Physicians Health Plan

Member Newsletter

Q4 2023

We're here to help!

Who can I contact for answers to my questions about benefit decisions?

If you have questions or need assistance in understanding benefit decisions, contact our Customer Service Department.

CALL
517.364.8500 or 800.832.9186
Monday-Friday, 8:30 a.m. to 5:30 p.m.

HOLIDAY HOURS
Dec. 25, 2023, closed
Jan. 1, 2024, closed

TTY/TDD service

You can use the Teletypewriter (TTY) or Telecommunications for the Deaf (TDD) service if you are deaf, hard of hearing, or have trouble speaking. Simply call 711 to reach the Telecommunications Relay Center who will help you call the Physicians Health Plan (PHP) Customer Service Department. You can locate PHP customer service phone numbers on the back of your PHP insurance card.

TTY/TDD services and language services are available for all PHP services, including being able to discuss with PHP staff any issues you might have with utilization management, such as authorizations for care and medications, appeals, or any other questions or concerns you have.

Translation to English

Physicians Health Plan, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services are free of charge and available to you. Call 800.832.9186 (TTY: 711).

ATENCIÓN: Si habla un idioma distinto del inglés, hay servicios gratuitos de asistencia con el idioma, disponibles para usted. Llame al 800.832.9186 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844.529.3757 (رقم هاتف الصم والبكم: 711).
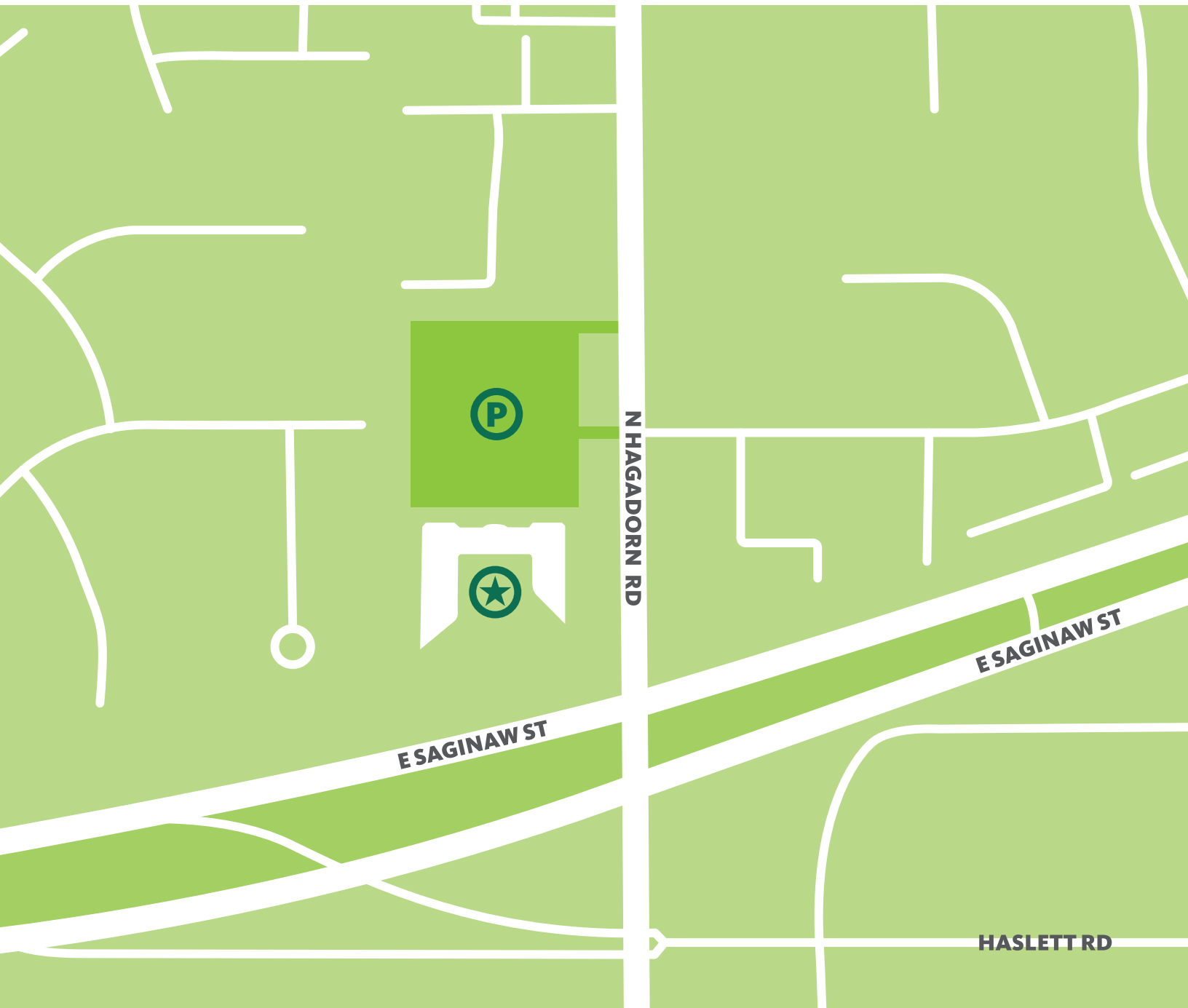
In this issue

