

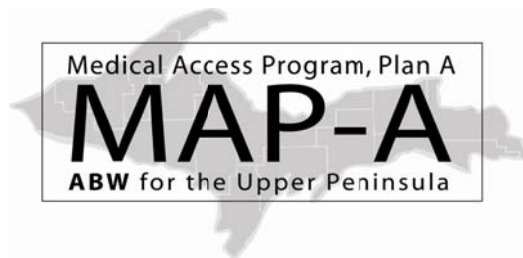


MEDICAL ACCESS PROGRAM

MEMBER GUIDEBOOK

*For People Living in
Michigan's Upper Peninsula
Enrolled in the Adult Benefits Waiver Program
Through the Medical Care Access Coalition (MCAC)*

FALL 2010



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WELCOME TO THE MEDICAL ACCESS PROGRAM

This book will tell you about services available. Please take a few minutes to look at this book. Keep it handy for when you have questions in the future.

If you have questions, call Customer Service toll free at 1-800-835-2556. We will be happy to help you.

ABOUT THE PROGRAM

The Medical Access Program (MAP) is for Adult Benefits Waiver (ABW) program members living in Michigan's Upper Peninsula. The program is not insurance, but it can help you get some medical services that you need.

When you are in MAP, you are assigned a primary care provider (PCP). This provider or doctor's office will take care of your basic health care needs. They will send you to a specialist if needed and set up lab tests and X-ray services.

Using your PCP is the key to getting the most out of MAP.

Thank you for joining MAP. We look forward to helping you stay healthy!

*This guidebook replaces any prior benefit information
you may have received.*

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SECTION 1

▣ MEMBER SERVICES

If you cannot find an answer to your questions in this book, please do one of the following.

CALL US: 1-800-835-2556 (toll-free, 24-hour line).

Please have your identification card with you when you call. Phone interpreter services can be available.

Hearing-impaired services are available from the Michigan Relay Center at 1-800-649-3777.

WRITE TO US:

Medical Access Program Customer Service
c/o UPHP
228 West Washington Street
Marquette, Michigan 49855

FAX US: 1-906-225-7690

Always include your name and ID number in your letter or fax. It also helps if you include a daytime phone number.

SECTION 2

▣ ELIGIBILITY AND ENROLLMENT

Your local Department of Human Services determines if you are eligible for the Adult Benefits Waiver (ABW) program. When you become eligible for the ABW program, you will get a mihealth card from the State of Michigan.

Your Medical Access Program (MAP) coverage starts on the first day of the next available month after you were determined eligible by the Department of Human Services. As a member of the MAP, you will get a MAP ID card.

If you have been denied coverage under the ABW program, you may appeal to your local Department of Human Services office.

SECTION 3

▣ YOUR IDENTIFICATION CARDS

You will get two identification (ID) cards.

Mihealth ID Card

The first card you get is green and called the mihealth card. I will come from the State of Michigan. You will need your mihealth card each month you are in the Medical Access Program (MAP). Do not lose it. Be sure to take your mihealth card with you when you get covered services.

Your mihealth ID card shows:

- Your ID number: This number is given to you by the State of Michigan through your local Department of Human Services office.
- Your full name.

Medical Access Program ID Card

You will also receive a white MAP ID card. It shows your ID number, your name, and the name of your primary care provider (PCP). Pharmacy and billing details are also on it. Be sure to take your ID card with you when you get covered services.

Important Information About Your Cards

1. Be sure to carry both cards with you at all times.
2. Show both cards when you get covered services.
3. If your mihealth card is lost or stolen or you change your name, call the State of Michigan at 1-800-642-3195. A new card will be sent to you within two working days.
4. If your Medical Access Program card is lost or stolen, call us at 1-800-835-2556 (toll free).
5. Only you may use your cards. Do not give them to anyone. When you get medical care, you will need to show your cards and maybe another form of ID. This is one way to make sure that no one else uses your cards.

SECTION 4

▣ MEMBERSHIP CANCELLATION

If the local Department of Human Services decides that you are no longer eligible for the Adult Benefits Waiver (ABW) program, your coverage will end on the last day of the month.

