



Provider Connection

FIRST QUARTER 2021

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Health Reimbursement Arrangements

PHP is excited to announce that we will begin administering Health Reimbursement Arrangements (HRAs) in Spring 2021. HRAs are employer-funded group health plans from which employees are reimbursed tax free for qualified medical expenses up to a fixed dollar amount per year. Employers will have the opportunity to purchase an HRA through PHP. As a network provider, you may begin seeing an HRA designation on PHP member ID cards this Spring. Network providers will not be required to do anything additional. The PHP Provider Manual will be updated prior to implementation with an example of the member ID card.

Questions? Email your PHP Provider Relations Team, PHPProviderRelations@phpmm.org.

Keeping PHP Providers Informed: COVID-19 Benefits and Services Update

PHP is committed to maintaining the most up-to-date information related to the coronavirus to support our provider network during the ongoing COVID-19 crisis.

Please make sure to check the PHP website at [PHPMichigan.com/COVID-19](https://www.phpmichigan.com/COVID-19) and the MyPHP Provider Portal at [PHPMichigan.com/MyPHP](https://www.phpmichigan.com/MyPHP) regularly for updates related to coronavirus, including member benefits, reimbursement policies related to testing, treatment, vaccination, and telehealth changes.

If you are unable to find the information you are looking for, have member-specific questions, or require portal registration support, please contact PHP Customer Service at **517.364.8500**.

Using In-Network Labs

When a PHP member needs to have clinical laboratory testing conducted, you must send all samples to a PHP network laboratory. As a provider, you may elect to perform all or part of the laboratory services listed in PHP's office laboratory list found in the PHP Provider Manual. Laboratory services not listed in PHP's office laboratory list, or laboratory services not performed by a provider, should be performed by PHP's designated independent laboratories. Providers are only reimbursed for those laboratory services listed in PHP's office laboratory list and performed, in whole or in part, for a member being treated directly by a provider. If your office does not utilize a PHP designated independent laboratory, the member could potentially incur unnecessary non-network charges.

Improving Telehealth Services

COVID-19 has caused physician offices and patients to rethink how healthcare is provided. Prior to COVID-19, while telehealth adoption was widespread among providers, in-office visits were still the standard and the preferred method for healthcare delivery. Now due to COVID-19, telehealth services seem to be the new normal and are a safe way to continue rendering healthcare.

Below are some tips to support your patients and achieve a successful telehealth visit for patients and providers alike.

Before the Visit

A lot of the work that goes into ensuring a smooth telehealth encounter takes place before the encounter begins.

- » Check your technology — make sure your camera and microphone are in good working order.
- » Consider the individual needs — is the patient learning the telehealth platform for the first time? Will the patient need a medical interpreter? Do they have a vision, hearing, or cognitive impairment that requires special assistance to navigate the technology?
- » Plan to have other team members join the call, if needed — are there other members of your team who should also visit with the patient (e.g., social worker or care manager)?

During the Visit

It's essential to put thought into how to develop a connection with a patient during a virtual visit.

- » Make eye contact with the patient — look at your camera, and not just the patient's video display.
- » Establish rapport and develop trust. This will put the patient at ease and provide a comfortable setting.
- » Speak slowly and clearly, and make sure the patient can see your lips for maximum visual input.

Wrapping Up

- » Verify that you have addressed your patient's priorities and concerns by asking follow-up questions that confirm an understanding of the recommend care plan.
- » Plan for follow-up — are there patient instructions you need to share? Do other members of your team need to connect with the patient? Does a family caregiver need additional support?

Behavioral Health Provider Directory

Directing patients to in-network providers can reduce costs and increase value and satisfaction. In order to better serve you and our members, PHP has made it easy to search behavioral health providers within the PHP network. Our online directory can be found by visiting PHPMichigan.com.

Provider
Facility

Provider Search

Located

No preference

Within the Zip Code Any range v

Only inside of Zip Code

Zip Code

Use current location

Plan ?

Please Select v

Provider Last Name ?

Provider First Name ?

Optional Search Fields

City ?

State ?

Please Select v

Find PCP ?

Provider Gender ?

Male

Female

Any Gender

Only show providers who are accepting new members

Language ?

Please Select v

Provider Type ?

Any Type v

Specialty ?

Please Select v

Area of Interest ?

Please Select v

Download Results
Email Results
Return to Search

John R Thompson			
PCP: No	Specialties: Social Worker	Distance: < 1 mi.	Plan: HMO or POS
Gender: Unknown	Board Certifications: None Reported	2316 S Cedar Lansing, MI 48910-3100	Accepting New Patients: No
	Language: English	517.887.4302	<input type="checkbox"/> Compare Provider
Jamie B Schnepf			
PCP: No	Specialties: Social Worker	Distance: < 1 mi.	Plan: HMO or POS
Gender: Female	Board Certifications: None Reported	2316 S Cedar St Ste 3 Lansing, MI 48910-3171	Accepting New Patients: Yes
	Language: English	517.993.0615	<input type="checkbox"/> Compare Provider
Jacqueline D Griffin			
PCP: No	Specialties: Social Worker	Distance: < 1 mi.	Plan: HMO or POS
Gender: Female	Board Certifications: None Reported	2316 S Cedar Ste Ste 3 Lansing, MI 48917-4200	Accepting New Patients: Yes
	Language: English	517.346.8318	<input type="checkbox"/> Compare Provider

Physicians Health Plan General Training Dates for 2021

The Provider Relations Team offers training sessions throughout the year to help you and your office staff work more efficiently with PHP.

