



TOTALLY THERE FOR YOU



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Member Handbook

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Welcome To Total Health Care

Total Health Care wants you to be involved and active in your health. We want you to get the best health care available. This book will help guide you on how to get medical care with your Total Health Care card.

You should already have your Total Health Care ID Card. If you don't, please call our Member Services Department. On your card is the name and phone number of your primary care doctor (PCP). You should ask your former doctor to send your medical records to your new PCP.

Your PCP will handle all of your health care needs, except in the case of an emergency or otherwise stated in this handbook. If you have a medical emergency, go directly to the nearest hospital. You may also call us at (313) 871-2000 or (800) 826-2862. Trained staff is always available to help you.

Total Health Care can help members with disabilities, such as a hearing problem or language barriers.

For help call:

Language Help: 1-800-826-2862

TDD/TTY Line: 1-800-649-3777

If you have any questions, call Total Health Care Member Services Department any time at (313) 871-2000 or (800) 826-2862. The best times to call are from 8:30 a.m. to 5:00 p.m. Monday–Friday.

Sincerely,

TOTAL HEALTH CARE, INC.

Totally There For You

New Member Tips

As A New Member:

1. Please review all the Total Health Care I.D. cards to make sure the names, birth dates, sex, and doctor's information is correct. Be sure that there is an I.D. card for all enrolled members of your family.
2. You should read all member information.
3. You should call your doctor and make an office visit appointments for physical exams for you and all enrolled members of your family. You should have all Total Health Care I.D. cards in front of you when you call.
4. Keep your Member Handbook in a safe, handy place.
5. IMPORTANT – The primary care doctor you have chosen will coordinate all health care needs for you and your family except as otherwise stated in this handbook.

Important Telephone Numbers

Total Health Care	(800) 826-2862 or (313) 871-2000
Claims	(800) 826-2862 #2 or (313) 871-2000 #2
Emergency	911
Fair Hearing	(877) 833-0870
Grievance Coordinator	(313) 871-6591 or (800) 826-2862 x591
Health Education and Wellness	(313) 871-5258 or (800) 826-2862 x258
Hearing Impaired	(800) 649-3777
Language Needs	(800) 826-2862 #2 or (313) 871-2000 #2
Member Services Toll-free	(313) 871-2000 #2 or (800) 826-2862 #2
Mental Health Services	(800) 826-2862
Michigan Enrolls	(888) 367-6557
Poison Control Center	(313) 745-5711
State Of Michigan Hotline	(800) 642-3195
Transportation	(313) 871-6408

What Every Member Should Know

General Information

If you are a new member, your coverage begins on your effective date. This is the date you can begin using your Total Health Care benefits.

Your Health Plan I.D. Card

Every enrolled member of your family has their own I.D. card. Always carry your card with you. If you do not receive a card, call the Member Services Department. Only members of Total Health Care can use our services. If your card is lost or stolen, let us know immediately at (313) 871-2000 or toll-free at (800) 826-2862.

How To Make An Appointment

When you join the plan, you must select a primary care doctor. You should make your first appointment with your doctor before you are sick. During your first appointment, your doctor will set up your health record. You can ask your doctor's office for their office hours, how to get there, and what to do in case of a medical emergency.

It is important to have your Total Health Care I.D. card available when you are making an appointment. Your doctor's phone number is listed on your Total Health Care I.D. card.

You can find other information on doctors, pharmacies, and eye care in the Total Health Care Provider Directory or online at www.totalhealthcareonline.com.

The Member Services Department can also help at (313) 871-2000 or toll-free at (800) 826-2862.

How To Change Or Cancel An Appointment

Remember to call your doctor's office if you will be late or are not able to keep your appointment. The doctor's office will change your appointment time or day.

How To Choose Your Doctor

We want you to choose a primary care doctor who is right for you and your family. You may want to choose a doctor based on location, hospital system, sex, or language spoken. Your doctor will handle all of your health care needs, except as otherwise stated in this handbook. The Provider Directory lists network doctors with their addresses and phone numbers. You must select a doctor for every covered member of your family. The type of doctor you choose may be:

- Family Practice – a doctor who cares for adults and children
- Internal Medicine – a doctor who cares for adults
- General Practice – a doctor who cares for adults and children
- Pediatrician – a doctor who cares for children

How To Change Your Doctor

A good relationship with your doctor is important for the best care. When your relationship is not a good one, you have the right to change your primary care doctor.

To change your doctor, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862. The change will become effective on the 1st day of the next month. This is true only if the change is made by the 25th of the previous month. When you change your doctor, you will be sent a new I.D. card.

What To Do When Your Family Size Changes

You should call the Member Services Department and the Department of Human Services (DHS) office if you have had any change in your family size. Examples of change are: birth of a child, adoption of a child, and death. It is important that Total Health Care knows the family members who should be part of the health plan.

