



INTRODUCING

UPHP Assist

Welcome to our new member portal, UPHP Assist! The portal provides members with many self-service options, including:

- View, print, and request Member ID cards
- View currently assigned PCP and request a PCP change
- View current and historical UPHP eligibility
- View medical and pharmacy claims
- View the status of your mileage reimbursement
- View benefit information
- Message with UPHP staff and more!

Register for the UPHP Assist portal at <https://assist.uphp.com>

MAKE TIME FOR A YEARLY WELLNESS VISIT

Did you know it is suggested to see a primary care provider (PCP) for a yearly wellness visit? Seeing your PCP for a yearly visit is helpful to review your health history and any changes or concerns from the last year. When you see a provider for a specific concern or an urgent care visit, there may be important aspects not brought up like vaccinations and cancer screenings.

What is addressed at a yearly exam?

- Counseling on health topics
- Help with chronic conditions
- Referrals to specialists
- Recommended vaccinations
- Age recommended cancer screenings
- Medications you are taking

Even if you are feeling well, it's important to see your PCP for a yearly visit. Call your provider's office today to make sure you are up to date along with others in your household. If your PCP has changed or if you need help finding a new PCP, 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. The call is free.

FIND A PROVIDER OR HOSPITAL

Upper Peninsula Health Plan (UPHP) provides an online provider directory. This provides a complete list of UPHP providers and services including:

- Primary Care Providers and Specialists
- Hospitals
- Durable Medical Equipment
- Maternal Infant Health Programs (MIHP)
- Family Planning Services
- Health Departments
- Eye Care (exams and glasses)
- Dental

You will be able to search providers by the plan specific to you. Please visit www.uphp.com or call UPHP Customer Service at 1-800-835-2556 (TTY: 711).



GET THE CARE YOU NEED

The Upper Peninsula Health Plan (UPHP) wants you to get the best health care available. Your UPHP Member Handbook describes your benefits and the rules to use them. UPHP must approve some benefits before you can use them. For example, you need approval to see a specialist out of network. The UPHP rule is that you can see a specialist out of network if the plan does not have that type of specialist.

UPHP uses the same rules for each member for approvals. They are based only on the medical need and the benefits. Network providers and decision-makers at UPHP are not rewarded for denying services. No one who makes decisions gets paid to say “no” or to limit services.

If you are not happy with a health care decision, call UPHP first. You have the right to file an appeal with UPHP. After your appeal to UPHP, if you are not happy with the decision we made, you can ask for an external appeal with the Department of Insurance and Financial Services under the Patient’s Rights to Independent Review Act (PRIRA) and/or ask for a State Fair Hearing. Call the number below to learn more.

You can call UPHP Clinical Services-Utilization Management Monday - Friday from 8 a.m. to 5 p.m. (Eastern Time) to ask about the rules and the decisions. You can also leave a message if you are not able to call during those hours. The toll-free phone number is 1-800-835-2556 (TTY: 711). Language assistance is available free of charge.



HEALTH RISK ASSESSMENTS

Each year, you are asked to complete a Health Risk Assessment (HRA). The HRA is a group of questions about your health and your feelings about your health. You may complete it with UPHP staff or your PCP. If you are due to renew your HRA and you would like to complete this now, please call our Customer Service department at 1-800-835-2556 (TTY: 711) Monday through Friday from 8 a.m. to 5 p.m. Eastern Time.

UPHP Medicaid Members:

The HRA is available to UPHP Medicaid members at <https://www.uphp.com/member-login/>. Printed copies are available by request.

Healthy Michigan Plan Members:

UPHP wants to support your pledge to healthy behaviors and ensure you maintain qualifying reductions in copays and contributions. UPHP staff may contact you to complete your HRA if we show you are due.

(Please note: HRA requirements between UPHP Medicaid and Healthy Michigan Plan are different. For information about the Healthy Michigan Plan HRA, go to <https://www.uphp.com/medicaid/>)



NEW BENEFITS

Upper Peninsula Health Plan (UPHP) is happy to share new benefits for our members.

1. Doula Services (Effective Jan. 1, 2023)

- Up to six doula visits during and after pregnancy.
- One visit during labor and delivery in a hospital setting.

