McLaren Health Plan

Healthy Michigan Member Handbook

2021

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Welcome

Welcome to McLaren Health Plan (MHP). MHP will help you get the health care you need. MHP's toll free number is 888-327-0671 (TTY:711). You can reach all departments at MHP Health Plan by calling our toll free number. Customer Service, Medical Management, Appeals, and Pharmacy Departments are here to help you. When you join MHP, each family member should choose a primary care provider 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. If you do not like who we choose, you can call Customer Service at 888-327-0671 (TTY:711).

This *Member Handbook* gives you helpful tips about MHP and your Healthy Michigan benefits. The most up-to-date version of the handbook is on our website, and is available to view or download at McLarenHealthPlan.org/HealthyMichiganHandbook. If you would like a printed copy of the member handbook, please call Customer Service at 888-327-0671 (TTY:711). This handbook is available in regular and large print or alternative formats upon request and free of charge. We will mail you an updated copy of the member handbook free of charge within five business days.

Website

MHP has a website. It is McLarenHealthPlan.org. It is updated all the time. There are a lot of things on the website. You can see the Certificate of Coverage, which tells you about covered services. You can see the Provider Directory, which lists our hospitals and providers. The Provider Directory is available in regular and large print or alternative formats, upon request and free of charge. You can also see Clinical Practice Guidelines. These are standards of care for physicians to follow. You can get a printed copy of anything on the website. To get a copy, call Customer Service at 888-327-0671 (TTY:711). 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 www.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 a McLaren Health Plan (MHP) 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 physician 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!

To register, go to McLarenHealthPlan.org/mclarenconnect

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, 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.

Your MHP Healthy Michigan Identification Card

You have two identification cards (ID cards) that you should have with you every time you:

- Call McLaren Health Plan
- See a provider or get medical care
- Go to the pharmacy to pick up prescriptions

At the time of enrollment in Medicaid, the state of Michigan will mail you a permanent plastic health ID card. Your miHealth card tells providers that you are eligible for Michigan Medicaid. If you have questions about your green miHealth card, or need a new one, call the Beneficiary Help Line at 800-642-3195. Replacement ID cards can also be requested using the myHealthButton and the MyHealthPortal. Go to www.michigan.gov/myHealthPortal for more information.

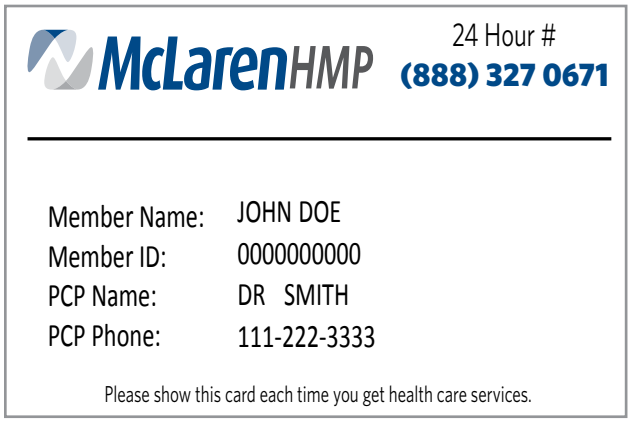
When you are enrolled in our plan, MHP will send you a separate member ID card. If you have questions about your coverage with MHP or need a new ID card, please go to the MHP website, member portal or call Customer Service at 888-327-0671 (TTY:711)

