

# MEMBER HANDBOOK

A guide to your UPHP benefits



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## Welcome to Upper Peninsula Health Plan

Upper Peninsula Health Plan (UPHP) has a contract with the Michigan Department of Health and Human Services to provide health care services to Medicaid Enrollees. We work with a group of doctors and specialists to help meet your needs.

This handbook is your guide to the services we offer. It will also give you helpful tips about UPHP. Please read this book and keep it in a safe place in case you need it again. If you need another copy, it is available upon request and free of charge by contacting UPHP Customer Service. You can also access this handbook on our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

### INTERPRETER SERVICES

We can get an interpreter to help you speak with us or your doctor in any language. We also offer our materials in other languages. Interpreter services and translated materials are free of charge. Call UPHP Customer Service at 1-800-835-2556 (TTY: 711) for help getting an interpreter or to ask for our materials in another language or format to meet your needs. UPHP complies with all applicable federal and state laws with this matter.

### HEARING AND VISION IMPAIRMENT

TTY/TDD services are available free of charge if you have hearing problems. The TTY/TDD line is open 24/7 by calling 711.

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, transcription services, and assistive listening devices. We offer the Member Handbook and other materials in Braille and large print upon request and free of charge. Call UPHP Customer Service at 1-800-835-2556 (TTY: 711) to request materials in a different format to meet your needs.

UPHP makes sure services are provided in a culturally competent manner to all members:

- With limited English proficiency
- Of diverse cultural and ethnic backgrounds
- With a disability
- Regardless of gender, sexual orientation, or gender identity

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## Important Numbers and Contact Information

UPHP Customer Service Toll-Free Help Line	1-800-835-2556 or TTY: 711 Monday through Friday from 8 a.m. to 5 p.m. Eastern Time
UPHP Customer Service Help Line TTY/TDD	711
Website	<a href="http://www.uphp.com/medicaid/">www.uphp.com/medicaid/</a>
Address	853 W. Washington St., Marquette, MI 49855
24 Hour Toll-Free Emergency Line	1-877-615-2915
24 Hour Toll-Free Nurse Line	1-877-615-2915
Pharmacy Member Customer Service	1-888-274-2031 (24 hours a day)
Transportation Services (non-emergency)	1-800-835-2556 or TTY: 711 Monday through Friday from 8 a.m. to 5 p.m. Eastern Time
Dental Services	1-866-558-0280
Vision Services	1-800-835-2556 or TTY: 711 Monday through Friday from 8 a.m. to 5 p.m. Eastern Time
Mental Health Services	1-800-835-2556 or TTY: 711 Monday through Friday from 8 a.m. to 5 p.m. Eastern Time
To file a complaint about a health care facility	1-877-999-6442
To file a complaint about Medicaid services	1-800-835-2556
To request a Medicaid Fair Hearing	1-800-835-2556
Grievance and Appeals	1-800-835-2556
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	1-855-444-3911 <a href="http://www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect">www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect</a>
To report Medicaid fraud and/or abuse	1-800-835-2556 Monday through Friday from 8 a.m. to 5 p.m. Eastern Time
To find out information about domestic violence	1-866-VOICEDV (1-866-864-2338)
To find information about urgent care	1-800-835-2556 or TTY: 711 Monday through Friday from 8 a.m. to 5 p.m. Eastern Time
Michigan ENROLLS	1-888-367-6557
Michigan Beneficiary Help Line	1-800-642-3195 or TTY: 1-866-501-5656

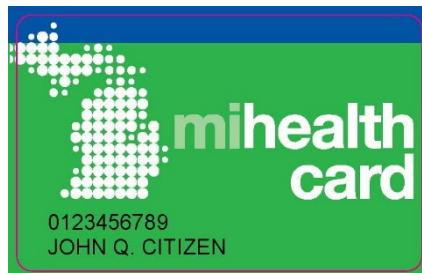
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MiChild Program	1-888-988-6300
MDHHS office locations and phone numbers	<a href="http://www.michigan.gov/mdhhs/inside-mdhhs/county-offices">www.michigan.gov/mdhhs/inside-mdhhs/county-offices</a>
Women, Infants and Children (WIC)	1-800-942-1636
Free service to find local resources. Available 24/7	211
Social Security Administration	1-800-772-1213 TTY/TDD: 1-800-325-0778
In an emergency	911
Suicide and Crisis Lifeline	988

## Identification Cards

### YOUR STATE ISSUED MEDICAID ID CARD

When you have Medicaid, the Michigan Department of Health and Human Services will send you a mihealth card in the mail. The mihealth card does not guarantee you have coverage. Your provider will check that you have coverage at each visit. You may need your mihealth card to get services that UPHP does not cover. Always keep this card even if your Medicaid coverage ends. You will need this card if you get coverage again.




If you have questions about this coverage or need a new mihealth card, you should call the Beneficiary Help Line at 1-800-642-3195. This number is located on the back of your mihealth card.

It is important to keep your contact information up to date so you don't lose any benefits. Any changes in phone number, email, or address should be reported to MDHHS. You can do this by calling your local MDHHS office or by visiting [www.michigan.gov/mibridges](http://www.michigan.gov/mibridges). If you do not have an account, you can create one by selecting "Register". Once in your account, when reporting changes, please make sure you do so in both the profile section and the report changes area.

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## YOUR UPPER PENINSULA HEALTH PLAN (UPHP) MEMBER ID CARD

You should have received your UPHP ID card in the mail. Call us if you have not received your card or if the information on your card is wrong. Each member of your family in our plan should have their own Member ID card.



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**Member Name:**  
**Member ID:**

**Primary Care Provider:**  
**PCP Phone:**

**Pharmacy:** Prime Therapeutics  
**BIN:** 017480  
**Group:**  
**PCN:**

This card is for identification purposes only. To ensure payment for covered care, providers should use the Michigan Eligibility Verification System.

If you have questions about this coverage or need a new UPHP Member ID card, you should call UPHP Customer Service at 1-800-835-2556 (TTY: 711).

### Important ID Card Notes

- Carry both cards with you at all times and show them each time you go for care.
- Make sure all of your information is correct on both cards
- Call your local MDHHS office to change your records if your name or address changes
- When getting care you may be asked to show a picture ID. This is to make sure the right person is using the card
- Do not let anyone else use your cards

### Getting Help from UPHP Customer Service

Our UPHP Customer Service Department can answer all of your questions. We can help you choose or change your doctor, find out if a service is covered, replace a lost ID card, find out how to appeal something we denied, find out how to file a grievance when you are unhappy with your care, help you understand written materials, and more. You can call us anytime.

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## CONTACT US

You may call us at 1-800-835-2556 (TTY: 711), Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. The call is free.

For **urgent** medical concerns regarding you or your child's health after hours, we can connect you to our medical Emergency Help Line for assistance. Call 1-877-615-2915.

## OUR WEBSITE

You can visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/) to access online services such as:

- Information on how to contact UPHP
- Preventative health information
- Health and wellness programs
- Updates on covered services
- Provider directory
- Grievance and appeal information
- Drug formulary
- Member Handbook
- UPHP Assist Member Portal

## CONFIDENTIALITY

Your privacy is important to us. You have rights when it comes to protecting your health information. UPHP recognizes the trust needed between you, your family, and your providers. UPHP staff have been trained in keeping strict member confidentiality.

## Transition of Care

If you're new to UPHP, you may be able to keep your doctors and services for at least 90 days from your enrollment date. Examples include medical, behavioral health, and pharmacy services.

If you are pregnant, you can stay with your doctor through the pregnancy and post-partum period.

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If you are a UPHP member and your doctor no longer participates with us, you can continue to see your doctor if you are receiving treatment for certain chronic diseases.

We will not approve continued care by a non-participating doctor if:

- You only require monitoring of a chronic condition
- The doctor has a restriction and you might be at risk
- The doctor is not willing to continue your care
- Care with the non-participating doctor was started after you enrolled with UPHP
- The doctor does not meet UPHP policies or criteria

UPHP will help you choose new doctors and help you get services in our network. Your doctor may call UPHP Customer Service if they want to be in our network.

If you are receiving Children's Special Health Care Services (CSHCS), please contact us for help transitioning your care services.

Please contact us at 1-800-835-2556 (TTY: 711) to request transition of care services or if you have any questions about your care.

## Getting Care

### CHOOSING A PRIMARY CARE PROVIDER

When you enroll in our plan, you will need to choose a primary care provider (PCP). Your PCP is the health care provider or doctor who takes care of all your health needs. You can choose a different doctor for each family member or you can choose one doctor for the whole family.

You can choose one of the following provider types as your primary care provider:

- General practice doctor
- Family practice doctor
- Nurse Practitioner
- Internal medicine doctor
- Pediatrician doctor
- OB/GYN doctor

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If you do not choose a doctor within 30 days of enrollment, we will select one for you. You can change your doctor anytime.

You do not need a referral to see an in-network pediatrician or OB/GYN provider for routine and preventive health services.

You can use our Provider Directory to find doctors and specialists that are in our network. The Provider Directory lists addresses, office hours, languages spoken, and information about accessibility. It is located at [www.uphp.com/providers/provider-directory](http://www.uphp.com/providers/provider-directory). You can view or print the provider directory from the website. You can also request a copy of our provider directory, free of charge by calling 1-800-835-2556 (TTY: 711). Remember provider information changes often. Visit our website for the most up-to-date information. Call UPHP Customer Service if you need help finding a doctor.

You can also get medical care from these types of medical providers: Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHCs), Indian Health Care Providers (IHCPs) (as applicable).

If you have certain health care needs, you may be able to choose a specialist as your primary care provider. Talk to your doctor or call UPHP Customer Service for more information.

Make sure you ask the provider office if they participate in the UPHP network.

## GETTING CARE FROM YOUR DOCTOR

Your doctor's office should be your main source for medical health. You should see your doctor for preventive checkups. Call your doctor's office to make an appointment or if you have questions about your medical care. If you need help setting up an appointment, please call us at 1-800-835-2556 (TTY: 711).

