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WELCOME LETTER

Dear New Member:

We look forward to giving you the highest quality of care and service available.

Please read the Member Handbook. It provides information about:

- Who we are
- How to contact us and
- The Services and Benefits we provide.

On the inside front and back covers, we have a Quick Reference. It should help to answer basic questions.

The first step toward managing your health care is selecting a Primary Care Physician (PCP). PCP's are doctors in the following areas:

- Family or General Practice,
- Internal Medicine, Pediatrics, and/or
- Obstetrics/Gynecology

If you haven't selected a PCP through Michigan ENROLLS, then please call us at 313-267-0300 (local) or 1-877-255-3055 (toll free) and we will help you.

If you want a Provider Directory or Certificate of Coverage, we can mail them to you or you can look at them on our website (www.procarehp.com). If you have any questions, please call us at 313-267-0300 (local) or 1-877-255-3055 (toll free).

Sincerely,
Member Services

WELCOME TO PRO CARE HEALTH PLAN, INC. (PRO CARE)

This handbook explains our services and benefits and is reviewed at least once a year for accuracy. Please:

- Keep this handbook and refer to it whenever you have a question
- Share this handbook with everyone in your household that is enrolled with us

If you need another copy of this handbook, the Certificate of Coverage, or the Provider Directory call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free). Telephones are answered 24 hours a day either by the Member Services or a Call Center. If you are hearing impaired call the toll free Michigan Relay number at 1-800-649-3777.

We are here to give you information when you need it. We can help you for reasons such as:

- To change your address
- To change your doctor
- With transportation
- With your questions and concerns
- If you get a bill

Who is Pro Care Health Plan, Inc.?

We are a licensed health maintenance organization (HMO) that is contracted with the State of Michigan to provide a complete range of health care services for our members. Covered Services are listed in this member handbook and in the Pro Care Medicaid Certificate of Coverage. Many of the covered services are available to you only when they are provided or authorized by your doctor. Please read this book and keep it in a safe place for future use. If you have any questions about Pro Care, the member handbook or your health care coverage contact Member Services.

How Do I Reach the Member Services?

Member Services can help with your questions. Our specialists know all about Pro Care Health Plan.

- Member Services specialists are available from 8:30 a.m. to 5:00 p.m. Monday through Friday at 1-313-267-0300 (local) or 1-877-255-3055 (toll free)
- For help 24 hours a day, 7 days a week, call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free) and our Call Center will help you
- Visit our business office during normal business hours (Monday-Friday 9 am-5 pm) We are located at:
 - Pro Care Health Plan
 - 3956 Mt. Elliott
 - Detroit, MI 48207
- Always have your Pro Care Member ID card and your mihealth card ready when you call.

What Every Pro Care Member Should Know – Quick Reference

<i>If You . . .</i>	<i>Then . . .</i>	<i>See Page</i>
Have any questions	Call us at 313-267-0300 (local) or 1-877-255-3055 (toll free)	
Need to choose a PCP	Call us at 313-267-0300 (local) or 1-877-255-3055 (toll free) for help. We can send you a copy of the Provider Directory or you can go to our website www.procarehp.com . The Provider Directory lists: <ul style="list-style-type: none"> • Names of PCPs, Specialists, Hospitals and Ancillary providers (such as drug stores, medical suppliers, home health care) • Addresses • Days and hours open • Phone numbers • Language spoken • Any hospital affiliation 	6
Need to see a OB/GYN	<ul style="list-style-type: none"> • You may see an OB/GYN for annual well-woman examinations and routine OB/GYN care without a referral from their PCP 	6
Need to request a change in my PCP	Call us at 313-267-0300 (local) or 1-877-255-3055 (toll free). Remember: <ul style="list-style-type: none"> • Your assignment to a new PCP will be effective on the first day of the following month if requested by the 15th of the current month • You should verify the effective date of change with us when you request the change • While the change is being made, you should continue to see your current PCP 	6-7
Need to make an appointment	<ul style="list-style-type: none"> • Call your PCP's office during regular business hours to set up an appointment • Tell them that you are a Pro Care member • Tell them why you need to see your PCP • Call your PCP early in the morning for an appointment for same day • Have your mihealth and Pro Care ID card available when you call your PCP • Leave a message if your reach their answering machine 	7
Need to see a Specialist	Ask your PCP for a referral. Your PCP will give it to the specialist.	7
Need a referral or authorization	Please remember: <ul style="list-style-type: none"> • You must need the medical care • Your PCP must approve your visit to a specialist or other provider • You must have a referral from your PCP • A referral from your PCP is also necessary for all follow-up care after emergency treatment • Your PCP will arrange for a second opinion if it is needed 	8
Are out of town and get sick or hurt	<ul style="list-style-type: none"> • If it is an emergency, you may go to the nearest hospital without a referral • Call your PCP for a referral for all other out of area medical care needs • Call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free) if your PCP is not available 	8
Have an emergency (it's so serious or life threatening that delay might cause death or permanent harm)	<ul style="list-style-type: none"> • Go to the nearest emergency room or call 9-1-1 • You do not have to call us or your PCP 	9
Need transportation	<ul style="list-style-type: none"> • Call 9-1-1 if you have a true medical emergency • If you need non-emergency transportation such as a ride to get to your doctor's appointment, please call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free). We will need: <ul style="list-style-type: none"> ○ to ask you some questions ○ time to schedule your ride 	11

