HMO
Member Update

FOURTH QUARTER 2018

Physicians Health Plan

A health plan
that works for you.

In this Issue

PHP is here to help!

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

If you have questions or concerns about benefit decisions, or if you do not understand why a health service was denied or the benefit reduced, contact our Customer Service Department.

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

VISIT
Monday - Friday, 8 a.m. to 5 p.m.
1400 E. Michigan Avenue
Lansing, Michigan 48912

TTY/TDD Service

You can use the TTY/TDD service if you are deaf, hard of hearing, or have trouble speaking. Simply call 7-1-1 to reach the Relay Center, which will help you call the Customer Service Department.

Translation to English

Physicians Health Plan, as a subsidiary of Sparrow, 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 1.517.360.1544.

ATENCIÓN: Si habla un idioma distinto del inglés, hay servicios gratuitos de asistencia con el idioma, disponibles para usted. Llame al 1.517.360.1544.

انتبه: إن كنت تتحدث لغة بخلاف الانجليزية، فإن خدمات المساعدة اللغوية مجانية ومتاحة لك. اتصل برقم 1.517.360.1544.

Important imformation for individual Members

Open Enrollment for individuals

Have a friend or family member who needs health insurance? PHP offers individual plans on the Marketplace (aka the Healthcare Exchange) and off the Marketplace (directly through PHP). What's the difference in how or where you enroll? Let's break it down.

The Affordable Care Act provides assistance with premium payments based on income and family size. To qualify, you cannot have insurance through your job, through Medicare or be eligible for Medicaid. Enrolling through the Marketplace (or through PHP's portal to the Marketplace on our website) allows you to take advantage of financial help that may lower monthly premiums and/or cost share. You can enroll in a Marketplace PHP plan by visiting **Healthcare.gov** or by visiting PHP's portal to the Marketplace, **ChoosePHPMI. com**. When individuals enroll directly through PHP (off the Marketplace), financial assistance is not available.

New this year is your ability to enroll electronically! Information about the benefit plans and how to enroll with PHP is on our website or you can call PHP Customer Service at **517.364.8567** or **800.539.3342**.

Open enrollment runs Nov. 1, 2018, through Dec. 15, 2018, so spread the word! Coverage begins on Jan. 1, 2019, providing we receive your first month's premium by Dec. 15, 2018. Whichever enrollment method you choose, you will have a great benefit plan, with award-winning customer service, at an affordable price. Tell your friends and family members to sign up for PHP.

Grace period and termination for non-payment of premiums

How your three-month grace period works

If you receive a tax credit for reduction of your monthly premium, you are allowed a three-month grace period to catch up on a late premium payment.

To avoid termination of your coverage, all outstanding premiums must be paid before the end of your grace period.

» You must have a $0 balance by the end of month three of your grace period.

What to do if your coverage terminates?

If your coverage is terminated for non-payment, the date your coverage ends will be the last day of the first month in the three-month grace period.

Your coverage cannot be reinstated until the next open enrollment period.

Any remaining unpaid premiums remaining on your account must be repaid before new coverage can begin.

New services for PHP Members

be well^{SM}

PHP is pleased to announce the be well^{SM} at work Health Portal.

It's an innovative tool that helps you easily plan fitness, dietary and health goals to achieve healthy lifestyles via an extensive array of interactive tools.

Key features
of the portal include:

» Health Assessment
» Individualized meal plans and food logs
» Physical activity tracker
» Wellness workshops
» Personalized progress reports
» Corporate challenges
» Smartphone mobile access and Apps

be well^{SM} Mobile
powered by HealthyNow

be well^{SM} at work

Social Sharing

Food Log

Food
Bagel - (400 calories)
Egg - (78 calories)
Milk - (103 calories)

Team Challenges

Spring into it Walking Challenge
Team 1
Team 2
Team 3

Weight Log

Monday

Fruit & Veggie Tracker

Workshops
Week 1: Getting started
Goal: Learn basics of exercise program

To register for your free account:

» Go to **PHPMichigan.com/MyPHP**
» Click "MyPHP Member Portal"
» Log in and click "Be Well"

Physicians Health Plan

Telehealth.
Easier access, lower copays, and more choices in 2019

PHP has partnered with American Well (Amwell®) to provide access to board-certified Physicians 24 hours a day using your phone, tablet, or computer – no appointment needed. Most benefit plans cover a visit from an Amwell Physician for just **$5**!