Important ID card information

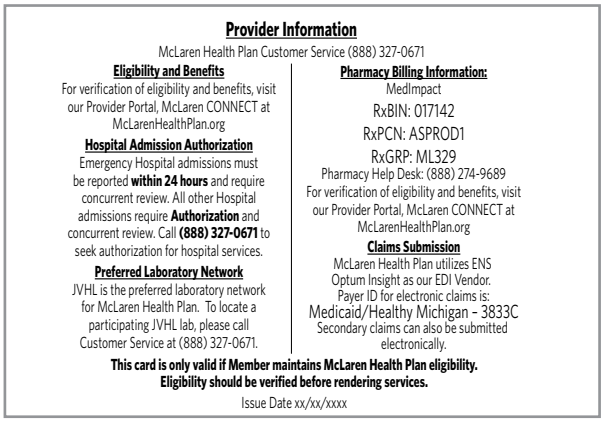
- Verify that your name is spelled correctly and your ID number on the MHP card matches the ID number on the green plastic mihealth card provided by the state of Michigan. If the information is not correct, contact MHP Customer Service.
- Contact your case worker if your name changes, for example, in the case of marriage.
- Your cards are for your use only. Do not let anyone else use your cards to access services.

This is what your MHP Healthy Michigan card looks like.

Front of card:



Back of card:



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

MHP Customer Service

Customer Service can help you. You can call us Monday - Friday from 8 a.m. to 6 p.m. at 888-327-0671 (TTY:711) to ask questions. We also can help you get a new ID card or find a provider.

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 that your health is in 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 that your plan 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 **i**nsurance coverage that pays for medical and/or drug expenses for people. Health insurance can pay the person 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 offers 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 need 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. **Non-participating Provider/Out-of-Network Provider**
    A health care provider who ***doesn't*** have a contract with the Medicaid health plan 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 by 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 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 of 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 receives training every year on keeping information private
- MHP only allows 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

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.

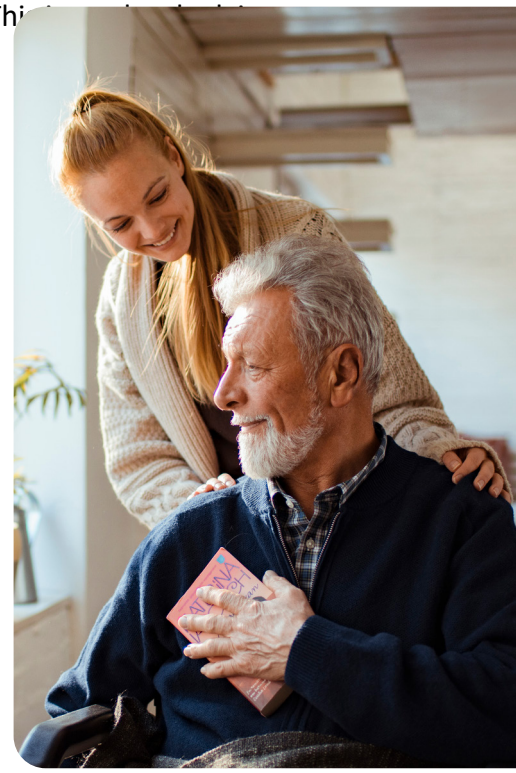
This is often called an advance directive. Now is a good time to write down your advance directives. This is because you can make your wishes known while you are healthy. Your provider's office has an advance directive form for you to fill out. This form will tell your provider what you want done. Your 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 their 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. Thi



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/lara/ (click on "file a complaint").

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

Michigan Department of Insurance and Financial Services

(877) 999-6442 www.michigan.gov/difs

How to Get the Medical Care You Need

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. For more information on this, please see "Having a specialist as your PCP" on page 12. 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. At your first appointment, you and your PCP will complete a Health Risk Assessment (HRA). An HRA is a survey about your health. It is important to talk to your PCP 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 for questions about care after normal business hours. 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 22 for more information).

Health Risk Assessment (HRA)

An HRA is a survey about your health. An HRA is 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. **All MHP members must complete an HRA within 60 days**

of enrollment.

Making an Appointment

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

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

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 a form called a "referral." **Your PCP is the only one who can ask for a referral to a specialist who does not participate with MHP.**

Changing Your PCP

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

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

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

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

Having a Specialist as a PCP

Patients with a chronic disease often need to see a specialist to obtain care. In limited cases, it may be better for the specialist to be your PCP. If you think you need a specialist as your PCP, call Customer Service at 888-327-0671 (TTY:711). The specialist must agree to be your PCP. We will review your request.**Transition of Care**

If you are a new MHP member receiving treatment for an illness or pregnancy and you have been getting services from a different health plan or straight Medicaid, we can help. Sometimes you may be able to have continued access to those services for 90 days. If you need more information about transitions of care, call Customer Service at 888-327-0671 (TTY:711).

