



Welcome!

Thank you for choosing Health Plan of Michigan! HPM is committed to providing you and your family quality health care. The team here at HPM has over 10 years of experience delivering health care to families in the Medicaid Program. We cover a wide range of medical services free of charge to you and your family!

This handbook has important information on how you can receive medical services as well as additional programs provided by HPM. If you have any questions about anything in your handbook, please call Member Services at 1-888-437-0606.

Our friendly representatives will be happy to help you!

Table of Contents

Important Phone Numbers.....	2
Commonly Asked Questions.....	3
Your Health Care Benefits.....	4
Your Member ID Card.....	8
Your Primary Care Physician.....	9
How to Access Medical Care.....	10
Important Preventive Health Services.....	12
Emergency and Urgent Care.....	16
Additional Programs from Health Plan of Michigan.....	18
Your Rights and Responsibilities.....	20
How to File a Complaint.....	23
About Your Privacy.....	26
Informational and Support Resources.....	28

Please share this information with everyone in your household that is enrolled with HPM. If you want an additional copy of this handbook or the Certificate of Coverage, you can call Member Services at 1-888-437-0606 and we will send you one.

Important Phone Numbers

The following are some important phone numbers for members of Health Plan of Michigan:

Health Plan of Michigan Member Services	1-888-437-0606
TTY for the Hearing Impaired	1-800-649-3777
Transportation (Access2Care)	1-800-821-9369
Pharmacy (RxAmerica)	1-888-883-0698
Mental Health Services (CompCare)	1-888-222-8041
Michigan Medicaid Helpline	1-800-642-3195

Interpreter Services

Health Plan of Michigan can arrange for an interpreter to speak to you in any language. Call Member Services at 1-888-437-0606 and we can help. If you are hearing impaired, you may call 1-800-649-3777. The Michigan Relay Center makes it possible for hearing-impaired and/or speech-impaired persons to call Health Plan of Michigan. They can be reached 24 hours a day, 7 days a week.

Enrollee Services

Call HPM Member Services at 1-888-437-0606 any time you have a question about your health care. Our Member Services Specialists are courteous and patient. You can reach us during normal business hours Monday through Friday from 8:00 AM to 5:00 PM. If you have an emergency after hours, you can reach HPM 24 hours a day, 7 days a week. There is a doctor on call to answer your emergency questions.

Member Services can help:

- If you need a new ID Card
- If you want to change your Primary Care Physician
- If you change your Address or Phone Number
- If you find out that you are Pregnant
- If you have questions about your Benefits
- If you need help finding a Provider
- If you have a question about how Health Plan of Michigan works
- If you can't reach your Primary Care Physician in an Emergency
- Any time you have a Question

When you call, be sure to have your HPM ID card handy. You will be asked to give your member information and your Medicaid ID number. When we answer the phone we'll greet you by telling you our name, title and company. At Health Plan of Michigan, we want you to call whenever you have a question about your benefits, doctors, or any service you are requesting or have received.

You can also reach us on our "On Line" Support Program by going to our website at www.hpmich.com.

Commonly Asked Questions

Here are some answers to the most commonly asked questions from our members.

How do I find a Primary Care Provider (PCP) in my area?

You can go to our website at www.hpmich.com, to search for providers, or you can call Member Services at 1-888-437-0606. When using the website, click on **Members** and then select **Provider Directory** from the menu on the left side of the webpage.

What is the address and phone number of my current PCP?

You can go online at www.hpmich.com or call Member Services at 1-888-437-0606.

How can I get a new ID card?

Call Member Services at 1-888-437-0606.

How do I get transportation to my doctor appointments?

Call the transportation vendor at 1-800-821-9369 at least 5 days before your doctor's appointment and they will transport you to and from your doctor's appointment. There is no charge for this service.

What if I receive a bill from my Doctor?

Call your doctor and ask them to send the bill to:

Health Plan of Michigan
Attention: Claims Department
777 Woodward Avenue, Suite 600
Detroit, MI 48226

How do I get a referral to see my specialist?

Your PCP will coordinate all of your specialist appointments.

I don't speak English, what do I do?

Call Member Services at 1-888-437-0606, we will get an interpreter who can speak to you in any language.

What should I do if I have a pharmacy problem?

Call Rx America at 1-888-883-0698. They are HPM's pharmacy benefit manager. If you need additional assistance, call Member Services at 1-888-437-0606.

Your Healthcare Benefits

The following is a list of medical services covered by Health Plan of Michigan. For a complete list of services, look in your Certificate of Coverage. If you have any questions, contact Member Services at 1-888-437-0606.

Services Covered by Health Plan of Michigan

- Ambulance and other emergency medical transportation
- Blood lead testing in accordance with Medicaid EPSDT policy
- Certified nurse midwife services
- Certified pediatric and family nurse practitioner services
- Chiropractic services (benefit limit of 18 visits per calendar year; additional visits require prior authorization)
- Diagnostic lab, x-ray and other imaging services
- Durable medical equipment and supplies
- Emergency services
- End Stage Renal Disease services
- Family planning services
- Health education
- Hearing & speech services
- Hearing aids
- Home Health services
- Hospice services
- Immunizations
- Inpatient and outpatient hospital services
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility) up to 45 days
- Restorative or rehabilitative services (in a place other than a nursing facility)
- Medically necessary weight reduction services
- Mental health care (20 outpatient visits per calendar year)
- Out-of-state services authorized by HPM
- Outreach for included services, especially pregnancy related and well-child care
- Parenting and birthing classes
- Pharmacy services
- Podiatry services
- Practitioners services
- Prosthetics and orthotics
- School and Sports Physicals
- Therapies, such as speech/language, physical or occupational therapy
- Tobacco Cessation Treatment
- Transplant services
- Transportation
- Treatment for sexually transmitted diseases (STDs)
- Vision services
- Well child/EPSDT for persons up to the age of 21 years

Services Not Covered Under Health Plan of Michigan

The following are some services that are not covered under the plan:

- Dental services
- Services provided by a school district and billed through the Intermediate School District
- Intermittent or short-term restorative or rehabilitative services in a nursing facility after 45 days
- Inpatient hospital psychiatric services
- Outpatient partial hospitalization psychiatric care
- Mental health services in excess of 20 outpatient visits each calendar year
- Mental Health Services for severe and persistent mental illness or severe emotional disturbances
- Substance abuse services covered by Community Mental Health Services Program (CMHSP) through accredited providers including:
 - Screening and assessment
 - Detoxification
 - Intensive outpatient counseling and other outpatient services

- Methadone treatment
- Services provided to persons with developmental disabilities
- Services for treatment of infertility or erectile dysfunction
- Custodial care in a nursing facility
- Home and Community based waiver program services
- Personal care or home help services
- Transportation for services not covered in the Comprehensive Health Care Program (CHCP)
- Traumatic brain injury program services
- Any service that is not medically necessary
- Any service that is not approved by your PCP, excluding emergency services, well-woman care, maternity care, mental health treatment, services at local health departments, immunizations, family planning, FQHC visits, pediatrician visits and vision services or as otherwise stated in this handbook.