You can see a Physician anywhere – from home, work, or while you're on vacation, for things like:

- Allergies
- Sinus infection
- Migraine
- Bronchitis
- Stomach flu
- Pneumonia
- Pink eye
- Vertigo
- Flu
- Gout
- UTI
- Rash
- And many other conditions, including Behavioral Health*

* available for your standard office visit copay.
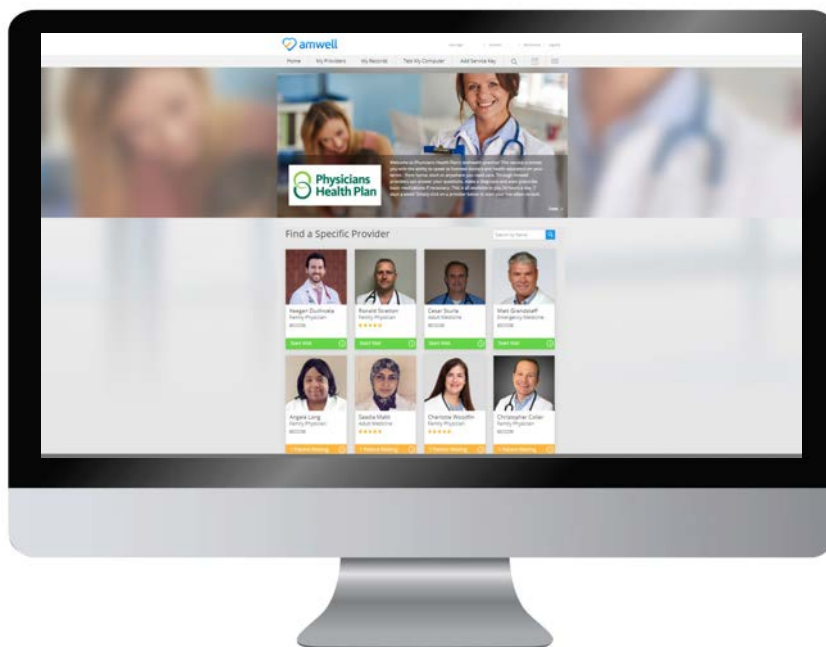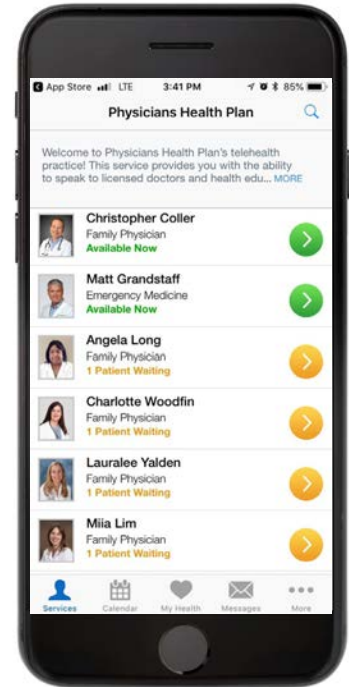
How to Get Started

First, go to **PHP.AmWell.com** and create an account. When asked, use **Service Key PHP**.

Then, visit the Physician of your choice online, by calling **844.SEE.DOCS**, or downloading the Amwell mobile app.

Your online Physician 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.

Questions?
Call PHP Customer Service at **517.364.8500** or **800.832.9186**, Monday through Friday, 8:30 a.m. to 5:30 p.m.

No coupon codes needed for 2019!

PHPMichigan.com

Physicians Health Plan

PHP's Member survey results

PHP once again earned high scores from our HMO and Marketplace (QHP) members. Scores improved in both surveys for the rating of health plan and rating of health care. PHP also improved our star rating for our marketplace plan from 3 to 4 stars.

What is a CAHPS Survey?

