



# HMO Member Update

SECOND QUARTER 2020

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# PHP is Here to Help!

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

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

### CALL

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

### VISIT\*

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

## TTY/TDD SERVICE

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

## Translation to English

Physicians Health Plan, as a subsidiary of Sparrow, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**ATTENTION:** If you speak a language other than English, language assistance services are free of charge and available to you. Call 800.832.9186.

**ATENCIÓN:** Si habla un idioma distinto del inglés, hay servicios gratuitos de asistencia con el idioma, disponibles para usted. Llame al 800.832.9186.

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم): 800.832.9186 (TTY: 711)



(\*Due to COVID-19, our office is temporarily closed to the public until further notice. Please call or use the secure message feature on our website at [phpmichigan.com/Contact-PHP](http://phpmichigan.com/Contact-PHP).)



## PHP Privacy Statement

Physicians Health Plan respects your privacy and has always followed strict procedures to maintain confidentiality of your health information.

### Types of information we collect

We collect a variety of personal information to administer your health coverage. Information is provided by members, employers, insurance agents, physicians and other providers through enrollment forms, surveys, correspondence, medical claims, and other needed data exchanges. We have access to personal addresses, social security numbers, dependent information, medical claims and other insurance information. We limit the collection of personal information to what is needed to meet regulatory requirements, conduct business, and provide quality service.

### How we protect your information

We protect your information through strict physical, electronic, and procedural security standards. Access to your information is limited to persons who need to know and who are trained on the importance of safeguarding information and maintaining compliance with procedures and applicable law.

### Disclosure of personal information

We only share information as permitted or required by law. Sharing of information may be necessary to conduct business with affiliates and non-affiliated entities such as our attorneys, accountants and auditors, a member's authorized representative, healthcare providers, third party administrators, insurance agents or brokers, other insurers, consumer reporting agencies, law enforcement, and regulatory authorities. We may also share information with contracted companies for the purposes of marketing or disease management programs. We do not disclose personal information to any other third parties without a member's request or authorization.

*A copy of the PHP Notice of Privacy Practices may be downloaded from the PHP website, [PHPMichigan.com/Notice-of-Privacy-Practices](http://PHPMichigan.com/Notice-of-Privacy-Practices), or you may contact Customer Service at **517.364.8500** or **800.832.9186** to obtain a copy by mail.*



## COVID-19 Virus and Antibody Testing Open to the Public

### Sparrow Opens Drive-Thru Testing at Former Sears Auto Center

Sparrow Health System has opened a drive-thru COVID-19 testing site providing both nasal swab testing for illness and blood draw to test for the presence of antibodies. The testing site open at the former Sears Automotive Center in the Frandor Shopping Center, 3131 E. Michigan Ave., is staffed by Sparrow Laboratory caregivers. The site is open daily, 6 a.m. to 8 p.m. For current hours, please check [sparrow.org/lab-locations](https://sparrow.org/lab-locations).

For the nasal swab, Sparrow requires individuals to have either an order from their healthcare provider for the test or pay out-of-pocket, at a cost of \$70. Medicare and Medicaid patients do not need a provider's order to get tested for the virus.

For the COVID-19 antibody blood draw test, insurance is accepted or the self-pay rate is \$50 for those without insurance coverage.

### Does PHP Cover the Cost of COVID-19 Testing?

PHP covers the cost and has waived member cost share\* (copays, co-insurance, and deductibles) for in-network COVID-19 testing through Dec. 31, 2020. In order for member cost share to be waived and the costs of the test covered:

- » The test must be ordered by an in-network medical provider.
- » The test must be considered medically necessary, which is determined by and appropriately coded by the ordering medical provider.
- » The cost of COVID-19 testing is not covered for the purposes of employment/return to work, travel, sports, camp, or education. Please refer to your Certificate of Coverage, General Exclusions and Limitation.

COVID-19 testing performed by an out-of-network provider is covered as outlined by your healthcare coverage and member cost share will apply.

### What a Positive COVID-19 Antibody Test Means

The COVID-19 antibody blood test detects if you have developed antibodies to the COVID-19 virus. While this test does not check for the actual virus, it is able to detect if you have had COVID-19 in the past.

If you have a positive antibody test, it is very likely that you have been exposed to COVID-19 in the past and your immune system responded to that exposure. Antibodies start developing within one to three weeks after



infection/exposure. It is unknown whether the antibodies that result from COVID-19 exposure or infection can protect someone from reinfection or if they are immune from the virus.

Regardless of your antibody test results, everyone should continue to protect themselves and others by frequently washing their hands, practicing social distancing, and wearing a face mask in public.

