

WELCOME TO MIDWEST HEALTH PLAN!

Thank you for choosing Midwest Health Plan (MHP) for your health care. You will have your own doctor, a Primary Care Provider (PCP) who will take care of all of your medical care. We have doctors in Wayne, Oakland, Macomb, St. Clair, Livingston, and Washtenaw counties.

Use this book as your guide to good health. Please take time to read it. We hope it will answer all your questions about MHP. We also have a website for our members. Our website is www.midwesthealthplan.com.

If you have questions, please call Customer Service toll-free at 888-654-2200. Our hours are from 7:30 am to 5:30 pm Monday through Friday. Our staff is friendly, and ready to help you with your health care needs. For members with special needs, call 888-654-2200. We can answer questions by phone, 24 hours a day. For faster service, have your MHP ID card handy. We can answer your questions about services and benefits in English, Spanish, and Arabic. We use an interpreter to speak to you in all other languages. The Michigan Relay Center is available for hearing and/or speech impaired members. The toll-free number to call is 800-649-3777.

CALL IF YOU NEED TO:

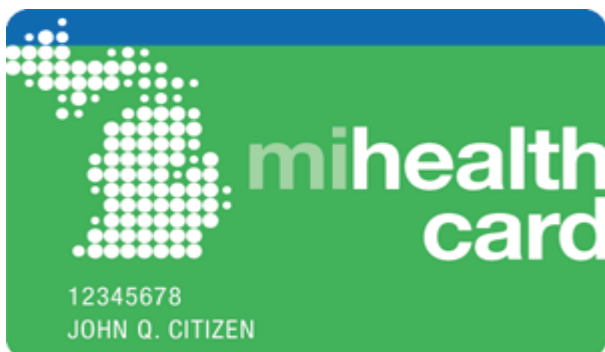
- Ask questions about enrollment for you and your family
- Find the name and address of your PCP
- Choose or change your PCP
- Ask questions about getting a bill
- Request transportation services
- Let us know about changes in your address, phone number, family size, or health insurance
- Let us know about emergency care you received
- Ask questions about your PCP or specialty doctor

WHAT YOU SHOULD KNOW

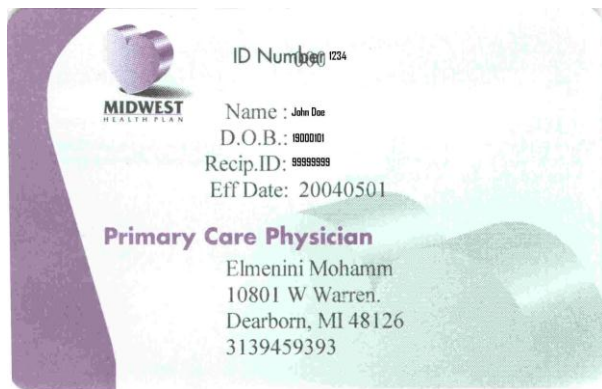
These are things you need to know about MHP:

- You must use MHP doctors
- You will choose one doctor who will keep track of all of your health care. This will be your PCP
- Your PCP will send you to a specialist, if needed

YOUR MIHEALTH ID CARD:



YOUR MHP ID CARD MHP sends an ID card to every member.

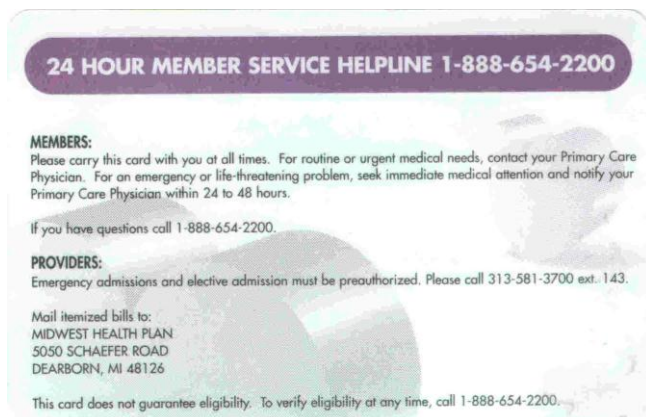


The Front side of the card has:

- Your name
- Your date of birth
- Your Medicaid recipient ID #
- Your effective date with MHP
- Your PCP name
- Your PCP's address
- Your PCP's phone number

The Back side of the card includes:

- 24 hour Customer Service phone number
- How to get Urgent and Emergent care
- Where to send the bill for covered services.



