Physicians Health Plan on the Exchange

Physicians Health Plan (PHP) entered the Health Insurance Marketplace on November 15. We are pleased to be offering 9 individual HMO plans.

Utilizing a new PHP Exclusive Network, two plans—Sparrow PHP Silver Select Exclusive and Sparrow PHP Gold Select Exclusive—are the most affordable plans for residents in Clinton, Eaton and Ingham counties currently offered on the Marketplace.

In addition, seven Traditional plans—one Platinum, one Gold, two Silver, two Bronze and one Catastrophic—are available for residents in Clinton, Eaton, Ingham, Ionia, Isabella, Shiawassee and the eastern half of Montcalm county.

“We are local, we offer award-winning customer service, and we have a demonstrated commitment to quality,” says Dennis Reese, President and Chief Executive Officer, Physicians Health Plan. “In the face of rising prices for current Marketplace plans, we’re excited to be able to add a wealth of new options to ensure our community has access to affordable, quality health coverage.”

Consumers can learn more about plan offerings from PHP by visiting ChoosePHPmi.com. All Marketplace plans cover Essential Health Benefits, pre-existing conditions and preventative care as required by the Affordable Care Act.

Open Enrollment runs from Nov. 15, 2014, through Feb. 15, 2015, and is an opportunity for those individuals without insurance to get covered and gain access to affordable health care. For current Marketplace members, 2015 will bring new plan options and new pricing. Those individuals with an existing plan will have their policies automatically renew at the new 2015 premiums unless they shop around and select a new plan during Open Enrollment. Thus all individuals seeking coverage on the Marketplace, whether it is for the first time, or to renew, should take advantage of Open Enrollment to ensure they have the best plan to suit their needs.

PHP Announces New President and CEO!

Dennis J. Reese, a veteran in the managed health care field, has been appointed as the new Physicians Health Plan (PHP) President and CEO. Dennis was previously PHP’s Chief Financial Officer and took on the role of Interim Chief Executive Officer in November 2013.

“Dennis and his entire team have done an outstanding job at PHP,” said Sparrow President and CEO Dennis Swan. “We are thrilled to have him formally assume this role. His extensive experience and leadership style will help PHP continue to grow and provide outstanding products and service.”

Dennis has 29 years of experience as a senior executive in finance, operations, and strategy formulation. Previously, he served as CFO for Martins Point HealthCare in Portland, Maine; Vice President and CFO for Kaiser Foundation Health Plan and Hospitals, NW in Portland, Oregon; and CFO for Priority Health in Grand Rapids.

Dennis earned his Bachelor of Science in Business Administration–Accounting from Pennsylvania State University and is a Certified Public Accountant.

The entire team at PHP congratulates Dennis in his new role!
Principals of Weight Loss

The holiday season typically ushers in a 6-week period of parties, get togethers and special events. Holiday food is a central theme to most of these celebrations and can result in weight gain that many people never lose. While maintaining your weight during the holiday season is a goal for many, keeping in mind the basic principals for weight loss can help keep the extra pounds away.

How to be successful in losing weight:

• Set small, realistic goals. An example of a small goal is to walk for 20 minutes 5 days a week. Do not try to change everything at once.
• Tell friends, family members, and coworkers about your goals and ask for their support.
• Ask a friend to lose weight with you, or join a weight-loss support group.
• Identify foods or triggers that may cause you to overeat and find ways to avoid them.
• Remove tempting high-calorie foods from your home and workplace. Place a bowl of fresh fruit on your kitchen counter.
• If stress causes you to eat, then find other ways to cope with stress.
• Keep a diary to track what you eat and drink, and your daily calorie intake. Also write down how many minutes of physical activity you do each day. Weigh yourself once a week and record it in your diary.

