

Midwest Health Plan  
MIChild Member Handbook Index

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## **WELCOME TO MIDWEST HEALTH PLAN MICHILD MEMBER HANDBOOK**

We are happy you chose Midwest Health Plan (MHP) for your MICHild program health care services. Your child will have his/her own doctor, a Primary Care Provider (PCP) who will take care of all of his/her medical care. MHP has doctors serving members in Wayne, Macomb, Livingston, Oakland, and Washtenaw counties.

Use this book as your guide to good health. Please take the time to read it. We hope it will answer all of your questions about MHP. We also have a website with information for members. Our website is: [midwesthealthplan.com](http://midwesthealthplan.com). If you have questions, please call customer service, toll-free, at 888-654-2200. Our office hours are from 7:30 am to 5:30 pm Monday through Friday. We can answer questions by phone 24 hours a day. For faster service, have your child's membership card ready, we will ask for your child's ID number.

The customer service staff can answer your questions about services and benefits. Our customer service staff can answer your questions in English, Arabic, or Spanish. We use an interpreter to speak to you in any other language. The Michigan Relay Center is available for hearing and/or speech impaired members. The Michigan Relay Center phone number is 800-649-3777. If you need customer service assistance or member materials because of special needs, call us at 888-654-2200.

Feel free to call us – we are here to help you!

Please call if you need to:

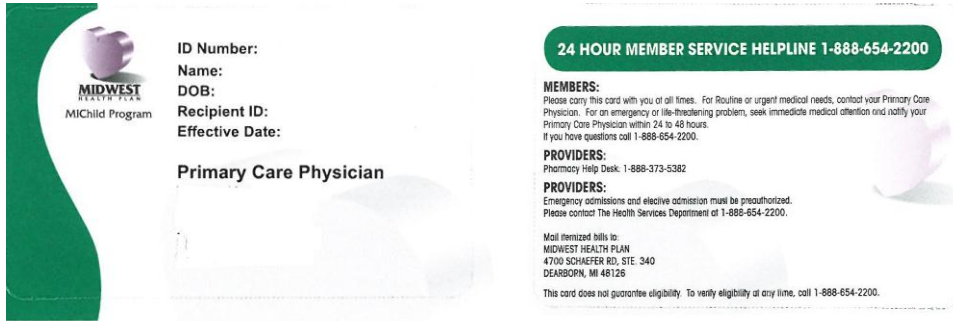
- Find the name and address of your child's PCP
- Choose or change your child's PCP
- Questions about getting a bill
- Let us know about changes in your address, phone number, family size, or health insurance
- Ask questions about your child's PCP or specialty doctor

### **WHAT YOU SHOULD KNOW**

There are some important things you need to know about MHP:

- You must use MHP doctors
- You will choose one doctor who will keep track of your entire child's health care. This will be your child's PCP
- Your PCP will send your child to a specialist, if needed
- You should use the emergency room only for life-threatening emergencies
- The Provider Directory lists:
  - PCP name, address, telephone numbers, and office hours
  - Hospital affiliation, board status, languages spoken
  - If the doctor is taking new members
  - Participating specialists, hospitals, pharmacies, medical suppliers, and vision providers

## HERE IS AN EXAMPLE OF YOUR MICHILD ID CARD



### MHP sends an ID card to every member

#### The Front side of the card includes:

1. Your child's ID number
2. Your child's name
3. Your child's date of birth
4. Your child's PCP name
5. Your child's PCP address
6. Your child's PCP phone number

#### The Back side of the card includes:

1. The Toll-free number for 24 Hour Member Services Helpline
2. How to get Urgent and Emergent Care
3. Where to send the bill for covered services if you receive a bill

## YOUR RIGHTS AND RESPONSIBILITIES

We are committed to giving quality health care to your child. As a member of MHP, you have certain rights and responsibilities regarding your health care. MHP staff and providers will comply with enrollee rights.