The Consumer Assessment of Health Plans and Systems (CAHPS 5.0H) is sent in the spring of each year. The CAHPS 5.0H survey measures many aspects of Member satisfaction. We ask our Members how they feel about their health plan, including questions relating to their experience with their healthcare Providers. Health plans are scored based on the percent of Members who respond with, "Usually" or "Always" on a variety of questions.

Will I get a CAHPS Survey?

CAHPS surveys are sent out to Members randomly selected throughout our plans. If you receive a survey, we hope you will take a few minutes to tell us how we're doing. We learn important information from our survey results that help us focus on the areas of improvement most important to our Members. Survey results also provide health plan rankings and comparisons within Michigan and nationwide. The surveys are short, anonymous, and should only take a few minutes of your time to complete. We try to get as many responses as possible. Follow-up mailings and phone calls are made if we don't hear from you, so send it back quickly to avoid a reminder from the surveyor. We value your feedback!

What do the Stars mean?

Using scores from the CAHPS surveys and other measures, CMS ranks Marketplace health plans using a star system (1-5, 5 being the very best health plan). PHP earned 4 stars in 2018. CMS will publish the stars for Michigan health plans during the 2019 Open Enrollment period.

HMO CAHPS Survey Results		
	2018	**2017**
Rating of Health Plan	75.8%	74.7%
Rating of all Health Care	83.3%	76.4%
Rating of Personal Doctor	83.95%	82.3%
Rating of Specialist	86.6%	90.3%

QHP CAHPS Member Survey		
	2018	**2017**
Rating of Health Plan	70.8%	67.4%
Rating of Health Care	83.69%	80.9%
Rating of Personal Doctor	89.48%	89.1%
Rating of Specialist	89.47%	85.7%
Getting Needed Care	79%	76.7%
CMS Stars	4	3

Visit PHP's website, **PHPMichigan.com**, for the complete HMO and QHP CAHPS Member Survey results.

How your health benefits work

PHP Certificate of Coverage

Your PHP Certificate of Coverage (COC) includes information about your covered benefits: what is not covered and which services require prior approval for coverage. You can get information about your benefits through the PHP website (**PHPMichigan.com**), where you can view or print important Member materials, including your COC. You can also request a paper copy of your COC. Simply click Login from the PHP homepage, select the **Member Reference Desk** link and enter your PHP subscriber and group number from the front of your PHP card. You can also call Customer Service at **517.364.8500** or **800.832.9186**.

Primary Care Physician

When you join PHP, you must pick a Primary Care Physician (PCP) from PHP's list of Network PCPs. Each family member can pick a different PCP. It is important for you to have a good relationship with your PCP. If you want to change or have changed your PCP, please contact Customer Service by phone or email. You can also visit MyPHP, our online Member portal, to update your information.

PHP Network Specialists

PHP does not require a referral or prior approval to see a PHP Network Specialist. You may "self-refer" by simply scheduling an appointment. Some Specialists may require information from your PCP before scheduling an appointment. Also, some procedures or treatments performed by either the PCP or Specialist may require prior approval for coverage from PHP.

Hospital, Emergency, and Urgent Care services

Except in emergency situations, your PCP or Network Specialist will arrange your hospital care with us. To ensure your hospital services are covered at the highest benefit level, make sure you receive hospital services from a facility in the PHP Network.

If you have severe symptoms that may seriously jeopardize your health, either at home or away, call 911. After your treatment, contact your PCP as soon as possible so needed follow-up services can be provided.

Urgent care is for non-life-threatening situations when you need care sooner than you can typically schedule an office visit. If you need urgent care during normal office hours, after Doctor's office hours, or on the weekend, call your PCP first. Your PCP can help you get urgent care services at a Network urgent care or convenience care facility or may want to see you on an urgent basis.

How do I submit a medical claim for covered health services?

In most cases, the Physician who treated you will submit a claim on your behalf. Be sure to provide them with your current PHP ID card as it contains the claim submission address and other important information. They will make a copy of both sides of your card.