YOUR RIGHTS AND RESPONSIBILITIES

We are committed to giving quality health care to you and your family. You have certain rights and responsibilities regarding your health care. MHP staff and providers will comply with enrollee rights.

You have a right to:

- Be treated with respect and your right to privacy
- Get care that meets your health needs
- Get information about MHP's services and providers, practitioners, and rights and responsibilities
- Work with doctors in decision making about your health care
- Choose or change your PCP
- A candid talk of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- Decide what type of care you would want if critically ill. This is called Advance Directive
- Get medical care through a Federally Qualified Health Center (FQHC)
- Say yes or no when a doctor wants to give you treatment, unless it is life-threatening
- Ask for advice from another doctor when you are not sure about the care your doctor suggests
- Read your medical records. All information in your medical record is confidential and is kept private
- Get timely service from Customer Service
- Voice complaints or appeals about MHP or the care MHP provides
- Call or visit the Customer Service department to file an oral or a written grievance or appeal
- Ask for an administrative fair hearing with the Department of Community Health
- Ask for your grievance to be reviewed by the State Office of Financial and Insurance Regulations if you are unhappy with the decision made by MHP
- To get information about MHP, or make suggestions regarding MHP's services and providers
- Make suggestions about MHP's member rights and responsibilities

You have a responsibility to:

- Keep good health habits
- Learn how MHP works
- Follow MHP's policies for getting health care services
- Choose a PCP
- Show your MHP and MIHEALTH cards when you need care
- Make sure no one else uses your MHP and MIHEALTH cards
- Treat other members, MHP staff, and providers with respect
- Give information (to the extent possible) that MHP and your doctors need in order to give you the care you need
- Understand your health problems and work with your doctor to develop care that you both agree on
- Follow plans and advice for care that you have agreed to with your doctor
- Keep scheduled appointments. Arrive on time. If you cannot keep your appointment, call your doctor as soon as you can
- Report any suspected fraud and abuse
- Know what to do when your PCP's office is closed

- If you move or change your phone number, call us at 888-654-2200 to give us the new address and phone number. You must call your caseworker at your local Department of Human Services (DHS) office.
- If you have a baby, or if your family size changes for any reason, call your DHS worker and let them know about the changes. Call MHP and let us know too.

AT YOUR DOCTOR'S OFFICE

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

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

Before taking your medicines, ask your doctor or pharmacist:

- What is the medication?
- What is it for?
- Could it make me sleepy or cause other problems?
- When should I take it?
- How much should I take and for how many days should I take it?

MHP cares about the quality, safety and care you get in the hospital. The Michigan Health and Safety Coalition is an organization that works to improve inpatient care. Visit their web sites at www.mihealthandsafety.org/survey.html. 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.

CHOOSING YOUR PCP

When you joined MHP, you chose a PCP for yourself and each of your family members. If you did not choose a PCP, MHP chose one for you. Call Customer Service at 888-654-2200 if you would like to change your PCP. Your PCP plays an important part in your health care. Your PCP will get to know you, your medical history, and your health needs. Call your PCP office as soon as you can to make an appointment.

Your PCP is available 24 hours a day, 7 days a week. Your MHP ID card has the phone number for your PCP. Call your doctor for all health care needs. If your problem is life threatening, go directly to the emergency room.

CHANGING YOUR PCP

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

- You have moved and now your doctor is too far away
- You are not happy with your doctor
- Your doctor is not part of MHP

To change doctors, call Customer Service toll-free at 888-654-2200,

SPECIALIST AS YOUR PCP

People with chronic health conditions may need to see a specialist. In some cases, it may be better for the specialist to act as your PCP. They must agree to be your PCP. Call us at 888-654-2200 and we will help you get the care you need.

OPEN ACCESS FOR OB/GYNS AND PEDIATRICIANS

Members 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. No referral is needed from your PCP. If you need help finding an OB/GYN, call us at 888-654-2200.

Members 18 years and younger may see any Pediatrician in MHP's network for well child visits without a PCP referral. If you need help finding a Pediatrician, call us at 888-654-2200.

MAKING AND CANCELING APPOINTMENTS

Call your PCP when you need a checkup or exam. If you are sick or hurt, you may need to see your PCP the same day. If you can, call your PCP early in the morning. This may give you a better chance of getting in early. It is important to be on time! Please call your PCP if you will be late or cannot keep an appointment.