### Rights

- Be treated with respect, dignity, and privacy
- Have medical care that meets your health needs
- Get information about doctors and services
- A list of MHP providers
- To work with doctors in decision making about your health care
- Understand how to use health care services
- Choose or change a PCP
- Ask your PCP about your health problems, and what you can do to help
- Discuss all treatment options with your doctor. This means an open and honest talk about the right or medically required treatment options for your illness, regardless of cost or benefit coverage

- Receive medical care through a Federally Qualified Health Center (FQHC), Rural Health Center (RHC), Child and Adolescent Health Center (CAHC), and Tribal Health Center without a referral or prior authorization.
- Give your permission or say no when a doctor wants to give you treatment, unless it is a life-threatening emergency. (A legal guardian must give permission to treat someone who is under 18 years old, unless it is a life-threatening emergency and the guardian is not available.)
- Ask for an opinion from another doctor when you are not sure about the treatment or surgery your doctor suggests
- Read your medical records. All information in your medical record is confidential and is kept private. You must call your doctor to see your records
- Get timely service from the Customer Service Department
- To have and exercise Advance Directives with your PCP
- Voice grievances or appeals about MHP or the care MHP provides
- Call or visit MHP to file an oral or a written grievance
- Appeal a decision MHP has made about your grievance
- Have these rights and responsibilities explained to you if you have any questions
- Receive information about, and suggest changes to rights and responsibilities policy
- Expect MHP, its staff and its affiliated providers to comply with enrollee rights
- Receive a hard copy of information on the website

### **Responsibilities**

- Practice good health habits
- Learn how MHP works
- Follow MHP rules for getting health care services
- Choose a PCP
- Show the MHP card when you need care
- Make sure no one else uses your MHP card...
- Treat other members, MHP staff, and providers with respect
- Tell your PCP about your medical history. This will help him or her give better care to you and your family
- Give correct, honest answers to your health care provider's questions
- Understand your health problems and develop treatment goals with your doctor
- Follow instructions that your health care provider gives you
- Keep scheduled appointments. Arrive on time. If you cannot keep your appointment, call your doctor as soon as possible
- Report any suspected fraud and abuse to MHP
- Know what to do when your PCP's office is closed

### **CHANGES IN ADDRESS OR TELEPHONE NUMBER**

If you move or change your phone number, call MHP customer service at 888-654-2200 and MIChild customer service at 888-988-6300 to give the new address and phone number.

### **CHANGES IN FAMILY SIZE**

If you have a baby, or if your family size changes for any reason call MIChild and let them know. Then call MHP and let us know too.

## **AT YOUR DOCTOR'S OFFICE**

MHP wants to be sure your child receives the best care they can get. We choose quality doctors and make sure their offices are clean and safe. There are some things you can do to be sure your child gets the best care.

- You should be honest with your child's doctor
- Ask questions if you don't understand what your child's doctor says
- Bring a list of questions you have to your office visit
- Follow the doctor's instructions
- Keep a record of all your child's tests and screenings

Before your child takes medication, ask his/her doctor or pharmacist:

- What is the medication?
- What is it for?
- Could it make him/her sleepy or cause other problems?
- When should my child take it?
- How much should my child take and for how many days?

MHP cares about the quality, safety, and care your child receives in the hospital. The Michigan Health and Safety Coalition is an organization dedicated to improving inpatient care. Visit their web site at [www.mihealthandsafety.org/survey.html](http://www.mihealthandsafety.org/survey.html). Here you can see how area hospitals are scored. They look at the number of procedures done, staffing in intensive care and how often doctors use computers to enter patient care orders. If you want a hard copy of this information, call customer service toll-free at 888-654-2200.

## **CHOOSING YOUR PRIMARY CARE PROVIDER (PCP)**

You will need to choose a PCP for your child when you join Midwest. If you do not choose a PCP one will be chosen for you.

Your child's PCP plays an important part their health care. Your child's PCP will get to know their medical history, and health needs. He or she will give your child medical advice and care. Call your child's PCP's office as soon as you can to make an appointment.

Your child's PCP is available 24 hours a day, 7 days a week. Your child's membership card has the phone number to reach the doctor. Call your child's doctor for all health care services. If the problem is life threatening, call 911 or go directly to the emergency room.

## **CHANGING YOUR PRIMARY CARE PROVIDER**

There are many reasons you may want to change your child's PCP.

- You have moved and now the doctor is too far away
- You are unhappy with your child's doctor
- Your child's doctor is no longer part of MHP

To change doctors, call customer service toll-free at 888-654-2200.

## **SPECIALIST AS YOUR PCP**

People with chronic health conditions often need to see a specialist to get needed care. In some cases, it may be better for the specialist to take care of all of your child's health care needs. The specialist must also agree to be your child's PCP. Call the Customer Service Department at 888-654-2200 if you have any questions about this process.

