



Welcome to Michigan Care

MEMBER HANDBOOK

M | MICHIGAN CARE
A PHP Health Plan

Contact Us

Mailing Address

Physicians Health Plan
PO Box 30377
Lansing, MI 48909-7877

Physical Address

Physicians Health Plan
1400 E. Michigan Ave.
Lansing, MI 48912

Michigan Care Customer Service

833.484.8450

MichiganCare.com

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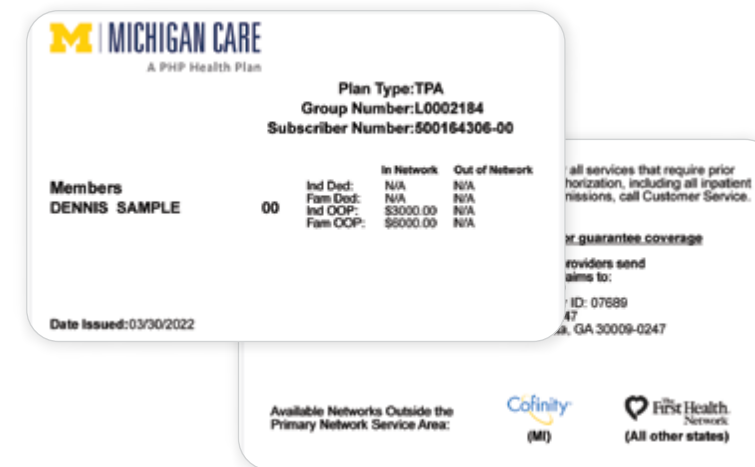
Welcome to Michigan Care, A PHP Health Plan

We are pleased to have you as a member. Michigan Care, administered by Physicians Health Plan (PHP), provides you and your family with comprehensive healthcare benefits and a dedicated staff to support you and your family with information and assistance.

Physicians Health Plan (PHP) began in 1980, as Mid-Michigan's first broad-based independent practice association (IPA), an early model for health maintenance organizations (HMO). In, 1982 PHP's first healthcare plans were introduced. Today, PHP is owned by two of Michigan's top health systems, University of Michigan Health and Covenant HealthCare, and offers plans to individuals, families, and employer groups across Michigan.

We want to help you make the most of your Michigan Care benefits. This member guide is a quick and easy way to help you use your healthcare plan most effectively.

If you have any questions, please call PHP Customer Service at the number on the back of your Michigan Care ID card.



For example only

Your Michigan Care ID Card

Member name(s) and member number(s) will appear on the front of your Michigan Care ID Card, along with your deductible and maximum out-of-pocket amounts. Important phone numbers and date of issue are on the back. Make sure you keep the most current ID card, carry it with you at all times, and present it each time you receive healthcare services.

Frequently Used Phone Numbers for Members

Department	Phone	Fax	Hours	How can we help?
Customer Service	833.484.8450 (toll-free)	517.364.8411	M-F, 8:30 a.m. to 5:30 p.m.	<ul style="list-style-type: none"> • Verify eligibility, benefits, or claim status. • Report suspected fraud and abuse. • Obtain claims mailing address. • Request a copy of member benefit materials.
TTY/TDD	711	N/A	24/7/365	<ul style="list-style-type: none"> • Relay Number for individuals needing communication assistance.
Over-the-Phone Interpretation Services	833.484.8450 (toll-free)	N/A	M-F, 8:30 a.m. to 5:30 p.m.	<ul style="list-style-type: none"> • Interpretation services available in more than 150 languages.