Eating changes:

You will need to eat 500 to 1000 fewer calories each day than you currently eat to lose 1 to 2 pounds a week. The following changes will help you cut calories:

• Smaller portions.
• Use small plates, no larger than 9 inches.
• Fill your plate half full of fruits and vegetables.
• Measure your food using measuring cups until you know what a serving size looks like.
• Eat 3 meals and 1 or 2 snacks each day.
• Plan your meals in advance.
• Cook and eat at home most of the time.
• Eat slowly.
• Eat fruits and vegetables at every meal.
• Do not add butter, margarine, or cream sauce to vegetables. Use herbs to season vegetables.
• Eat less fat and fewer fried foods.
• Eat more baked or grilled chicken and fish. These protein sources are lower in calories and fat than red meat.
• Limit fast food.
• Dress your salads with olive oil and vinegar instead of bottled dressing.
• Limit the amount of sugar you eat.
• Do not drink sugary beverages. Limit alcohol.
Activity changes:
In addition to changing your eating habits, increasing your physical activity will help speed up your metabolism and help you lose weight more quickly. Physical activity is good for your body in many ways. It helps you burn calories and build strong muscles. It decreases stress and depression, and gives you an overall sense of well-being. It can also help you sleep better. Talk to your PCP before you begin an exercise program.

- **Start slowly.** Try to exercise for at least 30 minutes 5 days a week.
  Set aside time each day for physical activity that you enjoy and that is convenient for you. It is best to do both weight training and an activity that increases your heart rate, such as walking, bicycling, or swimming.

- **Find ways to be more active.** Do yard work and housecleaning. Walk up the stairs instead of using elevators. Spend your leisure time going to events that require walking, such as outdoor festivals and art fairs. This extra physical activity can help you lose weight and keep it off.

Contact your PCP if:
- You have symptoms of gallbladder or liver disease, such as pain in your upper abdomen.
- You have knee or hip pain and discomfort while walking.
- You have symptoms of diabetes, such as intense hunger and thirst, and frequent urination.
- You have symptoms of sleep apnea, such as snoring or daytime sleepiness.
- You have questions or concerns about your condition or care.

Seek care immediately or call 911 if:
- You have a severe headache, confusion, or difficulty speaking.
- You have weakness on one side of your body.
- You have chest pain, sweating, or shortness of breath.
2014 PHP Member Survey Results

Each year we participate in the CAHPS 5.0H survey, which measures many aspects of member satisfaction. PHP members are asked a wide variety of questions about how they feel about their health plan including questions relating to their experience with their health care providers. Health plans are scored based on the percent of members who respond with “Usually” or “Always” on a variety of questions. PHP’s CAHPS results for 2014 are below. We are pleased to see improvement in all 10 of the key measures.

<table>
<thead>
<tr>
<th></th>
<th>2014 Results</th>
<th>2013 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan Overall</td>
<td>79.51%</td>
<td>76.14%</td>
</tr>
<tr>
<td>Health Care Overall</td>
<td>86.25%</td>
<td>79.47%</td>
</tr>
<tr>
<td>Rating of Personal Doctor</td>
<td>89.18%</td>
<td>82.55%</td>
</tr>
<tr>
<td>Rating of Specialist Seen Most Often</td>
<td>86.16%</td>
<td>80.97%</td>
</tr>
<tr>
<td>Customer Service</td>
<td>91.13%</td>
<td>88.37%</td>
</tr>
<tr>
<td>Claims Processing</td>
<td>89.01%</td>
<td>87.99%</td>
</tr>
<tr>
<td>Getting Care Quickly</td>
<td>89.32%</td>
<td>84.88%</td>
</tr>
<tr>
<td>Getting Needed Care</td>
<td>91.51%</td>
<td>87.98%</td>
</tr>
<tr>
<td>How Well Doctor’s Communicate</td>
<td>97.65%</td>
<td>94.66%</td>
</tr>
<tr>
<td>Shared Decision Making</td>
<td>81.99%</td>
<td>74.37%</td>
</tr>
</tbody>
</table>

Will I get a CAHPS survey?