## **OPEN ACCESS FOR OB/GYNS AND PEDIATRICIANS**

Women who want to see an OB/GYN doctor for a well woman check up or for pregnancy can make an appointment with any OB/GYN in MHP's network, without a PCP referral. If you need help finding an OB/GYN, call customer service at 888-654-2200.

Your children under 18 years old may see any pediatrician in MHP's network for well child visits without a PCP referral. If you need help finding a Pediatrician, call Customer Service at 888-654-2200.

## **MAKING AND CANCELING APPOINTMENTS**

Call your child's PCP when he/she needs a routine checkup or physical exam. It is a good idea to schedule it weeks ahead of time. Have your child's membership card handy when you make an appointment.

If your child is sick or hurt, you may need to see his/her doctor the same day. If you can, call your child's doctor early in the morning. This may give you a better chance of fitting into the doctor's office that day. Always show your MHP ID card. It is important to be on time! Please call the PCP when you will be late or if you cannot keep an appointment.

## **PHYSICIAN INCENTIVE PROGRAM**

We want to let you know that your child's good health is our first concern. We do not pay money to doctors, workers, or other providers, to withhold any care or services. We do not use incentives to encourage barriers to care and service. We do not reward anyone for denying services. We do not have incentives for utilization decision makers. Decisions about your health care are based on good, quality medical care and benefit coverage.

## **REFERRALS**

Your child's PCP will manage their health care for you. He/She will decide if your child needs care from a specialist or for medical supplies. If needed, the doctor will refer him/her to a specialist. You must have the referral before you go see the specialist or get medical supplies.

To see any provider out of the MHP network, except an OBGYN or Pediatrician, you will need a prior authorization from MHP.

## **MHP COVERS THE FOLLOWING SERVICES:**

- Acupuncture Therapy visits for certain illnesses (maximum of 20 visits in a calendar year)
- Ambulatory (Outpatient )Surgery
- Artificial limbs
- Referral for blood lead follow-up services
- Breast Cancer screening and treatment
- Case Management Services
- Certified Nurse Midwife Services
- Certified Pediatric and Family Nurse Practitioner Services
- Chelation
- Chemotherapy and Antineoplastic drugs
- Childhood and adult preventative immunizations
- Chiropractic services (maximum 24 visits per calendar year)
- Dermatology

- Emergency ambulance services
- Emergency Care
- EPSDT/ well child care
- ESRD services
- Family planning services
- FQHC, Tribal, IRHC, and Adolescent Health Centers
- Health education and outreach
- Hearing Aids
- Hearing and speech services
- Hemodialysis and peritoneal services
- Home health care services and wound care including medical and surgical supplies (maximum 120 days per calendar year)
- Hospice services (210 days – 2 periods of 90 days each, 1 period of 30 days, during the member's lifetime)
- Inpatient hospital services and consultations
- Intermittent or short-term restorative or rehabilitative skilled nursing care
- Laboratory, x-ray, and other diagnostic services
- Limited oral surgery
- Medical supplies and equipment, wheelchairs, oxygen, laboratory services, and drugs (with referral and prior authorization)
- Abortions to save the life of mother (or in case of rape or incest)
- Outpatient hospital services and consultations
- Parenting and birthing classes
- Pharmacy
- Physical, speech, and occupational therapies based on medical conditions (maximum 60 combined visits per calendar year)
- Physician visits
- Prenatal care and Postpartum care
- Preventative care and screenings
- Prosthetic and orthotic services and appliances
- Prosthetic for mastectomy
- Second surgical opinion
- Services of other doctors when referred by your PCP
- Skilled nursing facility, (maximum 120 days per admission, renewed after a lapse of 90 days from discharge)
- Therapeutic services are covered at home or in an outpatient setting
- Tobacco Cessation Services
- Transplant services
- Vision services
- Weight loss counseling

## **MICHILD COVERS THE FOLLOWING SERVICES**

**The following services are covered by MIChild, not Midwest Health Plan:**

- Dental Services
- Services provided by a school district and billed through the Intermediate School District

- Mental health services including prescriptions written by the Community Mental Health Services Program (CMHSP)
- Substance abuse services including:
  - a) Screening and assessment
  - b) Detoxification
  - c) Intensive outpatient counseling and other outpatient services
  - d) Methadone treatment
  - e) Medications prescribed specifically for the purpose of substance use disorders

