



Healthy Michigan Plan Member Handbook 2023

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Welcome

Welcome to the Healthy Michigan Plan through McLaren Health Plan (MHP). This member handbook gives you helpful tips about MHP so you can understand your health care services. You get office visits, routine physicals, immunizations, podiatry (foot) care and more! Please read this book and keep it in a safe place.

MHP Customer Service

Customer Service is here to help you. Our toll free number is 888-327-0671 (TTY: 711). You can reach all departments at MHP by calling our toll-free number. Customer Service, Medical Management, Appeals and Pharmacy departments are here to help you get the health care you need. Need a new ID card or to find a doctor? Need help understanding our written materials or need interpretation services? Need to connect with your primary care provider (PCP) or your MHP nurse? Give us a call! Business hours are Monday through Friday from 8 a.m. to 6 p.m. Please remember, if your provider has questions regarding your benefits, have him or her call Customer Service.

Website

Our website, mclarenhealthplan.org, is a helpful resource if you have questions about your benefits or the services you receive from MHP. It is updated all the time. You can see your Certificate of Coverage, which tells you about covered services. You can see our Clinical Practice Guidelines, which are standards of care for our physicians to follow. You can see the provider directory, which lists our hospitals and providers. Ask us if you need the provider directory in large print or alternative formats or languages. This is a free service. Call Customer Service at 888-327-0671 (TTY: 711) if you would like a printed copy of anything on our website. We can mail it to you.

'Get Help' From MHP

MHP can help you find food assistance, help paying bills and other free or reduced-cost services and programs near you. Do you need help finding a place to live? Need to know how to put affordable, nutritious food on your table? Looking for a job or day care for your kids? Go to gethelp.mclaren.org. It's easy to use! Put in your ZIP code to get connected to helpful community resources. MHP takes a holistic approach to your health. It's important to us to help make sure your physical and mental well-being contribute in a positive way to your overall quality of life by providing support when you need it.

'CONNECT' With MHP

One of the first things you want to do as an MHP Healthy Michigan Plan member is to register on McLaren CONNECT, the MHP member portal. At McLaren CONNECT, you can sign up to review your enrollment history, request a primary care provider change, view and print ID cards and Explanation of Benefits (EOBs), view plan summaries, look up prescription information and more. There's a mobile app, too!

Go to mclarenhealthplan.org/mclarenconnect to register.

Texts From MHP

You may get a text from time to time from McLaren Health Plan. We may send you reminders about going to the doctor or getting needed care or services, or to make you aware of any health screenings you may have missed. Texting helps us stay in touch. You can opt out anytime by replying STOP. You do not have to be part of our texting program.

How to Get the Medical Care You Need

Choosing a Primary Care Provider (PCP)

Each family member should choose a PCP from our list of providers. This will be your primary care provider. If for some reason you do not choose a provider, MHP will help you choose one close to your home. You can call Customer Service at 888-327-0671 (TTY: 711) if you do not like whom we choose.

Your Primary Care Provider (PCP)

Your relationship with your PCP is important. Your PCP will work with you to reach your health goals and will provide most of your care. Your PCP will send you to other providers if you need specialty care. It's important to choose a PCP. You can choose from the list of family practice providers, pediatricians or internal medicine providers. Some members may need to have a specialist as their 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 an MHP member. You and your PCP will complete a Health Risk Assessment (HRA) at your first appointment. An HRA is a survey about your health. 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 MHP are available by phone 24 hours a day. MHP's toll-free number is 888-327-0671 (TTY: 711).

Be sure to contact your PCP to find out his or her after-hours number. If emergency care is needed, call 911 (see page 13 for more information).

Health Risk Assessment (HRA)

An HRA is a survey about your health. It's a tool to help your PCP work with you to meet your health needs in the best way possible. The HRA is confidential and subject to your privacy rights.

There are four sections on the HRA. Section 1 has nine questions about your health and lifestyle. Section 2 is for you to complete about your PCP appointment. Section 3 includes questions about making changes. Section 4 is for your PCP to complete at your first appointment. Your PCP will talk with you about your health needs when you complete your HRA.

All MHP Healthy Michigan Plan members must complete an HRA within 60 days of enrollment.

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 a specialist to be your PCP. Call Customer Service at 888-327-0671 (TTY:711) if you think you need a specialist as your PCP. The specialist must agree to be your PCP. We will review your request.

Changing Your PCP

Your PCP is a big part of your good health. We hope you will choose your PCP carefully. Please let your PCP know if you are unhappy and what concerns you have.

You will need to do the following if you decide to change PCPs:

- » Choose another PCP from the MHP list of Medicaid providers
- » Call Customer Service at 888-327-0671 (TTY:711) to let them know the PCP you have selected

Customer Service can help you if you need help finding a new PCP.



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 an MHP Healthy Michigan 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.

Call your PCP's office as soon as possible if you need to change your appointment. Give them at least one day's notice. Be sure to write down the new date and time. Call Customer Service at 888-327-0671 (TTY: 711) if you need help with transportation to medical appointments.

How to See a Specialist

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

Transition of Care

You should know about "transition of care" if you are a new MHP member. If you have been getting services for an illness or pregnancy from a different health plan or Medicaid, we can help. Sometimes you may be able to have continued access to those services for 90 days. Transitions of care also happen when a child is nearing adulthood. Here are some things to plan for during this time:

- » Change in Medicaid and/or dental benefits
- » Need to transition to adult health care providers
- » Change in Social Security and other benefits
- » Consent and information release questions
- » Eligibility for child-only programs

Your nurse is available to help answer your questions and assist with transitioning these services. Call us at 888-327-0671 (TTY: 711) if you need help or more information about transitions of care.

Learn About MHP Providers

Many health care providers may be taking care of you. Our provider directory has information about our health care network. It lists health care providers' names, addresses, telephone numbers, specialties and board certifications. Call Customer Service at 888-327-0671 (TTY: 711) if you want to know more about a provider. We can tell you the medical school or residency he or she attended.

Extra Help for Special Needs



Your Nurse

If you have special needs, such as chronic conditions or mental or physical disabilities, call Customer Service and ask to speak to your nurse. Every MHP Healthy Michigan Plan member has a nurse assigned to them. Your nurse is here to help you with your special needs. Members with special health care needs can see an in-network specialist without a referral. Call Customer Service at 888-327-0671 (TTY:711) if you need help understanding written materials or need interpretation services. The provider directory tells you if a provider speaks another language. This information is listed by his or her name. If you are deaf, hard of hearing or have speech problems, call 711. Michigan Relay will assist you. Michigan Relay is available 24 hours a day. Member materials are available in other languages and formats. Please call Customer Service at 888-327-0671 to request copies. These services are available upon request and free of charge.

Your Benefits

Services Covered by Medicaid (NOT Your MHP Healthy Michigan Plan)

Here is a list of medical services that MHP will not pay for. However, they are still covered because you qualify for Medicaid. Use your Medicaid ID card for these services. Please call Customer Service or talk to your local MDHHS office if you have questions about these services.