For Your Information

Many providers of health care may be taking care of you. Our Provider Directory lists health care providers' names, addresses, telephone numbers, specialties and board certifications. If you want to know more about a provider, call Customer Service at 888-327-0671 (TTY:711). We can tell you more about the provider such as the medical school or residency they attended. Please call Customer Service if you want a printed copy of anything on our website. You can request copies free of charge and in large print or alternative formats or languages.

Case Management and Disease Management

Every MHP member has a Case Management nurse who will help you get the care and services you need to stay healthy. A Case Management nurse is available to all our members. Your nurse will help you improve your health, connect you with community support services, and help with any difficult health problems you may have. For assistance with any of these programs, please contact MHP at 888-327-0671 and ask to speak with your nurse.

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 check-ups 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.

Special Needs

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 member has a nurse assigned to them. Your nurse is here to help you with those special needs. If you need help understanding the written materials or need interpretation services, call Customer Service at 888-327-0671 (TTY:711).

The Provider Directory tells you if a provider speaks another language. This is listed by their 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 (TTY:711) to request copies. These services are available upon request and free of charge.

If you need help understanding the written materials or need interpretation services, call Customer Service at 888-327-0671 (TTY:711).

Healthy Behaviors

When you complete your HRA with your PCP, your PCP will talk with you about your health needs. Your PCP will also ask you if you are ready to make any changes to improve your health. Call Customer Service at 888-327-0671 (TTY:711) for details.

Copayments (Copays) for Services

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 Non-Emergency Services • Copayment ONLY applies to non-emergency 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

The MHP Healthy Michigan Plan has copays. When you are enrolled in a health plan, your copays will be 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 but 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 Healthy Michigan Plan requires those with annual incomes between 100 percent and 133 percent of the federal poverty level to contribute two percent of income annually for cost sharing purposes. You will get more information about your MI Health Account and contributions for cost sharing from MHP. You can reduce your annual contribution and copays by participating with your health plan in healthy behavior activities. Cost sharing cannot exceed five percent of your income.

MHP Healthy Michigan Copays

Not all services have copays and not all people are required to pay copays. For example, services that help you get or stay healthy, like preventive services or certain services or medications that help you manage a chronic condition, may have no copays. Also, some people don't have to pay copays at all (for example those who are under 21). See the grid below titled, Healthy Michigan Plan Copayment Exceptions for a more complete listing.

Healthy Michigan Plan Copayment Exceptions

Groups Exempt from Copay Requirements	Services Exempt from Copay Requirements
• 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	• 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 online at www.michigan.gov/healthymichiganplan- Healthy Michigan Plan Provider Information.

The amount you owe could be different than what is shown in the MHP Healthy Michigan Copays table on *page 16.* 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. When you receive your MI Health Statement, it is your responsibility to make your payments as listed on the statement.

Do I Need a Referral or Authorization?

MHP cares about you and your health. MHP wants you to get the care and services you need. You have chosen a PCP to handle your health care. 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. An authorization is when your PCP must ask MHP for approval of the services you need to have. In some cases, you need a written authorization before you receive services. However, in some cases you do not. 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 receive services from an in-network specialist.* If you think you need a second opinion, you can get one from another in-network provider. If you want a second opinion from an out-of-network provider, call MHP for assistance. It is still recommended that you work with your PCP.

Your PCP can help you get the most effective, high quality care. If you have a question about a health care service that may need a referral or authorization, call Customer Service at 888-327-0671 (TTY:711). Any health care that you receive must be medically necessary. MHP pays for many covered services. Your PCP is the best person to decide which health care services are medically necessary.

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, when approved, will be paid for as if the service was provided in-network.

