McLaren
HEALTH PLAN

Medicaid Member Handbook 2023

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Welcome

Welcome to McLaren Health Plan (MHP). This member handbook gives you helpful tips about MHP. 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 find a doctor? Need help understanding our written materials or need interpretation services? Give us a call! Business hours are Monday through Friday from 8 a.m. to 6 p.m.

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 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!

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, 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 who 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. 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 12 for more information).

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 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 happens when a child is nearing adulthood. Here's 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 providers of health care may be taking care of you. Our provider directory has information about our health care network. It lists health care provider 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 or your child have special needs, such as chronic conditions or mental or physical disabilities, call Customer Service and ask to speak to your nurse. Every MHP 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.

Children's Special Health Care Services (CSHCS)

Children who qualify for CSHCS can get the care they need as MHP members. MHP works closely with local health departments, PCPs and specialists to provide full-service care and access to community resources, case management, transportation, provider visits and many more services. Please call Customer Service to find out more at 888-327-0671 (TTY: 711).

Your Benefits

Services COVERED by Medicaid (not MHP)

Below is a list of medical services that MHP will not pay for, but they are still covered because you qualify for Medicaid. You must use your Medicaid ID card for these services. Call Customer Service or talk to your local MDHHS office about these services if you have any questions.

- Care for developmental disabilities (provided through Community Mental Health or school district)
- Custodial care in a nursing home
- Dental care*
- Home and community-based waiver program care
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility) after 45 days
- Inpatient psychiatric care
- Outpatient partial hospital psychiatric care
- Personal care or home help
- Pharmacy and related services prescribed by providers under Michigan's contract for specialty behavioral services or the state's contract for specialty services for persons with developmental disabilities
- Rides for care not covered by MHP, but covered by Medicaid
- Services given by a school district
- Substance abuse treatment**
- Mental health services according to guidelines under policy for Serious Mental Illness/ Severe Emotional Disturbance
- Traumatic brain injury program service
- Transportation for services provided to persons with developmental disabilities through Community Mental Health Services Programs (CMHSP)

**MHP dental care for pregnant women, see page 20 for more information. For non-pregnant members, Medicaid covers some dental care. Dental coverage for Medicaid members up to age 21 is provided through Healthy Kids Dental, which is provided by the State of Michigan.*

***Drug and Alcohol Abuse Care: Speak with 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 COVERED by MHP or Medicaid

Listed below is information to help you understand your covered health care services. Provider office visits, routine physicals, routine immunizations (shots) and healthy baby care/healthy child care (well-child visits) are covered. Remember, if you are told a service is not a covered benefit, call Customer Service at 888-327-0671 to verify. Have your provider call Customer Service if he or she has a question regarding your benefits.

- Ambulance and other emergency transportation when necessary
- Blood lead tests and follow-up
- Breast pumps
- Certified nurse midwife
- Certified pediatric & family nurse practitioner services
- Chiropractic services (up to 18 visits per calendar year, additional visits require preauthorization)
- Dental care for pregnant women
- Diagnostic services (lab, X-ray, other imaging)
- Durable Medical Equipment and supplies
- Emergency services, including transportation
- End Stage Renal Disease services
- Family planning

- Health education
- Hearing and speech
- Hearing aids (covered once every five years when provided by a Participating Provider)
- Home health services
- Hospice Services
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility) up to 45 days
- Immunizations (shots)
- Inpatient hospital services
- Long-term Acute Hospital Services (LTACH)
- Maternal infant health program services
- Medically necessary weight reduction
- Mental health care
- Office visits to your provider
- Orthotic services
- Out-of-state services, when authorized
- Outpatient hospital services (especially pregnancy related and well-child visits)
- Parenting and birthing classes
- Pharmacy services
- Podiatry
- Preventive services
- Prosthetic services
- Sexually Transmitted Infection (STI) treatment
- Restorative or rehabilitative services (in a place other than a nursing facility)
- Specialist visits with referrals
- Telemedicine or telehealth Services
- Therapy (speech, language, physical and occupational services)
- Tobacco cessation treatment, including pharmaceutical and behavioral support

- Transplant services
- Transportation
- Vision services
- Well-child visits under age 2

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

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.

Services NOT Covered by MHP 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

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.*

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.

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, 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.