<i>If You . . .</i>	<i>Then . . .</i>	
Need a prescription filled	<ul style="list-style-type: none"> • Call us at 313-267-0300 (local) or 1-877-255-3055 (toll free) if you: <ul style="list-style-type: none"> • Have any questions about your drug coverage or • Need to know the Pharmacy nearest to you • Want a copy of the: <ul style="list-style-type: none"> ▪ Drug List (formulary) or ▪ Provider Directory 	13-14
Need a list of providers for eye care	<ul style="list-style-type: none"> ○ Visit any of the locations in the Provider Directory to get your vision services and check-ups ○ Call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free). We cover routine eye tests, lenses and frames. You can: <ul style="list-style-type: none"> ▪ Visit any of the locations in the Provider Directory to get your vision services and check-ups 	13
Need Mental Health Care	<ul style="list-style-type: none"> • Talk to your PCP or call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free). We cover up to 20 visits per year for outpatient mental health services • Go to the nearest emergency room if you have a mental health emergency 	14
Think you are pregnant	<ul style="list-style-type: none"> • Call your PCP right away and have a pregnancy test • When you are sure you are going to have a baby: <ul style="list-style-type: none"> • Your PCP can help you choose a maternity care provider • It is important for the health of your baby to see your maternity care provider as early as possible. Don't delay! 	14
Have a baby	<ul style="list-style-type: none"> • Call your DHS caseworker to sign up your newborn baby in the Medicaid program and have your baby enrolled with us • Get a new ID card for your baby 	14-15
Need to report changes in your family size, name, address or telephone #	<p>Report the changes by calling us at 313-267-0300 (local) or 1-877-255-3055 (toll free):</p> <ul style="list-style-type: none"> • Changes in your family size must also be reported to DHS and to us 	16
Need to file a grievance or appeal	Call us at 313-267-0300 (local) or 1-877-255-3055 (toll free) or file a complaint directly with the State of Michigan within 90 days of denial, reduction or termination of a service.	17-18
Suspect Fraud and Abuse	Call us at 313-267-0300 (local) or 1-877-255-3055 (toll free). You may also report fraud and abuse directly to the State of Michigan at: Program Investigation Section Capitol Commons Center Building 400 S. Pine Street, 6th Floor Lansing, MI 48909 Toll Free: 1-866-428-0005	22-23
Want a family member or friend to ask Pro Care for your personal health information	You must give us written permission	22
Need to look something up on the Website	Go to our website www.procarehp.com	23-24
Had your ID card stolen	Call us immediately at 313-267-0300 or 1-877-255-3055 (toll free)	
Need help or have questions (diabetes, to quit smoking, asthma)	Call us at 313-267-0300 or 1-877-255-3055 (toll free) and we will provide help	

HOW TO USE PRO CARE HEALTH PLAN

How Do I Choose My Primary Care Provider (PCP)

Your Primary Care Provider (PCP) is the doctor that will take care of your medical needs. Your PCP will provide or arrange for any covered medical services that you need.

As a member of Pro Care you have the right to choose your Primary Care Provider (PCP). Be sure to choose a PCP close to your home. You can use the Provider Directory to help you do this.

Once you choose your PCP call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free) and tell us your choice. We can help you choose a PCP if you need help. If you do not choose a PCP, we will choose one for you.

Women need to select a PCP, but may see an OB/GYN for annual well-woman examinations and routine OB/GYN care without a referral from their PCP. Children also need to select a PCP and may choose to have a Pediatrician, but they may also see a Pediatrician without referral from Pro Care. Members can also get services from a Child and Adolescent Health Center provider without a referral from their PCP or Pro Care.

When you have chosen your PCP, call and schedule an appointment for a medical checkup or to be seen for a non-emergency illness. **It is a good idea to meet with your PCP before you get sick so you can talk about your medical past.** When you go to your PCP's office for the appointment, always take your mihealth card and your Pro Care Member ID card. There is important information about your Medicaid eligibility and coverage on the cards.

Can A Specialist Be My PCP?

Persons with a chronic health condition may need to see a specialist to get needed care. In limited cases, it may be better for the specialist to be responsible for all of your health care needs. Examples of chronic problems with your health include: diabetes, kidney disease, HIV/AIDS, or other chronic diseases or disabilities. Call us if you think you need a specialist to be your PCP.

Can I Use a Federally Qualified Health Center (FQHC)?

You may choose to receive medically necessary health care services from a Federally Qualified Health Center (FQHC). You need to know that:

- You do not need a referral from your PCP
- The FQHC needs to get a referral from us before referring you to another provider
- You can call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free) to get more information about FQHCs

How Do I Request a PCP Change?

If you want to change your current PCP call us at -313-267-0300 (local) or 1-877-255-3055 (toll free). Remember:

- Your assignment to a new PCP will be effective on the first day of the following month if requested by the 15th of the current month

- You should verify the effective date of change with us when you request the change
- While the change is being made, you should continue to see your current PCP
- Anytime you change your PCP, Pro Care will send you written notification with your new PCP's name.

When Do I Call My PCP?

Call your PCP when you need:

- A check-up
- Non-emergency medical care
- Preventive care
- Well baby-well child
- Diagnostic tests, lab work, x-rays
- To see a specialist or get a referral
- To be admitted to a hospital

How Do I Make An Appointment With My PCP?