How to Obtain Medicaid Services Not Offered By HPM

Medicaid Fee for Service covers these services. They are paid for by the State of Michigan. If you need help finding a provider for these services, call Member Services at 1-888-437-0606.

- Dental
- Behavioral Health (Over 20 visits per calendar year)
- Developmental Disability services covered by CMHSP
- Substance Abuse
- Maternal and Infant Health Program

Dental Services

Regular dental care is good for your health. The State of Michigan's Medicaid program covers dental care for you and your children as long as you are eligible for Medicaid. Your children should start seeing a dentist at age two (2). The dentist checks the development of the teeth and gives instructions for good health care. If you already have a dentist, keep your appointments. You do not need an authorization from your PCP to see your Dentist. 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. Contact Delta Dental at **1-800-482-8915** to see if Healthy Kids is in your county and to find a dentist for your child.

Developmental Disability

You or a family member may have a developmental disability. This may happen when you suffer from one of the following conditions:

- Cerebral palsy
- Mental retardation
- Physical disability
- Hearing or vision problems
- Challenging or troubling behaviors
- An IQ of 70 or below

Services to treat and manage developmental disabilities are available. Your local Community Mental Health Services Program (CMHSP) will help you. They are listed in the Provider Directory. You do not need a referral from your PCP to receive service at your local CMHSP. If your PCP does refer you, follow-up by making and keeping the appointment. If you need help, call Health Plan of Michigan at 1-888-437-0606.

Substance Abuse Services

Did you know?

- Almost 150,000 Michigan children ages 12-17 need substance abuse treatment every year.
- Almost 37% of adults age 55 and over in the U.S. have an alcohol or drug abuse problem.

Substance abuse services include:

- Screening and assessment

- Detoxification
- Counseling and other outpatient services
- Methadone treatment

If you or a member of your family:

- Drink too much
- Use illegal drugs
- Have been in jail for either too much drinking or use of drugs
- Show unusual behaviors like sweats, trembling, staggering
- Use money for drugs or alcohol instead of food or other essentials
- Don't have the same friends as before
- Can't remember what happened after drinking or using drugs

Substance Abuse Treatment may be necessary. Health Plan of Michigan enrollees can receive treatment for substance abuse through their local Community Mental Health Services Program at no cost. We will help you find a provider. Call Member Services at 1-888-437-0606.

Services Not Covered by Medicaid

The following services are excluded from the Medicaid program:

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

Other Benefits Provided by Health Plan of Michigan

HPM wants to be sure you get the best medical care possible. Here are some of the benefits HPM offers its members. If you would like more information on your benefits call Member Services at 1-888-437-0606.

Preventive Health Care and Screenings

HPM covers an annual physical exam each year for adults and children. We also cover preventive health screenings such as Mammograms and Pap Tests to detect cancer. Please review the section on Preventive Health Services in this handbook for more details.

Vision Services

You are covered for routine eye examination, lenses and frames. HPM covers one eye exam and one pair of glasses every year. Contact lenses are covered only if your doctor submits a prior authorization stating they are medically necessary. If you are a Diabetic, it is important for you to have your eyes examined every year. If you need an eye exam, please choose an eye doctor from the Provider Directory. If you need help finding where to go, call Member Services at 1-888-437-0606. You may see an in-network Optometrist without a referral from your PCP. If you need to see an eye specialist, you need to get a referral from your PCP. If you injure an eye or are having other eye problems, call your PCP right away.

Transportation

For emergency transportation, call 9-1-1 for an ambulance. As a member of HPM, you have a non-emergency transportation benefit available to you when needing to access a health care provider for scheduled medical appointments. To schedule transportation, call Access2Care toll-free at 1-800-821-9369. Normal business hours to schedule transportation are Monday through Saturday from 8:00 AM to 5:00 PM. The call center is available 24 hours a day, 7 days a week. Please schedule your transportation at least five days in advance whenever possible.

Please have the following information available when scheduling transportation:

- Your name, Medicaid ID number, and date of birth
- The address and zip code of the location you need to be picked up from

- The name, address and phone number of your destination
- Appointment date and time

If you need to cancel your transportation, please let them know as soon as possible by calling 1-800-821-9369.

Pharmacy Benefits

HPM has a drug formulary. This is a list of generic and brand name drugs that produce the best results at the best value. Pharmacies and providers use these drugs because they are effective. All HPM doctors have a formulary that they use to prescribe your drugs for you. When you get a prescription from your doctor, ask if it is a formulary drug. If it is not, ask your doctor to fill out a prior authorization form before you go to the pharmacy. This way you will not have to wait to get your prescription filled.

If you want a copy of our formulary, call Member Services and we will send one to you. There is no charge for the formulary. The formulary does change during the year, so call 1-888-883-0698 if you have any questions.

If you have other insurance and need help with co-pays for prescriptions, call HPM Member Services at 1-888-437-0606. **All medications covered by HPM do not require a co-pay.**

The State of Michigan is responsible for certain medications and not Health Plan of Michigan. For those medications, the State is requiring \$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 Member Services at 1-888-437-0606.

HPM recommends that you take both your HPM member ID card and your State of Michigan MiHealth Medicaid card to the pharmacy to be sure that your prescriptions are filled.

Appeals related to formulary denials are handled the same as all other Grievances and Appeals. See the Grievances and Appeals Section of this handbook.

Durable Medical Equipment (DME)

HPM covers all medical supplies and equipment, such as crutches, wheelchairs, etc. You will need a referral from your PCP and an authorization from the health plan.

Hospice Care

Hospice provides care for people who have a terminal illness. Hospice care is usually provided in the patient's home. If you feel you need hospice care, talk to your Primary Care Doctor. He or she will be able to help you receive the care you need and give you a referral.

New Technology

HPM wants to make sure our members have quality access to new technologies and procedures. We do research on new technology before approving them for our members. Information of new technology/procedures is received from medical information, professional groups, Medicare and other sources of governmental and scientific groups. This information goes to an HPM group made up of Doctors and HPM staff. HPM may also use specialists to review the information. The decision to approve or not approve a new technology or procedure is then made.