We're Moving!

Physicians Health Plan is moving to **1301 N Hagadorn, Ste 1E, East Lansing MI 48823** in Jan. 2024. You can visit our new location after Jan. 16, 2024. We will remain at 1400 E. Michigan Ave. through Jan. 15, 2024.

When visiting our new office, you will find the parking lot off of Hagadorn, and will be able to enter from there.

Ⓟ Parking Lot   ★ New Office Location

How to Access Important Plan Documents

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:

1. Visit **PHPMPP.org/Member/Account/Login**
2. Fill in your Group Number and Subscriber Number found on your PHP ID Card and click "Submit"
3. 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"

The Right Care, Right Time, Right Place

While your primary care provider (PCP) should be your first call for health questions or concerns, sometimes you need other options. Below is an overview of sites of care and when to seek care at those locations.

	Care Locations and Benefits	Commonly Treated Health Issues	Learn More
Primary Care Provider	» Your PCP knows you best » May have extended hours » May have online scheduling	» Annual physicals » Routine, illness/injury, follow-up care » Vaccines	Provider directory available at **PHPMichigan.com**
Amwell Telehealth	» Available 24/7 » No appointment needed » Care available with board-certified doctors through the convenience of your computer, tablet, or smartphone	» Allergies » Behavioral Health: Counseling and Psychiatry (appointment may be required) » Bronchitis » Flu » Migraines » Rash » Sinus infection	**PHP.Amwell.com**
Sparrow Walk-In Care	» Fast and convenient » Sparrow Walk-In Care Lansing » Open weekends, evenings and holidays (closed every day from 2-2:30 pm and most major holidays) » Online scheduling	» Allergies » Common cold » Infections » Minor injuries and illnesses » Sports physicals » Vaccines	**SparrowCares.org**
Urgent Care	» Extended hours » May have online scheduling » No appointment needed » Convenient locations	» Allergies » Broken bones » Minor illness » Stitches » Vomiting » X-Rays	Find an urgent care in your area at **PHPMichigan.com**
Emergency Room	» For emergency situations » Open 24/7	» Any time you believe your life or your health is in jeopardy » Chest pain » Head injury » Trouble breathing	Call 911 or go to the nearest hospital

Please refer to the **PHP Certificate of Coverage** for a complete list of covered services.

Colorectal Cancer Screening

Colorectal screening is a test or exam which looks for signs of cancer in the colon and rectum.

Colorectal cancer is the third most common type of cancer among adults. Diagnosis rates for those under age 50 have been increasing by 1% to 2% per year. Based on these statistics, the American Cancer Society recommends that regular colorectal screening **begin at age 45** for average-risk individuals with no symptoms. Regular screening starting at age 45 will increase your chances of early detection, successful treatment, and survival.

Several options for colorectal cancer screening are outlined in the table below.

	Fecal Occult Blood Test*	Stool DNA Test (Cologuard®)	Colonoscopy
Detection	Detects blood in your stool.	Detects altered DNA, abnormal polyp cells, and hidden blood in your stool.	Detects polyps and cancer in your colon and rectum.
Screening Location	Can be done in the comfort of your home.	Can be done in the comfort of your home.	This is an outpatient surgical procedure.
Dietary Restrictions	Ask your physician about any food or drugs that may affect the results of the test.	There are no drug or dietary restrictions for this test.	You will be asked to follow a special diet.
Instructions	Follow the instructions in your test kit to collect a sample and return it to your doctor's office or lab.	Follow the instructions in your test kit to collect a sample and ship it in the box provided.	Follow the instructions given by your provider to ensure that your colon and rectum are empty and clean prior to your procedure.
Coverage	Payment by your insurance varies by plan, including copay, coinsurance, and deductibles. Please review your plan or contact PHP Customer Service at the phone number listed on the back of your ID card or call **800.832.9186**		

The American Cancer Society recommends using the highly sensitive versions of this test.

