



Wayne County
Patient Care Management System

Adult Benefits Waiver Program

Member Handbook

2010 -2011

TABLE OF CONTENTS

I.	Definitions	3
II.	Eligibility, enrollment and disenrollment	4
III.	Member Services	5-8
	A. PCP assignment	
	B. FQHC	
	C. Referrals	
	D. Providers	
	E. Emergencies	
	F. Emergency transportation	
	G. Out of area and out of state services	
	H. Appeal process	
	I. Other services	
	J. Enrollee rights and responsibilities	
IV.	Covered Services	9-11
V.	Non-covered Services	12
VI.	HIPAA	13
VII.	Patient Care Management System Information Line -	13
VIII.	Provider Member Service Information	13
IX.	Attachment A HIPAA Notice of Privacy Practice	14

I. DEFINITIONS

ABW	Adult Benefits Waiver Program
ACIP	Advisory Committee on Immunization Practice
CMHSP/PIHP	Community Mental Health Services Program/Pre-Paid In-Patient Health Plan
DME	Durable Medical Equipment
Enrollee	Person enrolled in the ABW program in Wayne County called Patient Care Management System
ER	Emergency Room
DHS	Department of Human Services
FQHC	Federally Qualified Health Center
HIPAA	Health Insurance Portability and Accountability Act of 1996
MDCH/DCH	Michigan Department of Community Health
PCP	Primary Care Physician
Provider	A health plan that provides care under Patient Care Management System

II. Eligibility, Enrollment and Disenrollment –

The local office of the DHS will determine eligibility of individuals under ABW for the County Health Plan. Individuals who qualify are eligible on the first day of the month in which the eligibility application is made.

Eligible enrollees are mailed a Mihealth card from the State. This card is used along with the Patient Care Management System program card. The Patient Care Management System card is mailed to you monthly after you are enrolled. The name and phone number of your Provider is located on the back of the Patient Care Management System card. Eligibility will be verified each time your card is presented. If you lose your card, you may call 866.896.3450 to ask about a new card.

If you have other health or car insurance, Patient Care Management System will pay for services only after the other insurance pays.

DHS will decide when you are no longer eligible for ABW. If DHS says you are not eligible for the ABW program, you will not be able to get ABW services anymore.

Patient Care Management System can ask DCH to disenroll you from our plan. You can not be violent or commit fraud. You must use the emergency room as instructed. You must see doctors that are within our network, unless you have a referral. You may also ask to disenroll for cause. This is because you feel adequate care is not available.

III. Member Services

A. PCP assignment-

You are assigned your PCP by Wayne County PCMS. You can ask to move to another PCP in the network. Call the number on your Patient Care Management System card. If you have a chronic condition, you can select a specialist as a PCP. To help with your health, call your PCP when you don't feel good. Don't wait until you are very sick to see the doctor.

B. Federally Qualified Health Center- No referral needed You can get services at any of the FQHC's that are listed below:

Name	Address	City	Zip
Advantage Health Center - Outer Drive	4777 East Outer Drive	Detroit	48234
John B. Waller Health Care for the Homeless	2395 W. Grand Blvd	Detroit	48208
Thea Bowman Center	20548 Fenkell	Detroit	48223
CHASS	5635 W. Fort Street	Detroit	48209
CHASS Midtown	7436 Woodward Ave.	Detroit	48202
Covenant Waterman	1700 Waterman	Detroit	48201
Covenant Community Care	559 W. Grand Blvd.	Detroit	48226
Western Wayne Family Health Center	26650 Eureka Suite C	Taylor	48180
Salvation Army - Fort Street (part time)	1627 W. Fort St.	Detroit	48216
Woodward Corridor Family Medical Center	611 Martin Luther King	Detroit	48201
Bruce Douglas Health Center	6550 W. Warren	Detroit	48210
East Riverside Health Center	13901 East Jefferson	Detroit	48215
Eastside Health Center	7900 Kercheval	Detroit	48214
Nolan/Ryan Health Center	111 W. 7 Mile Road	Detroit	48203
Western Wayne Family Health Center	2500 Hamlin Dr.	Inkster	48201

C. Referrals –

You must call your PCP for a referral for special services. He/She will give you one if he/she feels it is medically needed.