Your Member ID Card

Upon enrollment with Health Plan of Michigan, you will receive an HPM recipient ID card sent first class mail within five days. Included with your ID card will be your member handbook. Please review all materials carefully. If you have any questions please call Member Services at 1-888-437-0606.

The State of Michigan will send you a plastic MiHealth card upon enrollment in the Medicaid Program. This is the only card you will receive from them. ***Bring both your HPM and mihealth recipient ID card with you for medical appointments and to have prescriptions filled at the pharmacy.***

If You Lose Your ID Card

If you lose your HPM ID card, call 1-888-437-0606 and we will send you a new one. If you lose your mihealth card, call the State of Michigan at 1-800-642-3195 for a new one to be sent to you.

If You Have a Baby

When you have a baby, the baby is covered by the mother's health plan at the time of delivery. You need to call Member Services at 1-888-437-0606 and tell them of your baby's birth. It is also helpful if you have your baby's Medicaid ID number available. You can obtain this from the hospital or your DHS worker. You also need to call HPM with the name of your baby's PCP. If you need help choosing a PCP/Pediatrician, call Member Services at 1-888-437-0606 and we will help you.

If You Move or Your Phone Number Changes

It is very important to let HPM know of any changes in your address or phone number so we can reach you.

- Call Member Services at 1-888-437-0606 if you are moving or if your phone number changes.
- Call Member Services with your e-mail address so you can get information on changes in your health plan.

Your Primary Care Physician

Your Primary Care Physician (PCP) will be your personal doctor. He or she will be responsible for providing and arranging all of your health care needs.

How Do I Choose A PCP?

Each member of your family will choose his or her own Primary Care Provider (PCP) from the Health Plan of Michigan Provider Directory. The PCP you choose will coordinate all of your medical care and, when medically necessary, provide you with a written referral for specialty and hospital care. The following table will show you the types of PCPs available:

If the Member is:	Then you can select the following type of PCP:
An Adult (Over Age 18)	Family Practice, Internal Medicine, General Practice, Nurse Practitioner or Physician Assistant
A Child (Age 18 and Younger)	Pediatrician, Family Practice or General Practice

Women may also select an OB/GYN within the HPM network to see without a referral for a routine office visit. You may receive an annual exam from either your OB/GYN or your PCP. All Members 18 years and younger may select a Pediatrician within the HPM network to see without a referral for routine office visits if they are not assigned to a Pediatrician as their PCP.

Call Member Services at 1-888-437-0606 to choose your PCP. We can help you find the PCP and location that meets your personal needs. You may also check out our website for a complete listing of PCP's and Specialists in your area, at www.hpmich.com.

If you have not chosen a PCP, and you do not call us within the first 30 days of your enrollment, Health Plan of Michigan will choose a PCP for you and let you know who that PCP is. In some cases, a specialist may take over as your PCP. Call our Member Services Department at 1-888-437-0606 for details.

How Can I Change My PCP?

Health Plan of Michigan wants you to be happy with your PCP. If you want to change your PCP for any reason, call Member Services at 1-888-437-0606.

- PCP changes requested **before the 15th of each month** will be effective the first day of the same month.
- PCP changes requested **after the 15th of each month** will be effective the first day of the following month.

If your health and/or safety are in jeopardy, the PCP reassignment would be made effective immediately. Ask to speak to the Director of Member Services for the change to be made. You also may speak with the Director of Quality Improvement to be sure we do everything possible to help you.

Health Plan of Michigan keeps track of how many times a PCP is changed at the request of the member. It is very important that your PCP monitors your health care and the more he/she knows about your medical history, the more he or she can make the best treatment plan for you. HPM has the right to ask you to stay with your PCP if we see that you have changed doctors too many times.

What If I Want To Know More About the PCPs in the Plan?

You may request a Provider Directory from Member Services at 1-888-437-0606. It will list our PCPs, their office hours, specialty certifications and the languages that they speak. It will also list all Specialty Providers, Hospitals, Pharmacies, and Ancillary providers. A Provider Directory is also available on our website at www.hpmich.com.

Enrollees can also call the Michigan Department of Community Health (MDCH) for information. The number for questions about a PCP's license is (517) 335-0918 or they can be found online at www.michigan.gov/healthlicense. They can also tell you about complaints or actions against PCPs.

How to Access Medical Care

Whenever you need medical care (except in an emergency) call your PCP first. They will tell you where to go for medical care. Sometimes they can help solve your problem over the phone so you don't have to go in to the office. To reach your PCP, call their office phone number during regular business hours. If the office is closed, they will provide you with instructions on how to reach your PCP after hours.

If you cannot reach your PCP after hours, you can also call HPM Member Services at 1-888-437-0606. We have a physician on-call 24 hours per day, 7 days per week to assist you.

Making and Canceling Appointments

Call your PCP when you need a routine checkup or exam. It is a good idea to schedule it many weeks ahead of time. Have your HPM membership card handy when you make an appointment.

If you are sick or hurt, you may need to see your doctor the same day. If you can, call early in the morning. This may give you a better chance of fitting into the doctor's schedule. If your PCP cannot see you, another doctor in the office may be able to. Ask if another doctor in the office can see you.

When visiting your doctor, always show your HPM membership card and Medicaid mihealth card. It is important to be on time! If you will be late, or if you have to cancel an appointment, please call the doctor as soon as you can. When you call and cancel or change your appointment, you make it possible for the doctor to see someone who may need immediate care.

Specialty Care

Make an appointment with your PCP. Your PCP will refer you to any Specialists you need to see. If you do not get a referral from your PCP for Specialist treatment, you may be responsible for the bill. If you would like a list of the specialists in your area, call Member Services, or look on our website at www.hpmich.com.

Hospital Care

Your PCP will make arrangements for you to be admitted to the hospital when necessary. In an emergency situation, another provider at the hospital may fill in for your PCP. They will help make sure you get the care you need.

Federally Qualified Health Centers (FQHC)

You may go to any FQHC in any County without a referral from your PCP. For more information, call Member Services at 1-888-437-0606.

Behavioral Health Care

You may have up to 20 visits per calendar year for outpatient evaluation, crisis intervention and short-term mental health therapy. For confidentiality purposes, you do not need to receive a referral from your PCP for in-network mental health treatment. To access mental health services, you must call **CompCare at 1-888-222-8041** for authorization.

