Physicians Health Plan

Welcome to Physicians Health Plan

HMO Member Handbook

Table of Contents:

Contact Us

Mailing Address

Physicians Health Plan
PO Box 30377
Lansing, MI 48909-7877

Physical Address

Physicians Health Plan
1400 E. Michigan Ave.
Lansing, MI 48912

Customer Service

Employer/Group Coverage
517.364.8500
800.832.9186 (toll free)

Individual Coverage
517.364.8567
866.539.3342 (toll free)

Mon-Fri, 8:30 a.m.
to 5:30 p.m., EST,
excluding major holidays

Website

PHPMichigan.com

Welcome to Physicians Health Plan (PHP)

We are pleased to have you as a member. PHP provides you and your family with comprehensive healthcare benefits and a dedicated staff to support you and your family with information and assistance.

PHP began in 1980, when Sparrow Health System and a group of physicians began developing Mid-Michigan's first broad-based independent practice association (IPA), an early model for health maintenance organizations (HMO). In 1982, PHP's first healthcare plans were introduced to local employers. Today, PHP is owned by Sparrow Health System, Michigan Medicine, and Covenant HealthCare and offers healthcare plans to employer groups and individuals across Michigan.

We want to help you make the most of your PHP benefits. This member guide is a quick and easy way to help you use your healthcare plan most effectively.

If you have any questions, please call PHP Customer Service at the number on the back of your ID Card.

For example only

Member name(s) and member number(s) will appear on the front of your PHP Member ID Card, along with your deductible and maximum out-of-pocket amounts. Important phone numbers and date of issue are on the back. Make sure you keep the most current ID card, carry it with you at all times, and present it each time you receive healthcare services.

How to Obtain Practitioner Information

To find information about a provider, including certifications, education, license number and specialty, view the PHP Provider Directory by visiting **PHPMichigan.com/FindADoctor** and searching for a provider by name.

Selecting a Primary Care Provider (PCP)

Throughout this member guide, there are references to the term "PCP". The term PCP or Primary Care Provider refers collectively to physicians or other practitioners who manage your routine care. When you join PHP, you must select a PCP from PHP's list of network PCPs for you and each covered person in your family. You may select a PCP from the following categories: Family Practice, Internal Medicine, General Practice, Pediatrics, selected Nurse Practitioners, and OB/GYNs. This provider must agree to be a PCP and agree to coordinate your medical care. A PCP will be assigned to you if you have not selected one.

Your PCP is responsible for assisting you in meeting all of your health care needs. For example, your PCP will:

» Provide all of your routine medical care.

» Provide assistance, when necessary, if you need to see a specialist.

» Coordinate hospital services and admissions.

» Be available to direct or manage your medical emergencies 24 hours a day.

» Admit you to a hospital when necessary.

» Direct you to after-hours care, when needed.

We encourage you to gather as much information as you can before choosing a PCP.

Communication Services

TTY/TDD Services
If you are deaf, hard-of-hearing, or have problems speaking, you can use this service. You must have a device with a keyboard called a Teletypewriter (TTY) or a Telecommunications Device for the Deaf (TDD). If you have one of these special devices, call 711 to reach the Relay Center. The Relay Center will help you call Customer Service.

Language Services
If English is not your native language, you can still call Customer Service. Simply state what language you speak, and the Customer Service Specialist will have an interpreter translate your questions and explain the answers to you.

Servicio de Idiomas
Si el inglés no es su lengua materna, usted puede todavía llamar al Departamento de Servicio del Cliente.

El Especialista del Servicio de Cliente hará que un intérprete traduzca sus preguntas, y explique las respuestas a usted.

Interpretation Services
If you speak another language, or have trouble understanding your doctor, call Customer Service for help.

Servicio de Interpretación
Si usted habla otra lengua, o tiene problema para entender a su doctor, llame a nuestro Departamento de Servicio del Cliente para la ayuda.

Changing Your Primary Care Provider (PCP)

We realize that you may decide to change PCPs for any number of reasons: you have moved, and it is no longer convenient to go to this particular provider; you become dissatisfied with your present care or treatment; or you just want to try someone different. You can change your PCP at any time by following these steps:

1. Choose another PCP from PHP's list of network PCPs.

2. Call the PCP's office to make sure that they are accepting new patients and schedule an initial appointment.

3. Arrange to have your medical records transferred.

4. Call PHP Customer Service to let us know the name of your new PCP or visit our website, **PHPMichigan.com** and log into our member portal, MYPHP, to update your PCP information.