The Medical Access (MAP) may ask that you be disenrolled for certain reasons. These reasons are:

- If you threaten a doctor, the doctor's staff, or another patient.
- If the doctor thinks your behavior makes it impossible to safely provide services to you.
- If you change or steal prescriptions.
- If you misuse covered services or give your ID card(s) to someone else to use.
- If you do not follow the doctor's treatment plan or misuse the emergency room.

The Medical Access Program will not pay for any medical services you received after you are disenrolled.

SECTION 5

▣ MEMBER ASSIGNMENTS

When the local Department of Human Services enrolled you in the Adult Benefits Waiver (ABW) program, you were enrolled in the Medical Access Program (MAP). All assignments to a primary care provider (PCP) are made by MAP.

MAP tries to assign you to the primary doctor's office or clinic of your choice. Sometimes this may not be possible.

You may ask that a specialist be your PCP if you have a chronic condition or are disabled. It must be medically necessary. The specialist must also agree to be your PCP. To ask for this, call MAP Customer Service at 1-800-835-2556.

SECTION 6

▣ CHANGE IN MEMBER ASSIGNMENTS

You can ask to be reassigned to another primary care provider (PCP) by calling Customer Service at 1-800-835-2556. We will try to help with your request.

With good reason, your doctor's office or clinic may ask that you be reassigned to another doctor's office or clinic. Requests need approval by the Medical Access Program (MAP).

MAP may reassign you to another participating doctor's office or clinic for your PCP.

If you are reassigned to another office or clinic, you must make sure that your new PCP gets your medical records.

SECTION 7

MANAGING YOUR HEALTH CARE

You can help to stay healthy by doing the following.

USE YOUR PRIMARY CARE PROVIDER

Make sure that your primary care provider (PCP) knows your medical history. Your PCP will take care of your basic health needs and refer you to specialists if needed.

If you have never been to your assigned PCP, you should make an appointment as soon as possible. This first appointment lets your PCP look at your medical history. It also gives you a chance to ask questions about your health care. Do not wait until you need care to meet your PCP.

KNOW HOW THE PROGRAM WORKS

This book explains how the program works and what is covered and not covered. Call Customer Service at 1-800-835-2556 (toll free) if you have questions.

ALWAYS CARRY YOUR ID CARDS

Remember to always carry both ID cards. You may be asked to show other ID.

FOCUS ON PREVENTION

Use services like immunizations, family planning, and breast and cervical cancer screening services provided. If you smoke, stop. If you need help quitting, talk to your PCP.

MAKE SURE THAT SERVICES ARE APPROVED

Some medical services and medicines need to be approved by the Medical Access Program (MAP) before you can get them. You may have to pay for services not approved. Call us 1-800-835-2556 if you have questions.

You need to get approval from MAP if you travel and need to go to a doctor's office or clinic. Call us at 1-800-835-2556 to get approval. You do not need to get approval if you travel and need to go to an emergency room.

KNOW WHEN TO USE THE EMERGENCY ROOM

You should go to the nearest emergency room if you have *a medical emergency*. An emergency is something that happens suddenly and could result in serious harm or death. Examples are a heart attack, poisoning, shock, loss of consciousness, or convulsions. Emergencies should be treated immediately. You do not need approval from MAP to go to the emergency room if the trip is for an emergency.

SECTION 8

■ BASIC COVERED SERVICES

The Medical Access Program (MAP) is not insurance. The medical services that you get must be necessary. You must get these services from participating providers. Some services need to be approved by MAP before you can get them. There are no co-payments for services provided as MAP benefits.

Covered Services

- Visits to your primary care provider (PCP)
- Visits to a specialist if approved by your PCP
- Outpatient diagnostic and laboratory tests
- Outpatient radiology (X-ray) services (including EKG, cobalt, isotope, radiation, CAT, MRI, MRA, and PET scans)
- Prescription medicines
- Outpatient hospital services
- Emergency ambulance transportation to an emergency room
- Emergency room services
- Technical surgical assistance
- Injections
- Medical supplies
- Durable medical equipment—only glucose monitors
- Visits to an urgent-care center or clinic—doctor services only
- Family-planning services
- Contraceptive devices
- Breast and cervical cancer screening services
- Outpatient surgery
- Chelation
- Dialysis
- Chemotherapy
- Sterilization
- Infertility screening
- Allergy testing, extract and injection
- Dermatology
- Physical, speech, and occupational therapy—initial evaluation visit only
- Diabetes education