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

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

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

Dental services are a covered benefit for pregnant women. Women who are pregnant or have become pregnant need to report the pregnancy to their case manager or to MHP at 888-327-0671 (TTY:711). Pregnant members will receive a Delta Dental benefit card.

MDHHS has extended the postpartum Medicaid eligibility coverage to 12 months effective April 1, 2022. As a result, this also changed the benefit period for pregnant women dental benefits. Your pregnancy dental benefit begins when you become pregnant and ends 12 months after the pregnancy termination date. Please call Customer Service at 888-327-0671 (TTY: 711) if you have questions about your pregnancy dental benefit.

MHP's dental benefit includes teeth cleaning, fillings and other preventive dental services. You will get your dental checkups through a Delta Dental EPO dentist. Please contact Delta Dental at 866-558-0280 or visit www.DeltaDentalmi.com if you have questions about your dental benefits. 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 re-used. 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/medicaid-member/find-a-provider-medicaid 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 service

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. Doula services are available effective Jan. 1, 2023. Doulas are non-clinical support people who assist 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.

This is a Medicaid program for pregnant women. Contact your local MDHHS office to report your pregnancy and due date.

MDHHS has extended the postpartum Medicaid eligibility coverage to 12 months effective April 1, 2022. As a result, this also changed the benefit period for pregnant women dental benefits. Your pregnancy dental benefit begins when you become pregnant and ends 12 months after the pregnancy termination date. Please call Customer Service at 888-327-0671 (TTY: 711) if you have questions about your pregnancy dental benefit.

There also is a program available to you called Maternal Infant Health program. This is a program for women who may need extra help when they are pregnant. These are special people trained to help you understand what is happening to you and they can help you get supplies 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 have no out-of-pocket cost for preventive services. You must schedule an appointment with your PCP within 60 days of choosing or being assigned to MHP. Your MHP plan covers:

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

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

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 non-emergency transportation. All transportation must be medically necessary. Sometimes you need a referral from your PCP. 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)

Service Not Covered by MHP

Some services are covered by state Medicaid, not by MHP. These services include dental, substance abuse and some mental health services.

If you live in Wayne, Oakland or Macomb County and need a ride to those services, call Logisticare at 866-569-1902. They are open Monday through Friday from 8 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.

Well-Child Care (EPSDT)

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

Lead screening is a very important test that should be included with well visits for all children. The screening should occur at 12 months and 24 months of age. Your child is at risk for lead poisoning for many reasons. Ordinary dust and dirt contain lead. Children who put their fingers, toys or anything else in their mouths can get poisoned. Lead in your child's blood can cause health and behavioral problems. Growing bodies absorb lead more easily. Get a lead screening. All children should be screened by age 2, but it is never too late to check for lead poisoning. A simple finger stick test can screen your child's blood. Ask your provider about this test or call Customer Service at 888-327-0671 (TTY:711). We can help you get the test at your PCP's office.

New Benefits Effective Jan. 1, 2023

Members now have the following additional benefits:

- Dental sealants for all members under age 21 to prevent pit and fissure cavities
- Flouride varnish for all children every three to six months by a primary care or dental office until six years of age
- Depression and suicide risk screenings for all members 12 years of age until 21 years of age
- A risk screening for Hepatitis B virus (HBV) for all under 21 years of age
- A risk screening for sudden cardiac arrest and sudden cardiac death for members 11 to 21 years of age
- Behavioral, social, emotional screenings for members under 21 years of age

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 do not have a copayment. 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.

Call your PCP or MHP Customer Service if you are trying to fill a prescription and are told by the pharmacy that it is not covered. We can help you. It may mean your medication is not on the common drug formulary.

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 ID card and your Medicaid ID card with you to the pharmacy. 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.

Additional Program Information

Beneficiary Monitoring Program (BMP)

BMP is a program that reviews the use of Medicaid services. We look at certain types of Medicaid services to assess appropriate use. We look to see if the services are needed for your medical condition. We also tell you the correct way to use Medicaid 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 have a copayment for any covered services as an MHP Medicaid member. 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. 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) and ask for Medical Management if you or your PCP has 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 making a decision 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, Infant and Children (WIC) Good Food Program

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

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

- are also on Medicaid or food stamps;
- live in Michigan, and
- the health department thinks you need good food.

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.