Your visit is important. Please be on time. Call the office as soon as you can if you cannot make it to your visit. You can set up a new visit when you call to cancel. Some offices will not see you again if you do not call to cancel.

## GETTING CARE FROM A SPECIALIST

If you need care that your doctor cannot give, they will refer you to a specialist who can. Your doctor works with you to choose a specialist and arrange your care. If you have special health care needs or a chronic health problem like diabetes or renal disease, you may be able to have a specialist take care of you as your PCP. Talk to your doctor or call UPHP Customer Service for more information.

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## OUT-OF-NETWORK SERVICES

You must get most of your care from providers in our provider network. UPHP Customer Service can help you find a provider in our network.

If we do not have a doctor or specialist in our provider network in your area who can give you the care you need, or if we do not have a provider that can see you timely, we will get you the care you need from a provider outside our network. This is called an out-of-network referral. We will only cover the services by an out-of-network provider if we are unable to provide a necessary and covered service in our network and if you have approval before your appointment. We will coordinate payment with the out-of-network provider. We also ensure that the cost to you is no greater than it would be if the service was provided in-network.

### **Out of County Services**

UPHP offers services in all counties of the Upper Peninsula. UPHP also has in-network providers who work outside of the Upper Peninsula. Call UPHP Customer Service for more information.

### **Out of State Services**

All services out of the state require prior authorization if they are not in our network.

### **Out of Country Services**

Health care services provided outside the country are not covered by UPHP.

## PHYSICIAN INCENTIVE DISCLOSURE

You may ask if we have a special financial arrangement with our doctors that can affect the use of referrals and other services that you might need. If you have questions about this, please call UPHP Customer Service.

## PRIOR AUTHORIZATION

Some services and medications will need to be approved before you or your child can get them. This is called Prior Authorization (PA). Your doctor needs to fill out a Prior Authorization Request Form and send it to us if you need care that requires PA. We must approve the PA request before you get the care. If we do not approve the service, we will notify the doctor and send you a written notice of the decision.

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## GETTING A SECOND OPINION

If you do not agree with your doctor's plan of care for you, you have the right to a second opinion. There is no additional cost to you for a second opinion from a UPHP network provider. Second opinions do require prior authorization from us. Please call UPHP Customer Service to learn how to get a second opinion.

## Information About Your Covered Services

It is important you understand the benefits covered under your plan. As a UPHP member you do not have to pay co-pays for covered services under the Medicaid or Healthy Michigan Plan. See Cost Sharing and Copayments section for more information.

If there are any significant changes to the covered services outlined in this handbook, we will notify you in writing at least 30 days before the date the change takes place.

This list of benefits and exclusions may not be a complete list. More benefits not listed here may be available. Limits and exclusions may apply to each item on this list. Your Certificate of Coverage (COC) has the complete list of covered care. The COC is available on our website at [www.uphp.com/medicaid/importantdocumentsforms/](http://www.uphp.com/medicaid/importantdocumentsforms/).

**Make sure a service is covered before the service is done. You may have to pay for services not covered by UPHP under the Medicaid program.**

UPHP does not deny reimbursement or coverage for services on any moral or religious grounds.

## TELEHEALTH/TELEMEDICINE SERVICES

Telehealth/Telemedicine care is a convenient way to get care for a variety of common illnesses and mental health needs without having to go to the emergency room or urgent care. For non-emergency issues, including the flu, allergies, rash, upset stomach, other illnesses, and mild to moderate mental health care, you can connect with a provider through your phone or computer to receive care where you are, when you need it. Providers can diagnose, treat, and even prescribe medicine, if needed. Call your provider's office to see if they offer telehealth services. UPHP Customer Service can also assist you with virtual care options.

## BENEFITS MONITORING PROGRAM

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY: 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

We participate in MDHHS' Benefits Monitoring Program. This program helps ensure you're using the correct benefits and services to manage your care. If the services you use aren't needed for your health condition, we'll enroll you in this program. We'll teach you the proper use of medical services and help you get services from appropriate providers. Examples of things that could get you enrolled in this program include:

- Going to the emergency room when it's not an emergency
- Seeing too many different doctors instead of your primary care doctor
- Getting more medicines than may be safe
- Activity that may indicate fraud

Using the right health services in the right amount helps us make sure you're getting the very best care.

### Covered services include:

<b>Children's Care</b>	
Newborn	Covered
Immunizations & Vaccines (shots)	You can get these at a provider's office, local health department, federally qualified health center or pharmacy (ages three and older). They are covered according to the Centers for Disease Control and Prevention (CDC).
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (Under age 21)	This includes: <ul style="list-style-type: none"> <li>• Well-care visits</li> <li>• Health education</li> <li>• Vision testing</li> <li>• Behavioral screening</li> <li>• Nutrition assessment</li> <li>• Immunizations</li> <li>• Hearing testing</li> </ul>
Lead Screening	Lead screening can be done at the provider's office or local health department. The first blood test should be done before age one. A second test is due before age two.

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Office Visits	Well-care visits and sick visits are covered. Children may see a pediatrician, certified practitioner or family nurse practitioner. These services are covered when done by in-network providers. Check with your PCP about family nurse practitioner services outside your PCP's office.
<b>Emergency/Urgent/Hospital Care</b>	
Emergency Room Care, Ambulance and other Emergency Transportation	<p>Emergency care is care given for a medical emergency when you believe that your health is in serious danger. An emergency could be:</p> <ul style="list-style-type: none"> <li>• A broken bone</li> <li>• Severe bleeding</li> <li>• Severe and unfamiliar pain</li> <li>• Serious breathing problems</li> <li>• Chest pain</li> </ul> <p>Emergency care does not need prior authorization. You can get this care out-of-network, including post-stabilization care. Post-stabilization care includes the care you get after an emergency to make you stable or to maintain, improve or resolve your health condition. Ambulance services for emergency transportation are covered.</p>
Medical Inpatient Care	Hospital inpatient care is covered when medically necessary. UPHP requires notification of inpatient admissions within one business day of admission for out-of-network hospitals. UPHP requires prior authorization for planned out-of-network hospital admissions.

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Urgent Care Visits	<p>Urgent care is care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not too severe it requires emergency room care. Some examples of urgent care:</p> <ul style="list-style-type: none"> <li>• Minor sore throat</li> <li>• Earache</li> <li>• Minor cuts and scrapes</li> <li>• Slight fever</li> <li>• Colds</li> </ul> <p>If you need urgent care during office hours, after office hours or on weekends, call your PCP for directions. Your PCP may tell you to get services at an urgent care center in-network or may see you personally.</p>
<b>General Health Care</b>	
Office Visits	Covered
Specialist Visits	Covered
Flu Shots & Immunizations	Covered
Preventative Services	Covered
Out-of-State/Out-of-Network Services	Covered when UPHP has approved a prior authorization (PA) request for the service.
<b>Hospice</b>	
Hospice Care	Hospice care is special care for people who are dying. Your PCP will talk with you about this care and refer you if you need it.
<b>Mental Health</b>	
Outpatient Mental Health Care	<p>UPHP provides outpatient mental health care visits. You do not need a referral from a provider for mental health care. You must call a mental health provider listed at <a href="http://www.uphp.com/providers/providerdirectory/">www.uphp.com/providers/providerdirectory/</a>. Out-of-network mental health providers require prior authorization from UPHP. We do not cover inpatient mental health or substance use disorder care. This care is covered by the State of Michigan. See “Services covered by the State of Michigan but Not by UPHP” for more information.</p>
<b>Outpatient Care</b>	

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Office Visits	Office visits (routine physical exams, routine care and sick visits) are covered.
Home Health	Care given in the home by a home health care agency, registered nurse, licensed practical nurse or physical therapist is covered.
Restorative/Rehabilitative Services	Your PCP can help you to get some restorative/rehabilitative services in your home, in a nursing home or in another outpatient facility. These services may include physical and occupational therapy, speech language services and other services.
Therapies	<p>These services include:</p> <ul style="list-style-type: none"> <li>• Speech therapy</li> <li>• Physical therapy</li> <li>• Occupational therapy</li> <li>• Aqua therapy</li> </ul> <p>Prior authorization is required if you need more than 144 units of physical and occupational therapy or 36 visits of speech therapy per calendar year.</p>
Skilled Nursing Facility	In some cases, services provided in a skilled nursing facility (such as a nursing home), may be a benefit. Check with your provider if you have questions. There is a 45-day limit per 12 months for this care. UPHP requires notification of your admission to a skilled nursing facility within one business day of admission.
Long-Term Acute Care Hospital Services (LTACH)	UPHP requires notification of admission within one business day of admission.
Specialty Care	A specialist is a licensed physician specialist focused on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. These services are covered when given by in-network providers or if UPHP approves you to see an out-of-network provider. Check with your PCP about services outside your PCP's office. Questions? Call UPHP Customer Service at 1-800-835-2556 (TTY: 711), Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. The call is free. Visit our website at <a href="http://www.uphp.com/medicaid/">www.uphp.com/medicaid/</a> .

