



HMO Member Update

FOURTH QUARTER 2022

PHP is 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. 24, 2022, 8:30 a.m. to 2:00 p.m.

Dec. 25, 2022, closed

Dec. 26, 2022, closed

Dec. 31, 2022, 8:30 a.m. to 5:30 p.m.

Jan. 2, 2023, closed

TTY/TDD service

You can use the TTY/TDD service if you are deaf, hard of hearing, or have trouble speaking. Simply call 711 to reach the Relay Center who will help you call PHP Customer Service.

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).



نايف، فيزيجنالا فالخب ةغل ئدحتت تنك نا؛ هيتنا
مقرب لصتا. كل ةحاتمو ةيناچم ةيوغلا ةدعاسملا تامدخ
800.832.9186 (TTY: 711)



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Member Rights and Responsibilities

Physicians Health Plan has updated the Member Rights and Responsibilities statement. The updated member rights and responsibilities is included here and can also be requested through the Member Reference Desk (MRD).

Statement of Member's Rights and Responsibilities:

Member Rights

Enrollment with Physicians Health Plan (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 Physicians Health Plan (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

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:

- » Visit [PHPMichigan.com/MemberPortal](https://www.phpmichigan.com/MemberPortal)
- » 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”





TTY/TDD Service and Language Services

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 PHP Customer Service Department. You can locate PHP customer service phone numbers on your PHP insurance card.

If you speak a language other than English, you have access to free language services. Simply call the PHP Customer Service Department using the phone number on the back of your PHP insurance card and tell the customer service representative what language you would like to speak.

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.

Provider Directory and Out-Of-Network Care

To find an in-network provider, you can use the Find a Provider tool, located at [PHPMichigan.com/FindADoctor](https://phpmichigan.com/FindADoctor). This tool allows you to search for providers based on location, specialty, gender, new patient acceptance status, and more. To ensure that you are accessing the correct list of providers, it is important that you select the right plan type from the drop down menu.

Urgent and Emergency care is always covered as an in-network benefit. You may have a desire to seek out-of-network care for a variety of reasons, and your out-of-network deductible and maximum out-of-pocket costs will apply.

The Right Care

Right time, right place!

While your primary care physician (PCP) should be your first call for health questions or concerns, sometimes you need other options.

This guide provides an overview of sites of care and when to seek care at those locations.

	Care Locations and Benefits	Commonly Treated Health Issues	Learn More
Amwell Telehealth	<ul style="list-style-type: none"> » Available 24/7 » No appointment needed » Care available with board-certified doctors through the convenience of your computer, tablet, or smartphone 	<ul style="list-style-type: none"> » Allergies » Sinus infection » Migraines » Bronchitis » Flu » Rash » Behavioral health: Counseling and Psychiatry (appointment may be required) 	PHP.Amwell.com
Sparrow Walk-In Care	<ul style="list-style-type: none"> » Fast and convenient » Sparrow Walk-In Care Lansing » Open weekends, evenings and holidays (closed every day from 2-2:30 p.m. and most major holidays) » Online scheduling 	<ul style="list-style-type: none"> » Minor injuries and illnesses » Vaccines » Sports physicals » Infections » Common cold » Allergies 	SparrowCares.org
Primary Care Provider	<ul style="list-style-type: none"> » Your PCP knows you best » May have extended hours » May have online scheduling 	<ul style="list-style-type: none"> » Routine, illness/injury, follow-up care » Vaccines » Annual physicals 	Provider directory available at PHPMichigan.com
Urgent Care	<ul style="list-style-type: none"> » Extended hours » May have online scheduling » No appointment needed » Convenient locations 	<ul style="list-style-type: none"> » X-Rays » Stitches » Broken bones » Vomiting » Minor illness » Allergies 	Find an urgent care in your area at PHPMichigan.com
Emergency Room	<ul style="list-style-type: none"> » For emergency situations » Open 24/7 	<ul style="list-style-type: none"> » Trouble breathing » Chest pain » Head injury » Any time you believe your life or your health is in jeopardy 	Call 911 or go to the nearest hospital

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

Local. Personal. Flexible.

517.364.8500

PHPMichigan.com

[Form COMS] RC 22.11-07



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 Specialists will be happy to help you. If our informal 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 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 mandatory 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. You can also 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.

We will inform both you and your Provider of our 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 Department of Insurance and Financial Services (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:

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, 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 health care 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
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.

Well Child Care Visits

Well child care visits are a time for you and your child's Provider to focus on the growth and development of your child to ensure the best health possible throughout their childhood. These appointments are usually longer than sick appointments and give the doctor an opportunity to talk to you about things that they might not cover during a sick visit. This can include information on healthy eating, exercise, immunizations, and helping your child meet important milestones. The longer visit time also allows for your questions and concerns to be answered, like how to respond during temper tantrums, potty training, and playing with others.

Well care visits to the pediatrician also allows the child to develop a good relationship with the Provider. This is especially important during adolescence when issues or concerns may arise about such things as depression or anxiety, sexuality, and substance use or abuse. Well child visits provide a trusted source of current and accurate information to address these concerns.

Birth (1-3 days after discharge)	2 weeks	2 months	4 months	6 months	9 months	12 months	15 months	18 months	2 years	2.5 years	3 years
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Tip: Scheduling an appointment near a child's birthday or before the school year starts can help parents or guardians remember to schedule the appointment.

If you need help finding a pediatrician, visit the PHP website at PHPMichigan.com/Members/Find-a-Doctor or Physicians Health Plan Customer Service Representatives are happy to help you identify a provider that meets your individual needs. Just call at 517.364.8500 or (toll free) 800.832.9186.



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 [PHPMichigan.com/Notice-Of-Privacy-Practices](https://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.



Complex Case Management Program

The complex case management program is a free service for any PHP member who 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.

Pharmacy Drug Policies

Visit [PHPMichigan.com/Members/Get-Your-Medication](https://www.phpmichigan.com/Members/Get-Your-Medication) for information regarding the following:

- » 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.

You can log into CVS Caremark to:

- » Check drug coverage and cost.
- » Place a refill for a mail order prescription.
- » Find an in-network pharmacy.
- » Find a generic version of a drug.

Note: If a you do not have a login ID and password for CVS Caremark, you will need to register before you can access this information.

Access a full list of our pharmacy drug policies at [PHPMichigan.com/MedicalAndDrugPolicies](https://www.phpmichigan.com/MedicalAndDrugPolicies).



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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



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