They can help you with:

- Crisis Intervention
- Finding a mental health provider
- Scheduling mental health appointments
- Locating community groups and self-help groups

You do not need to contact your PCP to get a referral for mental health treatment. CompCare will work closely with your PCP to ensure you get the care you need. ***Prior authorization from CompCare is required for outpatient mental health services.***

What Area Does HPM Cover?

The Health Plan of Michigan business office is located in Detroit, Michigan. We have PCPs and health care providers throughout the state of Michigan and along the Ohio and Indiana borders. HPM is approved to serve the following counties:

Health Plan of Michigan Service Area		
Allegan	Kent	Ogemaw
Barry	Lake	Osceola
Berrien	Lenawee	Oscoda
Branch	Livingston	Otsego
Calhoun	Macomb	Ottawa
Cass	Manistee	Roscommon
Clinton	Mason	Saginaw
Crawford	Mecosta	Sanilac
Eaton	Monroe	Shiawassee
Genesee	Montcalm	St. Clair
Hillsdale	Muskegon	St. Joseph
Huron	Newaygo	Tuscola
Jackson	Oakland	Van Buren
Kalamazoo	Oceana	Wayne

What if I am outside of the HPM service area and need to see a Doctor?

HPM can arrange for services outside of our service area when necessary. You should do the following:

- Call your PCP for a referral to the doctor you need to see. If your PCP is not available, call Member Services at 1-888-437-0606.
- If it is an emergency, go to the nearest emergency room or urgent care center.
- If you need to see a doctor or get a prescription filled, call HPM Member Services at 1-888-437-0606.
- If you move out of the HPM service area, call your DHS Caseworker to change your address. HPM will continue to care for you until the new health plan begins.

All services/benefits received out of the HPM network or service area will need HPM authorization prior to the appointment, except for emergencies, urgent care visits, or as otherwise noted in this handbook.

Important Preventive Health Services

Health Plan of Michigan wants to be sure you and your family get all of the preventive care you need. We will be calling you during the year with healthy reminders about appointments that need to be made for you and your family to stay healthy.

Call your PCP to arrange any necessary preventive care services. If you need help making an appointment call Member Services at 1-888-437-0606 and we will be happy to help you.

Immunizations

Immunizations are very important. These shots can keep your child from getting diseases that can make them very sick. Please make sure that your child receives each shot when it is needed. The following table shows all of the required immunizations:

Immunization*	When it is Needed	Why Your Child Needs this Shot
DtaP	Total of 4 shots before age 2. One more between 4-6 years.	This shot protects your child from Diphtheria, Tetanus, and Pertussis.
MMR	Total of 1 shot before age 2. One more is needed before going to school.	This shot protects your child from Measles, Mumps, and Rubella.
Polio	Total of 3 before age 2. One more is needed before going to school.	This shot (IPV) protects your child from the Poliovirus.
HiB	Total of 4 before age 2.	This shot protects your child from a serious flu.
Hep B	Total of 3 before age 2.	This shot protects your child from a type of hepatitis.
VZV	Total of 1 between the child's first and second birthday. 2 nd dose between 4-6 years.	This shot protects your child from the Varicella virus (Chicken Pox).
Pneumococcal	Total of 4 before age 2.	This shot protects your child from pneumonia.
Tdap	1 between 11-12 years. If missed, then 1 between 13-18 years.	Adolescent tetanus, diphtheria and pertussis

**Always check with your doctor for any changes recommended for immunizations.*

If you have any questions about immunizations for your child, you should call your PCP or call HPM Member Services at 1-888-437-0606.

Well Child Visits

Well child visits are very important. Babies need to be seen at least six times before they are 15 months old. This does not include visits when they are sick. All children age two and older should see their PCP at least once a year for a well child visit, not just when they are sick.

Infants (Age 0-15 Months)	Children Age 2-12 Years
<ul style="list-style-type: none"> • 1 Month • 2 Months • 4 Months • 6 Months • 12 Months • 15 Months 	Children ages 2 through 12 should be seen for a well child exam <u>every year</u> . Not just when they are sick.

A Well Child Exam includes the following: History, Physical Exam, Immunizations, Education, Sensory Screening and Developmental Assessment.

It is very important to make and keep your appointments for well child visits. Your PCP will also provide the necessary shots during these visits.

Adolescent Well Care Visits

Immunizations help to protect children of all ages from diseases, but your teenager needs more from your doctor than just shots. It is important to have your teenager checked by a doctor every year. These check ups are called Adolescent Well Care Visits.

Remember, just because your teenager is not sick does not mean that he or she does not need to visit the doctor! Doctors can find and treat medical problems early to avoid a more serious problem. The chart below explains what your teenager should have each year.

Physical Exam	Immunizations	History & Counseling
<ul style="list-style-type: none"> • Height • Weight • Blood Pressure 	<ul style="list-style-type: none"> • Tdap (Age 11-12) • MMR (If second dose was missed, given at age 12) • Varicella (If missed and no history of chickenpox - given at any age over 1 year) • HepB (If childhood series was missed, 3 doses as recommended) • HPV (3 doses, Age 11-12) <i>Females only</i> 	<ul style="list-style-type: none"> • Nutrition • Exercise • Injury Prevention - Use of seatbelts & proper sporting equipment • Dental Health • Tobacco, Alcohol, Drug Use • Safe Sexual Practices - Including abstinence and birth control methods • Sun exposure, skin lesions, use of sun block to prevent skin cancer

Young women ages 16 to 24 years also need a Chlamydia screening yearly, if they are sexually active.

Pregnancy and Prenatal Care

If you think you might be pregnant, go to your PCP for a pregnancy test. If you are going to have a baby, your PCP can help you choose a maternity provider, or you can call Member Services at 1-888-437-0606. Your maternity provider will take care of you during your pregnancy. You will also learn good food habits, how to exercise and how to live healthy during and after your pregnancy.

Early and regular check-ups will help you have a good pregnancy and a healthy baby. Here is the schedule for check ups during and after your pregnancy:

Stage of Your Pregnancy	How Often to See Your Doctor
Before 14 Weeks (Or as soon as you think you may be pregnant.)	See your doctor for your first Prenatal Visit as soon as possible
Between 14 and 28 Weeks Pregnant	See your doctor every 4 weeks
Between 29 and 36 Weeks Pregnant	See your doctor every 2 weeks
Between 37 and 40 Weeks Pregnant	See your doctor every week
After you have delivered your Baby	Get a postpartum check up between 21 days and 56 days after delivery*

* It is very important to have your postpartum check up within 21-56 days after delivery.

