Physicians Health Plan

Provider Connection

Q1 2024

In this issue...

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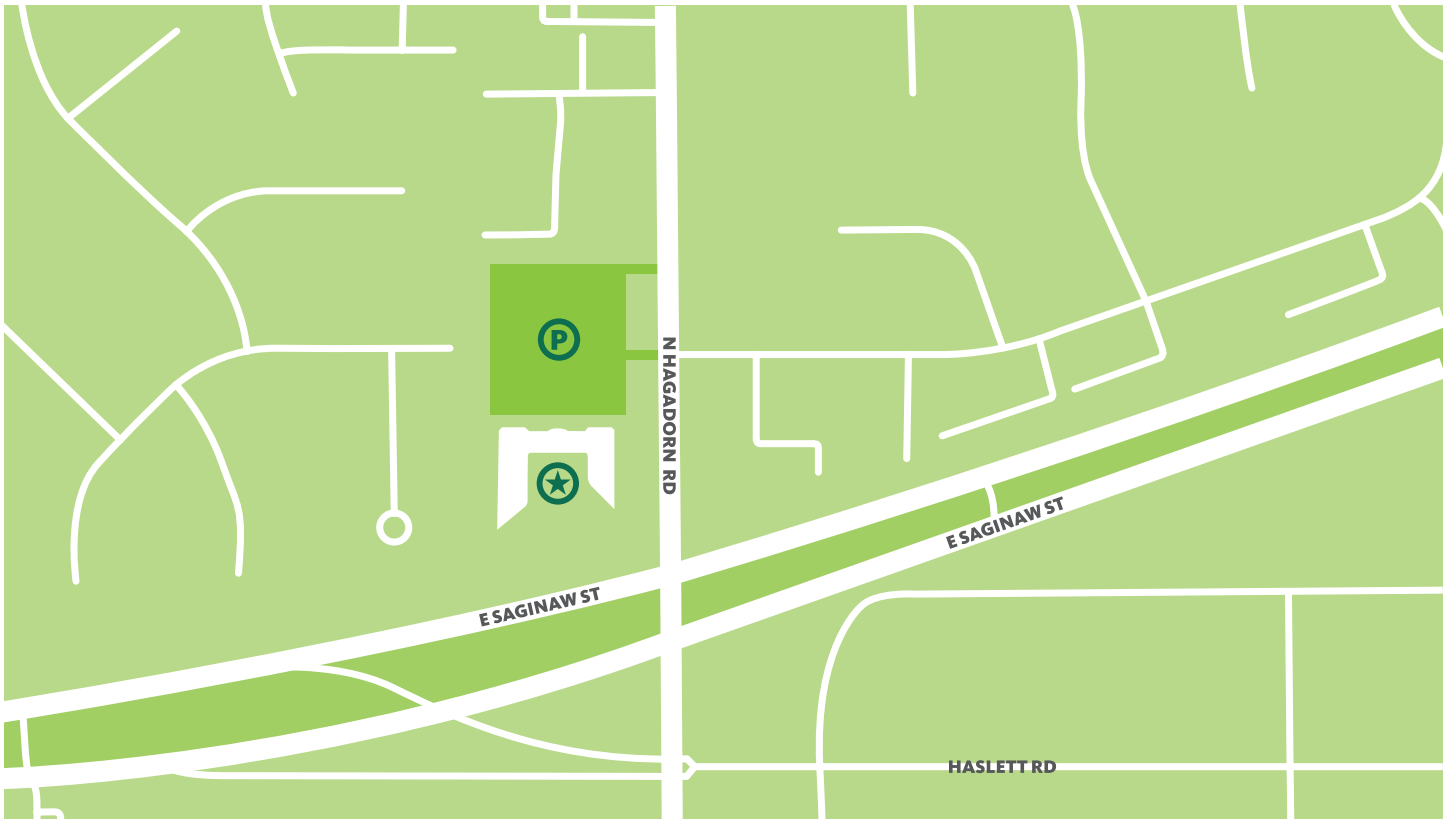
We've Moved!

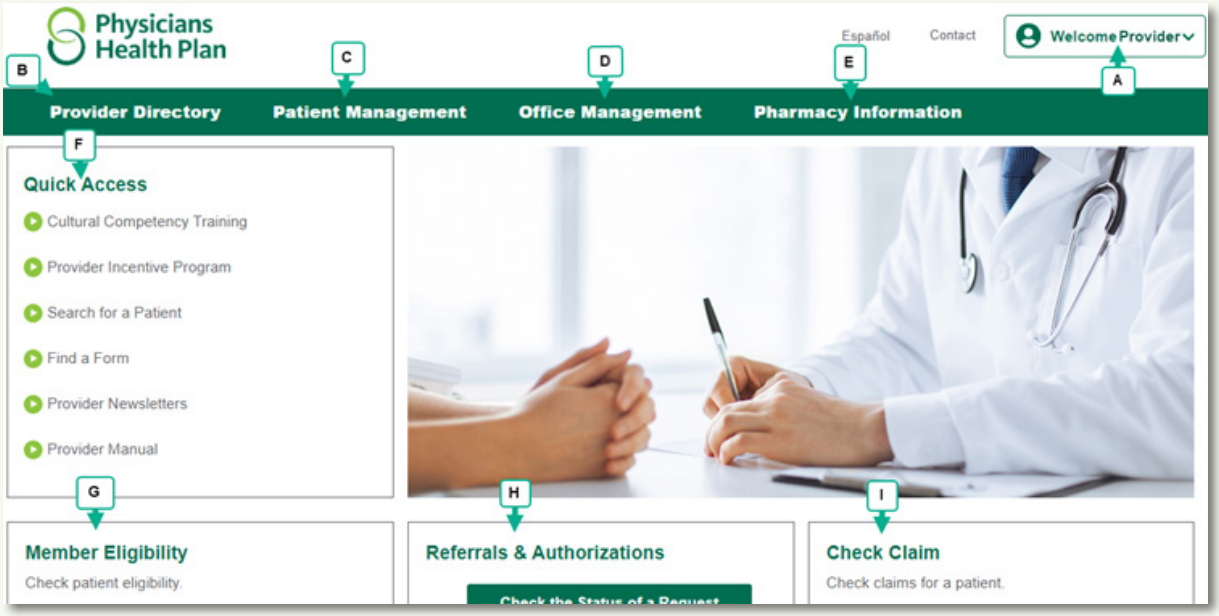
Physicians Health Plan moved to **1301 N Hagadorn, Ste 1E, East Lansing MI 48823** on January 16th, 2024!
When visiting our new office, you will find the parking lot off of Hagadorn, and will be able to enter from there.



Parking Lot New Office Location

MyPHP Provider Portal General Resources

The new MyPHP Provider Portal was launched on Oct. 23, 2023, and contains the same great features as our previous portal and more! **Refer to the graphic and key below to help you find the resource you need most.** If you have portal questions or would like to request a training session for your office, please email Provider Relations at PHPProviderRelations@phpmm.org.



A. **Welcome Menu**

- My Profile
  - View and Change your User Information.
  - Change your Password.
  - View your User Role(s).
  - Change your Default User Role.
- Log Out – Exit the provider portal
- Role - Change your Current User Role

B. **Directory** – Quickly find a provider, pharmacy, clinic, hospital, or other facility.

C. **Patient Management (PCPs Only)** – Search for patients on your PCP Roster and select a patient to view their Patient Information, Claims, Medication Profile, Benefits and Eligibility, and Referrals/ Authorizations.

D. **Office Management**

- Eligibility
  - Search eligibility by the member's last name or member ID.
  - Select a PCP's name to view eligibility for all members assigned to them.
  - Click the member's name in the search results, then select a requesting provider to view benefits and eligibility as of a specified date.
- Claims
  - Obtain claim status by the claim number, DOS, patient, provider, or medical group.
  - Download Explanations of Payment (EOPs).
- Reports
  - View, save, and print PCP rosters.
  - View and print Primary Care Management Incentive Program reports.
- Document Manager
  - View, save, and print PCP rosters.
  - View and print Primary Care Management Incentive.
- Referrals/Authorizations
  - View Current Requests.
  - Search for and view current referral and authorization requests.
- EZ Auth/Referrals
  - Access the EZ Authorization/Referrals portal to create new medical authorization requests or referrals.
- Notification and Prior Approval Table – Access the current PHP Commercial notification/prior approval table.
- Zelis ePayments – Log in to the Zelis ePayment Center for PHP Commercial payment information, including EFT and 835 remittance files.
- **PHP Medicare Portal – Log in to the PHP Medicare Advantage Portal.**
- Medical & Drug Policies – Access PHP Commercial Medical & Drug Policies.
- Reimbursement Policies – Access PHP Commercial Payment and Reimbursement Policies.

E. **Pharmacy Information**

- Real-Time Pharmacy Benefits – View the Real-Time Prescription Benefits flyer.
- Pharmacy Information – Access links to the PHP Commercial Pharmacy Services page and Pharmacy Drug Policies.
- Keys to Symbols – View keys to symbols used in the PHP Commercial Prescription Drug Lists (PDL).
- Prior Authorization – Access links to PHP Commercial Pharmacy Drug Policies and Medication Prior Authorization Form.
- Exception Process – Request prior authorization for a medication not on the PHP Commercial PDL.