Colorectal cancer screening starts at age 45. Talk to your provider to find the option best for you.

Scan the QR code and test your knowledge of colorectal cancer.

To learn more about early screening and reducing your risk of colon cancer, scan the QR code.

American Cancer Society, cancer.org/cancer/types/colon-rectal-cancer.html

Preventive Pharmacy Benefits

Physicians Health Plan (PHP) provides in-network pharmacy benefits with no cost sharing ($0 copay) for prescription and over-the-counter (OTC) medications for use in preventive screening procedures and prevention of certain conditions. For this coverage to apply, a prescription for the medication or product must be obtained from a provider and filled at an in-network pharmacy. These services meet and, in some cases, exceed the Affordable Care Act (ACA) requirements and recommendations.Please refer to the **PHP Certificate of Coverage** for a complete list of covered services.

**Questions?
Call PHP
Customer Service
at 517.364.8500**

Adult Preventive Health Screenings and Treatments

Cardiovascular Health
Statins, for adults ages 40–70 years:

Atorvastatin 10 mg, 20 mg	Fluvastatin ER 80 mg	Pravastatin 10 mg, 20 mg, 40 mg, 80 mg	Simvastatin 5 mg, 10 mg, 20 mg, 40 mg
Fluvastatin 20 mg, 40 mg	Lovastatin 10 mg, 20 mg, 40 mg	Rosuvastatin 5 mg, 10 mg	

Colorectal Cancer Prevention
OTC bowel prep products (prescription, generic), for adults ages 45–75 years:

Bisacodyl 5 mg oral tablet	Polyethylene glycol (PEG) 3350 oral powder	Generics to GaviLyte-N or Nulytely (PEG 3350, KCI, sodium bicarbonate, NaCl)
Generics to Golytely (PEG 3350, KCI, sodium bicarbonate, NaCl, sodium sulfate)	Magnesium citrate Polyethlene glycol (PEG) 3350 oral packet	Generics to GaviLyte-C (PEG 3350, KCI, sodium bicarbonate, NaCl, Sodium sulfate)

HIV Prevention
- Emtricitabine/tenofovir disoproxil fumarate (generic for Truvada), one tablet daily, for pre-exposure prophylaxis for HIV-negative persons who are at high risk of HIV acquisition by sex or injectable drug usage

Pre-Diabetes
- Metformin 850 mg
- Up to 2 tablets daily for adults ages 35–70 years with no prior fills of a diabetes medication

Tobacco Cessation
- Chantix®, bupropion, and generic nicotine replacement products (e.g. patches, gum) are covered for up to a 180-day supply in 365 days for adults ages 18 years and older who use tobacco; additional quantities require prior authorization

Women's Health: Breast Cancer, Pregnancy, and Family Planning

Primary Prevention of Invasive Breast Cancer Care
- Criteria must be met for tamoxifen or raloxifene to be covered without cost share

Pre-eclampsia
- Aspirin, 81 mg (OTC, generic), after 12 weeks of gestation for women ages 12–59 years at high risk for pre-eclampsia

Vitamins/Supplements
- Folic Acid, 0.8 mg, 400 mcg, and 800 mcg supplement for all women planning or capable of pregnancy

Women's Health: Breast Cancer, Pregnancy, and Family Planning, continued

Contraceptives, Prescriptions, OTC Medications, and Devices

- For this coverage to apply, a prescription for the selected medication or product, including OTC items, must be obtained from a provider and filled at an in-network pharmacy
- For all women planning or capable of pregnancy