- » Care for developmental disabilities (provided through Community Mental Health)
- » Custodial care in a nursing home

- » Inpatient psychiatric care
- » Home and Community-Based Waiver Program care
- » Intermittent or short-term restorative or rehabilitative services (in a nursing facility), after 45 days
- » Outpatient partial hospital psychiatric care
- » Personal care or home help
- » Rides for care not covered by MHP Healthy Michigan, but covered by Medicaid
- » Substance abuse treatment*
- » Mental health services according to guidelines under policy for Serious Mental Illness/
Severe Emotional Disturbance
- » Traumatic Brain Injury Program Service
- » Transportation for services provided to persons with developmental disabilities through CMHSP
- » Pharmacy and related services prescribed by providers under Michigan's contract for Specialty
- » Behavioral Services or for Specialty Services for Persons with Developmental Disabilities

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

There are no counseling or referrals that we would not provide because of moral or religious grounds. We provide all covered services that MDHHS provides. Learn what services are covered by MHP and the State of Michigan and how to use them.

Medicaid covers substance abuse care through accredited providers, including:

- » Assessment
- » Detoxification
- » Intensive outpatient counseling and other outpatient services
- » Methadone treatment and other substance use disorder treatments

MHP works with MDHHS to inform you of coordination of care initiatives available to you. Call Customer Service at 888-327-0671 (TTY:711) and they can give you a number to call for help.

Services NOT Covered by Your MHP Healthy Michigan Plan or Medicaid:

- » Elective abortions
- » 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 Your MHP Healthy Michigan Plan:

Your MHP Healthy Michigan Plan covers the essential health benefits under federal healthcare law, as well as other services and benefits.

- » Ambulance and other emergency transportation when necessary
- » Breast pumps
- » Certified nurse midwife
- » Chiropractic services (up to 18 visits per calendar year; additional visits require preauthorization)
- » Dental services
- » Diagnostic services (lab, X-ray, other imaging)
- » Durable medical equipment and supplies
- » Emergency services, including transportation
- » End-stage renal disease (ESRD) services
- » Family planning
- » Habilitative services
- » Health education
- » Hearing and speech
- » Hearing aids
- » Home health services
- » Hospice services
- » Immunizations (shots)
- » Inpatient hospital services
- » Intermittent or short-term restorative or rehabilitative services (in a nursing facility), up to 45 days
- » Long-term acute hospital services (LTACH)
- » Maternal Infant Health Program (MIHP) services
- » Medically necessary weight reduction
- » Mental health care
- » Office visits to your provider
- » Orthotic services
- » Out-of-state services, when authorized
- » Outpatient hospital services

- » Parenting and birthing classes
- » Pharmacy services
- » Podiatry
- » Preventive services
- » Prosthetic services
- » Restorative or rehabilitative services (in a place other than a nursing facility)
- » Visits with referrals
- » Sexually transmitted infection (STI) treatment
- » Telemedicine or telehealth services
- » Therapy services (speech, language, physical and occupational)
- » Tobacco cessation treatment, including pharmaceutical and behavioral support
- » Transplant services
- » Transportation



IMPORTANT:

Injectable medications given in the office of an in-network specialist require an authorization.

Please visit our website at mclarenhealthplan.org/mhp/referral-request-form-mhp1 or call Customer Service at 888-327-0671 (TTY: 711) for a list of services that require preauthorization.

Call Customer Service at 888-327-0671 (TTY: 711) if you have questions about the above services. Remember to call Customer Service for more information if you do not understand the limits or if you are told something is not covered.

Referrals and Authorizations

Referrals

MHP wants you to get the care and services you need because we care about your health. Call Customer Service at 888-327-0671 (TTY:711) if you have a question about a health care service that may need a referral or authorization. Any health care that you get must be medically necessary.

You have chosen a PCP to handle your health care. Your PCP is the best person to decide which health care services are medically necessary. A referral is when your PCP sends you to see a specialist. MHP has a referral process that helps your PCP know what is going on with you. Your PCP can help you get the most effective, high-quality care. Sometimes a covered, medically necessary service is not available from an in-network provider. MHP will help you get the needed service, in a timely manner, from an out-of-network provider. These services will be paid as if the service was provided in-network when approved.

Authorization

An authorization is when your PCP contacts MHP for approval of services you need to have. There are times you need a written authorization before you have services. Your PCP knows when an authorization is needed and when it isn't. You do not need a written authorization from your PCP to visit or get services in the office of an in-network specialist. There is an exception to this rule: **Injectable medications given in the office of an in-network specialist require an authorization.**

Please visit mclarenhealthplan.org/preauthservicecodes or call Customer Service at 888-327-0671 (TTY: 711) for a list of services that require prior authorization.

Second Opinion

You can get a second opinion from another in-network provider. Call MHP for help if you want a second opinion from an out-of-network provider. It is still recommended that you work with your PCP.

Healthy Michigan Plan Copayments (Copays) for Services

The MHP Healthy Michigan Plan has copays; however, not all services have copays and not all people are required to pay copays. Services that help you get or stay healthy (called preventive services) may not have copays. Medications that help you manage a chronic condition may have no copays. There are some people, such as those under age 21, who may not have copays.

If you do have copays, they are payable to MHP through a special health care account called the MI Health account. Copays will not be collected for the first six months after enrollment in a health plan. They will be paid to your health plan through your MI Health account at a later time. The table below shows how much you **could** pay for health care services. **The amount you owe could be different from what is shown in the table below. These amounts are for informational purposes only. Your MI Health account statement will tell you what you must pay and how the amounts were figured. It is your responsibility to make your payments as listed on your MI Health statement.**

The Healthy Michigan Plan requires those with annual incomes between 100% and 133% of the federal poverty level to annually contribute 2% of income for cost-sharing purposes. You will get more information from MHP about your MI Health account and contributions for cost sharing. You can reduce your annual contribution and copays by participating with MHP in healthy behavior activities. Cost sharing cannot exceed 5% of your income.

Covered Services	Copay	
	Income less than or equal to 100% FPL	Income more than 100% FPL
Provider office visits (including free-standing urgent care centers)	\$2	\$4
Outpatient hospital clinic visit	\$1	\$4
Emergency room visit for nonemergency services » Copayment applies ONLY to nonemergency services » There is no copayment for true emergency services	\$3	\$8
Inpatient hospital stay (except for emergency admissions)	\$50	\$100
Pharmacy	\$1 Generic \$3 Brand	\$4 Generic \$8 Brand
Chiropractic visits	\$1	\$3
Dental visits	\$3	\$4
Hearing aids	\$3/aid	\$3/aid
Podiatric visits	\$2	\$4
Vision visits	\$2	\$2

Healthy Michigan Plan Copayment Exceptions

Groups Exempt From Copay Requirements	Services Exempt From Copay Requirements
<ul style="list-style-type: none"> » Beneficiaries under age 21 » Individuals residing in a nursing facility » Individuals receiving hospice care » Native American Indians and Alaskan Natives consistent with federal regulations at 42 CFR 447.56(a)(1)(x) » Beneficiaries dually eligible for Healthy Michigan Plan and Children's Special Health Care Services 	<ul style="list-style-type: none"> » Emergency services » Family planning services » Pregnancy-related services » Preventive services » Federally Qualified Health Center, Rural Health » Clinics or Tribal Health Center services » Mental health specialty services and supports provided/paid through the Prepaid Inpatient Health Plan/Community Mental Health Services Program » Mental health services provided through state psychiatric hospitals, the state Developmental Disabilities Center and the Center for Forensic Psychiatry » Services related to program-specific chronic conditions*

* A list of program-specific chronic conditions can be found at www.michigan.gov/healthymichiganplan, under Healthy Michigan Plan Provider Information.