If the Physician will not submit a claim on your behalf, please send an itemized receipt together with the completed claim form. Claim forms are available online, through **PHPMichigan.com**, My Reference Desk and by calling Customer Service. Send your receipt and claim form to:

Customer Service
Physicians Health Plan
P.O. BOX 30377
Lansing, MI 48909-7877

Make sure your receipt includes the following:

» Your name, address, and phone number
» Your PHP ID number
» The date you received care
» The name, address, phone number, and identification number of the Physician who treated you
» The procedure and diagnosis codes
» The cost associated with each procedure performed
» Proof that you paid for the services

Most Physicians will provide you with a form at the end of your visit containing the above information. In general, reimbursement for covered health services will be processed in 4-6 weeks. We will contact you if additional information is needed.

Why are there prior approval requirements?

Prior approval requests may be required for an upcoming medical procedure. This helps make sure that it is a covered benefit before the service is performed and helps us determine if you may need help from a PHP Nurse to coordinate your care.

Your PHP Certificate of Coverage (COC) lists services that require prior approval. If prior approval is required, it must be done before receiving the service unless it is urgent or an emergency. In these cases, you or the hospital must notify us of your admission the same day you are admitted, the next business day, or as soon as reasonably possible.

PHP Network Providers must submit prior approval requests on your behalf. We communicate with PHP Network Providers on what services require prior approval. Non-network Providers may also submit a request on your behalf, but it is ultimately your responsibility to make sure a service is approved for coverage before you receive certain services from non-network Providers.

We review the prior approval request using medical criteria and determine if the service is a covered benefit under your benefit plan. If the request is not urgent, we have 14 days to decide on your request. We send you and your Physician a letter with our decision. If the request is urgent, we must decide in 72 hours. For urgent situations, we call you and your Physician with the decision and then send a letter.

Network Provider payments

You have a right to information about how PHP pays Providers, including:

» Whether a fee-for-service contract exists. Under a fee-for-service contract, Physicians and other Providers receive a payment that is not more than their billed charge, or;

» Whether a capitation contract exists. Capitation is a set dollar amount to cover the cost of healthcare for a person (regardless of what services are provided).

Our local servcie team is here to help.
Call us at **517.364.8500** or **800.832.9186** if you need additional information.

New technology

PHP always looks at new medical procedures and technology 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 information and any applicable laws are then reviewed by a committee that includes local Physicians to determine if the new technology should be covered.

Important tax information coming soon!

PHP is required to provide information about your health insurance coverage to the Internal Revenue Service (IRS). We send you the same information we report to the IRS on a form called a 1095. The 1095 form has information about your health insurance coverage with PHP during 2018.

You need this form to file your taxes. Make sure to keep it in a safe place. If you have questions about the information on the 1095 form and your health coverage through your employer, contact your employer. If you have an individual policy through PHP, contact PHP's Customer Service Department at **517.364.8500** or **800.832.9186**.

Note: PHP does not send 1095s to individuals enrolled through the Health Insurance Marketplace. The Marketplace sends you this form and can answer any questions you have.

Healthcare coverage decisions

At PHP, we work collaboratively with Physicians to ensure our Members have the most appropriate care to drive the best outcome.

Our goal is always to improve the health of our community.

Utilization Management (UM) is the review of medically necessary and appropriate healthcare services under your benefit plan. PHP follows a process that uses nationally approved and accepted guidelines.

It's important for you to know that...

» We make decisions based on the appropriateness of care, service, and existence of coverage.

» We do not offer financial payments to Providers that encourage denying or approving services.

» We may offer incentives to Providers for encouraging efficient, appropriate care.

» PHP does not make decisions about the services you receive, only whether those services are covered under your benefit plan.