F. **Quick Access Card** – Access direct links to additional PHP Commercial resources.

G. **Member Eligibility Card** – Search for patient eligibility by Last Name or Member ID.

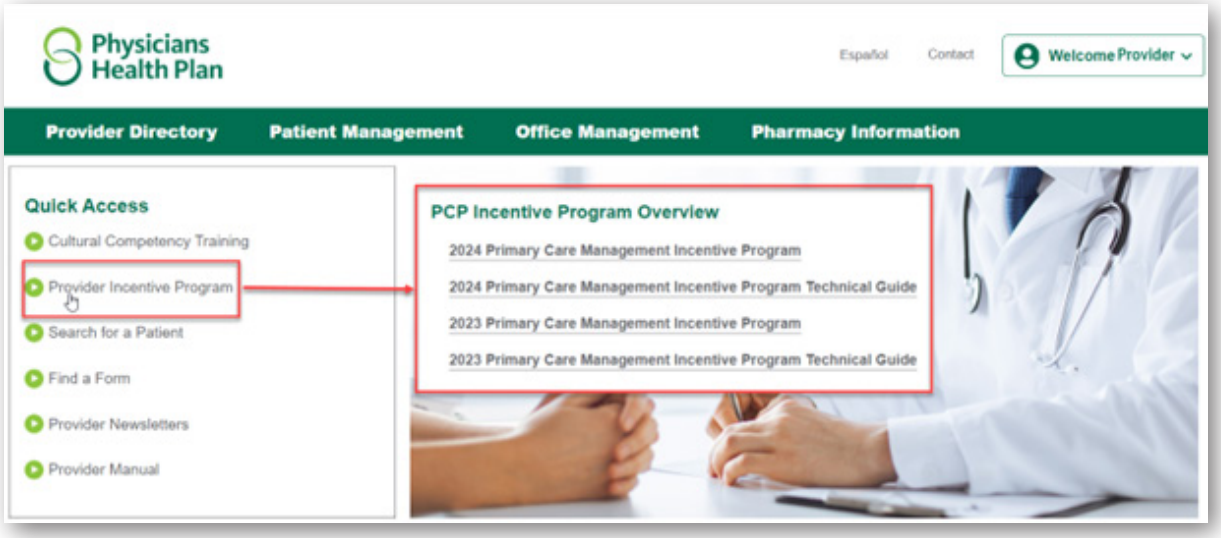
H. **Referrals & Authorizations Card**

- Check the Status of a Request - View Current Requests.
- Request Status – Advanced Search - Search for and view current referral and authorization requests.
- Submit a New Request – Access the EZ Authorization/ Referrals portal.

I. **Check Claim Card** – Search for claims by Member ID or Claim Number or start an Advanced Search.

Primary Care Management Incentive Program Reports in the New MyPHP Provider Portal

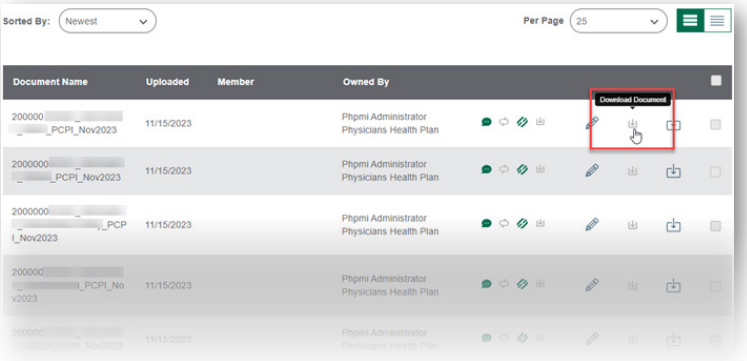
The 2024 Primary Care Management Incentive Program overview and Technical Guide are available in the MyPHP Provider Portal. Click **"Provider Incentive Program"** in Quick Access to review this year's program measures and specifications.



PHP Commercial Primary Care Practitioners (PCPs) who are eligible for the Primary Care Management Incentive Program can locate their PCP Incentive Reports and PCP Member Rosters in the new MyPHP Provider Portal. Log in to your portal account and follow the instructions below.

To view your PCP Incentive Management Report:

- Click **Document Manager** in the Office Management dropdown menu
- Scroll down until you see your available PCP Incentive Reports
- Click the **Download Document** icon to download



To view your PCP Member Roster:

- Click **Reports** in the Office Management dropdown menu
- Click **Member Roster by PCP – No SSN**
- Click **Select Provider** to search for the PCP by Name, NPI, or PHP Provider ID, or select your provider from the **Select Provider** dropdown menu*
- Click **Continue** to view the PCP Roster

*If you cannot find the PCP you are searching for, please send an email to **PHPProviderRelations@phpmm.org** and include:

- The practitioner's name and NPI
- The practitioner's group name, address, and NPI
- A check number and check amount for a PHP Commercial payment to the group from within the last 90 days

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 that an advance directive has been executed. A copy must be maintained in the patient's medical record.

How 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 the end-of-life medical care. The Michigan Dignified Death Act (Michigan law) and the Patient Self-Determination Act (federal law) recognize 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 Care Directives Can Reduce:

- Personal worry
- Futile, costly, specialized interventions
- Overall health care cost

For Questions, call:
PHP Compliance Department: 800.562.6197
or Visit: Michigan Office of Retirement Services Power of Attorney and Advance Directive Resources
https://www.michigan.gov/orsmsp/after-retirement/power-of-attorney-and-advance-directives-resource

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.

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 inform patients of the guidelines.
- 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.

Patients have the right to file a complaint

For complaints about how a provider follows an Advance Directive a patient may write or call:

Bureau of Health Professions (BHP), Complaint & Allegation Division
P.O. Box 30670
Lansing, MI 48909-8170
517.241.2389 or bhpinfo@michigan.gov

The BHP Complaint & Allegation website is **www.michigan.gov/healthlicense**.
For complaints about how your health plan follows an Advance Directive a patient may write or call Department of Insurance and Financial Services Toll free at **877.999.6442** or **www.michigan.gov/difs**

BCP-10 Ambulance Transport

Understanding how to properly bill and code for services is imperative to running a cost-effective and efficient medical practice. Navigating multiple payers, adhering to specific coding guidelines, maintaining thorough documentation, understanding complex billing rules, staying current with regulations, and ensuring compliance with fraud prevention measures all contribute to the complexity of Ambulance billing. We at PHP recognize this and want to help you be successful. Our Benefit Coverage Policies (BCP)-10 Ambulance Transport will assist you in this process addressing such topics as covered and non-covered codes, emergency ambulance services (ground, air, or water), non-emergency ambulance services, and much more.

The Health Plan requires origin and destination modifiers (see below) appended to all ambulance HCPCS codes on claims submissions. The absence of the two-digit HCPCS ambulance service modifier may cause the claim to be denied.

D – Diagnostic or therapeutic site other than -P or -H when these are used as origin codes

E – Residential, domiciliary, custodial facility (other than SNF)

G – Hospital-based dialysis facility (hospital or hospital-related)

H – Hospital

I – Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport

J – Non-hospital-based dialysis facility

N – Skilled Nursing Facility (SNF) (1819 facility)

P – Physician's office

QL – Patient pronounced dead after ambulance is called

R – Residence

S – Scene of accident or acute event

X – (Destination only code) Intermediate stop at physician's office on the way to the hospital

Further information can be found at **PHPMichigan.com/Providers** and selecting Medical and Drug Policies on the left-hand side. To discuss specific member benefits related to emergency ambulance services (ground, air, or water) contact **PHP Customer Service at 517.364.8500**.

Third-Party Billing Companies

Some health care providers utilize billing companies to assist with processing claims. Please be advised that if you employ an account reconciliation company that is primarily domiciled outside of the United States, Federal HIPAA laws prevent us from sharing member-specific information, including specific claim and/or payment information.

Physicians Health Plan (PHP) is committed to ensuring the privacy of your information and the privacy of our members. For PHP to release any member-specific information to an entity that your office has contracted with for purposes of billing or account reconciliation, we need to know information about that company. PHP must receive written approval from an authorized individual in the practice to allow us to release this information to the company and their representatives. All requests must come via fax on provider or provider group letterhead or by filling out the Billing Company Information Questionnaire located at **PHPMichigan.com/Providers** under Forms to **517.364.8411**.

Third-party billing companies can be added to a local administrator's Provider Portal account. Not yet a user? To register for the new portal, your group will need a local admin. This person will need access to check payment information. This information is needed to ensure appropriate access. This person can obtain that information from their billing or finance teams. Provider groups can have multiple local administrators; that decision will be based on your group and size. We recommend at least two local administrators in case of absence or any other case that might interfere with access. The first individual who registers for a practice is assigned the role of Local Administrator. The Local Administrator(s) will then be responsible for adding all other users.

Register at:
PHPMichigan.com/ProviderPortal

Complex Case Management Program

The complex case management program is a free service for any PHP Commercial member with multiple medical conditions who wishes to collaborate with a PHP Nurse Case Manager (RN CM) about their medical care and available benefits.