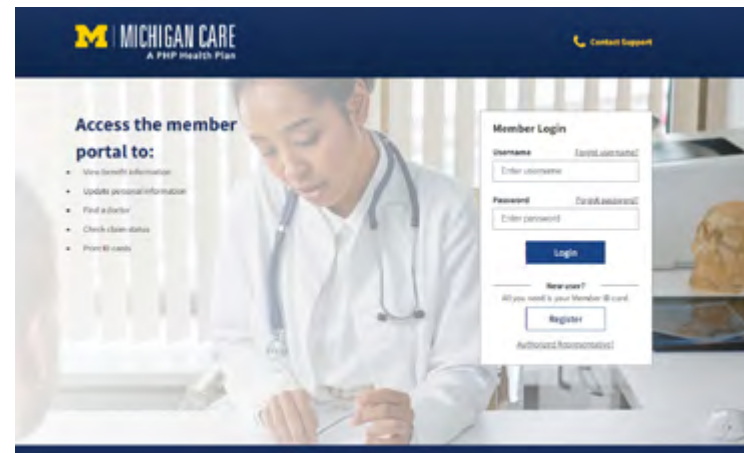
Online Services

MichiganCare.com

Managing your health plan is easy and convenient with Michigan Care's online services. Register your member account online at [MichiganCare.com](https://michigancare.com) for important information about the Michigan Care benefit plan, network physicians and other providers, FAQs, up-to-date preventive and wellness care, and much more.

Features available to you and your dependents on [MichiganCare.com](https://michigancare.com) and on the Michigan Care Member Portal app include:

- » Claim status
- » Print temporary ID cards or order a set of ID cards to be mailed
- » Select or change your PCP
- » View your out-of-pocket expenses to date
- » Use our Cost Estimator Tool for healthcare expenses
- » And more



Selecting a Primary Care Provider (PCP)

Throughout this member guide, there are references to the term PCP. The term PCP, or primary care provider, refers collectively to physicians or other practitioners who manage your routine care. When you join Michigan Care, you must select a PCP from the Michigan Care Network (MCN) for both yourself and each covered person in your family. You may select a primary care provider or practitioner from the following categories: Family Practice, Internal Medicine, General Practice, Pediatrics, selected Nurse Practitioners, or OB/GYN physicians. This provider must agree to be a PCP and agree to coordinate your medical care. If you do not select a PCP, one will be assigned to you. Your PCP is responsible for assisting you in meeting all of your healthcare needs. For example, your PCP will:

- » Provide all of your routine medical care
- » Provide a referral, when necessary, if you need to see a specialist
- » Coordinate hospital services and admissions
- » Be available to direct or manage your medical emergencies 24 hours a day
- » Admit you to a hospital when necessary
- » Direct you to after-hours care, when needed

We encourage you to gather as much information as you can before choosing a PCP.

Changing Your PCP

We realize that you may decide to change physicians for any number of reasons: you have moved, and it is no longer convenient to go to this particular physician; you become dissatisfied with your present care or treatment; or you just want to try someone different. You can change your PCP at any time by following these steps:

1. Choose another PCP from the Michigan Care Network directory.
2. Call the selected PCP's office to make sure they are accepting new patients, and schedule an initial appointment.
3. Arrange to have your medical records transferred.
4. Call Customer Service to let us know the name of your new PCP, or visit [MichiganCare.com](https://michigancare.com) and log into the member portal to update your PCP information.

If you need help in selecting a new PCP, call Customer Service at **833.484.8450** and a Customer Service Specialist will assist you. To find an In-Network Michigan Care Provider visit [PHPMichigan.com/ProviderSearch](https://phpmichigan.com/ProviderSearch) and select "Michigan Care" (employees only) from the plan dropdown menu.

Communication Services

TTY/TDD Services:

If you are deaf, hard-of-hearing, or have problems speaking, you can use this service. You must have a device with a keyboard called a Teletypewriter (TTY) or a Telecommunications Device for the Deaf (TDD). If you have one of these special devices, call 711 to reach the Relay Center. The Relay Center will help you call Customer Service.

Language Services

If English is not your native language, you can still call Customer Service. Simply state what language you speak, and the Customer Service Specialist will have an interpreter translate your questions and explain the answers to you.

Servicio de Idiomas

Si el inglés no es su lengua materna, usted puede todavía llamar al Departamento de Servicio del Cliente.

El Especialista del Servicio de Cliente hará que un intérprete traduzca sus preguntas, y explique las respuestas a usted.

Interpretation Services

If you speak another language, or have trouble understanding your doctor, call Customer Service for help.