The next two pages give short lists of:

- What Medicaid covers
- What the MHP Healthy Michigan Plan covers
- What is not covered at all

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

**This in-network service still requires an authorization:*

Injectable medications given in the office of an in-network specialist

For a list of services requiring pre-authorization, please visit our website at McLarenHealthPlan.org or call Customer Service at 888-327-0671.

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. If you have any questions, please call Customer Service or talk to your local MDHHS office 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 the state's contract for Specialty Behavioral Services or the state's contract for Specialty Services for Persons with Developmental Disabilities

**Drug and Alcohol Abuse Care: If you think you or a covered family member may need this type of care, speak with your PCP. Some warning signs can be drinking alcohol every day, using illegal drugs or being unable to stop either one by yourself. 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 federal healthcare law "essential health benefits," 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 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 services (MIHP)
- 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 treatment (STI)
- Telemedicine or Telehealth Services
  - Therapy services (speech, language, physical and occupational)
- Tobacco cessation treatment, including pharmaceutical and

behavioral support
- Transplant services
- Transportation
- Vision services

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

Most Often Asked Questions about Covered Services

Customer Service can help you with most of your questions. They can help you connect with your PCP. They can connect you with your MHP nurse if you have questions about your medical care. Customer Service can be reached at 888-327-0671 (TTY:711).

Listed below is information to help you understand your health care services. Remember, if you are told a service is not a covered benefit, call Customer Service to verify.

Provider Services: What's covered?

- Office visits
- Routine physicals
    - Routine immunizations (shots)
    - Podiatry (foot) care

If your provider has a question regarding your benefits, have him or her call Customer Service at 888-327-0671 (TTY:711).

Durable Medical Equipment and Supplies

When needed, MHP covers durable medical equipment and medical supplies. Durable medical equipment is equipment that can be used for a long time. Medical supplies are supplies that cannot be re-used. Your provider will give you a referral for these services.

Emergency and Urgent Care

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

Some examples of emergencies are:

- Bad burns or a bad cut
- Bad car accident
- Bleeding that won't stop
- Broken bones
- Choking
- Gunshot wound
- Heart attack
- Poisoning
- Trouble breathing

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

Rural Health Clinics (RHCs) and Tribal Health Centers

RHC or Tribal Health Center services are covered for members 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.

Dental Services

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.

If you would like to obtain transportation to a dental appointment, please call MHP at 888-327-0671 (TTY:711).

Community Based Services

For information on how to access community based support and services in your area, call Customer Service at 888-327-0671 (TTY:711).

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 a MHP eye care center **without** a referral from your PCP. If you are a diabetic, you can go to an in-network eye professional every year **without** an authorization.

You can find a list of MHP in-network eye care centers in the MHP Provider Directory at McLarenHealthPlan.org or you can call Customer Service at 888-327-0671.

Family Planning Services

Family planning means helping you not to 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 family planning provider in-network or out-of-network. 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 Healthy Michigan members. The specific listing of FQHC services is found in the MHP Provider Directory.

Health Education

MHP encourages you to visit www.michigan.gov/healthymichigan and participate in the Michigan Health & Wellness 4 x 4 plan. This will help you work on healthy behaviors. On this website, you can create a personal plan and work toward the goals of:

- 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!

MHP also offers many books and classes to help you stay healthy. We can help you learn more about family planning, how to stop smoking, new parenting, breast feeding, CPR, weight loss, first aid, babysitting, asthma, diabetes and more. We have books about Alcoholics and Narcotics Anonymous for any member who asks. Call Customer Service at 888-327-0671.

Hospice

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

Hospital Care

Inpatient hospital care means that you have to stay in the hospital overnight or longer. You need an authorization, and 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

If you go out of state, MHP will cover emergency care. If you have an emergency, go to the nearest hospital. All other out-of-area care needs an authorization from your PCP and MHP. MHP does not cover services outside of the United States.

If you need services outside your country of residence, please call Customer Service for assistance.