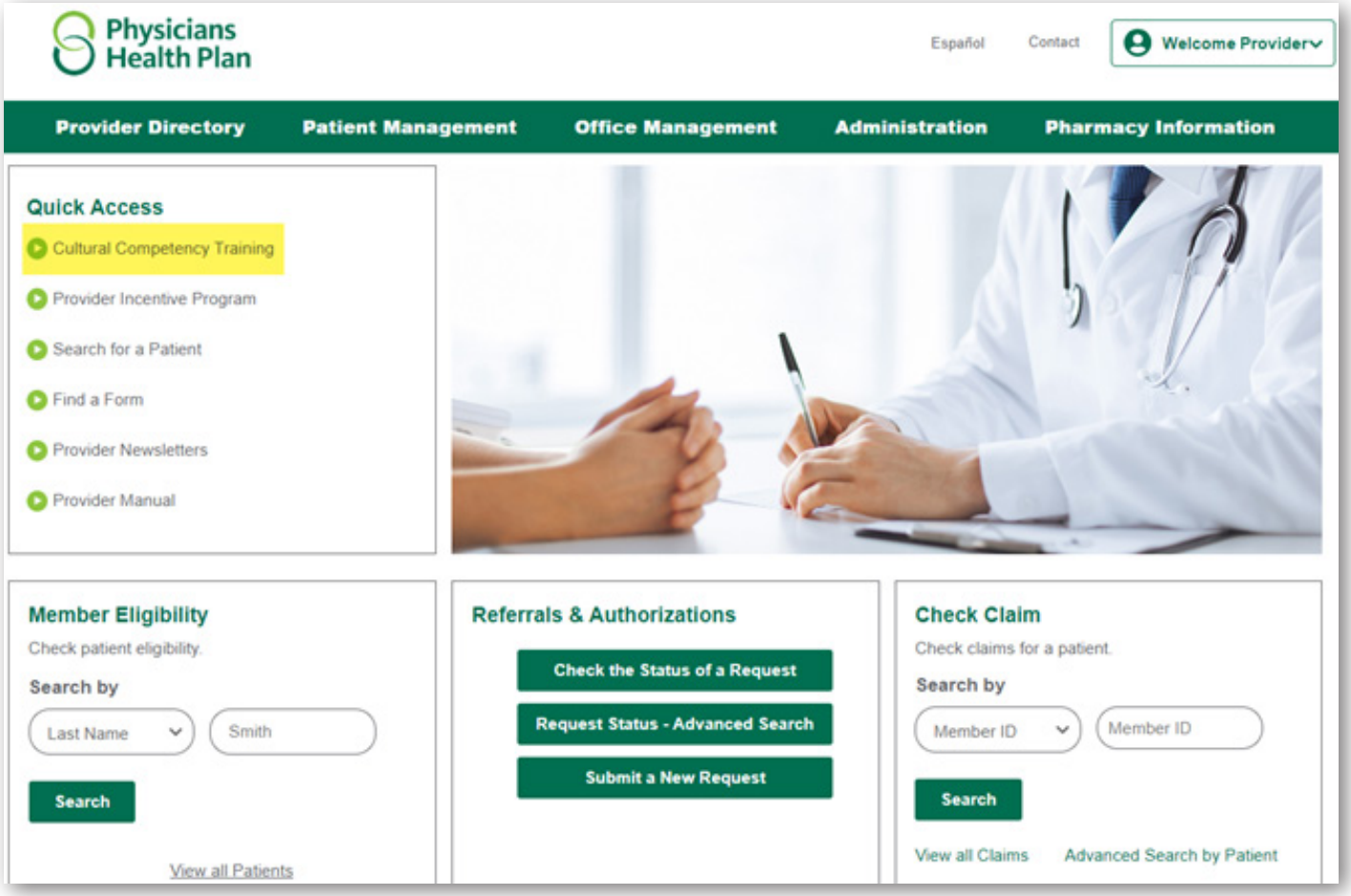
The RN CM completes an assessment with the member that includes items such as rating of overall health, reviewing utilization of hospital and urgent care visits, readiness to make changes in current care management, social factors, medications, medical history, support systems, behavioral health, vision/hearing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

To refer a member to this program, email PHPCaseManagement@phpmm.org or call 517.364.8560 and ask to be connected to a complex case manager.

Cultural Competency Training

Physicians Health Plan (PHP) offers Cultural Competency Training for free to all registered users on the MyPHP Provider Portal. PHP encourages all providers to complete the Cultural Competency Training annually. To access the training, log into MyPHP Provider Portal at **PHPMichigan.com/MyPHP**. Once you are logged into the portal, you can select Cultural Competency Training on the left-hand side of the screen.



Please contact PHP Provider Relations at **PHPProviderRelations@phpmm.org** if you need assistance registering for the MyPHP Provider Portal.

Checking PHP Commercial Member Eligibility

It is the network provider's responsibility to verify eligibility at the time of service. If you provide health care services to an individual, and it is later determined that the individual was not a member at the time health services were rendered, those services may not be eligible for payment.

From time to time, eligibility under a benefit contract may change. The reasons eligibility may change include:

- The member's policy or benefit contract is terminated by PHP or the employer group or the member at any time for any reason,
- As a result of a member's final decision regarding state or federal continuation of coverage,
- Eligibility information we receive is later determined to be false or if a change is received at a later date.

Methods to verify member eligibility:

Contacting PHP Customer Service

517.364.8500
800.832.9186 (toll-free)
517.364.8411 (fax)

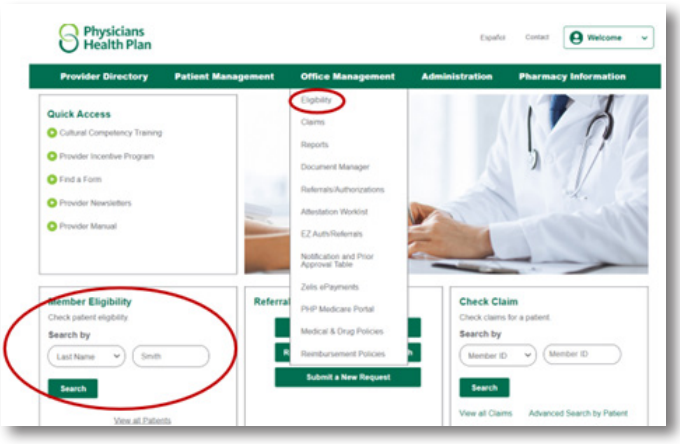
When verifying eligibility, it is necessary to provide the following information:

- Member's name
- Member's identification number as written on the card
- Member's date of birth

Utilizing PHP Provider Portal

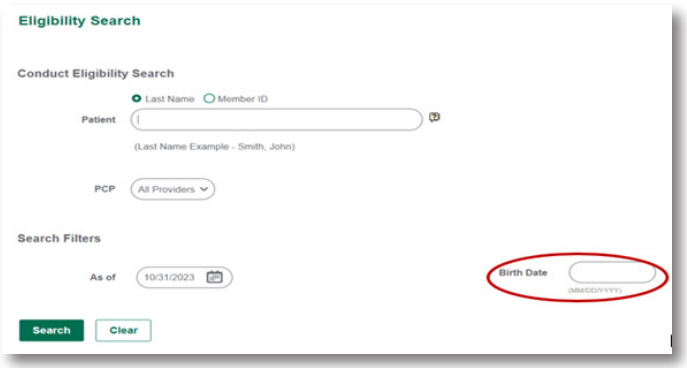
To utilize PHP's Provider Portal, you will need to login to the MyPHP provider portal at **PHPMichigan.com/MyPHP** and select "Provider Portal."

Once logged in, you will hover over "Office Management" at the top of the page and click "Eligibility," or use the "Member Eligibility" card in the lower left corner.



To search for a patient:

- Enter the Member's ID and suffix (e.g.,123456789-00) *or*
- Enter the Member's Last Name
- You can filter the search by entering the Member's DOB



PHP Electronic Transactions

PHP has electronic eligibility capability, and we invite you to check with your clearinghouse to see if your office is 270/271 eligible.

This process allows you to:

- Verify member eligibility
- Verify copays or coinsurance
- Verify deductibles and out-of-pocket expenses
- View information regarding benefits and limitations

Responses are immediate, and data is in real-time. Verification can be done 24 hours a day, seven days a week. You only need the following member information at hand:

- Member name
- Date of birth
- Physicians Health Plan Subscriber ID (found on the member's ID card)

Members should present their ID cards at every visit. We recommend making a copy of the member's ID card at each visit to be sure you have the most current information available. As a reminder, member eligibility needs to be verified prior to services being rendered.

Doctors' Day | March 30, 2024

THANK YOU

Words may seem inadequate to convey the depth of gratitude for the lasting impact physicians have in our lives, however, PHP would like to extend our sincere appreciation to all clinicians and professionals. Your skills, knowledge, and dedication to providing reliable and high-quality patient care continue to keep our community safe and healthy.

The choice to dedicate your life to helping others exemplifies one of the greatest gifts we can offer one another - compassion. Your compassion is evident in the lives of the patients you care for, and your positive impact cannot be overstated.

Thank you for leading us through the tremendous challenges we have faced together in recent years and for your dedication to the health and wellness of our patients everywhere. You share in our deepest joys and sorrows, providing guidance, care, and empathy at all stages of life. We could not be more grateful for your sacrifice or more inspired by your compassion.

Happy Doctors' Day!

Facts About Doctors' Day

- The recognition of Doctors' Day dates to 1933 when Eudora Brown Almond, the wife of a physician from Winder, Ga., began to advocate for a day to recognize the hard work and dedication of doctors. She chose March 30th as the date to celebrate Doctors' Day as it was the anniversary of the first use of general anesthesia in surgery by Dr. Crawford Long in 1842 at his practice in Jefferson, Georgia.
- Red carnations are the official flower for National Doctors' Day, representing adoration, love, and respect. The custom of giving carnations to doctors on Doctors' Day originated in the early 20th century when a doctor in Winder, Georgia, started doing so to thank his colleagues for their hard work.