CAHPS surveys are sent out annually, beginning in February of each year. Members are chosen randomly, so you may be selected to get a survey. If you receive a survey, we hope you will take a few minutes to complete the survey and tell us how we’re doing. We learn important information from our survey results that helps us focus on the areas of improvement most important to our members. Survey results provide health plan rankings and comparisons within Michigan and nationwide. The surveys are short, anonymous and should only take a few minutes of your time to complete. We try to get as many responses as possible; follow-up mailings and phone calls are made if we don’t get your response back, so send it back quickly to avoid a reminder from the surveyor. Your feedback helps us continue to improve.

Other Member Surveys

In addition to the annual CAHPS survey, PHP members may also receive a survey if they are a new member or if they have contacted Customer Service. Surveys are your opportunity to tell us how we’re doing, so if you receive a PHP survey, make sure to take a minute to respond to the questions and let us know how we can help you get the most out of your health plan!
Network Provider Compensation Arrangements

You are entitled to summary information concerning the financial relationship between PHP and any network physician or other provider, including:

- **Whether a fee-for-service arrangement exists.**
  Under a fee for service arrangement, physicians and other providers receive a payment that does not exceed their billed charge, or;

- **Whether a capitation arrangement exists.**
  Capitation is a stipulated dollar amount established to cover the cost of healthcare for a person, and;

- **Whether PHP payments to physicians are based on quality, cost, utilization or patient satisfaction.**

You may contact our Customer Service Department for further information about PHP’s financial arrangements with physicians and other providers.

How do I submit a claim for covered health services?

In most cases, the medical professional who treated you will submit a claim on your behalf. Make sure you provide them your current PHP ID card. They will make a copy of both sides of the card. The claim submission address and other important information are on your ID card. If the physician will not submit a claim on your behalf, please send an itemized receipt and claim to:

CUSTOMER SERVICE
PHYSICIANS HEALTH PLAN
PO BOX 30377
LANSING MI 48909-7877

Make sure your receipt includes the following:
- Your name, address and telephone number
- Your PHP ID number
- The date you received care
- The name, address, telephone number, and identification number of the physician who treated you
- The procedure codes and diagnosis codes
- The cost associated with each procedure performed
- Proof that you paid for the services

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

Why are there prior authorization requirements?

Prior authorization requirements exist for a number of reasons, all of which have your best interests in mind. The authorization request may prompt referral within PHP to our case management process. Nurse case managers assist members with complex health needs, assisting with coordination of care and services. We may require authorization so we can determine if the service is a covered benefit under your plan for your specific condition and situation.

Your PHP Certificate of Coverage lists the services requiring prior authorization. If prior authorization is required, it must be done before receiving the service unless you receive urgent or emergency services. In urgent/emergent cases, you or the hospital is required to notify us of your admission the same day of admission, the next business day or as soon as reasonably possible.

PHP does not require referrals to see network specialists but some services offered by a specialist may require our authorization and review.

Please remember it is your responsibility, not the non-network provider, to notify us before you receive certain non-network services.

Once a request for an authorization is received, we will review the request using medical criteria and determine if the service is a covered benefit. After the determination is made, the findings are sent to you and/or your physician.
Behavioral Health Transition

Physicians Health Plan (PHP) is changing how our members’ access behavioral health and substance use disorder services. For many years PHP has had a relationship with Optum Health (formerly United Behavioral Health or UBH), who assisted in directing members to available providers, providing approval for services that require prior authorization and processing claims relating to behavioral health and substance use disorder services.

Beginning 1/1/2015, the relationship with Optum Health ends and PHP will handle all behavioral health and substance use disorder services for our members. With this change PHP is adding additional services to members, including case management for those members who might benefit from having someone assist with coordinating services, providing education, and/or achieving best outcomes.

What does this mean to me?

• There are no changes to any benefits or services.
• There are no changes to the network of providers you may select from.
• If you are currently seeing a behavioral health or substance use disorder provider and using your PHP benefit, you do not need to do anything.
• Beginning 1/1/2015, all questions regarding future behavioral health or substance use disorder services, including what services require prior authorization, will be answered by PHP Customer Service.
• Optum Health will continue to process claims for any dates of service prior to 1/1/2015 and answer questions relating to claim processing for any dates of service prior to 01/01/2015.
• You will receive a new PHP ID card reflecting this change shortly after January 1, 2015.