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Diagnostic Testing	<p>UPHP covers radiology services and lab tests when ordered by your provider. Services can include:</p> <ul style="list-style-type: none"> <li>• Blood tests</li> <li>• Urinalysis and urine cultures</li> <li>• Radiology services (X-rays)</li> </ul>
Genetic Testing	UPHP requires prior authorization for genetic testing.
End-stage Renal Disease (ESRD) Services	Covered
<b>Pharmacy Benefits</b>	
Medicine	<p>Your provider will give you a prescription when you need medicine. UPHP has a list of drugs (also called a formulary) for all your providers to use. Medicine prescribed by a specialist your PCP has sent you to will be covered as noted on the drug list. The drug list indicates if a brand or a generic medicine is preferred. All providers must get permission to use drugs not on the UPHP list. The drug list can change at any time.</p> <ul style="list-style-type: none"> <li>• UPHP Medicaid Formulary (list of covered drugs): <a href="http://www.uphp.com/pharmacy/medicaidformularies/">www.uphp.com/pharmacy/medicaidformularies/</a>.</li> <li>• Some drugs are noted on the UPHP Medicaid Formulary as MDHHS carve-out drugs. These drugs are covered but paid for by Fee-for-Service (FFS) Medicaid.</li> <li>• For a drug to be covered, it's manufacturer must also participate in the Medicaid Drug Rebate Program: <a href="http://www.uphp.com/pharmacy/labeler-reference-for-ndcs-included-under-the-medicaid-drug-rebate-program/">www.uphp.com/pharmacy/labeler-reference-for-ndcs-included-under-the-medicaid-drug-rebate-program/</a>.</li> </ul>
<b>Surgery</b>	

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<p>Inpatient, Ambulatory, Outpatient, Emergency and Reconstructive Surgeries</p>	<p>Surgery for a medical emergency is covered.</p> <p>Plastic surgery is only covered when necessary to treat illness or injury. Breast reconstruction surgery is covered after a mastectomy (breast removal). Breast reduction surgery is covered when medically necessary.</p> <p>UPHP requires prior authorization for breast reduction surgery, panniculectomy (removal of excess skin after weight loss), gender affirmation surgery (surgery to change your gender) and planned surgeries at out-of-network hospitals.</p>
<p>Transplants</p>	<p>If you have a medical need for an organ or tissue transplant, your providers will work with UPHP to plan the transplant and related services. Transplants must be medically necessary and non-experimental.</p>
<p><b>Women's Care</b></p>	
<p>Family Planning</p>	<p>Family planning care is covered. Both men and women can get this care. Family planning lets you decide when the time is right for you to have a baby. It lets you decide the number and spacing of your children so you can give them what they need to grow up happy and healthy. Family planning services include:</p> <ul style="list-style-type: none"> <li>• Provider visits</li> <li>• Exams</li> <li>• Pregnancy testing</li> <li>• Birth control counseling</li> <li>• Birth control methods (including intrauterine devices, condoms and birth control pills)</li> <li>• Testing for sexually transmitted infections</li> <li>• HIV/AIDs testing and services</li> </ul> <p>You may get these services without a referral from your PCP. UPHP does not require any prior authorization for family planning services, including out-of-network services/providers.</p>

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Obstetric and Maternity Care	<p>Please call UPHP Customer Service and your MDHHS caseworker to tell us you are pregnant. You are covered for:</p> <ul style="list-style-type: none"> <li>• Provider and hospital care before your baby is born (prenatal care)</li> <li>• Delivery</li> <li>• Care after birth (postpartum care)</li> <li>• Certified midwife care</li> <li>• Doula services (Up to 12 doula visits during the prenatal and postpartum periods, and one visit during labor and delivery. Additional visits may be covered when authorized.)</li> <li>• Birthing and parenting classes</li> </ul> <p>You may choose an obstetrician (OB) of your choice who will accept UPHP. Prior authorization is not required, including out-of-network OB providers. If you think you may be pregnant, see your provider as early as possible.</p>
Well-care for Women	<p>You may see an in-network OB or OB/GYN for routine care without a referral or prior authorization. Covered care includes:</p> <ul style="list-style-type: none"> <li>• One routine gynecological exam every 12 months</li> <li>• Mammogram/breast cancer screening (ages 50 and older)</li> <li>• Surgical breast biopsy</li> <li>• Treatment of cancer is also covered</li> </ul>
Sterilization	Requires signed consent.
Abortions	If medically necessary as defined by Michigan state law.
<b>Other Covered Care and Programs</b>	
Maternal Infant Health Program (MIHP)	<p>The MIHP is a home visiting program for women and infants to promote healthy pregnancies, positive birth outcomes and healthy infant growth and development. MIHP- covered services include:</p> <ul style="list-style-type: none"> <li>• Preventive counseling</li> <li>• Assessments/Evaluations</li> <li>• Birthing classes</li> <li>• Parenting classes</li> <li>• Transportation to appointments</li> </ul>

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	While enrolled in MIHP, UPHP will provide expanded non-emergent medical transportation (NEMT) benefits normally covered through your local Department of Health and Human Services (DHHS). This includes outpatient substance use disorder, community mental health, Women, Infants and Children (WIC) and dental appointments.
Health Department Services	<p>If you do not get these services from your PCP, your local health department may give you:</p> <ul style="list-style-type: none"> <li>• Blood-lead testing and follow-up for those younger than 21 years</li> <li>• Immunizations (shots)</li> <li>• Testing and treatment for communicable diseases</li> <li>• Testing and treatment for sexually transmitted infections</li> <li>• Health education</li> <li>• Family planning</li> </ul>
Health Education	Covered
Tobacco Cessation	<p>UPHP offers the following as part of a Quitting Tobacco Wellness Program:</p> <ul style="list-style-type: none"> <li>• Quitting smoking and tobacco use counseling visits with your provider.</li> <li>• Michigan Tobacco Quitline (1-800-784-8669). You may be eligible to receive a gift card for completing four counseling calls with the Quitline.</li> <li>• Many medications to help stop tobacco use. For free texting programs and apps go to <a href="http://smokefree.gov/">smokefree.gov/</a>.</li> <li>• EX Program, a personalized digital quit-tobacco program offered from Truth Initiative.</li> </ul>
Durable Medical Equipment (DME)	We cover equipment and supplies ordered by a health care provider for everyday or extended use such as oxygen equipment, wheelchairs or crutches. You need a prescription from your provider and should use a UPHP DME provider. You may have to pay for any DME not covered by UPHP. Some DME items require prior authorization.
Prosthetics/Orthotics	May require prior authorization.

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Chiropractic Care	UPHP covers 18 visits every calendar year. Visits include manual manipulation of the spine and spinal x-ray. If you need more visits, prior authorization is required.
Podiatry Services	Covered
Hearing Services	We cover services and supplies for the diagnosis and treatment of diseases of the ear, including: <ul style="list-style-type: none"> <li>• Hearing exams</li> <li>• Medically necessary hearing aid evaluations and fittings</li> <li>• Medically necessary hearing aids</li> </ul>
Eye Care and Eyewear	UPHP covers one eye exam and one pair of eyewear every two years. Contact lenses require prior authorization. Members 21 and older may receive one replacement pair of eyewear per year. If you are under 21 years old, you get two replacement pairs of eyewear each year. Replacement eyewear is considered lost or broken beyond repair and must be identical to the previous eyewear. Additional visits and eyewear may be covered if medically necessary and may require prior authorization. If you need an eye exam or new eyewear and you do not have an eye doctor, UPHP Customer Service can help you locate one. If you already have an eye doctor for your eye care, ask if they are a UPHP provider before making an appointment. If you have diabetes, see an eye care specialist every year for a dilated eye exam.
Medically Necessary Weight-reduction Services	Your PCP can help you reduce your weight when needed for medical reasons. Sometimes your PCP might refer you to another provider or other services. Prior authorization is required for bariatric (weight loss) surgery. UPHP also covers two nutrition therapy visits per calendar year.

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<p>Non-Emergent Medical Transportation (NEMT)</p>	<p>UPHP provides NEMT for UPHP Medicaid, Healthy Michigan Plan and CSHCS.</p> <p>Transportation assistance is available to members who:</p> <ul style="list-style-type: none"> <li>• Are not in an emergency or medical crisis</li> <li>• Need to attend a UPHP covered medical appointment, such as: <ul style="list-style-type: none"> <li>○ Doctor appointment</li> <li>○ Durable medical equipment</li> <li>○ Prescription pick-ups</li> <li>○ Other UPHP Medicaid or MDHHS covered services</li> </ul> </li> </ul> <p>Mileage reimbursement is available for members who drive themselves or have a family member or friend who can take them to their appointments.</p> <p>Cases in which a member cannot provide their own transportation, UPHP can arrange transportation. A transportation request should be submitted at least five business days before appointment. UPHP Transportation will use the most cost-effective means to meet the members' medical needs, via a bus, cab, wheelchair van or a UPHP volunteer driver.</p> <p>Assistance is dependent on need, availability and location of the appointment. If you cancel or change an appointment, you need to call UPHP Transportation before the day of the appointment. You can view the rules or request transportation help by going online to <a href="http://www.uphp.com/transportation/">www.uphp.com/transportation/</a> or by calling UPHP Transportation at 1-800-835-2556 (TTY: 711).</p>
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## CARE COORDINATION

Do you have a chronic health problem or disability? Do you have barriers that are causing you issues with accessing your care? Do you see multiple providers or need special care? It's easy

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to feel overwhelmed with being in charge of your care if you have many health issues and see many providers. It can add more stress to your daily life. We are here to help you!

Our goal is to offer personalized care coordination services to help guide you through health care. We have nurses, care coordinators, social workers, and other health experts to help you get the best care possible from your care team.

The care coordination program focuses on you and your needs. We help you reduce the barriers you are having accessing your care by linking you to services and resources near you to help improve your health. We also assist you in reducing your barriers by helping to arrange care with your care team and providers. This ensures you are able to better manage your health and improve your quality of life.

### **How Can Care Coordination Help You?**

If you are eligible, you will be assigned your own care coordinator. This person helps you address and eliminate barriers that cause you issues with obtaining care by:

- Completing assessments and reviewing medications
- Making a plan of care to help you identify and meet your health goals
- Linking you with services and community resources near you, including the local health departments
- Helping you better control your healthcare needs
- Collaborating with your providers
- Taking a person-centered approach in the management of your care needs by supporting you and your care team with understanding the medical and behavioral health benefits

Call UPHP Customer Service for more information about the care coordination program.

### **CARE MANAGEMENT**

We offer a care management program for members with chronic and/or complex health conditions. This is a voluntary program that allows you to talk with a care coordinator about your health care. A care coordinator helps you:

- Coordinate care between health care providers
- Set personal goals to manage your medical conditions

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- Talk to your doctors or other providers when you need help
- Understand your medical conditions
- Access community-based supports, services, and resources

If you are interested in joining this program, please call UPHP Customer Service to be connected with a care coordinator.

## CHILDREN'S HEALTH

Children change a lot as they grow. They should see their doctor at least once a year to check their growth, even if they are healthy. This is known as a well-child visit. Well-child visits are a good time for you to ask questions about your child's health and how it can be better. Children can see a pediatrician for routine preventive care and well-child visits without a referral. Children up to three years old are recommended to have a developmental screening done with their doctor once a year.