How To Get Help And Information

Total Health Care can answer most of your questions. Call the Member Services Department 24 hours a day/7 days a week, at (313) 871-2000 or toll-free (800) 826-2862. The best times to call are Monday-Friday 8:30 a.m. to 5:00 p.m.

We can assist with questions about:

- General information
- Request Health Plan I.D. card(s)
- Change of address or telephone number
- Changing doctors
- Claims information
- Wellness programs
- Benefit information
- Primary care physician's address and telephone information
- Adding or removing dependents
- Enrollment or disenrollment questions
- Grievance/appeals and complaints
- An urgent medical problem
- Emergency or medically necessary transportation needs
- You may ask if Total Health Care has special payments with its doctors that might change referrals and other services that you may need
- Obtaining written materials in alternative formats

For faster service, please have your Member I.D. card on hand whenever you call.

We pride ourselves on good service. The best way we can continue to improve our services and health care delivery is through your comments.

How To Get Referrals For Specialty Care

If you need a referral to a specialist or other services, you must contact your doctor. This could be for services within the Total Health Care network or out-of-network. Your doctor's name and number is on your Total Health Care I.D. card.

Your doctor will probably want to examine you before deciding what treatment is needed. If you need a specialist, your doctor will issue a referral.

Remember your doctor must arrange this care or Total Health Care will not pay for it and the specialty doctor may not see you.

You can also choose a specialist to be your doctor if you have a chronic health condition. In certain cases, it may be better for a specialty doctor to be in charge of all your health care needs. Call the Case Management Department at (313) 871-2000 or toll-free at (800) 826-2862, if you think you need a specialist as your doctor.

Co-Payments

Total Health Care will pay for all covered services. There are no co-payments or any other cost to you.

What To Do If You Get A Bill

To reduce the chance of getting a bill, always show your Total Health Care I.D. card to your provider. However, if you receive a bill for a covered service, **you are not responsible for paying it**. Send us a copy. Write your I.D. number and phone number on the bill. Mail the bill to:

Total Health Care, Inc.
Attention: Claims Department
3011 W. Grand Blvd., Suite 1600
Detroit, MI 48202

Getting Your Questions Answered About Your Doctor

Upon request, the following is available to you:

- General information about our doctors. This includes doctors who are not taking new members
- The credentials of our doctors
- The payment arrangements between our doctors and Total Health Care

If you want any of this information, call Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

Incentives And Your Doctor

Total Health Care does not pay doctors or encourage them in any way to withhold or deny medical care or services. Your care is based on your health care benefits and medical needs. If you have any questions about this, call Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

How To Change Your Health Plan

Total Health Care is here to serve you. If you find that we are not the right plan for you, you have the right to change to a different health plan.

If you have enrolled with Total Health Care within the past 90 days:

- Call the State office at 1-888-367-6557 (MICHIGAN ENROLLS) – they can help you choose a new plan
- You must keep seeing your Total Health Care doctor until you are enrolled in another health plan

If you have been enrolled with Total Health Care for more than 90 days:

- The State allows you to change health plans once a year, during the State's open enrollment period – watch for the information from the State in the mail
- If you are changing health plans, you must keep seeing your Total Health Care doctor until you are enrolled in another health plan
- Your enrollment with the new health plan should begin on the first of July

You have the right to request a For Cause Disenrollment from Total Health Care at any time:

- When you cannot change health plans due to enrollment over the 90-day lock-in; or
- When the time frame guidelines for a medical exception have expired

Reasons to request Disenrollment include:

- Lack of access to providers
- Necessary specialty services that are covered under Medicaid are not covered by Total Health Care
- Concern with quality of care

MI Child Program

Total Health Care is part of Michigan's MI Child Program. MI Child Program helps children of working families who do not have insurance. If you have kids that you think could be part of MI Child, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

Medical Benefits

What Is Covered By Total Health Care?

Every member of Total Health Care gets a Certificate of Coverage. Please review your Certificate of Coverage for detailed benefit information.

The following is a description of your benefits. All services must be medically necessary to be covered. Your doctor can help you get these services:

- Blood Lead Testing
- Certified Nurse Midwife Services
- Certified Pediatric Nurses Practitioner Services
- Chiropractic Services for Members under Age 21
- Durable Medical Equipment and Supplies
- Emergency Services
- End Stage Renal Disease (Hemodialysis)
- Family Planning Services
- Health Education
- Hearing and Speech Services
- Hearing Aids for Members under Age 21
- Home Health Services
- Hospice Services
- Immunizations
- Inpatient and Outpatient Hospital Services
- Laboratory, X-ray and other Imaging Services
- Medically Necessary Weight Reduction Services
- Mental Health Care (20 Outpatient Visits a Year)
- Out of State Emergency or Authorized Services
- Outreach for covered services, including Pregnancy and Well-Child Care
- Parenting and Birthing Classes
- Pharmacy Services
- Podiatry Services for Members under Age 21
- Practitioners' Services
- Prosthetics and Orthotics
- Restorative or Rehabilitative Services
- Child and Adolescent Health Centers
- Therapies (Speech, Language, Physical, Occupational)
- Tobacco Cessation Treatment
- Transplant Services
- Transportation including Ambulance, other Emergency Medical Transportation, and for Medically Necessary Covered Services
- Treatment for Sexually Transmitted Diseases (STD)
- Vision Services for Members under Age 21
- Well-Child Care/EPSDT for Members under Age 21

For help getting any of these services, call your primary care doctor or Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

What's Not Covered By Total Health Care?