PHYSICIAN INCENTIVE DISCLOSURE

Your 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 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. If you have any questions, call us at 888-654-2200.

Some preventive services are available without a referral from your local health department, Child and Adolescent Health Centers, Planned Parenthood office, School Based/Linked Health Centers (SBLHC) or a Federally Qualified Health Center (FQHC). Refer to the information in this handbook, ask your PCP or call us at 888-654-2200.

IMMUNIZATIONS

MHP will help you keep your child healthy by making sure they get the shots they need, for free! Shots protect them from diseases. Call your PCP to make an appointment for these shots as soon as you can. If you need any help, or have any questions, call Customer Service at 888-654-2200.

SERVICES COVERED BY MHP

MHP covers the following services allowed by the State of Michigan. There are no co-pays for these services:

- Ambulance and other emergency medical transportation
- Case Management Services
- Certified Nurse Midwife Services
- Certified Pediatric and Family Nurse Practitioner Services
- Chiropractic services (under 21 years of age)
- Diagnostic lab, x-ray, and other imaging services
- Early periodic screening, diagnosis and treatment services (EPSDT) – Well Child Care
- Emergency services
- End stage renal disease (ESRD) services

- Family planning services
- Health education and outreach
- Hearing and speech services
- Home health care services and wound care including medical and surgical supplies
- Hospice services
- Inpatient hospital services
- Intermittent, or short-term restorative or rehabilitative nursing care in a nursing facility up to 45 days
- Medical supplies and equipment , wheelchairs, oxygen, laboratory services, and drugs
- Medically necessary weight reduction services
- Mental health services, up to 20 outpatient visits per calander year
- Out-of-State services authorized by MHP
- Outpatient hospital services
- Outreach
- Parenting and birthing classes
- Physical, speech, and other therapies based on medical conditions
- Podiatry services
- Practitioners Services
- Prenatal care
- Pharmacy services
- Prosthetics and orthotics
- Preventive care and screenings
- Restorative or rehabilitave services in a place of service other than a nursing facility
- Services of other doctors when referred by your PCP
- Services provided by local health departments
- Speech, language, physical, and occupational therapy excluding services provided to members with development disabilities which are billed through Community Mental Health Services or Intermediate School Districts
- Transplant services
- Tobacco cessation treatment including prescriptions and support programs
- Treatment for sexual transmitted diseases (STD)
- Transportation for medically necessary covered services
- Vaccines
- Vision services (under 21 years of age)

REFERRALS

Your PCP will manage your health care for you. Your PCP will decide if you need care from a specialist. If needed, your doctor will give you a referral to see a specialist. You must have the referral before you go see the specialist, unless otherwise stated in this handbook.

SERVICES COVERED BY MIHEALTH

Medicaid services are covered and paid for by the State of Michigan. If you need help finding a provider for these services, call us at 888-654-2200.

- Dental
- Services provided by a school district

- Inpatient hospital psychiatric
- Intermittent or short term restorative or rehabilitative services after 45 days (in a nursing facility)
- Outpatient partial hospitalization psychiatric care
- Maternal Infant Health Program (MIHP): Visit www.michigan.gov/mihp for a list of providers or call 313-586-6071 for a referral to the program.
 - Services include:
 - Prenatal teaching
 - Childbirth education classes
 - Nutritional support and education
 - Help with personal problems that may complicate your pregnancy
 - Newborn baby assessments
 - Referrals to community resources and help in finding baby cribs, car seats, clothing, etc
 - Help with transportation to pregnancy related appointments
 - Support to stop smoking
- Mental Health services after 20 visits
- Substance Abuse (Services available at the Community Mental Health Board in your County)
- Personal care or home help services
- Non-emergent transportation for services covered by the State of Michigan.

Behavioral Health Services

To receive mental health services, see your PCP for a referral to a contracted psychiatrist or behavioral health provider. You may self refer to a contracted psychiatrist or behavioral health provider. For emergencies, go the closest hospital that provides psychiatric services.

DENTAL CARE

The State of Michigan's Medicaid program covers dental care for you and your children. The State of Michigan contracts with Delta Dental to provide a network of dentists for children less than 19 years of age in over 60 counties. Call Delta Dental at 800-482-8915 to see if Healthy Kids is in your county and to find a dentist for your child.

Dental care is very important to keep you healthy, make an appointment today. Their first appointment should be at age two.