MHP 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 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

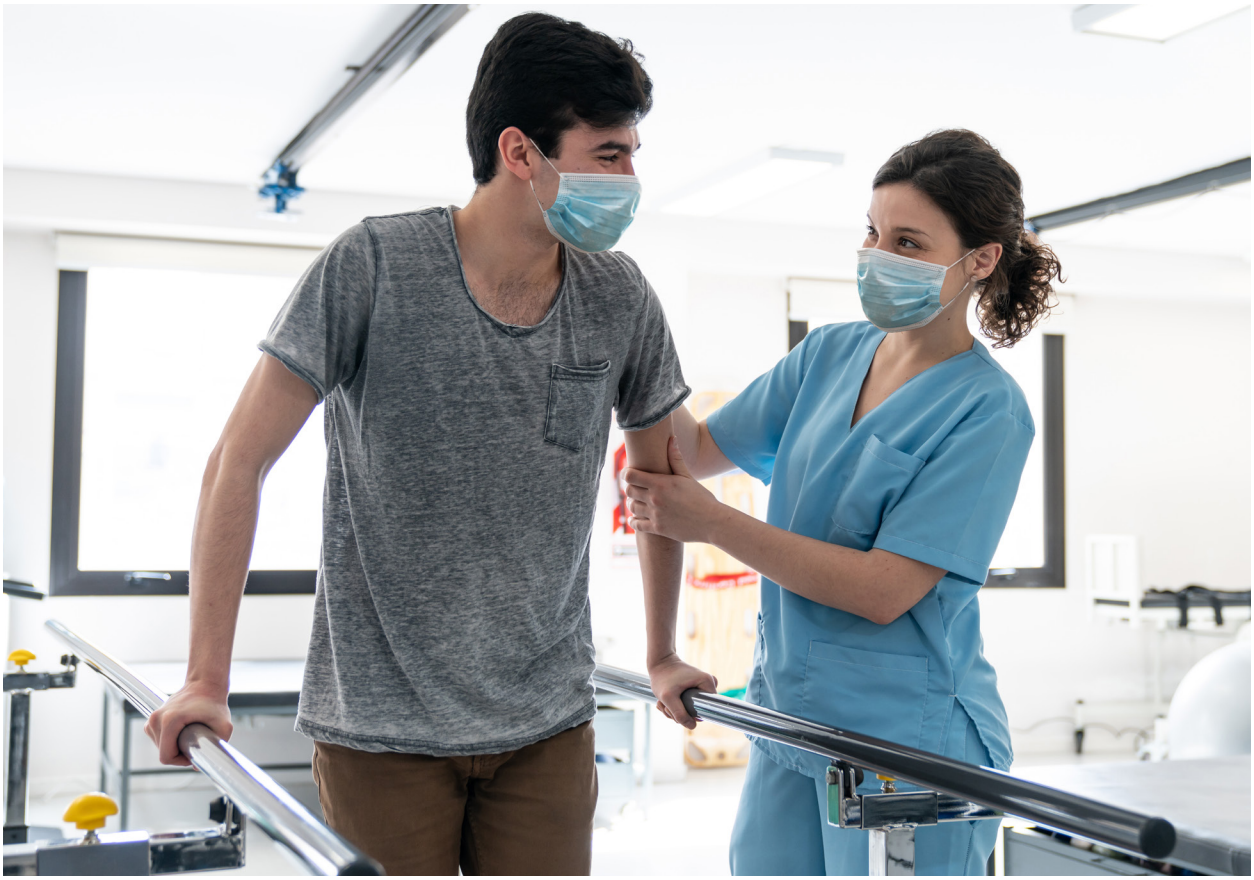
WASHTENAW
Select Specialty Hospital
- Ann Arbor University of Michigan Medical Center

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



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 care or if you need a new one. You also can order a new card at **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 case worker 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:

Front

McLaren MEDICAID

24 Hour #
(888) 327 0671

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.

Back

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: ML110
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

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 MHP. You can appeal if we:
   - Deny your request for a health care service, supply, item or prescription drug that you think you should be able to get
   - Reduce, limit or deny coverage of a health care service, supply, item or prescription drug you already got
   - Stop providing or paying for all or part of a service, supply, item or prescription drug you think you still need
   - Do not provide health services in a reasonable amount of time
2. **Copayment**
   An amount you must pay as your share of the cost for a medical service or supply, such as 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 a prescription drug.
3. **Durable Medical Equipment**
   Equipment and supplies ordered by a health care provider for everyday or extended use. This includes, but is not limited to oxygen equipment, wheelchairs, crutches or blood testing strips for people with diabetes.
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 MHP. For example, you may file a grievance if you have a problem calling us 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 MDHHS. MDHHS contracts with certain Health Maintenance Organizations (HMOs) 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 MHP to provide health services.