If you think you may be pregnant, please call Member Services at 1-888-437-0606 as soon as possible! We can assist you in making your doctor's appointment. You will also qualify for free transportation to and from your doctor's appointments. The Women and Children's staff will be in touch with you throughout your pregnancy.

Maternal Infant Health Program

Maternal Infant Health Program (MIHP) Services are non-medical, educational and support services for pregnant women and their babies. Your PCP may refer you to this program.

HPM will also refer you and assist with coordination of care. If you have questions about these services, call Member Services at 1-888-437-0606. We can help find the closest support program.

WIC Program

WIC is a program for Women, Infants and Children. Moms and their kids can get food coupons, health education and nutrition support. You must meet certain conditions to get WIC services. Call the Member Services at 1-888-437-0606 for nearby WIC locations.

Family Planning Services

Family Planning offers counseling, supplies and birth control. You may also get treatment for sexually transmitted diseases (STDs). It does not include abortion services or infertility treatment. Family planning services are confidential. Your PCP can refer you to a family planning agency. You may also go to any family planning agency without a referral. They will send a bill to HPM.

Immunizations for Adults

Adults need immunizations too. Here is a list of the shots that adults need at each age.

19 - 49 Years	50 - 64 Years	65 Years & Older
<ul style="list-style-type: none"> Tetanus (Td) every 10 Years (One dose of Tdap can be substituted) Pneumococcal Vaccine - Talk with your PCP. 	<ul style="list-style-type: none"> Tetanus (Td) every 10 Years (One dose of Tdap can be substituted) Pneumococcal Vaccine - Talk with your PCP 	<ul style="list-style-type: none"> Influenza (Flu) every year Tetanus (Td) every 10 years Pneumococcal - At Age 65

Ask your PCP about these important immunizations to keep you healthy.

Preventive Health Recommendations for Women

All adults should see their PCP at least one time every year for a well check up. The following table shows the recommendations for women:

20-39 Years Old	40-59 Years Old	60 Years and Older
<p>Every Year:</p> <ul style="list-style-type: none"> Pelvic exam with Pap Smear and Chlamydia Screening Clinical breast exam with self breast exam instructions <p>Every 3-5 Years:</p> <ul style="list-style-type: none"> Health Maintenance Exam <p>Discuss with Doctor:</p> <ul style="list-style-type: none"> Mammogram Cholesterol Screening Fecal Occult Blood Test 	<p>Every Year:</p> <ul style="list-style-type: none"> Pelvic exam with Pap smear Clinical breast exam with self breast exam instructions Mammogram Fecal Occult Blood Test (after age 50) <p>Every 3 Years:</p> <ul style="list-style-type: none"> Health Maintenance Exam <p>Every 5 Years:</p> <ul style="list-style-type: none"> Cholesterol Screening starting at age 45 Sigmoidoscopy or Double Contrast Barium Enema starting at age 50 or Colonoscopy every 10 years 	<p>Every Year:</p> <ul style="list-style-type: none"> Pelvic exam with Pap smear Clinical breast exam with self breast exam instructions Mammogram Fecal Occult Blood Test <p>Every 2 Years:</p> <ul style="list-style-type: none"> Health Maintenance Exam <p>Every 5 Years:</p> <ul style="list-style-type: none"> Cholesterol Screening Sigmoidoscopy or Double Contrast Barium Enema or Colonoscopy every 10 years

Preventive Health Recommendations for Men

All adults should see their PCP at least one time every year for a well check up. The following table shows the recommendations for men:

20-39 Years Old	40-59 Years Old	60 Years and Older
<p>Every 3-5 Years:</p> <ul style="list-style-type: none"> • Health Maintenance Exam • Clinical testicular exam with self exam instructions • Cholesterol every 5 years starting at 35 years <p>Discuss with Doctor:</p> <ul style="list-style-type: none"> ○ Prostate Screening ○ Fecal Occult Blood Test 	<p>Every Year:</p> <ul style="list-style-type: none"> • Fecal Occult Blood Test starting at age 50 <p>Every 3 –5 Years:</p> <ul style="list-style-type: none"> • Health Maintenance Exam • Clinical testicular exam with self exam instructions <p>Every 5 Years:</p> <ul style="list-style-type: none"> • Cholesterol Screening • Sigmoidoscopy or Double Contrast Barium Enema starting at age 50 or Colonoscopy every 10 years <p>Discuss with Doctor:</p> <ul style="list-style-type: none"> • Prostate Screening 	<p>Every Year:</p> <ul style="list-style-type: none"> • Health Maintenance Exam • Clinical testicular exam with self exam instructions • Prostate Screening • Fecal Occult Blood Test <p>Every 5 Years:</p> <ul style="list-style-type: none"> • Cholesterol Screening • Sigmoidoscopy or Double Contrast Barium Enema or Colonoscopy every 10 years

Other Preventive Health Services and Practices

The following are other preventive health recommendations that everyone should consider:

Flu Shots - Anyone with a chronic medical condition such as Asthma or Diabetes should definitely have a flu shot each year.

Participate in Healthy Behaviors - This includes using seatbelts in automobiles and wearing helmets and safety equipment while riding bikes.

Emergency and Urgent Care

An emergency is a serious illness or injury that happens without warning. You could die or be disabled if you do not get care right away. Examples of life-threatening or disabling emergency could be:

- Heart attack or chest pain
- Stroke
- Broken bones
- Knife wound
- Gunshot wound
- Severe breathing problems
- Severe, uncontrollable bleeding
- Convulsions
- Unconsciousness
- Severe burns

An emergency medical condition is any medical condition of recent onset and severity that would lead to a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness or injury is of such a nature that failure to obtain immediate medical care could result in:

- Placing the patient's health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organs or part

Health Plan of Michigan will provide coverage for emergency services provided in any facility, regardless of whether the facility is in or out of network.

What To Do In An Emergency

If you are having a medical emergency, you should go to the nearest emergency room. Do not attempt to drive yourself to the hospital. If there is no one to drive you, then call 9-1-1. You can reach fire and police departments and ambulance services by dialing 9-1-1. If there is no 9-1-1 service in your area, then call the nearest ambulance provider and they can assist you.

If there is any type of medical emergency, you should dial 9-1-1 and follow the instructions of the emergency operator. They will tell you where to go or send help to wherever you are.

What to Do After an Emergency Room Visit

After you go to the emergency room, you should call your PCP within 24 hours. If you are unable to call, please ask a friend or family member to call for you. Or call Member Services at 1-888-437-0606. It is important to call as soon as possible after you are treated or admitted. This way HPM and your doctor can make sure you are getting the services you need. They can also decide whether you need other services.