### **NON-COVERED SERVICES**

These are some services that are not covered by MHP or MICHild

- Any service that is not medically necessary
- Any service that is not approved by your PCP unless it is an emergency or otherwise stated in this handbook
- Experimental or investigative treatments and procedures
- Non-emergent transportation

### **AMBULANCE SERVICES**

MHP will cover emergency ambulance transportation to the hospital, a skilled nursing facility, or your home. If you have a life threatening emergency, call 911 for immediate emergency transportation. MHP will cover non-emergent hospital billed ambulance transportation with a prior authorization from MHP.

### **WHAT TO DO IN CASE OF AN EMERGENCY**

If your child has a life-threatening emergency go to the nearest hospital or call 911.

Here are some examples of emergencies:

- Danger of losing life or a limb
- Chest pains or problems breathing
- Poisoning or overdose
- Choking
- Severe and uncontrollable bleeding
- Broken bones
- Bleeding heavily from a wound or bad cut
- Dizzy spells that cause you to faint

Follow up care should be done by your child's doctor. Call and make an appointment when he/she is released from the emergency room.

Examples of problems that are not emergencies include:

- Sore throat
- Back pain
- Tension headache

- Flu
- Frequent urination
- Earache
- Cold
- Minor illness
- Minor injury

For non-life threatening problems, you must go to your child's PCP or call your PCP to get advice.

### **WHAT TO DO AFTER AN EMERGENCY ROOM VISIT**

You should see your child's PCP as soon as you can after an emergency room visit. It is important to call him or her for an appointment. This way your child's doctor can make sure he/she is getting the care they need. If you cannot call, a family member or friend may call for you.

### **OUT OF AREA SERVICES**

If you are away from home and have an emergency, go to the closest hospital. The hospital should send the bill to:

Midwest Health Plan, INC  
 MICHild Program  
 Attn: Claims  
 4700 Schaefer Rd. Suite 340  
 Dearborn MI 48126

If you are away from home and your child becomes ill, but not sick enough to go to the hospital, please call your child's PCP. Your child will need a referral for services when he/she is away from home. If your child receives unauthorized care when you are away from home you may have to pay for those services.

### **SPECIAL CARE (EPSDT)**

Your children are important to us at MHP, MICHild Program. There is a special program for children covered by MICHild. It is called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) This program provides regular health check ups for your child. These well child check-ups are important!

EPSDT can help with:

- Finding your child's health problems early. If you think your child has a medical problem, talk with your doctor about EPSDT
- Providing information about all the special health services available for your children
- Keeping your children healthy by giving them the shots they need, when they need them
- Oral health screening and fluoride varnish for enrollees 0-35 months from providers that have received the Oral Health Program certificate from MDCH.

### **Pregnancy Services**

If you are pregnant or think you are, see your PCP right away. Your baby's health and your health depend on it. You need to see your PCP to be sure you get the care you and your baby need and

deserve. You can make an appointment with any OB/GYN in MHP's network. Please make an appointment today.

### **Post-partum Services**

After you have your baby, make a post-partum visit with your doctor 21 to 56 days after the birth. Talk to your doctor about any problems you are having since the birth of your child.

### **Family Planning Services**

Your child's doctor or any family planning agency can help you find the best birth control without a referral. Your child's doctor can also help your child stay healthy by giving yearly exams.

### **Sexually Transmitted Disease (STD) Services**

MHP wants to make sure your child gets the care he/she needs. Your child can get care from his/her PCP without a referral.

## **OTHER SPECIAL SERVICES**

### **Durable Medical Equipment (DME)**

DME are supplies that you need to take care of yourself. These may be dressings, canes, walkers, or ostomy supplies.

Replacement of purchased dme is covered due to the following:

- The loss or irreparable damage of equipment
- A change in patient's condition or size

### **Hearing Services**

Hearing services include (once every 36 months):

- Audiometric exam and evaluation tests
- Tests for air and bone conduction
- Tests for Speech reception and discrimination
- Hearing aids including dispensing fees
- Hearing aid conformity tests
- Hearing aid repairs or replacement of parts (including batteries and earmolds) are not covered.