Getting Emergency and Urgent Care

Emergency Care

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

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



Emergency rooms are for serious medical conditions only. You can call your PCP if you are unsure if something is an emergency. Authorization is not needed for emergency services. You have the right to go to any hospital or urgent care or to see other providers who perform emergency services.

Urgent Care

Urgent care is not emergency care. Urgent care is same-day care provided at walk-in clinics when your PCP is not available. Minor illnesses or injuries that can be treated at an urgent care clinic include:

- » Fever without a rash
- » Vomiting or persistent diarrhea
- » Shortness of breath
- » Moderate, flu-like symptoms
- » Sprains and strains
- » Small cuts that may require stitches

It's a good idea to call your PCP before going to an urgent care clinic.

Programs and Services

Case Management and Disease Management

Every member has a nurse who will help you get the care and services you need to stay healthy. Your nurse can help you improve your health. He or she will connect you with community support services and help with any difficult health problems you may have. Please call MHP at 888-327-0671 (TTY: 711) and ask to speak with your nurse for assistance with any of these programs.

Community-Based Services

Call Customer Service at 888-327-0671 (TTY:711) for information about how to access community-based support and services in your area. We have a list of places that can help you. You can also visit gethelp.mclaren.org.

Dental Care for Pregnant Women

You will get your dental checkups through a Delta Dental EPO dentist. For questions about your dental benefits, please contact Delta Dental at 866-558-0280 or visit www.DeltaDentalmi.com.

Please call MHP at 888-327-0671 (TTY:711) if you need transportation to a dental appointment.

Durable Medical Equipment and Supplies

MHP covers durable medical equipment (DME) and medical supplies when needed. DME includes equipment that can be used for a long time. Medical supplies are supplies that cannot be reused. Your provider will give you a referral for these services.

Eye Care

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 an MHP eye care center **without** a referral from your PCP. You can go to an in-network eye professional every year **without** an authorization if you have diabetes. You can find a list of MHP in-network eye care centers in the MHP provider directory at mclarenhealthplan.org/healthy-michigan-member/find-a-provider-healthy-michigan or you can call Customer Service at 888-327-0671 (TTY:711).



Family Planning Services

Family planning means helping you not get pregnant until you want to get pregnant. You do not need an authorization for family planning. You can get family planning at your provider's office, at the health department or another family planning place. You can see any in-network or out-of-network family planning provider. You can get advice, exams, supplies, drugs and devices. Family planning does not include abortions.

Federally Qualified Health Clinic (FQHC) Services

FQHC services are contracted and available to all MHP members. The specific list of FQHC services is found in the MHP Medicaid provider directory.

Health Education

MHP encourages you to visit www.Michigan.gov/healthyMichigan and join in Michigan Health & Wellness. This will help you work on healthy behaviors. You can create a personal plan on this website and work toward goals such as:

- » Maintaining a healthy diet
- » Engaging in regular exercise
- » Avoiding all tobacco use
- » Seeing your PCP for an annual physical exam

When you see your PCP for your annual physical exam, be sure to work with your PCP and have these key health measures checked:

- » BMI
- » Blood pressure
- » Cholesterol level
- » Blood glucose level

Being healthy starts with you!

Hospice

Hospice care is covered for members who are at the end of life. Your PCP can help you get hospice services. You can also call Customer Service at 888-327-0671 (TTY:711).

Hospital Care

Inpatient hospital care means that you must stay in the hospital overnight or longer. You will need an authorization. Your PCP will contact MHP about all inpatient hospital care, except for a real emergency.

Outpatient hospital care is when you go to the hospital for a test or surgery but do not stay overnight. You need an authorization from your PCP for all outpatient hospital care.

Labs, X-rays and Other Tests

MHP covers many labs, X-rays and other tests. You will need an authorization from your provider for some of the testing. Call Customer Service at 888-327-0671 (TTY:711) if you have questions.

Other Services

These services are covered when medically necessary:

- » Ambulance
- » Home health care
- » Physical therapy
- » Skilled nursing facility care
- » Transportation
- » Hearing services



Out-of-Area Care

MHP covers **emergency care** if you need to go out of state. Go to the nearest hospital if you have an emergency. All other out-of-area care needs an authorization from your PCP and MHP. MHP does not cover services outside the United States. Please call Customer Service for assistance if you need services outside the United States.

Outpatient Mental Health Services

MHP covers your outpatient mental health visits. You are not required to have a referral from your PCP for these visits. You can see in-network or out-of-network mental health providers. MHP covers emergency room services. Diagnostic tests like X-rays and lab services are covered but may require authorization. Your regular Medicaid card may cover you for additional mental health services. Please call Customer Service at 888-327-0671 or your PCP for help.

Pregnancy

Call your PCP right away if you think you might be pregnant. You will have a private talk about your health once your PCP confirms you are pregnant. Your PCP can help you find a specialist or call Customer Service at 888-327-0671 and ask for your nurse.

Effective Jan. 1, 2023, doula services are available. This is a non-clinical support person who assists with your pregnancy.

MHP has a program called McLaren Moms. McLaren Moms is a program to help you take care of yourself and your baby. We will send you information about your pregnancy and your baby's growth and development. It is very important to make sure you see your OB-GYN provider on a regular basis throughout your pregnancy and after you have your baby. This will help you and your baby stay healthy.

You can get a breast pump with a prescription from your provider once your baby is born. You need to make sure your baby sees his or her provider for well-baby checkups. It is important to take care of you and your baby! Call us at 888-327-0671 (TTY: 711) to learn about the best care for you and your baby. Pregnant women may choose to receive medical services through a Medicaid program. Contact your local MDHHS office to report your pregnancy and take advantage of this program.

There also is a program available to you called Maternal Infant Health. This is a program for women who may need extra help when they are pregnant. It offers people specially trained to help you understand what is happening to you and who can help you get supplies you may need. Your PCP can get you into this program, or call Customer Service at 888-327-0671 (TTY: 711) and ask for your nurse.

After your baby is born, you must call your local MDHHS office to sign up your newborn in the Medicaid program. You also should call MHP with your baby's name and new Medicaid ID number. You will get a new MHP ID once your baby is registered with MHP.

Preventive and Wellness Services and Chronic Disease Management

Preventive care is a key factor in wellness. You must schedule an appointment with your PCP within 60 days of choosing or being assigned to MHP. Your plan covers:

- » Yearly checkups
- » Immunizations (shots)
- » Hearing checkups
- » Provider visits
- » Eye exams
- » Mammograms
- » Dentist visits

If you are age 19 or 20, these services are covered through Early Periodic Screening Diagnostic and Treatment (EPSDT). Adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are covered preventive services.

Rehabilitative and Habilitative Services and Devices

MHP will cover medically necessary services ordered by your provider, such as:

- » Occupational therapy
- » Physical therapy
- » Speech therapy
- » Chiropractic
- » Prosthetics
- » Orthotics
- » Medical equipment
- » Medical supplies

Rural Health Clinics (RHCs) and Tribal Health Centers

RHC or Tribal Health Center services are covered without an authorization. MHP will pay for the covered services you get from these programs. You will need to let the center know that you have MHP Healthy Michigan Plan.