PCP Visits

You should go to your assigned PCP if you need:

- A physical exam

- Shots such as immunizations (flu shot) or allergy shots; travel shots are not covered.
- Treatment for minor burns or skin irritations
- Warts or small moles removed
- Your blood pressure taken
- A hearing test
- Care for minor medical problems such as colds, flu, and back pain

Specialists

Office visits and covered procedures done by a specialist in the office or outpatient hospital setting are covered. Services out of plan need prior approval by the MAP.

A limited number of oral surgery services are covered when provided by a licensed dentist enrolled in Medicaid as a Type 10 provider (oral surgeon). Routine dental care is not covered.

Outpatient Lab Services

Outpatient lab tests are covered if needed to diagnose or treat an illness or injury.

Outpatient Radiology (X-Ray) Services

Radiology (X-ray) procedures are covered if needed to diagnose or treat an illness or injury.

A mammogram is an X-ray of the breast. See page 11 to learn where you can get a free mammogram if you are a woman age 40 or older.

Prescriptions Using Your Medical Access Program Card

All prescriptions and refills must be filled by a participating pharmacy to be paid for by the Medical Access Program (MAP). Call Customer Service at 1-800-835-2556 (toll free) for a list of pharmacies.

Refills will not be given after one year from the original date of order.

Prescriptions will be filled with a generic medicine unless your doctor wants you to have a brand-name medicine. Some brand medicines need approval from MAP.

Your doctor need to get approval for any prescription not on the list of covered medicines. Certain prescriptions not on the list of covered medicines are not covered by MAP.

Other Prescriptions

Prescriptions for mental health and substance-abuse conditions and medicine specific to HIV or AIDS are *not* covered by the Medical Access Program (MAP). If your doctor prescribes these, you must use your mihealth card at the pharmacy (with a \$1 co-payment). These prescriptions and refills must be filled by a pharmacy that participates with Michigan Medicaid. These prescriptions will be filled with a generic medicine unless your doctor wants you to have a brand medicine. Some brand medicines need approval from the State of Michigan. The MAP does not approve these.

Outpatient Hospital Services

Scheduled outpatient procedures, tests, and surgeries are covered if approved by your PCP or a specialist. Services out of plan need prior approval by the MAP.

Except for services provided in an emergency room, covered outpatient hospital services provided to you outside of Michigan must first be approved by MAP.

Emergency Room Services

The Medical Access Program (MAP) covers emergency room care for the first exam and treatment of accidental injuries or conditions considered medical emergencies. You should go to your PCP for minor medical problems such as colds, headaches, and back pain. You should see your PCP for follow-up care to an emergency room visit.

Emergency Ambulance Services

Ground ambulance to a hospital emergency room for an emergency is covered. If you have a medical emergency and need an ambulance, call 911 or your local emergency number. Tell the operator that you have an emergency.

Medical Supplies

Some medical supplies are covered by the Medical Access Program (MAP). Covered supplies must be prescribed by your doctor. Diabetes supplies—such as test strips and lancets—are covered under prescription services (using your MAP card).

Durable Medical Equipment

Only glucose monitors are covered.

Visits to an Urgent-Care Center or Clinic

Your PCP can refer you to an urgent-care center for care after hours. Your PCP may also refer you if your medical condition needs to be treated before he or she can see you. Only services provided by a doctor or nurse practitioner in an urgent-care center are covered. Facility services (hospital services) are not covered.

Family-Planning Services

Family-planning services may include a pelvic exam; Pap test; breast exam; birth-control information and contraceptive devices and supplies; sexually transmitted infection counseling, testing, and treatment; weight-loss counseling; and sterilization counseling and referral.

Services are available by calling the family-planning program closest to you.