Babies from birth through 15 months need at least six well-child visits. These visits often are at these ages:

3-5 days	2 weeks	1 month
2 months	4 months	6 months
9 months	12 months	15 months

It is important for your child to get a blood lead test once before age one and again before age two. Children who are at risk or who are high risk should be checked more often. These children should be tested at least one time per year. Children who are high risk are those who have had lead poisoning in the past. This includes children who live in old homes or apartments. Lead poisoning can happen even if you do not live in an older home. Lead can be found in paint, soil, ordinary dust, playgrounds, and toys, as well as other places. Have your child tested for lead poisoning so that it may be treated. If untreated, lead poisoning can lead to disabilities and behavioral problems. This simple test will help keep your little one on track!

Teenagers should also receive annual well-child visits. At these visits, teens will have their height, weight and BMI checked. Providers can talk about health, safety and preventive measures that are useful to teens. Required immunizations can also be given at these visits.

### Early Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT is a special healthcare program for children under 21 years of age who are covered by Medicaid. Under EPSDT, children and teens enrolled in Medicaid receive all recommended preventive services and any medical treatment needed to promote healthy growth and

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development. EPSDT can provide coverage for medically necessary services even if these are not normally covered by Medicaid. For more information on EPSDT, go to the Bright Futures website [www.aap.org/en/practice-management/bright-futures](http://www.aap.org/en/practice-management/bright-futures).

EPSDT checkups include:

Well-care visits	Physical and mental developmental/behavioral assessments
Health history and physical exam, including school and sports physicals	Crucial lab tests, including lead screening
Developmental screening	Nutrition assessment
Health education guidance	Immunizations
Hearing, vision, and dental screening assessment	Follow-up services

### Children’s Special Health Care Services

If your child has a serious, chronic medical condition, they may be eligible for Children’s Special Health Care Services (CSHCS).

CSHCS provides extra support for children and some adults who have special health care needs. This is in addition to the medical care coordination from UPHP.

There is no cost for this program. It doesn’t change your child’s UPHP benefits, service, or doctors. CSHCS provides services and resources through the following resources through the following agencies.

#### **MDHHS Family Center for Children and Youth with Special Health Care Needs:**

This center provides a parent support network and training programs. It may also provide financial help for conferences about special needs and more. If you have questions about this program, call the CSHCS Family Phone Line at 1-800-359-3722 from 8 a.m. to 5 p.m. Monday through Friday.

#### **Local County Health Department:**

Your local county health department can help you find local resources. These may include parent support groups, adult transition help, childcare, vaccines and more. For help finding your local county health department, visit your county’s website or [www.Michigan.gov](http://www.Michigan.gov). Call UPHP Customer Service for assistance.

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## **Children's Special Needs Fund:**

The Children's Special Needs fund helps families get items not covered by Medicaid or CSHCS. These items promote the health, mobility, and development of your child. They may include wheelchair ramps, van lifts and mobility equipment. To see if you qualify for help from this fund call 1-517-241-7420.

## **CSHCS member transitioning to adulthood**

We can help members who have special health care needs on how to plan a successful move from pediatric health care to adult health care services.

## **COMMUNITY HEALTH WORKERS (CHW)**

Community Health Workers are the front-line public health workers within the community, assisting members with navigating health care. CHWs serve as a bridge between health care and social services by building trusting relationships. CHWs full range of services include:

- Meeting face to face to improve your access to health care
- Helping others find providers and set up visits
- Finding local support like food and housing
- Teaching ways to live a healthy life
- Helping with provider follow-up visits after going to the hospital or emergency room
- Helping set up rides for medical or pharmacy visits

Contact UPHP Customer Service for more information.

## **DENTAL SERVICES**

Dental care is important. We offer dental coverage to all beneficiaries ages 19 and above enrolled in Healthy Michigan Plan, as well as all enrollees ages 21 and older, enrolled in Medicaid. We are contracted with Delta Dental to provide your dental benefits. We are contracted with many dentists to provide dental benefits.

If you have any questions about your dental services, please contact Delta Dental at 1-866-558-0282. You can also view the Delta Dental handbook at [www.deltadentalmi.com/Member/Plans/Medicaid-Medicare-Advantage/Healthy-Michigan-Plan](http://www.deltadentalmi.com/Member/Plans/Medicaid-Medicare-Advantage/Healthy-Michigan-Plan).

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**Covered dental services include:**

<b>Dental Services</b>	
Oral exam	1 in 6 months
Comprehensive Periodontal Evaluation	1 in 12 months  Note: comprehensive periodontal evaluation is not a covered benefit when billed in conjunction with or within six months of other oral exams.
Assessment	1 in 6 months
Bitewing X-rays	1 in 12 months
Full mouth or panoramic X-rays	1 in 5 years
Teeth cleaning (prophylaxis)	1 in 6 months
Scaling in the Presence of Inflammation	1 in 6 months  Note: scaling in the presence of inflammation is not covered within 6 months of prophylaxis, scaling and root planing, periodontal maintenance or debridement procedures.
Periodontal Maintenance	1 in 6 months  Note: Any combination of teeth cleanings (prophylaxis, scaling in the presence of inflammation and periodontal maintenance procedures) are covered once per 6 months.
Scaling and Root Planing	1 in 2 years per quadrant, maximum of 2 quadrants per day. Requires prior authorization.
Sealants	1 in 3 years for first and second primary (baby) molars and first and second permanent (adult) premolars and molars.
Fillings	Covered
Sedative filling	Covered
Crowns, including porcelain, metal and resin based	1 in 5 years, requires prior authorization.
Crown buildup, including pins	Covered, requires prior authorization

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Re-cement crowns and bridges	Covered
Root canals	Covered
Extractions, simple and surgical	Covered
Limited other oral surgery	Covered
Emergency treatment of dental pain	Covered
IV sedation	When medically necessary.
Complete denture	1 in 5 years
Partial denture	1 in 5 years
Denture adjustments and repairs	Covered
Dentures rebase and reline	1 time in 2 years

In addition, if you are under age 21, the services listed below are also covered for you:

- Fluoride varnish (1 in 6 months)
- Topical application of fluoride (1 in 6 months) Note: topical application of fluoride cannot be combined with fluoride varnish within the same six months.
- Temporary partial denture (only to replace front teeth)
- Stainless steel crown (prefabricated) (1 in 2 years on same tooth)

Please note: Children under age 21 and enrolled in Medicaid are automatically enrolled into the **Healthy Kids Dental program**. The two plans available are Blue Cross Blue Shield of Michigan and Delta Dental of Michigan. You will get an identification card and Member Handbook from the dental plan you are enrolled in. If you are enrolled in this program, please refer to your Healthy Kids Dental Member Handbook for information on your dental benefits. You can also call the Michigan Beneficiary Helpline at 1-800-642-3195 for help.

Blue Cross Blue Shield of Michigan  
Michigan Health Insurance Plans ([www.bcbsm.com/index/](http://www.bcbsm.com/index/))  
Phone: 1-800-936-0935

Delta Dental of Michigan  
Individual Dental Plans | Delta Dental of Michigan ([www.deltadentalmi.com/](http://www.deltadentalmi.com/))  
Phone: 1-866-696-7441

## DURABLE MEDICAL EQUIPMENT

Some medical conditions need special equipment. Durable medical equipment we cover includes:

- Equipment such as nebulizers, crutches, wheelchairs, and other devices

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- Disposable medical supplies, such as ostomy supplies, catheters, peak flow meters and alcohol pads
- Diabetes supplies, such as lancets, test strips, insulin needles, blood glucose meters and insulin pumps.
- Prosthetics and orthotics – Special note: Prosthetics replace a missing body part, such as a hand or leg. They may also help the body function. Orthotics correct, align, or support body parts that may be deformed.

To get durable medical equipment, you need a prescription from your doctor. You may also need prior authorization from us. You must get your item from a network provider. To find network durable medical equipment providers, call UPHP Customer Service.

## EMERGENCY CARE

Emergency care is for a life-threatening medical situation or injury that a reasonable person would seek care right away to avoid severe harm. Here are some examples of emergencies:

Convulsions	Broken bones
Uncontrollable bleeding	Loss of consciousness (fainting or blackout)
Chest pain	Jaw fracture or dislocation
High fever	Tooth abscess with severe swelling
Serious breathing problems	Knife or gunshot wounds

If you believe you have an emergency, call 911 or go to the emergency room. You do not need an approval from UPHP or your doctor before getting emergency care. You can go to any hospital. Be sure to follow up with your doctor to make sure you get the right follow-up care and services.

## HEALTHY BEHAVIORS

You may be eligible to participate in a healthy behavior incentive program. To get more information, call UPHP Customer Service.

## HEARING SERVICES

How well you hear affects your quality of life. We cover services and supplies for the diagnosis and treatment of diseases of the ear, including:

- Hearing exams

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- Medically necessary hearing aid evaluations and fittings
- Medically necessary hearing aids

If you need a hearing exam or think you need hearing aids, call UPHP Customer Service. You can also call a provider from our list of hearing providers.

## HEPATITIS C

Treatment is available for Hepatitis C. Hepatitis C is a liver infection caused by the Hepatitis C virus. It's spread through contact with blood from an infected person, even amounts too small to see. People with Hepatitis C often don't feel sick or show symptoms. When symptoms do appear, they're often a sign of advanced liver disease. It's important to get tested (screened) for Hepatitis C before it becomes severe, when it's easier to treat. All adults should be screened for Hepatitis C at least once. Pregnant beneficiaries should be screened during each pregnancy.

For members under age 21, the screening is covered under the Early and Periodic Screening, Diagnosis and Treatment program, or EPSDT. This includes coverage of any medically necessary follow-up services and referrals.