Servicio de Interpretación

Si usted habla otra lengua, o tiene problema para entender a su doctor, llame a nuestro Departamento de Servicio del Cliente para la ayuda.

Telehealth Services

In addition to telehealth coverage with your network PCP or specialist, Michigan Care members have on-demand video access to Amwell physicians for urgent medical needs and access to the Amwell behavioral health network by appointment. The copays are the same as Michigan Care in-network coverage with no extra fees.

The U.S. based, board-certified and credentialed Amwell Online Care Group physicians can address urgent health concerns 24/7/365. In addition, the Amwell Online Care Group licensed and credentialed behavioral health providers (psychiatrists, psychologists, and therapists) provide scheduled behavioral health services like medication evaluation and management, counseling and assessment, and therapy services. The availability of Amwell Online Care Group providers extends the Michigan Care network using telehealth for urgent health issues and behavioral health needs.

How to get started with Amwell:

1. Go to **PHP.Amwell.com** or download the Amwell mobile app (“Amwell: Doctor Visits 24/7”) from the Apple App Store or the Google Play store.
2. Create an account. When asked, use Service Key PHP.
3. Select a provider and schedule your visit or use the on-demand service based on the service needed.
4. If preferred, Amwell telehealth service can also be accessed by calling **844.SEE.DOCS (844.733.3627)**.

To find a behavioral health provider, select "Home" once you have logged in, and then select psychiatry or therapy. Your Amwell provider can call in prescriptions to a local pharmacy of your choice. They may also refer you to other providers for care if they are unable to treat you online.

Getting Care – Making an Appointment

Whenever possible, schedule your appointments in advance. If you cannot keep a scheduled appointment with a physician or practitioner, please call to cancel the appointment as soon as possible. If your physician has an office policy on missed appointments, you may be charged a missed appointment fee.

Michigan Care does require a referral or prior approval to see a Michigan Care network specialist. Your PCP or other network physician may decide that you need care from a physician, practitioner, or other provider who is not in the Michigan Care network. In order for network benefits to apply, your physician must obtain written prior approval from Michigan Care and the services must not be available through a network physician. Without written prior approval from Michigan Care, you must pay for the care you receive.

You can always check the network status of a provider by visiting **MichiganCare.com** or by calling Customer Service.

Services That Require Prior Approval

Your Plan Document provides detailed information about your benefits, including what services require written prior approval by Michigan Care. To make sure your care is covered, your provider must get approval before you receive these healthcare services. You can get more information about the prior approval process by contacting Customer Service at the phone number on the back of your Michigan Care ID card.

It's important for you to be aware of any requirements or guidelines that you must follow in order for certain healthcare services to be covered under your Michigan Care benefit plan. You can find out if a treatment or procedure has any requirements by contacting Customer Service.

Hospital Services

Except in emergency situations, your PCP or specialist will arrange your hospital care and notify us. To be certain that your hospital services are covered, make sure you receive non-emergency hospital services from a facility that participates in the Michigan Care network. If you are hospitalized in an emergency situation, contact your PCP as soon as possible.