SERVICES NOT COVERED BY MIHEALTH OR MHP

- Elective abortions and related services
- Experimental or investigational drugs, procedures or equipment
- Elective cosmetic surgery
- Services for treatment of infertility

You may need a service that is not offered by MHP. Call Customer Service at 888-654-2200 for help. They will answer questions you have about covered services.

EMERGENCY CARE

If you have a life-threatening emergency, go to the nearest hospital or call 911. They will call your doctor.

Here are some examples

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

Follow up care should be done by your PCP. Call and make an appointment after you are home from the emergency room.

Examples of problems that are not emergencies:

- Sore throat
- Back pain
- Tension headache
- Flu
- Frequent urination
- Earache
- Cold

For non-life threatening problems, you must contact your PCP and follow their advice.

WHAT TO DO AFTER AN EMERGENCY ROOM VISIT

You should see your PCP as soon as you can after an emergency room visit. Call him or her for an appointment. Your PCP can make sure you are getting the care you need.

OUT OF AREA SERVICES

Emergency Care

If you are away from home and have an emergency, go to the closest hospital. Show your MHP ID card, so the hospital can bill us.

Non-emergent Care

If you are away from home and become ill, but not sick enough to go to the hospital, call your PCP. You will need a referral for non-emergent services when you are away from home. If you do not get a referral, you may have to pay for those services.

HOW TO ACCESS YOUR BENEFITS

EPSDT

Your children are important to us! There is a program for children under age 21, covered by Medicaid. It is called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). It covers regular health check ups for your child. These well child check-ups are important!

If you think your child has a medical problem, talk with your doctor

Women, Infants, and Children (WIC)

Women, Infants, and Children (WIC) is a government nutrition program. WIC will teach you how to eat healthy and help by giving you and your children nutritional food. The WIC program is for pregnant women, women who have just had a baby, women who are breast-feeding babies, infants, and children up to 5 years old. If you would like to know more about WIC, call the Neighborhood Services Organization at 800-262-4784.

Pregnancy Services

If you are pregnant you can see any OBGYN without a referral. Please see your doctor right away. You and your baby's health depend on it. If you need to see an OBGYN for preventative or regular well women visits, you may see any OBGYN in MHP's network without a referral.

Family Planning Services

Your doctor or your local health department can help find the best birth control for you without a referral. Ask your doctor or a local public health provider to help you make your choices. Your doctor can help you stay healthy by giving yearly exams. You and your health are important to MHP. We will make sure your records remain private.

Sexually Transmitted Disease (STD) Services

There are many diseases related to sexual activity. If you think you have a problem, see your doctor. Your doctor can offer you testing, treatment, and counseling. All information about your care will be private. If you think you have HIV, do not wait. HIV can lead to AIDS. Your doctor offers testing and counseling. Early testing can help you stay well. If you have HIV, be sure to talk to your doctor. MHP wants to make sure you get the care you need. You can get care from your PCP or your local health department without a referral.

Vision Services

MHP covers vision services for members under 21 years of age. Eye exams and glasses are covered every other year. You do not need to get a referral from your PCP, but you must go to a MHP vision provider in network. Call Heritage Optical at 800-252-2053 for an appointment.

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

Hospice Services

There is help for you if you become terminally ill. MHP will help you and your family members meet all of your needs. Your doctor will help you get these services, or you can call Customer Service at 888-654-2200.

Non Emergent Transportation Services

MHP will give you a ride to your doctors' office, if you do not have any other way to get to your doctor visits. To get a ride, you need to call us at 888-654-2200 Monday through Friday from 7:30 am to 4:30 pm. Call at least 5 days before your visit so we can mail your bus tickets on time for your doctor visit.

If a bus is not available in your area, we will send a car or van to pick you up. If you are not able to take a bus for medical reasons, ask your doctor to send us a letter with the diagnosis for review.

Here are some things you need to know:

- Let us know if you need a wheelchair or car seat
- Let us know if anyone will be going with you, like a caregiver, or your children
- You will have to have picture ID or your child's MHP ID card with you to show the driver
- You have to be ready 1 hour before your appointment time
- If you need to cancel your appointment you must call MHP customer service at 888-654-2200 at least 1 hour before your pick up time

MHP will review all requests to pay for lodging and meals for approved medical care. Call us at 888-654-2200 and ask to speak with the supervisor.

If you need same day transportation for urgent – non life threatening care, call customer service as soon as possible. Your request will be reviewed by the supervisor.