If you need help in selecting a new PCP, call Customer Service and a Customer Service Specialist will assist you.

To find an in-network provider visit **PHPMichigan.com/FindADoctor** and select your plan type from the plan dropdown menu.

Getting Care - Making an Appointment

Whenever possible, schedule your appointments in advance. If you cannot keep a scheduled appointment with a provider, please call and cancel the appointment as soon as possible. If your provider has an office policy on missed appointments, you may have to pay if you miss an appointment.

PHP does not require a referral or prior approval to see an in-network specialist. You may "self-refer" to any network provider by simply scheduling an appointment.

While PHP does not require a referral, you may find that some specialists require contact from your PCP before scheduling an appointment for you. Your PCP or other network provider may decide that you need care from an out-of-network provider or specialist. For in-network benefits to apply, your provider must obtain written prior approval from PHP and the services must not be available through an in-network provider. If your benefit plan has coverage from non-network providers, then services may be covered but at a higher cost to you. If your benefit plan has in-network only coverage and you receive services from a non-network provider without written prior approval from PHP, you must pay for the care you receive. You can always check the network status of a provider by visiting our website, **PHPMichigan.com** or by calling PHP Customer Service.

In-Office Wait Time

Ideally, the time you wait in the office to see your PCP should be less than 15 minutes, but no more than 30 minutes. Occasionally, circumstances (such as an emergency or labor/delivery) may happen and you cannot see your PCP within these time limits. Your PCP's office should offer you the option of seeing another provider within the group (if a group practice), rescheduling of the appointment, or waiting until your PCP is available.

If you feel that your PCP does not meet these standards, and you want to report a problem about your access to care, please call PHP Customer Service.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

As required by WHCRA, your plan provides coverage for:

» All stages of reconstruction of the breast on which a mastectomy has been performed.

» Surgery and reconstruction of the other breast to produce a symmetrical appearance.

» Prostheses and treatment for the physical complications of mastectomy including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Telehealth Services

PHP members have on-demand video access to Amwell physicians for urgent medical needs and access to the Amwell behavioral health network by appointment.

The U.S. based, board-certified, and credentialed Amwell Online Care Group providers can address urgent health concerns 24/7/365. In addition, the Amwell Online Care Group licensed and credentialed behavioral health providers (psychiatrists, psychologists, and therapists) provide scheduled behavioral health services like medication evaluation and management, counseling and assessment, and therapy services. The availability of Amwell Online Care Group providers extends the PHP network using telehealth for urgent health issues and behavioral health needs.

How to get started with Amwell:

1. Go to Amwell.com or download the Amwell mobile app ("Amwell: Doctor Visits 24/7") from Apple App Store or the Google Play store.

2. Create an account. When asked, use Service Key PHP.

3. Select a provider and schedule your visit or use the on-demand service based on the service needed.

4. If preferred, Amwell telehealth service can also be accessed by calling 844.SEE.DOCS (844.733.3627).

Your Amwell provider can call in prescriptions to a local pharmacy of your choice.

They may also refer you to other providers for care if they are unable to treat you online.

To find a behavioral health provider, select "Home" once you have logged in, and then select psychiatry or therapy.

What Services Require Prior Approval

Your Certificate of Coverage provides detailed information about your benefits, including what services require written prior approval by PHP. To make sure your care is covered, your provider must get approval before you receive health care services. You can get more information about the prior approval process by contacting Customer Service at the phone number on the back of your ID card.

It's important for you to be aware of any requirements or guidelines that you must follow in order for certain health care services to be covered under your PHP benefit plan. For example, we may require you take certain prescription drugs before other drugs will be covered. You can find out if a treatment or procedure has any requirements by contacting Customer Service.

Hospital Services

Except in emergency situations, your PCP or specialist will arrange your hospital care and notify us. To be certain that your hospital services are covered, make sure you receive non-emergency hospital services from a facility that participates in the PHP network. If you are hospitalized in an emergency situation, contact your PCP as soon as possible.