19. **Network Provider/Participating Provider**
    A health care provider who has a contract with MHP as a provider of care.

20. **Non-participating 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 MHP that is required before you get a service, medical equipment or fill a prescription in order for the service, medical equipment or prescription to be paid for by MHP. This also may be called prior authorization, prior approval or precertification. MHP may require preauthorization for certain services before you get 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 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.

28. **Primary Care Provider**
    A licensed physician, nurse practitioner, clinical nurse specialist 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 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 only allows workforce members who are authorized with a password to access electronic information.
- Paper information is stored in secure locations.
- Only workforce members who need to do their jobs may see your information.
- 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. It is in this handbook and on our website.

Your Rights and Duties

You play an important part in making your health care more effective by being an active, informed member of your health care team. You're likely to have better results if you join in decisions about your health care. We want you to know your rights as a patient and to be informed about your care. Here are some 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.
- Join in your care and be part of all decisions about your treatment.

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

- Be on time for your appointments.
- Tell your provider 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 providers always want to be sure you understand what they tell you.
- Recognize that inappropriate behavior such as using threating language, being disrespectful, or engaging in a physical altercation may limit your health care service options.

Your Rights

- The right to confidentiality
- The right to be treated with respect and with due consideration for your dignity and privacy
- The right to receive information on beneficiary and plan information
- The right to be free to exercise your rights without adversely affecting the way the plan, providers or MDHHS treats you, the enrollee
- The right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand

- 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 (CLAS)
- The right to get 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 be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- The right to get information on available treatment options and alternatives presented in a manner appropriate to your conditions and ability to understand
- 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 get Federally Qualified Health Clinic (FQHC) and Rural Health Clinic (RHC) services
- The right to continue receiving services from a provider who is no longer in the MHP network if it is medically necessary
- The right for female members who are pregnant to continue coverage with a provider who is no longer in the 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 coverage
- The right to join 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 get 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 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 always carry your MHP member ID card

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 also can 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 also can file a complaint with MHP if this happens (see page 23). Call Customer Service at 888-327-0671 (TTY:711) if you have any questions about MHP's policies.

We will help you understand our policies.

No one can force you to fill out the advance directive form. You can change it at any time if you do fill out the form. 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:
michigan.gov/healthlicense (click on "file a complaint")

For complaints about how MHP follows your wishes, call:
Michigan Department of Insurance and Financial Services
877-999-6442
michigan.gov/DIFS

Member Complaint, Grievance and Appeal Procedure

Member Complaints

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

We can help 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 file a grievance orally with Customer Service or by mail. If you choose to mail a grievance, send it 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.

Please understand that grievances do not include appeals. See the Appeals section in this handbook for more information on appeals. Customer Service staff can help you submit your grievance over the phone and file the grievance on your behalf. They will acknowledge your grievance orally. If you chose to mail your formal grievance McLaren will acknowledge receipt within five days. We will complete the grievance process within 30 days. Individuals who make decisions on your grievance will not be involved in previous levels of review. They will also not be a subordinate to any person who made decisions. 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 get your appeal within five days of our written decision. MHP will review your grievance appeal. We will provide you with a final decision 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 doctor confirms the 30-day time frame would risk your life or your ability to regain the most function. Call Customer Service to file an expedited grievance. We will decide quickly. We will call you and your doctor to tell you of our decision within 72 hours. After we call you, we will send you a letter with our decision within two days. You can, but you don't have to, file an appeal of an expedited- ed grievance with us.

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 expedited external review, your expedited internal 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 review 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. Or you may call Customer Service. We can mail a form to you. You may appoint an authorized representative at any step of the appeals process. Your estate representative may represent you if your appeal continues after you are deceased. We cannot start the appeals process until we get your signed authorized representa tive form. Please send it to us as soon as possible.

You or your authorized representative can appeal in writing or by calling to tell us about your appeal request. If you don't send your appeal in writing to us timely, 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.