Training opportunities include PHP commercial and PHP Medicare requirements, a review of the Provider Manual, checking eligibility and benefits, claim status, authorizations and approvals, and much more. Provider office management and all office staff are welcome to attend.

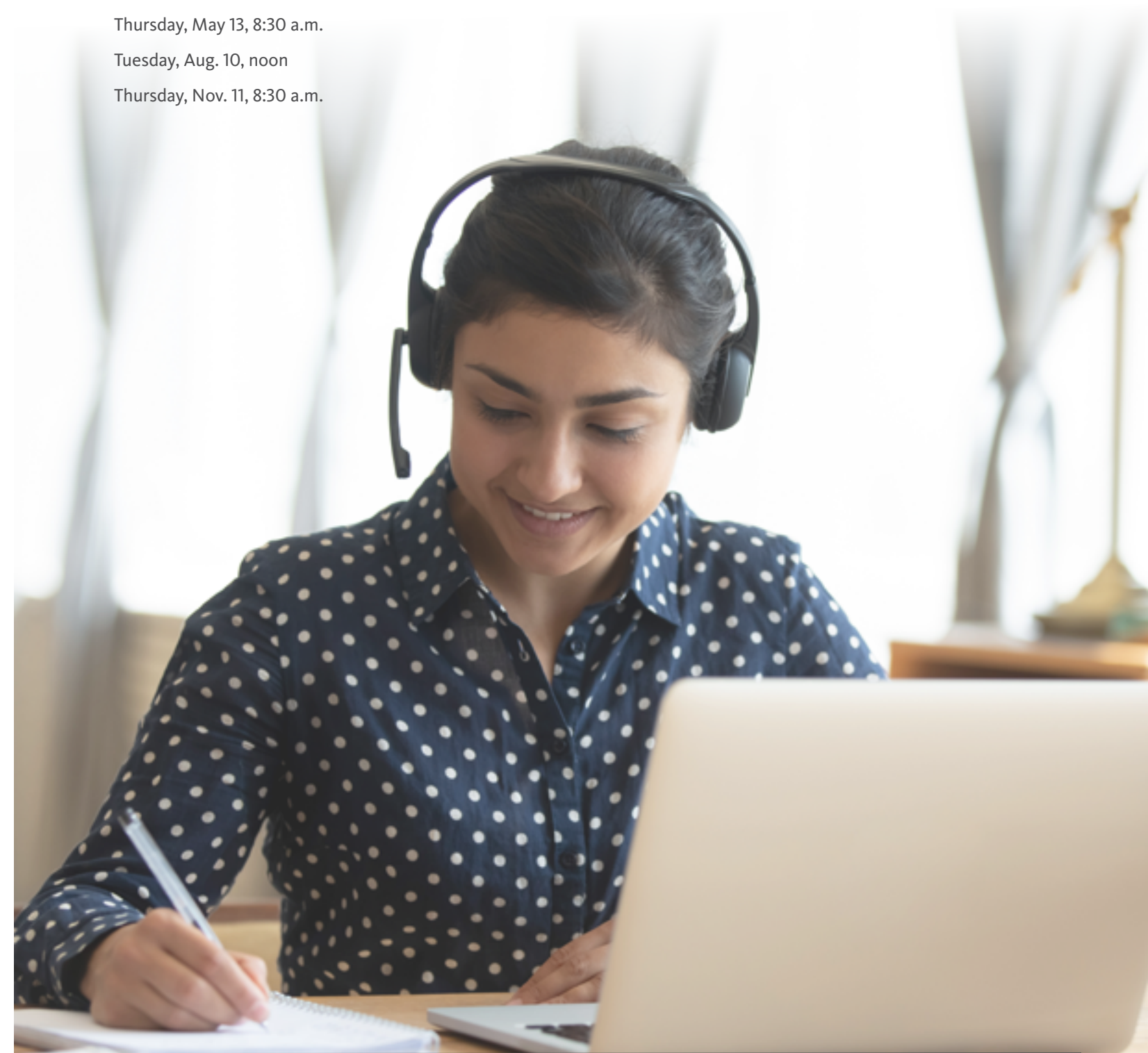
Dates available include:

- Thursday, May 13, 8:30 a.m.
- Tuesday, Aug. 10, noon
- Thursday, Nov. 11, 8:30 a.m.

Register today! Go to PHPMichigan.com/Providers, and select "Training Opportunities."

Prior to the training date, all registered attendees will receive login information sent to the email used to register.

Questions? Email the PHP Provider Relations team at PHPProviderRelations@phpmm.org.