### **PHP Extends \$0 Member Cost Share for COVID-19-Related Benefits through Dec. 31, 2020**

To reduce barriers to care, support our members during the COVID-19 pandemic, and protect community health, PHP has extended \$0 member cost share for the following services through Dec. 31, 2020:

- » COVID-19 testing\* as outlined above in the testing article.
- » COVID-19 treatment\* when provided by an in-network provider and COVID-19 is the primary diagnosis. This applies to both outpatient and inpatient COVID-19 treatment.
- » Telehealth\* through your provider's office and PHP's Amwell telehealth service. In addition, telehealth is

now covered for ABA therapy, physical, occupational, and speech therapies, and prenatal care. \$0 member cost share\* is applicable to these services.

- » PHP has also waived early prescription refill lockouts through Dec. 31, 2020 to ensure an adequate supply.
- » Many existing pharmacy prior authorizations set to expire between July 1, 2020 and Oct. 31, 2020 are extended for an additional 90 days. New prescriptions requiring prior authorization are not included. For specific questions about prescription prior authorization, please contact PHP Customer Service using the number on the back of your ID card.

### **Get the Most out of Your PHP Health Plan**

To get the most out of your PHP health plan benefits, please log on or register for MyPHP Member Portal at [PHPMichigan.com/MyPHP](https://PHPMichigan.com/MyPHP). As always, our local, friendly Customer Service representatives are available to help you Monday through Friday, 8:30 a.m. to 5:30 p.m. Please use the number found on the back of your member ID card.

*(\*Note: Self-insured employer groups determine benefit coverage for their employees and dependents at their discretion. \$0 member cost share for testing, treatment, and telehealth services for these groups may not apply.)*



# Be Well<sup>SM</sup> Challenges Members to Live Their Healthiest Lives

## Join the Quarterly Challenges for a Chance to Win a Gift Card Prize

Four times a year Physicians Health Plan and Be Well<sup>SM</sup> hold challenges for members to encourage healthy lifestyle habits. Everyone who completes a challenge is entered in a drawing to win one of ten \$100 Meijer gift cards. All you have to do is create an account in the Be Well portal. Once your account is created, you will receive email communications announcing the challenges as they occur. Log into the portal to enter the information required by the challenge and track your progress. It's that simple.

Challenges usually last for about 30 days. Past challenges have included an Activity Challenge which encouraged 30 minutes of daily activity, and a Steps Challenge where participants logged at least 5,000 steps each day. The current challenge is a Healthy Eating Challenge, which runs July 20 to Aug. 17, 2020, to promote eating at least three servings of fruits and vegetables every day.

Be Well is your one-stop online resource to help you plan fitness, dietary, and lifestyle goals to achieve better health. To create your account today visit [PHPMichigan.com/MyPHP](https://PHPMichigan.com/MyPHP) and log into your MyPHP Member Portal. Click on the link to Be Well and follow the directions.

Questions about the site?

Email [bewellatwork@sparrow.org](mailto:bewellatwork@sparrow.org).





## What's my cost?

One of the most common questions people have before they see a new physician, have a procedure, or start a treatment is, “How much is this going to cost me?” Knowing the different types of cost share you may have to pay is the first step in answering this question.

### Deductibles

If you have a plan with an annual deductible, charges for covered health services may first apply toward your deductible. Once your deductible is satisfied, you may be charged a coinsurance percentage, a copay, or the service may be covered in full.

### Copays

A copay is a fixed amount — \$20 or \$25, for example. Most plans have a copay for services performed in a physician’s office, for prescriptions, for urgent care center visits, and for emergency department visits — the most common services with a copay.

### Coinsurance

Coinsurance means that the health plan pays a percentage of the allowable costs, which are not subject to a copay, and you pay the remainder.

### Out-of-Pocket Maximum

You have an out-of-pocket maximum that is the limit you could pay annually. When you reach your out-of-pocket maximum, most services are covered at 100 percent.

In all cases, the deductible, copay and coinsurance amounts are your responsibility to pay. To learn more and track your out-of-pocket maximum and your specific deductibles, copays and coinsurance, log in to your MyPHP portal.

## Women’s Health and Cancer Rights Act of 1998 (WHCRA)

As required by WHCRA, your plan provides coverage for:

- » All stages of reconstruction of the breast on which the mastectomy has been performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- » Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedema, in a manner determined in consultation with the attending physician and the patient.

# Your Appeal and Grievance Rights

As a member of a Health Maintenance Organization (HMO), you have the right to appeal adverse decisions of your covered services. PHP must follow State of Michigan and U.S. Department of Labor regulations during our appeal/grievance procedure.