Services Not Covered by MHP

Some services are covered by state Medicaid, not by your MHP Healthy Michigan Plan. These services include 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 a.m. to 5 p.m. If you live in any other county, you should contact your local MDHHS office for help with a ride.

Telemedicine or Telehealth Services

Telemedicine or telehealth services include using technology to remotely deliver care. MHP supports the appropriate use of telemedicine or telehealth services to improve health outcomes. Please contact Customer Service at 888-327-0671 (TTY:711) and ask for your nurse for more information about telemedicine or telehealth benefits.

Tobacco Cessation Treatment

Talk to your doctor if you are ready to quit smoking. MHP covers:

- » Nicotine gum, lozenges, patches, inhalers and nasal sprays
- » Quit-smoking medications Zyban® and Chantix®
- » Counseling services to help you stop smoking

MHP has a free program to help you quit smoking. Call 800-784-8669 to enroll.

Transportation

MHP provides transportation for you to get medical care. This includes both emergency and nonemergency transportation. All transportation must be medically necessary. Sometimes you need a referral from your PCP such as when your transportation is for a service that requires prior authorization. Your PCP knows when a referral is needed. There is a special review process if you need transportation outside of the county you live in.

Call 888-327-0671 (TTY: 711) to schedule or cancel a ride. We need some important information from you before we schedule your ride so call as soon as possible. Please keep this information in mind when scheduling transportation with MHP:

- » Call 911 if you have a medical emergency.
- » Services for hospital-based ambulance rides to and from a nursing facility to your home are covered.
- » Call us with as much advance time as possible since we need time to set up your ride.

- » Same-day or next-day service for transportation to urgent appointments may be available.
- » Door-to-door service is available upon request.
- » Let us know if you need a car seat or have additional riders.
- » Let us know if you need paratransit via the Americans with Disabilities Act (ADA).

When You Need a Medication

Sometimes your provider feels you need a medication. Some medications you may need are covered by MHP. Others are covered by Medicaid. Medications covered by MHP have copays. See page 11 for more information on copays. You do not have to pay your copay when you get your prescription. You will be billed for your copays through your MI Health account.

MHP follows the common drug formulary required by MDHHS. A drug formulary is a list of medications covered by MHP. Sometimes the medication your provider thinks is the best treatment for you is not on the common drug formulary. We may have a way to get those medications for you. Your provider can fill out a preauthorization request form for MHP to review.

MHP will review the request. MHP will tell your provider if the medication request has been approved. MHP may give your provider another choice of medications.

It is important for you to know that MHP has worked with MDHHS to provide a common drug formulary that will meet your needs. Your provider knows about the common drug formulary. To get medications fast, ask your provider to use the common drug formulary.

Remember to take your MHP Healthy Michigan Plan ID card and your Medicaid ID card with you to the pharmacy. Call Customer Service if the pharmacy tells you a prescription you are trying to fill is not covered. It likely is a medication that is not on the common drug formulary. Most medications that are not on the formulary have suitable alternatives. We can help you. Call Customer Service at 888-327-0671 (TTY:711) if you have any questions.

Women's Routine and Preventive Health Services

MHP pays for annual physicals and cancer screenings. All women should have a physical, a Pap test and chlamydia screening every year. Women age 50 and older also need an annual mammogram. Call your PCP to schedule these important tests. You may see an in-network women's health specialist for these services. Women's health specialists include OB-GYNs and certified nurse midwives. You do not need a referral for a routine service from an in-network OB-GYN or women's health specialist.

Call Customer Service at 888-327-0671 (TTY:711) if you have any questions.

Young Adult Benefits

For Healthy Michigan Plan members age 19, 20 and 21, the following benefits are effective Jan. 1, 2023:

- » Dental sealants to prevent pit and fissure cavities
- » Depression and suicide risk screenings

- » A risk screening for Hepatitis B virus (HBV)
- » A risk screening for sudden cardiac arrest and sudden cardiac death
- » Behavioral, social and emotional screenings

Additional Program Information

Beneficiary Monitoring Program (BMP)

BMP is a program that reviews the use of MHP Healthy Michigan Plan. We look at certain types of Healthy Michigan Plan services to assess appropriate use. We look to see if the services are needed for your medical condition. We also tell you the correct way to use MHP Healthy Michigan Plan services. You may be placed in BMP if you are identified in any of the following categories:

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

Call Customer Service at 888-327-0671 if you have questions about the BMP.

If You Get a Bill

You should not be asked to pay for any authorized covered services. You do not pay your copays when you receive services as an MHP Healthy Michigan Plan member. You will be billed for your copays through your MI Health account. Call Customer Service at 888-327-0671 (TTY:711) if you get a bill for an authorized covered service

New Medical Care

MHP knows that new medical care options become available. We have a process to look at these options to decide if MHP covers the new care. This includes procedures, medications and devices. This process includes reviewing all 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 choice?

The committee then decides if the new care is covered. Please call Customer Service at 888-327-0671

(TTY:711) and ask for Medical Management if you or your PCP have questions about any new medical care that becomes available. We can help answer your questions.

Physician Payments and Incentives

You may ask how we pay our providers, especially if you think it changes how your provider treats you. Call MHP Customer Service if you have any questions.

MHP makes decisions about the use of medical services based on whether they are appropriate and a covered benefit. No one at MHP, or providers or any employee, is rewarded for deciding not to give you care. We want you to get all the care you need.

There are no incentives for anyone at MHP to deny you care. This is an important message. Call Customer Service at 888-327-0671 (TTY:711) if you have any questions.

When Your Family Size Changes

Call your local MDHHS office every time your family size changes. You may want to make sure all family members who can be covered are included. You can call Customer Service at 888-327-0671 (TTY:711) if you need help.

Women, Infants 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 breastfeeding, recently had a baby, have children from newborn to age 5 and:

- » Are also on Medicaid or food stamps
- » Live in Michigan

WIC is free. It can help you and your children stay healthy. Please call 800-262-4784 to get the phone number of the WIC clinic near you. You can call Customer Service at 888- 327-0671 (TTY:711) for assistance or visit www.michigan.gov/mdhhs.

MHP Service Area

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

Hospital Network

ALLEGAN

Allegan General Hospital
Ascension Borgess Allegan Hospital

ALPENA

MyMichigan Medical Center Alpena

ARENAC

Ascension Standish Hospital

BARRY

Spectrum Health Pennock Hospital

BAY

McLaren Bay Region
McLaren Bay Special Care Center*

BENZIE

Paul Oliver Memorial Hospital
(Munson Healthcare Affiliate)

BERRIEN

Sacred Heart Serenity Hills

CALHOUN

Select Specialty Hospital—Battle Creek

CASS

Ascension Borgess—Lee Hospital

CHARLEVOIX

Munson Healthcare Charlevoix Hospital

CHEBOYGAN

McLaren Northern Michigan—Cheboygan

CLARE

MyMichigan Medical Center Clare

CLINTON

Sparrow Clinton Hospital

CRAWFORD

Munson Healthcare Grayling Hospital

EATON

Sparrow Eaton Hospital

EMMET

McLaren Northern Michigan
Northern Michigan Rehab Hospital

GENESEE

Ascension Genesys Hospital Hurley Medical Center
McLaren Flint
Select Specialty Hospital Flint