## HOME HEALTH CARE, SKILLED NURSING SERVICES AND HOSPICE CARE

Sometimes, you may need long-term care. To help you get the care you need, we may cover:

- Short-term nursing home services up to 45 days in a nursing facility (long-term care is provided by the State of Michigan)
- Home health care services for members who are homebound
- Supplies and equipment related to home health care
- Hospice care

## HOSPITAL CARE

Hospital care is for care like delivering a baby or taking care of a bad sickness. It also covers care you would get in the hospital, like lab tests or x-rays. Your doctor sets up your hospital care if you need it. A different doctor at the hospital may fill in for your doctor to make sure you get the care you need if an emergency happens.

You should call your doctor as soon as you are admitted (checked in) to the hospital if it was not arranged by your doctor. Ask a family member or friend to call for you if you cannot. It is important to call your doctor right away and set up a visit within seven days of being sent home. You can talk about and arrange your care after you leave the hospital during this follow-up visit.

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## MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

We want you to feel your best, including your mental and emotional feelings. To help you, we cover short-term treatment for mental or emotional needs. This applies to members with mild to moderate mental health services. These visits may be with a network therapist, such as a counselor, licensed clinical social worker or psychologist. Telehealth may be an option for you. Talk to your mental health provider to learn more. Treatment for long term, severe mental conditions, or severe emotional disturbances for children, as well as inpatient and intensive outpatient treatment must be arranged through the local Community Mental Health Services Program (CMHSP) agency. CMHSP can also help refer you to the right local agency when you or a family member has problems or concerns about drugs or alcohol. If you feel you have a substance abuse problem, we encourage you to seek help. If you need help getting services, call your doctor or UPHP Customer Service.

### **Signs and symptoms of substance abuse:**

- Failure to finish jobs at work, home, or school
- Being absent often
- Performing poorly at work or school
- Using alcohol or drugs when it is dangerous. This includes while driving or using machines.
- Having legal problems because of drinking or drug use
- Needing more of the substance to feel the same effects
- Failing when trying to cut down
- Failing when trying to control the use of the substance
- Spending a lot of time getting the substance
- Spending a lot of time using the substance
- Spending a lot of time recovering from the substance's effects
- Giving up or reducing important social, work, or recreational activities because of substance use
- Continuing to use the substance even though it has negative effects

If you have questions about your mental health or substance abuse benefits call UPHP Customer Service at 1-800-835-2556 (TTY: 711). You can also call your local CMHSP agency.

**If you need emergency care for a life-threatening condition, or if you're having thoughts of suicide or death, go to the nearest emergency room or call 911. You can also call the Suicide and Crisis Lifeline by dialing 988. Help is available for you now.**

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## OBSTETRICS AND GYNECOLOGY CARE

You may get routine obstetrics and gynecology (OB/GYN) care and other health services, including routine and preventive services from any provider in our network. You don't need a referral or prior authorization. This includes getting routine care from your OB/GYN even if they aren't your primary care doctor.

To make sure you get the care you need to be at your best for you and your family, we cover:

Family Planning	Prenatal and postpartum care
Pregnancy testing	Midwife services in a health care setting
Birth control and birth control counseling	Delivery care
HIV/AIDS testing and treatment of sexually transmitted diseases	Parenting and birthing classes
Pregnancy and maternity care, including the Maternal Infant Health Program	Mammograms and breast cancer services, such as treatment and reconstruction
Doula Services	Pap tests
Depression Screening	

### Family Planning Services

Family planning care is covered. Both men and women can get this care. Family planning is an important part of staying healthy. You can get family planning information from your doctor, OB/GYN, or a Family Planning Center. You do not need a referral from your doctor for this care. Please contact UPHP Customer Service as soon as you discover you are pregnant to help maximize the support and benefits available to you.

Family planning services include:

- Counseling to help you decide when to have children
- Help to decide how many children to have
- Birth control services and supplies  
(It is recommended to get a Pap test and chlamydia test before getting birth control)
- Sexually transmitted disease testing and treatment
- Testicular and prostate cancer screening

### Pregnancy Services

If you are pregnant, early and regular checkups can help protect you and your baby's health. Care should start within the first 12 weeks of pregnancy. Oral care is also important for you

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and your baby while you are pregnant. Routine dental care can be done during pregnancy. Please call UPHP Customer Service and your local MDHHS office as soon as you find out you are pregnant so we can provide support.

### Postpartum Care

It's important to take care of yourself after you have a baby. You should have a postpartum checkup 7 to 84 days after your pregnancy. We cover this exam.

The doctor may check your blood pressure and your weight. They may talk to you about birth control, feeding options, and provide other postpartum counseling. You can also talk to your doctor about any new feelings you may have.

**When you have your baby, let us know.** Call your local MDHHS office so your records can be updated. Also call UPHP Customer Service to report the change. This starts the process of signing your baby up for health care services. Your baby is covered by your health plan at the time of birth. Make sure you tell us the day you gave birth, your baby's name, and your baby's Medicaid ID number that you get from your local MDHHS office. We will send a member ID card for your baby within 30 days after we get this information. Call UPHP Customer Service if you need help.

### Change in Family Size

When you experience a change in family size, contact UPHP Customer Service to let us know and we will be able to assist you. A change in family size includes marriage, divorce, childbirth, adoption and/or death. Please reach out to your local MDHHS office if there is a change in family size.

### Maternal Infant Health Program (MIHP)

The MIHP is a home visiting program for women and infants to promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development. MIHP covered services include:

- Prenatal teaching
- Childbirth education classes
- Nutritional support, education, and counseling
- Breastfeeding or formula feeding support
- Help with personal problems that may complicate your pregnancy
- Newborn baby assessments
- Referrals to community resources and help finding baby cribs, car seats, clothing, etc.
- Support to stop smoking
- Help with substance abuse
- Personal care or home help services

Call UPHP Customer Service for more information on how you can access these services.

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## PREVENTIVE HEALTH CARE FOR ADULTS

Preventive health care for adults is important to UPHP. You should have a wellness exam each year to prevent and detect health problems. It is important to find and treat health problems early.

Make sure to schedule an appointment and ask your doctor to check:

- Blood pressure
- Cholesterol
- Diabetes
- Body Mass Index
- Blood sugar
- Depression Screening
- Prostate and Colorectal Screenings

You can also ask your doctor about:

- Immunizations
- HIV/AIDS testing and treatment of sexually transmitted diseases

Preventive health is also about making the right choices for good health habits. Seeing your doctor for routine care is a good preventive health habit that keeps you healthy. We have programs to help you make good preventive health choices for yourself and your family.

You can improve you and your family's health by taking responsibility and following healthy behaviors. Getting needed yearly preventive care is the first step! Some other things you should and should not do to take control of your health are listed below.

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

Things you should do:	Things you should <b>not</b> do:
<ul style="list-style-type: none"> <li>• Eat healthy</li> <li>• Exercise</li> <li>• Get enough sleep</li> <li>• Manage your stress</li> <li>• Don't smoke or use tobacco</li> <li>• Don't use drugs or drink alcohol</li> <li>• Go to the dentist for regular cleanings and preventive services</li> <li>• Visit your doctor each year for yearly preventive care</li> </ul>	<ul style="list-style-type: none"> <li>• Eat foods high in fat, sugar, and salt</li> <li>• Live an inactive lifestyle</li> <li>• Hold in your feelings or emotions if you're feeling stressed or depressed</li> <li>• Use drugs, alcohol, or tobacco</li> <li>• Forget to set up your dentist visits for regular cleanings and preventive services</li> <li>• Forget to set up a yearly visit to your doctor</li> <li>• Avoid going to the doctor</li> </ul>

## ROUTINE CARE

Routine care is for things like:

- Yearly wellness exams
- School physicals
- Health screenings
- Immunizations
- Vision and Hearing Exams
- Lab tests

Your doctor should set up a visit within 30 business days of request.

## TOBACCO CESSATION

We want to help you quit smoking. If you smoke, talk to your doctor about quitting. If you are pregnant and smoke, quitting now will help you and your baby. Your doctor can help you. UPHP can also help you. To get more information, call UPHP Customer Service. We cover the following services to help you:

- Therapy and counseling services
- Educational materials
- Prescription inhalers or nasal sprays used to stop smoking

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

- Non-nicotine drugs
- Over-the-counter items to help you stop smoking
  - Patches
  - Gums
  - Lozenges

You may be eligible for incentives if you engage in activities to quit smoking. For more information on programs offered through UPHP to help you quit smoking, call UPHP Customer Service at 1-800-835-2556 (TTY 711).

## TRANSPORTATION SERVICES

### **Non-Emergency**

Your Medicaid benefit provides options for transportation. We provide transportation free of charge for doctor's visits, lab visits, non-emergency hospital services, prescription pick-up, dental services, and other Medicaid covered services, whether those services are provided by your Medicaid health plan or through MDHHS directly. In some cases, we may provide bus tokens or if you have your own vehicle or someone else to drive you, you can request mileage reimbursement. If you need to travel a long distance for a medical service, there may be additional transportation assistance available to you.

Please call the UPHP Transportation Department at 1-800-835-2556 (TTY: 711) for more information and to schedule a ride. Please call 5 business days before an appointment so we can make sure we have someone available to transport you. You can request same-day transportation for an urgent non-emergency appointment.

Have this information ready when you call:

- Your name, Medicaid ID number and date of birth
- The address and phone number of where you will be picked up
- The address and phone number of where you are going
- Your appointment date and time
- The name of your provider

Members with any special needs (wheelchair accommodations, oxygen resources, etc.) will want to schedule transportation as early as possible in order to meet your needs with the appropriate vendor.

If you are receiving services through the local Community Mental Health Services Program (CMHSP) agency, there may be some transportation services that you will continue to receive

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through the local CMHSP agency. Contact your local CMHSP agency for questions about this benefit.

Please be sure to call us as soon as possible if you need to cancel.

If requesting mileage reimbursement, you must complete a UPHP Mileage Reimbursement Request Form. Forms are available online at [www.uphp.com/transportation/](http://www.uphp.com/transportation/) or via mail by contacting the UPHP Transportation Department at 1-800-835-2556.

You must obtain proof of the appointment from the provider office. UPHP will accept a signed or stamped mileage reimbursement form or office note. Proof is required for reimbursement. Original, dated bridge toll or parking receipts must be included with the form to receive reimbursement.