If you need life threatening emergency transportation, call 911 for an ambulance.

Pharmacy Services

There are no co-pays for prescriptions. MHP follows the Michigan Medicaid Formulary. If you have a question about which drugs are on the Medicaid formulary, call your pharmacist or doctor. There are some drugs that must have approval from your doctor or MHP before you can get them. Talk to the doctor prescribing the medication to be sure it is on MHP's formulary.

The State of Michigan is responsible for certain medications. There may be a \$1.00 to \$3.00 co-pay for Medicaid members age 21 years and older. If you would like a list of those medications that are covered by the State, call CVS Caremark at 888-373-5382.

Bring your MHP and your MIHEALTH Medicaid card to the pharmacy to be sure that your prescriptions are filled.

Inpatient Services

If you need to go in the hospital for care, your PCP will make the arrangements at a hospital that he or she is on staff at, or refer you to a specialist who will admit you to a hospital. For non-emergency problems that need hospitalization, talk to your doctor about treatment. MHP has agreements with most of the hospitals in Wayne, Oakland, Macomb, St. Clair, and Washtenaw counties. If you have a life-threatening emergency, you can go to any hospital.

Services for the Developmentally Disabled

MHP works closely with several Community Mental Health Programs to make sure that members with developmental disabilities are provided with good medical care. If you need help getting services for a developmentally disabled person, please call your PCP or Customer Service at 888-654-2200.

If You Need Help with an Emotional, Alcohol, or Drug Problem

There may be times when you feel upset, worried, depressed, helpless, and alone. As a MHP member, you can get help. Call your PCP or Customer Service at 888-654-2200. They can refer you to a doctor or counselor if needed.

Sometimes children can have these same feelings. There is help for them too. Please call your child's doctor or Customer Service at 888-654-2200. We can help you get care for your children.

If you or someone in your family has been a victim of physical, sexual, or emotional abuse, we want to help. There is no cost to you for these services.

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 or a family member has a problem with alcohol or drugs, call the number below for the county you live in. The Central Diagnostic and Referral Agencies phone numbers are:

Detroit Department of Health

Serving: Persons living in the city of Detroit
313-876-4070

Wayne County Health Division

Serving: Persons living in Wayne County
800-686-6543

Oakland County Health Division, Office of Substance Abuse

Serving: Persons living in Oakland County
248-858-5200

Macomb County Substance Abuse

Serving: Persons living in Macomb County
586-469-5278

Washtenaw-Livingston Substance Abuse Coordinating Agency

Serving: Persons living in Washtenaw and Livingston Counties
800-440-7548

St. Clair

Serving: Persons living in St. Clair County
Thumb Region Substance Abuse Services Coordinating Agency
800-440-7548

MEMBERS FINANCIAL RESPONSIBILITY

As a member of MHP, you cannot be charged co-payments or deductibles, nor can you be billed for any unpaid balances for covered services. If you owe money for services you had before you were a member of MHP, you can be billed for those services. Doctors cannot seek any payment from MHP members for referred and authorized services. However, if you sign a statement stating that you

agree to pay for services that are not authorized by MHP, you may have to pay for those bills. If you have any questions, call us at 888-654-2200.

OTHER INSURANCE

If you have any other health insurance, like Blue Cross, Medicare or Worker's Compensation, you must let us know. Please call Customer Service at 888-654-2200.

NEW TECHNOLOGY

MHP looks at new technology on a regular basis. MHP covers new medical treatments and medicines after we look at information about its safety and effectiveness. The State of Michigan looks at any new procedures and technology and decides if it should be on the list of benefits. We pay for the services and technology that the State of Michigan has approved for Medicaid.

HOW TO FILE A GRIEVANCE/APPEAL

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.

- 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 days of the grievance.
- All grievances are thoroughly investigated.
- You will get a response in writing with our decision 15 days of the date of the grievance.

Before, during, or after you file a grievance with MHP, you can ask for a fair hearing from the State of Michigan within 90 days of the denial or event. Call MHP at 888-654-2200 or the State of Michigan at 800-642-3195 to have a hearing request form (DCH-0092) sent to you. Fill out the hearing request form, and return it to the address listed on the form.

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, you or an authorized person may appeal the grievance in writing, by phone, or in person.

- The Customer Service Supervisor investigates all level 2 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.