Behavioral Health Services

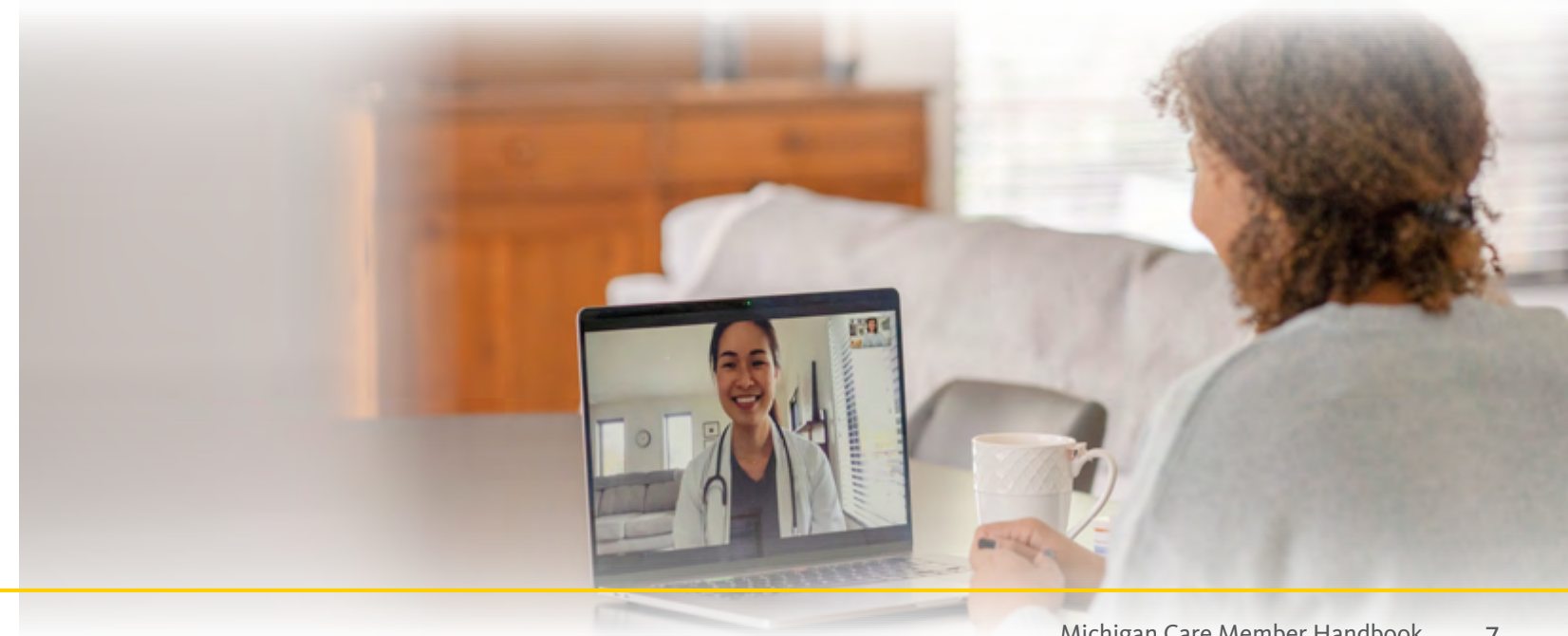
In addition to providing coverage for your medical services, Michigan Care also provides coverage for mental health and substance use disorder services. You may self-refer to a network behavioral health provider. You can locate network behavioral health and substance use disorder providers yourself by checking the Michigan Care Provider Directory at **MichiganCare.com**, or by calling Customer Service at 833.484.8450.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

As required by WHCRA, your plan provides coverage for:

- » All stages of reconstruction of the breast on which a mastectomy has been performed.
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- » Prostheses and treatment for the physical complications of mastectomy including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.





What Is an Emergency?

A medical emergency is defined as a serious medical condition or symptom resulting from an accident, injury, sickness, or mental illness that arises suddenly and has severe symptoms, including severe pain. It is further defined as being a situation in which a reasonable person would believe that failure to get immediate care may result in:

- » Placing the patient's health in serious danger;
- » Serious harm to body functions;
- » Serious harm to any body organ or part;
- » Serious disfigurement;
- » In the case of a pregnant woman, serious jeopardy to the unborn child.

Examples of a medical emergency include, but are not limited to; heart attack, poisoning, loss of consciousness, broken bones, severe breathing difficulties, convulsions, and serious falls.

Emergency and Urgent Care

What to Do in an Emergency

If you have a serious injury or sudden illness with severe symptoms call 911 or go directly to the nearest hospital emergency department, if you have someone to transport you safely.

What to Do in an Urgent Situation

When you need urgent care for a non-life-threatening situation sooner than you can typically schedule an office visit, your PCP's office should be able to provide advice or arrange assistance 24 hours a day, seven days a week. The office can help you even when your PCP is unavailable (during lunch, vacation, or after hours). Your PCP may use an answering service or a recording to instruct you how to reach your PCP or another physician who is treating you in his or her absence, tell you to go to an urgent care center, or may arrange to see you personally on an urgent basis.