Provider Manual Updates

The PHP Provider Manual is updated frequently. The most current version is found online at PHPMichigan.com/Providers by selecting “Provider Manual” from the left sidebar. Some of the most recent changes include, but are not limited to:

- » Disease Management
 - » Chronic Pain
- » Responsibilities of Health Care Professionals
 - » Comply with PHP’s office laboratory lists and billing procedures as applicable
- » Michigan Care Network
- » Request for Services with Non-Network Physicians/Practitioners/Providers
- » Physician Assistants (PAs)
- » After Hours Care
- » Defined Terms
 - » HMO, PPO, TPA
- » Office/Urgent Care Laboratory Test List
 - » 87426

In addition, providers should use the Provider Manual to obtain information including but not limited to:

- » Referral/Notification/Authorizations Process
- » Credentialing and Re-Credentialing
- » Standard of Care Guidelines
- » Responsibilities/Expectations of Healthcare Professionals
- » General Guidelines (Admission Services, Emergency Care, etc.)
- » Reimbursement for Health Care Services
- » How to Submit a Claim
- » Clinical Edits
- » Copay, Coinsurance, Deductibles, and Non-Covered Services
- » Fraud, Waste, and Abuse

If you have any questions regarding the Provider Manual, please feel free to reach out to the Provider Relations Team at PHPPProviderRelations@phpmm.org.

Utilization Management News and Updates

A comprehensive list of procedures and services requiring prior approval is available on our website at PHPMichigan.com/Providers. Select “Notification and Prior Approval Table” to access the list. This information is also available on the MyPHP Provider Portal.

If you have any questions about the prior approval process, please call PHP Customer Service at **517.364.8500** or **800.832.9168** Monday through Friday, 8:30 a.m. to 5:30 p.m.

Reminder: Prior approval requests may be faxed to Utilization Management at **517.364.8409**, Monday through Friday, 8 a.m. to 5 p.m.

New Policies

- » BCP-33 Pre-Transplant Services.

Policy Updates

- » BCP-36 Orthognathic Surgery – criteria embedded in policy removed, use InterQual® criteria.
- » BCP-51 Kidney Transplantation, BCP-75 Liver Transplantation, and BCP-66 Heart Transplantation policies archived. Use InterQual® criteria.
- » BCP-65 Femoro-Acetabular Hip Surgery policy archived. Use InterQual® criteria.

Changes to Coverage for Services

Code(s)	Procedure or Service	Action	Effective Date
81415 - 81431	Genomic sequencing	Change from “Not Covered” to “Prior Approval”	12/07/2020
A7038	Filter, disposable, used with positive airway pressure device	Change from “Not Covered” to “Covered”	12/07/2020

**Any provider or member that was directly impacted by these changes received a direct mailing explaining the changes.*

Medical Record Review

This Annual Process Begins February 2021.

PHP strives to improve the health of individuals, families, and communities. We cannot do it without you. The PHP Quality Management department collects and evaluates member health information to identify opportunities to assist you in helping our members reach and maintain their optimum health. One of the data sources we utilize is the Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS® is a standardized set of performance measurement criteria that is used by the managed care industry to compare health plan performance across plans and against national benchmarks. The National Committee for Quality Assurance (NCQA) develops and coordinates the HEDIS® process and scoring. Performance scores provide comparative data that is used to focus on quality improvement efforts.

The HEDIS® audit process will begin soon.

What Does This Mean to You?

The majority of the record review will be conducted February through May 2021. Your office or facility will be contacted directly by a PHP HEDIS® nurse reviewer. If we require less than five records, this contact and request will come in the form of a fax. If more than five records are needed, the nurse will call to make arrangements with you for the review, which can be in person at your office or in another format of your choice. The nurse will need to obtain a copy of the actual medical record information being audited, which may include vital signs, problem lists, diagnoses, medication lists, office visit notes, lab results, education, growth charts, etc. Your office can provide the requested records by print, copy, fax, or a download of the records to an encrypted flash

drive or disc. If requested by your office, we will bring the paper for copying and a flash drive. (Other departments will request records from time to time. If you have questions about the requirements or where to send the records, please reach out to PHP Customer Service.)

Frequently Asked Questions:

Does the Health Information Portability and Accountability Act (HIPAA) Permit Me to Release Records to a PHP Representative?

Yes. Under HIPAA requirements, HEDIS® data collection is a quality assessment and improvement activity and is therefore included in the definition of healthcare operations and may be provided to PHP without member consent.

Is My Participation in HEDIS® Mandatory?

Yes. Contracted providers are required to participate in PHP’s Quality Improvement activities. This includes participation in office reviews, chart access, and audits.

We Submit Claims, Why Does PHP Need Medical Records?

Not all services rendered are captured through claims and encounter data. Therefore, NCQA allows us the opportunity to collect medical record data that was not billed or coded for the service rendered, in order to accurately capture the quality of care being provided to our members. While record review cannot be eliminated completely, it can be reduced through correct and complete billing and coding.

We look forward to working with you in this process. The PHP Quality Management department can be reached at PHPQualityDepartment@phpmm.org.





PHN Primary Care Physicians may be Eligible for Incentive Payment

Primary care physicians (PCP) of Physicians Health Network (PHN) may be eligible for an incentive payment in accordance with the Physicians Health Plan (PHP) PCP Incentive Program. Eligibility for an incentive payment is based on quality and health management factors and not referral services. This PCP Incentive Program applies to PHP HMO members in the commercial HMO plans only.