PHP Medicare

PHP Medicare Annual Enrollment Period for 2024 concluded on Dec. 7, 2023. As branding continues to unfold with ownership under the University of Michigan, PHP Medicare has a 17-county service area, however, condensing to three Medicare Advantage HMO-POS plans and now offering a PPO. Our former PHP Advantage plan counties will now fold into the University of Michigan Health Advantage service areas.

In addition to our new PPO plan, we have new benefits being offered to members in 2024:

- **Comprehensive Dental** from Delta Dental is included with ALL our plans beginning Jan. 1, 2024–including coverage for yearly exams, preventive cleanings, x-rays, crowns, and fillings at no additional cost.
- Members have a **Flex Card** available with their over-the-counter (OTC) benefit to spend their allowance at participating retailers nationwide: CVS Pharmacy, Dollar General, Family Dollar, Kroger, Meijer, Rite Aid, Walgreens, Walmart, and other locations OR members can continue to order online, over the phone, or by mail through our OTC catalog.

The following MyMichigan Health medical centers are now in-network for all PHP Medicare plans - Covenant Advantage (HMO-POS), Sparrow Advantage (HMO-POS), University of Michigan Health Advantage (HMO-POS), and PHP Medicare Advantage (PPO).

- MyMichigan Medical Center **Midland**: 4000 Wellness Drive, Midland, MI 48670
- MyMichigan Medical Center **Gladwin**: 515 Quarter Street, Gladwin, MI 48624
- MyMichigan Medical Center **Clare**: 703 N. McEwan Street, Clare, MI 48617
- MyMichigan Medical Center **Alma**: 300 E. Warwick Drive, Alma, MI 48801
- MyMichigan Medical Center **Alpena**: 1501 W. Chisholm Street, Alpena, MI 49707
- MyMichigan Medical Center **West Branch**: 2463 S. M-30, West Branch, MI 48661
- MyMichigan Medical Center **Sault**: 500 Osborn Boulevard, Sault Ste. Marie, MI 49783

Regardless of which PHP Medicare plan your patients choose, they have access to nearly 50 hospitals, including Michigan's top health systems.

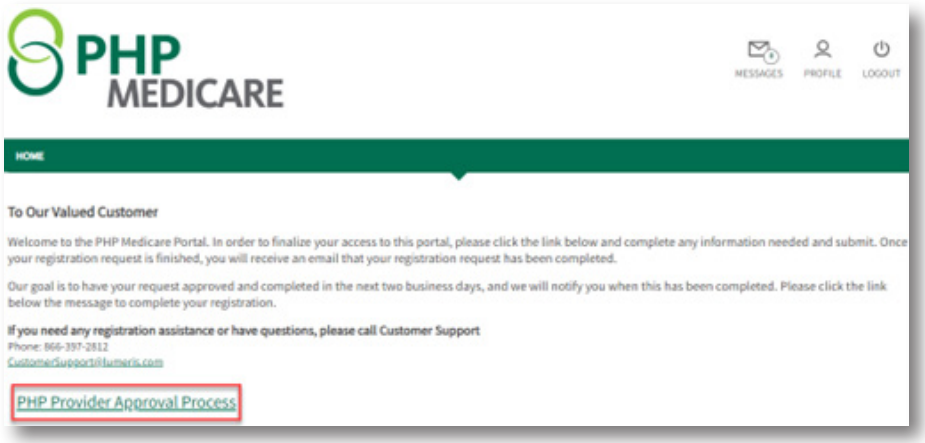
BRONSON · Corewell Health · COVENANT HealthCare · McLaren · Memorial Healthcare

My Michigan Health UNIVERSITY OF MICHIGAN HEALTH · Sparrow · Trinity Health · UNIVERSITY OF MICHIGAN HEALTH MICHIGAN MEDICINE

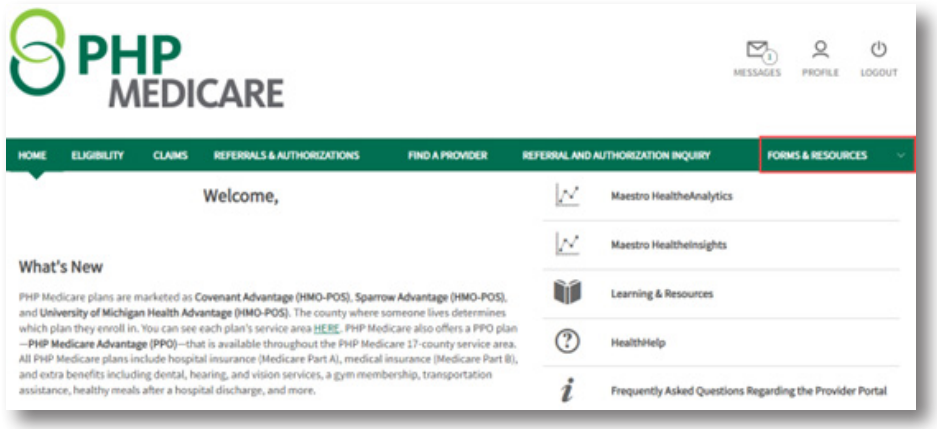
On Oct. 19, 2023, U.S. News and World Report named PHP Medicare one of the Best Medicare Advantage Insurance Companies for 2024; a designation given to only one other health plan in Michigan - HAP Senior Plus (PPO).
The U.S. News Honor Roll of Best Medicare Advantage Plans is based on the Centers for Medicare & Medicaid Services (CMS) 2024-star ratings for Medicare Advantage Plans.

Every year, Medicare evaluates plans based on a 5-star rating system. PHP Medicare has HMO-POS and PPO plans with a Medicare contract. Enrollment in PHP Medicare depends on contract renewal.

PHP Medicare Provider Portal Resources



PHP Medicare Advantage (PHP MA) forms and resources can be found in the PHP MA Provider Portal. The MyPHP Provider Portal includes single-sign-on access to the PHP MA portal. This means that you can access both portals by signing in to your MyPHP Provider Portal. To navigate to the PHP MA side of the portal, log in to the MyPHP Provider Portal at **PHPMichigan.com/MyPHP**, select "PHP Medicare Portal" from the Office Management dropdown menu, and then click "Accept." If it is your first time accessing the PHP MA portal, you must accept the End User License Agreement, and then click the link to complete the PHP Provider Approval Process.



Primary Care Providers (PCPs) and their office staff can access the Maestro Technology Platform™ and Risk Adjustment Documentation and Coding Resources from their homepage. If you are a PCP but do not see these resources, please ensure that you have either a PCP or PCP Office Staff user role selected under the Welcome Menu when you first log in to the MyPHP Provider Portal.

For additional resources, select a plan name from the **"Forms & Resources"** dropdown menu, and then click any of the links listed to access additional information.

Guides & Resources – Access benefits and coverage documents, formularies, reference guides, provider directories, provider administrative manuals, quick reference guides, the member handbook, and medical necessity criteria.

Forms – Access forms for drug requests, prior authorization requests, prescription drug determination and additional form resources.

Claims – Find information related to billing guidelines, electronic claims, electronic payment, and remittance.

PHP Resources – Find information for specialist including FAQs, forms, and additional resources.

PCP Resources – Find information for 2024 Tips for PCPs Making Referrals.

Education Resources – View demonstrations on navigating the portal, entering PHP Medicare prior authorizations and referrals. Register for CMS-HCC Risk Adjustment 2024 Provider Engagement Education Program sessions.

Helpful Links – Access the PHP MA Compliance Program.

Help Documents – Access the specialists FAQ for PHP MA HMO plans, the HMO Prior Authorization list, and information on the Healthy House Call program.

2024 PHP Commercial Service Area Expansion

Physicians Health Plan (PHP) is excited to share that the Michigan Department of Insurance and Financial Services (DIFS) approved a service area expansion for individual, small, and large group HMO plans.

PHP has added Huron, Montcalm, and Sanilac counties to our service area for Individual and family plans, which currently includes Bay, Clinton, Eaton, Ingham, Ionia, Isabella, Livingston (partial), Saginaw, Shiawassee, Tuscola, and Washtenaw counties.

PHP has also added Huron, Montcalm (full), and Sanilac to its growing service area for small-group employers, which includes; Bay, Clinton, Eaton, Gratiot, Huron, Ingham, Ionia, Isabella, Livingston, Montcalm (partial), Saginaw, Sanilac, Shiawassee, Tuscola, and Washtenaw counties.

Bay, Huron, Livingston (partial), Montcalm (full), Saginaw, Sanilac, Tuscola, and Washtenaw counties have been added to our Large Group HMO network, which already includes Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Isabella, Jackson, Lenawee (partial), Montcalm (partial), and Shiawassee counties.

No action is required from you, or your office. You will continue to be credentialed to see members in our expanded service area.

PHP continues to strive to provide the best coverage for our members, which is why all our plans include:

- Access to a statewide network of hospitals, providers, and pharmacies
- No referrals needed to see in-network specialists
- Prescription drug coverage
- Well-being focused discount program

Real-Time Prescription Benefit Tool for CVS

Physicians can take action to help their patients with the click of a button.

PHP has an exciting tool that will save your team time and extra work when ePrescribing medications – it's called the Real-Time Prescription Benefit tool.