Out of Area Care

Health Plan of Michigan offers coverage if you are out of the area and require emergency care. We will pay for any emergency services you receive while you are out of our service area.

If you are hospitalized while you are out of the service area, Health Plan of Michigan may transfer you to an in-network hospital as soon as it is medically safe to do so.

Urgent Care

Urgent care is needed for problems that require prompt medical attention, but are not life threatening. For non-emergency problems, you should call your PCP.

If you cannot get in touch with your PCP, call Member Services at 1-888-437-0606. They can refer you to the nearest urgent care center or help you find another doctor who can see you.

Do not go to the emergency room for problems that are not emergencies, such as:

- Sore Throat or Cough
- Back Pain
- Tension Headache
- Flu or Cold Symptoms
- Frequent Urination
- Earache
- Minor Illness
- Minor Injury

Your PCP is on call 24 hours a day, 7 days a week. Call your PCP if you have any questions about going to the emergency room. If your PCP does not call you back, call HPM's After Hours Doctor at 1-888-437-0606.

Remember, if you go to the emergency room for a non-emergency service, you may have to pay the bill.

Additional Programs from Health Plan of Michigan

The following are some additional benefits and programs for Health Plan of Michigan members.

Healthy Reminders

HPM will call you and send postcards to remind you of important preventive services. The following are some of the reminders you will receive from us:

- When your child is due for an immunization, or a lead screening test
- Get your flu and pneumonia shots before flu season
- When you need a mammogram or pap smear
- Newsletters to update you on any new programs or changes in your health plan

There is no charge to our members for these services.

HPM Smoking Cessation Program

HPM offers a free telephone counseling program to help you quit smoking. We can refer you to the Michigan Tobacco Quit Line or you can call them directly at 1-800-480-7848. HPM also offers coverage through our pharmacy benefit for things like nicotine patches, gum and other products to help you quit. Call Member Services at 1-888-437-0606 for more information or ask your PCP to prescribe these items.

Prenatal Program

HPM has a special program for pregnant women. Please call Member Services at 1-888-437-0606 as soon as you find out you are pregnant. Our Women and Children's Team will help you find a doctor for your pregnancy care. You are able to self refer to the OB/GYN of your choice in or out of HPM's network. We will send a packet to you with information on breast-feeding, nutrition and other pregnancy topics. After your baby is born we will make sure that you follow up with your postpartum visit and well child visits for your baby.

Case Management

Case Management is a voluntary program for members that would like assistance with their health care needs. Health Plan of Michigan provides case management services for members who need assistance with planning and understanding the medical services available through the Health Plan of Michigan. For self-referral to our case management program, call Member Services at 1-888-437-0606.

Disease Management (DM)

HPM has special programs for our members with Asthma, Diabetes and Heart Disease. If you have been told you have one or more of these, HPM will be contacting you. Helping you learn how to take care of yourself is very important to us.

Why would I want to be part of the Disease Management Program?

You can take an active part in your personal care with your PCP. HPM teaches you about what you need to do to stay healthy and how to work with your doctor. We call you and send you information to help you:

- Learn more about your disease and the risks
- Change your lifestyle choices that could make your disease worse
- Learn how to become better at taking care of yourself
- Talk better with your doctor

HPM also has a weight management program. Please talk with your PCP to learn about our program and see if you may be eligible.

How do I become part of the Disease Management Program?

There are several ways that you can become part of the DM program at HPM.

1. HPM enters you based on what your doctor has given you care for.
2. Your PCP may ask to enter you.
3. You may call and ask to be entered.

If you have Asthma, Diabetes or Heart Disease and would like to be part of our Disease Management program, please call us at 1-888-437-0606, extension 1251. You can also call this number if you would like to be removed from a program.

Quality Improvement Programs

HPM offers all members information and help through programs made just for you. The Quality Department wants to be sure that you have all the important preventive services available to you. Prevention is the key to staying healthy. Call Member Services if you would like a hard copy of the Quality Improvement Program or work plan. Both are available on the HPM website.

Visit the Health Plan of Michigan Website

You can find everything you need to know on our website at www.hpmich.com, including:

- History of Health Plan of Michigan
- Member Newsletters – Past and Present
- Member Handbook
- Provider Directory
- How to Choose a PCP
- Pharmacy and Formulary
- How to File a Grievance or Appeal
- Notice of Privacy Practices
- Authorization and Referrals
- HEDIS and Preventive Care
- Disease Management Programs and Information
- Quality Improvement Programs
- Rights and Responsibilities
- Fraud and Abuse
- Advanced Directive Information

All of these documents are available to you in hard copy upon request. If you do not own a computer, you may call your local library or city hall and ask where there is free access to a computer. A hard copy of information on the website is available by calling Member Services at 1-888-437-0606.

Enrollee Rights and Responsibilities

The following are the rights and responsibilities for persons enrolled in Health Plan of Michigan. If you have any questions, call Member Services at 1-888-437-0606.

- A right to receive information about the organization, its services, its practitioners and providers and enrollee rights and responsibilities.
- A right to be treated with respect and recognition of your dignity and right to privacy.
- A right to participate with practitioners in making decisions about your health care.
- A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- A right to voice complaints or appeals about the organization or the care it provides.
- A right to make recommendations regarding the organization's enrollees' rights and responsibilities policies.
- A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- A responsibility to follow plans and instructions for care that you have agreed on with your practitioners.
- A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- A responsibility to contribute towards your own health, including appropriate behavior.

HPM staff and contracted providers will comply with all requirements concerning enrollee rights.

About Utilization Management Decisions

All Utilization Management (UM) decisions made by doctors or HPM employees are based on what care is right for you. Decisions are also based on the benefits you have under Medicaid. HPM never rewards doctors or anyone else for denying you care or payment for that care. Persons who make UM decisions are not rewarded in any way for making decisions that result in less care than you need.

HPM staff is here to help you during normal business hours of 8:00 AM to 5:00 PM Monday through Friday to receive and return your calls about your health care and utilization management decisions. Our toll free number is 1-888-437-0606.

We have 24 hour phone coverage, 7 days a week, through our after hours program. All calls you make to HPM are toll free. This means no cost to you.

When we answer the phone we'll greet you by telling you our name, title and company. At HPM, we want you to call whenever you have a question about your benefits, doctors, or any service you are requesting or have received. You can also request a copy of HPM's Clinical Practice guidelines.