Submit forms and proof within 12 months from the date of the appointment to UPHP online at [www.uphp.com/transportation/](http://www.uphp.com/transportation/) or via mail to UPHP at 853 W. Washington Street, Marquette, MI 49855. UPHP will process your form within 30 days of receipt.

UPHP helps members with meals and lodging for appointments over 200 miles one way or 400 miles round trip. Members can access this benefit using one of two options.

You can request reimbursement by submitting a UPHP Mileage Reimbursement Form for meals and lodging with original, dated and itemized receipts. Please note, UPHP cannot reimburse meals purchased on a Bridge or meal assistance card. Lodging receipts must confirm your stay and the amount you paid. If you used a third-party booking site, be sure to include this with your lodging receipt.

You can call the UPHP Transportation Department prior to your appointment(s). UPHP Transportation will assist with setting up lodging and meals with select partner hotels and hospitality programs throughout Michigan and Wisconsin. This option can help reduce costs for lodging and meals. Please note, a credit card or cash deposit may be required at the time of check-in.

Exceptions may be made based on medical necessity. UPHP reserves the right to deny or reduce reimbursement if UPHP network rules are not met.

View the status of your reimbursement anytime on the UPHP Assist Portal at <https://assist.uphp.com>.

### **Emergency**

If you need emergency transportation, call 911.

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## URGENT CARE AND AFTER-HOURS CARE

Urgent care centers and after-hours clinics are helpful if you need care quickly but can't see your primary care doctor. You don't need a referral or prior authorization to go to an urgent care center or after hours-clinic in our network.

These places can treat illnesses that should be cared for within 48 hours, such as the flu, high fevers, or a sore throat. They can also treat ear infections, eye irritations and low back pain. If you fell and have a sprain or pain, it can be treated at an urgent care center.

If you aren't sure if you need urgent care, call your doctor. They may be able to treat you in their office.

## VISION SERVICES

Eye care is an important part of your overall health. To make sure your eyes are healthy and help you see the best you can, we cover the following services:

- One eye exam every 24 months
- One pair of glasses every 24 months
- Eye glass frames
- Contact lenses

You do not need a referral to get eye care. If you need glasses or an eye exam, call UPHP Customer Service. You can also call a provider from our list of vision providers. For medical eye problems, talk to your doctor.

## Community-Based Supports and Services

We want to provide efficient and appropriate care in a timely manner. We also connect our members to community resources.

- Do you and your family struggle with having enough to eat?
- Do you need help finding a place to stay, or do you need heating assistance?
- Do you need a ride to your doctors' appointments?
- Do you need help with employment?

If you answered yes to any of the above questions, we can help. We know it's difficult to get to

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your doctor for important health screenings or other care when you're facing these challenges. If you're struggling with a similar problem, or need assistance, reach out to your Care Coordinator. If you don't have a Care Coordinator and need help, please call UPHP Customer Service at 1-800-835-2556. TTY users should call 711.

You can also access resources at the following:

- Online through our website: [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/)
- Online through the State of Michigan portal: [newmibridges.michigan.gov](http://newmibridges.michigan.gov)
- Online through the Michigan 211 website: [www.mi211.org](http://www.mi211.org)

**Women, Infants, and Children (WIC)** is a free program that provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals to health care. Call 1-800-262-4784 to find a WIC clinic near you or call UPHP Customer Service for assistance.

**Supplemental Nutrition Assistance Program (SNAP)** provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being. Call UPHP Customer Service for assistance.

**Temporary Assistance for Needy Families (TANF)** helps families struggling to pay for food, clothing and other necessities for children. To be eligible applicants must be low income and have a child 18 years or younger, or be pregnant, or be younger than 18 and be the head of the household. Call UPHP Customer Service for assistance.

**Weatherization Assistance Programs** are available to eligible low income households at no cost. An application is required, along with proof of household income and proof of homeownership or landlord permission and information about your utility companies including your most recent electric and gas bill. The program can make improvements to your home to make it more energy efficient. This program is not a repair or rehab program. Weatherization programs are run through your local Community Action Agency. Call UPHP Customer Service for assistance.

## Cost Sharing and Copayments

A copayment (sometimes called "co-pay") is a set dollar amount you are required to pay as your share of the cost for a medical service or supply. UPHP does not require you pay a copayment or other costs for covered services under the Medicaid or Healthy Michigan Plan program.

You must go to a doctor in UPHP Medicaid network, unless otherwise approved. If you go to a

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doctor that is not in UPHP Medicaid network and did not get approval to do so, you may have to pay for those services. You should not receive a bill from your doctor for covered services within the plan's network. If you have questions about how co-pays may apply to you, contact UPHP Customer Service at 1-800-835-2556 (TTY: 711).

## Services Covered by Medicaid Not Upper Peninsula Health Plan (UPHP)

UPHP does not cover all services that you may be eligible for as a member of Medicaid.

### **Services Covered by State of Michigan Medicaid:**

The following services are covered by the State of Michigan Medicaid program. You must use your mihealth card to get this care. If you have questions about these services talk with your doctor or your local Department of Health and Human Services. You can also contact the Michigan Beneficiary Helpline at 1-800-642-3195.

- Services provided by a school district and billed through the Intermediate School District
- Inpatient hospital psychiatric services
- Outpatient partial hospitalization psychiatric care
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility beyond 45 days)
- Behavioral health services for Enrollees meeting the guidelines under Medicaid Policy for serious mental illness or severe emotional disturbance
- Substance Abuse Care including:
  - Screening and assessment
  - Detox
  - Intensive outpatient counseling
  - Other outpatient care
  - Methadone treatment

## Non-Covered Services

- Elective abortions and related services

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- Experimental/investigational drugs, biological agents, treatments, procedures, devices, or equipment
- Elective cosmetic surgery
- Services for the treatment of infertility

## Rights and Responsibilities

You have rights and responsibilities as our member. Our staff will respect your rights. We will not discriminate against you for using your rights. This Medicaid Health Plan and any of its affiliated providers will comply with the requirements concerning your rights.

You have the Right to:

- Receive information about your health care services
- Be treated with dignity and respect
- Receive Culturally and Linguistically Appropriate Services (CLAS)
- Have your personal and medical information kept private
- Participate in decisions regarding your health care, including the right to refuse treatment and express preferences about treatment options
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Request and receive a copy of your medical records, and request those be amended or corrected
- Be furnished with health care services consistent with State and federal regulations
- Be free to exercise your rights without adversely affecting the way the UPHP, providers, or the State treats you
- To file a grievance, to request a State Fair Hearing, or have an external review, under the Patient's Right to Independent Review Act
- Be free from other discrimination prohibited by State and federal regulations
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and your ability to understand
- Receive Federally Qualified Health Center and Rural Health Center services
- To request information regarding provider incentive arrangements including those that

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cover referral services that place the Provider at significant financial risk (more than 25%), other types of incentive arrangements, and whether stop-loss coverage is provided

- To request information on the structure and operation of UPHP
- To make suggestions about our services and providers
- To make suggestions about member rights and responsibilities policy
- To request information about our providers, such as: license information, how providers are paid by the plan, qualifications, and what services need prior approval

### **You have the Responsibility to:**

- Review this handbook and UPHP Certificate of Coverage
- Make and keep appointments with your UPHP doctor
- Treat doctors and their staff with respect
- Protect your Medicaid ID cards against misuse
- Contact us if you suspect fraud, waste, or abuse
- Give your Health Plan and your doctors as much info about your health as possible
- Learn about your health status
- Work with your doctor to set care plans and goals
- Follow the plans for care that you have agreed upon with your doctor
- Live a healthy lifestyle
- Make responsible care decisions
- Contribute towards your health by taking responsibility, including appropriate and inappropriate behavior.
- Apply for Medicare or other insurance when you are eligible.
- Report changes to your local MDHHS office if your contact info (like your address or phone number) changes
- Report changes that may affect your Medicaid eligibility to your local MDHHS office (like changes in income or changes to your family size). You can call your local MDHHS office or go to [newmbridges.michigan.gov](http://newmbridges.michigan.gov).

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

## Grievances and Appeals

UPHP processes grievances and appeals for all covered services except for dental. Dental appeals are managed by UPHP's dental vendor, Delta Dental. Delta Dental follows the process listed below for appeals and grievances.

We want you to be happy with the services you get from UPHP and our providers. If you are not satisfied, you can file a grievance or appeal.

Grievances are complaints that you may have if you are unhappy with our plan or if you are unhappy with the way a staff person or provider treated you. Appeals are complaints related to your medical or drug coverage, such as a treatment decision or a service/drug that is not covered or denied. If you have a problem related to your care, talk to your doctor. Your doctor can often handle the problem. If you have questions or need help, call UPHP at 1-800-835-2556 (TTY: 711).

### Grievance Process

We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, let us know right away. If you aren't happy with us or your doctor, you can file a grievance at any time. UPHP has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits. These are examples of when you might want to file a grievance.

- Your provider or a UPHP staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with non-emergent medical transportation (NEMT) services
- You were unhappy with the quality of care or treatment you received.
- Your provider or a UPHP staff member was rude to you.
- Your provider or a UPHP staff member was insensitive to your cultural needs or other special needs you may have.

You can file your grievance on the phone by calling UPHP at 1-800-835-2556 (TTY: 711). You can also file your grievance in writing via mail or fax at:

Upper Peninsula Health Plan  
Attn: Customer Service  
853 W. Washington St.

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

Marquette, MI 49855  
Fax: 1-906-225-7720

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your Medicaid member ID number. You can ask us to help you file your grievance by calling 1-800-835-2556 (TTY: 711). We will let you know when we have received your grievance. We may contact you for more information.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be your “representative.” If you decide to have someone represent you or act for you, inform UPHP in writing with the name of your representative and their contact information. Your grievance will be resolved within 90 calendar days of submission. We will send you a letter of our decision.