STEP 1:

Your Electronic Medical Record (EMR) vendor may have access to the Real-Time Prescription Benefit Tool provided by CVS Caremark for Physicians Health Plan Members. Surescripts is the vendor that connects your EMR to CVS Caremark. You can review the list to see if your EMR vendor can connect to the Real Time Benefits Tool.
Surescripts.com/Network-Connections/Real-Time-Prescription-Benefit-Technology-Vendors

STEP 2:

Contact your EMR vendor and request access to the CVS Caremark Real-Time Prescription Benefit Tool. Once connected, you'll be able to:

- Confirm if the patient is active with PHP.
- View the cost of a medication based on the member 's benefit.
- Compare prices between medications.
- Find out if a drug requires authorization, step therapy, or has quantity limits, and obtain alternatives for these medication(s).

Please contact PHP Provider Relations if you have any questions by emailing:
PHPProviderRelations@phpmm.org.

Pharmacy Communication

To access information regarding our pharmaceutical authorization criteria and policies utilize the link:

PHPMichigan.com/MedicalandDrugPolicies

To access information regarding preferred medications, changes to the prescription drug list (PDL), pharmaceutical management procedures, medication limits, authorization forms, generic substitution, therapeutic interchange, step therapy, specialty medications, preventive medications, drug recalls and electronic prescribing information, use the following link to access our PHP Provider Pharmacy Services page: **PHPMichigan.com/Providers/General-Forms-and-Information/**

Medication Updates

New to Market Drugs		
Medication	**Formulary Action**	**Effective Date**
Rystiggo (rozanolixizumab)	Exclude	10/25/23
Elevidys (delandistogene moxeparvovec)	Exclude	10/25/23
Litfulo (ritlecitinib)	Exclude	10/25/23
Adstiladrin (nadofaragene firadenovec)	PA, Medical Benefit	10/25/23
Roctavian (valoctocogene roxaparvovec)	Exclude	10/25/23
Vanflyta (quizartinib)	PA, Non-preferred Specialty Tier	10/25/23
Izervay (avacincaptad pegol) IZ	Exclude	12/13/23
Elrexfio (elranatamab) SQ	PA, Medical Benefit	12/13/23
Talvey (talquetamab) SQ	PA, Medical Benefit	12/13/23
Veopoz (pozelimab) SQ	Exclude	12/13/23
Sohonos (palovarotene) PO	PA, Non-preferred Specialty Tier	12/13/23
Jesduvroq (daprodustat) PO	PA, Non-preferred Specialty Tier	12/13/23
Ojjaara (momelotinib) PO	Exclude	12/13/23
Aphexda (motixafortide) SQ	PA, Medical Benefit	12/13/23
Pombiliti (cipaglucosidase) IV	PA, Medical Benefit	12/13/23
Opfolda (miglustat) PO	PA, Preferred Specialty Tier	12/13/23

Formulary Changes		
Medication	**Formulary Action**	**Effective Date**
Lucentis	Remove PA	12/1/23

Medication Updates (continued)

The manufacturer will no longer be producing the branded products below beginning Dec. 31, 2023:

- Flovent HFA (all strengths)
- Flovent Diskus (all strengths)
- Imitrex Nasal (all strengths)
- Advair HFA (all strengths)
- Advair Diskus (all strengths)

An equivalent authorized generic will be available for these products effective Jan. 1, 2024.

For up-to-date information on drug recalls please visit PHPMichigan.com/Providers. A link to the FDA's drug recall website is available under the Pharmacy Services tab.

Important Things to Remember When Submitting a Prior Authorization Request Form

- The Medication Authorization Form is located at **PHPMichigan.com/Providers**. Select Pharmacy Services, then select Medication Authorization Form.
- Fill out form completely and legibly.
- If requesting an infusion drug, please include the name of the office and/or facility and NPI (National Provider Identifier) number of where the drug will be administered.
- Provide accurate provider contact information:
  - Your name
  - Your department or title
  - Your phone number
  - Your fax number
- Include the patient's most current chart notes documenting their status and clinical documentation of previous medication trials related to the request.
- Submissions from Cover My Meds are routinely transmitted with incomplete information which delays care for the patient. Sending requests directly to PHP will reduce the time it will take to process the request. If you have issues sending authorization requests for PHP Members through Cover My Meds, please reach out directly to **PHP Customer Service at 1.800.832.9186** (toll-free) or **517.364.8500**.

EFT-ZELIS

PHP has partnered with Zelis® Payments to offer you secure ePayment options. You are invited to enroll in a no-fee ACH delivery of claim payments with access to remittance files via download in the ePayment Center. Delivery of 835 files to clearinghouses is available directly through the ePayment Center enrollment portal.

How do I register for Zelis ePayment Center?

1. Visit PhysiciansHealthPlan.epayment.center
2. Follow the instructions to obtain a registration code
3. Your registration will be reviewed by a Zelis customer service representative and a link will be sent to your email once confirmed
4. Follow the link to complete your registration and setup your account
5. Log into the Zelis ePayment Center portal
6. Enter your bank account information
7. Select remittance data delivery options
8. Review and accept ACH Agreement
9. Click "Submit"

Upon completion of the registration process, your bank account will undergo a pre-notification process to validate the account prior to commencing the EFT delivery. This process may take up to six business days to complete.

What do I need to register for the ePayment Center?

- 9-digit Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)
- Practice's corporate name and principal information
- Bank account routing transit number (RTN) or ABA Routing Number

Where can I find more information/assistance on the registration process?

- Additional enrollment instructions and a detailed question and answer guide are available for download at **PhysiciansHealthPlan.epayment.center**
- **Need additional help?** Call **855.774.4392** or email **Help@ePayment.center**

Medical Record Review

PHP strives to improve the health of individuals, families, and communities. **We can't do it without you.** The Quality 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 tools 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 2024. 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. This can be accomplished by print, copy, fax, or download to an encrypted flash drive or disc. We will bring the paper for copying and a flash drive if requested by you.

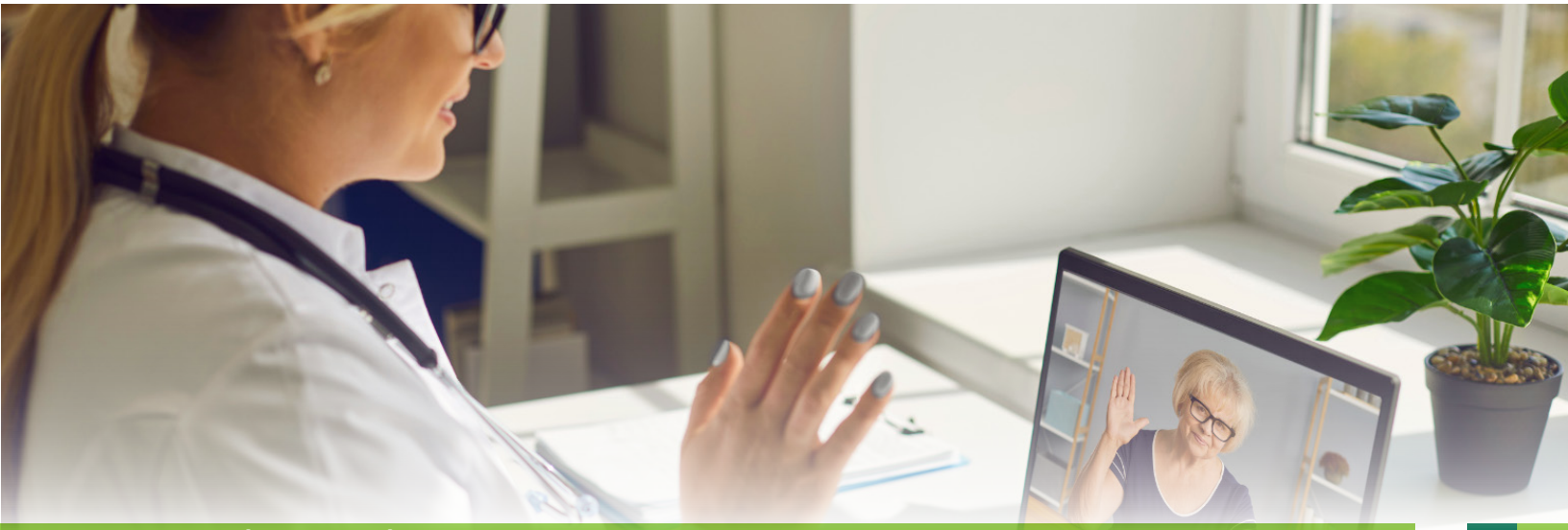
Frequently asked questions:

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 and chart access and audits.

Will I receive reimbursement for my time in collecting records, and be able to charge a retrieval and copying fee?
Reimbursement for record retrieval is defined in your contract with PHP. If your office utilizes a third party service to retrieve, copy, and send records, please review your PHP contract to determine if any fees may be charged to PHP. Ensure your service provider is aware of the limits of the fee.

If you have questions regarding your contract, please contact Provider Relations at PHPProviderRelations@PHPMM.org



Services Billable as Telehealth

The provision of non-face-to-face services has evolved since 2020, as has the reporting of these services. Telehealth is providing healthcare services to a patient in a different physical location than the healthcare professional rendering services via telecommunication technology within state and federal law. Telemedicine services are inclusive of telehealth services.

Reimbursement for Telemedicine services is dependent on provider contracts in accordance with member benefits. Services are eligible for billing and reimbursement as Telehealth services when:

- The services qualify as covered services per the member benefit plan,
- The services are provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located,
- The services rendered are performed via a telecommunication system (not face to face) that is real-time interactive audio and/or visual methods,
- The patient is present for the full duration of the service,
- The platform used by the provider must be HIPAA and HITECH Compliant, meeting standard technology security requirements,
- Services provided are appropriate and medically necessary, and
- The services billed are identified as eligible Telehealth codes.