Medical Bills

HPM does not charge co-pays for its members. This means that you should never get any bills for your HPM covered benefits or pre-authorized services or medical supplies. If you should receive a bill by mistake, send it to the address below:

Health Plan of Michigan
Attention: Claims Department
777 Woodward Avenue, Suite 600
Detroit, MI 48226

If you have any other problems with medical bills for HPM covered services, please call HPM Member Services at 1-888-437-0606 and we can help.

HPM Payments to Doctors

You have the right to know how we pay our Doctors. You may call or send the Member Services Department a request in writing. The information will be sent to you within ten days.

Advance Directives

Advance directives are legal documents that allow you to convey your decisions about end of life care ahead of time. They provide a way for you to communicate your wishes to family, friends and health care professionals. This will hopefully avoid confusion if you become so sick that you are unable to express your wishes. There are two types of advance directives.

Living Will - A living will tells how you feel about care intended to sustain life. You can accept or refuse medical care. There are many issues to address, including:

- The use of dialysis and breathing machines
- Tube feeding
- Organ or tissue donation
- If you want the doctors to try to save you if breathing or heartbeat stops

Note that the laws in the State of Michigan currently do not recognize Living Wills.

Durable Power of Attorney for Health Care - This is a document that names another person to make decisions for you if you are not able to do so. This is called a health care proxy. Your proxy should be someone you trust to follow your wishes.

If you have any questions about Advance Directives, or need hard copies of the forms, please call HPM Member Services at 1-888-437-0606. Advance Directive Forms are also available on the HPM website and at your doctor's office. If you need to file a complaint about how your provider follows your wishes write or call:

Bureau of Health Professions (BHP)
Complaint & Allegation Division
PO Box 30670
Lansing MI 48909-8170
517-241-2389 or bhpinfo@michigan.gov.

The BHP Complaint & Allegation website is www.michigan.gov/healthlicense and click on "How to file a complaint".

You can contact the Michigan Office of Financial and Insurance Regulation (OFIR) for complaints about how your health plan follows your wishes. Call 1-877-999-6442 or go to their website at www.michigan.gov/ofir.

Fraud and Abuse

Fraud and abuse is a serious problem in health care. The following is the official definition of fraud and abuse:

42 CFR § 455.2 Definitions.

"Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

"Abuse" means provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.

Some examples of fraud are:

- Doctors or pharmacies billing for services not received.
- The misuse of a Medicaid card to receive medical/pharmacy services.
- Altering a prescription written by a Doctor.
- Making false statements to receive medical/pharmacy services.
- Doctors double billing for medical services.

Some examples of abuse are:

- Going to the Emergency Room for non-emergent medical services.
- Threatening or abusive behavior in a doctor's office, hospital, or pharmacy.

If you know of any Medicaid members, providers or pharmacies who have committed actions of fraud or abuse, you must report them. You may report them anonymously. Contact HPM Member Services at 1-888-437-0606 or write to:

Health Plan of Michigan
Attention: Compliance Officer
777 Woodward Avenue, Suite 600
Detroit, MI 48226

You may also contact the State of Michigan Department of Community Health Program Investigations Section directly at the following address. You may report to the State of Michigan anonymously, if you prefer.

Program Investigations Section
Capitol Commons Center Building
400 S. Pine Street, 6th floor
Lansing, MI 48909

You may also call them toll free at 1-866-428-0005. You may remain anonymous when you call.

What You Should Know

There are some important things you need to know as an enrollee of HPM:

- HPM will not deny enrollment or refuse to re-enroll any person.
- You must use PCPs and Specialists in the HPM network.
- You will choose one PCP who will keep track of all your health care.
- Your PCP will send you to a specialist if needed.
- You should only use the emergency room for cases where a prudent layperson acting reasonably believes that an emergency medical need exists.
- All medical records are kept confidential.

How to File a Complaint

Health Plan of Michigan wants you to be satisfied with our services and our providers. There may be times when you need to file a complaint with HPM. There are a few different types of complaints that you can file with Health Plan of Michigan. They are all described in this section.

Member Grievance

A grievance is when you are unhappy about anything other than a denied, reduced, or terminated service. A few examples of a grievance are:

- You cannot get an appointment with your doctor in a timely manner.
- You cannot get a referral from your doctor in a timely manner.
- You have been denied any of your rights as an HPM member.

Your satisfaction is very important to us. If you have a grievance or concern with your health care services or HPM, we want you to tell us about it. Call HPM Member Services at 1-888-437-0606 and ask for the Grievance Coordinator. In most cases, we can resolve the problem over the phone.

You can also file your grievance in writing. Your physician or a designated representative may file a grievance for you in writing. Please include a phone number where we can reach you. The address to file a grievance is:

Health Plan of Michigan
Grievance Coordinator
777 Woodward Avenue, Suite 600
Detroit, MI 48226

We will acknowledge your grievance by sending you or your representative a letter within five days of receiving the grievance. Your Level 1 Grievance will be resolved within 15 days. We will call you with the results and also send a response in writing.

If you are not happy with our resolution of your Level 1 Grievance, you may file a Level 2 Grievance with HPM. You must submit a Level 2 Grievance within five days of receiving the response to your Level 1 Grievance. Level 2 Grievances will be reviewed by the HPM Grievance Committee, which is the body designated by our Board of Directors.

You or your representative can appear in person or by phone before the Grievance Committee. You can also submit additional written information for the Grievance Committee to review. You or your representative will be notified of the resolution within three business days of the Committee's decision. We will call you with the results and also send a response in writing.

The combined time frame for the Level 1 and Level 2 Grievance process will not be more than 30 days.

External Review of Grievances

If you are unhappy with HPM's resolution, you or your representative can submit a request for external review in writing to the Office of Financial and Insurance Regulation (OFIR). This must be submitted within 60 days of receipt of the final determination from HPM's internal grievance process.

Send your request for external review to the following address:

OFIR
Health Plans Division - Appeals Section
PO Box 30220
Lansing, MI 48909-7720
Phone: 1-877-999-6442
Fax: (517) 241-4168

At any time within 90 days of the date of the denial letter, you may request a fair hearing from the State Office of

Administrative Hearings and Rules (SOAHR) for MDCH. Submit the request in writing to:

State Office of Administrative Hearings and Rules (SOAHR)
Department of Community Health
PO Box 30763
Lansing, MI 48909-7695
Attention: Compliance/Appeals

Grievance/Member Appeal

A grievance/appeal is a request to change a decision about a denied, reduced or terminated service. A few examples of things you can appeal are:

- The reduction, suspension or termination of a previously authorized service.
- The denial, in whole or in part, of payment for an authorized and covered service.
- When a request for services, medical supplies or prescriptions is denied.