Behavioral Health Services

In addition to providing coverage for your medical services, PHP also provides coverage for mental health and substance use disorder services. PHP creates benefit plans that make sure that your benefits for behavioral health and substance use disorders are comparable to your benefits for medical conditions. For example, if you have a $20 copayment for an outpatient office visit for a medical condition, your benefit plan must have no more than a $20 copayment for an outpatient office visit for a behavioral health condition. When we create new benefit plans, we make sure that these types of benefits are equal and you don't pay any more for behavioral health services than you would for the same type of medical service. You may self-refer to an in-network behavioral health provider, and you can check with us to see if the provider is in our network. You can locate network behavioral health and substance use disorder Providers yourself by checking our online Provider Directory at PHPMichigan.com, or by calling our Customer Service Department.

Fraud and Abuse

Physicians Health Plan (PHP) encourages you to contact the Compliance Hotline at 517.267.9990 if you see any of the following:

- » Bills received for services that were not performed.
- » Claims that are double billed.
- » Diagnoses you do not recognize on a claim.
- » Prescribed drugs, equipment or services you feel are unnecessary. PHP discourages you from:
- » Sharing your PHP card with someone else.
- » Altering a written prescription.
- » Selling prescribed drugs or other medical equipment paid for by PHP to others.
- » Going to the emergency department for nonemergency medical care.
- » Threatening others or behaving abusively in a Provider's office, hospital or pharmacy.

If You Suspect Fraud

If you think a provider or a PHP member is committing fraud or abuse, there are several steps you can take.

- » Call us at 866.PHPComply (747.2667) available 24 hours a day, 7 days a week;
- » Report your concern at **MyComplianceReport.com** and enter the access ID: PYHP; or
- » Send a letter to:
  Physicians Health Plan
  Attn: Compliance
  PO Box 30377
  Lansing, MI 48909-7877

You do not have to give your name. If you choose not to give your name, please be sure to report as much information about the situation as possible. This will help us to determine what steps to take.

Emergency and Urgent Care

What to Do in an Emergency

If you have a serious injury or sudden illness with severe symptoms, call 911 or go directly to the nearest hospital emergency department, if you have someone to transport you safely.

What to Do in an Urgent Situation

When you need urgent care for a non-life-threatening situation sooner than you can typically schedule an office visit, your PCP's office should be able to provide advice or arrange assistance 24 hours a day, seven days a week. The office can help you even when your PCP is unavailable (during lunch, vacation or after hours). Your PCP may use an answering service or a recording to instruct you how to reach your PCP or another provider who is treating you in his or her absence, tell you to go to an urgent care center or may arrange to see you personally on an urgent basis.

You may also access urgent care services by going directly to an urgent care provider or by accessing a telehealth provider 24/7.

Out-of-town Emergencies

PHP covers your care for emergency and urgent conditions if you are away from home and allows you to see non-network physicians for emergent and urgent situations. For emergencies, go to the nearest hospital emergency department. If your situation is urgent, go to the nearest urgent care center.

After Emergency or Urgent Care

As soon as possible after your visit, see your PCP for follow-up care and to update your medical record.

What Is an Emergency?

A medical emergency is defined as a serious medical condition or symptom resulting from an accident, injury, sickness, or mental illness that arises suddenly and has severe symptoms, including severe pain. It is further defined as being a situation in which a reasonable person would believe that failure to get immediate care may result in:

» Placing the patient's health in serious danger;

» Serious harm to body functions;

» Serious harm to any body organ or part;

» Serious disfigurement;

» In the case of a pregnant woman, serious jeopardy to the unborn child.

Examples of a medical emergency include, but are not limited to: heart attack, poisoning, loss of consciousness, broken bones, severe breathing difficulties, convulsions, and serious falls.

Prescription Drug Coverage

PHP pharmacy benefit plans typically have a six-tier pharmacy coverage structure. In most cases, you will pay less if you receive a generic drug. To determine your specific copay, contact Customer Service or view your Certificate of Coverage through the Member Reference Desk on our website. Copays are payable at the time you pick up your prescription from the pharmacy or when placing a mail order prescription.

To access other pharmacy information, including a list of covered and the most-utilized drugs, visit **PHPMichigan.com/Members/Get-Your-Medication** or contact PHP Customer Service.

Prior Approval

Non-covered or specialty drugs require prior approval. Your prescribing provider must submit a request for prior approval. PHP's Pharmacist or Medical Director will review the request. Certain medical information may be required, and that information will be reviewed against established criteria. PHP will notify you and your provider of the decision. If your request is denied, you will be given the reasons for the denial. You may appeal our decision.