### **Oral Surgery**

Limited to the following:

- Treatment of jaw fracture, dislocation, or wound
- Treatment of cysts, tumors, or other disease tissues
- Other incision or excision procedures on the gums and tissues
- Alteration of the jaw, jaw points, or bite relationships
- Charges for office visits related to the above procedures

### **Vision Services**

- Annual vision exam
- Annual glaucoma testing
- Eye glasses once every 24 months or once every 12 months with a prescription change
- Contact lenses when medically necessary or therapeutic

Call Heritage Optical at 800-252-2053 for your vision services.

### **Mammography**

MHP does not need a referral from your PCP for screening mammograms that are done at one of our network radiology facilities. Call customer service at 888-654-2200 if you need help finding the closest facility to you.

### **Hospice Services**

There is help available to you should your child become terminally ill. MHP will help you and your family members meet your physical, mental, and social needs during this difficult time. Talk to your child's PCP or call customer service at 888-654-2200.

### **Pharmacy Services**

MHP has over 200 local drug stores, including Kroger, Walmart, CVS, Rite Aid, Walgreen, and K-mart Drug Stores. If you have questions about a local pharmacy call customer service at 888-654-2200, or check the provider directory, or MHP website.

We cover most commonly ordered drugs for heart, diabetes, high blood pressure, asthma, antibiotics for infections, birth control pills, and many others. There are some drugs that must have approval from your child's PCP.

### **Inpatient Services**

If your child needs to go in the hospital for care, your child's PCP will coordinate care at a hospital that he or she is on staff at, or refer you to a specialist who will admit your child to a hospital. MHP has agreements with most of the hospitals in Wayne, Macomb, Livingston, Oakland, and Washtenaw counties. If your child has a life-threatening emergency, call 911 or go to any hospital. MHP will cover and coordinate continuity of care for members whose eligibility ends while inpatient until discharge.

### **Diabetes Patient Education**

Diabetes patient education when ordered by the PCP and provided by diabetes educators in a certified diabetes education program is covered. Only one diabetes patient education training program will be covered in a six month period.

### **Diabetic Supplies and equipment**

- Blood glucose monitors and monitors for the legally blind
- Test strips for glucose monitors, visual reading and using testing strips, lancets, and sprint-powered lancet devices
- Syringes
- Insulin pumps and medical supplies required for the use of an insulin pump
- Diabetes self management training to ensure that persons with diabetes are trained in the proper self management and treatment of their diabetic condition.
- Outpatient hospital services.

### **Transplant Services**

MHP provides transplant surgery and related services to its members when medically necessary. Care includes, but is not limited to, organ procurement, donor searching and typing, harvesting of organs, and related donor medical costs. MHP will cover services for donors if the donor does not have transplant benefits under any other health plan care. MHP will cover patient-specific organ transplants such as:

- heart
- lung
- heart-lung
- kidney
- liver
- pancreas
- pancreas/kidney
- small bowel

## **MENTAL HEALTH**

There may be times when your child feels upset, worried, helpless, and alone. They may be depressed or anxious. As a MIChild member, you can get help. Call your child's PCP, customer service at 888-654-2200, or MIChild at 888-988-6300 for assistance. They can refer you to the Community Mental Health Board or Coordinating Agency.

If your child has been a victim of physical, sexual, or emotional abuse, we want to help. We can refer you to the Community Mental Health Board or Coordinating Agency.

Drinking too much alcohol or taking drugs can become habit forming. It can be a problem for any person at any time. You or someone you know may have a drug or alcohol problem if:

- You feel like you have to have drugs or alcohol to make you feel good.
- Alcohol or drugs cause problems in your daily life.
- You can't remember what happened while you were drinking or on drugs.
- People you live with or work with complain about your drinking or taking drugs.
- You feel sick when you stop drinking or stop taking drugs.
- You feel guilt, anxiety, depression, fear, or violent because of drinking or taking drugs.

## **IF YOU GET A BILL**

**Call the doctor you received the bill from and ask them to send the bill to MHP.**

MIChild members cannot be charged co-payments or deductibles, nor can they be billed for any unpaid balances for covered services provided while enrolled in MHP. If you owe money for services you received before your child was a member of MHP, you can be billed for those services. Doctors cannot seek payment from members for referred and authorized services. However, if a member signs a statement stating that they agree to pay for services that are not authorized by MHP, they can be billed for those services. If you have any questions, call Customer Service toll-free at 888-654-2200.

