisions for the child. This person is the natural parent or was made caretaker by a court of law.

Medicaid — Medicaid is a federal and state program that helps with health care costs for some people with limited income and resources.

Medical Care — Medical services received from a health care provider or facility to treat a condition.

Medically Necessary (or Medical Necessity) — Services, supplies or prescription drugs that are needed

to diagnose or treat a medical condition. Also, an insurer must decide if this care is:

- Accepted as standard practice. It can't be experimental or investigational.
- Not just for your convenience or the convenience of a provider.
- The right amount or level of service that can be given to you.

Example: Inpatient care is medically necessary if your condition can't be treated properly as an outpatient service.

Medicare — A federal program for people age 65 or older that pays for certain health care expenses.

Network Provider/In-Network Provider — A health care provider who is part of a plan's network.

Noncovered Charges — Charges for services and supplies that are not covered under the health plan.

Examples of noncovered charges may include things like acupuncture, weight loss surgery or marriage counseling. Consult your plan for more information.

Non-Network Provider/Out-of-Network Provider — A health care provider who is not part of a plan's network. Costs associated with out-of-network providers may be higher or not covered by a plan.

Outpatient Services — Services that do not need an overnight stay in a hospital. These services are often provided in a doctor's office, hospital or clinic.

Out-of-Pocket Cost — Cost you must pay. Out-of-pocket costs vary by plan and each plan has a maximum out-of-pocket (MOOP) cost.

PPO (Preferred Provider Organization) — A type of insurance plan that offers more extensive coverage for the services of health care providers who are part of the plan's network but still offers some coverage for providers who are not part of the plan's network. PPO plans generally offer more flexibility than HMO plans, but premiums tend to be higher.

Prescription Drug — Any medicine that may not be given without a prescription because of federal or state law.

Premium — Payments you make to your insurance provider to keep your coverage. The payments are due at certain times.

Provider (Health Care Provider) — A hospital, facility, physician or other licensed health care professional.

Urgent Care Provider — A provider of services for health problems that need medical help right away but are not emergency medical conditions.



McLarenNow Virtual Visits Make It Easy to See a Doctor

Virtual visits with a board-certified doctors are just a click away with McLarenNow. You can use your smartphone, tablet or computer with a webcam anytime, anywhere. McLarenNow virtual visits are great for your kids and are available for urgent care situations such as:

- Allergies
- Minor cuts or burns
- Sinus problems
- Vomiting or diarrhea
- Back strain
- Coughs or colds
- Pink eye
- Sore throat
- Ear pain
- Bronchitis
- Rashes
- Insect bites or stings

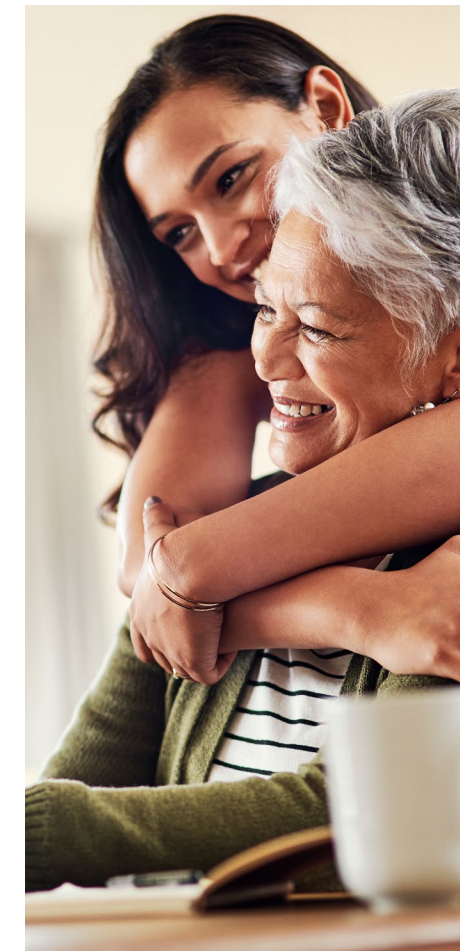
You do not have to be a McLaren Health Plan member to use McLarenNow. Anyone can use it. It's available in all 50 states.