Prescription Management

Procedures that affect coverage of Pharmaceuticals, copay structure for restricted pharmaceuticals, exception policy for coverage of non-formulary pharmaceuticals. Visit **PHPMichigan.com/Members/Get-Your-Medication** for the following information:

» The complete preferred drug list (PDL) and any restrictions on accessing PDL drugs, including the use of step therapy, prior authorization, drug preferences, and quantity limits.

» How to use PHP's pharmaceutical management procedures.

» The exception process and the form and how prescribers need to provide information to support an exception request.

» Preventive drugs that are available for free.

» A list of specialty drugs.

» Drugs that are recalled

Additional Information can be found at **PHPMichigan.com/MedicalAndDrugPolicies.**

Free Medication Counseling

Medication Therapy Management (MTM) is available at no cost to all PHP members. MTM is an innovative Pharmacist-directed program that helps you understand and manage your medications and assists your providers(s) to help prevent medication-related problems, which is important if you take medications prescribed by different providers.

You may choose to take advantage of MTM as little or as much as you like. MTM appointments are conducted virtually or by phone call. Contact PHP Customer Service for more information on this service.

Department of Licensing and Regulatory Affairs (LARA)

If you have questions about disciplinary actions taken against your doctor or want to know about any formal complaints about your doctor, you may request a copy of the written report by contacting the Health Professions Division in the Bureau of Health Care Services at 517.335.9700. Summary information on recent disciplinary actions taken against health care professionals can be found on the LARA website - **Michigan.gov/lara**

Continuation of Care

If you are a new member with Physicians Health Plan (PHP) and have been receiving care from a physician who is not in the PHP network, or if you have regularly been seeing a specialist who no longer participates in the network, you may be eligible to continue to receive care from that physician while you are covered by PHP. To receive continued care from a physician who is not in network, the treating physician must agree to continue providing the healthcare services and you must meet one of the following criteria:

» If you are currently involved in an ongoing course of treatment, you may be able to continue with that physician for up to 90 days.

» If you are in your second or third trimester of pregnancy, you may continue seeing your physician until the end of postpartum care directly related to the pregnancy.

» If you have been diagnosed with a terminal illness and are actively being treated for that illness, you may continue receiving treatment for that illness for the remainder of your life, as long as your PHP coverage remains active.

» If you think your treating physician is not part of the network and you believe that you may qualify for continued care with that physician, contact Customer Service.

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Fraud and Abuse

PHP encourages you to contact the Compliance Hotline at 866.PHP.COMP (866.747.2667) if you see any of the following:

» Bills received for services that were not performed.

» Claims that are double billed.

» Diagnoses you do not recognize on a claim.

» Equipment or services you feel are unnecessary.

PHP discourages you from:

» Sharing your PHP ID card with someone else.

» Going to the emergency department for nonemergency medical care.

What is Your Cost for Services

Deductibles

If you have a plan with an annual deductible, charges for covered health services may first apply toward your deductible. Once your deductible is satisfied, you may be charged a coinsurance percentage, or the service may be covered in full.

Copays

A copay is the amount that you must pay when receiving services and is a fixed amount - $20 or $25 for example. Most plans have a copay for services performed in a Physician's office, for prescriptions, for urgent care center visits, and for emergency department visits; these are most of the services that usually require copays. Generally, the deductible does not apply when a copay is required for a service.

Coinsurance

Coinsurance means that the health plan pays a percentage of the allowable costs not subject to a copay and you pay the remainder.

Out-of-Pocket Maximum

You have an out-of-pocket maximum that is the limit you could pay annually. When you reach your out-of-pocket maximum, most services are covered at 100%.

In all cases, the deductible, copay, and coinsurance amounts are your responsibility to pay. To find out your out-of-pocket maximum and your specific deductibles, copays and coinsurance, visit **PHPMichigan.com** to view your Certificate of Coverage through the Member Reference Desk or contact PHP Customer Service.

New Technology

PHP continually reviews new and emerging medical technology for inclusion in benefit plan coverage. Through our relationships with national companies and collaboration with local professionals, we review new services, procedures and medication treatments. PHP committees composed of local Physicians, Hospitals and quality improvement administrators review recommendations for local implementation. When considering new technologies, PHP's Medical Director and clinical committees evaluate information from several outside sources.