GLADWIN

MidMichigan Medical Center Gladwin

GRAND TRAVERSE

Munson Medical Center

GRATIOT

MidMichigan Medical Center Alma

HILLSDALE

Hillsdale Hospital

HURON

McLaren Thumb Region
Scheurer Hospital

INGHAM

McLaren Greater Lansing
McLaren Orthopedic Hospital
Sparrow Hospital
Sparrow Hospital Rehab Unit
Sparrow Specialty Hospital
Sparrow St. Lawrence Campus

IONIA

Sparrow Ionia Hospital

IOSCO

Ascension St. Joseph Hospital

ISABELLA

McLaren Central Michigan

KALAMAZOO

Ascension Borgess Hospital

KALKASKA

Kalkaska Memorial Health Center (Munson Healthcare Affiliate)

KENT

Forest View Hospital
Helen DeVos Children's Hospital
Mary Free Bed Rehabilitation Hospital
Pine Rest Christian Mental Health
Sanford House at Cherry Street Women's Treatment Center
Sanford House at John Street Men's Treatment Center
Select Specialty Hospital
Spectrum Health Blodgett Hospital
Spectrum Health Butterworth Hospital

LAPEER

McLaren Lapeer Region

LIVINGSTON

Brighton Hospital

MACKINAC

Mackinac Straits Health System

MACOMB

Ascension Macomb —Oakland Hospital
Behavioral Center of Michigan
Harbor Oaks Hospital
Henry Ford Macomb Hospital
McLaren Macomb*
Sacred Heart Serenity Hills
Select Specialty Hospital Macomb*

MANISTEE

Munson Healthcare Manistee Hospital

MASON

Spectrum Health Ludington Hospital

MECOSTA

Spectrum Health Big Rapids Hospital

MIDLAND

MyMichigan Medical Center Midland

MONTCALM

Sparrow Carson Hospital
Sheridan Community Hospital
Spectrum Health Kelsey Hospital Spectrum Health United Hospital

MUSKEGON

Great Lakes Specialty Hospital

NEWAYGO

Spectrum Health Gerber Memorial

OAKLAND

Ascension Providence Rochester Hospital
Ascension Providence Hospital & Medical Center
Ascension Providence Park Hospital
Ascension St. John Macomb —Oakland Hospital
Beaumont Hospital Farmington Hills
Beaumont Hospital—Troy Campus
DMC Huron Valley Sinai Hospital
Havenwyck Hospital
Henry Ford Kingswood Hospital
Henry Ford West Bloomfield Hospital
Henry Ford Maplegrove Center
McLaren Oakland*
McLaren Oakland Clarkston
McLaren Oakland Oxford
New Oakland Child
Adolescent & Family
New Oakland Child Adolescent & Family Center West
Oakland Regional Hospital
Pioneer Specialty Hospital
Pontiac General Hospital
Select Specialty Hospital Pontiac
St. Joseph Mercy Oakland
Straith Hospital for Special Surgery
William Beaumont Hospital—Royal Oak

OGEMAW

MyMichigan Medical Center West Branch

OSCEOLA

Spectrum Health Reed City

OTSEGO

Munson Healthcare Otsego Memorial Hospital

OTTAWA

North Ottawa Community Hospital
Spectrum Health Zeeland Community Hospital

SAGINAW

Ascension St. Mary's Hospital
Ascension St. Mary's Towne Centre

Healthsource Saginaw Inc.
Covenant HealthCare
Select Specialty Hospital—Saginaw

ST. CLAIR

Ascension River District Hospital
McLaren Port Huron Hospital

ST. JOSEPH

Sturgis Hospital
Three Rivers Health Hospital

SANILAC

Deckerville Community Hospital
McKenzie Memorial Hospital

SHIAWASSEE

Memorial Hospital and Health Care Center

TUSCOLA

Hills & Dales General Hospital
McLaren Caro Region

VAN BUREN

Bronson South Haven Hospital

WASHTENAW

Specialty Hospital—Ann Arbor
University of Michigan Medical Center

WAYNE

Ascension St. John Medical Center
Barbara Ann Karmanos Cancer Hospital
Beaumont Hospital Dearborn
Beaumont Hospital Grosse Pointe
Beaumont Hospital Taylor
Beaumont Hospital Trenton
Beaumont Hospital Wayne
DMC Children's Hospital of Michigan*
DMC Detroit Receiving Hospital

DMC Harper University Hospital
DMC Heart Hospital
DMC Hutzel Women's Hospital
DMC Rehabilitation Institute of Michigan
DMC Sinai Grace Hospital
Henry Ford Hospital
Henry Ford Wyandotte Hospital
New Oakland Child—Adolescent & Family
Samaritan Behavioral Center
Select Specialty Hospital Downriver
Select Specialty Hospital Grosse Pointe
Select Specialty Hospital NW Detroit
Stone Crest Center
Surgeons Choice Medical Center

WEXFORD

Munson Healthcare Cadillac Hospital

Your MHP Identification Card

You have two identification cards (ID cards) that you need to have with you when:

- » You call McLaren Health Plan
- » You see a provider or get medical care
- » You go to the pharmacy to pick up prescriptions



At the time you enroll in Medicaid, the Michigan Department of Health and Human Services (MDHHS) will mail you a permanent plastic health ID card. Your mihealth card tells providers you are eligible for Michigan Medicaid. Call the Beneficiary Help Line at 800-642-3195 if you have questions about your green mihealth card or if you need a new one. You also can order a new card at www.michigan.gov/myHealthPortal using the myHealth button.

MHP will send you a separate member ID card when you enroll in our plan. If you have questions about your coverage with MHP or need a new ID card:


- » Go to mclarenhealthplan.org/mclarenconnect, click on McLaren CONNECT or
- » Call Customer Service at 888-327-0671 (TTY:711)

Important ID card information

- » Verify your name is spelled correctly and your ID number on the MHP card matches your ID number on your green plastic mihealth card provided by MDHHS. Call MHP Customer Service if the information is not correct.
- » Contact your caseworker if your name changes (like when you get married or divorced).

Your cards are for your use only. Do not let anyone else use your cards to access services.

This is what your MHP card looks like:

	24 Hour # (888) 327 0671
<hr/>	
Member Name:	FIRST LAST
Member ID:	9999999999
PCP Name:	PCPFirst PCPLast
PCP Phone:	999-999-9999
Please show this card each time you get health care services.	

Provider Information McLaren Health Plan Customer Service (888) 327-0671	
Eligibility and Benefits For verification of eligibility and benefits, visit our Provider Portal, McLaren CONNECT at McLarenHealthPlan.org	
Hospital Admission Authorization Emergency Hospital admissions must be reported within 24 hours and require concurrent review. All other Hospital admissions require Authorization and concurrent review. Call (888) 327-0671 to seek authorization for hospital services.	
Preferred Laboratory Network JVHL is the preferred laboratory network for McLaren Health Plan. To locate a participating JVHL lab, please call Customer Service at (888) 327-0671.	
Pharmacy Billing Information: MedImpact RxBIN: 017142 RxPCN: ASPROD1 RxGRP: ML329 Pharmacy Help Desk: (888) 274-9689 For verification of eligibility and benefits, visit our Provider Portal, McLaren CONNECT at McLarenHealthPlan.org	
Claims Submission McLaren Health Plan utilizes ENS Optum Insight as our EDI Vendor. Payer ID for electronic claims is: Medicaid/Healthy Michigan - 3833C Secondary claims can also be submitted electronically.	
This card is only valid if Member maintains McLaren Health Plan eligibility. Eligibility should be verified before rendering services. Issue Date 11/01/2022	

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

Managed Care Definitions

The Michigan Department of Health and Human Services (MDHHS) has developed the following glossary of terms. These defined terms must be used by all Medicaid Health Plans when providing information to enrollees. These definitions do not replace defined legal terms in the Medicaid Comprehensive Health Program Contract and all other applicable laws, regulations and rulings.