There are services covered by Medicaid or other programs that are not covered by Total Health Care. These services include:

- Custodial Care in a Nursing Home
- Dental Services
- Home and Community-Based Waiver Program
- Inpatient Hospital Psychiatric Services
- Maternal Infant Health Program (MIHP)
- Mental Health Services in Excess of 20 Outpatient Visits a Year
- Mental Health Services for Serious Mental Illness or Severe Emotional Disturbance
- Some Mental Health Drugs
- Outpatient Partial Hospitalization Psychiatric Care
- Personal Care or Home Help Services
- Restorative or Rehabilitative Services (in a nursing facility), after 45 Days
- Services Provided to Persons with Developmental Disabilities Provided by other Agencies such as Outpatient Mental Health Providers
- Services Provided by a School District and Billed Through the Intermediate School District
- Substance Abuse Services, Including Some Drugs
- Transportation for Services Not Covered by Total Health Care
- Traumatic Brain Injury Program Services

For help getting any of the services that are not covered by Total Health Care, call your primary care doctor or Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

What Services Are Excluded?

There are certain services that are not covered by Total Health Care or Medicaid. They are:

- Elective Abortions and Related Services
- Experimental or Investigational Drugs, Procedures, or Equipment
- Elective Cosmetic Surgery
- Services for Treatment of Infertility

Prescription Drug Benefits

FREQUENTLY ASKED QUESTIONS

What Drugs Are Covered?

Total Health Care approves a list of drugs that are covered for use. This list is called a formulary. The list includes prescription drugs and over-the-counter products (such as insulin needles and test strips). Members can get the formulary by calling Total Health Care at (313) 871-2000 or toll-free at (800) 826-2862, or you can find it on the Total Health Care website at www.totalhealthcareonline.com.

For a drug to be covered by Total Health Care, the drug must be:

- On the drug list or approved by Total Health Care
- Written by a Total Health Care doctor
- Filled by a Total Health Care pharmacy

What Drugs Are Not Covered?

- Drugs used for cosmetic uses
- Fertility drugs
- Drugs used for erectile dysfunction

Are There Any Limits?

Yes. Some drugs may have a limit to the number that will be filled. Some drugs may require approval before being filled. Your prescription can only be filled every thirty (30) days.

Are There Exceptions?

Yes. Your doctor may ask for drugs not covered by Total Health Care. The doctor or pharmacist may submit a Prior Authorization request for a drug to be filled by calling Total Health Care's Pharmacy Department at (800) 826-2862, then press 9.

Where Can I Go To Get My Prescription Filled?

Total Health Care participates with over 1,000 pharmacies including most of the large chain pharmacies. Please see your Total Health Care Directory for a list of pharmacies and locations. Call the pharmacy for business hours and 24-hour emergency services.

What Do I Need To Get My Prescription Filled?

You need your Total Health Care I.D. card along with the prescription to get the medicine you need. You should also take your mihealth card. If you do not have your I.D. card, the pharmacist can call Total Health Care at (313) 871-2000 or toll-free at (800) 826-2862.

What If My Pharmacy Tells Me My Prescription Cannot Be Filled?

There may be times when your pharmacy tells you that your prescription cannot be filled. This may be because the drug prescribed by your doctor may need to be approved by Total Health Care. If this happens, call your doctor or Total Health Care right away at (313) 871-2000 or toll-free at (800) 826-2862.

Where Can I Get My Questions Answered?

Call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862, if you have any questions or problems when getting your prescriptions filled. We will work with you and your doctor to make sure you get the medicine you need.

Special Coverage Information

Special coverage and payment policies apply to certain types of services and providers, including the following:

After Hours Care

You may need help on what to do about an illness after your doctor's office is closed. If you need to talk about a problem with a doctor, call your doctor's after hours phone number. Your doctor is available to you 24 hours/7 days a week. You can also call Total Health Care 24 hours/7 days a week at (313) 871-2000 or toll-free at (800) 826-2862 for assistance.

Emergency Services

Emergency services are available 24 hours/7 days a week. If you have an emergency, go to the nearest emergency room or call 9-1-1.

If the condition is not a life-threatening emergency, you can call your doctor and ask for help. If your doctor's office is closed, call Total Health Care's Emergency Hotline at (313) 871-2000 or toll-free at (800) 826-2862. Help will be given.