Eligible Codes

Please refer to Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS®) to identify eligible Telehealth codes. Codes eligible for Telehealth are indicated by a star (*) symbol in the CPT® and HCPCS® coding manuals and are reviewed annually. In addition, effective January 1, 2022, coverage of Telemedicine services will be aligned with the CMS List of telehealth services as outlined in the PHP Benefit Coverage Policy, BCP-50 Telemedicine Services, and PHP Payment Reimbursement Policy, PRP-15 Telemedicine Services.

If a service doesn't meet the eligibility requirements of telehealth service, it is not billable with telehealth place of service code 02 or 10 or modifier 95. PHP has received a high volume of Online Digital Evaluation and Management Services billed incorrectly with a Telehealth place of service code. While these are non-face-to-face services, they do not meet the requirements of real-time interactive audio and/or visual methods and are not included in the CMS List of Telehealth Services. These services will be denied as non-eligible Telehealth Services. These services should be reported with the office place of **service code 11**. Please review the CMS List of Telehealth services at **CMS.gov/Medicare/Coverage/Telehealth/List-Services** before claim submission.

Clinical Edits

Clinical editing analyzes professional and facility claims for reimbursement, ensuring clinical data's accuracy and completeness, including potential coding errors and rule infractions based on codes submitted on the same or different claims. When reconciling patient accounts, it is important to note that any clinical editing applied to a claim or claim line is separate from contractual rates (i.e., fee schedule or percent of charge discount). Clinical edits are applied to all claims submitted regardless of contracted rates.

Clinical edits are derived from nationally recognized billing guidelines such as the Centers for Medicare and Medicaid Services (CMS), the National Correct Coding Initiative (NCCI), the American Medical Association (AMA), and specialty societies. PHP may leverage the clinical rationale of CMS or other nationally sourced edits and apply this rationale to services that are not paid for through CMS but are covered by the Plan to support covered benefits available through one of the Plan's products. Clinical Editing rules are effective based on the date of service, and services will be denied payment when the edit is applied.

As a normal business practice, claims editing software is updated quarterly to incorporate the most recent coding principles based on Medicare guidelines, specialty society guidelines, the National Correct Coding Initiative, and changes to AMA's CPT manual. These include but are not limited to clinical edits regarding the unbundling of services, the packaging of CPT/HCPCS codes, and status N codes.

If you receive a denial, please review the denial details on the explanation of payment (EOP) before submitting an appeal to ensure the appeal addresses the denial appropriately. If it is determined that documentation can be provided to support a denied service, include a narrative of what is being appealed, all pertinent clinical information, and/or coding source rationale with the appeal. Additional information regarding clinical edits and the appeal process can be found in the Physicians Health Plan Provider Manual at **PHPMichigan.com/Providers/Provider-Manual**.

Diabetes Screening in Patients Using Antipsychotic Medication

It is recommended that screening for prediabetes and type 2 diabetes be completed with an informal assessment of risk factors or with an assessment tool to guide the need for a diagnostic test in asymptomatic individuals 1. Alongside risk factors such as race, age, and BMI, certain medications including antipsychotics should be considered when deciding whether to screen an individual for diabetes. Antipsychotic medications have long been known to be associated with impaired glucose metabolism, exacerbation of existing type 1 and type 2 diabetes, new-onset type 2 diabetes, and diabetic ketoacidosis 2. The prevalence of diabetes is 2-3-fold higher in people with severe mental illness than in the general population. Antipsychotics likely increase the risk of diabetes through weight gain and directly adversely affect insulin sensitivity and secretion 3. Glucose and A1C levels rise well before the clinical onset of diabetes, making diagnosis feasible before the onset of diabetic ketoacidosis. Fasting glucose or hemoglobin A1c (HbA1c) are two tests easily accessible to individuals requiring screening. It is important for primary care physicians to screen patients as many community psychiatric settings do not have facilities to obtain laboratory blood samples at the point of care.

Screening for diabetes in patients taking antipsychotic medications is recommended at treatment initiation or when treatment is changed, repeat testing at 3-4 months and then annually thereafter. The most convenient test is the HbA1c, but this may be falsely negative if there is a rapid onset of hyperglycemia as sometimes happens after beginning antipsychotic treatment. Fasting or random glucose tests are acceptable alternatives.

1. Diabetes Care 2023; Volume 46, (Supplement_1): S19-40; January 2023.
2. Journal Clinical Psychiatry: 2001:62 Supplement 27:15-26; discussion 40-1. Hyperglycemia and antipsychotic medications.
3. Current diabetes reports;2019; 19(10): 96. Association Between Antipsychotic Medication Use and Diabetes.

Miscellaneous Medicine Services

PHP does not separately reimburse for miscellaneous medicine services reported with CPT® codes 99024-99082. These services such as supplies, materials, medical testimony, or services provided outside of the office's normal business hours are considered inclusive of the payment for primary service. While the provider may report these CPT ® codes on the claim with primary services, the lines reported for miscellaneous services will be denied and returned with $0 allowable. In addition, these services will be listed in the "Prov Adjust" field of the Explanation of Payment (EOP) and are not billable to members.

Weight Management

Physicians Health Plan covers certain weight management health care services that meet established criteria, supported by clinical evidence, and national standards or guidelines.

According to the National Heart, Lung, and Blood Institute (NHLBI), "frequent clinical encounters during the initial six months of weight reduction appear to facilitate reaching the goals of therapy. During the period of active weight loss, regular visits of at least once per month and preferably more often with a health care professional for the purposes of reinforcement, encouragement, and monitoring facilitates weight reduction." (NHLBI, 1998)

Obesity and overweight are defined clinically using the body mass index (BMI). BMI is an objective measurement and is currently considered the most reproducible measurement of total body fat. The NHLBI defines the following classifications as shown in the table below based on BMI. The NHLB recommends that the BMI should be used to classify overweight and obesity and to estimate the relative risk for disease compared to normal weight.

Classification	BMI (kg/m2
Underweight	< 18.5
Normal weight	18.5–24.9
Overweight	25–29.9
Obesity (Class 1)	30–34.9
Obesity (Class 2)	35–39.9
Extreme Obesity (Class 3)	≥ 40

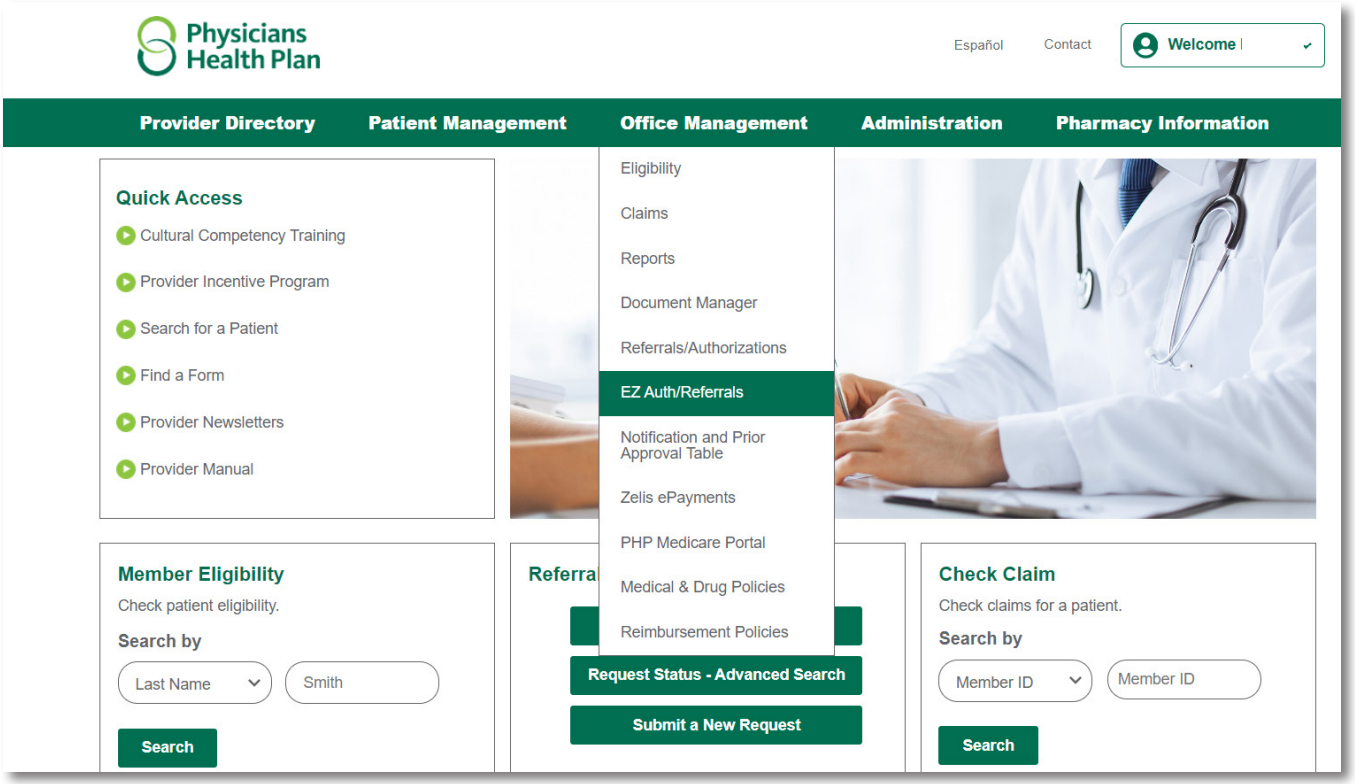
Coverage is determined by the type of service performed (e.g., lab, office visit, nutritional counseling, behavioral health, etc.).