County

Alger	(906) 387-2297, ext. 105	Keweenaw	(906) 482-7382
Baraga	(906) 524-6142	Luce	(906) 293-1324
Chippewa	(906) 635-3572	Mackinac	(906) 643-1100, ext. 140
Delta	(906) 786-4111, ext. 147	Marquette	(906) 225-5070
Dickinson	(906) 774-1868, ext. 3		(906) 475-7844
Gogebic	(906) 667-0200	Menominee	(906) 863-4451
Houghton	(906) 482-7382	Ontonagon	(906) 884-4485
Iron	(906) 265-4166	Schoolcraft	(906) 341-6951

Breast and Cervical Cancer Screening Services

Services may include a Pap test, pelvic exam, clinical breast exam, and mammogram for women age 40 and older.

Services are available by contacting the breast and cervical cancer screening program closest to you.

County

Alger	(906) 387-2297, ext. 105	Keweenaw	(906) 482-7382
Baraga	(906) 524-6142	Luce	(906) 293-1324
Chippewa	(906) 635-3572	Mackinac	(906) 643-1100, ext. 140
Delta	(906) 786-4111, ext. 140	Marquette	(906) 475-7844
Dickinson	(906) 779-7237	Menominee	(906) 863-4451
Gogebic	(906) 667-0200	Ontonagon	(906) 884-4485
Houghton	(906) 482-7382	Schoolcraft	(906) 341-6951
Iron	(906) 265-4166		

SECTION 9

▣ SERVICES NOT COVERED

Please read this section carefully.

The Medical Access Program (MAP) does not cover:

- Services received before your first day of coverage or after coverage has been canceled.
- Any service not listed as a covered service.
- Any covered service not deemed medically necessary.
- Any service provided outside of Michigan and not prior approved by the MAP (except for services in an emergency room)
- Services considered to be cosmetic
- Services or supplies related to a sex change
- Dental care and treatment (other than a limited number of oral-surgery services covered by the MAP)
- Prosthetics, orthotics, corrective shoes, and wigs
(*Note:* Needles, lancets, and test strips for people with diabetes are covered under outpatient prescription drug services.)
- Custodial care, rest therapy, and care in a nursing or rest-home facility
- Home health care services
- Private-duty nurses
- Hospice care
- Emergency transportation not by ambulance
- Visits to a private psychiatrist, psychologist, or social worker
- Items for personal comfort or convenience
- Weight reduction
- Inpatient hospital services
- Office visits, exams, treatments, tests, and reports related to requirements or documentation of health medical status for employment, S.S.I. certification, insurance, travel, surrogate-parenting arrangements, school, sports participation, citizenship, or for legal proceedings and court-related services
- Smoking-cessation counseling and education
- Chiropractic care or services
- Podiatry
- Hearing aids or services to examine, prepare, fit, or obtain hearing aids
- Vision exams (except for referrals related to chronic illnesses or as part of a routine physical performed by your primary care provider)
- Eyeglasses, contact lenses, and other vision care
- Sleep-apnea treatment
- Occupational, physical, and speech therapies

- Mental health services
- Substance-abuse services
- Certain medicines not on the list of covered medicines
- Experimental or investigational treatment, supplies, devices, or medicines
- Treatments not considered to be reasonable and effective for a specific medical condition
- Urgent-care clinics—facility services
- Travel shots
- Services for sickness or injury to the extent that they are covered under the No-Fault Law, worker compensation, the Occupational Disease Law, or similar legislation
- Infertility treatment

SECTION 10

▣ CHARGES TO YOU

You should not receive a bill for a covered service. If you do, ***do not pay the bill. Do not throw it away.*** Please call Customer Service immediately at 1-800-835-2556 (toll free). Have the bill and both ID cards ready when you call.

You must show your cards each time that you get a covered service.

You will have to pay for any service that a provider says is not necessary.

You may have to pay for services from a doctor or other provider who does not participate with the Medical Access Program (MAP).

You will have to pay for services not covered by the Adult Benefits Waiver (ABW) program.

SECTION 11

▣ YOUR RIGHTS AND RESPONSIBILITIES

As a Medical Access Program (MAP) member, *you have the right* to:

- Be treated in a manner that upholds basic human rights without regard to race, religion, color, national origin, sex, age, handicap, marital status, or sexual orientation.
- Get from your PCP information needed to give informed consent and share in the decision before the start of any procedure or treatment.
- Refuse treatment to the extent permitted by law and to be informed of any medical consequences of your action.
- Know that all medical and personal information received by the MAP will be treated with respect and care to ensure confidentiality according to federal and state laws
- Know that you will not be denied coverage of services stated in this book.
- Know that providers will not intentionally segregate you in any way.