## **OTHER INSURANCE**

If your child has any other health insurance, you must let MHP and MIChild know. Please call customer service toll-free at 888-654-2200.

## **HOW TO FILE A GRIEVANCE**

## Level 1 Grievance

MHP wants to be sure you are happy with our services. We have a two level grievance process. To file a grievance with MHP, we have a Grievance Coordinator ready to help you. This can be done over the phone, in writing, or in person within 90 days of the event.

- The Grievance Coordinator can help you in writing a grievance.
- Your doctor or an authorized person may file a grievance for you.
- A letter of receipt of acknowledgement will be sent to you within 5 business days of the grievance.
- All grievances are thoroughly investigated.
- You will get a response in writing with our decision 15 calendar days of the date of the grievance.

A grievance is when you are not happy about anything other than a denied, reduced, or terminated service. Examples are:

- Quality of health care services, including safety issues
- Access and availability of care
- Attitude and service of providers, office staff, or MHP staff
- Benefits or claims payment

## Level 2 Grievance

If you are not happy with MHP's decision at level one, you or an authorized person may appeal the grievance in writing, by phone, or in person.

- The Customer Service Supervisor investigates all level two grievances.
- You have a right to appear before the board of directors or designated committee, or the right to a managerial-level conference to present your appeal to the grievance.
- You will receive a decision within 20 calendar days.

To write or appear in person:

Midwest Health Plan  
4700 Schaefer Rd. Ste 340  
Dearborn, MI 48126  
888-654-2200

Level 1 and level 2 grievances will be completed within 35 calendar days.

If you are not happy with MHP's final decision, or MHP does not respond within 35 calendar days, you may request an external review from the Office of Financial and Insurance Regulations (OFIR). You must request the OFIR review within 60 calendar days of our final decision or non response.

Office of Financial and Insurance Regulation  
Health Plans Division  
P.O. Box 30220  
Lansing MI 48909

## **HOW TO FILE AN APPEAL DUE TO AN ADVERSE DETERMINATION**

Appeal Process:

An appeal is when a covered health care service has been denied, suspended, terminated, or reduced.

- You have 90 calendar days from receiving the final decision to file an appeal.
- You have the right to appeal in person, in writing, or by telephone. The Appeal Coordinator can help you write your appeal.
- You have the right to include an authorized representative throughout the appeals process. You can bring any information that you feel will help us make a better decision.
- A decision will be made and mailed to you within 35 calendar days from the day that MHP receives your appeal.
- An additional 10 calendar days are allowed to obtain medical records or other pertinent medical information if MHP can demonstrate that the delay is in the member's interest.
- The member may request that benefits continue during the appeal process. If the denial is upheld, member may be responsible for payment.

If you are not happy with MHP's final decision, or MHP does not respond within 35 calendar days, you may request an external review from the Office of Financial and Insurance Regulations (OFIR). You must request the OFIR review within 60 calendar days of our final decision or non response.

Office of Financial and Insurance Regulation  
Healthcare Appeals Section  
Office of General Counsel  
Health Plans Division  
P.O. Box 30220  
Lansing MI 48909

EXPEDITED APPEAL If a doctor believes that the 35 calendar day decision timeframe will cause harm to your health, or affect your normal body functions, MHP Healthcare will handle your appeal as expedited. Expedited appeals are handled in 72 hours. You may file an expedited appeal with the OFIR within 10 days of the adverse determination and immediately after filing with MHP.

#### EXTERNAL REVIEW BY OFIR

You can ask for an external review if you do not get an answer within 35 calendar days from MHP or if you are not happy with the decision MHP has made. Write to OFIR at:

Office of Financial and Insurance Regulation  
Healthcare Appeals Section  
Office of General Counsel  
Health Plans Division  
P.O. Box 30220  
Lansing, MI 48909

You must appeal in writing to the OFIR within 60 calendar days after you receive the final decision from MHP except for expedited appeals as stated above. You must complete the appeal process within the health plan before requesting a review from the OFIR. The Appeal Coordinator will explain the external review process to you. We can also mail the external review forms to you. The OFIR will send your appeal to an Independent Review Organization (IRO) for consideration, as necessary.