Weight management services for the treatment of obesity or eating disorders (e.g., anorexia, bulimia, binge-eating).

1. Generally described as a two-part process:
   - » Assessment, including BMI measurement and risk factor identification; and
   - » Treatment/management.
2. Obesity management includes primary weight loss, prevention of weight regain, and the management of associated health risks. During the assessment phase, the individual needs to be prepared for the comprehensive nature of the program, including realistic timelines and goals.
3. Clinical supervision is an essential component of dietary management. Physicians can also provide clinical oversight and monitoring of what are often complex co-morbid conditions and can select the optimal and most medically appropriate weight management, nutritional, and exercise strategies.
4. Guidelines for coverage of a weight management program:
   - » A medically supervised weight management program must be provided by a network provider.
   - » Covered health services include laboratory, EKG, physician office visits, and psychological testing. Food and vitamin supplements are not a covered benefit.
   - » The Weight Management Program must utilize a multidisciplinary approach, including but not limited to services received from a:
     - » Physician.
     - » Dietitian.
     - » Social worker (MSW).
     - » Psychologist or psychiatrist interested in behavioral modification and eating disorders.

Prior Authorization

Requesting prior authorization for medical services from Physicians Health Plan (PHP) Commercial plans is fast and easy when you use the online EZ Authorization and Referral Tool (EZ Auth/Referrals), available in the MyPHP Provider Portal. EZ Auth/Referrals lets you confirm member eligibility, bookmark frequently used providers and services, send communication to PHP Utilization Management, and even receive instant approval for some services. To submit your prior authorization request with EZ Auth/Referrals, log in to your MyPHP Provider Portal account, and click "Submit a New Request" on your homepage, or "EZ Auth/Referrals" in the Office Management dropdown menu.



How can I determine if a medical service or drug requires prior authorization?

- The Notification and Prior Approval table is available online at PHPMichigan.com/providers/notification-and-prior-approval-table and lists medical services and drugs that require prior authorization. This resource does not contain specific codes for medical services. To verify the prior authorization status of a specific code, please call P**HP Customer Service at 517.364.8500** or **1.800.832.9186**.
- EZ Authorization/Referrals will confirm if a medical service requires prior authorization. The tool will also tell you if your request should be submitted to the PHP Pharmacy Department instead.
- Certain services must be provided in either an inpatient or outpatient setting only. Prior authorization must be obtained to render these services in another place of service.
- Services requiring prior authorization must be reviewed before the service, even if another payor is primary.
- Prior authorization can be requested for services from Out-of-network providers.

For questions about a member's benefit and coverage please contact the PHP Customer Service Department at **1.800.832.9186**.

What are your prior authorization turnaround times?

- Non-Urgent Pre-Services 9 days
  - Routine procedure or office visit
- Urgent Pre-Services 3 days
  - Outpatient rehab (PT, OT, ST) Admission for inpatient hospitalizations, SNF, LTACH, behavioral health levels of care
- Urgent Concurrent 24 hrs.
  - Outpatient rehab (PT, OT, ST) Admission for inpatient hospitalizations, SNF, LTACH, behavioral health levels of care
- Urgent Concurrent 24 hrs.

    - Service (outpatient therapy, inpatient hospitalization, etc.) that has previously been approved and they would like additional visits, days, etc.
- Post-Service 30 days
    - Retrospective review

What if I cannot access EZ Authorization/Referral in the Provider Portal?

- If you do not have a portal account, please register, or contact the Local Administrator for your office to request an account.
- If you have an account but receive an error when you try to access EZ Auth/Referrals, ensure that you have one of the following User Roles in your profile:
    - PCP
    - PCP Office Staff
    - Specialists
    - Specialists Office Staff
    - Local Administrator

If you do not have one of the above User Roles, please contact your Local Administrator.

Where can I review prior authorization criteria?

- Drug determination policies are available on our provider website at **PHPMichigan.com/medicalanddrugpolicies**.
- EZ Authorization/Referrals provides InterQual criteria for services that can be automatically authorized.
- Contact PHP Medical Resource Management 517.364.8560 or 866.203.0618 (toll-free) to obtain clinical decision-making criteria.

What happens if PHP has questions about my request or needs to follow up with me?

- Please include your contact information when you submit a request:
    - Your name
    - Your department or title
    - Your phone number
    - Your fax number
- This information should be placed on your request form or in the Case Communication screen in the EZ Authorization/ Referrals tool.

Can I fax a prior authorization request?

- PHP strongly encourages the use of EZ Auth/Referrals for medical prior authorization, or ePrescribing with the Real-Time Prescription Benefits in your EHR.
- If faxing is the only option, please utilize the appropriate form. PHP Commercial forms are available online at **PHPMichigan.com/Providers/General-Forms-and-Information**. Form definitions are available in the PHP Provider Manual, online at **PHPMichigan.com/providers/provider-manual**.

I obtained prior authorization, but the claim was denied. Why?

- Prior authorization is not a guarantee of claims payment. Refer to the claim Explanation of Payment (EOP) to determine which services are provider responsibility, and which services are billable to the member.
- All claims received by PHP are reviewed for clinical edits. Services denied due to clinical edits are not billable to the member. More information about PHP's Clinical Editing can be found in the PHP Provider Manual, online at PHPMichigan.com/roviders/provider-manual.
- Some services may also have benefit limits. Services provided after the member benefit limit has been met may be denied.
    - For member-specific benefit information, contact PHP Customer Service at 1.800.832.9186, or review plan documents in the Member Reference Desk online at **PHPMichigan.com/MyPHP**.

My request was denied. What should I do?

- Adverse determinations can be appealed within 180 calendar days of the benefit decision letter. Please complete and submit the Provider Appeal Form, available in the Forms section on our provider website.

IMPORTANT: PHP Medicare Advantage (MA) uses separate forms for prior authorization requests. The forms must be submitted to PHP MA or as otherwise directed by the plan. Please make sure you use the appropriate PHP MA forms when requesting authorization for PHP MA members to avoid delays and denials. Forms and additional information for PHP MA prior authorization requests can be found inside the PHP Medicare Provider Portal.

PHP MA prior authorization requirements are available in the PHP MA Provider Quick Reference Guide and the PHP Medicare Provider Administrative Manual for the current plan year. Both resources are available inside the PHP Medicare Provider Portal, which can be accessed by signing in to the MyPHP Provider Portal at **PHPMichigan.com/MyPHP**. Please contact PHP Provider Relations if you need assistance with the provider portal.

For other questions related to PHP MA, please call PHP Medicare 844.529.3757.

Utilization Management News and Updates

1st Quarter 2024

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., ET, excluding holidays.

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

New Policies

- BCP-82 Continuous Passive Motion (CPM) Machine, effective 10/01/2023

Policy Updates

- BCP-45 Preventive Services – Prostate Screening codes (84152, 84153, 84154, G0102, G0103) require diagnosis code Z12.5 to be considered preventive, updated to reflect WPSI requirements and USPSTF A/B recommendations; effective 1/1/2024

Changes to Coverage for Services

Code(s)	Procedures or Service	Action	Effective Date
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Change from "Prior Authorization" to "Not Covered"	01/01/2024
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Change from "Prior Authorization" to "Not Covered"	01/01/2024

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

PHP Cost Transparency Tool

The Department of Health and Human Services (HHS), Treasury and Labor issued the "transparency in coverage" final rule on Oct. 29, 2020, that requires group health plans and health insurers in the individual and group markets to disclose cost-sharing information. The final rule requires health plans to provide prices and cost sharing information. Beginning Jan. 1, 2024, all covered services, and drugs are required to be included in a health plan's consumer price transparency tool. The PHP cost transparency tool provides members clear and accurate information about the cost of medical procedures, tests, medications, and other healthcare services so they can make informed decisions about their healthcare. PHP's cost estimator tool is available to our members via the PHP member portal. Additional information regarding government regulations can be found at **CMS.gov/Priorities/Key-Initiatives/Healthplan-Price-Transparency**.

Provider Manual Updates for 2024

The PHP Commercial Provider Manual is available online and updated frequently. The Provider Manual contains important information, including current PHP products, department services, benefit and claims appeal processes, billing guidelines, reimbursement methodologies, the Office/Urgent Care Laboratory Test List, and more. You can access the most up-to-date version online by selecting Provider Manual from the left sidebar at **PHPMichigan.com/Providers** or with the direct link, **PHPMichigan.com/Providers/Provider-Manual**.

Some of the recent changes and updates include but are not limited to:

- Added Products and Service Areas
- Updated Resources for our Disease Management Programs
- Pharmacy Management Program Overview, Networks and Lock-In Program
- Reporting Communicable Diseases
- State and Federally supplied Vaccines
- "Incident to" Billing Guidelines for Mid-Level Practitioners
- New Patient Visits
- Fraud and Abuse – Billing Integrity Program
- Added Forms Section
- Wellness and Prevention Mailings

If you have questions about the Provider Manual, please contact PHP Provider Relations at **PHPProviderRelations@phpmm.org**.