## Appeal Process

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get an “Adverse Benefit Determination” letter from us. This letter will tell you the following:

- The adverse benefit determination that UPHP has made or intends to make
- Your right to be provided upon request and free of charge, copies of all documents, records, and other information used to make our decision.
- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing/External Review and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it, and when you may have to pay for the services

You may appeal within 60 calendar days of the date on the Adverse Benefit Determination letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than 10 calendar days from the date on the Adverse Benefit Determination. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before

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- Not giving you the service or items in a timely manner
- Not telling you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

You can file your appeal on the phone by calling UPHP at 1-800-835-2556 (TTY: 711). You can also file your appeal in writing via mail or fax at:

For Medical Appeals:

Upper Peninsula Health Plan  
Attn: Clinical Services – Appeals  
853 W. Washington St.  
Marquette, MI 49855  
Fax: 1-906-225-7720

For Dental Appeals:

Delta Dental  
Attn: Medicaid Appeals  
P.O. Box 9230  
Farmington Hills, MI 48333-9230  
Fax: 1-517-381-5527

For Drug Appeals:

Upper Peninsula Health Plan  
Attn: Pharmacy Appeals  
853 W. Washington St.  
Marquette, MI 49855  
Fax: 1-906-225-4516

You have several options for assistance. You may:

- Call UPHP Customer Service and we will assist you in the filing process
- Ask someone you know to assist in representing you. This could be your primary care provider or a family member, for example.
- Choose to be represented by a legal professional.

To appoint someone to represent you, either: 1) send us a letter informing us that you want someone else to represent you and include in the letter their contact information or, 2) fill out

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the Authorized Representative Appeals form. You may call and request the form or find this form on our website at [www.uphp.com/medicaid/reportproblemsandappealdecisions/](http://www.uphp.com/medicaid/reportproblemsandappealdecisions/).

We will send you a notice saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing. A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce, or stop the medical service.

UPHP will send our decision in writing to you within 30 calendar days of the date we received your appeal request, or within 10 calendar days if you are receiving CSHCS benefits. UPHP may request an extension up to 14 more days in order to get more information before we make a decision. You can also ask us for an extension if you need more time to get additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Notice of Internal Appeal Decision. The Notice of Internal Appeal Decision will tell you what we will do and why.

If UPHP's decision agrees with the Notice of Adverse Benefit Determination, you may have to pay for the cost of the services you got during the appeal review. If UPHP's decision does not agree with the Notice of Adverse Benefit Determination, we will approve the services right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when UPHP reviews your appeal.

## **How Can You Expedite Your Appeal?**

If you or your provider believes our standard timeframe of 30 calendar days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Notice of Adverse Benefit Determination letter, information about your case, and why you are asking for the expedited appeal. We will let you know within 24 hours if we need more information. Once all information is provided, we will call you within 72 hours from the time of your request to inform you of our decision and will also send you and your authorized representative the Notice of Internal Appeal Decision.

## **How Can You Withdraw an Appeal?**

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

You have the right to withdraw your appeal for any reason, at any time, during the appeal process. You or your authorized representative can ask to withdraw your appeal over the phone or in writing. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request. UPHP will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call UPHP at 1-800-835-2556 (TTY: 711).

You can withdraw your appeal over the phone by calling UPHP at 1-800-835-2556 (TTY: 711). You can also withdraw your appeal in writing via mail or fax at:

For Medical Appeals:

Upper Peninsula Health Plan  
Attn: Clinical Services – Appeals  
853 W. Washington St.  
Marquette, MI 49855  
Fax: 1-906-225-7720

For Dental Appeals:

Delta Dental  
Attn: Medicaid Appeals  
P.O. Box 9230  
Farmington Hills, MI 48333-9230  
Fax: 1-517-381-5527

For Drug Appeals:

Upper Peninsula Health Plan  
Attn: Pharmacy Appeals  
853 W. Washington St.  
Marquette, MI 49855  
Fax: 1-906-225-4516

## What Happens Next?

After you receive the Notice of Internal Appeal Decision in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing from the Michigan Office of Administrative Hearings and Rules (MOAHR) and/or asking for an External Review under the Patient Right to Independent Review Act (PRIRA) from the Michigan Department of Insurance

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and Financial Services (DIFS). You can choose to ask for both a State Fair Hearing and an External Review or you may choose to ask for only one of them.

## State Fair Hearing Process

You, your representative, or your provider can ask for a State Fair Hearing with MOAHR. You must do this within 120 calendar days from the date of your appeal denial notice. A Request for Hearing form will be included with the notice of appeal decision that you receive from us. It has instructions that you will need to review. If you asked for services to continue in your health plan appeal and want to continue your services during the State Fair Hearing process, you must ask for a State Fair Hearing within 10 calendar days of the date on the decision notice. If you do not win this hearing, you may be responsible for paying for the services provided to you during the hearing process. You can also ask for a State Fair Hearing if you do not receive a Notice of Internal Appeal Decision from us within the required time frame.

Call UPHP at 1-800-835-2556 (TTY: 711) if you need a hearing request form sent to you. You may also call to ask questions about the hearing process. You will get a written notice of hearing from MOAHR telling you the date and time of your hearing. Most hearings are heard by telephone, but you can ask to have a hearing in person. During the hearing, you will be asked to tell an administrative law judge why you disagree with our decision. You will get a written decision within 90 calendar days from the date your request for hearing was received by MOAHR. The written decision will explain if you have additional appeal rights.

If the standard timeframe for review would jeopardize your life or health, you may be able to qualify for an expedited State Fair Hearing. If you qualify for one, MOAHR must give you an answer within 72 hours. However, if MOAHR needs to gather more information that may help you, it can take up to 14 more calendar days.

If you have any questions, you can call MOAHR at 1-800-648-3397.

## External Review of Appeals

You, your representative, or your provider can ask for an external review with DIFS under the Patient's Right to Independent Review Act – PRIRA. You must do this within 127 calendar days from the date of your appeal denial notice. An External Review form will be included with the notice of appeal decision that you receive from us. It has instructions that you will need to review. DIFS will send your appeal to an Independent Review Organization (IRO) for review. A decision will be mailed to you in 14 calendar days of accepting your appeal. You can also ask for an External Review if you do not receive a decision from us within the required time frame. You, your Authorized Representative, or your doctor can also request a fast appeal decision from DIFS within 10 calendar days after receiving a final determination. DIFS will send your appeal to an IRO for review. You will have a decision about your care within 72 hours. During this time period, your benefits will continue.

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

Send your request to:

Department of Insurance and Financial Services (DIFS)  
Office of Research, Rules, and Appeals – Appeals Section  
P.O. Box 30220  
Lansing, MI 48909-7720  
Or call: 1-877-999-6442  
Fax: 1-517-284-8838  
Online: [difs.state.mi.us/Complaints/ExternalReview.aspx](https://difs.state.mi.us/Complaints/ExternalReview.aspx)

## Disenrollment

There may be times when your membership in this health plan comes to an end. Either you or the health plan may end your membership.

### Disenrollment by Plan

The health plan can request your disenrollment for the following:

- If you act in a violent or threatening manner. Violent or threatening situations involve physical acts of violence; physical or verbal threats of violence made against providers, staff, or the public at the health plan's locations, or stalking situations. Special considerations may be made if you have special needs.
- If you moved out of the MHP's service area.
- If you are admitted to a nursing facility for longer than 45 days.
- If you no longer meet the criteria for enrollment.

### Disenrollment by You

If you are unhappy with the health plan for any reason, you may disenroll yourself by calling MI Enrolls at 1-800-975-7630, (TTY: 1-888-263-5897). Reasons you may disenroll include the following reasons:

- If you move.
- If the health plan does not cover the service you seek, because of moral or religious objections.
- If you need related services to be performed at the same time but not all related services are available within the provider network and receiving the services separately would subject you to unnecessary risk.

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

- For any other reasons such as poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with your care needs.

## Make Your Wishes Known: Advance Directives

UPHP supports your right to file an “Advance Directive” according to Michigan law. This document is a written statement of your wishes for medical care. It explains, in advance, what treatments you want or don’t want if you have a serious medical condition that prevents you from telling your provider how you want to be treated.

The state of Michigan only recognizes an advance directive called a *durable power of attorney for health care*. To create one, you will need to choose a patient advocate.

This person carries out your wishes and makes decisions for you when you cannot. It is important to pick a person that you know and trust to be your advocate. Make sure you talk with the person to let them know what you want.

Talk to your family and primary care physician about your choices. File a copy of your advance directive with your other important papers. Give a copy to the person you designate as your patient advocate. Ask to have a copy placed in your medical record.

Call UPHP Customer Service for more information and the forms you need to write an advance directive.

If your wishes aren’t followed or if you have a complaint about how your provider follows your advance directive, you may file a complaint with:

Department of Licensing & Regulatory Affairs  
BPL/Investigations & Inspections Division  
P.O. Box 30670  
Lansing, MI 48909-8170  
Call: 1-517-373-9196  
Online:  
[www.michigan.gov/lara/bureau-list/bpl](http://www.michigan.gov/lara/bureau-list/bpl)  
Click on *File a Complaint*

If you have complaints about how UPHP follows your wishes, you may call the state of Michigan’s Department of Insurance and Financial Services. Call toll-free at 1-877-999-6442 or go to [www.michigan.gov/difs](http://www.michigan.gov/difs).

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

## Help Identify Health Care Fraud, Waste and Abuse

Medicaid pays doctors, hospitals, pharmacies, clinics, and other health care providers to take care of adults and children who need help getting medical care. Sometimes, providers and patients misuse Medicaid resources. Unfairly taking advantage of Medicaid resources leaves less money to help other people who need care. This is called fraud, waste, and abuse.