When you need an appointment, you should:

- Call your PCP's office during regular business hours to set up an appointment
- Tell them that you are a Pro Care member
- Tell them why you need to see the doctor
- Call your doctor early in the morning for an appointment for that day
- Leave a message if you reach their answering machine

We are available by phone 24 hours a day for questions about care after normal hours. Ask your PCP for his/her after hour's number as well.

What Should I Do Before My Appointment?

You should always be:

- On time for your appointment
- Prepared for your appointment
 - Have your questions ready
 - Have your information about your problem and medications
- Sure to take your mihealth card and your Pro Care Member ID card

What Do I Need To Do To Change Or Cancel An Appointment?

If you cannot keep your appointment, you should:

- Call to cancel at least 24 hours before the appointment. By doing this, your PCP can see someone else
- Schedule another appointment

What If I Need To See A Specialist?

If you need to see a Specialist or other provider:

- You should ask for a referral from your PCP
- Your PCP will give the specialist a referral

If you see a specialist or other provider without a referral from your PCP, Pro Care may not pay for the service and you may be responsible for the bill.

Can I See a Non-Pro Care Health Care Provider?

In some cases, your PCP may refer you to a doctor who is not in our network. These services will sometimes be paid for by us. Your PCP will arrange the referral. You are allowed to use non-network health care providers when all of the following apply:

- Services cannot be provided to you by a Pro Care provider
- Services are medically necessary, and
- Services have been approved in writing, in advance by Pro Care

How Can I Keep a Continuity of Care?

If your PCP is no longer part of our network or if you are a new member and your current provider is not in our network, you will have to choose a new PCP for your routine care.

If you see a specialist who is no longer part of our network, you may be able to keep seeing that doctor. To do so, the doctor must agree to keep seeing you and one of the following must apply:

- You are in an ongoing course of treatment, or
- You are in your 2nd or 3rd trimester of pregnancy or
- You are dying

The amount of time that you can keep seeing that doctor depends on which applies. Call Member Services if you have any questions about your PCP.

What Do I Do When I Am Out Of Town?

When you are out of your county or the State of Michigan and have a medical emergency:

- You may go to the nearest hospital without prior authorization
- Call your PCP for a referral for all other out of area medical care needs
- If your PCP is not available, call Pro Care at 1-313-267-0300 (local) or 1-877-255-3055 (toll free)

If you move out of the Pro Care service area, call your DHS worker. You should also contact Pro Care to let us know that you have moved. You may have to pick a new health plan. Pro Care will continue to care for you until the new health plan begins.

How Do I Get Referrals And Authorizations?

When you need a referral ask your PCP. In order for your specialty care to be covered, please remember:

- You must need the medical care
- Your PCP must approve your visit to a specialist or other provider
- You must have a referral
- A referral from your PCP is also necessary for all follow-up care after emergency treatment
- Your PCP will also arrange for a second opinion if it is needed

If you need more information, call Member Services. We:

- Check all referrals
- Nurses can help with referrals and authorizations

When you need services that are not available within our network, your PCP will ask us for permission to refer you to an out-of-plan specialist or provider. We will help arrange all related care. If you see a specialist or other provider without a referral from your PCP, we may not pay for the service and you may be responsible for the bill.

What If There is An Emergency?

An emergency condition is a condition that is so serious or life threatening that any delay might cause death or permanent impairment. If you have an emergency condition:

- Go to the nearest emergency room or call 9-1-1
- You do not have to call Pro Care or your PCP
- Some examples of emergency conditions are:
 - * Heart attack
 - * Stroke
 - * Severe burns
 - * Poisoning
 - * Gunshot wounds
 - * Shortness of breath
 - * Heavy bleeding
 - * Overdose
- If you have an urgent question, call your PCP or Pro Care at 1-313-267-0300 (local) or 1-877-255-3055 (toll free) for help 24 hours a day, 7 days a week.
- **If you do not have an emergency condition, DO NOT GO TO THE EMERGENCY ROOM.** Here are some examples of non-emergency conditions:
 - * Sore throat
 - * Back Pain
 - * Rashes
 - * Cut & Minor wounds
 - * Flu
 - * Colds
 - * Minor injuries
- **If you go to the Emergency Room and you do not have an emergency condition, you may have to pay for the cost of the Emergency Room visit**
- Call your PCP if you are not sure if you have an emergency condition and he/she will decide if your condition can be treated in the office. If you cannot get in touch with your PCP, call Pro Care at 1-313-267-0300 (local) or 1-877-255-3055 (toll free).

Remember, you must contact Pro Care within 24 hours after you have gone to the emergency room.

SERVICES and BENEFITS

Which Services Are Covered?

The following is a list of services covered by Pro Care. Some of these services may need a referral from your PCP before you can get them. If you have any questions about these services, ask your PCP or call Member Services.