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 for mental health. Diagnostic tests, like x-rays and lab services, are covered for mental health, but may need an 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

If you think you might be pregnant, call your PCP right away. Once your PCP is sure you are pregnant, you will have a private talk about your health. Your PCP can help you find a specialist, or call Customer Service at 888-327-0671 and ask for "your nurse."

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.

Once your baby is born, you can get a breast pump with a prescription from your provider. You also need to make sure your baby sees his or her provider for a well-baby checkup. It is important to take care of you and your baby! Call us at 888-327-0671 to learn about the best care for you and your baby.

Pregnant women may choose to receive medical services through a Medicaid program for pregnant women. To do so, contact your local MDHHS office to report your pregnancy and due date.

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

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

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 check-ups
- Immunizations (shots)
- Provider visits
- Mammograms
- Dentist visits
- Hearing check-ups
- Eye exams

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:

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

Telemedicine or Telehealth Services

McLaren Health Plan supports the appropriate use of telemedicine or telehealth services to improve health outcomes.

Telemedicine or telehealth are the practice of medicine using technology to deliver care at a distance. For more information on telemedicine or telehealth benefits, please contact Customer Service at 888-327-0671 (TTY:711) and ask for your nurse.

Tobacco Cessation Treatment

MHP can try to help you quit smoking. MHP covers medications to help you stop using tobacco. These include Nicotine gum, lozenges, patches, inhalers and nasal sprays. Other covered medications are Zyban® and Chantix®. You can get other tobacco cessation benefits such as counseling services to help you stop smoking. You also are entitled to a FREE stop smoking program. Call (800) 784-8669 to enroll. Remember to talk to your provider if you are ready to quit.

Transportation

MHP provides transportation for you to get medical care. This includes both emergency and non-emergency transportation. Services for hospital-based ambulance rides to and from a nursing facility to your home are covered. All transportation must be medically necessary.

- If you have a medical emergency call 911
- If you need non-emergency, medically necessary transportation, call Customer Service at 888-327-0671 (TTY:711) for information about MHP's transportation guidelines

- Call us in advance we need time to set up your ride

- You can also request transportation for urgent appointments for same or next day service

- Door-to-door service upon request

- The need for additional riders and/or car seats

- Americans with Disabilities Act (ADA) paratransit

- To learn more about your transportation options or to set up or cancel your ride, call 888-327-0671 (TTY:711). You should call as soon as you can if you need to cancel.

If you do not have a way to get to and from your provider or you do not have a way to get to treatment that MHP covers, you can get help with rides. Some of the time you need a referral from your PCP. You only need a referral if your transportation is for a service that requires pre-authorization. Your PCP knows when a referral is needed. Let MHP know if you need a ride. We need time to set up your ride. Call MHP as soon as you know you need a ride, at least 2 days before your appointment. We also need some important information from you to be able to get you a ride. There is a special review process if you need transportation outside of your county. It is important to remember that if you cancel your appointment, you need to call MHP to cancel your transportation as soon as possible.

Service Not Covered by MHP

Some services are covered by Medicaid fee for service, 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 - 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.

When You Need a Medication

Sometimes, your provider feels that you need a medication. MHP follows the common drug formulary required by MDHHS. A drug formulary is a list of medications covered by MHP. However, 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 tell your provider if the medication request has been approved. Sometimes MHP will give your provider another choice of medication.

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

Some medications that you may need are covered by MHP, others are covered by Medicaid. Medications covered by MHP have copays. See page 14 of this Handbook 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. Remember to take your MHP ID card and your Medicaid ID card with you to the Pharmacy. If you have any questions, call Customer Service at 888-327-0671 (TTY:711).

Remember, MHP covers medications. If the pharmacy tells you a prescription you are trying to fill is not covered, call your PCP or Customer Service. Most likely it is a medication that is not on the common drug formulary. Most medications that are not on the common drug formulary have suitable alternatives. We can help you.