To write or appear in person:

Midwest Health Plan
5050 Schaefer
Dearborn, MI 48126
888-654-2200

Before, during, or after you file a grievance with MHP, you may ask for a fair hearing from the State of Michigan. Call MHP at 888-654-2200 or the State of Michigan at 800-642-3195 to have a hearing request form (DCH-0092) sent to you. Fill out the hearing request form, and return it to the address listed on the form.

Level one and two grievance processes will be completed within 35 days.

Appeal Process:

- You can file an appeal if a covered health care service has been denied, suspended, terminated, or reduced.
- You have 90 calendar days from receiving the denial 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 mailed to you in 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 the member requests the extension, or if MHP can demonstrate that the delay is in the member's interest.

If you are not happy with MHP's decision, or MHP does not respond with our decision within 35 days, you may request an external review from the Office of Financial and Insurance Regulations. Your request must be in writing and sent to:

Office of Financial and Insurance Regulation
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 Office of Financial and Insurance Regulation (OFIR) at the same time.

EXTERNAL REVIEW BY OFIR

You can ask for an external review if you do not get an answer within 30 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
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. You must complete the grievance/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. A decision will be mailed to you in 14 calendar days of accepting your appeal.

If you are not happy with MHP's final decision and you want your appeal request to be expedited, you have 10 calendar days to file an appeal to the OFIR.

MICHIGAN NOTICE TO PATIENTS (Required by the Patient Self-Determination Act):

The State of Michigan has authorized the use of Medical Durable Power of Attorney for health care. This lets you choose another person to make decisions about your care, custody, and medical care if you cannot make these decisions yourself. This way, your desire to accept or refuse medical treatment is honored when you cannot make that choice yourself.

ADVANCED DIRECTIVE

You can put your medical wishes in writing. This is called an Advance Directive. It should spell out your wish to accept or refuse medical treatment. It should also state what kind of medical care you want in the future. You should prepare your Advance Directive while you are healthy and able to make your own decisions. Doctors and people who care for you will use your Advance Directive only if you can't speak for yourself.

For more information on Advance Directive talk to your doctor. If you do not want an Advanced Directive, you can talk with your doctor or your family about your medical wishes. Your doctor can write them down in your chart. You may file a complaint with the State about the advance directive not being followed.

If you need to file a complaint about how your provider follows your wishes write or call:

If you have a complaint concerning an Advance Directive, contact

Bureau of Health Professionals
Complaint and Allegation Division
P.O. Box 30670
Lansing, MI 48909-8170
(517)241-2389
bhpinfor@michigan.gov

FRAUD AND ABUSE

Fraud is when someone doesn't tell the truth and then they gain something from it. Fraud is when a person that knows what they are doing could result in some unauthorized benefit to themselves or some other person.

Abuse is when someone does things that are wasteful and cost the health plan or the Medicaid program extra money. Abuse is defined as provider practices that are not consistent with sound business or medical practices, and result in unnecessary costs to the Medicaid program, or getting paid for services that are not medically necessary.

Examples of fraud and abuse are:

- Asking for transportation for a non medical or non covered benefit
- Using an expired ID card
- Loaning your ID card to a friend or family member
- Changing a prescription
- Being dishonest to get medical or pharmacy services
- Going to the emergency room for non-emergency care
- Treating MHP staff, providers and office staff, and transportation companies with abusive language or behavior

Please help us stop fraud and abuse. If you suspect any fraud or abuse by other Medicaid members, MHP staff or MHP doctors, call us at 866-622-8980, or write a letter to:

Midwest Health Plan
Compliance Officer
5050 Schaefer Road
Dearborn, MI 48126

You can also call the Medicaid program directly about any fraud and abuse at. You can write a letter to:

Michigan Department of Community Health
Medicaid Integrity Program
Capitol Commons Center Building
400 S. Pine, 6th Floor
Lansing, MI 48909

Fraud and abuse reporting may be done anonymously. You don't have to give us your name, and we won't tell anyone that you called.

KEEPING YOUR INFORMATION PRIVATE

Your doctor keeps your medical record and cannot give out any information about you unless you sign a special form. If you want to see your record, call your doctor. As a health plan, we look at your medical record to be sure the doctor is giving you the care you need. This information is private and is used to improve the care you get. We make sure any information we have about you is kept private. We make sure everyone we contract with follows our privacy policy. We do not give out any information about you unless we have to by the law. When you signed up for a Medicaid health plan, you agreed to let us use information about you. We use this information to pay claims for your health care services, administer your benefits, and to be sure you get the care you need. We follow our Notice of Privacy Practices about your information and changes to your information.