Text Reminders Help!

Do you get texts from your barber or nail technician reminding you of your scheduled appointment? It's helpful, isn't it?

Texting has become a quick and easy way to communicate with each other. Doctors and dentists text reminders about appointments. McLaren Health Plan may text you from time to time. If you've given us your mobile phone number, we may text you to remind you it's time for your annual checkup. We may text you to tell you about flu shot clinics in your area or about a free food giveaway we're hosting. You can tell us you don't want us to text you at any time. Simply reply STOP and we won't text you anymore, it's your choice.



Telehealth — Changing Health Care



Telehealth, or virtual visits, are a great way for you or your family members to be seen by a doctor or specialist for services like well visits, sick visits, check-ups, or other routine care. It's convenient and done from the privacy of your own home. Many offices offer telehealth through phone calls or video calls from your cell phone or home computer.

During the COVID-19 pandemic offices had to find alternatives to in-person office visits and the usage of telehealth has allowed providers to continue providing care. You can use telehealth services for services listed above as well as behavioral health services. Telehealth is a covered benefit for you.

Child and Adolescent Well-Visits

A well-visit is a doctor appointment when your child isn't sick. These visits are important, they evaluate children's growth and development while keeping children healthy. Having appointments regularly help your doctor pick up early signs of possible problems. These visits are so important to your child's health that McLaren Health Plan pays for them at no cost to you. Babies should have six well-child visits before they are 15 months old and 8 visits before they are 30 months old. Children age 2 and older should go to the doctor every year.

Developmental screening takes a closer look at how your child is growing and learning. Your child will get a brief test, or you will fill out a form with questions about

your child. The doctor will talk to you about your child's language, movement, thinking, behavior and emotions. This happens around the 9-, 18-, 24- or 30-month visit, but may happen more often.

Children develop in their own way. If you are concerned about how your child is growing and learning, don't worry, but don't wait. Call your child's doctor to talk about your concerns.

For more information about developmental screenings, call (800) CDC-INFO (232-4636) or visit [CDC's Developmental Milestones](#). The CDC has a free Milestone Tracker mobile app you can download and use to track your child's milestones from age 2 months to 5 years.

Your Kids Need Shots

If your children are still catching up on missed shots, your doctor can use a catch-up schedule from the CDC to get them back on track. Go to www.cdc.gov/vaccines/schedules if you need a copy to take to your child's doctor. The CDC recommends COVID-19 vaccines for everyone 6 months and older and boosters for everyone 5 years and older, if eligible. Use the CDC's [COVID-19 booster tool](#) to learn if and when your child or teen can get boosters to stay up to date with their COVID-19 vaccines.

Children 4 to 6 years old are due for these boosters:

- DTaP
- Chickenpox
- MMR — measles, mumps and rubella
- Polio

The CDC recommends all preteens and teens get a flu shot every year. Preteens also should get:

- **HPV vaccine** to protect against HPV infections that can cause cancer later in life.
- **DTaP booster** to help protect from diphtheria, tetanus and pertussis; also called whooping cough.
- **Meningococcal conjugate vaccine** to protect against meningitis and bloodstream infections, which can be very serious or even fatal.

Children also should be tested for lead poisoning at 12 months and 24 months of age. Lead is

commonly found in soil and in paint produced before 1978. Lead poisoning can cause health and behavioral problems. Some symptoms of high lead levels are:

- Irritability
- Slow reflexes
- Diarrhea
- Poor appetite
- Constipation
- Weight loss

If your children have not been tested at 12 or 24 months of age, it is not too late. They can be tested at any age. Ask your doctor to test your children. It is a simple finger stick and it's free. Call your doctor or MHP Customer Service at 888-327-0671 (TTY: 711) for more information.

It's Flu Shot Time

The CDC recommends everyone age 6 months and older get a flu shot. A flu shot is especially important for people who are at high risk of developing serious flu complications:

- People age 65 and older
- Anyone with asthma, diabetes or heart disease
- Pregnant women
- Children younger than 5, especially those younger than age 2

You can get a flu shot at your local pharmacy, health department or primary care doctor's office. Talk to your doctor about when to get a flu shot.