MHP will send you and the requesting provider (if applicable) a written adverse benefit determination notice if we make a decision subject to appeal. Adverse action notices for the suspension, reduction or termination of services must occur at least 10 days before 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
- An authorized provider ordered the services
- 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 continue until one of the following occurs:

- You withdraw the appeal
- You do not request a fair hearing and continuation of benefits within ten 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

MHP will pay for services provided while the appeal was pending if we reverse the adverse action decision or if a State Fair Hearing reverses it. We will authorize or provide the disputed services no more than 72 hours after we get a reversal notice. MHP will do this as fast as your health requires.

You may be required to pay the cost of your services if an adverse State Fair Hearing decision is made. MHP may only do this as allowed by Michigan policy.

You may request copies of information relevant to your appeal from Customer Service. This is free of charge to you. 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 will also give you any new or added rationale for a denial of your claim or appeal. We will give you a reasonable opportunity to respond.

We will send you a letter within five days of receiving your appeal request. The letter will confirm receipt of your appeal request and explain the appeals process. It 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. This person will not be a subordinate of anyone who previously made a decision on your appeal. The person who reviews the appeal will be of the same or similar specialty as would typically manage the case if the appeal is based in whole or in part on medical judgment.

We will decide as fast as your health condition requires. We normally have 30 days to complete the internal appeal process. We may extend this time at your request. We may also extend the time 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. The extension must be in your best interest. We will call you if we need to request an extension. We will also send you a letter telling you of the delay. You may file an appeal if you disagree with the extension.

You will get a written letter telling you our final decision within three days. We also may call you and tell you of our decision.

Expedited Internal Appeals

The expedited appeals process may be used if your doctor tells us he or she believes resolution of your appeal within MHP's normal time frames would seriously risk your life, health or ability to regain the most function due to your health situation.

You can ask for an expedited appeal by calling us at 888-327- 0671 (TTY:711). You can also ask by writing. You must ask for an expedited appeal within ten days of the adverse benefit determination. Expedited appeals are only available for pre-service adverse benefit determinations. This includes requests about admissions, continued stay or other health care services if you received emergency services but have not discharged from the 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 will also mail you a letter within two days of your request to tell you we will not treat your appeal as expedited. Your appeal will be treated as standard.

If we accept your expedited appeal, we will let you and your doctor know our decision as fast as your medical condition requires. We will tell you no later than 72 hours after receiving your request.

We will let you and your doctor know our decision by phone. We will send you and your doctor the decision in writing within two days after we call you.

You can ask for an extension of your expedited appeal. We will move your appeal to the standard 30-day timeframe if your expedited appeal request is denied.

Your doctor may confirm by phone, or in writing, you have a medical condition where the time frame for completing an expedited internal appeal would seriously jeopardize your life, health or your ability to regain the greatest 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 the request is filed for an expedited internal appeal with us. See the expedited external appeal section on page 39 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

You can ask for an external appeal with DIFS if we continue to deny payment, coverage or services asked for after your appeal, or you do not get a timely decision. You must do this within 127 days of receiving MHP's final adverse benefit determination. MHP will give you the form needed to file an external appeal. Completed 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

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

Expedited External Appeals

You can ask for an expedited external appeal with DIFS if we continue to deny coverage or services asked for after your expedited internal appeal. You must do this within ten days of receiving our appeal decision. You may also 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 give you the form to file an expedited external appeal. These completed 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** DIFS will request an opinion from an IRO when appropriate. The IRO is not contracted with or related to MHP. DIFS will issue a final order.

Fair Hearing Process

You may have more appeal rights if we uphold our decision after your appeal. You can file a request to the Michigan Office of Administrative Hearing and Rules (MOAHR) with the DHHS. You must file your request with MOAHR within 120 days of our appeal decision. If MHP does not meet the notice and timing criteria required by law during the appeals process, you are considered to have exhausted MHP's appeals process and you can proceed to a fair hearing. Listed below are the steps for the state of Michigan's Med- icaid 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 may also call to ask questions about the hearing process.

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

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

Step 4: The results will be mailed to you after the hearing is held. You must call to ask for a hearing request withdrawal form if your appeal is resolved before the hearing date. You can call the phone number listed in Step 1 to request this form.

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

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

Help Prevent Fraud, Waste and Abuse

MHP 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 (or 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 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.

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:

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]