Physicians Health Plan
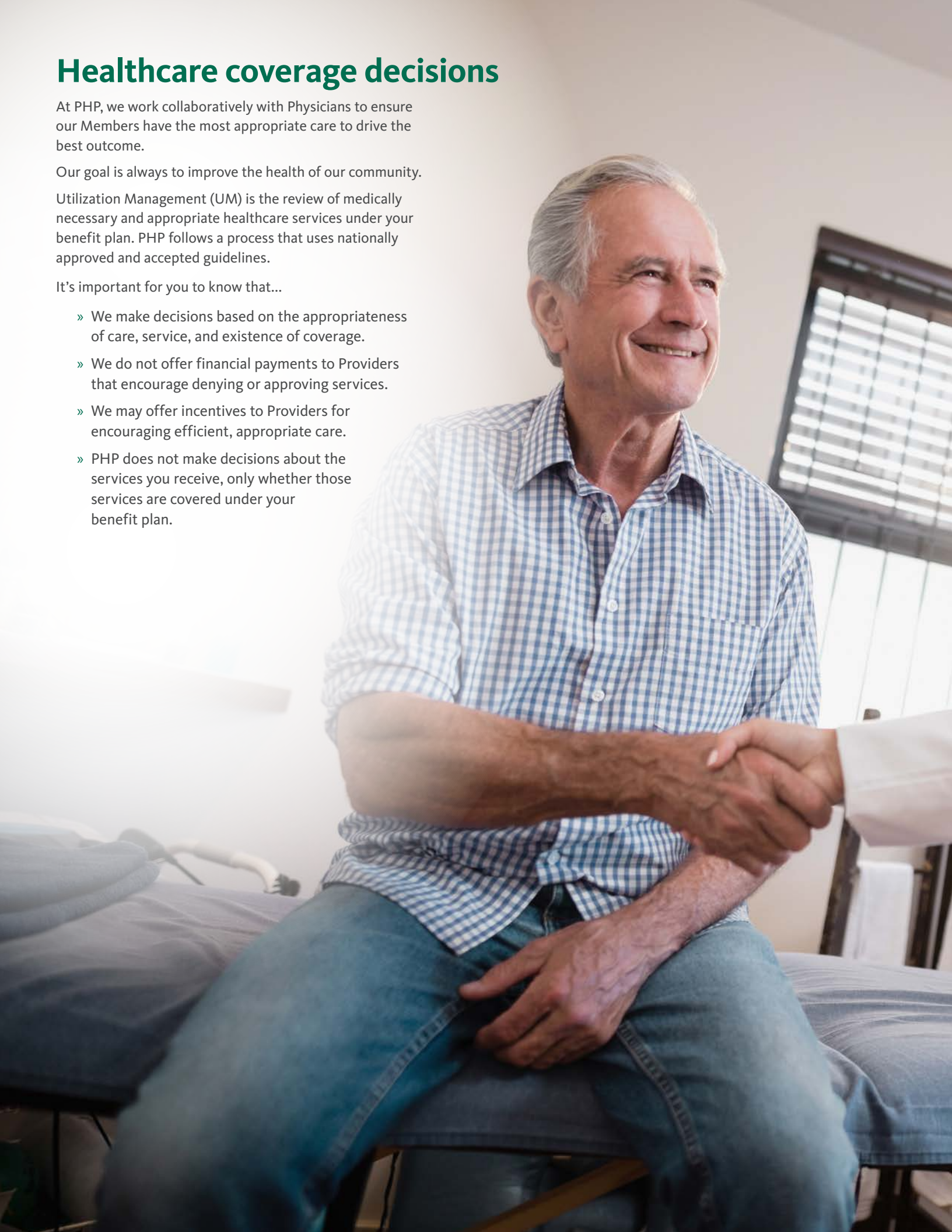
Check Out PHP Online!
PHPMichigan.com

Through our MyPHP online portals and the
Member Reference Desk you can:

» Access your CVS Pharmacy account, where you can find a
   pharmacy and see how much a prescription will cost

» Log in to be well℠, your online wellness tool

» See a Doctor 24/7 through Amwell, PHP's telehealth partner

» Find a Doctor

» Change your address or your Primary Care Provider

» View your benefits, the status of a claim,
   Member Guide and other important information

» Order a new or extra ID card and print a temporary card

» Get a copy of an Explanation of Benefits (EOB)

» Track your deductibles and out-of-pocket charges

» See a list of FAQs

Physicians Health Plan

**A health plan
that works for you.**

517.364.8500   PHPMichigan.com

SparrowTV.org