Dental Coverage — What You Need To Know

Here's a quick chart that tells you about your dental coverage as a McLaren Health Plan member.

If you don't have a dentist, call us at 888-327-0671 (TTY: 711) to talk about your options. Having healthy teeth and gums is important to your overall health. Conditions like mouth cancer and gum disease can be spotted during regular visits to your dentist and then treated. Don't wait until you're in pain to see a dentist. If you do have dental pain, call your dentist or doctor right away.



NAME OF YOUR HEALTH PLAN	WHO IS ELIGIBLE FOR DENTAL COVERAGE?	WHO PROVIDES THE COVERAGE?	WHERE DO I GET DENTAL CARE?
McLaren Health Plan (Medicaid or MICHild)	Members up to age 21	The State of Michigan	Find a participating dentist at healthykidsdental.org/
McLaren Health Plan (Medicaid)	Pregnant women	Delta Dental EPO	Find a participating dentist at Provider Locator
McLaren Health Plan (Healthy Michigan Plan)	Members age 19-64	Delta Dental EPO	Find a participating dentist at Provider Locator
McLaren Health Plan Community (Commercial/Group)	Check with your employer to see if dental coverage is offered and who is eligible	A dental carrier chosen by your employer	From a dentist affiliated with the plan chosen by your employer
McLaren Health Plan Community (Marketplace/Individual)	Must purchase separate dental plan on your own	A dental carrier chosen by you	From a participating dentist in the plan chosen by you
McLaren Health Advantage (Group, Self-funded)	Check with your employer to see if dental coverage is offered and who is eligible	Check with your employer	Check with your employer
McLaren Health Plan (Medicare supplemental)	Must purchase separate dental plan on your own	A dental carrier chosen by you	From a participating dentist in the plan chosen by you

IMPORTANT SERVICES FOR WOMEN TO MAINTAIN GOOD HEALTH



October is Breast Cancer Awareness Month. Along with this important reminder, there are other checkups and exams women need every year. If you've missed these annual services, now is the time to get back on track and schedule these services soon!

Mammogram. A mammogram is an X-ray picture of the breast. It is used to check for breast cancer in women who have no signs or symptoms of the disease. This type of mammogram is called a screening mammogram. The X-ray images often make it possible to detect tumors that cannot be felt. They also can find tiny deposits of calcium that sometimes indicate the presence of breast cancer.

Screening mammograms are covered by McLaren Health Plan. Early detection means that treatment can be started earlier during the disease, if needed.

Regular, high-quality screening mammograms and clinical breast exams are the most sensitive ways to screen for breast cancer and can help reduce the number of deaths from breast cancer among women ages 40 to 74, especially for those over age 50.

Annual exam. An annual exam with your primary care physician provides you with an opportunity to ask questions about your health. Some diseases may not have any symptoms, so you may have health problems you don't know about. Talking to your doctor gives both of you the chance to ask questions about your overall well-being.

When you have your checkup or physical, here are a few things your doctor may do:

- A complete medical history, which includes questions about your family health history and previous illnesses
- Check on how well your body organs are working, such as your eyes, ears, heart and skin
- Check your vital signs, such as blood pressure, pulse, breathing rate, temperature, height and weight
- Listen to and look at specific parts of your body
- Discuss any health concerns you may have

During your checkup, ask questions to make sure you understand what your doctor is saying to you. Don't

forget to ask about any tests you might need, such as a mammogram, Pap screening or blood tests.

Ask about birth control. Most are covered by McLaren Health Plan:

- Birth control pills designated as "preventive" on the MHP formulary
- Spermicide
- Hormone patches
- Vaginal ring
- Diaphragms
- Implants
- Injections ("Depo" shot)
- Permanent sterilization (when certain requirements are met)

Chlamydia. Talk to your doctor about this important test. Most people who have chlamydia don't know it. That's because it often has no symptoms. Anyone can get chlamydia. It is very common among teens and young adults. You can pass chlamydia to others without knowing it, so that's why it's very important to be tested for it. Chlamydia is easy to treat and cure. If you don't treat it, it can lead to serious health problems.