- Ambulance and other emergency medical transportation
- Blood lead testing in accordance with Medicaid EPSDT policy
- Certified nurse midwife services
- Certified pediatric and family nurse practitioner services
- Chiropractic services
- Diagnostic lab, x-ray and other imaging services
- Durable medical equipment and supplies
- Emergency services
- End Stage Renal Disease services
- Family planning services
- Health education
- Hearing & speech services
- Hearing aids
- Home Health services
- Hospice services (If requested by the enrollee)
- Immunizations
- Inpatient and outpatient hospital services
- Intermittent or short-term restorative or rehabilitative (in a nursing facility) up to 45 days
- Restorative or rehabilitative services (in a place of service other than a nursing facility)
- Maternal and Infant Health Program (MIHP)
- Medically necessary weight reduction services
- Mental health care - 20 outpatient visits per calendar year
- Out-of-state services authorized by Pro Care
- Outreach for included services, especially, pregnancy related and well-child care
- Parenting and birthing classes
- Pharmacy services
- Podiatry services
- Practitioners' services
- Prosthetics & orthotics
- Therapies, (speech, language, physical, occupational)
- Transplant services
- Transportation
- Treatment for sexually transmitted disease (STD)
- Vision services
- Well child/EPSDT for persons up to the age of 21 years

What Services Are Covered by Medicaid (not Pro Care Health Plan)?

The following is a list of medical services that Pro Care will not pay for but they are still covered because you qualify for Medicaid. Use your mihealth card for these services. Talk with your PCP and/or your DHS caseworker about these services.

- Dental Services
- Services given by a school district and billed through the school district
- Inpatient hospital psychiatric services

- Outpatient partial hospitalization psychiatric care
- Mental health services over 20 outpatient visits each calendar year
- Services given to persons with developmental disabilities and billed through local mental health agencies
- Custodial care in a nursing facility
- Home and community based waiver program services
- Personal care or home health aide services
- Substance abuse services
- TBI Program Services
- Intermittent or short term restorative or rehab services (in a nursing facility) after 45 days
- Transportation for services not covered by Pro Care

What Services Are Not Covered by Pro Care or Medicaid?

The following is a list of services that Pro Care and the Medicaid Program will not pay for.

- Elective abortions and related services
- Experimental or investigational drugs, procedures or equipment
- Elective cosmetic surgery

What Health Education Programs Do We Have?

We want you to stay healthy. We have health education programs such as:

- Mom and Babies
- Diabetes
- Stop Smoking
- High Blood Pressure
- Stress

If you would like a listing of all available topics, please call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free).

Can I Have Help With My Transportation?

If you have a medical emergency, call 9-1-1. Pro Care will provide scheduled non-emergency transportation for you to get medically necessary care.

If you need non-emergency transportation such as a ride to get to your doctor's appointment, please call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free). We will need:

- Time to set up your ride
- Current address
- Address of doctor / appointment

It is important that you call us as soon as you can. We will help arrange transportation if you qualify for this service.

What If I Need Family Planning Services?

You may receive family planning services from:

- Your PCP
- Other providers such as another doctor, a nurse practitioner, a family planning clinic, or your local health department

You do not have to receive a referral from your PCP to see another provider for family planning. Remember:

- Pro Care will pay for these services
- Family Planning Services are for men and women
- These services include counseling, exams, supplies and birth control
- You may also get treatment for sexually transmitted diseases (STD)
- It does not include abortion services or infertility treatment

How Do I Get Hospital Care?

There are two types of hospital care:

- Inpatient hospital care means that you have to stay in the hospital overnight or longer
- Outpatient hospital care is when you go to the hospital for a test or surgery but do not stay overnight

If inpatient hospital care is necessary:

- Your PCP will contact Pro Care and arrange for your admission to a hospital Participating Provider

For outpatient hospital care:

- You will need a referral from your PCP

Communicable Diseases - What If I Have A Disease That I Caught From Someone Else?

You do not need a referral from your PCP to go to a local health department to get treatment. This service includes treatment for:

- HIV/AIDS
- Sexually transmitted diseases
- Tuberculosis (TB), and
- Any diseases which are vaccine-preventable

What If I Need Diagnostic Tests, Lab and X-rays?

If diagnostic tests, labs or x-rays are medically necessary:

- Your PCP will authorize and arrange for them to be done by Participating Providers

Call Member Services if you have any questions.

What If I Need Durable Medical Equipment (DME) and Supplies?

Pro Care covers durable medical equipment (equipment that can be used for a long time) and medical supplies (supplies that cannot be re-used) when medically necessary. Some example of covered medically necessary equipment and supplies are:

- Wheelchairs
- Crutches
- Diabetic supplies

- Oxygen
- Incontinence Supplies

To get durable medical equipment and supplies:

- Your PCP will prescribe the equipment or supplies that you need (i.e. wheelchair, hospital bed, oxygen)
- You must get durable medical equipment or supplies from providers who participate with us
- Participating Providers for durable medical equipment are listed in Pro Care's Provider Directory. If you have questions or need help call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free)
- Pro Care covers all equipment and medical supplies except for experimental or investigational equipment

What If I Need Vision Services?

Pro Care covers Routine Vision Services for ages 21 and under. We cover routine eye examinations, lenses and frames. You can visit any of the locations in the Provider Directory to get your vision services and check-ups.

If you need a list of Participating Providers call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free).

What If I Need Pharmacy Services?