### Fraud

Fraud is purposefully misrepresenting facts. Here are some examples of fraud:

- Using someone else's member ID card
- Changing a prescription written by a doctor
- Billing for services that were not provided
- Billing for the same service more than once

### Waste

Waste is carelessly or ineffectively using resources. It is not a violation of the law, but it takes money away from health care for people who need it. Here are some examples of waste:

- Using transportation services for non-medical appointments
- Doctors ordering excessive or unnecessary testing
- Mail order pharmacies sending you prescriptions without confirming you still need them

### Abuse

Abuse is excessively or improperly using those resources. Here are some examples of abuse:

- Using the emergency room for non-emergent health care reasons
- Going to more than one doctor to get the same prescription
- Threatening or offensive behavior at a doctor's office, hospital, or pharmacy
- Receiving services that are not medically necessary

### You Can Help

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

We work to find, investigate, and prevent health care fraud. You can help. Know what to look for when you get health care services. If you get a bill or statement from your doctor or an Explanation of Benefit Payments statement from us, make sure:

- The name of the doctor is the same doctor who treated you
- The type and date of service are the same type and date of service you received
- The diagnosis on your paperwork is the same as what your doctor told you

Health care fraud is a felony in Michigan. Being involved in fraud or abuse can put your benefits at risk or make other legal problems. If you suspect fraud, waste, and abuse has taken place, please report it. You do not have to give your name. Call UPHP Customer Service at 1-800-835-2556 (TTY:711). You could also call our 24/7 compliance hotline at 1-906-225-5081 or write to:

Upper Peninsula Health Plan  
Attn: Compliance Officer  
853 W. Washington St.  
Marquette, MI 49855

You may also report or get more information about health care fraud by writing:

Office of the Inspector General  
P.O. Box 30062  
Lansing, MI 48909

Or call toll-free: 1-855-MI-FRAUD (1-855-643-7283)

Or visit [www.Michigan.gov/fraud](http://www.Michigan.gov/fraud). Information may be left anonymously.

## Helpful Definitions

These managed care definitions will help you better understand certain actions and services throughout this handbook.

**Adverse Benefit Determination:** A letter that you receive after an appeal is denied, in whole or in part, or if the plan cannot provide a service in a timely basis. The letter will tell you what action was taken, why the action was taken, and your rights.

**Appeal:** An appeal is the action you can take if you do not agree with a coverage or payment decision made by your Medicaid Health Plan. You can appeal if your plan:

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

Denies your request for:

- A healthcare service
- A supply or item
- A prescription drug that you think you should be able to get

Reduces, limits, or denies coverage of:

- A healthcare service
- A supply or item
- A prescription drug you already got

Your plan stops providing or paying for all or part of:

- A service
- A supply or item
- A prescription drug you think you still need

Does not provide timely medical services

**Copayment:** A set amount you may be required to pay as your share of the cost for a medical service or supply. This may include:

- A doctor's visit
- Hospital outpatient visit
- Prescription drug

**Durable Medical Equipment:** Equipment and supplies ordered by a healthcare provider for everyday or extended use. This may include:

- Oxygen equipment
- Wheelchairs
- Crutches
- Blood testing strips for diabetics

**Emergency Medical Condition:** An illness, injury, or condition so serious that you would seek care right away to avoid harm.

**Emergency Medical Transportation:** Ambulance services for an emergency medical condition.

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**Emergency Room Care:** Care given for a medical emergency when you think that your health is in danger.

**Emergency Services:** Review of an emergency medical condition and treatment to keep the condition from getting worse.

**Excluded Services:** Medical services that your plan doesn't pay for or cover.

**Grievance:** A complaint that you let your plan know about. You may file a grievance if you have a problem calling the plan or if you're unhappy with the way a staff person or provider treated you. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered or denied (see Appeal).

**Habilitation Services and Devices:** Health care services that help a person keep, learn, or improve skills and functioning for daily living. These services can be done inpatient or outpatient and may include:

- Physical and occupational therapy
- Speech-language pathology
- Services for people with disabilities

**Health Insurance:** Health insurance is a type of coverage that pays for medical and/or drug costs for people. It can pay the person back for costs from illness or injury. It can also pay the provider directly. Health insurance requires the payment of premiums (see premium) by the person getting the insurance.

**Home Health Care:** Healthcare services that a healthcare provider decides you need in your home for treatment of an illness or injury. Home health care helps you regain independence and become as self-sufficient as you can.

**Hospice Services:** Hospice is a special way of caring for people who are terminally ill and provide support to the person's family.

**Hospitalization:** Care in a hospital that needs admission as an inpatient and could require an overnight stay. An overnight stay for you to be looked after could be outpatient care.

**Hospital Outpatient Care:** Care in a hospital that usually does not need an overnight stay.

**Medical Health Plan:** A plan that offers healthcare services to members who meet State eligibility rules. The State contracts with certain Health Maintenance Organizations (HMO) to provide health services for those who are eligible. The State pays the premium on behalf of the member.

**Medically Necessary:** Healthcare services or supplies that meet accepted standards of

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medicine needed to diagnose or treat:

- An illness
- Injury
- Condition
- Disease or
- Symptom

**Network:** Health care providers contracted by your plan to provide health services. This includes:

- Doctors
- Hospitals
- Pharmacies

**Network Provider/Participating Provider:** A healthcare provider that has a contract with the plan as a provider of care.

**Non-Participating Provider/Out-of-Network Provider:** A healthcare provider that *does not* have a contract with the Medicaid Health Plan as a provider of care.

**Physician Services:** Healthcare services provided by a person licensed under state law to practice medicine.

**Plan:** A plan that offers health care services to members that pay a premium.

**Post-Stabilization Services:** Services related to an emergency medical condition, provided after a person is stabilized. These services maintain, improve, or fix the stabilized condition.

**Preauthorization:** Approval from a plan that is required before the plan pays for certain:

- Services
- Medical equipment or
- Prescriptions

This is also called prior authorization, prior approval, or precertification. Your plan may require preauthorization for certain services before you receive them. This excludes an emergency.

**Premium:** The amount paid for health care benefits every month. Medicaid Health Plan premiums are paid by the State on behalf of eligible members.

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**Prescription Drug Coverage:** Health insurance or plan that helps pay for prescription drugs and medications.

**Prescription Drugs:** Drugs and medications that require a prescription by law by a licensed Provider.

**Primary Care Physician:** A licensed physician who provides and manages your health care services. (See Primary Care Provider.)

**Primary Care Provider:** A licensed physician, nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides and manages your health care services. This can also be called a Primary Care Physician. Your primary care provider is the person you see first for most health problems. They make sure that you get the care you need to keep you healthy. They also may talk with other doctors and healthcare providers about your care and refer you to them.

**Provider:** A person, place or group that's licensed to provide health care like doctors, nurses, and hospitals.

**Referral:** A request from a PCP for his or her patient to see another provider for care.

**Rehabilitation Services and Devices:** Rehabilitative services and/or equipment ordered by your doctor to help you recover from an illness or injury. These services can be done inpatient or outpatient and may include:

- Physical and occupational therapy
- Speech-language pathology
- Psychiatric rehabilitation services

**Skilled Nursing Care:** Services in your own home or in a nursing home provided by trained:

- Nurses
- Technicians
- Therapists

**Specialist:** A licensed physician specialist that focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

**Urgent Care:** Care for an illness, injury, or condition bad enough to seek care right away but not bad enough that it needs emergency room care.

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## Notice of Privacy Practices

Upper Peninsula Health Plan (UPHP) MI Coordinated Health (HMO D-SNP) and UPHP Medicaid Health Plan, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). UPHP does not exclude people or treat them less favorably

because of race, color, national origin, age, disability, or sex.

- UPHP: Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact UPHP Customer Service at 1-877-349-9324 (TTY: 711).

If you believe that UPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with UPHP:

UPHP Customer Service  
853 W. Washington Street  
Marquette, MI 49855

Phone: 1-877-349-9324 (TTY: 711)  
Fax 1-906-225-7690.

You can file a grievance in person, mail, or fax. If you need help filing a grievance, UPHP Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Notice of Availability

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-349-9324 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-349-9324 (TTY: 711) o hable con su proveedor.

مساعدة وسائل تتوفر كما. المجانية اللغوية المساعدة خدمات لك فستتوفر، العربية اللغة تتحدث كنت إذا: تنبيه  
1-877-349-9324 الرقم على اتصل. مجاناً إليها الوصول يمكن بتنسيقات المعلومات لتوفير مناسبة وخدمات  
). "أو تحدث إلى مقدم الخدمة (TTY : 711)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-349-9324 (TTY : 711) ou parlez à votre fournisseur.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-349-9324 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan 1-877-349-9324 (TTY: 711) oswa pale avèk founisè w la.

ध्यान दें: यदद आप द िंदी बोलते ैं, तो आपकेदलए दनि: शुल्क भाषा स ायता सेवाएि उपलब्ध ोती ैं।  
सुलभ प्रारूपोिंमेंजानकारी प्रदान करनेकेदलए उपयुक्त स ायक साधन और सेवाएँभी दनि: शुल्क  
उपलब्ध ैं। 1-877-349-9324 (TTY: 711) पर कॉल करेया अपनेप्रदाता सेबात करें ।

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供  
適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-349-9324 (TTY :

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

711) 或與您的提供者討論。

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料をご利用いただけます。1-877-349-9324（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-349-9324 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-349-9324 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-349-9324 (TTY: 711) ou fale com seu provedor.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-877-349-9324 (tty: 711) o parla con il tuo fornitore.

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-349-9324 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-349-9324 (TTY: 711) или обратитесь к своему поставщику услуг.

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-349-9324 (TTY: 711) o makipag-usap sa iyong provider.

Federal and state laws protect the privacy of your medical records and personal health information. We protect your personal health information as required by these laws. Our notice of Privacy Practices provides more information. You can get this notice on our website at [www.uphp.com/medicaid/memberresources/](http://www.uphp.com/medicaid/memberresources/).

You have a right to get a copy of this notice at any time. To ask for a copy, you can call UPHP Customer Service at 1-800-835-2556 (TTY: 711), Monday through Friday from 8 a.m. to 5 p.m. Eastern Time or write to:

Upper Peninsula Health Plan  
Attn: Privacy Officer  
853 W. Washington St.  
Marquette, MI 49855

Questions? Call UPHP Customer Service at 1-800-835-2556 or TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Visit our website at [www.uphp.com/medicaid/](http://www.uphp.com/medicaid/).



**853 W. Washington Street  
Marquette, MI 49855**

**[www.uphp.com](http://www.uphp.com)**