All sexually active women should be tested every year. It's even more important for women under age 25 and males age 16-18 to be tested. It can make women unable to get pregnant. It can harm newborn babies of infected mothers. Use a condom every time you have sex to prevent chlamydia.

Chlamydia is treated with antibiotics. Your partner also should get tested and treated if necessary. If you have chlamydia, your doctor may be able to offer your partner something called Expedited Partner Therapy or EPT. This is the clinical practice of treating the sexual partner of people who receive a Chlamydia diagnosis without having to examine the partner. In other words, EPT is a convenient, fast and private way for you to help your sexual partner get treated.

If you are diagnosed with chlamydia, ask your doctor about EPT treatment.

Cervical cancer. Your annual exam is the best time to talk to your doctor about cervical cancer screening and the HPV vaccine. Almost every person who is sexually active will get human papillomavirus, or HPV, at some time in their life without HPV vaccination. While most HPV infections will go away on their own, infections that don't go away can cause certain types of cancer. HPV can cause cervical cancer in women. And early-stage cervical

cancer generally produces no signs or symptoms, which is why it's important to stay on top of screening tests to reduce your risk of developing cervical cancer.

The HPV vaccine provides safe, effective and long-lasting protection. Adolescents should start getting the shot at age 11 or 12. HPV vaccine is recommended for young women through age 26. Cervical cancer screening (Pap test) is recommended to detect changes on the cervix that might become cancer if they are not treated.



Stay in Touch by Taking Our Survey

We can better coordinate your care if our team at McLaren Health Plan (MHP) knows a little bit about your health and well-being before you start getting services. That's why we'd like you to complete our "Staying in Touch" survey. We will help you find the right health care services if you tell us about any health conditions or special needs you may have. Making sure you get the best care possible when you need it is important to MHP. This could mean continuing treatment with doctors you are already seeing.

We also ask about family members and other factors in your life (stress, ER visits, lifestyle behaviors) that could affect your health. A nurse will contact you, if requested, and help coordinate the best care for your situation after you complete and return the survey. We're here to help.

The survey is on our website. Go to McLarenHealthPlan.org, click on Are You a Member?, choose your plan, click on Health & Wellness, then Staying in Touch program.

We can send you a paper copy to fill it out and mail back to us. Call Customer Service at 888-327-0671 (TTY: 711) and we will mail it to you.



Your Satisfaction Is Important

You have the right to be satisfied with the way McLaren Health Plan has handled your complaint or concern. You can appeal any decision we may have made about your care. We will contact you about our decision about your appeal. If you are still not satisfied, you have the right to request an independent review. Someone from the State of Michigan will do your review. You or your designated representative must make the

request with the State of Michigan for an independent review.

You can call the Department of Insurance and Financial Services for a review at 877-999-6442. Your independent review has time frames. They can be shortened if a delay can seriously hurt your life or health. Please call Customer Service at 888-327-0671 (TTY: 711) if you have questions about this appeal process or the independent review process.

HOW MHP HELPS MANAGE YOUR HEALTH

McLaren Health Plan (MHP) has health management programs for high blood pressure, diabetes, asthma, weight management and more on our website.

Go to www.mclarenhealthplan.org, click on Are You a Member?, choose your plan, then click on Health & Wellness. You can learn helpful tips, how to create a personal care plan, what tests you need every year, terms you should know and foods you should eat.

These programs provide support from nurses and information to help you understand how to best manage your condition. Membership is up to you and it's free. If you are enrolled and no longer wish to be in any program, call us at 888-327-0671 (TTY: 711).

MHP also offers interactive tools to help you manage your health conditions. Contact your nurse or go to the websites below for help:

- [Maintain a healthy weight](#)
- [Tobacco cessation #1](#)
- [Tobacco cessation #2](#)
- [Tobacco cessation #3](#)
- [Physical activity](#)
- [Eating healthy](#)
- [Managing stress](#)
- [Avoiding at-risk drinking](#)
- [Identify depressive symptoms](#)

HIGH BLOOD PRESSURE

The exact causes of high blood pressure are not known. Several things may play a role, including:

- Smoking
- Being overweight
- Not exercising
- Eating too much salt
- Having more than 1 or 2 drinks of alcohol per day
- Family history of high blood pressure
- Chronic kidney disease
- And others

High blood pressure does tend to run in families. It affects more men than women. High blood pressure can lead to a heart attack or stroke.