General Training 101

Quarterly General Training sessions offered by our Provider Relations Team are a great way to learn all about PHP. The information presented in these sessions includes an overview of PHP Commercial and PHP Medicare Advantage Plan requirements, a review of PHP's online resources, how to navigate the MyPHP Provider Portal, including checking eligibility and benefits, claim status, prior authorization request, and much more. Provider office administration and staff are encouraged to attend.

The dates for 2024 will be as follows:

- Tues., Feb. 6, 2024, 8:30-10:00 am
- Thurs., May 16, 2024, 12-1:30 pm
- Thurs., Aug. 15, 2024, 8:30-10:00 am
- Tues., Nov. 12, 2024, 12-1:30 pm

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

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

Lunch and Learn

PHP Provider Relations will continue to offer Lunch and Learn sessions throughout 2024. In addition to our quarterly General Training 101, PHP Provider Relations offers quarterly Lunch and Learn sessions. During these sessions, you will have the opportunity to learn helpful information about specific PHP programs and processes. The goal is to review frequently asked questions and the latest updates that affect PHP's provider network. We also welcome requests for topics that you would like to know more about. The topic for each session will be announced closer to the training date, and a flyer will be posted to provide additional information.

Please join us on the upcoming 2024 Training Dates:

Thursday, April 25, 2024
Noon–1:00 p.m.
Topic: PCP Incentive Program

Tuesday, July 16, 2024
Noon–1:00 p.m.
Topic: TBD

Thursday, October 24, 2024
Noon–1:00 p.m.
Topic: TBD

Register today by visiting **PHPMichigan.com/Providers** and selecting "Training Opportunities." We look forward to working with you and welcome your suggestions on topics you would like to see covered. Please email any suggestions to PHPProviderRelations@phpmm.org.

Member Rights and Responsibilities

Member Rights

Enrollment with Physicians Health Plan (PHP) entitles you to the right to:

- Receive information about your rights and responsibilities as a member in terms you can understand
- Have access to culturally and linguistically appropriate language interpretation services free of charge
- Always be treated with respect and recognition of your dignity and right to privacy
- Expect privacy of your personal health information (PHI)
- Choose and change a primary care physician (PCP) from a list of network physicians or practitioners
- Information on all treatment options that you may have in terms you can understand so that you can give informed consent before treatment begins
- Refuse treatment to the extent permitted by law and be informed of the consequences of your refusal
- Openly discuss appropriate or medically necessary treatment options regardless of cost or benefit coverage
- Participate with providers in making decisions involving your healthcare
- Voice concerns or complaints about your healthcare by contacting PHP Customer Service or submitting a formal, written grievance through PHP's appeals process.
- Be given information about PHP, its services, and the healthcare providers in its network, including their qualifications
- Make suggestions regarding PHP's member rights and responsibilities policies
- Receive covered benefits consistent with your plan summary and state and federal regulations

Member Responsibilities

As a PHP member, you have the responsibility to:

- 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
- Be aware that all hospitalizations must be approved in advance by PHP, except in emergencies or for urgently needed health services
- Use emergency department services only for treatment of a serious or life-threatening medical condition
- 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
- Be considerate and courteous to PHP associates, your providers, their staff, and other patients
- Notify PHP of any changes in address, eligible family members, marital status, or if you acquire other health care coverage
- Provide complete and accurate information (to the extent possible) that PHP and healthcare providers need in order to provide care
- Understand your health problems and develop treatment goals you agree on with your healthcare provider
- Follow the plans and instructions for care that you agree on with your healthcare provider
- Understand what services have cost shares to you and to pay them directly to the health care provider who gives you care
- Read your PHP member materials and become familiar with your provider network
- Follow your health plan benefits and PHP policies and procedures.
- Report suspected health care fraud or wrongdoing to PHP, by contacting PHP Customer Service.

Notice of Privacy Practices

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.

Physicians Health Plan (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 provide you with this notice of our legal duties and privacy practices concerning your health information. PHP will 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 health information. However, we may be required to follow Michigan state law in some circumstances. In either event, we will comply with the appropriate law to protect your health information (for example, in accordance with the Genetic Information Nondiscrimination Act (GINA), we will not use genetic information for underwriting purposes) and to grant your rights concerning 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 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 the services you need. For example, we may disclose 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 quality assessment and improvement activities or 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 will use and disclose your health information if required to do so by law. For example, we will use and disclose your health information to respond to court and administrative orders and subpoenas and comply with 'workers' compensation or other similar laws. We will disclose your health information when required by the Secretary of the S.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 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 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 to the employers or other entities that sponsor these plans, such as general claims history. This summary information does not contain your name or other distinguishing characteristics. We may also release to a plan sponsor 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, 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 disclosures of your health information for remuneration and most marketing purposes. Once you authorize us 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. 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 obtain an authorization form, call the Customer Service Department at the number on your identification card.

Your Rights

You have the following rights. You must make a written request on one of our standard forms to exercise them. 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 particular psychotherapy notes or 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 explanation for our denial.

You Have the Right to 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 specific location. Your request must be in writing. For example, you can ask that we only contact you at home or at a specific address or by mail.

You Have the Right to Request Restrictions on How We Use or Disclosure of 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 health care 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 the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our Customer Service Department in writing of your complaint. We will 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:
Voicemail: **312.886.2359**
Fax: 312.886.1807
TDD: 312.353.1807
There will be no negative consequences to you for filing a complaint to the federal government.

You May Write to PHP Customer Service 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 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: When you access PHP's website, we do not require you to register or otherwise provide any personal information, such as your name, social security number, or email address. We may, however, monitor and record your usage of our website during your visit. We collect this information and use it to help make the website more consumer-friendly and efficient.

PHP uses "cookie" technology to gather non-personal information. A "cookie" is a piece of data that a website can send to your browser while you are using the website. A cookie is not a computer program – it cannot read data from your computer, perform any action on your data, or embed commands in your computer. Cookies can keep track of which pages are used, the frequency they are used, and to enable certain features on this website. You may disable these cookies at any time by adjusting your browser preferences on your computer.

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.

Online Enrollment: If you choose to enroll through our site, **ChoosePHPMI.com**, you must provide Physicians Health Plan with certain Personally Identifiable Information. By using our site, you grant us permission to collect this information. While providing this information is a voluntary submission under the applicable law, it is important for you to know that limiting what information you give us could cause your enrollment to be delayed and/or you may not be able to complete certain online actions.

You may request that we limit the collection, creation, disclosure, access, maintenance, storage and use of your Personally Identifiable Information for the sole purpose of our assisting you in applying for health insurance or obtaining an eligibility determination, facilitating payment for your first premium, assisting you in updating or canceling your enrollment in a health insurance plan, and for performing other authorized functions specified in our agreements with CMS. You may request such a limitation by sending us a secure email through our website or by contacting Customer Service at 866.539.3342 or by mail at:

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

Contact Us

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please **contact PHP Customer Service at 800.832.9186** or by mail at PO Box 30377, Lansing, MI 48909-7877.

Physicians Health Plan

PRESORTED STANDARD
PAID
LANSING, MI
PERMIT 28

MAILING ADDRESS INFO
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MAILING ADDRESS INFO
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Contact Us.

PHPMichigan.com

Department	Contact information
Customer Service » Verify a covered person's eligibility, benefits or to check claim status to report suspected member fraud and abuse » Obtain claims mailing address » Claims and EDI questions » Request a copy of our Preferred Drug List	517.364.8500 800.832.9186 (toll-free) 517.364.8411 (fax)
Medical Resource Management » Notification of procedures and services outlined in the Notification/Authorization Table » Request benefit determinations and clinical information » Obtain clinical decision-making criteria » Behavioral Health/Substnace Abuse Services, for information on Behavioral Health and/or Substance Abuse Services including Prior Authorizations, Case Management, Discharge Planning and referral assistance	517.364.8560 866.203.0618 (toll-free) 517.364.8409 (fax)
Network Services » Credentialing » Provider data: Report changes in practice demographic information » Provider/Practitioner education » Report suspected Provider/Practitioner Fraud and Abuse » Initiate electronic claims submission	517.364.8312 800.562.6197 (toll-free) 517.364.8412 (fax) Report suspected fraud and abuse: 866.PHPCOMP (866.747.2667) Credentialing: PHP.Credentialing@phpmm.org Data: PHPProviderUpdates@phpmm.org Provider Relations: PHPProviderRelations@phpmm.org
Quality Management Quality Improvement Programs, HEDIS, NCQA, CAHPS	517.364.8408 (fax) PHPQualityDeparment@phpmm.org
Pharmacy Services » Request drug coverage » Fax medication prior authorization forms » Medication Therapy Management Program	517.364.8545 877.205.2300 (toll-free) 517.364.8413 (fax) Pharmacy@phpmm.org
Change Healthcare (CHC) When medical records are requested	Change Healthcare Attn: Pre-Pay 1849 West Drake Dr., StE 101A Tempe, AZ 85283 952.224.8650 949.234.7603 (fax) MedicalRecords@changehealthcare.com

Commercial plans

Where to send claims:

In-network
Physicians Health Plan
PO Box 313
Glen Burnie, MD 21060-0313

Non-network
Physicians Health Plan
PO Box 247
Alpharetta, GA 30009-0247

Electronic
In-network: Payor ID 37330
Non-network: Payor ID 07689

Where to send refunds:
Physicians Health Plan, Attn: Provider Refund
PO Box 30377
Lansing, MI 48909-7877

Medicare plans

Where to send claims and refunds:
Physicians Health Plan
PO Box 7119
Troy, MI 48007