When you need a medication:

- Make sure the provider giving you the prescription knows about the common drug formulary
- If you are told a medication is not covered, call your PCP or Customer Service at 888-327-0671 (TTY:711)

Women's Routine and Preventive Health Services

MHP pays for annual physicals and cancer screenings. All women should have an annual physical and Pap test. When getting a Pap test, a screening for Chlamydia should be performed. Women age 50 and older need an annual mammogram. Call your PCP to schedule these important tests. You also 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. If you have any questions, call Customer Service at 888-327-0671 (TTY:711).

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 a 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. If you are still unhappy with MHP's response, you may file a formal grievance. You can mail a grievance to us at:

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

You also can send us a Grievance by email 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 only start Step 2 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. However, you will need to complete MHP's authorized representative form. It is available at McLarenHealthPlan.org. 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. You may appoint an authorized representative form. Please send it to us as soon as possible. You may appoint an authorized representative at any step in the appeals process to represent you in the unforeseen circumstance that untimely death should occur.

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 timely send it to us in writing, your appeal will be dismissed. Send your appeal request along with any added information to:

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

Fax: (810) 600-7984

You also can send us an appeal by email 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, MHP 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 later of the following:
    - Within 10 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 decision adverse to you is made
- The authorization expires or authorization 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 this 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 only do this 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, 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.

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 only available 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, you have a medical condition that 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, files 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 Review

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

Toll Free Telephone: (877) 999-6442
FAX: (517) 284-8838
Submit online at: https:zzdifs.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

Toll Free Telephone: (877) 999-6442

FAX: (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 complaint with the Michigan Office of Administrative Hearings and Rules(MOAHR) with the DHHS. You must file your complaint 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.

For Your Information

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 care such as procedures, medications and devices. This process includes reviewing all of the medical information.

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

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

The committee then makes a decision if the new care is covered. If you or your PCP has a question about any new medical care that becomes available, please call Customer Service at 888-327-0671 (TTY:711). We can help answer your questions.

If You Receive a Bill

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

When Your Family Size Changes

Any time your family size changes, call the local MDHHS office. 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, Infant and Children (WIC) Good Food Program

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

You or your kids may be able to get WIC if you are pregnant or breast feeding, recently had a baby, have children from newborn to age five 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 a WIC clinic near you, or call Customer Service at 888-327-0671 (TTY:711) for assistance. For more information you can visit the MDHHS WIC website at www.michigan.gov/mdhhs.

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, providers or any employee, is rewarded for making decisions 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. If you have any questions about this, call Customer Service at 888-327-0671 (TTY:711).

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 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 services.

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

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

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

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 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*

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 https://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 (EOBs) to ensure the information is correct*
- *Know that free services DO NOT require you to give your MHP 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.

Service Area

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

Hospital Network

ALLEGAN
Allegan General Hospital
Ascension Borgess-Pipp Hospital

ALPENA
Mid Michigan 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
MidMichigan Medical Center

CLINTON
Sparrow Clinton Hospital

CRAWFORD
Munson Healthcare Grayling Hospital

EATON
Eaton Rapids Medical Center
Sparrow Eaton

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

GRAND TRAVERSE
Munson Medical Center

GRATIOT
MidMichigan Medical Center

HILLSDALE
Hillsdale Community Health Center

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 St. Women's Treatment Center
Sanford House at John St. 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
MidMichigan Medical Center

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
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
MidMichigan 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 Medical Center Saginaw
Ascension St. Mary's of Michigan Towne Centre
Healthsource Saginaw Inc.
Covenant Hospital Saginaw
Select Specialty

ST. CLAIR
Ascension River District Hospital
McLaren Port Huron Hospital*

ST. JOSEPH
Sturgis Hospital
Three Rivers Health

SANILAC
Deckerville Community Hospital
McKenzie Memorial Hospital

SHIAWASSEE
Memorial Hospital & Healthcare Center

TUSCOLA
Hills & Dales General Hospital
McLaren Caro Region

VAN BUREN
Bronson South Haven Hospital

WASHTENAW
Select 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 MI
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
Stonecrest Center
Surgeon's Choice Medical Center

WEXFORD
Munson Healthcare Cadillac Hospital

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.

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

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

Additional Information:

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

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