You may also access urgent care services by going directly to an urgent care provider or by accessing an Amwell provider 24/7 (see page 6).

Out-of-town Emergencies

Michigan Care covers your care for emergency and urgent conditions if you are away from home and allows you to see non-network physicians for emergent and urgent situations. For emergencies, go to the nearest hospital emergency department. If your situation is urgent, go to the nearest urgent care center.

After Emergency or Urgent Care

As soon as possible after your visit, see your PCP for follow-up care and to update your medical record.

Continuation of Care

If you are a new member with Michigan Care and have been receiving care from a physician who is not in the Michigan Care Network (MCN), or if you have regularly been seeing a specialist who no longer participates in the MCN, you may be eligible to continue to receive care from that physician while you are covered by Michigan Care. To receive continued care from a physician who is not in the MCN, the treating physician must agree to continue providing the healthcare services and you must meet one of the following criteria:

- » If you are currently involved in an ongoing course of treatment, you may be able to continue with that physician for up to 90 days.
- » If you are in your second or third trimester of pregnancy, you may continue seeing your physician until the end of postpartum care directly related to the pregnancy.
- » If you have been diagnosed with a terminal illness and are actively being treated for that illness, you may continue receiving treatment for that illness for the remainder of your life, as long as your Michigan Care coverage remains active.
- » If you think your treating physician is not part of the MCN and you believe that you may qualify for continued care with that physician, contact Customer Service.



Department of Licensing and Regulatory Affairs (LARA)

If you have questions about disciplinary actions taken against your doctor or want to know about any formal complaints about your doctor, you may request a copy of the written report by contacting the Health Professions Division in the Bureau of Healthcare Services at **517.335.9700**. Summary information on recent disciplinary actions taken against healthcare professionals can be found on the LARA website: **Michigan.gov/LARA**

Fraud and Abuse

Physicians Health Plan encourages you to contact the Compliance Hotline at **866.PHP.COMP (866.747.2667)** if you see any of the following:

- » Bills received for services that were not performed.
- » Claims that are double billed.
- » Diagnoses you do not recognize on a claim.
- » Equipment or services you feel are unnecessary.

Physicians Health Plan discourages you from:

- » Sharing your Michigan Care ID card with someone else.
- » Going to the emergency department for nonemergency medical care.

If You Suspect Fraud

If you think a provider or a Physicians Health Plan member is committing fraud or abuse, there are several steps you can take.

- » Call us at 866.PHP.COMP (866.747.2667) 24 hours a day, 7 days a week;
- » Report your concern at **MyComplianceReport.com** and enter the access ID: PYHP; or
- » Send a letter to:
Physicians Health Plan
Attn: Compliance
PO Box 30377
Lansing, MI 48909-7877

You do not have to give your name.

If you choose not to give your name, please be sure to report as much information about the situation as possible. This will help us to determine what steps to take.

What is Your Cost for Services

Michigan Care has no annual deductible.

Copay

A copay is the amount that you must pay when receiving services and is a fixed amount. A copay may be assessed for services including but not limited to office visits, urgent care center visits, emergency department visits, physical therapy, and chiropractic services.

Coinsurance

Coinsurance means that the health plan pays a percentage of the allowable costs not subject to a copay and you pay the remainder.

Out-of-Pocket Maximum

You have an out-of-pocket maximum that is the limit you could pay annually. When you reach your out-of-pocket maximum, most covered services will pay at 100% of the allowed amount.

In all cases, the copay and coinsurance amounts are your responsibility to pay.

Review your Plan Document for other coverage parameters that impact your costs.

Payment for Healthcare Services

Physicians Health Plan arranges in advance for network physicians, practitioners, and hospitals to bill Physicians Health Plan for your care. These providers are paid directly for their services by Physicians Health Plan. Except for the coinsurance and/or copays listed in your plan document, you should not receive bills for covered healthcare services. If you do receive a bill from a network provider requesting payment from you for something other than a coinsurance and/or copay, contact Customer Service for assistance.