D. Providers –

You can get a list of providers working with Patient Care Management System by calling 313.833.3450 or 866.896.3450. The four provider networks are Community Bridges Management, HealthSource, Midwest Health

AKM, and ProCare Plus, Inc. Contact your provider to get a list of PCP's and specialists.

Community Bridges: 877.417.8342

HealthSource: 800.543.0161

Midwest Health AKM: 888.654.3300

ProCare Plus, Inc: 866.776.0891

E. Emergencies-

Call 911 in an emergency. If you can, call your PCP before you go to the emergency room or within 24 hours of the emergency room visit.

F. Emergency transportation-

Call 911 for an ambulance to the ER only.

G. Out of area or out of state-

Your PCP must give the OK for care before the care is done unless it is an emergency. If the service is an emergency, call your PCP within 24 hours.

H. Appeals process-

If you have been denied a covered service you can appeal to Patient Care Management System. You must call Patient Care Management System within 60 days if a service was denied. Patient Care Management System will give you the answer in 35 days (45 days if more information is needed). If your need is urgent, you will get an answer in writing within 72 hours. You can also appeal any denial of covered services to the State at the following address:

State Office of Administrative Hearings and
Rules for the Michigan Department of
Community Health Administrative Tribunal
P.O. Box 30763
Lansing, MI 48909
877.833.0870

I. Other services-

The State pays for the following services directly by fee for service:

- Mental health care may be obtained by contacting the Detroit-Wayne County Community Mental Health Agency at 313.833.2500.
- Substance abuse care may be obtained by contacting the Detroit-Wayne County Community Mental Health Agency at 313.833.2500.
- Family planning, breast and cervical cancer screening services are provided by calling a participating Breast and Cervical Cancer Control Program that is in Wayne County. You may call Karmanos Cancer Institute at 888.242.2702
- Psychotropic, Protease Inhibitor, and Anti-Retroviral drugs dispensed by a pharmacy
- Specific Psychotropic injectables provided by CMSHP/PIHP physicians as specified by Medicaid policy.

J. Rights and responsibilities:

It is your right to:

- Receive quality health care
- Be treated with respect
- Be treated fairly without regard to race, religion, color, creed, national origin, sex, age, marital status, sexual preference, mental or physical handicap or source of payment

- Not be denied services in this handbook
- Not be separated from other enrollee groups for any reason
- Be seen by a PCP who will help you get the care you need
- Get all the facts about your health and care from your PCP
- Know about experimental procedures or treatments that have been talked about for your care
- Say no to any medical treatment you don't agree with
- A second medical opinion
- Be told what services are covered
- Know if a co-pay is needed
- Know how your health care program works
- Know the name and training of your health care provider
- Choose your PCP within Patient Care Management System guidelines
- Ask for disenrollment from Patient Care Management System for cause at any time
- Get help with special disability and language needs you may have
- Have your medical records stay private
- Get a copy of your medical record for a fair fee

It is your responsibility to:

- Show your Mihealth and Patient Care Management System cards to all providers before you receive care
- Not let anyone use your card
- Choose a PCP
- See your PCP for routine checkups and vaccinations

- Keep your appointments
- Give complete information about your past medical history
- Give complete information about current medical problems
- Ask questions regarding your care
- Follow your doctor's medical advice
- Respect the rights of other patients and health plan employees
- Use emergency room services only when you think the injury or illness could result in lasting injury or death
- Tell your PCP if you went to the ER and you need to see him to follow-up
- Make on time payments if you get care not covered by Patient Care Management System
- Report address changes to DHS and your PCP
- Report other insurance if you have it
- Follow the Patient Care Management System rules and regulations of conduct
- Report change in income to DHS

IV. COVERED SERVICES

Your doctor will give you the services listed below when medically necessary. These services will cost you a co-pay only if it says there is a co-pay.

Covered Services are defined as follows:

1. Emergency ground ambulance to the hospital ER.
2. Emergency Services are covered in accordance with Medicaid policy. Screening and Stabilization will not need prior approvals. Further ER care may. Call your PCP after

your ER visit, so he or she can decide whether you need other services.