The program will continue to be divided into pediatric and adult measures. All measures are calculated and based on NCQA HEDIS® specifications. The pediatric measures only apply to the specialty of pediatrics. The adult measures apply to the specialties of family practice, internal medicine, and general practice. The incentive methodology remains the same as the 2020 program. PCPs can review the full 2021 Program Description on the MyPHP Provider Portal, located at PHPMichigan.com/MyPHP.

Pediatric Measures:

- » Well child visit in first 30 months (W30)
- » Child and adolescent well-care visits (WCV)
- » Childhood immunizations (Combo 3) (CIS)
- » Immunizations for adolescents, HPV (IMA)
- » Nutritional counseling and physical activity (WCC)

Adult Measures:

- » Cervical cancer screening (CCS)
- » Comprehensive diabetes care, eye exam - retinal (CDC)
- » Controlling high blood pressure (CBP)
- » Statin therapy for patients with cardiovascular disease (SPC)
- » Breast cancer screening (BCS)

These improvements have been made to ensure all specialties are included in the performance payouts and to align patient care with our quality performance objectives.

If you have questions regarding the PCP Incentive Program or would like additional training to maximize your incentive reimbursement, please contact the Provider Relations Team at PHPPProviderRelations@phpmm.org.

Formulary Changes Effective Jan. 1, 2021

Tier Changes		
Therapeutic Category	Medication	Action
Asthma/COPD	Symbicort	Downtier from branded to generic tier
COPD: Triple Therapy	Trelegy	Downtier from non-preferred to preferred tier ; prior authorization removed
HIV – Initial Regimen	Dovato	Downtier from non-preferred specialty to preferred specialty tier
	Triumeq	Downtier from non-preferred specialty to preferred specialty tier
Migraine	Nurtec	Downtier from non-preferred specialty to preferred specialty tier
Breast Cancer	Ibrance	Downtier from non-preferred specialty to preferred specialty tier
	Verzenio	Downtier from non-preferred specialty to preferred specialty tier

New Benefit Coverage		
Therapeutic Category	Medication	Status
Asthma/COPD	Breztri	Added to preferred tier

Medications Removed from Formulary			
Therapeutic Category	Medication	Status	Preferred Medication
Breast Cancer	Kisqali	Excluded	Ibrance or Verzenio
Migraine	Ubrelvy	Excluded	Nurtec
	Reyvow	Excluded	Nurtec
Growth Hormone	Norditropin	Excluded	Genotropin

**Patients that have an active prior authorization for any of the above excluded medications, that authorization will remain in place through the end of the prior authorization period on the authorization letter. Note that providers may submit a prior authorization coverage request for excluded medications for medical necessity review to the PHP pharmacy department.*



Botox® Ordering Changes

Ensuring your patients have access to the medications they need is Physicians Health Plan's priority. Starting April 1, 2021, Botox® prescriptions will no longer be available to order from CVS Caremark. CVS Caremark is discontinuing its stocking and shipping of Botox®. Please note that coverage for this medication is not changing for PHP members, only the pharmacy where this medication may be ordered. This change only impacts where providers can obtain Botox®.

You will need to select one of the following options prior to April 1, 2021.

Option 1:

Change to buying Botox® through the medical benefit and billing PHP instead of ordering the medication from CVS Caremark. Please notify the PHP Pharmacy Department by calling 517.364.8545 or faxing an authorization form to 517.364.8413 Monday - Friday between 8 a.m. to 5 p.m. of your intent to take this option. PHP must modify the authorization request to indicate the office is billing PHP for the claim instead of CVS Caremark.

Option 2:

Contact one of the following pharmacies to order Botox®:

- » Walgreens Specialty Pharmacy
888.782.8443 (phone), 888.570.4700 (fax)
- » Diplomat Specialty Pharmacy
877.977.9118 (phone), 866.410.3762 (fax)

The PHP member authorization is not impacted if you are transitioning a member from CVS Caremark to Walgreens Specialty Pharmacy or Diplomat Specialty Pharmacy.

If you have any questions, call the PHP Pharmacy Department at **517.364.8545**.

Staying HIPAA Compliant while Working Remotely

Many providers have been able to return to their offices, but others continue working remotely during the COVID-19 pandemic. Here are a few pointers and reminders to help keep your home office HIPAA compliant:

- » Know your organization's remote work policies. These include when and where you are allowed to work and any security measures or best practices.
- » Only use devices approved by your organization.
- » If possible, use your organization's VPN (virtual private network). VPN provides a direct, secure connection to your organization's network from any location. This is an essential safeguard that helps protect client PHI and other confidential information.
- » Disconnect from your organization's network when you finish working.
- » Encrypt and password-protect all devices that access PHI.
- » Research firewalls and anti-malware software for your devices.
- » Secure your router. Router traffic should be encrypted, software should be updated to its most current form, and passwords should be unique. Do not use the WiFi password that comes with your router.
- » Look out for malware. Avoid opening suspicious emails or attachments.
- » Never leave devices unattended. Guard all laptops, tablets, cellphones, and USB or external storage devices.
- » Do not share your work devices, accounts, or passwords with family, friends, or others.
- » Create strong passwords. These should include a mix of upper and lowercase letters, numbers, and symbols.
- » Don't share passwords with coworkers.
- » Use two-factor authentication. This provides an extra layer of security against hackers trying to access your systems or accounts.
- » Never copy PHI to any media or devices not approved by your organization. This includes flash drives and hard drives.