Some examples of life-threatening emergencies are:

A serious accident	Heart attack
Gunshot wound	Severe shortness of breath
Poisoning	Serious burns
Bleeding you can't stop	Drug overdose
Pregnancy with vaginal bleeding	Head trauma
Loss of consciousness	Stab wounds

Hospital Services

If you are admitted to a hospital, the hospital must call Total Health Care within twenty-four (24) hours or the next business day. Total Health Care must approve any services that are not emergencies.

Urgent Care/After Hours Services

Urgent Care/After Hours centers are able to treat minor injuries and illnesses when your doctor's office is closed. In those situations, you can use Total Health Care's Urgent Care Services.

Some examples of illnesses in which urgent care use is appropriate:

Sore throat	Flu
Back pain	Earache
Headache	Cuts and minor wounds
Cold	Frequent urination
Minor injury	Minor burns

Call your doctor to receive instructions for the use of Urgent Care Services. If your doctor's office is closed, call Total Health Care's Emergency Hotline for help at (313) 871-2000 or toll-free at (800) 826-2862.

Out Of Service Area Care

If you are traveling out of Total Health Care's service area, and have a medical emergency, go to the nearest hospital or medical facility. Show them your Total Health Care I.D. card so they can call for authorization. All services, except emergencies, must be authorized to ensure payment. The provider should call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

If the facility does not take your Total Health Care card, you may receive a bill. If you do, send your bill to:

Total Health Care, Inc.
Claims Department
3011 W. Grand Blvd. Suite 1600
Detroit, Michigan 48202

Total Health Care will pay the hospital and doctors for all emergencies and other services authorized by Total Health Care.

If you have any questions, you can call Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

Other Benefits / Services

There are times when other services are needed. Your doctor or Total Health Care can arrange for these services. These services are described below:

• **Abortions**

Total Health Care does not pay for abortions (and related services) to end a pregnancy unless the pregnancy was the result of rape, incest or when medically necessary to save the life of the mother. If you have questions, call Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **Child And Adolescent Health Centers And Programs**

You or your children may choose to receive health care services from a Child and Adolescent Health Center and Program (CAHCP) provider. You may go directly to the CAHCP provider without prior approval from Total Health Care. If you have questions, call Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **Chiropractic Services**

Total Health Care covers up to 18 Chiropractic visits a year for members under age 21. For a referral, contact your primary care doctor.

• **Dental Services**

You can get dental screening and a referral to a dentist. This is an important part of health care. It is also important for your child to have a dental screening by 2 years of age. Your primary care doctor can help you arrange this or call Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **Durable Medical Equipment**

Sometimes you need supplies or special medical equipment called durable medical equipment. Either your primary care doctor or Total Health Care can arrange this for you. If you think you need special equipment, either call Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862, or call your primary care doctor for help. This equipment must be medically necessary to be a covered benefit.

• **Family Planning**

Family planning is an important part of health care. Services included in family planning are prescriptions and devices to prevent pregnancy, education in family planning, and diagnosis and treatment of sexually transmitted diseases (STDs).

Total Health Care and your doctor can help you with family planning services, or you can choose a family planning agency. This can include another doctor, nurse practitioner, a family planning clinic, or your local health department.

You do not need a referral from your primary care doctor for family planning services. Total Health Care will pay for these services. If you need help, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **Federally Qualified Health Centers**

If there is a Federally Qualified Health Center in the county where you live, you may choose to get services from them. You do not need a referral from your primary care doctor for these services and Total Health Care will pay for all costs. If you have questions, call Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **Foreign Language Services**

If you do not speak English, Total Health Care can help you get an interpreter for health services and/or provide written materials in your language. For help, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **Hearing Aids**

Total Health Care covers hearing aids and supplies for members under age 21. For help, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862 or the TDD/TTY line at (800) 649-3777.

• **Hearing Impaired Services**

If you have a hearing problem, Total Health Care can get you a sign language interpreter during health care services. For help, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862 or the TDD/TTY line at (800) 649-3777.

• **Hospice Services**

Hospice services give help to people with terminal illnesses. For more information on the benefit, call Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **Maternal Infant Health Program Referral Service (MIHP)**

Total Health Care has staff to help you get the services you need when you are pregnant. Please call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862 and ask for the Maternal Infant Health Program. The program helps mothers and infants get the proper nutrition, support, and transportation for health care. It also helps mothers understand the importance of getting prenatal care, well-child visits, and shots when they are needed.

• **Mental Health Services**

Good mental health is important! Total Health Care covers up to twenty (20) outpatient mental health visits a year.

The Community Mental Health Service Providers (Community Mental Health Boards) provide mental health services for Medicaid beneficiaries with Serious Mental Illness. They work with your doctor to help you get better.

If you think you need help, call your primary care doctor or Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **New Technology**

New treatments and new use for old treatments occur all the time. We have a committee, staffed by doctors, that reviews the information from the government, trials, and writings by other doctors to see if members could benefit from the use of the new technology. If it is found to be helpful for all members or some cases, it will be added to the benefits.