1. **Appeal**

An appeal is the action you can take if you disagree with a coverage or payment decision made by your Medicaid health plan. You can appeal if your plan:

- » Denies your request for a health care service, supply, item or prescription drug that you think you should be able to get.
- » Reduces, limits or denies coverage of a health care service, supply, item or prescription drug you already got.
- » Your plan stops providing or paying for all or part of a service, supply, item or prescription drug you think you still need.
- » Does not provide health services in a reasonable amount of time.

2. **Copayment**

An amount you are required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit or prescription drug. A copayment is usually a set amount. For example, you might pay \$2 or \$4 for a doctor's visit or prescription drug.

3. **Durable Medical Equipment**

Equipment and supplies ordered by a health care provider for everyday or extended use. For example: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

4. **Emergency Medical Condition**

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

5. **Emergency Medical Transportation**

Ambulance services for an emergency medical condition..

6. **Emergency Room Care**

Care given for a medical emergency when you believe your health is in serious danger.

7. **Emergency Services**

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

8. **Excluded Services**

Health care services MHP doesn't pay for or cover.

9. Grievance

A complaint that you communicate to your plan. For example, you may file a grievance if you have a problem calling the plan or if you're unhappy with the way a staff person or doctor treated you. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered (see Appeal).

10. Habilitation Services and Devices

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

11. Health Insurance

Health insurance is a type of insurance coverage that pays for medical and/or drug expenses. Health insurance can pay you back for expenses from illness or injury, or pay the provider directly. Health insurance requires the payment of premiums (see Premium) by the person receiving the insurance.

12. Home Health Care

A wide range of health care services a health care provider decides you need in your home for treatment of an illness or injury. Home health care helps you get better, regain independence and become as self-sufficient as possible.

13. Hospice Services

Hospice is a special way of caring for people who are terminally ill and provides support to the person's family.

14. Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

15. Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

16. Medicaid Health Plan

A plan that offers health care services to members who are verified as eligible by the state. The state contracts with certain health maintenance organizations (HMO) to provide health services for those who are eligible. The government pays the premium on behalf of the member.

17. Medically Necessary

Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

18. Network

A group of doctors, hospitals, pharmacies and other health care experts contracted by your plan to provide health services.

19. Network Provider/Participating Provider

A health care provider who has a contract with the plan as a provider of care.

20. Nonparticipating Provider/Out-of-Network Provider

A health care provider who **doesn't** have a contract with MHP as a provider of care.

21. Physician Services

Health care services provided by a person licensed under state law to practice medicine.

22. Plan

A plan that offers health care services to members who pay a premium.

23. Preauthorization

Approval from a plan that is required before you get a service, medical equipment or fill a prescription for the service, medical equipment or prescription to be paid for by your plan. Sometimes called prior authorization, prior approval or precertification. Your plan may require preauthorization for certain services before you receive them, except in an emergency.

24. Premium

The amount paid for health care benefits every month. Medicaid health plan premiums are paid by the government on behalf of eligible members.

25. Prescription Drug Coverage

Health insurance or plan that helps pay for prescription drugs and medications.

26. Prescription Drugs

Drugs and medications that, by law, require a prescription from a licensed physician.

27. Primary Care Physician

A licensed physician who provides and coordinates your health care services. Your primary care physician is the person you see first for most health problems. He or she makes sure that you get the care that you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them.

28. Primary Care Provider

A licensed physician, nurse practitioner, clinical nurse or physician assistant, as allowed under state law, who provides and coordinates your health care services. Your primary care provider is the person you see first for most health problems. He or she makes sure that you get the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them.

29. Provider

A person, facility or organization that's licensed to provide health care. Doctors, nurses and hospitals are examples of health care providers.

30. Rehabilitation Services and Devices

Rehabilitative services and/or equipment ordered by your doctor to help you recover from an illness or injury. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

31. Skilled Nursing Care

Services from licensed nurses, technicians and/or therapists in your own home or in a nursing home.

32. Specialist

A licensed physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

33. Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

Your Privacy

MHP cares about your privacy. We have a Privacy Notice available to all our members. We have policies and procedures in place that protect the privacy of your information:

- » Every MHP workforce member signs a statement when they are hired that states they are required to keep member information private.
- » Every MHP workforce member gets training every year on keeping information private.
- » MHP allows only workforce members who are authorized with a password to access electronic Information.
- » Paper information is stored in secure locations.
- » Only workforce members are allowed to see your personal information in order to complete their work responsibilities.
- » Information about MHP's policies relating to its use and disclosure of protected health information (PHI), use of authorizations, access to PHI and protection of oral, written and electronic PHI is available in MHP's Notice of Privacy Practices, which is located in this handbook and on our website.

Your Rights and Duties

You have rights as a MHP member. You also have duties as a MHP member. MHP 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 recognition of your dignity and privacy.

- » The right to have a primary care provider at all times.
- » The right to receive culturally and linguistically appropriate services.
- » The right to receive covered benefits consistent with MHP's contract with the state, and state and federal regulations.
- » The right to a current list of network providers and access to a choice of specialists within the network who can treat chronic problems.
- » The right to get covered routine and preventive OB-GYN and pediatric covered services without a referral if the OB-GYN, certified nurse midwife or pediatric specialist is a participating provider.
- » The right to receive Federally Qualified Health Clinic (FQHC) and Rural Health Clinic (RHC) services.
- » The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- » The right to receive information about available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- » The right to continue receiving medically necessary services from a provider who is no longer in the MHP network.
- » The right for female members who are pregnant to continue coverage with a provider who is no longer in the MHP network (that includes up to six weeks after you have your baby).
- » The right to have no "gag rules" from MHP, including having a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit.
- » The right to participate in decision-making regarding your health care.
- » The right to refuse treatment, get a second opinion and express preferences about treatment options.
- » The right to receive a copy of your medical record upon request, and request amendments or corrections.
- » The right to know how MHP pays its providers, including incentive arrangements or financial risk.
- » 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 MHP, the care provided, and the right to appeal a decision to deny or limit coverage.
- » The right to know that you or your provider cannot be penalized for filing a complaint or appeal about your care.
- » The right to get beneficiary information and information about the structure and operation of MHP, including the services, providers of care and your rights and duties.
- » The right to make recommendations regarding MHP members' rights and duties.
- » The right to have your medical record kept confidential by MHP and your provider.
- » The right to be free from other discrimination prohibited by state and federal regulations.
- » The right to be free to exercise your rights without adversely affecting the way MHP, providers or the state treats you.

Your Duties

- » You should schedule appointments in advance and be on time.
- » If you need to cancel an appointment with any provider's office, call as soon as possible.
- » You should use the hospital emergency room only for emergency care (if possible, you should call your provider before going to the emergency room).
- » You need to give all the information that you can to your providers and MHP 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 to your provider and understand your health problems and participate in developing mutually agreed-upon treatment plans.
- » You need to follow plans and instructions for care that you have agreed to with your provider.
- » You should tell the MDHHS and Customer Service right away of any change in address or telephone number.
- » You should help MHP 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 MHP member ID card at all times.