How to Submit Medical Claims

Medical Claims

In most cases, your physician or provider will submit medical claims to Physicians Health Plan (PHP) on your behalf. Show your ID card when you receive services. In certain situations, such as urgent or emergency care, you may receive care from a non-network provider that may result in you having to submit the claim to PHP. The address for medical claims submission is on the back of your card. If you are submitting a medical claim yourself, please send a completed claim form and an itemized receipt to:

Physicians Health Plan
PO Box 313
Glen Burnie, MD 21060-0313

Make sure the information you send includes:

- » Subscriber's name, address, and Michigan Care member number from ID card.
- » Patient's name, age, and relationship to subscriber.
- » Itemized bill from your provider that includes the following:
 - Patient diagnosis
 - Date(s) of service
 - Procedure code(s) and descriptions of service(s) received
 - Charge for each service received
 - Provider of service name, address, and provider ID number
 - If the services were related to an accident
 - Proof that you paid for the services (if appropriate)

Note: If your receipt does not indicate that you paid for the service, we will pay the provider.

Coordination of Benefits

If you are covered by more than one healthcare plan, coordination of benefits (COB) provisions may apply. COB rules determine which plan pays for covered services in which order when you or a family member are covered by more than one health plan. You may receive a notice asking you to tell us about any other medical coverage that you or your dependents have. Please follow the directions on the notice so that we have the most up-to-date information and can pay your claims correctly. Also, remember to call Customer Service if you or your dependents' coverage through another plan ends or changes, or if you have any questions regarding COB. If you do not provide us with your other insurance information, payment of claims may be delayed or denied.

Subrogation

Physicians Health Plan recovers healthcare claim dollars that are the responsibility of other (non-health) insurers or liable parties. This is called subrogation or third party liability. Payments may be recovered due to a variety of circumstances, including auto accidents, worker's compensation, and medical malpractice. Physicians Health Plan identifies subrogation cases in these ways:

- » From hospital pre-admission information
- » From provider notification
- » From claim information

Physicians Health Plan uses an outside vendor for recovery of third-party claims. If you receive a letter from the vendor requesting information about other insurance coverage, and you have questions, please call Customer Service.

Your Appeal Rights

As a member of Michigan Care, you are afforded many rights and responsibilities. One of your most important rights is the ability to appeal our decisions about issues impacting your coverage.

PHP must follow State of Michigan and U.S. Department of Labor regulations with respect to our Appeal Procedure. If you want to file an appeal, please follow these easy steps:

- » Contact Customer Service at the telephone number on the back of your Michigan Care ID card. One of our Customer Service Specialists will be happy to help you and will try to answer your questions or resolve the issue informally.
- » If our informal attempts to resolve your request do not meet your expectations, you have the right to request a formal review. The request must be communicated to us in writing. For your convenience, an Appeal Form is available from Customer Service or you can submit your appeal in an informal letter. The form is not necessary but helps us obtain the minimum information needed to review your request. You can also send us a secure email message through [MichiganCare.com](https://www.michiganCare.com).

You will be notified in writing that we have received your written appeal. After reviewing the information you submit with your appeal, we may reverse the original decision and agree with your request, or we may not change the original decision. You will be notified in writing regardless of the decision. If we do not change our original decision, you will be given additional appeal instructions, which will include an opportunity for you to speak to an appeal committee.

The appeal committee will listen to your issues and make a final decision. You will be notified of the committee's decision in writing, after your hearing, but within 30 days of the date we receive your written request.

If you are not satisfied with the final determination made by PHP, you have the right to seek an external review through the Department of Insurance and Financial Services (DIFS) at the State of Michigan. You must submit your request for external review within 127 days from the date you receive PHP's final determination.

PHP will provide a copy of the External Review Form. For additional information, you should contact DIFS at the address on the next page.