#### **FRAUD, WASTE, AND ABUSE**

Fraud is when:

- Someone is dishonest in order to get services or prescriptions that are not covered.
- A doctor is billing for services that are not medically necessary.
- Loaning your ID card to a friend or family member
- Changing a prescription
- Changing medical records, referral forms, claims forms

Abuse is when:

- Someone does things that are wasteful and cost the health plan program extra money.
- Threatening or inappropriate behavior to MHP staff members or providers

Waste is when:

- Someone is spending more than needed to obtain quality of care

Please help us stop fraud, waste, and abuse. If you suspect any fraud, waste, or abuse, call MHP customer service at 888-654-2200, MHP Fraud, Waste, and Abuse at 866-622-8980, or write a letter to:

Midwest Health Plan INC.  
 MICHild Program  
 4700 Schaefer Rd. Ste 340  
 Dearborn MI 48126

## **KEEPING YOUR INFORMATION PRIVATE**

Your doctor keeps your child's medical records and cannot give out any information about him/her unless you sign a special form. If you want to see your child's record, call their doctor. As a health plan, we look at your child's medical record to be sure the doctor is giving them the care they need. This information is confidential and is used to improve the care they get. We require everyone we contract with to follow our privacy policy. We do not give out any information about your child unless it is required by the law. When you signed up for the MICHild program, you agreed to let us use information about your child. We use this to pay claims for your child's health care services, administer your benefits, and to be sure your child gets the care you need. We follow our Notice of Privacy Practices about your information and changes to your information. If you have any questions or concerns, please call Customer Service toll-free at 888-654-2200.

## **NOTICE OF PRIVACY PRACTICES**

Effective April 14, 2003

**THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Information We Have. We have enrollment information about you which includes your date of birth, sex, identification number and other personal information. We also receive bills, physician reports and other information about your medical care.

Our Privacy Policy We care about your privacy and we guard your information carefully. We are required by law to maintain the privacy of that information and to provide you with this notice of our legal duties and our privacy practices. We will not sell any information about you. Only people who have both the need and the legal right may see your information. Unless you give us a written authorization, we will only disclose your information for purposes of treatment, payment, business operations or when we are required by law to do so.

Treatment We may disclose medical information about you for the purpose of coordinating your healthcare. For example, we may notify your personal doctor about treatment you receive in an emergency room.

Payment We may use and disclose medical information about you so that the medical services you receive can be properly billed and paid for. For example, we may ask a hospital emergency department for details about your treatment before we pay the bill for your care.

Business Operations We may need to use and disclose medical information about you in connection with our business operations. For example, we may use medical information about you to review the quality of services you receive.

As Required by Law. We will release information about you when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

Authorizations If you give us a written authorization to do so, we may use and disclose your personal information. If you give us a written authorization, you have the right to change your mind and revoke that authorization.

Copies of this Notice You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.

Changes to this Notice We reserve the right to revise this Privacy Notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published in our Member Newsletter.

Your Right to Inspect and Copy. You may request, in writing, the right to inspect the information we have about you and to get copies of that information. We can deny your request for certain limited reasons, but we must give you a written reason for our denial. We may charge a fee for copying your records.

Your Right to Amend. If you feel that the information we have about you is incorrect or incomplete, you can make a written request to us to amend that information. We can deny your request for certain limited reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures. Upon written request, you have a right to receive a list of our disclosures of your information, except when you have authorized those disclosures or if the

disclosures are made for treatment, payment or health care operations. We are not required to give you a list of disclosures made before April 14, 2003.

Your Right to Request Restrictions on Our Use or Disclosure of Information. If you do so in writing, you have the right to request restrictions on the information we may use or disclose about you. We are not required to agree to such requests.

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

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. If your request to us must be in writing, we will help you prepare your written request, if you wish.

Complaints to the Federal Government If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to: Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. You will not be penalized for filing a complaint with the federal government.

Complaints and Communications to Us If you want to exercise your rights under this Notice or if you wish to communicate with us about privacy issues or if you wish to file a privacy related complaint, you can write to:

Chief Privacy Officer  
Midwest Health Plan, Inc.  
4700 Schaefer Rd. Ste 340  
Dearborn, MI 48126

You can also call us as at 888-654-2200 to exercise your rights or if you have any questions about this Privacy Notice. You will not be penalized for filing a complaint.

You can view a copy of this notice on our web site at [www.midwesthealthplan.com](http://www.midwesthealthplan.com).