Your doctor should take your blood pressure at every visit. Or you can provide your blood pressure numbers to your doctor during a telehealth visit. He or she may prescribe medication, if needed. Sometimes lifestyle changes can lower your blood pressure. Eating a diet low in sodium and exercising more often can help.

Source: www.webmd.com

DEPRESSION

If you're dealing with depression, don't do it alone. MHP has a program called Eyes Wide Open. We want to help you connect with behavioral health providers and follow your treatment plans. You are eligible for the program if you are age 18 or over. You will get a letter from us when you

enroll. You'll also get a newsletter twice per year.

Please call us at 888-327-0671 (TTY: 711) and ask to speak with your nurse. We want to help you improve your health and quality of life!

DIABETES

There are tests you should have every year. You should know and understand the results, so you and your doctor can work together to improve diabetes outcomes.

- Hemoglobin A1c blood test (two times per year)
- Dilated eye exam
- Urine test
- Foot exam
- Blood pressure check
- Body mass index (BMI)
- Physical exam

Tell your dentist if you have diabetes. Over time, increased levels of blood glucose can put you at risk for oral health problems, so you'll want to get your teeth and gums cleaned and checked by your dentist twice a year. Your dentist may recommend you do it more often, depending upon your condition.

Glucometers are covered under your McLaren Health Plan benefits. Our nurses will help you decide which glucometer we offer is best for you. Call us at 888-327-0671 (TTY: 711) if you need a glucometer.

You need a prescription from your doctor for testing strips and supplies. After you have your prescription, you can get your supplies fast and easy at any in-network pharmacy.

If you take behavioral health medicines and have gained weight, talk to your doctor.

Some medicines people take for these illnesses increase the chance of developing Type 2 diabetes or insulin resistance. It's important to

tell your doctor that you take these kinds of medicines. Not everyone taking behavioral health medicines will develop diabetes. Instead, people who use certain medicines are at an increased risk. The weight gain caused by many behavioral health medicines is one reason people who take them are at a greater risk for diabetes. Not getting enough exercise is another. You can lower your risk by watching your weight and exercising. If you take these medicines, diabetes screening is important for you. Your doctor should test your blood for diabetes on a regular basis. You can even provide your A1c numbers to your doctor through a telehealth visit.

ASTHMA

No one wants to spend time in the emergency room if you don't have to, especially if it could be avoided. If you have asthma, having an asthma action plan can help you manage your condition at home and reduce your chances of having to go to the hospital for care.

You and your doctor create an asthma action plan that helps you manage your condition. It should include:

- Your asthma triggers
- The asthma medications you take — how much and how often
- What to do if you have an asthma attack
- When to call your doctor
- Whom to call in an emergency situation

Be sure to fill your inhaler medications when needed. If your child has asthma, make sure he or she has an asthma action plan on file at school.

WEIGHT MANAGEMENT

If you need an extra boost to get rid of a few pounds, we have a program called "Taking It Off." You'll get:

- Support from your MHP nurse case manager to find the best ways to manage your nutrition and assess your health status
- Educational materials and the latest information on nutrition and exercise
- Tools to understand and manage your nutritional needs, snacks and physical activity
- Visits with your primary care doctor

Call Customer Service at 888-327-0671 (TTY: 711) to join.

PREGNANCY

We are here to help you through your entire pregnancy and after your baby is born. Please call us at 888-327-0671 (TTY: 711) and ask to talk to your McLaren Moms nurse if you have any questions or concerns.

Medicare Advantage Plans Available

McLaren Health Plan offers Medicare Advantage plans (Part C). Medicare Advantage plans provide Medicare Part A and Part B benefits (except hospice) and include prescription drug coverage.

Please visit www.mclarenhealthplan.org/medicare or call 833-358-2404 for more information.

You may be eligible for nutrition assistance through the Michigan Women, Infants & Children (WIC) program. Contact WIC at 1-800-26-BIRTH (24784) to see if you qualify.