3. Outpatient Services as follows:

- i. Operations
- ii. Dialysis
- iii. Chemotherapy
- iv. Labs, x-rays and EKG services, cobalt, isotopes, radiation therapy, CAT, MRI, MRA, and PET scans
- v. Sterilization

4. Physicians, Nurse Practitioner and Physician Assistant services as follows:

- Annual physical exams (including Pap test, pelvic and breast exam).
- Diagnostic and treatment services
- Shots using ACIP rules (except travel and work-related shots)
- Shots given in a provider's office per current Medicaid policy
- Office visits – A \$3.00 co-pay will be charged for an office visit
- Technical surgical assistant when an intern, resident or house officer is not available;
- Outpatient hospital medical care;
- Emergency medical care;
- Family planning services- no prior authorization is needed
- Sterilization
- Infertility screening that can be done in the PCP's office. Infertility treatment is not covered
- Diagnostic and therapeutic EKG, x-ray, radium, isotope and radiation therapy; covered if ordered by an authorized provider for diagnostic and treatment purposes
- Diagnostic laboratory and x-ray exams including CAT, MRI, MRA, and PET scans

- Allergy testing
 - Dermatology
 - Chemotherapy
 - Allergy extract and injection
 - Birth control devices (one per year) requiring a prescription or doctor insertion/removals; and
 - Chelation therapy for heavy metal toxicity when medically appropriate and medically necessary
5. Oral Surgeon Services are covered when provided by a licensed dentist enrolled in the Medicaid program as an oral surgeon/physician. Covered services are listed on the DCH website.
6. DME –Blood sugar monitors; voice activated blood sugar monitors are covered only when medically necessary.
7. Drugs –Drugs are covered for acute illness up to a 34-day amount. You will be given a generic drug unless your PCP doesn't want you to have generic.
- All drug classes are covered by Patient Care Management System unless the drug is a certain drug covered directly by the State
 1. Drug Co-payments:
All drugs - \$1.00
 - The following are **not** covered drug benefits under Patient Care Management System – :
 - Any drug entirely taken at the time and place where it is prescribed
 - Administration or injection of any drug
 - Any drug that is given to you while you are an inpatient
 - Any refill of a drug if it is more than the number of refills specified by the prescription.

- Any drug where it has been over 180 days since the drug was last given to you by the drug store

8. Medical Supplies are covered except for:

- Gradient surgical garments
- Formulas & feeding supplies
- Oxygen & related supplies
- Supplies related to any non-covered DME item.

9. Out of Network and Out of Area -

If medically necessary, the provider may allow care out-of-network or out-of-area. Your PCP must give the OK for care before the care is done unless it is an emergency or family planning

V. Non-Covered Services

The following services are **not** covered:

- Inpatient hospital services – including all facility and professional services related to inpatient hospital services
- Case management
- Chiropractor
- Dental services – except for services of an oral surgeon within Medicaid guidelines
- Eye doctor and glasses
- Hearing aids
- Home health
- Home help or personal care
- Hospice
- Immunizations required only for travel
- Infertility treatment
- Weight reduction services
- Nursing home care

- Foot doctor
- Private duty nurses
- Prosthetics/orthotics (Including but not limited to foot inserts, artificial limbs, penile and breast implants etc.)
- Occupational, physical, and speech therapy
- Transportation (non-ambulance)
- Quit smoking programs
- Urgent care clinics (free-standing or in-hospital) – facility charges

VI. Health Insurance Portability and Accountability Act (HIPAA)

All doctors, clinics and hospitals must obey HIPAA privacy and security laws, as appropriate. They will all have written policies related to HIPAA privacy and security. You can ask your PCP for a copy.

VII. Patient Care Management System Information Line

Patient Care Management System provides a toll-free 24-hour phone line at 866.896.3450.

Call toll-free for:

1. Provider name and phone number
2. Enrollee information
3. Enrollee eligibility
4. Other information

VIII. Provider Member Service Information

Community Bridges:	877.417.8342
HealthSource:	800.543.0161
Midwest Health AKM:	888.654.3300
ProCare Plus, Inc:	866.776.0891

Your provider offers oral interpretation services, free of charge, for any language. All written materials are available in alternative formats for those with special needs.