Pro Care covers certain prescription drugs that your doctor feels you need. Pro Care has a formulary that your doctor will use to prescribe your drugs. The formulary is a list of generic and brand name drugs that Pro Care feels give the best results. There are many drugs on the formulary and if you would like to get a copy of the formulary, call Member Services and a copy will be sent to you. The formulary is also on our website at www.procurehp.com. Remember:

- Your PCP will decide if and when you need a drug
- Your PCP will give you a prescription to get the drug(s) you need
- We have a list of covered and non-covered drugs
- There are many drugs that your PCP must call us to get approved before you can get them
- You will need to show both your Pro Care ID card and your Medicaid mihealth card when you go to the pharmacy
- Drugs that are paid for by Pro Care do not have a co-pay
- Pro Care also covers the following over-the-counter products:
 - insulin syringes
 - reagent strips
 - psyllium
 - aspirin
 - condoms
- Pro Care does not have co-pays. But some drugs are paid for by the State of Michigan, not Pro Care. If you need to have these drugs you will have a \$1.00 co-pay for each prescription or refill, if you are age 21 or older. Brand name drugs have a \$3.00 co-pay

If the pharmacist has any questions or concerns (including co-pay concerns), then ask him/her to call us at 313-267-0300 (local) or 1-877-255-3055 (toll free).

There are many local pharmacies in our network. Please look in the Provider Directory for the pharmacy nearest you. Call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free) if you:

- Have any questions about your prescription drug coverage or
- You wish to get a copy of the list of covered and non-covered drugs (or check our website www.procarehp.com)

What If I Need Outpatient Mental Health Services?

We cover up to 20 visits per year for outpatient mental health services. Remember that:

- You do not need a referral from your PCP to get in-network mental health services
- Other outpatient mental health services may be covered under the Medicaid Program
- Our Provider Directory lists mental health providers
- Call us and we can help you find an in-network provider
- If you have any questions about what mental health services are covered, talk to your PCP or call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free). If you have a mental health emergency, go to the nearest emergency room

What If I Need Substance Abuse Services?

There are many signs that may show that you have a drug or alcohol problem. Some of these may be:

- drinking alcohol every day
- using illegal drugs
- no memory of what happened after drinking or using drugs
- using money on drugs or alcohol instead of for food
- having unusual behaviors like the sweats, trembling or staggering
- not being able to stop using alcohol or taking drugs by yourself

If you think you may have a substance abuse problem it is very important that you talk to a substance abuse provider to find out how you can get help

These services may include screening and detoxification, counseling, and methadone treatment.

For information on how to get the services you need, call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free) and Pro Care can get you a number to call for help.

What Do I Need To Do To Get Hospice (End of Life) Services?

Pro Care covers hospice care. Your PCP can help you get hospice care or you can call Member Services.

What Do I Do If I Am Pregnant??

If you think that you are pregnant call your PCP right away and have a pregnancy test.

When you are sure you are going to have a baby:

- Your PCP can help you choose a maternity provider
- It is important for the health of your baby to see your maternity provider as early as possible. **Don't delay!**
- Regular check-ups by your doctor during pregnancy are necessary to make sure you have a healthy baby

- Your doctor can answer any questions you may have about your pregnancy. Pro Care pays for:
 - check-ups before the baby is born
 - delivery services and hospital care
 - check-ups after the baby is born

After your baby is born you must:

- Call your DHS caseworker to sign up your newborn baby in the Medicaid program and have your baby enrolled with us
- Get a new Pro Care ID card for your baby

Your doctor may refer you for maternal and infant support services. This program is called the **Maternal and Infant Health Program (MIHP)**. It is a program for women who may need extra help when they are pregnant. It will help you understand what is happening to you and help you get the supplies that you need. Your doctor can get you into this program or you can call us for help. Covered services include:

- transportation for doctor appointments
- classes to help you get ready for the birth of the baby
- help with arranging and getting the care you need
- help in getting food and learning to make well-balanced meals
- help with personal problems

What Is The Women, Infants, & Children Program (WIC)?

WIC is a free health and nutrition program for pregnant women, women who just had a baby, breastfeeding women, infants, and children under 5 years old. The program can:

- Help you get needed food
- Teach you about eating healthy

To find out if you qualify for these services or for more information about WIC, call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free) or call your local health department.

How Can I Receive Well-Child Care (EPSDT)?

Well-Child Care Services are available through your doctor or Health Care Center. After your baby is born, it is important for your baby to go to the doctor regularly for shots and check-ups. These visits may:

- prevent disease
- check the baby's growth
- reduce the risk of illness and injury
- help you learn how to give medicines and care for your child at home

To keep your child healthy, it is important to keep scheduled appointments for well-child visits. Well-child screenings should start at birth and continue through age 21. Examples of well-child care include:

- vision and hearing tests
- growth measurement
- checking speech and physical development
- yearly routine physicals (check-ups)
- blood lead testing
- immunizations (shots)

Lead screening is a very important test that should be included with all well visits for children. Your child is at risk for lead poisoning for many reasons. Ordinary dirt and dust can contain lead. Lead in your child can cause health and behavior problems. It is

important that all children **be tested for lead by the age of 3**, but it is never too late to test. A simple finger stick test can test your child's blood.

Ask your PCP about lead testing or call us and we can help you get the test.

What Immunizations (Shots) Should I Know About?

It is very important that your child get their shots on time to protect them from disease. Some shots that your child needs include:

- Measles, Mumps, Diphtheria, Tetanus, Hepatitis B, Rubella, Meningitis (Hib disease), Whooping Cough, and Polio

You should keep a "shot record" and take it to every doctor's visit. At every visit you should ask your PCP if your child is due for any shots. When it is time to get the shots, make an appointment with your child's PCP.

What Services Are Not Covered??