2. Dental Services (Effective Apr. 1, 2023)

UPHP provides dental coverage to all our Healthy Michigan Plan members ages 19 and above, as well as all our Medicaid members ages 21 and older. Improved benefits include;

- Sealants: covered once every three years.
- Crowns: covered once every 5 years, per tooth.
- Root canal therapy/re-treatment of previous root canal: covered if member meets all criteria.
- Comprehensive Periodontal Evaluation: covered once every 12 months.
- Scaling in presence of inflammation: covered once every six months.
- Periodontal scaling and root planning: covered once every two years.
- Periodontal maintenance: covered once every six months, following scaling and root planning.

These benefits may be subject to certain criteria. Please refer to your member handbook for more details. The handbook can be found online at www.uphp.com/medicaid. You can also 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.

DRUG WITHDRAWALS OR RECALLS

A drug recall or withdrawal is the best way to protect the public from a product that could cause harm.¹ Upper Peninsula Health Plan will let both members and their providers know about drug withdrawals and recalls that affect them.

This is the process UPHP uses:

1. A recall is published by a drug company.
2. Members affected by the recall are identified.
3. UPHP contacts affected members as below:
 - a. **Class I recall** – Reported within two business days.
 - b. **Class II recall** – Reported within 30 days.
 - c. **Market withdrawal** – Reported within 30 days.
4. Notification depends on the recall type and may be by telephone, mail, or social media.

¹ <https://www.fda.gov/drugs/drug-safety-and-availability/drug-recalls>



CLINICAL PRACTICE GUIDELINES

Clinical practice guidelines (CPGs) help providers stay up to date with expert opinions and scientific research. CPGs are available for a variety of conditions including:

- **Asthma**
- **Diabetes**
- **High blood pressure**

They are reviewed at least every two years by the UPHP Clinical Advisory Committee.

You can get a copy of these guidelines. Call UPHP Customer Service toll-free at 1-800-835-2556 (TTY 711), Monday through Friday from 8a.m. to 5 p.m. Eastern Time. The call is free. CPGs are also available online at www.uphp.com.

ASTHMA-RESCUE INHALER VS CONTROLLER INHALER

If you have asthma, your provider may prescribe different types of inhalers for you. The two main types of inhalers used are controller inhalers and rescue inhalers. In order to get the most benefit from your drugs, it is important to know when, and how, to use each inhaler. Below is a chart that compares the two inhalers, as well as a video link on how to use them.

	Purpose	When to Take	Examples
Controller Inhaler	<ul style="list-style-type: none"> • Long-term relief of asthma symptoms • Prevent asthma attacks 	<ul style="list-style-type: none"> • Every day 	<ul style="list-style-type: none"> • Flovent • Symbicort
Rescue Inhaler	<ul style="list-style-type: none"> • Quick relief of asthma symptoms • Treat asthma attacks 	<ul style="list-style-type: none"> • Only when needed 	<ul style="list-style-type: none"> • Albuterol

Here is a link to learn how to use your inhaler: "How do I use my inhaler video" (https://www.cdc.gov/asthma/inhaler_video/default.htm)

Controller Inhalers

Controller inhalers should be used every day. They help reduce long-term asthma symptoms, as well as reduce the number of asthma attacks. It is important to take your controller inhaler every day, even if you do not have trouble breathing.

Side effects of these drugs are rare but can include a bad taste, irritated throat, and mild infection of the mouth. The risk of these occurring can be reduced by rinsing your mouth with water and spitting it out after each use. If these side effects become a problem, you can always talk with your provider about switching to a different drug.

Rescue Inhalers

Rescue inhalers are typically to be used only if needed in order to quickly relieve shortness of breath or during asthma attacks. Rescue inhalers almost always contain the drug Albuterol.

While rescue inhalers are not meant to be used every day, it is important to keep them on hand in case of an asthma attack. If you find yourself using your rescue inhaler more often than usual, you should bring this up with your provider at your next visit.