• **Prenatal/Postnatal Services**

OB care is available to members without a referral. Your primary care doctor will help you arrange this care, or you can choose a specialist from within the Total Health Care network.

• **Other Breast Services Following Mastectomy**

Total Health Care covers mastectomy, reconstructive breast surgery, and post-mastectomy related services. Benefits include:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis
- Treatment of physical complications at all stages of mastectomy, including lymphedema, in a manner determined in consultation with the attending physician and patient

• **Pediatric Services**

Total Health Care has many pediatric doctors as part of its network. You may choose a pediatric doctor for your child as his/her primary care doctor. You may take your child for routine services to a pediatric doctor in our network without a referral. If you have questions, call Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **Persons With Special Health Care Needs/Developmental Disability**

Total Health Care provides services for persons with special health care needs in the county where you live. We work with your doctor to coordinate the care you need. For more information, call your primary care doctor or Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **Restorative Health Services**

Total Health Care covers restorative or rehabilitation services, in a nursing care facility up to forty-five (45) days, and in a place other than a nursing facility as long as it is medically necessary. If you have questions, call Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **Substance Abuse Services**

Substance abuse is a serious problem. It involves the use of alcohol or drugs and might make home, school, or work hard. Total Health Care provides help with this problem. If you have need of substance abuse help or need help to figure out if someone you know has a problem, call your primary care doctor or Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

• **Transplant Services**

Total Health Care covers transplant surgery and related care. The Case Management Department will help you coordinate the transplant. If you are a candidate, call the Case Management Department at (313) 871-7817 or (800) 826-2862 ext. 817.

• **Transportation**

Total Health Care helps with medically necessary transportation. We will provide transportation if:

- You do not have a way to get medical items, treatment, prescriptions, or services that are covered by Total Health Care.

You should ask for transportation at least four (4) business days before your appointment. Call the Transportation Line at (313) 871-6408, or contact the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862 for assistance.

If you need an ambulance to take you to the hospital due to an emergency, call 9-1-1.

• **Vision Care Services**

Eye glasses and associated Vision Services are covered for members under age 21. Vision Care does not require a referral. To find a Total Health Care optometrist, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862, or refer to the Provider Directory.

• **Well-Woman Exam**

Total Health Care wants our female members to have a well-woman exam each year. Your primary care doctor can help arrange this care for you or you can choose a specialist from the Total Health Care network. Well-woman exams do not need a referral.

• **WIC Services**

WIC stands for Woman, Infants, and Children. It is a free food and nutrition program for low-income people in Michigan who are found to be at risk. Your primary care doctor or Total Health Care can help you find these services if you qualify. If you think you could use WIC, call your doctor or Total Health Care's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

Learn About Health Education And Wellness Programs

Total Health Care wants to keep you healthy. As a member of Total Health Care we can help direct you to programs that help you to improve your health. For information about the programs listed below, call the Health Education and Wellness Helpline at (313) 871-5258 or (800) 826-2862 ext. 258.

• Learn About Your Pregnancy

Good health care during pregnancy is important. If you become pregnant or think you might be pregnant, call your doctor right away. You should schedule an office visit and follow a good diet. Your primary care doctor can help you by caring for you directly or helping you find a specialist. You may also choose a specialist within Total Health Care's network. Early and regular visits with your doctor can improve your chances of having a healthy baby. Our goal is to have both a healthy mom and baby.

• Learn About Childhood Immunizations (Shots) & Well-Child Checkups

It is important to get all required immunizations (shots) for your child to help keep him or her healthy. It is also important that your primary care doctor sees your child as he or she grows. Your doctor will give all immunizations (shots) and well-child care check-ups for children and young adults under the age of 21. Call your doctor to make an office visit today or visit your local health department.

• Learn How To Quit Smoking

If you are ready, you can quit smoking. We can help. To sign up for the "I Can Quit" smoking cessation program, call (800) 480-7848.

• Learn How To Control Your Weight

Total Health Care offers members a weight loss program through Weight Watchers. We want you to make good food choices. We can help you decide what you must do to control your weight. Talk to your doctor about a referral to Total Health Care's weight loss program.

• Learn About Asthma

Total Health Care has a program to help members with asthma. If you or your child has asthma and you need help to keep your asthma controlled, we can teach you the do's and don'ts to keep you healthy.

• Learn About Diabetes

If you have diabetes, we have diabetic services to help you. Total Health Care's nurses can help you get the diabetic drugs and supplies you need. They can also enroll you in classes that teach you how to control your diabetes with drugs, diet, and exercise.

• Learn About Heart Disease

If you have high blood pressure, diabetes, or high cholesterol, Total Health Care can help you to learn how to lower your risk of heart disease. Ask about our Healthy-At-Heart Program.