Take Responsibility for Your Health Care

You play an important part in making your health care safer and more effective by being an active, informed member of your health care team. The more you participate in decisions about your health care, the more likely you are to have better results.

We want you to know your rights as a patient and to be more informed about your care. Here are some simple guidelines to help you know your rights and choices:

- » Take good care of your health by making appointments for checkups and preventive care.
- » Talk with your provider about when you need regular health screenings.
- » Ask for a better explanation if you don't understand the answers to your questions.
- » Know what medications you take and why you take them.
- » Participate in your care and be part of all decisions about your treatment.

It is also important to be a good patient. Here are some simple things you can do to have a good provider- patient relationship.

- » Be on time for your appointments.
- » Tell your doctor about other providers you are seeing.
- » Bring a list of your medications to your appointments.
- » Bring a pad of paper and a pen to your appointment. It is a good idea to write down the instructions your provider is talking about with you.
- » Most importantly, if you are not sure or do not understand what you are being told, ask again. Your provider always wants to be sure you understand what they tell you.
- » Recognize that inappropriate behavior such as using threatening language, being disrespectful or engaging in a physical altercation may limit your health care service options.

Patient Advocate and Advance Directive

Many people worry 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 lives. 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 lives. You can choose a person to advocate for you in these situations. You can also write down what you want other people to do for you.

This is often called an advance directive. Now is a good time to write down your advance directives. This is because you can make your wishes known while you are healthy. Your provider's office has an advance directive form for you to fill out. This form will tell your provider what you want done. Your advance directive often includes a do-not-resuscitate order.

Some people do this after talking to their provider 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 provider can help you with this if you are interested.

If a treating person or organization knows about your do-not-resuscitate order and doesn't follow it, they may be held civilly or criminally liable. You can also file a complaint with MHP if this happens (see page 29). If you have any questions about MHP's policies, call Customer Service at 888-327-0671 (TTY:711). They can help you understand our policies.

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. MHP 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
bhpinfo@Michigan.gov
517-241-2389

The BHP Complaint & Allegation website is located here:

www.Michigan.gov/healthlicense (click on "File a Complaint")

For complaints about how MHP follows your wishes, call:

Michigan Department of Insurance and Financial Services
(www.michigan.gov/difs)
877-999-6442

Member Complaint, Grievance and Appeal Procedure

We want to hear your comments so that we can make our services better. We want you to receive answers to questions that you have about MHP. We will do our best to fairly resolve any problems you may have with us. Please contact us when you have any comments or concerns. We are here to help.

We can help you complete forms and take other steps. We also have interpreter and TTY services available for you.

Standard Grievances

A grievance is a complaint about having a problem calling MHP or if you're unhappy with the way a provider or an MHP employee treated you. Call Customer Service if you have questions or concerns. MHP staff will try to resolve your concerns during the first contact.

You may file a formal grievance if you are unhappy with our response. You can mail a grievance to:

McLaren Health Plan

Attn: Member Appeals

G-3245 Beecher Road

Flint, MI 48532

Phone number: 888-327-0671 (TTY:711)

Fax number: 810-600-7984

You can also send a grievance to MHPAppeals@McLaren.org.

Note that grievances do not include appeals. See the Appeals section below for more information on appeals. Customer Service staff can help you document and file a grievance. MHP will acknowledge receipt of your grievance in writing within five days of receipt. We will complete the grievance process within 30 days. Individuals who make decisions on your grievance will not be involved in a previous level of review. They will also not be a subordinate of a person who made a decision. If required, we will use an appropriate clinical person.

MHP has a two-step process for reviewing grievances. We will complete Step 1 within 15 days of receipt of a grievance. MHP will provide you with a written decision. If you are not happy with our decision, you may move to Step 2 by appealing to MHP in writing or by phone. We will start Step 2 only if we receive your appeal within five days of our written decision. MHP will review your grievance appeal. We will provide you with a final decision within 30 days from the initial date of your grievance. Our decision will be in writing.

Expedited (Fast) Grievances

We will treat your grievance as expedited if a physician substantiates the 30-day time frame would jeopardize your life or your ability to regain maximum function. Call Customer Service to file an expedited grievance. We will quickly make a decision. We will call you and your physician and tell you of our decision within 72 hours. We will send you a written letter with our decision within two days after we call you. You may, but you are not required to, file an appeal of an expedited grievance with MHP.

You may file a request for an expedited external review at the same time you file a request for an expedited internal grievance. If you file a request for an expedited external review, you may be considered to have exhausted MHP's internal grievance process. If you file a request for an external expedited review, your internal expedited grievance will be pended until the Michigan Department of Insurance and Financial Services (DIFS) decides whether to accept your request. If DIFS accepts your expedited external request, you will be considered to have exhausted MHP's internal grievance process.

Standard Internal Appeals

You may file an appeal of an adverse benefit determination with MHP. Note that an untimely response to a request may become an adverse benefit determination. You or your authorized representative have 60 days from the date of the adverse benefit determination letter to file an appeal.

You can have someone else act as your authorized representative to file your appeal. You will need to complete MHP's authorized representative form. It is available at mclarenhealthplan.org/healthy-michigan-member/materials-mhp/6796. You also may call Customer Service. We can mail a copy to you.

We cannot start the appeals process until we receive your signed authorized representative form. Please send it to us as soon as possible. In the unforeseen circumstance that untimely death should occur, an authorized representative may be appointed at any step in the appeals process to represent you.

You or your authorized representative can appeal in writing or orally. However, oral appeals must be followed by a written, signed appeal. If you don't send it to us timely in writing, your appeal will be dismissed. Send your appeal request along with any added information to:

MHP Health Plan
Attn: Member Appeals
G-3245 Beecher Road
Flint, MI 48532
Phone number: 888-327-0671 (TTY:711)
Fax number: 810-600-7984

You also can send an appeal to MHPAppeals@McLaren.org.

MHP will acknowledge receipt of your appeal in writing within five days of receipt.

When MHP makes a decision subject to appeal, it will give a written adverse benefit determination 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 10 days prior to the change in services. MHP will continue your benefits if all the following conditions apply:

The appeal is filed timely, meaning on or before the latter of the following:

- » Within ten days of MHP mailing the notice of action.
- » The intended effective date of MHP's proposed action.
- » The appeal involves the termination, suspension or reduction of 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 MHP continues or reinstates your benefits while the appeal is pending, the services will be continued until one of the following occurs:

- » You withdraw the appeal.
- » You do not request a fair hearing and continuation of benefits within 10 days from the date MHP mails an adverse action notice.
- » A State Fair Hearing adverse decision to you occurs.
- » The authorization expires or authorized service limits are met.

If we reverse the adverse action decision or if a State Fair Hearing reverses it, we will pay for services provided while the appeal was pending and authorize or provide the disputed services. MHP will do this as fast as your health needs. This will be no more than 72 hours after we receive notice of a reversal.

If an adverse State Fair Hearing decision is made, you may be required to pay the cost of your services. However, MHP may do this only as allowed by state policy.