These are just a few tips for keeping your remote workspace safe and HIPAA compliant.

Refer to your own company's internal policy for additional information.

Source: COVID-19 HIPAA Compliance Checklist. (2020). Retrieved 10 December 2020, from TotalHIPAA.com/HIPAA-Compliance-COVID-19-Checklist

Treatment for Self or Family Members

In 2020, Physicians Health Plan (PHP) began quarterly audits of medical claims submitted for provider self-treatment and the treatment of immediate family members (i.e., mother, father, sister, brother, spouse, or child). Per PHP provider agreements and member coverage plans, PHP does not cover services performed by a provider who is a family member by birth, adoption, marriage, or resides at the same legal residence. This includes any service a provider performs on him or herself.

Michigan law adopted the AMA Ethics Opinion 8.19. The opinion expresses that self-treatment or immediate family treatment may only be appropriate in emergency or isolated settings where there is no other available qualified physician. Additionally, it warns that controlled substance prescribing for themselves or immediate family members should only be done in emergencies.

If claims are identified as self-treatment or treatment of immediate family members, PHP will provide written notification to the provider and adjust claims.



Preventive Care Services

PHP covers preventive health services to adults and children. As required by the Affordable Care Act (ACA), most plans cover these services at \$0 member cost share.

Preventive health services should be reported using the appropriate preventive medicine CPT codes with a Preventive Medicine diagnosis (ICD-10) code. A Preventive Medicine CPT code and an Evaluation and Management (E/M) CPT code may both be submitted for the same member on the same date of service. Payment will only be allowed for either the Preventive Medicine Service or the E/M service unless documentation supports a significantly and separately identifiable procedure and the CPT code has an appropriate modifier appended on the claim.

Preventive health services do not incur a member cost share when the following apply:

- » Member is part of a non-grandfathered plan
- » Listed in the PHP Preventive Health Services policy (available in the Provider Portal)
- » Done for preventive purposes (not diagnostic*)
- » Rendered by a network provider

Age, gender, or frequency limits are utilized for certain designated services (e.g. wellness exams, vision and hearing screening, administration of Human Papillomavirus [HPV] vaccines, and nutritional and genetic counseling). Preventive health services submitted with diagnosis codes that represent treatment of illness or injury are paid as applicable under member's normal medical benefits rather than preventive care coverage. Some services may require prior approval. Please refer to the PHP Notification/Prior Approval Table.

The list of preventive medications covered under the ACA can be found on our website in the Pharmacy Services section at [PHPMichigan.com/Providers/General-Forms-and-Information/Pharmacy_Services](https://www.phpmichigan.com/Providers/General-Forms-and-Information/Pharmacy_Services).

**Screening versus Diagnostic, Monitoring, or Surveillance Testing*

A positive result on a preventive screening exam does not alter its classification as a preventive service but does influence how that service is classified when rendered in the future. For example, if a screening colonoscopy is performed on an asymptomatic individual without additional risk factors for colorectal cancer (e.g., adenomatous polyps, inflammatory bowel disease) detects colorectal cancer or polyps, the purpose of the procedure remains a screening, even if polyps are removed during the preventive screening. However, once a diagnosis of colorectal cancer or additional risk factors for colorectal cancer are identified, future colonoscopies are no longer considered preventive screening.

Access medical and pharmacy policies 24/7 in the Provider Portal at [PHPMichigan.com/MyPHP](https://www.phpmichigan.com/MyPHP).

For member benefit questions, call PHP Customer Service at **517.364.8500**.



Quality Corner

Keeping an Eye on our Members with Diabetes

HEDIS® measure in focus: comprehensive diabetes care

Prevention of diabetes-related complications, including blindness, is important, and our providers are essential to ensure our members with diabetes have regular points of care that address the HEDIS® comprehensive diabetes care measure. This measure looks at the percentage of members 18 to 75 years of age with diabetes (types 1 and 2) who have each of the following:

- » Eye exam (retinal) performed
- » Hemoglobin A1c (HbA1c) testing
- » Medical attention for nephropathy
- » BP control (<140/90 mm Hg)

A recent study* conducted at the Centers for Disease Control and Prevention (CDC) found that the prevalence of diabetic retinopathy (DR) was high, affecting almost one-third of adults over the age of 40 years with diabetes, and more than one-third of African Americans and Mexican

Americans. These findings demonstrate the need to address disparities among racial, ethnic, and socioeconomic groups and preserve sight for all adults in the U.S.

An annual diabetic eye exam is the main approach utilized to screen for vision-threatening diabetic retinopathy. A primary care provider (PCP) and/or endocrinologist are encouraged to discuss the importance of an eye exam with patients and provide a referral to an optometrist or ophthalmologist.