As a Medical Access Program (MAP) member, *it is your responsibility* to:

- Tell your Department of Human Services case worker if your address, phone number, income, or name changes.
- Give your PCP and other doctors complete information about your past medical history and current medical problems.
- Ask questions when you do not understand something.
- Follow your PCP's and other doctors' medical advice and instructions.
- Tell your PCP and other doctors about concerns or problems you have related to your treatment.
- Keep appointments. If you cannot keep an appointment, call the doctor's office or clinic in advance to cancel it.
- Be thoughtful of the rights of other patients and each provider's staff and property.
- Arrange payments for services that are not covered by the MAP.

SECTION 12

▣ COMPLAINT AND GRIEVANCE PROCESS

You or your family can call Customer Service at 1-800-835-2556 (toll free) to express concern about the care that you receive.

You or your family can call Customer Service at 1-800-835-2556 (toll free) to file a grievance when a covered service is not paid. The Medical Access Program (MAP) must mail you a letter to your last known address and say why the covered service was not paid. Your grievance will be decided within 35 days or 45 days if more information is needed. If the service is determined urgent, the MAP must decide within 72 hours.

You will get a letter if any covered service is to be denied or ended. The letter will tell you why the service was denied or ended and the policy that supports it. The letter will tell you how you can appeal the decision by contacting the MAP. You may also ask for an administrative hearing through the Michigan Department of Community Health:

State Office of Administrative Hearings and Rules
Michigan Department of Community Health Administrative Tribunal
Post Office Box 30763
Lansing, Michigan 48909-7695

All appeal requests must be sent within 90 days of the date the letter was sent. Requests must be made in writing and signed by you.

To learn more, please call Customer Service.

SECTION 13

▣ DEFINITIONS

The following definitions may help you better understand words used in this book.

ADULT BENEFITS WAIVER (ABW) PROGRAM is the program you are enrolled in by your local Department of Human Services.

ADULT MEDICAL PROGRAM is also called the Adult Benefits Waiver (ABW) program.

COVERED SERVICES are those services that are necessary and part of the ABW program. They include visits to doctors' offices and clinics, lab and X-ray tests, medicine, and some outpatient hospital services.

DEPARTMENT OF HUMAN SERVICES is the local agency that decided that you were eligible for the ABW program.

EXPERIMENTAL is a service, procedure, treatment, device, or supply that has not been found to be safe or effective.

IDENTIFICATION (ID) CARDS are the cards you get when you become a member. You will get a green mihealth card from the State of Michigan and a white card from the Medical Access Program. You need to have both cards with you at all times.

MEDICAL EMERGENCY is a condition that occurs suddenly and could result in serious harm or death. An example would be a heart attack, poisoning, shock, loss of consciousness, or convulsions. It should be treated immediately. A cold, headache, slight fever, or back pain is not an emergency and should be treated by your primary care provider (PCP).

MDCH (or DCH) stands for the Michigan Department of Community Health. It is the state health department.

PRIMARY CARE PROVIDER (PCP) is the doctor or provider that has been selected for you. A doctor, nurse practitioner, or physician assistant will give your basic medical care. He or she will approve medical services and send you to a specialist as needed.

PROVIDER is someone trained to give medical care. Doctors, physician assistants, nurses, and nurse practitioners are providers.

- A participating provider is someone who agrees to provide services to you through the Medical Access Program (Medical Care Access Coalition). When you get covered services from a participating provider, there is no co-payment.
- A nonparticipating provider is someone who does not agree to provide services to you through the Medical Access Program. If you get services from a nonparticipating provider, you may have to pay for them.
- Your primary care provider (PCP) is a participating provider and provides your basic care.

REFERRAL is a request made by your PCP to see a specialist for a specific service or treatment. Your PCP will arrange and approve your referrals.

SERVICES are care, procedures, and supplies given by a health care provider to diagnose or treat a medical condition.