Medical services that are not medically necessary and services that are not covered by the Medicaid Program are not covered by Pro Care. We can answer specific questions about services that are not covered.

What If I Have Other Health Insurance Coverage?

If you have other health insurance coverage, please tell your PCP and contact us.

What Changes Must I Report?

You must report the following changes;

- Changes in your family size **must** be reported to your DHS caseworker and to us so that all family members are included and your coverage can continue uninterrupted
- When your name, address, or telephone number changes

Notify Pro Care of these changes by calling 1-313-267-0300 (local) or 1-877-255-3055 (toll free).

What If I Have Special Needs?

If you have special needs and would like to get our written materials in another format (such as another language, Braille or large type), call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free). Pro Care will make this Handbook available in languages other than English when more than 5% of its members speak a language other than English.

What If I Need Interpreter Services?

If you need help understanding written materials or need interpretation services, call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free). Please note that if a provider speaks another language besides English, it is listed by their name in the Provider Directory.

What If I Get A Bill?

Do not ignore it... Do not throw it away.

You should send a bill to Pro Care Health Plan right away. Include a short note telling us the Member's Name ID number and phone number. We may need to ask more questions. In the note, include why you went to this provider for care and if your Primary care Doctor gave you a prescription for care.

Send this information to:
Pro Care Health Plan, Inc
P.O.Box 3160
Detroit, MI 48203

Has Your Bill Been Rejected

Sometimes Pro Care will reject payment for a bill if we believe the service was not approved or covered. If this happens and you do not agree with the rejection, call Member Services for help. MEMBER Services may be able to resolve the problem quickly.

We will take care of all the paperwork. We handle all claim forms. All claims should be mailed directly to Proc Care at P.O. Box 3160, Detroit, MI 48203. We will make all the correct payments directly to the providers. If a medical bill is sent to you by accident, please send it to us right away. We will process it as soon as possible. Medicaid does not allow providers to bill members, for covered services that were provided according to Pro Care requirements. If a provider is going to bill you for a service, it must be non-covered service, and the provider must have gotten your permission that you will pay for the service before giving you the service.

Explanation of Benefits (EOB)

Pro Care Health Plan will begin sending out an explanation of your benefits (EOB) when you receive care. This will list the date of the service, where it took place and what kind of health care service you received. If you receive an EOB, please take time to look at it. If the services listed are not right, please call us! The EOB will help us identify errors in billing. It will also let you know if someone else is using your Pro Care card.

What If I Have a Grievance or an Appeal?

We hope that you are always satisfied with the service you receive from Pro Care. We know, however, that from time to time you may have a problem or concern that you want us to address. We will try very hard to respond to your questions and concerns right away.

You may want to file a **grievance**. A grievance is an expression of discontent about any matter other than a denied, reduced or terminated service. Examples of a grievance are:

- You cannot get an appointment with your PCP in a timely manner
- You cannot get a referral from your PCP in a timely manner
- You have been denied any of your rights as a Pro Care member

If you have a grievance and it is within 90 days of the time when you knew of the problem:

- Call Member Services. In most cases, you will be able to resolve the problem over the phone.
- If you are still not happy, you can file your grievance in writing
- Include a number where we can call you for more information and to tell you the outcome
- We can help you put your grievance in writing
- We will fully investigate your grievance and respond to you no later than 35 days from the date you write to us

The address is:

**Pro Care Health Plan, Inc.
3968 Mt. Elliott
Detroit, MI 48207
Attn.: Grievance/Appeal Coordinator
1-313-267-0300 (local) or 1-877-255-3055 (toll free)**

You may want to file an **appeal, which** is a request for review of a denied, reduced or terminated service. Examples include:

- The reduction, suspension, or termination of a previously authorized service
- The denial or limited authorization of a requested service
- The denial, in whole or in part, of payment for a properly authorized and covered service
- The failure to provide services in a timely manner, as defined by the State;

In order to file an appeal:

- You have 90 days to file an appeal from the date of the denied service
- You can appeal by calling Pro Care Health Plan or by writing to our Grievance / Appeal Coordinator
- We can help you put your appeal in writing
- If you write us, include a number where you can be reached so we may let you know that your appeal has been received. The address is:

**Pro Care Health Plan
3968 Mt. Elliott
Detroit, MI 48207
Attn.: Member Services
Grievance / Appeal Coordinator**

- A doctor with the same or like specialty as your treating doctor will review your appeal.
- It will not be the same doctor as the doctor who made the original decision to deny, reduce or stop the medical service.
- A decision on your appeal will be sent to you within 35 days.
- If you or your doctor thinks that you would be in danger of life or limb, the appeal will be decided within 72 hours once you or your doctor present information to Pro Care that supports the danger to your life or limb.

If you are still dissatisfied, you may request an external review through the Michigan Office of Finance and Insurance Regulations. (OFIR).

Office of Financial and Insurance Regulations
Division of Insurance, Health Plan Division
611 W. Ottawa, 2nd Floor
P.O. Box 30220
Lansing, MI 48909- 7720
1-877-999-6442

We will give you the necessary information and forms to appeal to the Office of Insurance. You have the right to be represented by any person of your choice, meet with the Grievance / Appeal Coordinator in person, by phone, or email to discuss the appeal, provide written input to the Grievance / Appeal Coordinator.

