

## UPPER PENINSULA HEALTH PLAN PROVIDER MANUAL CONTENTS

*Page*

### Section 1

- **General Information** *(Last Revised November 2007)*

Purpose of This Manual .....	1.1
Revision and Updates .....	1.1
Training and Orientation .....	1.1
Upper Peninsula Health Plan Mission .....	1.1
Network Provider Responsibilities .....	1.1
Utilization Criteria .....	1.2
Privacy and Confidentiality .....	1.2
New Medical Technology Policy and Procedure .....	1.3
Credentialing and Contracting .....	1.3
Site Visits .....	1.4
Termination of Network Participation .....	1.4
Detecting and Preventing Fraud and Abuse .....	1.4
Federal False Claims Act and State False Claims Laws .....	1.6
Addresses, Telephone Numbers, and Hours .....	1.8

### Section 2

- **Member Services** *(Last Revised June 2007)*

Enrollment and Eligibility .....	2.1
Retroactive Eligibility .....	2.1
How to Check Eligibility .....	2.2
Co-Payments .....	2.2
MiChild .....	2.3
Claims .....	2.3
Identification Card and Eligibility .....	2.4
Transportation Services for Medicaid Members .....	2.5
Upper Peninsula Health Plan Member Rights and Responsibilities .....	2.6
Member Rights .....	2.6
Member Responsibilities .....	2.7
Upper Peninsula Health Plan Medicaid Member Identification Card (sample) .....	2.8
State of Michigan Mihealth Identification Card (sample) .....	2.8

### Section 3

- **Care Coordination and Utilization Management** *(Last Revised September 2007)*

Case Management and Care Coordination .....	3.1
Utilization Management Process .....	3.6
Utilization Management Definitions .....	3.12
Utilization Management Review Decision Time Table .....	3.15
Agreement for Medical Peer Review Services .....	3.16
Physician's Review Organization of Michigan Referral Form .....	3.17
Confidentiality and Affirmative Statement .....	3.18
Provider Utilization Management Appeal—Post Service .....	3.19
Clinical Services Prior Authorization Request Form .....	3.23

**Section 4**

• **Service Summaries** *(Last Revised June 2007)*

Abortions .....4.1  
 Ambulance Services .....4.1  
 Chiropractic Services .....4.1  
 Durable Medical Equipment, Orthotics, and Prosthetics .....4.1  
 Emergency-Room Services .....4.1  
 Hearing Aids.....4.1  
 Home Health Care Services.....4.2  
 Hospice Services .....4.2  
 Mental-Health Services .....4.2  
 Optical and Vision Services .....4.2  
 Outpatient Dental Surgical Services.....4.2  
 Outpatient Service Referrals.....4.3  
 Pharmacy Services .....4.3  
 Sterilization Services .....4.3  
 Substance-Abuse Services.....4.3  
 Telemedicine .....4.4  
 Transplant Services .....4.4  
 Restricted Drug Classes.....4.5

**Section 5**

• **Claims and Billing** *(Last Revised June 2007)*

Claim Submission.....5.1  
 Claim Status .....5.1  
 Payments .....5.1  
 Billing Tools.....5.2  
 Billing Details.....5.2  
     Anesthesia .....5.2  
     Behavioral Health.....5.2  
     Children’s Specialty Clinic.....5.2  
     Chiropractor.....5.2  
     Custodial Care in a Nursing Facility .....5.3  
     Dental Services.....5.3  
     Emergency Services .....5.3  
     Eye Examinations (Routine).....5.3  
     Mental-Health Services *(see Behavioral Health)*  
     Observation Bed .....5.3  
     Other Health Insurance (OHI) .....5.3  
     Personal Care or Home Help Services (not Hospice/Home Health) .....5.3  
     Psychiatric Services *(see Behavioral Health)*  
     Sterilization .....5.3  
     Substance Abuse.....5.3  
     Telemedicine: Facilities.....5.3  
     Telemedicine: Practitioners .....5.4  
     Transplants .....5.4

**Section 5**

• **Claims and Billing** *(continued)*

Billing Details *(continued)*

Transportation (Medicaid Members).....5.4

Unclassified .....5.4

Urgent Care/Walk-in .....5.4

Billing Reminders.....5.4

Fraud and Abuse.....5.5

Claim Inquiries and Appeals .....5.5

Health Insurance Claim Form: CMS-1500 (sample).....5.8

Health Insurance Claim Form: UB-04 (sample).....5.9

**Section 6**

• **Provider Services** *(Last Revised November 2007)*

Access and Availability.....6.1

Changing a Member’s Primary Care Provider .....6.2

Clinical Practice Guidelines .....6.2

Disease Management Program .....6.2

Medical Records.....6.3

Preventive Behavioral Health Program .....6.5

Quality and Utilization Management .....6.5

    Quality and Utilization Improvement Program.....6.5

    Care of Children .....6.5

    Care of Women .....6.6

    Maternal and Infant Health Program.....6.6

Levels of Disciplinary and Adverse Action .....6.7

Provider Discipline and Adverse Action.....6.9

Provider Hearings and Appeals .....6.10

EPSDT Components by Age of Beneficiary .....6.16

Standards for Patient Access to Medical Care.....6.18

Standards for Patient Access to Behavioral Health Care .....6.19

DME Benefit Verification Request Form.....6.20