Coordination of Benefits

If you are covered by more than one health care plan, coordination of benefits (COB) provisions may apply. You may receive a notice asking you to tell us about any other medical coverage that you or your dependents have. Please follow the directions on the notice so that we have the most up-to-date information and can pay your claims correctly. Also, remember to call our Customer Service Department if you or your dependents' coverage through another plan ends or changes or if you have any questions regarding COB. If you do not provide us with your other insurance information, we may deny or delay paying your claims.

Subrogation

PHP recovers health care claim dollars that are the responsibility of other (nonhealth) insurers or liable parties. This is called subrogation or third-party liability. Payments may be recovered due to a variety of circumstances, including auto accidents, worker's compensation, and medical malpractice.

PHP identifies subrogation cases in these ways:

» From hospital pre-admission information.

» From Provider notification.

» From claims information.

PHP uses an outside vendor for recovery of third-party claims. If you receive a letter from the vendor requesting information about other insurance coverage, and you have questions, please call our Customer Service Department.

Payment for Health Care Services

PHP arranges in advance for in-network providers, hospitals, and other facilities to bill PHP for your care. These providers are paid directly for their services by PHP. Except for the deductibles, coinsurance, and/or copays listed in your Certificate of Coverage, you should not receive bills for covered health care services. If you do receive a bill from a network provider requesting payment from you for something other than a deductible, coinsurance and/or copay, contact PHP Customer Service for assistance.

Financial Arrangements with Physicians and Other Providers

You have the right to information concerning the financial relationship between PHP and any in-network provider, including:

» Whether a fee-for-service arrangement exists. Under a fee-for-service arrangement, providers receive a payment that does not exceed their billed charge.

» Whether a capitation arrangement exists. Capitation is a stipulated dollar amount established to cover the cost of healthcare delivered for a person.

» Whether PHP payments to a provider are based on quality, cost, utilization, or patient satisfaction. You may contact Customer Service for further information about PHP's financial arrangements with providers.

How to Submit Claims

Medical Claims

In most cases, your provider will submit medical claims to PHP on your behalf. Show your ID card when you receive services. The address for medical claims submission is on the back of your card. If you are submitting a medical claim yourself, please send a completed claim form and an itemized receipt to:

> Physicians Health Plan
> Attn: Customer Service
> PO Box 30377
> Lansing MI 48909-7877

Make sure the information you send includes:

» Subscriber's name, address, and PHP member number from ID card.

» Patient's name, age, and relationship to subscriber.

» Itemized bill from your Provider that includes the following:

- Patient diagnosis.

- Date(s) of service.

- Procedure code(s) and descriptions of service(s) received.

- Charge for each service received.

- Provider of service name, address, and Provider ID number.

- If the services were related to an accident.

- Proof that you paid for the services (if appropriate).

Note: If your receipt does not indicate that you paid for the service, we will pay the provider.

Prescription Drug Product Claims

When you request reimbursement for covered prescription drugs from a network pharmacy, you must provide our pharmacy benefits manager, CVS Caremark, with the following information and documentation:

» Patient's name and member number from ID card.

» Date the prescription was filled.

» Name and address of the pharmacy.

» Prescribing Physician's name or ID number.

» NDC number of the drug.

» Name of the drug and its strength.

» Quantity and days' supply.

» Prescription number.

» DAW (Dispense As Written), if applicable.

Making Benefit Determinations

PHP makes decisions about covered health services based on your Certificate of Coverage, standard medical practices, and medical appropriateness. Copies of the benefit determination criteria are available online in the MyPHP portal and upon your request. Services are never denied solely because of cost. We may encourage you to see network Physicians/Practitioners and Providers to ensure that you receive the quality of care and service that you deserve.

PHP does not compensate any of our staff (such as Nurses, Pharmacy staff, or Medical Directors) for denying services. We also do not support any form of incentive program that would reward our staff for making denial decisions. In addition:

» There is no bonus program for this activity.

» PHP does not track denials/approvals for the purpose of providing a bonus or incentive to any staff, including those who make coverage decisions.

» PHP does not have compensation programs with any Providers of care that encourage under-utilization of appropriate services.

Advance Directives

Under Michigan law, adults have the right to accept or refuse any medical treatment, provided the adult is competent, or able to understand the condition and treatment.

An advance directive is a set of instructions that allows someone else to make critical decisions for you concerning your health care needs if you are physically or mentally unable to make those vital decisions.