If you have a question or do not agree with a decision concerning your healthcare coverage, contact our Customer Service Department at the telephone number on the back of your PHP ID card. One of our Customer Service Specialists will be happy to help you. If our attempts do not meet your expectations, you have the right to file an appeal/grievance.

You can get help from others, including a physician, to assist you at any point in the appeal/grievance process. Just fill out a Designation of Personal Representative form. This form is available on our website or by calling Customer Service. If you have trouble communicating, we have services available to assist you at no cost. If needed, Customer Service can help you write your request.

## If you would like to file an appeal/grievance, please follow these steps:

### Step 1:

- » You have 180 days from the date of the adverse determination to submit your appeal/grievance in writing. We have an Appeal/Grievance Form you can complete on our website. The form is not necessary but does help us obtain the information needed to review your request. You can also send us a secure email message through our website.
- » We will send you a letter within five days acknowledging we received your appeal/grievance.
- » We will review your request and let you know our decision within 15 days from the date we received your appeal/grievance.

## If you are not happy with our decision in Step 1, you can request an appeal/grievance hearing.

### Step 2:

- » You must let us know in writing that you want a hearing within 60 days from the date on the Step 1 decision letter.
- » You can attend your hearing either in person or through a teleconference.
- » You can explain your issue to the grievance committee and they may ask you questions.
- » The grievance committee will review all your information and will send you their decision in writing.

## External Review

If you are not satisfied with PHP's final decision, you have the right to seek an External Review through the State of Michigan, Department of Insurance and Financial Services (DIFS). You must submit your request to DIFS within 127 days of the date of our Step 2 decision letter. If necessary, we will include a form and information on how to file a request for an External Review through DIFS with our final letter.

You may request an external review prior to completing the PHP internal appeal/grievance process if you have an urgent health situation as defined by law or if PHP does not complete your review within the requirements. If you seek external review prior to completing the PHP process, the PHP process is no longer available.

# Member Rights and Responsibilities

## Your Rights

Enrollment with PHP entitles you to:

1. Receive information about your rights and responsibilities as a member.
2. Have access to language interpretation services.
3. Be treated at all times with respect and recognition of your dignity and right to privacy.
4. Choose and change a Primary Care Physician (PCP) from a list of network physicians or practitioners.
5. Information on all treatment options that you may have in terms you can understand so that you can give informed consent before treatment begins.
6. Participate in decisions involving your healthcare, such as having treatment or not and what may happen.
7. Voice complaints or file appeals without fear of punishment or retaliation and/or without fear of loss of coverage.
8. Be given information about PHP, its services, and the providers in its network, including their qualifications.
9. Make suggestions regarding PHP's Member Rights and Responsibilities policies.

## Your Responsibilities

As a covered person, you are expected to:

1. Select or be assigned a Primary Care Physician from PHP's list of network providers and notify PHP when you have made a change.
2. Be aware that all hospitalizations must be authorized in advance by PHP, except in emergencies or for urgently needed health services.
3. Use emergency department services only for treatment of a serious or life-threatening medical condition.
4. Always carry your PHP ID card to providers each time you receive health services, never let another person use it, report its loss or theft to us, and destroy any old cards.
5. Notify PHP of any changes in address, eligible family members and marital status, or if you acquire other health insurance coverage.
6. Provide complete and accurate information (to the extent possible) that PHP and providers need in order to provide care.
7. Understand your health problems and develop treatment goals you agree on with your PHP provider.
8. Follow the plans and instructions for care that you agree on with your PHP provider.
9. Understand what services have cost shares to you, and pay them directly to the network provider who gives you care.
10. Read your PHP Member materials and become familiar with and follow health plan benefits, policies, and procedures.
11. Report healthcare fraud or wrongdoing to PHP.

*More information on your Member Rights and Responsibilities is available on our website and in your PHP Certificate of Coverage.*



1400 E. Michigan Avenue  
P.O. Box 30377  
Lansing, MI 48909-7877

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## Check Out PHP Online! **PHPMichigan.com**

The PHP website and the MyPHP Member Portal offer a variety of online services and information, including:

- » Find a doctor, no matter where you are.
- » Change your address or update your primary care provider.
- » View your benefits or check on the status of a claim.
- » View or request an Explanation of Benefits (EOB).
- » Order a new ID card or print a temporary card.
- » Find a pharmacy.
- » Find answers to some of the most frequently asked questions.
- » Manage your health using our interactive health & wellness resources.



517.364.8500 [PHPMichigan.com](http://PHPMichigan.com)