IX. Attachment A

HIPAA NOTICE OF PRIVACY PRACTICES

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.

This is your Notice of Privacy Practices from Patient Care Management System. You have received this notice because of your health plan benefits. (“Health Plan Benefits”)

This notice describes how we protect the individually identifiable health information we have about you (“Protected Health Information”), and how we may use and disclose this information. Protected Health Information includes information which relates to your past, present, or future health, treatment, or payment for health care services. This notice also describes your rights with respect to the Protected Health Information and how you can exercise those rights.

We are required by law to:

- maintain the privacy of your Protected Health Information;
- provide you this notice of our legal duties and privacy practices with respect to your Protected Health Information; and
- follow the terms of this notice.

We protect your Protected Health Information from inappropriate use or disclosure. Our employees, and those companies that help us service your Health Plan Benefits, are required to protect the confidentiality of your Protected Health Information.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

In some circumstances, the law allows us to use or disclose your Protected Health Information without asking for your authorization in advance or giving you an opportunity to object. These circumstances include:

- **For Payment:** We may use and disclose Protected Health Information to pay for benefits under your Health Plan Benefits. For example, we may review Protected Health Information contained on claims to reimburse providers for services rendered.
- **For Health Care Operations:** We may also use and disclose Protected Health Information for our Health Plan Benefits operations. These purposes include evaluating a request for Health Plan Benefits products or services, administering those products or services, and processing transactions requested by you.
- **As Required by Law:** We will disclose Protected Health Information about you when required to do so by federal, state, or local law. These include (i) for judicial and administrative proceedings pursuant to legal authority; (ii) to report information related to victims of abuse, neglect or domestic violence; and (iii) to assist law enforcement officials in their law enforcement duties.
- **Public Health Risks:** We may disclose Protected Health Information about you for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability.
- **Health Oversight Activities:** We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- **Medical Examiners and Funeral Directors:** We may release Protected Health Information to a funeral director or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- **To Avert a Serious Threat to Health or Safety:** We may disclose Protected Health Information to avert a serious threat to your health and safety or the health and safety of the public or another person pursuant to law.
- **For Health-Related Benefits or Services:** We may use Protected Health Information to provide you with information about benefits available to you under your current Health Plan Benefits and about health-related products or services that may be of interest to you.
- **Specific Government Functions:** We may use and disclose Protected Health Information for specialized government functions such as protection of public officials or reporting to various branches of the armed services. We may disclose Protected Health Information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Individuals Involved in Your Care or Payment for Your Care:** We will disclose relevant Protected Health Information to family members and close personal friends who are involved in your care or the payment for your care, if you have agreed to the disclosure, have been given an opportunity to object and have not objected, or under circumstances in which we determine in the exercise of

professional judgment that the disclosure is in your best interests. The Protected Health Information disclosed shall be only that which is directly relevant to the friend or family member's involvement in your health care.

- **Organ and Tissue Donation:** If you are an organ donor, we may release Protected Health Information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Workers' Compensation:** We may release Protected Health Information about you in order to comply with laws and regulations related to Workers' Compensation.
- **Inmates:** We may disclose Protected Health Information about you to the correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.
- **To the Federal Department of Health and Human Services ("DHHS"):** Under the privacy standards, we must disclose Protected Health Information to the Secretary of DHHS as necessary for them to determine our compliance with those standards.

Our use and disclosure of your Protected Health Information must comply not only with federal privacy regulations, but also with applicable Michigan law. Michigan law provides different protections to your health information. For example, Michigan provides extra protection for sensitive information, like HIV/AIDS information and mental health information.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of Protected Health Information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If you or your legal representative authorize us to use or disclose Protected Health Information about you, you or your legal representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining your Prescription Benefits. You should understand that we will not be able to take back any disclosures we have already made with the authorization. To revoke your authorization, you or your legal representative must send a written revocation to the Privacy Officer at the address listed below.

YOUR RIGHTS REGARDING THE PROTECTED HEALTH INFORMATION WE MAINTAIN ABOUT YOU

The following are your various rights as a consumer under HIPAA concerning your Protected Health Information. Should you have questions about a specific right, please write to the Privacy Officer at the address listed below.