You can name someone to make decisions for you by completing either a Durable Power of Attorney for Health Care form or a Patient Advocate Designation form. These forms are available from many sources: hospitals, nursing homes, and lawyers.

You can select anyone to be your Patient advocate as long as he or she is at least 18 years old. Once you have named your Patient advocate, two neutral people must witness the form being signed.

You can change your advance directive decision, and any instructions for the Patient advocate, at any time. You are not required by law to have an advance directive, and a health care Provider cannot refuse to treat you because you have not designated a Patient advocate. It is simply a security measure to ensure that your wishes are carried out should you become unable to make medical decisions.

Getting You the Best Care

PHP does, however, recognize when there are problems associated with underutilization. If necessary health care services are not delivered, you could be faced with a serious medical problem. Failing to deliver needed services may cause an increased need for more serious or expensive health care services later on.

PHP has several disease management programs available to you that target specific areas of underutilization.

Our programs are focused on prenatal education, hypertension prevention and management, diabetes prevention, asthma management, diabetes management, chronic pain management, and tobacco cessation. PHP staff is always striving to encourage appropriate utilization and direct members to appropriate care when they need it. You may enroll in one of our disease management programs by contacting Customer Service.

PHP also has case management services, which identify members who may have gaps in care. We work with you and your provider to eliminate the gaps and coordinate care and services. We also focus on education about after-hospital care. You or your Provider can request case management services. If you have questions or would like to receive case management services, contact Customer Service.

PHP makes benefit determinations based on your health condition, established criterion, and your covered benefits as outlined in your Certificate of Coverage. If a request for coverage is denied, we will tell you why and you and your provider will be given the option to appeal. If you decide to go ahead with the requested procedure, it's important to discuss this with your provider so you are prepared if there are complications and more health services are required.

Preventing Medical Errors

If you have questions or concerns about benefit decisions, or if you do not understand why a health care service was denied, or the benefit reduced, contact our clinical staff in Medical Resource Management.

Medical errors may happen in any clinical setting and can occur in medicines, treatments, and equipment. Medical errors can result from problems created by today's complex health care delivery system or simply poor doctor and patient communication. As a PHP member, you can help prevent medical errors by:

» Participating in your treatment by asking questions. Bring someone with you to your appointment to make sure that you do not miss important information or instructions.

» Tell your Doctor about all your medications, including any over-the-counter drugs you take. Write them down before you have your appointment.

» Make sure you understand the treatment or instructions from your Doctor before you leave the office. Write it down, if necessary.

» Ask to have treatments or procedures performed at hospitals or other facilities that participate with PHP. Having your health care services performed at PHP in-network providers helps ensure that you receive the best quality care.

Your Appeal Rights

As a member of a health maintenance organization, you are afforded many rights and responsibilities. One of your most important rights is the ability to appeal our decisions about issues impacting your coverage.

PHP must follow State of Michigan and U.S. Department of Labor regulations with respect to our Appeal Procedure. If you want to file an appeal, please follow these easy steps:

» Contact PHP Customer Service at the telephone number on the back of your PHP ID card. One of our customer service specialists will be happy to help you and will try to answer your questions or solve your problem informally within 30 days of service/coverage denial.

» If our informal attempts to resolve your request do not meet your expectations, you have the right to request a formal review. The request must be communicated to us in writing. For your convenience, an Appeal Form is available from our Customer Service team or you can submit your appeal in an informal letter. The form is not necessary but helps us obtain the minimum information needed to review your request. You can also send us a secure e-mail message through our website.

You will be notified in writing that we have received your written appeal. After reviewing the information you submit with your appeal, we may reverse the original decision and agree with your request, or we may not change the original decision. Either way, you will be notified in writing and if we do not change our original decision, you will be given additional appeal instructions, which will include an opportunity for you to speak to an appeal committee.

The appeal committee will listen to your issues and make a final decision. You will be notified of the committee's decision in writing, after your hearing, but within 30 days of the date we receive your written request.

If you are not satisfied with the final determination made by PHP, you have the right to seek an external review through the Department of Insurance and Financial Services (DIFS) at the State of Michigan. You must submit your request for external review within 120 days from the date you receive

PHP's final determination. PHP will provide a copy of the External Review Form. For additional information, you should contact DIFS at the address below.