[What Is A Fair Hearing?](#)

You may also file a complaint directly with the State of Michigan within 90 days of denial, reduction or termination of a service. You do not have to file a grievance or an appeal with Pro Care before you contact the State of Michigan. This is called a Fair Hearing. The address is:

Administrative Tribunal
Michigan Department of Community Health
P.O. Box 30763
Lansing, MI 48909-7695
1-877-833-0870

Listed below are the steps in the State of Michigan's Medicaid fair hearing process.

- Step 1: Call 1-800-642-3195 to have a hearing request (complaint) form sent to you. You may also ask questions about the hearing process.
- Step 2: Fill out the request (complaint) form and return it to the Administrative Tribunal.
- Step 3: A worker from the State will get in touch with you about your complaint and try to have it solved before a hearing is scheduled. A hearing will be scheduled if they cannot solve the problem.
- Step 4: You will be sent a letter telling you when and where a hearing will be held.
- Step 5: The results will be mailed to you within 10 days after the hearing is held. If your complaint is taken care of before the hearing date, you must call to ask for a hearing request withdrawal form. You can call the Beneficiary Help Line at 1-800-642-3195 to request this form.

Are There Physician Incentives?

You have the right to ask if we have special payment arrangements with our doctors, which may affect the use of services that you might need. You also have the right to ask about your doctor's credentials, prior authorization requirements and service area.

Call us if you have any questions.

What Are My Rights For Medical Treatment Decisions?

Who decides if I get treatment or not?

You have the right to decide if you want medical treatment or not. Your PCP or other authorized provider must tell you the effects of the treatment. Once your doctor tells you about the benefits and risks, you will need to decide if you want the medical treatment.

Can I choose another person to make medical decisions for me?

You can also pick another person to make those decisions if something happens to you and you are not able to make the decision.

Who decides what treatment I will get?

As long as you are competent, you are the only person who can decide what medical treatment you want to accept or reject. "Competent" means you understand your health problems and treatments for it. You can look at the possible benefits and risks of each such treatment and decide whether to have the treatment or not. Your doctor gives you

information and advice about the pros and cons of different kinds of treatment. You can ask questions about your choices. Only you can say “yes” or “no” to any treatment offered.

What If I’m in no condition to decide? If you become unable to make your own decisions about medical care, medical decisions will be made for you. If you have not given prior instructions, no one will know what you would want. Your family or the courts may have to decide what to do if they do not know your wishes.

What can I do now to make sure my wishes are honored in the future?

While you are competent, you can name someone to make medical treatment decisions for you if you ever become unable to make them for yourself. To be certain that the person you name has the legal right to make those decisions, you must file a form. The forms are either a Durable Power Of Attorney for Health Care or a Patient Advocate Designation. The “Patient Advocate” is the person named on the form to make or carry out your decisions. You have the right to give your Patient Advocate, your caregivers, and your family and friends written or verbal instructions about what medical treatment you want and do not want to receive.

If you want sample forms or more information about a Patient Advocate Designation, call your PCP or us or look on our website at www.procarehp.com.

Can I just give instructions and not name a Patient Advocate?

Yes. You can tell somebody what your wishes are. Or, you can write a “Living Will.” A Living Will is a written statement of your choices about medical treatment. Even though there is no Living Will Law in Michigan, courts and health care providers still find Living Wills important.

Do I have to make a decision now about future medical treatment?

No. You do not have to tell anybody your wishes about medical treatment or fill out a Patient Advocate Designation or a Living Will. You will still get the medical treatment you choose, now, while you are competent. If you become unable to make decisions, but you have made sure that your family and friends know what you would want, they will be able to follow your wishes. Without instructions from you, your family or friends and caregivers may still be able to agree on what to do for you. If they do not, however, a court may have to name a guardian to make decisions for you.

If I make decisions now, can I change my mind later?

Yes. You can give new instructions in writing or by telling someone. You can also change your mind about naming a Patient Advocate and cancel a Patient Advocate Designation at any time. You should look at your Patient Advocate Designation or Living Will at least once a year. Make sure you still want to be treated that way and you still want that person to make decisions for you.

What if my wishes about my treatment were not followed?

If you believe that your wishes or directives about your medical treatment were not followed by Pro Care or its Participating Providers, you may file a complaint with the State Office of Insurance at:

**Office of Financial and Insurance Regulations
Division of Insurance, Health Plans Division
611 West Ottawa, Second Floor
P.O. Box 30220**

**Lansing, MI 48909-7720
877-999-6442**

If you have any questions about your rights for medical treatment, call us at 1-313-267-0300 (local) or 1-877-255-3055 (toll free).

What Is An Advance Directive?

People worry about what will happen if they become too sick or hurt and cannot tell others what kind of care they would like. Some people do not want to be put on life support. Other people want to get all the medical care that can be given to them no matter what. To make sure that their wishes are being carried out people are making advance directives. An advance directive is when you:

- Write down what you want other people to do for you
- Pick someone to be an advocate for you in case you get sick and can't speak for yourself

Now may be a good time to think about doing this, while you are healthy. You may want to talk to your PCP about an advance directive. Your PCP's office will have advance directive forms for you to fill out or go to our website at www.procarehp.com. No one can make you fill out the advance directive form. If you do fill out the form, you can change it at any time.