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU 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.
5050 Schaefer Road
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.

PRIVACY STATEMENT ABOUT OUR WEB SITE

This privacy statement demonstrates MHP's commitment to your right to privacy and explains the privacy policy governing www.midwesthealthplan.com. If our privacy policy changes, we will post the change on the web site.

Information collection, disclosure and use:

When you access the web site, you are not required to register or provide any personal information. As a result, we do not sell, lease, or provide personally identifiable information to third parties because we do not collect that information.

We do collect limited aggregate information relevant to your use of the web site. We may record things such as the number of visitors that use the web site, the server location from which each visitor accesses the web site, and the number of pages each visitor views. This information is not personally identifiable.

Minors: We do not direct any of our content specifically at minors.

Our notice of Privacy Practices is also found under “Privacy Notice”

We have links from our web site to a number of different health care related sites. We provide these links to help you find information. We are not responsible for the performance or content of sites linked from www.midwesthealthplan.com since they are beyond our control. We ask that you read the privacy statements on these sites you visit to understand their privacy practices.

Our web site includes all the information in this handbook, your rights and responsibilities, fraud and abuse information, notice of privacy practices, how to file a complaint and appeal, our Quality Improvement Program, goals and progress on our goals, hospital safety, our directory of providers and how you can search for doctors and hospitals, your benefits, etc. If you want a hard copy of the information on our website, please contact Customer Service at 888-654-2200.

WE ARE HERE TO HELP YOU

We want to know what you think about the care, services and information you get. As a member, you will get a member newsletter three times a year. This newsletter gives you tips on staying well, what care you should get, and information about our services. You will also be invited to health fairs. At these fairs you will hear about well child care, shots, taking care of yourself, topics like stress and depression, diabetes and preventive care. We have a quality improvement program that tells you what MHP is doing each year to help make sure you get the best care. Our program, plan, and evaluation will tell you our goals and how we meet our goals. This is on our web site at www.midwesthealthplan.com. If you would like a hard copy, or if you have any questions, please call us at 888-654-2200.

FREE HEALTH OUTREACH AND DISEASE MANAGEMENT PROGRAMS

The Health Outreach and Disease Management Programs work with the member and their doctor to improve health and self management skills. These programs give doctors and other providers evidence based guidelines to make sure you get the right care. All of these programs are free. Contact the Health Management 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 is a free program for all members who are pregnant. The ROSEBUD® program is to help you have a healthy pregnancy. A nurse that focuses in high-risk pregnancy care will contact you to discuss your pregnancy and general health. The nurse will help determine if there are any risks for early delivery or other pregnancy risks, and provide education and support. The nurse is available to answer any questions you may have.
- Preventive Health Reminders: We may send you reminders for services throughout the year including: Child Vaccines, Adolescent Vaccines, Lead Testing, Well Child Visits/Well Adolescent Visits, Diabetes Care, Mammogram, Cervical Cancer Screening, Colorectal Cancer Screening, and Physicals

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

- **Diabetes Control Network:** If you have Diabetes (high blood sugar), this program is for you! This program will send you materials in the mail to help you learn about diabetes. After joining, you will be sent information on what diabetes is, how to control your blood sugar, taking medications the right way, exercising, eating right, eye and foot care. A letter about the program is also sent to your doctor so he or she knows about your progress. If at any time you wish to stop getting the information, just call MHP.
- **Asthma Focus:** If you have asthma we can send you materials that can help you learn to control your asthma. These mailings will include information on: triggers and symptoms, using medicine and inhalers, and what an Asthma Action Plan is and how to use it. A letter about the program is also sent to your doctor so he or she knows about your progress. If at any time you wish to stop getting the information, just call Midwest Health Plan.

Health Education Materials You Can Get:

- Asthma Diabetes High Cholesterol High Blood Pressure Depression Pregnancy Well Woman Care Colorectal Cancer Controlling Weight Domestic Violence Healthy eating Vaccines Well Child Care Lead Poisoning Sexually Transmitted Diseases Stroke

WE WANT TO BE SURE YOU ARE HAPPY WITH MHP

We care about you. You are 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 the information we send you. We want to know how we can make our services better. Please let us know how we can make the care and services you get better by calling us at 888-654-2200.

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

All information in this can be found on our website or we can mail you a hard copy.

MHP WEBSITE

You can find the following information at midwesthealthplan.com

- 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