• Learn About High Blood Pressure

What you don't know about high blood pressure can be harmful to your health. If not treated, high blood pressure can lead to many problems such as heart attack, stroke, and kidney disease. Ask about our Healthy-At-Heart Program.

Know Your Member Rights And Responsibilities

You have the right...

- To get information about Total Health Care, its services, its providers, and member rights and responsibilities
- To make recommendations regarding Total Health Care's member rights and responsibilities policy
- To receive quality health care
- To be treated with respect and dignity by others
- To have privacy while you receive care
- To have your personal and health records kept confidential
- To take part with your doctors in decision-making about your health care
- To talk openly about your treatment options regardless of cost or benefit coverage – you have a right to get these explained in words that you understand
- To tell Total Health Care in advance how you wish to be treated if you ever become too ill to decide for yourself – this is your legal right
- To request information about how Total Health Care pays your doctor, call Total Health Care's Member Services Department
- To voice your complaints or grievance/appeal about Total Health Care or the care provided – to voice your concerns about the service or care you receive, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862 and tell us

*** Total Health Care's staff and providers will comply with all regulations concerning your rights.**

You have the responsibility...

- To get all your health care services through Total Health Care
- To know how the plan works and how to follow the rules
- To make appointments for routine care, keep appointments, and be on time
- Call before the appointment, if you need to cancel
- To provide Total Health Care and its providers with the information needed to care for you
- To tell the truth about any changes in your health
- To listen and follow your doctor's advice
- To help your doctor decide what treatment will work best for you
- To follow the plans and instructions for care that you have agreed to with your doctor
- To know the names of your medicines, what they are for, and how to use them
- To always carry your Total Health Care I.D. card to receive services
- To respect the rights of other patients, doctors, and staff of Total Health Care
- To tell Total Health Care if you move or change telephone numbers
- To tell Total Health Care about any changes that will change your health benefits (like marriage, divorce, childbirth, change of address, or death)
- To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible

How To Voice A Complaint

If you have a problem or complaint, our Member Service Department can help. The department is available Monday–Friday, 8:30 a.m.–5:00 p.m. at (313) 871-2000 or (800) 826-2862.

Member Services will try to solve your issues right away. Issues that cannot be solved right away are generally resolved within twenty-four (24) hours. If we are unable to solve your issue within twenty-four (24) hours or you do not agree with the solution, we will explain your rights. You have the right to file a grievance. At your request, the Member Services representative will mail you a grievance form. If you need help writing the grievance, we can help you.

When filing a grievance, another person can act as your authorized representative. The person may be a family member, state agency representative, friend, or doctor. If you decide to use an authorized representative, you must send written consent to Total Health Care authorizing the person to act on your behalf.

Grievance

We will contact you by mail within two (2) business days to tell you that the Grievance Coordinator has received your grievance. The Grievance Coordinator will send you a resolution within thirty-five (35) calendar days. If you do not agree with the resolution, you or your authorized representative may file a grievance/appeal by mail, email, or fax.

You can also call (313) 871-2000 or (800) 826-2862 to file a grievance/appeal. The grievance/appeal information is included with your resolution letter.

How To Voice A Grievance/Appeal

Grievance/Appeal

A grievance/appeal is the procedure used when a grievance is not solved to your liking under the grievance process. Appeals can be due to:

- A denial of payment or
- An adverse determination (means your health care services have been reviewed and denied, reduced or terminated; or an untimely response to a request)

When filing a grievance/appeal:

- You or your authorized representative have 90 days from the date of the adverse determination letter to file a grievance/appeal
- You must give written consent for an authorized representative to represent you
- The consent must be sent with the grievance/appeal

At your request, we can help you file a grievance/appeal.

You have the right to:

- Have your benefits continue pending resolution of the grievance/appeal
- Authorize someone to act as your authorized representative in the grievance/appeal process
- Send additional documentation with the grievance/appeal

At your request, we can arrange a meeting with the Appeal Review Committee:

- You can discuss your grievance/appeal with the committee
- You or your authorized representative can attend the meeting in person or by telephone
- A person not involved in the first decision will review your grievance/appeal
- No one who reports to the person involved in the initial decision can review your grievance/appeal
- The person who reviews your grievance/appeal will be of a similar specialty

When the grievance/appeal is received:

- You will get a letter of receipt of the appeal in 2 business days
- Medical grievance/appeals will be done within 30 calendar days after receipt
- Administrative or denial of payment grievance/appeal will be done in 35 days after receipt
- You will be notified in writing of the final decision
- If the decision upholds the denial, an external appeal can be filed
- The final letter tells you of your external appeal rights and how to file the appeal

Expedited Grievance/Appeal

Sometimes, waiting may increase the risk of harm to your health or life. A grievance/appeal is expedited (quickly) when:

- A doctor tells us verbally or in writing that waiting 30 days will cause you to have severe pain or put your life at risk
- The doctor knows about your medical condition and can support the claim