### **QUALITY IMPROVEMENT PROGRAM**

MHP's Quality Program identifies opportunities to improve health care services for you and your family. We have policies and procedures to make sure we provide access and quality of care. We have performance improvement goals, objectives, activities and interventions as required to improve service delivery and health outcomes for our members. We have a written plan that includes:

- Access Standards
- Monitoring Procedures
- Annual Effectiveness Review
- External Quality Review
- Performance Monitoring

For a Quality Improvement Program to be sent to you, call Customer Service at 888-654-2200.

## **WE ARE HERE TO HELP YOU**

We want to know what you think about the care and services your child gets. As a member, your child will get a member newsletter two times a year. This newsletter gives you tips on staying well, what care you should receive, and information about services for your child. You will also be invited to health fairs. At these fairs you will hear about well child care, shots, taking care of yourself, stress and depression, diabetes and preventive care. We have a quality improvement program that tells you what we are doing each year to help make sure your child gets the best care. Our program, plan, and evaluation also tells you our goals and our progress to meeting our goals. This information is on our web site at [www.midwesthealthplan.com](http://www.midwesthealthplan.com). If you would like a hard copy of this information, call Customer Service at 888-654-2200.

Our Health Outreach and Disease Management Programs work with the member and their doctor to improve health and self management skills. These programs also provide doctors and other providers with evidence based guidelines to assist in making sure you get the right care. All these programs are free. Contact the Health Outreach Department at 313-586-6071 for more information on these programs:

- **Smoking Cessation Program:** “I Can Quit” is a free phone-based program to help you quit smoking. If you join, you will work one-on-one with a health coach to develop a quit plan. Your health coach will call you to make sure you’re staying on track. You will also get a free quit kit with tools to help you stop smoking.
- **Rosebud Pregnancy Program:** This program is for pregnant members. You will have one on one telephone calls from a nurse. This nurse will answer all your questions about your pregnancy. She will also do health assessments. You will receive a helpful book called “Baby and Me”. For more information, call 313-586-6071.
- **Reminders for Services:** To keep your child as healthy as possible, we will send you reminders for needed services like, pap smears, mammograms, immunizations, lead testing and well child visits.

Contact our Disease Management Department at 313-586-6071 to sign up or learn more about these programs:

- **Asthma Disease Management Program:** This program is for members who have received care from a doctor for problems with breathing or asthma. We want to help your child learn to control his/her asthma. We will automatically send you information about asthma in the mail. These mailings include information on using inhalers properly, triggers, how to use a peak flow meter, how to store and take your medicines properly, developing an action plan with your child’s doctor, and how to live with asthma. We also send your child’s doctor information about your child’s conditions and medications. We call this a registry and it helps your doctor work with you to control your child’s asthma. If at any time you do not wish to get these mailings, call 313-586-6071 and we will not send you the information.
- **Diabetes Management Program:** If your child has received care from his/her doctor for diabetes or high blood sugar, you can sign up for our FREE education program called Diabetes Control Network (DCN). After you sign up, you will be sent educational materials (what diabetes is, how to control your child’s diabetes, how to lower cholesterol, diet and

exercise tips, etc.) four times a year. We will let your child's doctor know you signed up for this program. We also send your child's doctor information about his/her conditions and medications. If at anytime, after you sign up, you do not wish to get these mailings, call 313-586-6071 and you will be disenrolled from the program.

### **WE WANT TO BE SURE YOU ARE HAPPY WITH MHP**

Your child's care is very important to us. We want to know what you like and don't like about our plan. We want to know what you think about our member materials. We want to know how we can make our services better. Call us at 888-654-2200.

MHP is a for profit health maintenance organization (HMO). We are licensed in the State of Michigan and have received an excellent health plan accreditation from the National Committee on Quality Assurance (NCQA).

If you have questions, please call the Customer Service Department at 888-654-2200.

### **MHP WEBSITE**

You can find the following information at [midwesthealthplan.com](http://midwesthealthplan.com)

- Preventive Health Programs
- Member Handbook
- How to Choose/Change a PCP
- Provider Directory
- Member Newsletters
- Rights and Responsibilities
- Authorization and Referrals
- Pharmacy and Formulary
- How to File a Grievance or Appeal
- Notice of Privacy Practices
- HEDIS and Preventive Care
- Disease Management Programs and Free Health Programs
- Quality Improvement Programs
- Fraud and Abuse
- Advanced Directive Information
- Informational and Support Resources