Expedited Appeals

The above appeal procedures do not apply if you have a dispute with PHP over an upcoming health service that needs to be treated as an urgent situation. In this case, the usual time frame for an appeal would seriously jeopardize your life, health, or ability to regain maximum function. You and/or your provider must explain the nature of your condition and why you require an expedited review.

PHP will inform both you and your provider of its decision within 72 hours of when PHP is notified of the urgent situation. If our determination is provided verbally, we will put it in writing no later than two business days after notification.

For urgent situations, you may ask for review by DIFS at the same time that you go through the PHP appeal process. For information about the review of an urgent situation by DIFS, you should contact:

Department of Insurance and Financial Services
Health Care Appeals Section
611 W Ottawa Third Floor
PO Box 30220
Lansing MI 48909-7720

Telephone: 877.999.6442
Website: **Michigan.gov/difs**

Complaints

PHP encourages your comments and suggestions. If you are unhappy with the service or care you receive while a PHP member, we want to know about your experience. You may contact Customer Service at the number on the back of your PHP ID card, email us, or write us a letter and we will respond to your concern quickly. If you have further questions, please call Customer Service, or at **PHPMichigan.com/ContactUs**.

Confidentiality

PHP takes confidentiality issues and laws very seriously. We have safeguards in place to protect your confidential information. PHP policy does not allow disclosure of your confidential information without your consent unless allowed by law. PHP operates in compliance with state and federal laws that make it an offense to improperly use, obtain, or disclose individually identifiable health information without your permission or legal justification.

The PHP Notice of Privacy Practices describes how PHP uses and discloses health information for purposes such as public health reporting, regulatory reporting, health-related reminder programs, quality improvement, utilization management, and claims activity. Whenever possible, any information that is used for these activities is part of statistical data not linked to specific identity.

PHP has taken steps to protect your confidentiality and privacy. PHP does not sell your information to outside organizations. PHP staff receives training in maintaining the confidentiality of the information they see as part of their jobs. Employees have access to only that information that is necessary to perform the task, and computer passwords restrict access to medical information. PHP will attempt to assist you with any special requirements for restricting uses of your information. PHP maintains confidentiality policies that do not allow employers to obtain any member specific health information. Any employer requesting confidential information is required to obtain a written authorization for release of the information signed by you or your dependent who is the subject of the information.

PHP includes provisions related to confidentiality in all its provider contracts. Provider confidentiality policies are reviewed when a provider applies for participation with PHP and during regular visits from PHP staff. You and your dependents have a right to obtain all information related to your records that are in the possession of PHP. PHP is an IPA-model HMO, which means that PHP does not keep medical records. If you or your dependents are looking for your medical records, you must make a request for those records directly to the provider of those services.

You can download or print a copy of the PHP Privacy Practices from our website, or you can contact PHP Customer Service to get a copy sent to you by mail.

Monthly Premium Invoices

Your premium is the amount you or your employer pays PHP for coverage each month, regardless of the type or amount of health care services you receive. If you have an individual policy through PHP, you will receive a monthly premium invoice from PHP around the 15th of each month. Your premium is due by the last day of the month for the next month's coverage, although you can pay in advance if this is more convenient.

Follow the payment directions on your invoice. You may be able to pay online depending on the type of plan you select. You can always pay with a check or money order, or you can pay in person at our office at 1400 East Michigan Avenue in Lansing.

Note: We do not accept cash. The address to mail your payment is on your invoice. It is important that you pay your monthly premium on time. Failure to do so could result in cancellation of your coverage with PHP back to the last paid month of coverage. You could be charged for any services you received after the last paid month of coverage.

When to Contact PHP

We want to help you make the most of your PHP coverage. To do this, we need your assistance. If any of the following should occur, please contact the Customer Service Department or visit our website at **PHPMichigan.com**:

» Address changes

» Primary Care Physician changes

» Changes in family status (such as birth, adoption, marriage, divorce)

» Benefit questions

» Changes regarding other health care coverage

» Lost or stolen identification cards

» Special health care needs

» Quality of care or service concerns

» Appeals or complaints

» Medication-related questions

» Your coverage under your PHP group health plan ends and you have questions about continuing your coverage with PHP

You may also contact Customer Service if you've exhausted your benefits or need help paying your deductible, coinsurance or copays. Some drug companies have coupon programs you can take advantage of, and most providers will offer financial assistance to you.