For Medicaid members, services by your local Maternal Infant Health Program (MIHP) or Visiting Nurse program are free to you. There are several programs to keep you and your baby well and to provide resources through your pregnancy, childbirth and caring for a newborn.

SYPHILIS, HIV AND PREGNANCY

If you are pregnant or plan to become pregnant, it is important to get routine prenatal care that includes syphilis and HIV testing. It's important to prevent the transmission of Syphilis or HIV to your baby. syphilis is a sexually transmitted infection that can be treated and cured with antibiotics. Syphilis can cause major health problems for your baby if left untreated. HIV is a chronic disease that can damage the baby's immune system. HIV cannot be cured, but it can be managed with medication.

PrEP 101

You could be HIV negative yet at risk for HIV. You can take PrEP, a medicine that can reduce your chance of getting HIV. The medicine is free.

You may benefit from PrEP if you:

- Have a sexual partner with HIV
- Have not consistently used a condom
- Have been diagnosed with an STD in the past six months
- Share needles, syringes or other equipment to inject drugs

Visit your doctor or find a doctor to help you at www.preplocator.org.

Help Prevent Fraud, Waste and Abuse

McLaren Health Plan works hard to prevent fraud, waste and abuse. We follow state and federal laws about fraud, waste and abuse.

Examples of fraud, waste and abuse by a member include:

- Changing a prescription form
- Changing medical records
- Changing referral forms
- Letting someone else use his or her MHP ID card to get health care benefits
- Resale of prescriptions

Examples of fraud, waste and abuse by a doctor include:

- Falsifying his or her credentials
- Billing for care not given
- Billing more than once for the same service
- Performing services that are not needed
- Not ordering services that are medically necessary
- Prescribing medicine that is not needed

Call MHP's Fraud and Abuse line at 866-866-2135 if you think a doctor, other health care provider or member might be committing fraud, waste or abuse. You can email MHP's Compliance department at

MHPcompliance@McLaren.org. You also can write to MHP at:

McLaren Health Plan Inc.

Attn: Compliance
P.O. Box 1511
Flint, MI 48501-1511

Contact the State of Michigan if you think a member has committed fraud, waste or abuse. Here's how:

- Fill out a fraud referral form at mdhhs.michigan.gov/Fraud, OR
- Call the MDHHS office in the county where you think the fraud, waste or abuse took place OR
- Call the MDHHS office in the county where the member lives

Contact the Michigan Department of Health and Human Services Office of Inspector General if you think a doctor or other health care provider has committed fraud, waste or abuse. Here's how:

- Call them at 855-MI-FRAUD (855-643-7283) OR
- Send an email to MDHHS-OIG@michigan.gov OR
- Write to them at Office of Inspector General, P.O. Box 30062, Lansing, MI 48909

Help Protect Yourself From Fraud

You might be the target of a fraud scheme if you receive medical supplies that you or your doctor did not order.

Take action to protect your benefits:

- Refuse medical supplies you did not order
- Return unordered medical supplies that are shipped to your home
- Report companies that send you these items

Identity theft can lead to higher health care costs and personal financial loss. Don't let anybody steal your identity.

Current fraud schemes to be on the lookout for include:

- People using your health plan number for reimbursement of services you never received
- People calling you to ask for your health plan numbers
- People trying to bribe you to use a doctor you don't know to get services you may not need

You are one of the first lines of defense against fraud. Do your part and report services or items that you have been billed for but did not receive.

- Review your plan explanations of benefits (EOBs) and bills from physicians
- Make sure you received the services or items billed
- Check the number of services billed
- Ensure the same service has not been billed more than once

Do Your Part!

- Never give out your Social Security number, health plan numbers or banking information to someone you do not know
- Carefully review your MHP Explanation of Benefits (EOB) to ensure the information is correct
- Know that free services DO NOT require you to give your MHP ID number to anyone

Share this information with your friends.

Please call Customer Service at 888-327-0671 (TTY: 711) to discuss benefit, coverage or claims payment concerns.



HEALTH PLAN

G-3245 Beecher Road
Flint, MI 48532

MHP20150202 09/2022