Expedited Appeals

The above appeal procedures do not apply if you have a dispute with PHP over an upcoming health service that needs to be treated as an urgent situation. In this case, the usual time frame for an appeal would seriously jeopardize your life, health, or ability to regain maximum function. You and/or your physician must explain the nature of your condition and why you require an expedited review.

PHP will inform both you and your physician of its decision within 72 hours from the time that PHP is notified of the urgent situation. If our determination is provided verbally, we will put it in writing no later than two business days after notification.

Appeal Terms at a Glance

Adverse Benefit Determination

A determination that a healthcare service has been reviewed and denied, reduced, or terminated.

Appeal

A written expression of dissatisfaction by a member or authorized representative regarding an adverse determination or a request for additional services after your benefits are exhausted.

Expedited Appeal

An appeal for which a physician may substantiate verbally or in writing that the normal appeal procedure timeframe would seriously jeopardize the life or health of the member, or would jeopardize the member's ability to regain maximum function.

Authorized Representative

A person whom a member has authorized in writing to act on his or her behalf at any stage in the appeal process. This could also be a person authorized by law to provide substituted consent for a member, a family member, or the member's treating healthcare professional, if the member is unable to provide consent.

For urgent situations, you may ask for review by DIFS at the same time that you go through the PHP appeal process. For information about the review of an urgent situation by DIFS, you should contact:

Office of General Counsel - Healthcare

Appeals Section

Department of Insurance and Financial Services

PO Box 30220

Lansing, MI 48909-7720

877.999.6442 | [Michigan.gov/difs](https://www.michigan.gov/difs)

You may also file an electronic request for external review at Difs.State.MI.US/Complaints/ExternalReview.aspx

Complaints

Physicians Health Plan encourages your comments and suggestions. If you are unhappy with the service or care you receive while a Michigan Care member, we want to know about your experience. You may contact Customer Service at the number on the back of your Michigan Care ID card, email us, or write us a letter and we will respond to your concern quickly. If you have further questions, please call Customer Service, or visit our website at [MichiganCare.com](https://www.michiganCare.com).

Confidentiality

Physicians Health Plan (PHP) takes confidentiality issues and laws very seriously. We have safeguards in place to protect your confidential information. PHP policy does not allow disclosure of your confidential information without your consent unless allowed by law. PHP operates in compliance with state and federal laws that make it an offense to improperly use, obtain, or disclose individually identifiable health information without your permission or legal justification.

The PHP Notice of Privacy Practices describes how PHP uses and discloses health information for purposes such as public health reporting, regulatory reporting, health-related reminder programs, quality improvement, utilization management and claims activity. Whenever possible, any information that is used for these activities is part of statistical data not linked to specific identity. PHP has taken steps to protect your confidentiality and privacy. PHP does not sell your information to outside organizations. PHP staff receives training in maintaining the confidentiality of the information they see as part of their jobs. Employees have access to only that information that is necessary to perform the task, and computer passwords restrict access to medical information. PHP will attempt to assist you with any special requirements for restricting uses of your information. PHP maintains confidentiality policies that do not allow employers to obtain any member specific health information. Any employer requesting confidential information is required to obtain a written authorization for release of the information signed by you or your dependent who is the subject of the information.

PHP includes provisions related to confidentiality in all its provider contracts. Provider confidentiality policies are reviewed when a provider applies for participation with PHP and during regular visits from PHP staff. You and your dependents have a right to obtain all information related to your records that are in the possession of PHP. PHP is an IPA-model HMO, which means that PHP does not keep medical records. If you or your dependents are looking for your medical records, you must make a request for those records directly to the provider of those services.

You can download or print a copy of the PHP Privacy Practices from our website, [MichiganCare.com](https://www.michiganCare.com), or you can contact Customer Service to get a copy sent to you by mail.

When to Contact Customer Service

We want to help you make the most of your Michigan Care coverage. To do this, we need your assistance. If any of the following should occur, please contact Customer Service by calling **833.484.8450** or visit **MichiganCare.com**:

- » PCP changes
- » Benefit questions
- » Changes regarding other healthcare coverage
- » Lost or stolen member ID cards
- » Special healthcare needs
- » Quality of care or service concerns
- » Claims, appeals, or complaints

Advance Directives

Under Michigan law, adults have the right to accept or refuse any medical treatment, provided the adult is competent, or able to understand the condition and treatment.