Contraceptives	Prescription Devices	Over-the-Counter
Apri	Kyleena (IUD)	Cervical Cups
Camila	Liletta (IUD)	Conceptrol Vaginal Gel 4%
EluRyng (vaginal ring)	Mirena (IUD)	Diaphragms
Enpresse-28	Nexplanon (implant)	Ella (emergency oral contraceptive)
Introvale	Paragard (Copper IUD)	FC – Female Condom
Junel FE 1/20	Skyla (IUD)	FC2 – Female Condom
Junel FE 1.5/30		Levonorgestrel 1.5 mg
Junel FE 24		(emergency oral contraceptive)
Kariva		Today Sponge (vaginal sponge)
Low-Ogestrel		VCF Vaginal Foam 12.5%
Lo Loestrin FE		VCF Vaginal Gel 4%
Medroxyprogesterone (injectable)		Xulane (patch)
Natazia		
Phexxi (vaginal gel)		
Sprintec 28		
Tri-Sprintec		
Velivet		
Xulane (patch)		

Vaccines—Adult and Children

Advisory Committee on Immunization Practices (ACIP) recommendations are followed for coverage ages.

Member Benefits: Members who have a pharmacy benefit with PHP may receive vaccines at an In-Network Participating Retail Pharmacy for $0 copay***

Coronavirus (COVID–19)	Human Papillomavirus (HPV)*	Pertussis (Whooping Cough)	Rubella (German Measles)
Diptheria	Influenza	Pneumococcal	Tetanus
Hepatitis A	Measles	Polio	Varicella (Chicken Pox)
Hepatitis B	Meningococcal	Respiratory Syncytial Virus**	Zoster (Shingles)***
Hib	Mumps	Rotavirus	

    *   Covered for ages 9–45 years
   **   Covered for adults ages 60 years and older
  ***   Covered for adults ages 50 years and older

Children's Oral Health

Generic prescription providing up to 0.5 mg per day of fluoride for children with low fluoride exposure ages birth–5 years

The ACA requires that non-grandfathered* health plans cover preventive care services with no cost sharing.

* Non-Grandfathered: A plan effective after the Affordable Care Act (ACA) was signed on March 23, 2010, or a plan that existed before the ACA, but lost its grandfathered status at renewal.

RXPS 20.12.23

Complex Case Management Program

The complex case management program is a free service for any PHP member that has multiple medical conditions and wishes to collaborate with a PHP nurse case manager (RN CM) about their medical care and available benefits.

The RN CM completes an assessment with the member that includes items such as rating of overall health, reviewing utilization of hospital and urgent care visits, readiness to make changes in current care management, social factors, medications, medical history, support systems, behavioral health, vision/hearing status, and disease-specific assessments customized to member needs.

Following those assessments, a care plan is designed around current needs, barriers and goals. The RN CM and member will create a working relationship to address any barriers and help the member meet their health care goals. The RN CM can also discuss and coordinate care with the member's healthcare team, if desired.

Members can self-refer to this program by emailing **PHPCaseManagement@phpmm.org** or calling **517.364.8400** and asking to be connected to a complex case manager.

Members may also ask their primary care provider, discharge planner, personal caregiver, or other medical management program provider to submit a referral via email or phone to the complex case management program on their behalf.

CVS caremark®

COST SAVINGS

Helping You Save Money on Your Medications
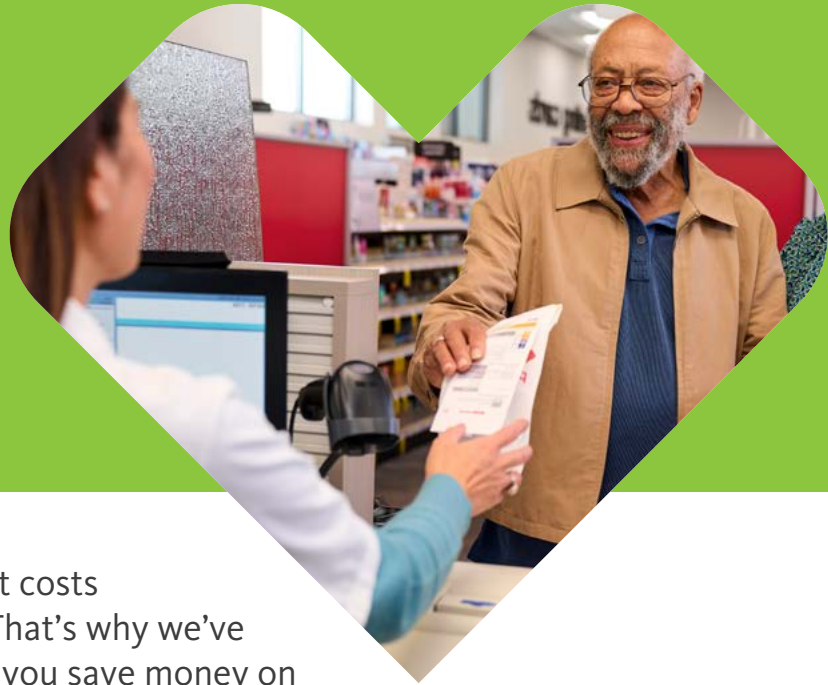
We know that keeping your out-of-pocket costs low is important to you and your family. That's why we've created Caremark® Cost Saver™, helping you save money on your medications.