The HEDIS® requirements for a diabetic eye exam can be met in two ways:

- » a retinal or dilated eye exam billed by a licensed eye care professional, or
- » medical record documentation

When a PCP receives a copy of an exam from an eye care professional, documentation in the medical record must include the name of the eye care professional, results of the exam, and the date it was performed.

Codes That can be Billed by any Provider Type During the Measurement Year:	
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)

Codes that can be billed by any provider type during the year prior to the measurement year:	
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)

*[cdc.gov/visionhealth/pdf/factsheet.pdf](https://www.cdc.gov/visionhealth/pdf/factsheet.pdf)

National Diabetes Education Program and patient resources to order are available at www.cdc.gov/diabetes/ndep

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Advance Directive Standard

Advance directives allow patients to make their own decisions regarding the care they would prefer to receive if they develop a terminal illness or a life-threatening injury.

Physicians Health Plan (PHP) requires documentation that advance directives have been discussed with adult patients. Documentation should include either that the member has declined an offer to receive additional information or if an advance directive has been executed, a copy must be maintained in the patient's medical record.

Ways to Accomplish Compliance with this Standard: A question concerning advance directives could be included on the patient registration form or health history form. Having a question that asks if the patient has an Advance Directive with a box to check yes or no along with a statement that they may obtain more information regarding the subject from you would meet PHP's standard.

Begin the Conversation: Talk to your patient about end of life medical care. The Michigan Dignified Death Act (Michigan law) and the Patient Self-Determination Act (federal law) recognizes the rights of patients to make choices concerning their medical care, including the right to accept, refuse, or withdraw medical and surgical treatment, and to write advance directives for medical care in the event they are unable to express their wishes.

Advance Directives can Reduce:

- » Personal worry
- » Futile, costly, specialized interventions
- » Overall healthcare costs

For Questions call:

PHP Compliance Department: **800.562.6197**

Or visit:

MDHHS Patient Advocate Form (DCH-3916: MIHIN.org/Advance-Care-Planning)

Types of Advance Directives

- » A durable power of attorney for health care allows the patient to name a patient advocate to act for the patient and carry out their wishes.
- » A Living Will allows the patient to state their wishes in writing but does not name a patient advocate.
- » A do-not-resuscitate (DNR) declaration allows a patient to express their wishes in writing that if their breathing and heartbeat cease, they do not want anyone to resuscitate them.

Laws

Michigan Dignified Death Act

Patients have the right to be informed by their physician about their treatment options.

- » This includes the treatment you recommend and the reason for this recommendation.
- » You must tell your patient about other forms of treatment. These must be treatments that are recognized for their illness. They must be within the standard practice of medicine.
- » You must tell your patient about the advantages and disadvantages of any treatments; including any risks.
- » You must tell your patient about the right to limit treatment to comfort care, including hospice.
- » You should encourage your patient to ask any questions about their illness.

Patient

Federal Patient Self-Determination Act

- » Patients have the right to make decisions concerning their medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
- » Doctors must maintain written policies and procedures with respect to advance directives and to inform patients of the policies.
- » You must document in the patient's medical record whether or not they have executed an Advance Directive.
- » You must ensure compliance with the requirements of Michigan laws respecting Advance Directives.
- » You must provide education for staff and the community on issues concerning Advance Directives.
- » The Act also requires providers not to condition the provision of care of an individual based on whether or not the individual has executed an Advance Directive.

Notice of Privacy Practices

As per Section 164.520 of the Health Insurance Portability and Accountability Act, Physicians Health Plan (PHP) must provide a Privacy Notice to an individual that describes the uses and disclosures of protected health information (PHI/ePHI) that PHP may make, and of the individuals rights and PHP's duties with respect to PHI/ePHI. The information below documents compliance with the notice requirements.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

If you have any questions about this notice, please contact our Customer Service Department at 800.832.9186.

PHP provides health benefits to you as described in your Certificate of Coverage. PHP receives and maintains your medical information in the course of providing these benefits to you. When doing so, PHP is required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We follow the terms of this notice.

The effective date of this notice is September 23, 2013. We must follow the terms of this notice until it is replaced. We reserve the right to change the terms of this notice at any time. If we make substantive changes to this notice, we will revise it and send a new notice to all subscribers covered by us at that time. We reserve the right to make the new changes apply to all your medical information maintained by us before and after the effective date of the new notice.

You have the right to get a paper copy of this notice from us, even if you have agreed to accept this notice electronically. Please contact our Customer Service Department to receive a paper copy.

Generally, federal privacy laws regulate how we may use and disclose your health information. In some circumstances, however, we may be required to follow Michigan state law. In either event, we comply with the appropriate law to protect your health information (for example, in accordance with the Genetic Information Nondiscrimination Act (GINA), we do not use genetic information for underwriting purposes) and to grant you rights with respect to your health information in oral, written, or electronic form.

Your Protected Health Information

Ways We May Use or Disclose Your Health Information

Without Your Permission: We must have your written authorization to use and disclose your health information, except for the following uses and disclosures.

To You or Your Personal Representative: We may release your health information to you or to your personal representative (someone who has the legal right to act for you).

For Treatment: We may use or disclose health information about you for the purpose of helping you get services you need. For example, we may disclose your health information to healthcare providers in connection with disease and case management programs.