When filing an expedited grievance/appeal:

- We will not punish a doctor who asks for or supports an expedited grievance/appeal
- The grievance/appeal must be received within 10 days of the denial
- A denied request for an expedited grievance/appeal is changed to a 30-day grievance/appeal
- After filing an expedited internal grievance/appeal, you can file an appeal to request an expedited external review with the Office of Financial and Insurance Regulation (OFIR)

Decisions about an expedited grievance/appeal:

- Will be made no later than 72 hours after receipt, and
- We will notify you of the decision by phone
- We will mail the decision to you within 2 business days
- You can request more time, moving the expedited grievance/appeal to a 30-day grievance/appeal

If the denial is upheld, you will get the reasons for the final denial. If you ask, you can have access to and copies of all papers related to your grievance/appeal. The notification letter will include:

- The benefit provision
- Guideline
- Protocol, or
- Other criteria used

External Appeal Rights

- You or your authorized representative have the right to ask for an Administrative Fair Hearing
- After you get your first denial letter, you have 90 days to ask for the hearing
- If you are getting benefits and ask for a hearing, there will be no action taken against you
- You can request a Fair Hearing at any time
- Your request for an Administrative Fair Hearing must be in writing
- An Administrative Fair Hearing request form will be sent with your denial letter
- The form must be signed by you or an authorized representative

IMPORTANT:

- An authorized representative must have your written consent to represent you
- The authorized representative can ask for a hearing for you
- The authorized representative can represent you at the Hearing
- The Hearing may be delayed, dismissed, or denied if you do not give written proof to the Department of Community Health that you approved this person to act on your behalf
- You can use a letter or court order naming this person as a guardian or conservator
- Written permission is not needed if the person is your spouse or attorney

The Administrative Fair Hearing starts an appeal directly to the State of Michigan Department of Community Health. If you need help filling out the form, call Total Health Care at (800) 826-2862. If you have questions about the hearing process, call the State Office of Administrative Hearings and Rules at (877) 833-0870. Mail the form to:

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

EXTERNAL REVIEW OFFICE OF FINANCIAL AND INSURANCE REGULATION (OFIR):

- You or your authorized representative also have the right to ask for an external review from OFIR
- The request can be made after we tell you of the final decision
- Notification of the final decision completes our internal appeal process
- You or your representative must file the OFIR, Health Care-Request for External Review Form to get an external review
- A copy of the form will be sent with the final decision letter
- You can also call OFIR at (877) 999-6442 to have a form sent to you
- The form should be filed no later than 60 days after you get the final decision letter

When appropriate, OFIR gets the advice of an independent review organization. The organization is not part of Total Health Care. The organization reviews the grievance/appeal as stated in the Patients Right to Independent Review Act.

To ask questions about the external review process, call our Grievance Coordinator at (313) 871-2000 or (800) 826-2862. To request an independent review write to:

Office of Financial and Insurance Regulation
Health Plan Division
P.O. Box 30220
Lansing, Michigan 48909-7720
Phone number: (877) 999-6442
Fax number: (517) 241-4168

Know Your Privacy Rights

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Total Health Care, Inc. provides your health care benefits. We are required by law to maintain the privacy of your health information and to give you this notice of our legal duty and how we protect the privacy of your written, spoken, and electronic health information. We will follow the requirements of this notice while it is in effect. This notice has been in effect since April 14, 2003, and will remain in effect until we change it.

How We May Use And Release Your Health Information Without Your Permission

Only people who have both a need and a legal right may see your health information. Unless you give us written permission, we will only use and release your health information for the following purposes:

- *To You or Your Personal Representative:* We may release your health information to you or your personal representative (someone who has a legal right to act for you)

- *For Treatment:* We may use and release your health information to help you get health care. For example, we may notify your doctor about care you get in an emergency room
- *For Payment:* We may use and release your health information so that your health care is correctly paid. For example, we may ask an emergency room for details about your health care before we pay the bill
- *For Health Care Operations:* We may use and release your health information for our business operations. For example, we may use your information to review the quality of care you get or to talk to you about your health benefits
- *To Others Involved in Your Care:* Unless you tell us not to, we may release your health information to a member of your family, a close friend, or any other person you request, if they are involved in your health care or payment of your health care
- *To Business Associates:* We may release your health information to the companies we hire to help us in our business. Before the companies can get your information, they must agree in writing that they will follow our privacy rules
- *Other Permitted Uses and Releases of Your Information:* Although certain rules apply, we may use or release your health information as required by law for public health activities; to a health oversight agency for activities authorized by law, such as inspections of our offices by the government; to a governmental authority if we reasonably believe that you have been a victim of abuse, neglect, or domestic violence; as required by the Food and Drug Administration; in the course of judicial or administrative proceedings (for example, in response to an order of a court); in response to certain law enforcement requests; for organ, eye, or tissue donation purposes; for workers' compensation purposes; for national security and intelligence activities; and to avert a serious and immediate threat to the health or safety of a person or the public. We may disclose your health information to researchers in limited circumstances, if the researchers use privacy protections required by law. We must also release your health information when required by the Department of Health and Human Services to investigate our compliance with the privacy laws.
- *Health Related Benefits:* We may use or release your health information to send you our newsletters or to tell you more about the benefits we offer.
- *Written Permission:* We may use your information for other purposes if you give us permission in writing. You have the right to change your mind and revoke your written permission. You must revoke your written permission in writing. We cannot take back any uses or releases made before you revoke your permission.