How Cost Saver works

Cost Saver makes sure you get the lowest possible cost for medications covered under your plan. All you have to do is present your PHP member ID card when you pick up your prescriptions. We'll manage the rest for you by automatically applying the lowest available discount price.

Cost Saver benefits:

Providing you with the best available prices for many commonly prescribed, non-specialty generic drugs

Automatically applying your out-of-pocket costs to your deductible and out-of-pocket thresholds

Delivering you a seamless experience that avoids wasted time shopping around for the best price

Your PHP member ID card is all you need for Cost Saver to work for you. Just show it to your pharmacist and we'll take it from there.

L!VEwell

A new health and wellness prgram

Physicians Health Plan is launching a new way to take control of your health and wellness. L!VEwell provides convenient tools to help you achieve your health and wellness goals in the New Year and beyond.

With L!VEwell, members can:

- ✓ Complete a personal health assessment
- ✓ Participate in quarterly wellness challenges
- ✓ Track health stats
- ✓ Set interactive goals and enroll in an action plan
- ✓ Sync a fitness device or activity tracker
- ✓ Access helpful online tools and resources including videos, recipes, and health information

The current Be Well platform is being discontinued. You will no longer be able to log in to your Be Well account, effective January 1, 2024.

- Members who try to access Be Well on or after January 1, 2024 will see an error message.
- After the Be Well website is shut down, personal data and health information will be securely disposed of. Data will not be sold or shared.
- You can uninstall the Be Well application from your devices for an additional level of security.
- You will be able to access the new wellness program, **L!VEwell**, from your MyPHP member portal starting January 2, 2024. You will not need to create a separate login.

Have questions?
Email LIVEwell@phpmm.org.

![amwell logo]

Does the Season Have You Feeling Under the Weather?

You have 24/7 access to telehealth services through Amwell. Amwell provides access to board-certified providers 24 hours a day, no appointment needed.

Enjoy convenient, flexible access to high-quality, low-cost telehealth services.

Get help with:

- » Allergies
- » Bronchitis
- » Flu
- » Gout

- » Migraine
- » Pink eye
- » Pneumonia
- » Rash

- » Sinus Infection
- » Stomach Flu
- » UTI
- » Vertigo

Behavioral Health

- » Therapy: counseling for members 10 years of age and older
- » Psychiatry*: Assess and diagnose psychiatric disorders and prescribe medications

How to get started

1. Go to **PHP.Amwell.com** and create an account. When asked, use **PHP** for the service key.

2. Visit the provider of your choice online, through the Amwell mobile app, or by calling **844.SEE.DOCS**.

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 with a telehealth visit.

*Amwell doctors cannot prescribe controlled substances or lifestyle medications.

![LifeBalance logo]

Looking to get healthier, try a new activity, or make time for stress management and relaxation in the New Year?

With LifeBalance, you can enjoy more of the things we all love — fun family time, health, fitness, electronics, apparel, the great outdoors, and above all, a good deal. Discounts are available year-round for you and your family members and can be accessed by visiting **PHP.LifeBalanceProgram.com**.

Your Appeal and Grievance Rights

As a member of a Health Maintenance Organization (HMO), you have the right to appeal adverse decisions of your covered services. PHP must follow State of Michigan and U.S. Department of Labor regulations during our appeal/grievance procedure.

If you have a question or do not agree with a decision concerning your health care coverage, contact our Customer Service Department at the telephone numbers on the back of your PHP ID card. One of our Customer Service Representatives will be happy to help you. If our process does not meet your expectations, you have the right to file an appeal/grievance.