If you have questions about this change, call PHP’s Customer Service Department at 517.364.8500 or 800.832.9186.

New Claim Submission Address for Network Providers

The claims submission address for PHP Network providers is changing effective 01/01/15. PHP Network providers were notified of this change earlier in December. Your new ID card will have the new claim submission address on the back. The new claim submission address for PHP Network providers is:

Physicians Health Plan
PO BOX 853936
RICHARDSON TX 75085-3936

It’s important that you carry your new PHP ID card with you and give the ID card to your provider each time you seek services. Providers need to have the most up-to-date information from your ID card.

New Technology

PHP continually reviews new and emerging medical technology for inclusion in benefit plan coverage. Through our relationships with national companies and collaboration with local professionals, we review new services, procedures and pharmacological treatments. PHP committees composed of local physicians, hospitals and quality improvement administrators review recommendations for local implementation. In considering new technologies, PHP’s Medical Directors and clinical committees evaluate information from outside sources, including but not limited to regulatory approvals, empirical evidence of improved outcomes, and efficacy of the technology compared to established alternatives.
PHP CERTIFICATE OF COVERAGE

Your PHP Certificate of Coverage provides detailed information regarding your covered benefits, what is excluded from coverage and which services require authorization for coverage. You may obtain benefit information by contacting Customer Service at 517.364.8500 or 800.832.9186. You may also obtain information regarding your benefits through the PHP website, where you can view or print important member material, including your Certificate of Coverage, pharmacy information, Member Handbook and Provider Directory. You can also request paper copies of your member material to be mailed. Simply click on the Member Reference Desk link and enter your PHP identification number from the front of your PHP card.

PRIMARY CARE PHYSICIAN

When you join PHP, you must select a Primary Care Physician (PCP) from PHP’s list of network PCPs. Each family member can select a different PCP; it’s important for you to have a good relationship with a physician or other practitioner. If you change PCP’s, please contact Customer Service so we can update our records. You may call us with the name of your new PCP or email us this information.

PHP NETWORK SPECIALISTS

PHP does not require a referral or authorization to see a PHP network specialist. You may “self-refer” to any network specialist by simply scheduling an appointment. While PHP doesn’t require a referral, you may find that some specialists require information from your PCP before scheduling an appointment. Also, some procedures or treatments performed by either the PCP or specialist may require prior authorization be obtained from PHP.

HOSPITAL AND EMERGENCY AND URGENT CARE SERVICES

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

If you have severe symptoms which may seriously jeopardize your health, either at home or away, call your PCP and follow the instructions you are given. If you are unable to contact your PCP, go directly to the nearest emergency room if you have someone who can transport you safely. If you don’t have enough time to call your PCP and you need immediate assistance, call 911 and stay on the line until instructed to hang up. When minutes are at stake, emergency staff can help you get to the hospital safely. After your treatment, contact your PCP as soon as possible so needed follow-up services can be provided.

Urgent care is care for a non-life threatening situation but needed sooner than you can typically schedule an office visit. If you are in need of urgent care during normal office hours, after doctor’s office hours or on the weekend, call your PCP first. Your PCP may direct you to obtain urgent care services at a network urgent care facility or may arrange to see you personally on an urgent basis.
We want you to know…

• Our utilization management decision-making is based only on appropriateness of care and service and existence of coverage.

• We do not specifically reward practitioners or other individuals for issuing denials of coverage or care.

• We do not offer financial incentives that encourage decisions by practitioners that result in under-utilization.

• We may offer appropriate incentives for fostering efficient, appropriate care.

We recognize there are problems associated with under-utilization. If necessary healthcare services are not delivered, a member could be faced with serious medical problems. Failing to deliver needed services may cause an increased need for more serious or expensive health services in the future. As always, please remember PHP cannot and does not make decisions about the services you receive, only whether those services are covered under your benefit plan.