Online Services

Online Services and Support PHPMichigan.com and MyPHP.

Visit the PHPMichigan.com website for important information about PHP benefit plans, network providers FAQs and much more. Get up-to-date preventive care and wellness information.

MyPHP is a web-based tool available to you as a PHP member. You can log in to MyPHP by visiting **PHPMichigan.com/MyPHP** website and selecting Member Portal. You will need information from your member ID card to create an account.

Some of the features available to you and your dependents on MyPHP are:

- » Check on claim status.
- » Print temporary ID cards or order a set of ID cards to be mailed.
- » View or print an Explanation of Benefits.
- » Select or change your PCP.
- » Change your address.
- » Send secure messages to PHP.
- » View your out-of-pocket expenses to date.
- » View or print current medical or pharmacy information.

You can view and request hard copies of valuable plan information through the Member Reference Desk (MRD). Plan information that can be found on this site includes Summary Plan Description (SPD), Summary of Benefits and Coverage (SBC), Member Rights and Responsibilities, Grievance and Medical Claims forms, and more. These documents are also available upon request by contacting PHP Customer Service.

To view and request these documents:

Visit **PHPMM.org/Member/Account/Login**

Fill in your Group Number and Subscriber Number found on your PHP ID Card and click "submit".

Select the name of the document you would like to view digitally.

-or-

Click "Request a Hard Copy" on the bottom left of the screen and select all documents you would like a hard copy of.

You will need to provide mailing information to receive these hard copies.

When you have completed the mailing address lines, you will select "mail documents".

Member's Rights and Responsibilities

Statement of Member's Rights and Responsibilities, which include:

Member Rights

Enrollment with PHP entitles you to the right to:

1. Receive information about your rights and responsibilities as a member in terms you can understand

2. Have access to culturally and linguistically appropriate language interpretation services free of charge

3. Always be treated with respect and recognition of your dignity and right to privacy

4. Expect privacy of your personal health information (PHI)

5. Choose and change a primary care physician (PCP) from a list of network physicians or practitioners

6. Information on all treatment options that you may have in terms you can understand so that you can give informed consent before treatment begins

7. Refuse treatment to the extent permitted by law and be informed of the consequences of your refusal

8. Openly discuss appropriate or medically necessary treatment options regardless of cost or benefit coverage

9. Participate with providers in making decisions involving your healthcare

10. Voice concerns or complaints about your healthcare by contacting PHP Customer Service or submitting a formal, written grievance through PHP's appeals process

11. Be given information about PHP, its services, and the healthcare providers in its network, including their qualifications

12. Make suggestions regarding PHP's member rights and responsibilities policies

13. Receive covered benefits consistent with your plan summary and state and federal regulations

Member Responsibilities

As a PHP member, you have the responsibility to:

1. Select or be assigned a primary care physician from PHP's list of network healthcare providers if required by your plan and notify PHP when you have made a change

2. Be aware that all hospitalizations must be approved in advance by PHP, except in emergencies or for urgently needed health services

3. Use emergency department services only for treatment of a serious or life-threatening medical condition

4. Always present your PHP ID card to healthcare providers each time you receive health services, never let another person use it, report its loss or theft to PHP, and destroy any old cards

5. Be considerate and courteous to PHP associates, your providers, their staff, and other patients

6. Notify PHP of any changes in address, eligible family members, marital status, or if you acquire other health care coverage

7. Provide complete and accurate information (to the extent possible) that PHP and healthcare providers need in order to provide care

8. Understand your health problems and develop treatment goals you agree on with your healthcare provider

9. Follow the plans and instructions for care that you agree on with your healthcare provider

10. Understand what services have cost shares to you and to pay them directly to the health care provider who gives you care

11. Read your PHP member materials and become familiar with your provider network

12. Follow your health plan benefits and PHP policies and procedures

13. Report suspected health care fraud or wrongdoing to PHP by contacting PHP Customer Service

Notes

Notes

CHECK OUT
Physicians Health Plan Online!

PHPMichigan.com/MemberPortal

The MyPHP Member Portal and MyPHP App offer a variety of online services and information, including:

- » Find a doctor, no matter where you are
- » Change your address
- » View your benefits or check on the status of a claim
- » View or request an Explanation of Benefits (EOB)
- » Order a new ID card or print a temporary card
- » Find answers to some of the most frequently asked questions