You can get help from others, including a physician, to assist you at any point in the appeal/grievance process. Just fill out a Designation of Personal Representative form. This form is available on our website or by calling Customer Service. If you have trouble communicating, we have language services available to assist you at no cost. If needed, Customer Service can help you write your request.

If you would like to file an appeal/grievance, please follow these steps:

Step 1:

1. You have 180 days from the date of the adverse determination to submit your appeal/grievance in writing. We have an Appeal/Grievance Form you can complete on our website or within your Member portal. The form is not necessary but does help us obtain the information needed to review your request. You can also send us a secure e-mail message through our website or fax your request to the Appeal/Grievance Department at **517.364.8517**.

2. Submit any information you feel is important to your appeal, including bills or statements, a letter from your provider, medical records, etc. Please do not submit any original documentation; only send copies.

3. We will send you a letter within 3 days acknowledging we received your appeal/grievance.

4. We will review your request and let you know our decision within 15 days from the date we received your appeal/grievance.

If you are not happy with our decision in Step 1, you can request an appeal/grievance hearing

Step 2:

1. You must let us know in writing that you want a hearing within 60 days from the date on the Step 1 decision letter.

2. You can attend your hearing either through a teleconference or a WebEx meeting.

3. You can explain your issue to the grievance committee, and they may ask you questions.

4. The grievance committee will review all your information and will send you their decision in writing within 15 days.

The combined total number of days for Steps 1 and 2 is 30 days.

External review

If you are not satisfied with PHP's final decision, you have the right to seek an External Review through the State of Michigan Department of Insurance and Financial Services (DIFS). You must submit your request to DIFS within 127 calendar days of receiving the Step 2 decision letter. If your request is denied, we will include a form and information on how to file a request for an External Review through DIFS with our final letter.

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. 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 if your request is urgent. If our determination is provided verbally, we will put it in writing no later than two business days after verbal notification. Please be advised urgent appeals are not eligible for a Step 2 hearing.

For urgent situations, you may ask for a 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, contact:

Office of General Counsel Healthcare Appeals Section
Department of Insurance and Financial Services
PO Box 30220
Lansing, MI 48909-7720

877.999.6442
Michigan.gov/DIFS

Complaints

PHP encourages your comments and suggestions. If you have questions, concerns, or problems with your PHP plan or our services, or the care you receive, we want to know about your experience. You may contact our Customer Service Department 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 visit our website at **PHPMichigan.com**. Our Customer Service team can help resolve questions about your benefits, eligibility, claims, finding a provider, and the delivery or quality of healthcare services you received.

If you would like to file a complaint, please follow these steps:

1. Call Customer Service to file a verbal complaint.

2. Fill out a complaint form available on our website or within your Member portal. You can mail or fax your request to the Appeal/Grievance Department at **517.364.8517**. The form is not mandatory but does help us obtain the information needed to review your request. You can also send us a secure email message through our website.

   Via Mail:
   Physicians Health Plan
   Attn: Complaints
   1400 E. Michigan Ave.
   PO Box 30377
   Lansing, MI 48912

3. We will send you a letter within 3 days acknowledging we received your complaint.

4. We will review your request and let you know our decision within 30 days from the date we received your complaint.

New Technology

PHP always looks at new medical procedures, technology, services, and medication in order to decide if we should include coverage for it in our benefit plans. We partner with national companies that specialize in reviewing medical procedures to look for evidence of improved outcomes. This evidence, information from other sources like medical journals and associations, and any applicable laws are then reviewed by a committee that includes local physicians to determine if the new technology should be covered in our benefit plans.

PHP Privacy Statement

Physicians Health Plan respects your privacy and has always followed strict procedures to maintain confidentiality of your health information.

Types of information we collect

We collect a variety of personal data to help manage your health coverage. Information is provided by members, employers, insurance agents, doctors and other providers through enrollment forms, surveys, mail, medical claims, and other needed data sources. We have access to personal addresses, Social Security numbers, dependent details, medical claims, and other insurance data. We limit the collection of personal information to what is needed to meet regulatory requirements, conduct business, and provide quality service.

How we protect your information

We protect your information through strict physical, electronic, and procedural security measures. Access to your information is limited to persons who need to know and who are trained on the importance of keeping information safe and maintaining compliance with procedures and related law.