How to File Grievance/Appeal

Your request for a grievance/appeal must be made within 90 days of receipt of HPM's denial letter. You can have someone else, such as a family member or a physician file the grievance/appeal for you. You must put in writing that you want the person to appeal for you. You must also give this person access to your health information.

To start a grievance/appeal, write a letter about the problem or use HPM's Internal Grievance/Appeal Form that is included with the initial denial letter. Send the grievance/appeal request to:

Health Plan of Michigan
Grievance/Appeals Coordinator
777 Woodward Avenue, Suite 600
Detroit, MI, 48226
Fax: (313) 463-5259

If you need help writing your grievance/appeal, the HPM Grievance/Appeals Coordinator will help you. Call us at 1-888-322-8843, extension 1302. Please send all paperwork and any other items related to the grievance/appeal. Please include a number where you can be reached so we can let you know that your grievance/appeal has been received.

HPM Internal Grievance/Appeal Process - Level 1

A doctor with the same or like specialty as your treating doctor will review your grievance/appeal. It will not be the same doctor who made the original decision.

HPM will send you a letter notifying of the decision:

- Within 15 days if you are waiting to get the medical services
- Within 20 days if you already received the medical services

Health Plan of Michigan may need to take up to 10 more business days if we are waiting for information from your provider. If this happens we will send you a letter. If HPM does not completely approve your request during the Level 1 review, the letter will describe your further appeal rights.

HPM Internal Grievance/Appeal Process – Level 2

HPM's Grievance/Appeal Committee will review your grievance/appeal. HPM will let you know when the Level 2 hearing will be. You have the right to speak at the Level 2 hearing or someone else you authorize may speak for you. A final decision will be mailed to you within three days of the hearing date.

The combined time frame for the Level 1 and Level 2 Grievance/Appeal process shall not be more than 30 days.

Expedited Grievance/Appeal Review

Your problem may be so urgent that you need a decision about your care very quickly. If the usual 30-day time frame for a grievance/appeal would cause serious harm to your life or health, you or your representative can ask for an expedited grievance/appeal. Your doctor must support this request. You can ask for an expedited grievance/appeal 24 hours a day, 7 days a week. Health Plan of Michigan will make a decision about your care within 72 hours. Call the Grievance/Appeals Coordinator at 1-888-322-8843, extension 1302, during normal business hours of Monday through Friday from 8:00 AM to 5:00 PM. After hours, weekends and holidays you may call us at 1-888-437-0606.

External Review of Grievance/Appeals

If you or your authorized representative is unhappy with HPM's final decision, you may appeal the decision with the Commissioner of Financial and Insurance Regulation within 60 days of receiving HPM's final decision. You can write to them at the following address:

OFIR
Health Plans Division - Appeals Section
P.O. Box 30220
Lansing, MI 48909-7720
Phone: (877) 999-6442
Fax: (517) 241-4168

You must complete the entire internal grievance/appeal process through Health Plan of Michigan before you are able to file an appeal with the Commissioner of Financial and Insurance Regulation.

You or your authorized representative have the right to request a Fair Hearing with the State of Michigan within 90 days of the denial letter if you disagree with an HPM decision. You can file a State Fair Hearing by writing to the Michigan Department of Community Health at the following address:

State Office of Administrative Hearings and Rules for
Michigan Department of Community Health
PO Box 30763
Lansing, MI 48909-7695

You can also call the Michigan Department of Community Health at 1-877-833-0870.

Notice of Privacy Practices

HEALTH PLAN OF MICHIGAN NOTICE OF PRIVACY PRACTICES
(Combined Gramm Leach Bliley & HIPAA Notice)
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 that 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, whether it is in oral, written, or electronic form. 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.

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 for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. Or visit their website at <http://www.hhs.gov/ocr>. 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
Health Plan of Michigan
777 Woodward Ave, Suite 600
Detroit, MI 48226

You can also call us as at 1-888-437-0606. You will not be penalized for filing a complaint. You can view a copy of this notice on our web site at www.hpmich.com.

Informational & Support Resources

Aids Hotline	1-800-342-2437 or 1-800-227-8922
Aids Hotline in Spanish	1-800-344-7432
American Foundation for the Blind	1-800-232-5463
Arthritis Foundation	1-800-968-3030
Asthma & Allergy Foundation of America	1-800-727-8462
Autism Society of Michigan	1-800-223-6722
Cancer Society	1-800-422-6237
Children's Craniofacial Association	1-800-535-3643
Children's Hospital	1-313-745-5437
Children's Leukemia Foundation of America	1-800-825-2536
Children's Special Health Care Services	1-800-359-3722
Diabetic Association	1-800-342-2383
Crohn's & Colitis Foundation of America	1-800-343-3637
Hemophilia Foundation of Michigan	1-800-482-3041
International Hearing Society	1-800-521-5247
Lung and Asthma Respiratory Disorders	1-800-222-5864
Michigan Head Injury Foundation (Family Helpline)	1-800-772-4323
National Center for Youth with Disabilities	1-800-695-0285
National Downs Syndrome Society	1-800-221-4602
National Kidney Foundation	1-800-482-1455
Spina Bifida Association	1-800-621-3141
Stuttering Foundation of America	1-800-992-9392
Parent Helpline	1-800-942-4357
Women, Infants & Children Program (WIC)	1-800-262-4784
Michigan Child Abuse Hotline	1-800-422-4453
Epilepsy Foundation of Michigan	1-800-377-6226
National SIDS Resource Center	1-800-638-7437
National Domestic Violence Hotline	1-800-799-7233
Hearing Impaired	1-800-649-3777 (TTY)

Informational Websites

<p>The American Cancer Society WWW.CANCER.ORG</p> <p>Tips from the Arthritis Foundation WWW.ARTHRITIS.ORG</p> <p>The American Diabetes Association WWW.DIABETES.ORG</p> <p>Your Guide to Reliable Health Information WWW.HEALTHFINDER.GOV</p>	<p>Help and Information for Kidney Disease WWW.KIDNEYFOUNDATION.COM</p> <p>The Official State of Michigan Website WWW.MICHIGAN.GOV</p> <p>Information on Asthma Treatment and Attacks WWW.ASTHMA.COM</p> <p>Helpful Tips from Michigan's Surgeon General WWW.MICHIGANSTEPSUP.ORG</p>
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