An advance directive is a set of instructions that allows someone else to make critical decisions for you concerning your healthcare needs if you are physically or mentally unable to make those vital decisions.

You can name someone to make decisions for you by completing either a Durable Power of Attorney for Healthcare form or a Patient Advocate Designation form. These forms are available from many sources: hospitals, nursing homes, and lawyers.

You can select anyone to be your patient advocate as long as he or she is at least 18 years old. Once you have named your patient advocate, two neutral people must witness the form being signed.

You can change your advance directive decision, and any instructions for the patient advocate, at any time. You are not required by law to have an advance directive, and a healthcare provider cannot refuse to treat you because you have not designated a patient advocate. It is simply a security measure to ensure that your wishes are carried out should you become unable to make medical decisions.



Member Rights and Responsibilities

Member Rights

Enrollment with Physicians Health Plan (PHP) entitles you to the right to:

1. Receive information about your rights and responsibilities as a member in terms you can understand.
2. Have access to culturally and linguistically appropriate language interpretation services free of charge.
3. Always be treated with respect and recognition of your dignity and right to privacy.
4. Expect privacy of your personal health information (PHI).
5. Choose and change a primary care physician (PCP) from a list of network physicians or practitioners.
6. Information on all treatment options that you may have in terms you can understand so that you can give informed consent before treatment begins.
7. Refuse treatment to the extent permitted by law and be informed of the consequences of your refusal.
8. Openly discuss appropriate or medically necessary treatment options regardless of cost or benefit coverage.
9. Participate with providers in making decisions involving your healthcare.
10. Voice concerns or complaints about your healthcare by contacting PHP Customer Service or submitting a formal, written grievance through PHP's appeals process.
11. Be given information about PHP, its services, and the healthcare providers in its network, including their qualifications.
12. Make suggestions regarding PHP's member rights and responsibilities policies.
13. Receive covered benefits consistent with your plan summary and state and federal regulations.

Member Responsibilities

As a PHP member, you have the responsibility to:

1. Select or be assigned a primary care physician from PHP's list of network healthcare providers if required by your plan and notify PHP when you have made a change.
2. Be aware that all hospitalizations must be approved in advance by PHP, except in emergencies or for urgently needed health services.
3. Use emergency department services only for treatment of a serious or life-threatening medical condition.
4. Always present your PHP ID card to healthcare providers each time you receive health services, never let another person use it, report its loss or theft to PHP, and destroy any old cards.
5. Be considerate and courteous to PHP associates, your providers, their staff, and other patients.
6. Notify PHP of any changes in address, eligible family members, marital status, or if you acquire other health care coverage.
7. Provide complete and accurate information (to the extent possible) that PHP and healthcare providers need in order to provide care.
8. Understand your health problems and develop treatment goals you agree on with your healthcare provider.
9. Follow the plans and instructions for care that you agree on with your healthcare provider.
10. Understand what services have cost shares to you and to pay them directly to the health care provider who gives you care.
11. Read your PHP member materials and become familiar with your provider network.
12. Follow your health plan benefits and PHP policies and procedures.
13. Report suspected health care fraud or wrongdoing to PHP, by contacting PHP Customer Service.

1400 E. Michigan Ave.
PO Box 30377
Lansing, MI 48909-7877

Check Out Michigan Care Online!

MichiganCare.com

The Michigan Care website and our Michigan Care Member Portal offer a variety of online services and information, including:

- » Find a doctor, no matter where you are.
- » Change your address or update your primary care provider.
- » Add info on finding/downloading/using virtual card.
- » View or request an Explanation of Benefits (EOB).
- » View digital ID card, order a new ID card, or print a temporary card.
- » Find answers to some of the most frequently asked questions.
- » And more.

* In order to complete registration, you will need information from your member ID card. Members must be 14 years of age or older to register for the Michigan Care Member Portal.