Disclosure of personal information

We only share information as permitted or required by law. Sharing of information may be needed to conduct business with our partners and non-affiliated people such as our attorneys, accountants and auditors, a member's authorized representative, healthcare providers, third party administrators, insurance agents or brokers, other insurance companies, consumer reporting agencies, law enforcement, and regulatory authorities. We may also share information with companies we contract with for the purposes of marketing or disease management programs. We do not disclose personal information to any other third parties without a member's request or consent.

A copy of the PHP Notice of Privacy Practices may be found on the PHP website at **www.PHPMichigan.com/ notice-of-privacy-practices**, or you may contact Customer Service at **517.364.8500** or **800.832.9186** to request a copy by mail.

PHP Frequently Asked Questions

How do I contact PHP	**Customer Service** 517.364.8500 or 800.832.9186 Fax: 517.364.8411
Where do I find the PHP Website	**https://www.PHPMichigan.com**

How do I access the Member Portal	**PHP Website**
	Go to **PHPMichigan.com/Members**
	
	» Select Portal Login
	
	» Select MyPHP Member Portal
	   - If it is your first visit, you will need to create an account.
	   - You will need your group and subscriber number from your ID card to create an account.
	
	» Once you create an account, you will log in with your username and password the next time you visit.

Where do I find information about my Benefits and Services including Behavioral Health Services » Benefits and Coverage information » Restrictions on services outside my service area » Charges I am responsible for » Coverage for Experimental and Investigational Services	**MyPHP Member Portal** Go to **PHPMichigan.com/Members** » Select Portal Login » Select MyPHP Member Portal Your individual benefit forms and documents can be found by choosing the link **Benefit Documents and Forms** on the **Stay Informed** tile located in the member portal. » To view your member materials, you will need to log into the Member Reference Desk with your Group and Subscriber Numbers from your ID card. » Select your Summary Plan Description (SPD) for details on your eligible medical and behavioral health benefits, exclusions, limitations, experimental or investigational services, and more. » Select your Summary Benefit Coverage (SBC) for details on your expenses including deductibles, copayment, coinsurance, out-of-pocket limits, excluded services, and in-network vs out-of-network coverage. » Make sure to check for any amendments (updates) to your benefits.

PHP Frequently Asked Questions (cont.)

How do I know if a service needs a prior authorization	**PHP Website** Go to **PHPMichigan.com/Members** » Select Manage Your Plan - On this page, locate the link to the PHP Notification/Prior Approval Table. This table will tell you if authorization/notification is needed prior to service. **OR** » Select Medical and Drug Policies - On this page, you can access PHP's benefit coverage policies.
Can I see a specialist without a referral	**PHP does not require that you get a referral to see a specialist. The specialist may require a referral or information from your PCP prior to your visit.**
What if I paid for services that are covered benefits » I received emergency/urgent care out of the country » The pharmacy I used did not accept my insurance and I had to pay for my medication » Submitting a Medical or Pharmacy Reimbursement Form request	**If you paid for covered services, you may be eligible for reimbursement of the cost.** **MyPHP Member Portal** Go to **PHPMichigan.com/Members** » Select Portal Login » Select MyPHP Member Portal » From the Health Plan Information tab drop down choose Forms and Documents » This will take you to the Member Reference Desk. Log in using your member subscriber and group numbers. » Under Other Forms & Helpful Documents, you will find the Medical Claim Form and Pharmacy Claim Reimbursement Form. » Follow the directions on the forms for submission. **PHP Website** Go to **phpmichigan.com/Members** » Select Get Answers – FAQS in the side menu. Review Claims section for more information.

Where do I find Pharmacy Management Procedures

» Prescription Drug List (PDL)
» Prescription Drug List Changes
» Benefit Restrictions
» Step Therapy information
» Medication Prior Authorization process
» Quantity Limits
» Specialty Drug Services
» Recalled Drugs
» How to use Pharmaceutical Management procedures
» The Exception Process and how my provider can help
» CVS Reimbursement Form

MyPHP Member Portal

Go to **PHPMichigan.com/Members**

» Select Portal Login
» Select MyPHP Member Portal

Pharmacy information is found by choosing the Pharmacy Information link on the My Pharmacy tile in the member portal.

» This link will take you to the PHP website Get Your Medication page.

PHP Website

Go to **PHPMichigan.com/Members**

» Choose the Get Your Medication page.