- **Right to Inspect and Copy Your Protected Health Information:** In most cases, you may inspect and obtain a copy of the Protected Health Information that we maintain about you. To arrange for access or a copy of your Protected Health Information, you should submit a request in writing to the Privacy Officer identified on below. Certain types of Protected Health Information will not be made available for inspection and copying. This includes psychotherapy notes; Protected Health Information collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding; information subject to the Clinical Laboratory Improvements Amendments of 1988 to the extent giving you access is prohibited by law; and information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information. If we deny you access, we will explain why and what your rights are, including whether review of the decision is available and how to seek review. We will comply with the outcome of a review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies. If your records are used or maintained in an electronic health record you have the right to receive a copy of that PHI in an electronic format.

- **Right to Amend/Correct Your Protected Health Information:** If you believe that your Protected Health Information is incorrect or that an important part of it is missing, you may ask us to amend your Protected Health Information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to the Privacy Officer identified below. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend Protected Health Information that:
 - is accurate and complete;
 - was not created by us, unless the person or entity that created the Protected Health Information is no longer available to make the amendment;
 - is not part of the Protected Health Information kept by or for us; or
 - is not part of the Protected Health Information which you would be permitted to inspect and copy.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- **Right to an Accounting of Disclosures:** You may request a list providing an accounting of the disclosures we have made of Protected Health Information

about you. This list will only include certain disclosures. For example it will not include, disclosures made for treatment, payment, or health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to the Privacy Officer identified below. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than 6 years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The list must be provided to you within 60 days of receipt of your request. The first list you request within a 12 month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. If your records are used or maintained in an electronic health record you may receive an accounting for treatment, payment and healthcare operations disclosures.

- **Right to Request Restrictions:** You may request a restriction or limitation on Protected Health Information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. Health care operations consist of activities necessary to carry out our Health Plan Benefits operations. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request until you request otherwise or we give you advance notice. To request a restriction, you must make your request in writing to the Privacy Officer identified below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on Protected Health Information uses or disclosures that are legally required, or which are necessary to administer our business. We must agree to requested restrictions on disclosures of PHI about an individual if the disclosure is to a health plan for purposes of carrying out payment or healthcare operations (and is not for treatment purposes), and the PHI pertains solely to a healthcare item or service for which the healthcare provider involved was paid out of pocket in full.
- **Right to Request Confidential Communications:** You may request us to communicate with you regarding your Protected Health Information in a certain way or at a certain location, if you tell us that the disclosure of all or part of that information could endanger you. We will accommodate reasonable requests that you make.
- **Right to Receive a Paper Copy of this Notice upon Request:** You have the right to obtain a paper copy of this notice, and may do so by contacting the Privacy Officer listed at the end of this notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Federal Department of Health and Human Services (DHHS) or with us.

To file a complaint with the DHHS, you must send the written complaint to:

Region V, Office for Civil Rights, U.S. DHHS, 233 N. Michigan Ave. Suite 240,
Chicago, IL 60601. Phone #: 312.886.2359

To file a complaint with us, please contact the Privacy Officer at the address provided below. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

RIGHT TO CHANGE OUR PRIVACY PRACTICES

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for Protected Health Information we already have about you as well as any Protected Health Information we receive in the future. You can locate the effective date of this and any revised notice on the first page in the top right hand corner. If we make a material change to this notice you will receive a copy of the revised notice from us within 60 days of the revision.

BREACH NOTIFICATION

HIPAA covered entities are required to provide certain notifications to individuals, media and the United States Department of Health and Human Services in the event of a breach of unsecured protected health information. The timing, method and content of any such required notifications will be provided according to the requirements of HIPAA.

CONTACTING US ABOUT DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

Please direct all inquires, requests for records, requests to revoke a previously signed authorization, requests for copies of our Notice of Privacy Practices, complaints, or concerns to the individual(s) identified below. Bear in mind that any complaint of a violation of your rights under the HIPAA Privacy Rules must be sent in writing to the Privacy Officer identified below.

HIPAA Privacy Officer
640 Temple Suite 370
Detroit, MI 48201
(313).833.4780