For Payment: We may use or disclose your health information for our payment-related activities and those of healthcare providers and other health plans, including, for example:

- » Obtaining premiums and determining eligibility for benefits
- » Paying claims for healthcare services that are covered by your health plan
- » Responding to inquiries, appeals and grievances
- » Deciding whether a particular treatment is medically necessary and what payment should be made
- » Coordinating benefits with other insurance you may have

For Healthcare Operations: We may use and disclose your health information in order to support our business activities. For example, we may use or disclose your health information:

- » To conduct quality assessment and improvement activities including peer review, credentialing of providers and accreditation
- » To perform outcome assessments and health claims analyses
- » To prevent, detect and investigate fraud and abuse
- » For underwriting, rating and reinsurance activities
- » To coordinate case and disease management services
- » To communicate with you about treatment alternatives or other health-related benefits and services
- » To perform business management and other general administrative activities, including system management and customer service

We may use or disclose parts of your health information to offer you information that may be of interest to you. For example, we may use your name and address to send you newsletters or other information about our activities.

We may also disclose your health information to other providers and health plans that have a relationship with you for certain aspects of their healthcare operations. For example, we may disclose your health information for their quality assessment and improvement activities or for healthcare fraud and abuse detection.

To Others Involved in Your Care. We may under certain circumstances disclose to a member of your family, a relative, a close friend, or any other person you identify, the health information directly relevant to that person's involvement in your healthcare or payment for healthcare. For example, we may discuss a claim determination with you in the presence of a friend or relative, unless you object.

As Required by Law. We use and disclose your health information if we are required to do so by law. For example, we use and disclose your health information in responding to court and administrative orders and subpoenas, and to comply with workers' compensation or other similar laws. We disclose your health information when required by the Secretary of the U.S. Department of Health and Human Services.

For Health Oversight Activities. We may use and disclose your health information for health oversight activities such as governmental audits and fraud and abuse investigations.

For Matters in the Public Interest. We may use and disclose your health information without your written permission for matters in the public interest, including, for example:

- » Public health and safety activities, including disease and vital statistic reporting and Food and Drug Administration oversight
- » To report victims of abuse, neglect, or domestic violence to government authorities, including a social service or protective service agency
- » To avoid a serious threat to health or safety by, for example, disclosing information to public health agencies
- » For specialized government functions such as military and veteran activities, national security and intelligence activities, and the protective services for the president and others
- » To provide information regarding decedents. We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties
- » For organ procurement purposes. We may disclose information for procurement, banking or

transplantation of organs, eyes, or tissues to organ procurement and tissue donation organizations

For Research. We may use your health information to perform select research activities (such as research related to the prevention of disease or disability), provided that certain established measures to protect the privacy of your health information are in place.

To Business Associates. We may release your health information to business associates we hire to assist us. Each business associate must agree in writing to ensure the continuing confidentiality and security of your medical information.

To Group Health Plans and Plan Sponsor (Enrolling Group). If you participate in one of our group health plans, we may release summary information, such as general claims history, to the employers or other entities that sponsor these plans. This summary information does not contain your name or other distinguishing characteristics. We may also release to a plan sponsor the fact that you are enrolled or disenrolled from a plan. Otherwise, we may share health information with plan sponsors only when they have agreed to follow applicable laws governing the use of health information in order to administer a plan.

Uses and Disclosures of Health Information Based Upon your Written Authorization. If none of the above reasons apply, then we must get your written authorization to use or disclose your health information. For example, your written authorization is required for most uses and disclosures of psychotherapy notes, and for disclosures of your health information for remuneration and for most marketing purposes. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, unless we have already acted based on your authorization. Also, you may not revoke your authorization if it was obtained as a condition for obtaining insurance coverage and other law provides an insurer with the right to contest a claim under the insurance policy. We may condition your enrollment or eligibility for benefits on your signing an authorization, but only if the authorization is limited to disclosing information reasonable for underwriting or risk rating determinations needed for us to obtain insurance coverage. To revoke an authorization, or to obtain an authorization form, call the Customer Service Department at the number on the back of your identification card.

Your Rights.

You have the following rights. To exercise them, you must make a written request on one of our standard forms. To obtain a form, please call the Customer Service Department.

You Have the Right to Inspect and Copy Your Health Information. This means you may inspect and obtain a paper or electronic copy of the health information that we keep in our records for as long as we maintain those records. You must make this request in writing. Under certain circumstances, we may deny you access to your health information – for instance, if part of certain psychotherapy notes or if collected for use in court or at hearings. In such cases, you may have the right to have our decision reviewed. Please contact our Customer Service Department if you have questions about seeing or copying your health information.

You Have the Right to Request an Amendment of Your Health Information. If you feel that the health information we have about you is incorrect or incomplete, you can make a written request to us to amend that information. We can deny your request for certain limited reasons, but we must give you a written reason for our denial.

You Have the Right to an Accounting of Disclosures We Have Made of Your Health Information. Upon written request to us, you have the right to receive a list of our disclosures of your health information, except when you have authorized those disclosures or if the releases are made for treatment, payment, or healthcare operations. This right is limited to six years of information, starting from the date you make the request.