You may request copies of information relevant to your appeal, free of charge, by contacting Customer Service. MHP will provide you with any new or added information considered, relied upon or generated by us related to your appeal. This is free of charge to you. We also will provide you with any new or added rationale for a denial of your claim or appeal. We will give you a reasonable opportunity to respond.

Once we receive your appeal request, we will send you a letter within five days telling you that we received your appeal. The letter will tell you about the appeals process. It also will include the time and location of the appeal meeting. You or your authorized representative may speak before the committee in person or by phone. You can present evidence and testimony and make legal and factual arguments. You must contact MHP if you want to take part in the appeal meeting. You can give documents and other information to us. We will consider this information during your appeal.

A person not involved in the initial decision will review your appeal. The person will not be a subordinate of anyone who previously made a decision on your appeal. If the appeal is based in whole or in part on medical judgment, the person who reviews the appeal will be of the same or similar specialty as would typically manage the case.

A person not involved in the initial decision will review your appeal. The person will not be a subordinate of anyone who previously made a decision on your appeal. If the appeal is based in whole or in part on medical judgment, the person who reviews the appeal will be of the same or similar specialty as would typically manage the case.

We will decide as fast as your health condition needs. Normally we have 30 days to complete the internal appeal process. We may extend this time period at your request. We also may extend the time period for the shorter of 14 calendar days or 10 business days if we requested information from a health care provider but we have not received it. But, the extension must be in your best interest. We will call you if we need to request an extension. We also will send you a letter telling you of the delay. If you disagree with the extension, you may file an appeal.

You will receive a written letter telling you of our final determination within three days after the decision is made. In addition, we may call you and tell you of our decision.

Expedited Internal Appeals

If your physician tells us that he or she believes that due to your medical status, resolution of your appeal within MHP's normal time frames would seriously jeopardize your life or health or ability to regain maximum function, the expedited appeals process may be used.

A request for an expedited appeal should be made by calling MHP at 888-327-0671. You also can make this request in writing. You must request an expedited appeal within 10 days of the adverse benefit determination. Expedited appeals are available only for pre-service adverse benefit determinations. This includes requests concerning admissions, continued stay or other health care services if you have received emergency services but have not been discharged from a facility. We may decide not to treat your appeal as expedited. If so, we will make reasonable efforts to call you and tell you this. We also will mail you a letter within two days of your request to tell you that your appeal is not expedited. Your appeal will be treated as a standard appeal.

If we accept your appeal as expedited, we will tell you and your physician of our decision as fast as your medical condition requires. This will be no later than 72 hours after we receive your request. Generally, MHP will notify you and your physician of MHP's decision by phone. We will send you and your physician a written letter of our decision within two days after we call you.

You may request an extension of an expedited appeal. But if you request an extension, we may deny your request for an expedited appeal. If so, we will move your appeal to the standard 30-day timeframe.

Your physician may confirm by phone or writing that you have a medical condition for which the time frame for completing an expedited internal appeal would seriously jeopardize your life, health or your ability to regain maximum function. If so, you, or your authorized representative, may file a request for an expedited external review. You can do this at the same time you, or your authorized representative, file a request for an expedited appeal with MHP. See the Expedited External Appeal section on page 37 for more information on how to do this.

If you choose to file a request for an external expedited review, your internal appeal will be pended until DIFS decides whether to accept your request. If DIFS accepts your expedited external appeal, you will be considered to have exhausted the internal appeal process.

External Appeal

If after your appeal we continue to deny payment, coverage or the service requested, or you do not receive a timely decision, you can ask for an external appeal with DIFS. You must do this within 127 days of receiving MHP's final adverse benefit determination. If you are not required to exhaust MHP's appeals process, you must do this within 127 days from receiving MHP's adverse benefit determination. MHP will give you the form required to file an external appeal.

Requests should be mailed or faxed to:

Department of Insurance and Financial Services
Health Plan Division
P.O. Box 30220
Lansing, MI 48909-7720

Delivery service:

Department of Insurance and Financial Services
Health Plan Division
P.O. Box 30220
Lansing, MI 48909-7720
Phone number: 877-999-6442
Fax number: 517-284-8838
Submit online at: <https://difs.state.mi.us/complaints/ExternalReview.aspx>

When appropriate, DIFS will request an opinion from an Independent Review Organization (IRO). The IRO is not contracted with or related to MHP. DIFS will issue a final order.

Expedited External Appeals

If after your expedited internal appeal we continue to deny coverage or the service requested, you can ask for an expedited external appeal with DIFS. You must do this within 10 days of receiving our appeal decision. You also may file a request for an expedited external appeal at the same time you file a request for an expedited internal appeal with MHP. MHP will provide the form required to file an expedited external appeal. These requests should be mailed or faxed to:

Department of Insurance and Financial Services
Health Plan Division
P.O. Box 30220
Lansing, MI 48909-7720

Courier/delivery service:

Department of Insurance and Financial Services
Health Plan Division
P.O. Box 30220
Lansing, MI 48909-7720

Phone number: 877-999-6442

Fax number: 517-284-8838

Submit online at: <https://difs.state.mi.us/complaints/ExternalReview.aspx>. When appropriate, DIFS will request an opinion from an IRO. The IRO is not contracted with or related to MHP. DIFS will issue a final order.

Fair Hearing Process

If we uphold our decision after your appeal, you may have additional appeal rights. You can file a request to the Michigan Office of Administrative Hearings and Rules(MOAHHR) with the DHHS. You must file your request with MOAHR within 120 days of our appeal decision. If we do not meet the notice and timing requirements required by law, you are considered to have exhausted MHP's appeals process.

Listed below are the steps for the State of Michigan's Medicaid fair hearing process:

Step 1: Call MOAHR at (877) 833-0870 or send an email to administrativetribunal@michigan.gov to have a hearing request (complaint) form sent to you. You also may 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 appeal is resolved before the hearing date, you must call to ask for a hearing request withdrawal form. You can call the phone number listed in Step 1 to request this form.

If an adverse State Fair Hearing decision is made, you may be required to pay the cost of your services. However, MHP may do this only as allowed by state policy.

We can help you complete forms and take other steps. We have interpreter and TTY services available for you upon request, free of charge.

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.

- » Changing a prescription form
- » Changing medical records
- » Changing referral forms
- » Letting someone else use your 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

Your help is important in McLaren Health Plan's efforts in identifying potential fraud, waste and abuse. 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 www.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 to MHP Compliance 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!

Current fraud schemes to be on the lookout for include:

- » Never give out your Social Security number, health plan numbers or banking information to someone you do not know.
- » Carefully review your MHP explanations of benefits to ensure the information is correct.
- » Know that free services DO NOT require you to give your MHP number to anyone.
- » Report to MHP's Fraud and Abuse Line or to MHP's Compliance Department of any items or services you did not receive.

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

Notice of Privacy Practices

for McLaren Health Plan, Inc. and McLaren Health Plan Community

MCLAREN HEALTH PLAN, INC. AND MCLAREN HEALTH PLAN COMMUNITY ARE AFFILIATED COVERED ENTITIES. THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT MEMBERS OF THOSE PLANS MAY BE USED AND DISCLOSED AND HOW A MEMBER 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 plans that 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 provider 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 provider 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 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.

Whom 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 mclarenhealthplan.org/noticeofprivacy.

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 mclarenhealthplan.org.

[Notice of Privacy Practices - MHPCC20151106 - Rev. 12/2015]