If you fill out the advance directive form and your wishes are not carried out or you have complaints about how your doctor follows your wishes, you can write or call:

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

The BHP Complaint & Allegation website is www.michigan.gov/healthlicense (click on "file a complaint")

If you have complaints about how Pro Care follows your health wishes you can contact the Office of Financial and Insurance Regulations (OFIR) at (877) 999-6442.

What Is Fraud and Abuse?

We are committed to stopping health care fraud and abuse but need your help.

Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

Some possible types of Fraud are:

- You use an expired ID card
- Someone other than you using your ID card
- You give false information to get medical or pharmacy services
- Providers billing for medical or pharmacy services not provided
- Primary Care Physicians (PCPs) discharging you from their care because of your health

Abuse can be defined as provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid program, or in

reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare. It also includes recipient practices that result in unnecessary cost to the Medicaid program.

Some possible types of Abuse are:

- Going to the Emergency Room for non-emergent medical services.
- Threatening or abusive behavior in a doctor's office, hospital or pharmacy.

Please help us stop fraud and abuse by reporting it. If you know of any Medicaid members or providers, including doctors, hospitals and pharmacies, who have committed actions of fraud or abuse, you must report them. You may report them anonymously.

To Report Potential Fraud and Abuse:

To report fraud and abuse you should contact us at 1-313-267-0300 ext. 136 (local) or 1-877-255-3055 (toll free). You don't have to give us your name and we won't tell anybody that you called us. You can write to us at:

Pro Care Health Plan
3956 Mt. Elliott
Detroit, MI 48207

You may also report fraud and abuse directly to the State of Michigan at:

Program Investigation Section
Capitol Commons Center Building
400 S. Pine Street, 6th Floor
Lansing, MI 48909
Toll Free: 1-866-428-0005

What about My Privacy?

Pro Care is required by law to:

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

We protect your PHI from inappropriate use or disclosure. Our employees and those companies that help us service you by protecting the confidentiality of your PHI.

We ask members to give their routine consent to release PHI including:

- Name
- Address
- ID number
- Referrals
- Claims

Sometimes the law lets us use or disclose your PHI without asking for your approval. These situations include:

- Paying benefits
- Evaluating a request for your PHI

- Reporting information to victims of abuse, neglect or domestic violence and assisting law enforcement officials in their enforcement duties
- Public health risks
- Health quality activities
- Identifying a deceased individual or cause of death
- Averting serious threat to health and safety
- Providing you with information about benefits available
- Disclose PHI about you to federal officials
- Disclose relevant PHI to family members and close personal friends who are involved in your care or the payment for you care, if you have agreed to the disclosure
- Transplant services
- Workers' Compensation
- Disclosing PHI 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.
- Disclosing PHI to the Secretary of DHHS as necessary for them to determine our compliance with those standards

Our use and disclosure of your PHI must comply not only with federal privacy regulations, but also with applicable Michigan law.

The following are your various rights as a consumer under HIPAA concerning your PHI. Should you have questions about a specific right, please contact our Compliance Officer by calling us.

We must have your special consent to release information to individuals or others for purposes other than those covered under routine consent. If you cannot give consent, we will get it from your parent /guardian, Patient Advocate or next of kin. We will release information without your consent only if allowed or required by law. Information may be used for research without your consent. You will not be identified. We may share your information with Medicaid as required by the State contract. Anyone who has cause to review your information will:

- Sign a statement agreeing to keep it private
- Look at the information in a private place

Anyone contracted or employed by us who has a need to review your information will secure your information at their work place.

Contact us if you would like a copy of the Privacy Information Notice at 1-313-267-0300 (local) or 1-877-255-3055 (toll free) or look at our website at www.procarehp.com.

Is There A Website?

You can gain access to our website at www.procarehp.com. To obtain specific member information you should click on the "member" tab. All other areas of access are gained by pointing and clicking on the category you wish to access. Categories include:

- Getting To Know Your Health Plan
- What Every Member Should Know - Quick Reference
- Frequently Called Numbers
- Member Handbook
- Certificate of Coverage
- Provider Directory

- List of Health Plan's Primary Care Physicians, Specialists, Hospitals and Ancillary
- Drug List
- Disease Management Programs

What Are My Rights and Responsibilities?

As a member of Pro Care you have rights and you have things that you need to do. Our employees and providers are aware of these and agree to follow them. If you do not understand your rights and responsibilities, please call us.

A Pro Care Member has the following **rights**:

- To receive courteous and quality health care, regardless of nationality, race, creed, color, age, sex, economic status or state of health
- To ask your doctor about any medical procedures or treatments that he/she is going to be doing prior to the treatment
- To get timely responses from us for your questions, concerns, or complaints
- To select your own PCP
- To inspect your medical records
- To expect the confidentiality of your medical records
- To refuse to accept treatment
- To become involved in Pro Care by seeking election as an adult member of the Pro Care Board of Directors

A Pro Care Member has the following **responsibilities**:

- To treat other Members, your doctor, your doctor's office staff, and our staff with respect and dignity
- To advise your doctor of your medical, family and social history and the signs and symptoms of your medical complaint before and during the course of your care
- To cooperate fully with the people caring for you and to ask questions when you do not understand your condition or treatment
- To report the loss or theft of your Pro Care Member ID card immediately and to protect your Pro Care Member card from the fraudulent use by others
- To notify us of any change in name, address or telephone number, insurance coverage, family circumstances, or employment
- To notify your PCP or us within 24 hours of receiving emergency care
- To understand and follow our procedures