COMPLEX CARE MANAGEMENT CAN HELP

Do you need help with:

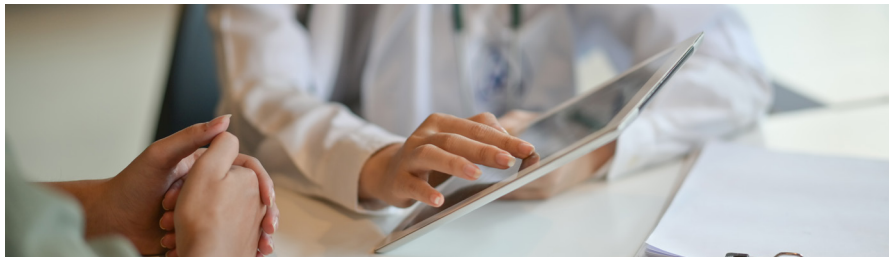
- A complex health condition like diabetes, asthma, or heart disease?
- Managing multiple conditions?
- Finding food or other resources?
- Coordinating services?
- Handling a critical event like a new diagnosis or loss of a caregiver?
- If you answered "yes" to any of the above, you qualify for the Upper Peninsula Health Plan (UPHP) care management program. This program helps you and your provider with your plan of care. The program is free of charge.

UPHP can:

- Help you to better understand your condition.
- Coordinate with your doctors or other providers when you need help.
- Help to reach goals to manage your condition.
- Help with rides to and from doctor visits.
- Connect you with needed services and resources.

Complex care management can help to put you on the right track! If you join and decide that this program is not for you, you can take yourself out at any time and it will not affect your benefits.

Call UPHP Customer Service at 1-800-835-2556 (TTY: 711), Monday through Friday from 8a.m. to 5 p.m. Eastern Time and ask to speak to a UPHP care manager to see if this program is right for you. The call is free.



CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

As a Medicaid enrollee, you have the right to receive quality healthcare that considers the unique aspects of your identity. UPHP reviews how well we are following national CLAS standards. These standards help provide healthcare that meets your needs or the needs of your family. Call 1-800-835-2556 for more information on the services UPHP offers.

CLAS helps ensure we take into account your:

- Cultural health beliefs
- Preferred languages
- Health literacy levels
- Communication needs

CLAS helps ensure the services you receive are:

- Respectful
- Understandable
- Effective
- Equitable

Where can you learn more?

www.ThinkCulturalHealth.hhs.gov

www.MinorityHealth.hhs.gov

Source: [Culturally and Linguistically Appropriate Services \(CLAS\) \(hhs.gov\)](#)

LEND YOUR EXPERIENCE TO IMPROVE HEALTH CARE FOR ALL PEOPLE.

One current topic in medicine is the idea of health equity. Health Equity can be defined as "...the fair, just and equitable distribution of and access to public services, social resources and implementation of public policy necessary to achieve well-being and thrive."

UPHP wants every member to reach their full health potential. Social factors and attitudes can impact a person's health care. Income, race, and level of ability are a few examples.

Health disparities are defined as "...the unfair and avoidable differences in health and social well-being..." that disproportionately impact a group of individuals. UPHP works with partners at the Michigan Department of Health and Human Services to find solutions that decrease these differences.

Current Health Equity Programs:

- Improve the rate of dental care for American Indian/Alaskan Native members enrolled in the MI Health Link program
- White members get dental care more routinely than American Indian/Alaskan Native members
- Improve the rate of Black members having an office visit
- White members have an annual office visit more routinely than Black members

UPHP welcomes your feedback to inform our health equity programs. Submit comments to Janey Joffee, Director of Population Health at (906)226-4286 or jjoffee@uphp.com.

Source: Michigan Department of Health and Human Services, DEI Training and Professional Development Action Team, Office of Equity and Minority Health. "Diversity, Equity, and Inclusion Glossary." 2020.

UPPER PENINSULA HEALTH PLAN MANAGEMENT COMMITTEE

UPHP needs your input! If you, or someone you know, is interested in representing UPHP members and helping inform UPHP operations, please consider filling out an application to serve on the UPHP Management Committee.

To be eligible to serve on the UPHP Management Committee, you, or your nominee, must be:

- A current UPHP Medicaid member.
- At least 18 years old.
- A member of UPHP for at least three consecutive months.

The UPHP Management Committee meets four times a year and representatives may attend virtually. Applications are available at www.uphp.com/medicaid/importantdocumentsforms/. You may also call UPHP Customer Service to request a paper copy be mailed to you. Completed applications should be returned to:

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

FRAUD, WASTE, & ABUSE

Upper Peninsula Health Plan (UPHP) works with federal and state agencies to prevent, detect, and correct health care fraud and abuse. Fraud is when you knowingly deceive someone. It can also be when you misrepresent yourself. Waste is an improper action or poor management resulting in needless expenses to you or UPHP. Abuse is any action that results in unneeded costs to UPHP.