You Have the Right to Request Confidential Communications of Your Health Information. You have the right to request that we communicate with you about health information in a certain way or at a certain location. Your request must be in writing. For example, you can ask that we only contact you at home or only at a certain address or only by mail.

You Have the Right to Request Restrictions on How We Use or Disclose Your Health Information. You may request that we restrict how we use or disclose your health information. We do not have to agree to your request except for requests for a restriction on disclosures to another health plan if the disclosure is for payment or healthcare operations, is not required by law and pertains only to a healthcare item or service for which you or someone on your behalf (other than a health plan) has paid for the item or service in full.

You Have the Right to Receive Notice of a Breach. If your unencrypted information is impermissibly disclosed, you have a right to receive notice of that breach unless, based

on an adequate risk assessment, it is determined that the probability is low that your health information has been compromised.

How to Use Your Rights Under this Notice. If you want to use your rights under this notice, you may call us or write to us. In some cases, we may charge you a nominal, cost-based fee to carry out your request.

Complaints

You may complain to PHP or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Customer Service Department in writing of your complaint. We do not retaliate against you for filing a complaint.

To Complain to the Federal Government, Write to:

Region V, Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

Or Call:

Voice mail: 312.886.2359
Fax: 312.886.1807
TDD: 312.353.1807

There are no negative consequences to you for filing a complaint to the federal government.

You May Write to Our Customer Service Department at:

Physicians Health Plan
Attn: Customer Service
P.O. Box 30377
Lansing, MI 48909-7877

You may also call our Customer Service Department at 800.832.9186.

Website Privacy Practices

PHP works hard to protect your privacy. Listed below are ways that PHP protects your privacy while you are on our website:

Using Email: If you send PHP an email using any of the email links on our site, it may be shared with a Customer Service Representative or agent in order to properly address your inquiry.

Once we have responded to your email, it may be discarded or archived, depending on the nature of the inquiry. The email function on our website provides a completely secure and confidential means of communication. All emails are sent under 128-bit encryption on a secure server.

Obtain a Quote: Some employers request quotes online for PHP health coverage. If your employer does this, it may enter the following information into the PHP website: employee name and date of birth, employee gender, spouse's date of birth, and whether you have Medicare.

This information is used only to prepare an accurate quote for your employer. PHP does not use this information for any other reason.

Website Visitor Data: At no time are internet "cookies" placed on the computer hard drives of visitors to the PHP website.

Disease Management Programs: You may enroll in one of our disease management programs online. If you do, you may have to enter the following information into the PHP website: name, member number, address, and telephone number.

This information is used only for your enrollment into the program of your choice and is not used by PHP for any other purpose.

Links to Other Sites: The PHP website contains links to other websites. PHP is not responsible for the privacy and security practices used by other website owners or the content of those sites.

Contact Us

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact our Customer Service Department at P.O. Box 30377, Lansing, MI 48909-7877. You may also call PHP Customer Service at 800.832.9186.



Contact us

Department	Contact Purpose	Contact Number	Email Address
Customer Service	<ul style="list-style-type: none"> » To verify a covered person's eligibility, benefits, or to check claim status » To report suspected member fraud and abuse » To obtain claims mailing address 	<p>517.364.8500 800.832.9186 (toll-free) 517.364.8411 (fax)</p>	
Medical Resource Management	<ul style="list-style-type: none"> » Prior authorization of procedures and services outlined in the Notification/Authorization Table » To request benefit determinations and clinical information » To obtain clinical decision-making criteria » Behavioral Health/Substance Use Disorders Services, for information on mental health and/or substance use disorders services including prior authorizations, case management, discharge planning, and referral assistance 	<p>517.364.8560 866.203.0618 (toll-free) 517.364.8409 (fax)</p>	
Network Services	<ul style="list-style-type: none"> » Credentialing - report changes in practice demographic information » Coding » Provider/Practitioner education » To report suspected Provider/Practitioner fraud and abuse » EDI claims questions » Initiate electronic claims submission 	<p>517.364.8312 800.562.6197 (toll-free) 517.364.8412 (fax) Report Suspected Fraud and Abuse: 866.PHPCOMP (866.747.2667)</p>	<p>Credentialing PHP.Credentialing@phpmm.org Provider Relations Team PHPPProviderRelations@phpmm.org</p>
Pharmacy Services	<ul style="list-style-type: none"> » Request a copy of our Preferred Drug List » Request drug coverage » Fax medication prior authorization forms » Medication Therapy Management 	<p>517.364.8545 877.205.2300 (toll-free) 517.364.8413 (fax)</p>	<p>Pharmacy PHPParmacy@phpmm.org</p>
Quality Management	<ul style="list-style-type: none"> » Quality Improvement programs » HEDIS » CAHPS » URAC 	<p>517.364.8408 (fax)</p>	<p>Quality PHPQualityDepartment@phpmm.org</p>
External Vendor	Contact Purpose	Contact Number	Email Address
Change Healthcare (TC3)	<ul style="list-style-type: none"> » When medical records are requested 	<p>Mail To: Change Healthcare 5755 Wayzata Blvd, St. Louis Park, MN 55416 952.224.8650 949.234.7603 (fax)</p>	<p>MedicalRecords@changehealthcare.com</p>