Generally, federal privacy laws regulate how we may use and release your health information. In some circumstances, state law also regulates how we may use and release your health information. In such situations, we will comply with the law that is most protective of your health information and/or gives you additional rights.

Your Rights

Right to Inspect and Copy: In most cases, you have the right to look at or get copies of your records upon written request. You may be charged a fee for the cost of copying your records. If we deny your request, you may ask to have our decision reviewed.

Right to Amend: Upon written request, you may ask us to change your records if you feel that the record is incorrect or incomplete. We may deny your request for certain reasons, but we must give you a written reason for our denial.

Right to a List of Releases: Upon written request, you have the right to receive a list of releases of your health information made by us for any period after April 14, 2003. This list will not include information that was released for treatment, payment, or health care operations. This list will not include information provided directly to you or your family, or information that was released based upon your written permission.

Right to Request Restrictions on Our Use or Releases of Your Information: Upon written request, you have the right to ask for limits on how your health information is used or released. We are not required to agree to such requests.

Right to Request Confidential Communications: You have the right to ask that we share information with you in a certain way or in a certain place. Your request must be in writing. For example, you may ask us to send information to your work address instead of your home address.

How to Use Your Rights Under This Notice: If you want to use your rights under this notice, you may write to us at the address listed on the first page of this notice. We will help you prepare your written request, if you wish.

Changes To This Notice

We reserve the right to change this notice. A revised notice will be effective for health information we already have about you as well as any health information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. If the changes are important, the new notice will be mailed to you before it takes effect.

Complaints

Complaints to the Federal Government: If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to: Office of Civil Rights, Department of Health and Human Services, 200 Independence Avenue, S.W., Washington DC, 20201, Phone: (866) 627-7748, TTY: (866) 788-4989, or Email: ocrprivacy@hhs.gov.

You will not be penalized for filing a complaint with the federal government.

Complaints and Communications to Total Health Care: If you want to exercise your rights under this notice, communicate with us about privacy issues, or if you wish to file a complaint about us, you can call or write to us at: 3011 W. Grand Blvd., Suite 1600, Detroit, MI 48202, or call (313) 871-2000 or (800) 826-2862.

You will not be penalized for filing a complaint.

Copies Of This Notice

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write us at the above phone number or address to request a copy.

Make Your Wishes Known

You have the right to decide about Advance Directives and medical treatments for yourself. Total Health Care wants you to decide about what treatments you want and about making a living will. Your new member material includes a Michigan Notice to Patients that outlines these rights in detail.

You can also file a grievance if you do not think Total Health Care is following these rules. For more information on Advance Directives, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

For complaints about how your provider followed your wishes, write or call:

Bureau of Health Professionals (BHP), Complaint & Allegation Division
P.O. Box 30670
Lansing, MI 48909-8170
(517) 241-2389 or bhpinfor@michigan.gov

The BHP Complaint and Allegation website is www.michigan.gov/healthlicense (click on “file a complaint”).

For complaints about how your health plan followed your wishes, write or call:

Office of Financial and Insurance Regulation
toll-free at (877) 999-6442 or www.michigan.gov/ofir

How You Can Help Stop Fraud And Abuse

Total Health Care has a fraud and abuse program. This program is to make sure health care money is used correctly.

Examples of fraud and abuse by a member include the following:

- Changing information on a prescription, medical records, or referral forms
- Letting someone else use your Total Health Care card to get medical services
- Using transportation services to do something other than going for medical services

Examples of fraud and abuse by a provider include the following:

- Giving false information about credentials such as a college degree
- Billing for services that weren't done

If you have any information about fraud and abuse or think that someone may have used your I.D. card, please contact Total Health Care's Fraud and Abuse Monitoring Unit. You can report fraud and abuse anonymously without giving your name by writing or calling:

Total Health Care Fraud and Abuse
3011 W. Grand Blvd., Suite 1600
Detroit, MI 48202
(313) 871-6591 or toll-free (800) 826-2862, ext. 591.

You may also report instances of fraud and abuse directly to the Department of Community Health (DCH)/ Medicaid Integrity Program without giving your name. You may call DCH at (866) 428-0005 or send a memo or letter to:

Medicaid Integrity Program
Capital Commons Center Bldg.
400 S. Pine Street, 6th floor
Lansing, MI 48908