Examples of fraud and abuse by a member include:

- Letting someone else use their UPHP ID card.
- Changing a prescription written by a doctor.
- Lying about their medical condition.
- Selling their prescription drugs to others.
- Not telling providers they have other insurance.

Examples of fraud and abuse by a provider include:

- Billing for medical services not performed.
- Prescribing medicine that is not needed.
- Providing unnecessary services.
- Billing more than once for the same service.
- Billing for more expensive services than what were provided.

You can help stop health care fraud. If you suspect possible fraud, report it today by calling or writing to:

UPHP Customer Service
853 W Washington Street
Marquette, MI 49855
1-800-835-2556 (TTY: 711)

Office of Inspector General
HHS TIPS Hotline
PO Box 23489
Washington, DC 20026
1-800-HHS-TIPS (447-8477)

If you choose to remain unknown, the best method to transmit your complaint would be via regular mail to either address listed above. Calls to numbers above are toll-free.

NOTICE OF PRIVACY PRACTICES

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. The Notice of Privacy Practices provides more information. You can get this notice on our website at: <https://www.uphp.com/medicaid/memberresources/>

You have a right to get a copy of this notice at any time. Call UPHP Customer Service at 1-800-835-2556 (TTY: 711) or write to us at Upper Peninsula Health Plan, 853 West Washington St. Marquette, MI 49855 to ask for a copy.

TRANSITION OF CARE PROGRAM

If you are new to UPHP, we want to ensure that you have continued access to care that you were getting prior to joining UPHP. This care could include:

- Out-of-network providers
- Durable Medical Equipment/ Medical Supplies
- Medications

UPHP has a care team to help you with your health care needs. To request

continued care, you, your authorized representative, or your treating provider can contact UPHP by writing or calling:

Upper Peninsula Health Plan
Attn: Utilization Management
853 West Washington St.
Marquette, MI 49855
Phone: Toll Free 1-800-835-2556
(TTY: 711)
Fax: 906-225-9269

If you are working with a UPHP care coordinator, you can also notify them. When contacting UPHP, give us details that will help UPHP with your requests such as:

- provider name(s),
- phone number(s),
- appointment date(s) (if applicable)

Our UPHP care team will review your care needs and enter in any needed authorizations.

ADVANCE DIRECTIVES

Michigan law lets you make an advance directive. An advance directive says what you want to happen with your health care if you cannot make health care decisions for yourself due to an accident or illness. An advance directive is a written document that allows an adult 18 years of age and older to name a patient advocate(s).

Your advocate(s):

- Will tell what your wishes for care are if you are unable to speak for yourself.
- Is someone you trust to talk with the providers about your choices for care.
- Must agree in writing to accept this role and to honor your wishes.
- May be called a Durable Power of Attorney for Health Care (DPOA-HC).

You may include information about treatment choices to help guide your advocate(s) in your advance directive.

Providers who treat UPHP members can refer to an advance care planning facilitator for help or may offer to directly help with advance directives. If you do not have an advance directive but would like one, call your provider's office or UPHP Customer Service for help. You should check your advance directive plan with your provider every year.

It is your choice whether you want to fill out an advance directive (including whether you want to sign one if you are in the hospital). According to law, no one can deny you care or discriminate against you based on whether or not you have signed an advance directive.

If you have complaints about advance directives, call UPHP Customer Service.

In Michigan, your advance directive has a binding effect on doctors and hospitals. However, if you believe that a doctor or a hospital did not follow your advance directive, you may file a complaint with the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems at 1-800-882-6006.

If you have complaints about your provider, you can also write or call:

**Department of Licensing and Regulatory Affairs/BPL
Investigations & Inspections Division**

P.O. Box 30670
Lansing, MI 48909-8170
(517)373-9196
bplhelp@michigan.gov

You can also make a complaint at www.michigan.gov/lara/. Click on "File A Complaint" and then "Health Care Professionals."

If you have complaints about UPHP call the Michigan Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or visit www.michigan.gov/difs.

For more information, you can find the UPHP MI Health Link Member Handbook at <https://www.uphp.com/wp-content/uploads/medicaid/MemberHandbook.pdf>, or if you would like a paper copy of the UPHP MI Health Link Member Handbook, please call UPHP Customer Service at 1-800-835-2556 (TTY: 711) Monday through Friday from 8 a.m. to 5 p.m. Eastern Time and we will mail you a copy at no charge. The call is free.