» On this page you will find links to your PDL restrictions and tier preferences, the Exception Process request form, drug recalls, Pharmacy Claim Reimbursement form, and drug list changes.

» Choose the Pharmacy Services page, found in the Providers tab, for information on specialty drug services, management procedures, therapeutic interchange, step therapy policy, and generic substitutions.

» Choose Get Answers — FAQS page for links to the medication prior authorization form, prescription drug lists and a Contact Us Form.

PHP Frequently Asked Questions (cont.)

Choosing a Primary Care Provider (PCP) or a Behavioral Health Provider

» How do I find a PCP or Behavioral Health Provider that participates with my insurance plan

» How do I know if they are accepting new patients

» What if I only want a female/male doctor

Choosing a Specialist or Facility

» How can I find a Specialist or Hospital that participates with my insurance

» How can I find urgent care facilities, laboratories or physical therapy providers

MyPHP Member Portal

Go to **PHPMichigan.com/MyPHP**

» Select MyPHP Member Portal

» Login to your account

To choose a PCP or Behavioral Health provider:

» Locate the "Change Your PCP Request" link on the My Providers tile.

» This will take you to the Provider Directory where you enter your member ID and plan type to search by distance and type of provider such as PCP, Mental Health, Specialist, and Hospitals.

» Choose the Other Health Services to find participating laboratories, medical equipment suppliers, urgent care facilities, physical therapy providers, home care providers and more.

» Once the search is selected additional options are now available to help you narrow your search including gender, hospital affiliation, specialty, and accepting new patients.

» Click on the provider's name to find details such as address, phone numbers, specialty, language, certifications, and a location map.

» Use the contact information to schedule an appointment with the provider.

PHP Website

Go to **PHPMichigan.com/FindaDoctor**

» Select Find a Doctor in the top menu bar.

» This will take you to the Provider Directory where you enter your member ID and plan type to search by distance and type of provider.

» Choose Other Health Services to find participating laboratories, medical equipment suppliers, urgent care facilities, physical therapy providers, home care providers and more.

» Once the search is selected additional options are now available to help you narrow your search including gender, hospital affiliation, specialty, and accepting new patients.

» Click on the provider's name to find details such as address, phone numbers, specialty, language, certifications and a location map.

» Use the contact information to schedule an appointment with the provider.

How do I change my PCP	**MyPHP Member Portal**
	Verify with the new provider that they can accept you as a patient.
	Go to **PHPMichigan.com/Members**
	» Select Portal Login
	» Select MyPHP Member Portal
	» From the My Providers tile choose Change Your PCP Request
	» This will take you to the Change PCP Search page where you will enter your new provider's name.
	» Find the provider you want to choose and Select.

What if I need care after hours
- » How do I get care after normal business hours
- » How do I get emergency care
- » How do I know if my care will be covered by my benefits

If you have an emergency situation call 911 or go to the nearest hospital. Urgent and Emergency Care is covered as an in-network benefit.

MyPHP Member Portal
Go to **PHPMichigan.com/Members**

» Select Portal Login

» Select MyPHP Member Portal

For coverage information your individual benefit forms and documents can be found by choosing the link Benefit Documents and Forms on the Stay Informed Tile located in the member portal.

» Select your Summary Plan Description (SPD) for details on your eligible medical and behavioral health benefits.

» Select your Summary Benefit Coverage (SBC) for details on in-network vs out-of-network coverage, deductibles, copayment, coinsurance, and more.

To find a participating provider:

» Locate the Find a Provider link on the My Providers tile.

» This will take you to the Provider Directory where you enter your member id and plan type. You can now search Hospitals or Other Health Services to find participating hospitals, and urgent care facilities.

» For more information select Frequently Asked Questions from the Quick Access tile.

» Review the Care During an Emergent or Urgent Situation section for more information.

PHP Website
Go to **PHPMichigan.com/Members**

» Select Get Answers–FAQs

» Review the Care During an Emergent or Urgent Situation section for more information.

Check Out PHP Online!
PHPMichigan.com

The PHP website and our MyPHP portal tool offer a variety of online services and information, including:

- » Find a Doctor, no matter where you are

- » Change your address or update your primary care provider

- » 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 a pharmacy

- » Find answers to some of the most frequently asked questions

- » Manage your health using our interactive health & wellness resources

Physicians Health Plan

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