UPHP QUALITY IMPROVEMENT PLAN

Each year, Upper Peninsula Health Plan (UPHP) makes a quality plan with goals. The plan helps to increase the quality and safety of the care you receive. The activities for these goals aim to improve your health. Many of these activities are explained in these newsletters. They are also in your Member Handbook. At the end of the year, UPHP looks at how well it has used this plan. It also looks for ways to improve the next year's plan.

To request a copy of the plan summary or learn more about the goals, 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.

You can also visit <https://www.uphp.com/about/> and click on the Quality Improvement Program drop down for more information.



YOUR RIGHTS AND RESPONSIBILITIES

You have rights and responsibilities as an Upper Peninsula Health Plan (UPHP) member. UPHP staff and affiliated providers will comply with all requirements concerning your rights. We will not discriminate against you for using your rights.

YOU HAVE THE RIGHT TO:

- Receive information about UPHP, its services, its practitioners and providers and member rights and responsibilities.
- Be treated with respect and recognition of your dignity and right to privacy.
- Participate in making decisions about your health care, including the right to refuse treatment and express preferences about treatment options.
- Candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Receive information on available treatment options and alternatives, presented in a manner appropriate with your condition and ability to understand.
- Voice complaints or appeals about UPHP or the care we provide.
- Make recommendations regarding UPHP's member rights and responsibilities policy.
- Receive Culturally and Linguistically Appropriate Services (CLAS).
- Confidentiality.
- 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 they be amended or corrected.
- Get high-quality health care services consistent with our Medicaid contract and state and federal regulations.
- Be free to exercise your rights without adversely affecting the way UPHP, providers, or the state treats you.
- Be free from other discrimination prohibited by state and federal regulations.
- Direct access to network women's health specialists and pediatric providers for covered services necessary to provide routine and preventive health care services without a referral.
- Receive Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) services.
- Request information about:
 - ▶ Physician Incentive Arrangements, including those that cover referral services that place the physician at significant financial risk (more than 25%), other types of incentive arrangements, and whether stop-loss coverage is provided.
 - ▶ The structure and operations of UPHP.

YOU ARE RESPONSIBLE TO:

- Supply information (to the extent possible) that UPHP and its practitioners and providers need in order to provide care.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Follow plans and instructions for care that you have agreed to with your practitioners.
- Contribute towards your health by taking responsibility, including appropriate and inappropriate behavior.

**Please call UPHP Customer Service at 1-800-835-2556 (TTY: 711),
Monday through Friday from 8 a.m. to 5 p.m. Eastern Time.**



UPPER PENINSULA HEALTH PLAN

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Marquette, MI 49855

(906) 225-7500 • (800) 835-2556 225-7690

www.uphp.com



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DISCRIMINATION IS AGAINST THE LAW.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-349-9324 (TTY: 711).

Espanol (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-349-9324 (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، نوفر لك خدمات المساعدة اللغوية مجانًا. اتصل بالرقم 1-877-349-9324 (خدمة الهاتف النصي: 711) من الاثنين إلى الجمعة من الساعة 8 صباحًا حتى الساعة 9 مساءً بتوقيت المنطقة الشرقية، علمًا بأن المكالمات مجانية.

MICHIGAN TO RESUME MEDICAID REDETERMINATION

During the federal COVID-19 Public Health Emergency, Congress passed the Families First Coronavirus Response Act that made state Medicaid agencies continue health care coverage, even if someone's eligibility changed. This was ended by the federal Consolidated Appropriations Act of 2023 signed Dec. 29, 2022.

Renewals will take place monthly starting in June 2023 and run through May 2024. Monthly renewal notices will be sent three months prior to a beneficiaries' renewal date starting with June renewal dates. Here is what Michigan Medicaid beneficiaries need to do to prepare:

1. Make sure your address, phone number, and email address are up to date at www.michigan.gov/MIbridges. You can also call your local MDHHS office. If you do not have an online account for MI Bridges to access your Medicaid case or report changes, visit www.michigan.gov/MIbridges to sign up for an account.

2. Report any changes to your household or income. You can report changes at www.michigan.gov/MIbridges or by calling your local MDHHS office.
3. If you get a renewal packet, be sure to fill it out, sign the forms and return it by the due date with any proof needed. NOTE: If you do not complete and return the renewal, you may lose Medicaid coverage.

If you have any questions, 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. The call is free.

